

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

A. GENERAL INFORMATION

1. Date

2019-08-15

2. Department

Department of State Hospitals (DSH)

3. Organizational Placement (Division/Branch/Office Name)

DSH-Metropolitan

4. CEA Position Title

Clinical Administrator, CEA Level A

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)

The re-established CEA will serve as an integral component in the formulation of policy to achieve the mission of the Department of State Hospitals (DSH). As part of the executive team, the CEA conducts ongoing oversight and evaluation of treatment programs providing care for patients at DSH. The CEA plans, organizes, and directs the treatment programs and clinical support functions; develops policy that govern overall clinical operations of DSH-Metropolitan to ensure treatment service and care are in compliance with applicable laws, court orders, state mandates, and special orders.

6. Reports to: (Class Title/Level)

Executive Director, DSH-Metropolitan, CEA Level B

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain):

8. Organizational Level (Select one)

- 1st
- 2nd
- 3rd
- 4th
- 5th (mega departments only - 17,001+ allocated positions)

B. SUMMARY OF REQUEST

9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.

The CEA participates in the Executive Planning team and plans, organizes, and directs the treatment programs and clinical support functions at DSH-Metropolitan. The CEA ensures completion of investigations of special incidents and complaints related to patient abuse, sexual harassment, staff injuries, and related issues; responsible for clinical staff hiring, and for disciplinary actions, including separation for cause, with the exception of medical staff; oversees the services for the Special Education for the adult populations with department and other contract services; collaborates with other DSH hospitals' Clinical Administrators regarding census management, treatment enhancement, and related organizational issues. The CEA also works closely with and directs the hospital's Clinical Discipline Chiefs and Program Directors to ensure promotion and implementation of DSH's policies and procedures to comply with Federal and State guidelines and laws, licensing and certifications; coordinates with the Hospital Administrator to ensure that there is a full range of appropriate support services that provide quality care and treatment to patients; coordinates with the Nursing Administrator regarding Nursing Policy and Procedures, allocation of staff, enhanced staffing needs, overtime, etc; and provides leadership and coordination for the admissions and transfers of the Lanterman-Petris-Short and Penal Code patients.

In addition, the CEA resolves problems in the provision of clinical services to hospital patients; ensures that each treatment program has implemented a performance improvement process and present data to the hospitals' Quality Council at least quarterly and the DSH Governing Body semi-annually; directs the development and implementation of standards and procedures to ensure that quality clinical services are provided for patients; and maintaining compliance with Federal and State laws, department policy, and Licensing and Accreditation standards.

The CEA serves as a member of the Executive Director's policy setting team; holds a primary decision-making function regarding Administrative Directives related to patient assessment and care, census management, unit security, staff safety, and organization of clinical services; serves as a member of the Executive Team, Executive Committee, Quality Council, Incident Review Committee, Policy Management Conference and other DSH system wide workgroups/committees.

B. SUMMARY OF REQUEST (continued)

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: DSH manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. DSH oversees five state hospitals and employs nearly 11,000 staff. Additionally, DSH provides services in jail-based competency treatment programs and conditional release programs throughout the 58 counties. In FY 2017-18, DSH served 11,961 patients within state hospitals and jail-based facilities, with average daily censuses of 5,897 and 227 respectively. The Conditional Release Program (CONREP) maintains an average daily census of approximately 654. DSH's five state hospitals are Atascadero, Coalinga, Metropolitan – Los Angeles, Napa and Patton.

The hospital clinical and treatment programs are a vital component to DSH's mission in providing evaluation and treatment in a safe and responsible manner, by leading innovation and excellence across a continuum of care settings. The CEA is responsible for ensuring the clinical and treatment programs provide patient treatment that complies with applicable State and federal laws, rules, and regulations as well as other regulatory agencies' standards and requirements; the revision and development of plans and monitoring systems and ensuring patients receive appropriate, high-quality, and safe treatment through modification, development, evaluation, and implementation of comprehensive clinical programs that include an overall physical health component.

The policies developed and implemented by this CEA will impact DSH patients who are identified as in need of acute and intermediate mental health treatment services. The CEA provides high-level clinical program management and oversight to ensure the hospital provides high-quality, timely, accessible, effective, and efficient treatment to its patients.

B. SUMMARY OF REQUEST (continued)

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

The CEA is responsible for overall planning, organizing, staffing direction, and evaluating the treatment programs and clinical support functions for DSH-Metropolitan to ensure quality treatment and psychiatric care is provided to patients. In addition, the CEA is responsible for directing the development and implementation of standards and procedures within Federal and State laws, department policy, licensing and accreditation standards. Below are some treatment programs at DSH Metropolitan:

Dialectical Behavior Therapy:

DSH-Metropolitan is the first state hospital in California to have a specialized unit dedicated to Dialectical Behavior Therapy (DBT). DBT is a comprehensive, cognitive-behavioral treatment for complex, difficult-to-treat mental disorders founded in the late 1970s by psychologist Marsha Linehan. Research indicates DBT to be effective in reducing:

- Suicidal and self-injurious behaviors
- Chronic feeling of emptiness and depression
- Intense anger or difficulty controlling anger
- Impulsive behaviors that are potentially self-damaging (e.g., substance abuse)
- Psychiatric hospitalizations

DSH-Metropolitan has a specialized unit dedicated to DBT as a treatment modality for individuals who have emotional responses that are poorly modulated, and does not fall within the conventionally accepted range. It is also for patients who demonstrate maladaptive behavior such as suicidal actions, aggression towards others, self-harm and substance use.

Trial Competency Program:

The Trial Competency Program is for patients admitted to the hospital pursuant to Penal Code 1370, Incompetent to Stand Trial (IST). These patients receive a specialized program of treatment which is specifically designed to help the patient gain the knowledge and skills necessary to return to court. The goal is for the patient to understand court proceedings and effectively participate in their defense.

Lanterman-Petris-Short Program:

The Lanterman-Petris-Short (LPS) program provides treatment for civilly committed patients who suffer from severe symptoms of mental illness, who engage in the behaviors that are dangerous to themselves or others or are gravely disabled by their mental illness and thereby unable to formulate a viable plan for self-care. The program provides a highly structured treatment environment for re-socialization in preparation for community placement.

Skilled Nursing Facility:

DSH-Metropolitan operates a fully-licensed Skilled Nursing Facility (SNF) that provides continuous nursing treatment and care for both forensic and civilly committed patients whose primary need is availability of skilled nursing care on an extended basis. The SNF is able to provide round-the-clock inpatient health care.

As an acute psychiatric hospital, the DSH-Metropolitan has significant regulatory and accreditation standards to which it must ensure it is in compliance. As such, DSH-Metropolitan has a significant standards compliance and risk management role. As part of the responsibility, this CEA must ensure that clinical treatment programs comply with applicable Federal and State laws, rules, and regulations as well as other regulatory agencies standards and requirements. The Joint Commission conducts unannounced surveys of DSH-Metropolitan at least every three years.

There has been significant increase in the forensic patient population which contributes to the growing number of patients awaiting admission over the years. In October 2018, LPS patients transitioned to new units within DSH-Metropolitan as part of the Secure Bed Capacity Project to increase bed capacity for IST and other forensic patients by adding security fencing and infrastructure to existing patient buildings to expand the treatment of hospital patients. With this expansion, it will require the CEA to ensure the treatment programs and other clinical support functions continue with little to no disruption.

The original DSH-Metropolitan CEA allocation was approved by both State Personnel Board and the California Department of Human Resources (formerly Department of Personnel Administration), in May 1996 at a CEA level 2. In August of 2013, CalHR consolidated the CEA levels from five to three, and changed the levels to A, B, and C. Each state hospital has a Clinical Administrator, who is at the CEA level A classification. The intent has always been to recruit a CEA level A to serve as the Clinical Administrator for DSH-Metropolitan. The original CEA allocation at DSH-Metropolitan has been vacant since 2014 because of significant recruitment challenges due to the forensic nature of DSH patients and salary compaction issues. Incumbents have served in an acting capacity since 2014. The duties and responsibilities continue to remain critical to the mission and goals of DSH. It is imperative to have the CEA provide consistency and continuity in statewide policies and procedures within the clinical programs resulting in quality care, treatment and safety for DSH patients.

C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

The CEA will formulate and implement policy, plan, organize, and direct the clinical programs and related activities in the following areas:

1. Develop a clinical treatment services and care program management and oversight plan that ensures treatment complies with applicable Federal and State laws, rules, regulations, other regulatory agencies standards and requirements; and revision and development of plans and monitoring systems.
2. Comply with established DSH policies; provide direction, oversight, control, and management of Administrative Directives that provide specific and detailed information and guidance regarding policies and procedures for a multitude of clinical program activities necessary for the efficient implementation of day-to-day operations.
3. Ensure patients receive appropriate, high-quality, psychiatric and physical health treatment through modification, development, evaluation, and implementation of a comprehensive clinical program.
4. Ensure HIPAA (Health Information Portability and Accountability Act) compliance and safety concerns are adequately addressed.
5. Develop and administer an integrated strategic plan that correlates with the goals and objectives of DSH's Strategic Plan and priorities of the Governing Body, and ensure the plan and planning processes provide for continuous evaluations of and effective clinical program performance improvement strategies.

As a member of the State Hospitals Executive Team, the CEA will influence and participate in decisions, strategic planning, and policy making that impacts all five state hospitals. The CEA will represent DSH-Metropolitan in contacts with the courts, Governor's Office, members of the Legislature, legislative staff, city and county government mental health and non-mental health officials, other external agencies, as well as with a variety of influential public advocacy groups interested in the care of mentally ill and disabled patients. In addition, the CEA will present and defend departmental policies, positions, treatment, and expenditures; and review proposed legislation and regulations that support departmental policies affecting the state hospitals.

C. ROLE IN POLICY INFLUENCE (continued)

13. What is the CEA position's scope and nature of decision-making authority?

The CEA will be a key member of the DSH executive team that directs the treatment programs and clinical support functions. Their involvement and decision-making in programs and policies is needed to ensure quality of care and services is provided to patients.

The CEA will be responsible for program results, reporting, proposing and implementing statewide policies and procedures that will improve the efficiency of the programs and the care provided to patients.

The scope of the decision-making authority for this CEA includes but is not limited to:

- * Develops, evaluates, and implements standards and procedures for ensuring the quality treatment and psychiatric care is provided to patients;
- * Development of strategic plan for treatment programs and clinical support functions;
- * Develop and implement hospital policies that align with Federal and State laws, rules, regulations, and other regulatory agencies standards and requirements related to patient care and treatment;
- * Identifies and resolves issues and problems in the provision of clinical services to patients;
- * Organizes the planning, implementation, modification, and/or termination of clinical programs, projects, and services in order to comply with the DSH mission, goals, and objectives;
- * Develop and implement policies for the hospital's continuous quality improvement system; and
- * Coordinate the development, review and modification of new and existing policies.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

The CEA will identify hospital needs and deficiencies, significant resources issues and challenges and recommend policy and program initiatives to enhance, streamline, and improve the hospital's efforts related to ensuring the quality of treatment, care, and safety for patients. The CEA will develop and implement new policies that govern the overall hospital clinical operations to ensure treatment services and care are in compliance with and in accordance to applicable laws, court orders, state mandates, and DSH Special Orders.