

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

February 27, 2025

2. Department

Department of State Hospitals

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

Technology Services Division/Chief Information Officer, Deputy Director/Information Technology (IT) Operations

4. CEA Position Title

Assistant Deputy Director, Chief Technology Officer

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

Due to the significant expansion in staffing, high-level technical roles, and increasing complexity of the Information Technology (IT) infrastructure, a stronger senior leadership structure under the Chief Information Officer (CIO) is necessary. This leadership is essential to support critical projects like CONREP (Conditional Release Program), JBCT (Jail-based Competency Treatment), WLAN (Wireless Local Area Network), and Pharmacy Modernization, ensuring the IT environment meets the high stakes of patient health and safety across five large campus data centers. With the addition of the Electronic Health Record (EHR) program in FY 23/24, which will continue to grow, an Assistant Deputy Director of Technology Services is required to lead innovation and maintain operational excellence. This leadership role is crucial to managing the department's evolving IT landscape and fulfilling its mission of providing safe and responsible patient care.

6. Reports to: (Class Title/Level)

Chief Information Office (CIO)/Deputy Director of Technology Services Division, CEA Level C

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):

This position will serve as Assistant Deputy of the Technology Services Division. It will oversee the technology strategy, operations, disaster recovery and environment for all of the department's mission critical programs, services, network and infrastructure.

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.

With the considerable expansion in staffing, responsibilities, network/infrastructure complexity and level of management positions required to support ongoing mission critical projects such as CONREP, JBCT, WLAN and Pharmacy Modernization, a high-level structure of senior leadership under the Chief Information Officer (CIO) is necessary for the DSH Technology Services Division (TSD) to align the currently limited highest positional hierarchy of the IT Manager II (ITM II) level. The Assistant Deputy Director of the TSD will act as the Department's Chief Technology Officer (CTO). Under the general direction of the CIO, the CTO will oversee and manage the expansion in technical roles/responsibilities for TSD including application development/support, data analytics development/support, cloud/infrastructure support, network engineering and a 24/7 service desk across all five hospital campus locations and Sacramento. This position serves as a visionary and change agent for Information Technology (IT). The CTO provides leadership to groups that include enterprise architects, expert technology specialists, and management of infrastructure, applications and data. This position works closely with professionals in shared IT services such as strategic planning and budgets and provides leadership in architecture in a time of significant change, guiding the architectural impact of IT innovations. The CTO establishes and sets expectations regarding critical IT activities and ensures adherence to departmental and State regulations, policies, and procedures.

The CTO runs and maintains IT operations through applications and data management, network and server/storage operations, hospital IT services and enterprise architecture. The CTO ensures IT systems are running and performing as they should by actively overseeing the monitoring and response to incidents that might affect highly-available performance systems. The CTO serves as a key strategic and policy advisor to the DSH Executive team and TSD Deputy Director regarding automation issues, policies and trends and participates in the development of overall DSH strategies, policies and priorities. The CTO, under the guidance of the California Health and Human Services Agency (CalHHS) Information Officer ensures that DSH's IT strategies, policies and implementation are in alignment with the CalHHS strategic plan and in alignment with the policy requirements of the California Department of Technology (CDT). In collaboration with the DSH Chief Information Security Officer, the CTO establishes and maintains all technical policies and procedures necessary for successful IT operations. In collaboration with the TSD Chief of Staff (CoS), leads the development and implementation of an enterprise IT strategy. The CTO works with the CIO, CoS and Enterprise Architecture (EA) team to provide the right technology vision, strategy and road map to enable the organization's digital business transformation. The CTO leads DSH's strategic service delivery transformation as a necessary step toward a mature, modern healthcare IT system. The CTO matures the IT Service Management function.

The CTO provides strategic direction to the EA team. The CTO works with business and IT leaders to identify, rationalize and road map new business models and capabilities and determines how the organization can use mainstream and emerging technologies to advance DSH strategy and optimize hospital/clinical operations. Leveraging EA technologists, the CTO assess the potential risk of bringing new and emerging technologies into the organization and determines how to mitigate those risks. The CTO promotes the alignment of DSH Information Technology investments with the CalHHS's enterprise architecture (Technology, Standards and Infrastructure).

The CTO leads TSD optimization initiatives, This includes modernizing infrastructure, including hybrid multicloud; edge computing; containerization; and automated, programmable infrastructures. The CTA creates new digital business technology platforms or provides the technology to build them. As an innovator, this CTO drives technology innovation and transformation in IT and leads agile/DevOps team. The CTO also leads cloud transformation initiatives and brings new technologies into IT such as Application Programming Interfaces (API's).

The CTO leads key decisions on technology investments via TSD budget planning. The CTO is responsible for the DSH Information Technology Capital Plan (ITCP), providing the ability to develop technology solutions in the context of business priorities while addressing enterprise standards and leveraging opportunities. The position collaborates with the TSD Project Management Office/ Business Analytics Unit (PMO/BAU) on business case development and leads or works with product and engineering teams on the development of new products and on product enhancement and redesign. The CTO works collaboratively with the PMO and Administrative Services Unit (ASU) Vendor Management team to manage technology vendors for the software and hardware (and any associates services) procured by DSH. The CTO acts as the liaison between DSH and external control agencies (Department of Finance, California Department of Technology and Department of General Services). The position partners with other California departments (Department of Corrections and Rehabilitation and Department of Health Care Services) to develop policy and ensure success of automation activity and to support DSH's mission. The CTO negotiations license agreement with vendors to obtain optimum value for DSH and minimize risk.

**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, by leading innovation and excellence 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 (Atascadero, Coalinga, Metropolitan, Napa, and Patton). In addition to state hospital treatment, DSH provides services in contracted Jail-Based Competency Treatment (JBCT), Community-Inpatient Facilities (CIF), Conditional Release Program (CONREP), Community-Based Restoration (CBR), and pre-trial felony mental health Diversion programs. DSH is responsible for the daily care to over 7,400 patients and in 2023-24, DSH served over 14,000 patients.

The impact of technology on patient care and success of the department's mission will grow exponentially as ongoing mission critical projects are developed and more systems become reliant on technology. These systems maximize the availability of patient information to all health care providers at any time needed, eliminating the delay or loss of valuable information which avoid interference in providing quality care increases the efficiency of managing complex patient treatment pathways. This cannot be achieved without this position to lead the associated strategy and technical operations.

## **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.

As the largest state hospital system in the country, responsible for the majority of forensic patient care, it is imperative that DSH modernizes its legacy systems and network infrastructure with modern solutions to reduce risk of negative patient outcomes, improve patient care, provide clinicians real-time data, ensure accurate record-keeping, and enhance overall operational efficiency. DSH serves more patients than the next four (4) largest systems combined. Failure to address legacy systems may compromise DSH's ability to optimize the safety and well-being of patients and impede collaboration with other healthcare providers. The current outdated IT operating model at DSH is hindering progress towards upgrading these system and inhibiting DSH's ability to adapt and innovate with the speed and agility necessary to keep pace with the departments business needs.

This position is critical to transform and maintain operations in the Technology Services Division (TSD) including those existing IT programs and those added by recent projects. For example: 1) The position must unlock new levels of efficiency by modernizing IT processes and operations. Streamlining support and delivery practices to accelerate service deployment, enhance quality, reduce error risks, and foster collaboration among team will drive innovation and promote DSH efforts to deliver unparalleled patient care. According to a survey conducted by Black Book Market Research in 2020, 87% of hospitals reported that their IT optimization efforts have led to significant improvements in patient care. 2) The position must transform how IT services are delivered to empower the enterprise with streamlined, product-focused solutions. Reshaping IT services into smaller, more focused product offerings will improve understanding of user specific needs and solution design to directly address those needs. This model provides better visibility to IT priorities, optimized resource allocation, improves innovation efforts and focuses collaboration to drive outcomes. Gartner, Inc recommends scaling a current product-focused pilot in order to increase business value, including cost savings, faster time-to-market, improved patient satisfaction and better alignment with business throughout the EHR project implementation and transit objectives. 3) The position must embrace the power of data to achieve business strategic objectives. Transitioning from a disjointed and fragmented data landscape to a unified approach to data management, enabled by clear data governance, will promote a culture of data literacy, provide decision-makers with the critical insights DSH needs to improve patient care, reduce costs and drive strategic growth. The meet the requirements in Assembly Bill (AB) 133, DSH needs to collect, interpret and report on patient care, quality of care and experience metrics while also identifying areas for improvement. Data landscape is a critical path to achieve this. 4) This position is a critical leader in IT support throughout the modernization of our patient systems and plays a vital role in the transition of these systems to maintenance and operations. Focusing on technical implementation and management, this position partners with the EHR Project Director to achieve this goal.

Executing the initiatives of modernizing IT processes and operations, transforming IT service delivery, and leveraging data can be challenging for DSH. Some of the potential challenges that DSH may face include limited resources, resistance to change, and a lack of expertise or technical capabilities. This position will provide a strategic road map and collaborate with partners to lead the execution of the road map to ensure DSH's successful implementation and management of modern healthcare technology

## 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.

1. Application decommissioning, retirement and retention policy: Application Retirement is also known as application decommissioning. It deals with the actions that must be carried out to stop using specific applications without losing access to the data they maintain in their databases. It is the practice of dismantling redundant or outdated business applications without losing access to their historical data. Legacy applications are often only maintained to provide infrequent or sporadic access to data within the application database for legal or business purposes. Forrester identified upgrading and modernizing legal applications, upgrade packaged applications, and consolidating or streamlining enterprise applications as three (3) of the top four (4) software issues facing IT organizations. Application retirement (sometimes called application sunset) is a process of shutting down obsolete applications while migrating data they contain to standardized archives where this information will always be accessible.
2. Open source software governance policy: Software engineering leaders are rapidly expanding their use of open-source software (OSS) which exposes their organization to a new set of unique risks. Open-source software has the potential to bring together a host of relevant healthcare stakeholders, including government agencies, medical equipment vendors, healthcare service providers and research agencies by facilitating standardization and interoperability in health informatics. An OSS governance policy mitigates these risks. An OSS governance policy minimizes the risks associated with using OSS, participating in OSS communities and creating OSS projects. Those risks include legal and financial risks, security and data protection risks, business continuity risks, corporate branding and publicity risks and other risks. An OSS policy also enables better decision-making when sourcing and selecting OSS. The risks associated with OSS vary significantly depending on how the software is used. The CTO efforts would include decisions related to limiting how the organization uses OSS or how different types of OSS can be used. The CTO would be involved in determining whether or not to define different rules and processes for each type of OSS usage as well as different usage rules for different types of licenses.
3. Reuse/build/buy policy: Enterprise technical architecture and infrastructure planners must increase the value of their standards planning, particularly in understanding how technical patterns and service designs can be used during build, buy and reuse scenarios. Infrastructure development or technical architecture teams must focus on an expanded value proposition for standards, particularly technical patterns and services. Beyond changing application developer build behavior, technical patterns and technical services must deliver benefits for buy and reuse cases. IT organizations that standardize more effectively and efficiently will cost less and improve quality; better EA and infrastructure planning will increase the real value of such standardization. TSD must drive toward specific cases in which technical patterns and services deliver value. Unfortunately, many organizations only use technical pattern designs to describe enterprise technical architecture (ETA) and infrastructure guidance to internal application developers. Although this is one key value for technical patterns, it is not the only one. Besides this build case, there is a buy case for technical patterns, helping define technical or infrastructure goals for package vendors to enable faster assimilation. Furthermore, technical patterns describe a reuse case for infrastructure that is already installed (including key shared technical services), to ensure that this infrastructure is reused, rather than built or bought again.
4. End user device policy: As the diversity and quantity of endpoint devices being used increases, so does the importance of formally defining acceptable use, security and management tools, risk mitigation, cost responsibility, and the ownership and security of the device and contents. The CTO will engage stakeholders from the human resources, legal, finance, security and/or compliance departments during the process to ensure that these policies are appropriate for the organization, adhere to local and/or regional regulations and align with existing State policies governing the use of technology in the workplace. There are a wide range of policy and procedural issues related to the use of endpoint devices.
5. Information technology service management (TSD) policy: Increased business model change and speed of delivery have rendered manual, nonadaptive, centralized IT service management practices obsolete. Infrastructure and operations leaders need to modernize services and adopt holistic approaches to service delivery to drive digital technology initiatives like EHR. TSD focuses IT on delivering value to internal customers, with key targets that include: A proactive, process-oriented approach to services management. Better alignment with business needs directly helps TSD serve hospital customers, especially with EHR.



### **C. ROLE IN POLICY INFLUENCE (continued)**

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

This position will manage and oversee specifically the DSH technology specific operations, focusing specifically on the technology side of the division. This includes providing technical expertise, decision making support and resources to implement all internal hospital system technology projects and maintenance of existing systems. The decision-making authority is broad and primarily covers technical specialties and engineering, but specifically not Information Security, Project Management, IT Business Management, Procurement, Contracts or Vendor Management. The CTO role is critical to identifying, strategizing and maximizing the value of technology. This role is also crucial to realizing business innovation and transformation, while ensuring resilient and adaptable IT operations. The scope of activities will include: Evolving architecture, Modernizing infrastructure, Building an effective and integrates digital business platform that is scalable to meeting hospital needs, Driving trend spotting, Developing digital products to meet hospital needs, Management technology talent and up-skilling existing technology staff and Managing external partnerships.

The position will carry out these activities in the following four (4) primary scope areas. The position serves DSH by being a:

Digital Business Leader - Accountable for the digital business technology strategy and building architecture to meet required digital platforms.

Business Enabler - Accountable for optimizing technology to support the current business operations and business model.

IT Innovator - Accountable for leading technology innovation and transformation in TSD.

Process Enhancement - Accountable for improving internal operations, ticket workflow, maturing software/hardware asset management, suggesting operational improvements based on ticket trends and analysis.

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

The position will be developing and implementing new policy as DSH moves from a legacy environment of systems, including manual paper systems to a modern healthcare IT environment. Most new policy related to the technology side of system modernization will fall under this position. Additionally, this position will be responsible for reviewing, formalizing and maintaining any current policy practices for DSH technology teams under the purview of this position.