

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

2024-05-07

2. Department

Department of State Hospitals

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

Directorate/Clinical Operations/Office of Clinical Innovation and Technology

4. CEA Position Title

Deputy Director

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

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. The Deputy Director of the Clinical Operations Division will provide the clinical direction and oversight for all clinical care delivered within the five State Hospitals. The Deputy Director will be responsible for clinical policy development and decision making impacting the hospitals, and the development and implementation of standards and procedures for the statewide clinical program, monitoring quality of clinical care, quality improvement, reduction and prevention of clinical risks and dangerous incidents, and compliance with federal and state laws and regulations. The Deputy Director will direct the clinical efforts to utilize available technology to improve system performance and clinical outcomes. The Deputy Director will oversee the Assistant Deputy Director, who is responsible for the policy direction regarding all clinical aspects of technology solutions including the Electronic Health Record (EHR) solution development, training, implementation, and maintenance and operations. The Deputy Director will also oversee the Associate Medical Director responsible for providing medical and psychiatric direction, support and consultation for the five state hospitals.

6. Reports to: (Class Title/Level)

Statewide Medical Director (Exempt)

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.

This position will be the primary policy leader for statewide clinical services in the largest forensic psychiatric state hospital system in the nation. This position will have responsibility for development of standards, policies, and procedures for clinical practice delivered by the interdisciplinary treatment teams across a complex system of five state hospitals.

The Deputy Director will provide operational direction and coordination of forensic and medical evaluative activities, treatment programs across the five state hospitals, and care of patients; as well as implementation of Federal and State laws and regulations, and Department of State Hospitals (DSH) policy directives which pertain to the clinical functions of the hospital. The individual will participate on the DSH Executive Team and the DSH Governing Body and represent the Department as required in consultation and negotiations with external agencies, community representatives, and other stakeholders.

This position will design and direct all clinical components of statewide clinical Continuous Quality Improvement (CQI) and has knowledge of hospital administration to develop clinical proposals and procedures to further the mission of the hospitals. This position will oversee a robust clinical quality improvement team (The Clinical Operations Advisory Council) the conducts regular hospital clinical surveys to ensure quality of services. This position will initiate evaluations and reviews of the clinical functions of the hospital in response to changing needs and requirements and oversee and direct all statewide clinical committees and task forces of the DSH.

This position will oversee the Associate Medical Director and the Office of Medical & Psychiatric Services to ensure coordination and integration of medical and psychiatry services into clinical programming and service delivery at the five state hospitals. The Deputy Director will coordinate policies and procedures across the interdisciplinary treatment team professionals including psychiatry, psychology, social work, rehabilitation therapy, and nursing care.

The Deputy Director will make recommendations to the DSH Directorate, Executive Team and Governing Body about statewide clinical priorities, statewide clinical policy and statewide clinical risk mitigation.

Additionally, this position will be responsible for the organization, integration, and continuing education of all clinical staff, this individual exercises vision and direction toward continuous improvement and maintenance of high professional standards and attitudes of hospital staff, excellence of interdisciplinary work, availability and effectiveness of consultation and teaching and functions as exemplary liaison between hospital staff and external agencies.

This position will represent the department in consultations, negotiations, and at various meetings with the Governor's Office, Legislative hearings, California Health and Human Services Agency (CalHHS), other State departments such as the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS), legislators and staff, and various government and non-government mental health organizations and agencies; coordinates the State Hospitals treatment functions with community health organizations by meeting with local government officials, agency representatives, and planning and advisory groups such as the California Behavioral Health Planning Council.

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's 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. Last year, DSH served over 13,000 patients across its continuum of care, with over 9,100 served across the state hospitals. Maintaining the standards and quality of care statewide across the 5 state hospitals, while at the same time optimizing treatment is a complicated and critical process. It is also imperative that care is consistent across our 6,000-bed system. The responsibility for statewide quality, consistency and improvement falls to the Clinical Operations Advisory Council (COAC), and the ultimate responsibility lies with the Deputy Director, Clinical Operations . The risks of not maintaining these standards include litigation and federal oversight, as well as the more direct impacts to the human beings dependent on this care. The COAC initially implemented, and now maintains, the system wide Clinical Continuous Quality Improvement (CQI) program, which is a deliberate, defined process that involves hospital visits and audits, data collection and analysis, report writing and stakeholder management.

DSH is currently under a court order, via the Coleman v. Newsom case, to develop, implement, and maintain a CQI process. DSH's CQI program, which the COAC is the foundation of, and is reviewed by the Special Master experts. It is therefore a mission critical operation, requiring clinicians skilled not only in their specific discipline, but more importantly also in areas far beyond that administratively. While the clinical expertise is important, most important are the administrative skills necessary to gather and be accountable to stakeholders, communicate effectively, understand and analyze data, and facilitate change.

Furthermore, DSH is currently under another court order, via Stiavetti v. Clendenin which requires the department to provide timely access to substantive treatment services within 28 days for individuals found incompetent to stand trial. This position is responsible for directing clinical standards which includes the admission, assessment, treatment and discharge of individuals found incompetent to stand trial, which is critical to ensure patients are receiving timely treatment and progressing efficiently through treatment and forensic assessment so that the department meet the requirements of the court order.

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 Clinical Operations Division was established in 2012, coinciding with the Department of State Hospitals' reorganization from the Department of Mental Health. Initially, the Division was comprised of approximately 20 clinical and analyst team members, overseen by the Statewide Medical Director and Assistant Deputy Director. Over time, the Division has expanded significantly, now employing almost 80 highly specialized team members and encompassing a significantly broader scope of functions. The DSH patient population has evolved over time into a largely forensic population with very complex needs related to long durations of untreated psychosis, unsheltered conditions, trauma, cognitive deterioration and development of criminogenic risk, as well as high levels of violence risk. Clinical innovation and effective program development and implementation are required to address these evolving and complex clinical needs.

Clinical Operations has grown to meet these needs. The division now includes clinical data analytics and research, evidence based program implementation and sustainability efforts, specialized psychopharmacology education and consultations, development of standardized clinical processes, forms and documentation, patient discharge and community integration support, an abundance of clinical technology initiatives including ongoing efforts related to the implementation of an electronic health record, implementing Trauma-Informed Care (TIC) and other innovative evidence-based treatment policies and practices, development and implementation of clinical training programs, continuing education, and recruitment and retention. Clinical Operations has also developed a robust continuous quality improvement function.

Additionally, as the forensic patient population has grown statewide and beyond the walls of the five state hospitals, particularly in the population of Californians found Incompetent to Stand Trial, the Statewide Medical Director has increasingly taken on a medical leadership role in supporting DSH's programs that extend beyond the five state hospitals, addressing needs across DSH's expanding continuum of behavioral healthcare. These efforts include initiatives related to the rising number of individuals adjudicated as Incompetent to Stand Trial, and the expanded programs DSH has implemented to serve this population in jail diversion programs, jail-based and community-based competency restoration programs; community inpatient facilities and the conditional release program. The Statewide Medical Director has also taken on an expanded role in the Coleman v. Newsom litigation and in responding to the Stiavetti v. Clendenin litigation. Further, the Statewide Medical Director serves on various national committees related to the IST population and forensic mental health and also an advisory capacity to the California Health and Human Services Agency for various statewide initiatives such with the implementation of the Community Assistance, Recovery, and Empowerment (CARE) Act.

This expansion in both size and scope has led to a significant increase in workload, responsibilities, and accountability; therefore, the need for a Deputy Director, whose primary focus remains on overseeing all clinical care provided to patients within the five DSH facilities and the clinical technology efforts to support them.

Establishing a Deputy Director will allow the Statewide Medical Director to focus on and be responsible for the clinical development of IST programs and solutions beyond the five state hospitals; to provide functional oversight and guidance of all clinical care to Deputy Directors to ensure the high performance and continuity of services provided by the statewide clinical programs and provide guidance and mentorship to clinical leaders in Community Forensic Partnership Division and Patient Care Coordination Division. The Statewide Medical Director will be DSH's primary representative on national medical committees and provide leadership, vision, and initiative toward assuring integration, continuous improvement and maintenance of quality clinical care across all DSH facilities and programs; and be responsible for high professional standards, excellence of interdisciplinary teamwork, and availability and effectiveness of system-wide consultation, education, and training.

The Statewide Medical Director is the chief clinical advisor, to the Director and provides subject matter expertise for the wider administration in the area of policy and treatment for forensically involved patients with complex behavioral health conditions. The Statewide Medical Director will provide leadership and oversight of all clinical research and program implementation and represents the department on federal councils and committees.

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 Deputy Director will be the principle policy maker and will provide the ultimate clinical direction and oversight for the clinical care delivered specifically within the five State Hospitals. These programs involve overseeing the evaluation and management of clinical care delivered to patients. The policy areas developed focus on clinical care and process improvements, workplace enhancements, regulatory and accreditation compliance, and safety for both team members and patients. Areas with statewide impact are as follows:

Continuous Quality Improvement (CQI) - this initiative is dedicated to refining clinical processes and perpetually assessing quality standards. Facilitating this endeavor is the Clinical Operations Advisory Council (COAC), comprising of an interdisciplinary team of clinicians tasked with conducting site visits at all five DSH facilities. Through direct observation, evaluation, and fostering open communication with frontline team members, the COAC identifies areas for enhancement. Its overarching goal is to ensure adherence to DSH's mission of providing evaluation and treatment in a safe and responsible manner, by leading innovation and excellence across a continuum of care and settings.

Clinical Policy Development - the deputy director will lead the development of clinical policies for medical, psychiatric and dental care to ensure the delivery of quality care to DSH patients statewide, examples of these policies include prescribing, therapeutic strategies and interventions designed to keep our clinical and level of care team members safe, utilization management, patient safety, transgender and nonconforming patients, mortality reviews, guidelines for the management of certain conditions such as pica and ingestion of foreign bodies, palliative and hospice care, dental prosthodontics, hepatitis C virus management.

Compliance with Coleman Federal Oversight: DSH maintains 336 beds for patients under Penal Code 2684. These individuals are transferred to DSH from the California Department of Corrections & Rehabilitation for mental health treatment, as mandated by the Coleman v. Newsom class-action lawsuit the Deputy Director provides policy direction and oversight for the Continuous Quality Improvement program required by court order in this lawsuit.

C. ROLE IN POLICY INFLUENCE (continued)

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

The Deputy Director will have the primary responsibility for all aspects of oversight, management and supervision and will have the highest level of decision-making authority, under the general direction of the Statewide Medical Director to make decisions toward meeting the goals and objectives of the department's statewide clinical services in the five (5) state hospital system as well as having the responsibility for policy decisions and the development and implementation of standards and procedures for the statewide clinical program, monitoring quality of clinical care, quality improvement, implement processes and procedures for evidenced based violence risk assessment in the DSH population, to inform readiness for release decisions and safeguard public safety, reduction and prevention of clinical risks and dangerous incidents, and compliance with federal and state laws and regulations. This position will have substantial authority for decisions affecting the division and will have the authority to independently decide policy options or to work in collaboration with the Statewide Medical Director and other executive management and advise the Directorate on the most critical policy decisions.

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

This position will both develop and implement new policy as well as interpret, update, and implement existing policy. As the Deputy Director, the position will be responsible for policy development, interpretation and implementation regarding the specific subject matter areas and programs for which they are responsible for under Clinical Operations. The Deputy Director will implement new policies in the establishment and maturity of clinical programs and quality care initiatives.