

**CEA ACTION PROPOSAL**

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

May 24, 2024

2. Department

California Correctional Health Care Services (CCHCS)

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

Mental Health Program

4. CEA Position Title

Assistant Deputy Director, Statewide Mental Health Program, Telemental Health, Analytics, Policy, Administration and Planning

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

The Statewide Mental Health Program (SMHP) proposes to upgrade the current Associate Director of Statewide Planning and Policy CEA A to an Assistant Deputy Director (ADD), CEA B - Telemental Health, Analytics, Policy, Administration and Planning. The proposed ADD position manages, supports and integrates all aspects of the Headquarters Mental Health (MH) Program, and statewide implementation to the institutions. The ADD is involved in all stages of development, monitoring, evaluation, implementation, and improvement of MH services and programs. The ADD exercises direct authority over several program areas, and represents the department to outside stakeholders including in litigation with statewide ramifications and budgetary implications of well over \$200 million across multiple lawsuits.

6. Reports to: (Class Title/Level)

Deputy Director, Statewide Mental Health Program (SMHP)

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):

[Empty text box for explanation]

8. Organizational Level (Select one)

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

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**B. SUMMARY OF REQUEST**

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

Under general direction of the Deputy Director, Statewide Mental Health Program (SMHP), the Assistant Deputy Director (ADD) SMHP, Telemental Health (TMH), Analytics, Policy, Administration and Planning provides direct oversight and leadership to Staff Services Manager III (SSM), SSMII and Health Program Specialist II responsible for the TMH Program administration, Data Analytics, Policy and Planning, and Field Outreach Sections. The ADD is responsible for the development, evaluation, implementation, monitoring, and improvement of mental health programs, policies, procedures, and protocols critical to standardizing and improving mental health services provided at each California Department of Corrections and Rehabilitation (CDCR) facility and within the TMH Program. The ADD ensures that institutions conduct mental health programs in accordance with the mandates of Coleman v. Newsom (Coleman); and ensures that clinical mental health operations are run effectively. The ADD also provides program support and expertise to the Deputy Director (DD), Assistant DDs, Mental Health Administrators, Chief Psychiatrists/ Psychologists, and clinical staff. Travel is required.

Provides updates to the Deputy Director, SMHP, court appointed experts, and the Department's and the Attorney General's legal staff on all matters related to Coleman litigation and other state and federal legal requirements. Provides administrative direction, oversight, and expert input in meeting legal mandates under the Coleman litigation and other state and federal laws. Oversees the SMHP's administrative functions in conjunction with other division such as budget and personnel management, recruitment, construction, labor relations, quality management, procurement, and contracts for MH services. Responsible for the development, implementation, and maintenance of the TMH Program and related administrative functions. Ensures MH programs, policies, and procedures align with mandates and laws. Responsible for documentation, compliance initiatives, and responses to court and legal requirements. As a member of the executive management team, provides guidance on (MH) program services to Department executives and stakeholders. Coordinates with Department of Finance, Nursing Services, Division of Adult Institutions, Legislative Analyst's Office, internal and external stakeholders regarding program responsibilities, and participates in meetings, related work groups, and committees.

Oversees the development and evaluation of mental health service regulations, policies, procedures, protocols, and Budget Change Proposals critical to improving the quality of mental health services. Identifies policy issues, establishes resolution priorities, and recommends policy adoptions relating to the scope, level of care and provision of mental health services. Proposes new programs and modifications to existing programs based on current evidence-based practices. Ensures that regulations meet litigation requirements, are consistent with state/federal laws, and reflect current community care standards. Oversees operations of various programs including training, professional practices, peer review, suicide prevention, TMH, and the program for the developmentally disabled. Oversees the development of assessment tools, data validation processes, Coleman reporting mechanisms, Electronic Health Records System (EHRS) maintenance, quality management program implementation, inpatient and utilization management review support, care coordination, case management programs, and information systems. Voting member of the Change Advisory Prioritization Committee (CAPC).

Responsible for managing and coordinating all construction initiatives impacting the SMHP, while ensuring compliance with court mandates, the Mental Health Services Delivery System program guide (MHSDS) requirements, licensing, and state guidelines. Periodically travels to institutions/facilities statewide to evaluate appropriateness of construction projects, support Coleman monitoring, sustainable audits, and provide expert direction as it pertains to the SMHP operations. Directly supports and oversees clinical support of Mental Health Administrators, Chief Psychologists, and Chief Psychiatrists. Represents the SMHP as a subject matter expert in labor union discussions, negotiations, and coordination relating to new policy implementation.

Directs and supports statewide efforts to recruit and retain qualified mental health clinicians. Develops recruitment plans in coordination with the Deputy Director, SMHP and Health Care Policy and Administration to address institution specific geographical recruitment challenges. Directs and collaborates with Healthcare Policy and Administration on educational outreach initiatives to support recruitment and hiring. Oversees development of internship programs for licensed mental health professionals through partnerships with educational agencies and professional organizations. Oversees and provides expert guidance and decision-making surrounding temporary/relief mental health registry provider usage, monitoring, and evaluation. Ensures guidelines and contractual requirements are followed. Saves valuable program dollars, when possible, by promoting appropriate use of mental health resources through proper clinical practice. Facilitates the compilation and analysis of aggregate clinical data and reports of findings.

Performs other duties as assigned to support the implementation of the CDCR Strategic Plan. Acts on behalf of the Deputy Director, as necessary.

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**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: The Mental Health department's success has direct consequences on stated high priorities for the Secretary's office and the Governor's office. Since the Court's Order appointing the Special Master in 1995 (ECF No. 639), the State of California has paid the Special Master and his team nearly \$120 million to guide the State towards meeting its constitutional obligations and to monitor its mental health policies and procedures. Department goal is to align with exiting costly statewide lawsuits and retaining internal control of program function and policy.

The Statewide Mental Health Program (SMHP) is represented by one of the five healthcare Deputy Directors represented within CDCR/CCHCS. It is one of the primary sources for the "Rehabilitation" in the Department's name, along with Division of Rehabilitative Programs (DRP). This position oversees the administration and operations of the SMHP, develops and implements policies and programs, which ensures the ability to provide access to mental health services statewide. The primary goal of the Mental Health Services Delivery System (MHSDS) is to advance the CDCR's mission to protect the public by providing timely, cost-effective mental health services that optimize the level of individual functioning of seriously mentally disordered incarcerated patient and parolees in the least restrictive environment. The MHSDS has been functioning in CDCR since 1994. The MHSDS utilizes a variety of professional clinical, custody, and support staff to provide the best available quality of care to seriously mentally disordered incarcerated patients. This program is highly critical to the Department's mission to facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.

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**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.

Over the last 3 years, the MH program at Headquarters (HQ) has experienced explosive growth resulting from court mandates that have expanded the scope and abilities of the program. Therefore, additional responsibilities, and the need for support staff to represent the program in the hiring, training, and ongoing functions of the newly additional staff is expected. This position continues to have high responsibility in incorporating all of the program expansions under a single administrative organization structure. As a result, this position is now responsible for all of the support units for every sub-program within MH HQ.

These programs include:

(\* indicates newly added program areas)

- Policy, Program and Planning
  - Training and Program Support
  - Policy and Litigation
  - Offenders of Mental Health Disorders (OMHD)
  - Suicide and Forms
  - Procurement
- Mental Health Field Support
  - MH HQ HR - Field Outreach and Recruitment
  - Complex Mental Health\*
  - Developmentally Disabled Program (DDP)
  - Coordinated Clinical Assessment Team (CCAT) and Pre-release
- Telemental Health Support Services\*
  - Psychiatry Support\*
  - Psychology Support\*
  - Social Work Support\*
- Data Analytics\*
  - Quality Management (QM)\*
  - Utilization Management (UM)\*
  - Inpatient Referral Unit (IRU)\*
  - Business Rules and Methodology Review (BRMR) Processes\*
  - Electronic Health Record Systems (EHRS)\*

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**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.

This position directly and independently manages institutional construction projects statewide. This requires interfacing and coordinating with multiple departments, including Facilities Planning Construction Management (FPCM), Licensing and Compliance, Coleman court monitors and representatives, CDCR Office of Legal Affairs (OLA), Fiscal, Finance, Division of Adult Institutions, Policy Management Unit, Health Care Placement Oversight Program (HCPOP), institutional leadership (mental health, medical, and nursing leadership as well as Career Executive Officers), and other stakeholders. This extends to directing budgetary items with major and minor capital outlay ranges as well as Section 6 projects. This affects all levels of care and locations within the mental health delivery system: Correctional Clinical Case Management System (CCCMS), Enhanced Outpatient Program (EOP), Mental Health Crisis Bed (MHCB), Psychiatric Inpatient Program (PIP) Intermediate Care Facility (ICF), PIP Authorized Personal Property, various Administrative Segregation Unit and Security Housing Unit (SHU).

Regulatory policies that are developed and amended in accordance with the Offenders of Mental Health Disorders program, and Staffing/Fiscal policies surrounding the 2009 Staffing Plan. These policies impact staff and MH patients statewide and court orders/mandates, legislation, patient safety, public, and litigation.

As new projects are added to Mental Health program, the Associate Director position serves a key role in assessing staffing capabilities and assigning responsibility. In many cases, this position is responsible for ongoing projects, managing the development and implementation of policy and compliance measures, as well as long-term sustainability of the project. Recent examples include the Telemental Health (TMH) program (adding 2 new sub-programs of Tele-psychology and Tele-social work support with expected quadrupling of staff), the Data Analytics Program (QM, UM, IRU, BRMR, EHRS) to achieve data remediation as required by the court, Transgender Health Care in response to SB-132. This position is responsible for bridging all stakeholders and other areas that have created additional responsibilities for multiple departments, including mental health.

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

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

The CEA has decision-making authority relating to staffing allocations, construction projects, information in legal filings, managing the statewide MH budgets, supporting and directing recruitment of essential clinical staff across the state in collaboration with the Health Care Policy and Administration. This position is also a voting member of the Change Advisory Prioritization Committee (CAPC) that decides on new/updated business rules and methodology for every indicator on the Mental Health Performance Report. This position serves, meets, and confers with Labor in employee organization negotiations, provides expertise on direct care contracts, responds to new legislation, procurement, program operations, program management, and more. This positions decision-making authority also impacts employees statewide within the SMHP, CDCR/CCHCS. In addition, many areas of the CEA's expertise works alongside with other Mental Health Clinical Deputy Directors that will still require reporting and approval of the Deputy Director.

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

The position will be responsible for developing and implementing new policy, as well as, interpreting and implementing existing policy. Improvements in healthcare policies and procedures are continuous based on modified evidence and the Mental Health Delivery standards. Developing and implementing new policies responsive to these changes occurs in coordination with clinical leadership to protect and treat our incarcerated patient population. Interpreting and implementing existing policy is frequently required as a result from new questions from staff or new circumstances stemming from the original policy.