

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 10/20)

Fiscal Year 2023-2024	Business Unit 5225	Department California Correctional Health Care Services	Priority No.
Budget Request Name 5225-098-BCP-2023-GB		Program 4650 – Medical Services - Adult	Subprogram 4650012 – Medical Administration

Budget Request Description
 The Joint Commission Accreditation

Budget Request Summary

The California Department of Corrections and Rehabilitation/California Correctional Health Care Services request 15.0 positions and \$3.2 million General Fund in 2023-24, 19.0 positions and \$3.8 million General Fund in 2024-25, 26.0 positions and \$4.3 million General Fund in 2025-26, 31.0 positions and \$5.1 million General Fund in 2026-27, and 38.0 positions and \$6.1 million General Fund in 2027-28 and ongoing to address the department's pursuit to obtain The Joint Commission accreditation for all California Department of Corrections and Rehabilitation institutions over a five-year implementation period.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed N/A	
Does this BCP contain information technology (IT) components? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO Cheryl Larson	Date 1/10/2023

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Project Approval Document:

Approval Date:

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Samantha Chastain	Date 1/10/2023	Reviewed By Duane Reeder	Date 1/10/2023
Department Director Lara Saich	Date 1/10/2023	Agency Secretary Diana Toche	Date 1/10/2023

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE Dept. of Technology

PPBA Allison Hewitt	Date submitted to the Legislature 1/10/2023
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A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR)/California Correctional Health Care Services (CCHCS) request 15.0 positions and \$3.2 million General Fund in 2023-24, 19.0 positions and \$3.8 million General Fund in 2024-25, 26.0 positions and \$4.3 million General Fund in 2025-26, 31.0 positions and \$5.1 million General Fund in 2026-27, and 38.0 positions and \$6.1 million General Fund in 2027-28 and ongoing to address the department's pursuit to obtain The Joint Commission (TJC) accreditation for all CDCR institutions over a five-year implementation period.

B. Background/History

Since the Federal Receivership was established in 2005, CDCR and CCHCS have worked to delegate institution operations back to the State of California. Currently, there are 20 institutions that have achieved delegation, with the most current being the Wasco State Prison in 2022. In 2012, the *Coleman* court ordered that all CDCR/CCHCS Psychiatric Inpatient Program (PIP) units attain TJC accreditation. The first PIP to receive TJC accreditation was the California Institution for Women (CIW) in 2013, followed by the California Health Care Facility (CHCF) Stockton in 2014, and San Quentin State Prison (SQ) in 2015. Subsequently, in 2015, the Federal Receiver tasked CDCR/CCHCS with attaining TJC accreditation for all CDCR/CCHCS institutions.

TJC is the nation's oldest and largest standards-setting and accrediting body in health care and is considered the community standard for health care. This United States (US) based nonprofit tax-exempt 501(c)(3) organization accredits more than 22,000 US health care organizations and programs and offers a variety of accreditation programs that cover all CDCR's core service areas, including primary care, medical, dental, mental health, and skilled nursing. The majority of US state governments recognize TJC accreditation as a condition of licensure for the receipt of Medicaid and Medicare reimbursements. In addition, TJC "deemed status" accreditation surveys are determined to meet or exceed Federal Medicare and Medicaid level of care requirements.

Quality Management (QM) was initially tasked with preparing CIW and Folsom State Prison (FSP) for TJC accreditation. QM contracted with the Joint Commission Resources (JCR) and TJC for multi-year contracts totaling \$495,210. The JCR contract provided a gap analysis, training, mock surveys, technical support and resources for both institutions. The TJC contract provided for the initial accreditation surveys, annual fees associated with the three-year accreditation cycle, and the re-accreditation survey fees. QM then coordinated with the JCR, TJC, and institutional staff to prepare for accreditation. As a result of these efforts, CIW received TJC accreditation for Ambulatory Health Care (AHC), Behavioral Health and Human Services (BHHS), and Nursing Care Center (NCC) programs in December 2019.

In February 2020, the Accreditation and Licensing Compliance Unit (ALCU), Corrections Services absorbed TJC workload from QM. ALCU established the Joint Commission Field Support Team (JCFST), which consisted of six total staff, including five retired annuitants (previously established in Field Operations), and one Correctional Captain on loan from other program areas. In 2021, JCFST had three of their previously assigned retired annuitants separated from state service, leaving JCFST with two retired annuitants and one redirected Correctional Captain. In May 2021, under ALCU's coordination, FSP received TJC accreditation for AHC and BHHS programs.

The TJC accreditation cycle spans three years. During the first year, the organization seeking accreditation is surveyed, and during the second and third years of the cycle, the organization submits proof that it is adhering to core standards. Accreditation fees are highest during the survey year and drop considerably during annual quality reviews in years two and three. The proposed timeline in this proposal is based on a four-year cycle that will allow for one year of organized preparation led by the JCFST.

An organization's delivery system design determines which TJC accreditation programs apply to the organization. CDCR institutions could be subject to up to three accreditation programs – AHC, BHHS, and NCC – depending on the institution's health care mission. At a minimum, all institutions are projected to achieve accreditation in BHHS initially, and then work towards AHC and NCC

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during later cycles. BHHS was identified as the primary focus for accreditation efforts due to its potential to greatly improve the delivery of mental health care services, which are subject to considerable federal and state litigation.

With the establishment of the JCFST, workload has increased over the last two and a half years due to additional institutions beginning their accreditation cycles. The workload will continue to increase substantially and will no longer be manageable with existing resources.

Resource History (Dollars in thousands)

Program Budget	PY – 4	PY – 3	PY – 2	PY-1	PY	CY
Authorized Expenditures	0	0	0	0	0	0
Actual Expenditures	0	0	540	\$1,030	\$1,048	\$745
Revenues	N/A	N/A	N/A	N/A	N/A	N/A
Authorized Positions	0	0	0	0	0	0
Filled Positions	0	0	6	6	3	3
Vacancies	0	0	0	0	0	1

Workload History

Workload Measure	PY – 4	PY – 3	PY – 2	PY-1	PY	CY
Accreditation surveys	0	0	1	1	0	0
Reaccreditation Surveys	1	1	1	1	2	1

C. State Level Consideration

This proposal supports the Receiver's vision for the health care system as described in his 2008 Turnaround Plan of Action: "As soon as practicable, provide constitutionally adequate medical care to patient-inmates of the CDCR within a delivery system the State can successfully manage and sustain." TJC standards support implementation and sustainability of all six [Turnaround Plan goals](#). In addition to the Receiver's Turnaround Plan of Action, TJC standards directly align with the organization's mental health mission to meet or exceed national mental health standards. Through the implementation and sustainability of nationally recognized behavioral health care standards as defined by TJC, CDCR/CCHCS will be increasingly successful in achieving its mission.

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D. Justification

Currently, TJC workload resides within CCHCS' Corrections Services and is staffed by the following: 5.0 Health Program Specialist (HPS) I positions performing statewide licensing support and assisting with TJC efforts, 2.0 retired annuitants (Captain and Associate Warden), 1.0 limited-term HPS I, 1.0 limited-term HPS II, and 1.0 redirected Correctional Captain. All resources utilized are allocated from current funds associated with ALCU, with the exception of the limited-term positions that are unbudgeted. This current staffing is insufficient for CDCR/CCHCS to achieve and maintain full TJC accreditation in a timely manner (over a five-year period).

To date, there are four institutions accredited in at least one TJC program (FSP, CIW, SQ, CHCF), and two institutions who are working towards BHHS accreditation in the next fiscal year (California Medical Facility [CMF] and Salinas Valley State Prison [SVSP]). The JCFST acts as the primary support and facilitator of TJC accreditation efforts. In support of the statewide TJC accreditation initiative, CCHCS will require additional funding for staffing, technical assistance, training, and tools/resources for the following program aspects:

Field Support

The JCFST provides support to institutions preparing for their initial TJC accreditation, as well as assisting in maintaining their accreditation. Workload consists of, but is not limited to: initiating and updating TJC applications, creating and disseminating training materials, providing training to regional and institutional staff, preparing and hosting weekly readiness/sustainability conference calls with each institution, preparing mock surveys, initial accreditations and re-accreditations, establishing Chapter Champions (designated subject matter experts), scheduling, coordinating, and participating in internal mock surveys and focused reviews, developing statewide resources and tools for use by institution staff, providing survey assistance to include scribing and duties as assigned by institution need, reviewing and assisting in completion of Evidence of Standards Compliance submissions, subcommittee development and sustainability, and inter-cycle monitoring support and statewide general support for TJC related matters. JCFST works with statewide stakeholders on systems issues raised by TJC requirements/surveys. Additionally, JCFST staff will develop highly technical tracking/reporting mechanisms for use by headquarters (HQ) and institution staff. To accomplish these tasks, CCHCS is requesting a total of 38.0 positions over a five-year implementation timeline which consists of 1.0 field HPS I per institution (total of 31.0), 2.0 HQ HPS IIs, 3.0 HPS IIs for institutions with highly complex missions associated with mental health and medical services as well inpatient bed populations/capacities (one each dedicated to CMF, SVSP, and CHCF), and 2.0 HQ Nurse Consultant Program Review (NCPR) positions.

The purpose of the JCFST is to establish a credible comprehensive review process. This process coordinates with all disciplines and service areas while aiding institutions throughout accreditation preparation and continued maintenance post certification. TJC accreditation provides opportunities for additional training, tools, and resources for institutions to achieve and maintain health care programs that meet a national community standard. This requires CCHCS to continuously re-evaluate health care processes in comparison to community and national health care standards and trends.

Consolidation of Internal Auditing and Monitoring Resources

Outside of TJC Accreditation, CCHCS is faced with other reoccurring monitoring systems and oversight entities such as Operations Monitoring Audit, Office of Inspector General, California Department of Public Health, the *Coleman* Special Master, *Plata* court monitors, and the CDCR/CCHCS Health Facilities Maintenance program area. These organizations review institutional health care programs, policies, and inspect infrastructure. Whereas each of these organizations independently monitor specific areas of focus such as mental health care delivery, Environment of Care (EOC), primary care and treatment (including access to care), and custody operations, TJC covers all areas of focus in one internal monitoring process. With TJC accreditation on the horizon

Analysis of Problem

for all institutions, it is expected that JCFST can work collaboratively with statewide stakeholders to develop one comprehensive tool that can account for most, if not all, standards and requirements for current monitoring efforts. JCFST has already initiated efforts to crosswalk the Operations Monitoring Audit requirements and Department of Public Health regulations to TJC standards and Elements of Performance. This could allow for the consolidation of internal auditing and monitoring resources (at both HQ and the institutions) that are currently utilized in these areas, and significantly improve compliance. Although, external monitoring organizations are state and federally mandated, CDCR and CCHCS would be able to sustain a higher compliance rate and encounter fewer deficiencies.

Contract Funding

In order to prepare for, achieve, and sustain TJC accreditation, additional contract funding will be required. Accreditation Manager Plus (AMP) is a web-based software that TJC utilizes to track and monitor required annual intra-cycle monitoring efforts at institutions. The AMP also contains tools and resources for mock surveys and data analytics associated with institution compliance and survey trends. This resource will be necessary for each institution for the duration of the five-year rollout and on an ongoing basis. National Fire Protection Association annual fees are necessary to ensure our organization receives updates, trainings, and resources associated with fire safety requirements. TJC consulting is the contract required for the organization's accreditation fees. This contract will be required for all institutions on an ongoing basis. Funding requested for this contract fluctuates depending on the number of institutions and the stage of accreditation. JCR funding and resources account for extensive training, resources, and two fully executed mock surveys prior to accreditation for each institution. JCFST has anticipated that JCR funding will be necessary for the first two years, and then responsibilities will be transitioned to the JCSFT with appropriate training and establishment of professional processes. See Attachment A for the annual costs of the requested contract funding.

E. Outcomes and Accountability

The performance of the previously listed tasks are strategically organized and designed to optimize the preparation and success of accreditation and/or re-accreditation for each of the CDCR institutions. Since ALCU absorbed TJC workload in 2020, staff assigned to the JCSFT have worked to create effective leadership in order to provide training, establish processes to prepare institutions for initial accreditation to include weekly readiness meetings, establish Institution EOC Committees, create a TJC timeline tool, and create/implement an internal mock survey process. Additionally, JCFST has created an innovative PowerBI tool containing all TJC standards and a crosswalk connecting each TJC standard to relevant Health Care Department Operations Manual Chapters, Title 22 Sections, Department Operations Manual Sections, Local Operating Procedures, and other resources. This tool is optimized for use by all CDCR/CCHCS staff and is updated bi-annually to incorporate any updates/changes to TJC Standards and Elements of Performance.

With the implementation of the proposed staffing package, it is anticipated that JCFST will be able to increase the number of institutions obtaining accreditation to 11 institutions by the end of 2024-25. In addition to a rigorous accreditation cycle, the JCFST will be able to facilitate the statewide rollout of the EOC Committees at each institution. The JCFST will act as a liaison between TJC and institution staff with a close partnership established with QM. It is important to note that HQ HPS Is and IIs will be continuously working to improve training materials, tracking mechanisms, resources and data management/reporting tools to aid and assist institutions in their TJC sustainability.

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Projected Outcomes

Workload Measure	CY (2022-23)	BY (2023-24)	BY+1 (2024-25)	BY+2 (2025-26)	BY+3 (2026-27)	BY+4 (2027-28)
Total Number of Institutions Accredited	4	6	10	14	19	24

Note: Remaining institutions will be funded in BY +4 and will be accredited in BY +5.

F. Analysis of All Feasible Alternatives

Alternative 1

Approve request for 15.0 positions and \$3.2 million General Fund in 2023-24, 19.0 positions and \$3.8 million General Fund in 2024-25, 26.0 positions and \$4.3 million General Fund in 2025-26, 31.0 positions and \$5.1 million General Fund in 2026-27, and 38.0 positions and \$6.1 million General Fund in 2027-28 and ongoing to prepare for and/or obtain TJC accreditation for all CDCR institutions over the course of a five-year implementation plan.

Pros:

- Timely transition to comprehensive monitoring systems.
- Oversight and monitoring support.
- Continuous monitoring and improvements to health care delivery systems.
- Expedited timeline to accomplish the accreditation for all CDCR/CCHCS institutions.

Cons:

- Requires increased position and General Fund authority.

Alternative 2

Do not approve the resources requested.

Pros:

- No additional position or General Fund authority.

Cons:

- Will not allow for a timely transition to comprehensive monitoring systems.
- Will not provide for increased oversight and monitoring support.
- Will not provide for continuous monitoring and improvements to health care delivery systems.
- Will not allow for adequate resources to seek timely accreditation for all CDCR/CCHCS institutions.

G. Implementation Plan

Upon approval of the 2023 Budget Act, recruitment for permanent staff will begin. Establishment of initial positions will be effective July 1, 2023.

H. Supplemental Information

Attachment A – Contract Costs

Attachment B – Positions Rollout

Attachment C – Workload Analyses

Analysis of Problem

I. Recommendation

Alternative 1 - Approve request for 15.0 positions and \$3.2 million General Fund in 2023-24, 19.0 positions and \$3.8 million General Fund in 2024-25, 26.0 positions and \$4.3 million General Fund in 2025-26, 31.0 positions and \$5.1 million General Fund in 2026-27, and 38.0 positions and \$6.1 million General Fund in 2027-28 and ongoing to prepare for and/or obtain TJC accreditation for all CDCR institutions over the course of five fiscal years.

BCP Fiscal Detail Sheet

BCP Title: The Joint Commission Accreditation

BR Name: 5225-098-BCP-2023-GB

Budget Request Summary

Personal Services

Personal Services	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
Positions - Permanent	0.0	15.0	19.0	26.0	31.0	38.0
Total Positions	0.0	15.0	19.0	26.0	31.0	38.0
Salaries and Wages Earnings - Permanent	0	1,383	1,723	2,402	2,827	3,422
Total Salaries and Wages	\$0	\$1,383	\$1,723	\$2,402	\$2,827	\$3,422
Total Staff Benefits	0	711	892	1,233	1,458	1,775
Total Personal Services	\$0	\$2,094	\$2,615	\$3,635	\$4,285	\$5,197

Operating Expenses and Equipment

Operating Expenses and Equipment	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
5301 - General Expense	0	7	8	13	15	17
5302 - Printing	0	2	2	4	4	4
5304 - Communications	0	5	5	10	10	10
5306 - Postage	0	1	1	2	2	2
5320 - Travel: In-State	0	10	11	18	19	21
5322 - Training	0	3	3	5	6	7
5324 - Facilities Operation	0	11	11	22	22	22
5340 - Consulting and Professional Services - Interdepartmental	0	1	1	2	2	2
5340 - Consulting and Professional Services - External	0	951	1,090	500	610	680
5368 - Non-Capital Asset Purchases - Equipment	0	83	74	105	119	148
Total Operating Expenses and Equipment	\$0	\$1,074	\$1,206	\$681	\$809	\$913

Total Budget Request

Total Budget Request	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
Total Budget Request	\$0	\$3,168	\$3,821	\$4,316	\$5,094	\$6,110

Analysis of Problem

Fund Summary

Fund Source

Fund Source	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
State Operations - 0001 - General Fund	0	3,168	3,821	4,316	5,094	6,110
Total State Operations Expenditures	\$0	\$3,168	\$3,821	\$4,316	\$5,094	\$6,110
Total All Funds	\$0	\$3,168	\$3,821	\$4,316	\$5,094	\$6,110

Program Summary

Program Funding

Program Funding	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
4650012 - Medical Administration-Adult	0	1,362	1,497	1,318	1,424	1,494
4650014 - Medical Other-Adult	0	1,806	2,324	2,998	3,670	4,616
Total All Programs	\$0	\$3,168	\$3,821	\$4,316	\$5,094	\$6,110

Analysis of Problem

Personal Services Details

Positions

Positions	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
8327 - Nursing Consultant - Program Review (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2025)	0.0	0.0	0.0	1.0	1.0	1.0
8336 - Hlth Program Spec II (Eff. 07-01-2023)	0.0	4.0	4.0	4.0	4.0	4.0
8336 - Hlth Program Spec II (Eff. 07-01-2025)	0.0	0.0	0.0	1.0	1.0	1.0
8338 - Hlth Program Spec I (Eff. 07-01-2023)	0.0	10.0	10.0	10.0	10.0	10.0
8338 - Hlth Program Spec I (Eff. 07-01-2024)	0.0	0.0	4.0	4.0	4.0	4.0
8338 - Hlth Program Spec I (Eff. 07-01-2025)	0.0	0.0	0.0	5.0	5.0	5.0
8338 - Hlth Program Spec I (Eff. 07-01-2026)	0.0	0.0	0.0	0.0	5.0	5.0
8338 - Hlth Program Spec I (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	7.0
Total Positions	0.0	15.0	19.0	26.0	31.0	38.0

Salaries and Wages

Salaries and Wages	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
8327 - Nursing Consultant - Program Review (Eff. 07-01-2023)	0	161	161	161	161	161
8327 - Nursing Consultant - Program Review (Eff. 07-01-2025)	0	0	0	161	161	161
8336 - Hlth Program Spec II (Eff. 07-01-2023)	0	372	372	372	372	372
8336 - Hlth Program Spec II (Eff. 07-01-2025)	0	0	0	93	93	93
8338 - Hlth Program Spec I (Eff. 07-01-2023)	0	850	850	850	850	850
8338 - Hlth Program Spec I (Eff. 07-01-2024)	0	0	340	340	340	340
8338 - Hlth Program Spec I (Eff. 07-01-2025)	0	0	0	425	425	425
8338 - Hlth Program Spec I (Eff. 07-01-2026)	0	0	0	0	425	425
8338 - Hlth Program Spec I (Eff. 07-01-2027)	0	0	0	0	0	595
Total Salaries and Wages	\$0	\$1,383	\$1,723	\$2,402	\$2,827	\$3,422

Analysis of Problem

Staff Benefits

Staff Benefits	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
5150450 - Medicare Taxation	0	20	25	35	41	50
5150500 - OASDI	0	86	107	149	175	212
5150600 - Retirement - General	0	290	361	503	592	717
5150800 - Workers' Compensation	0	51	65	88	105	129
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	32	40	56	66	80
5150900 - Staff Benefits - Other	0	232	294	402	479	587
Total Staff Benefits	\$0	\$711	\$892	\$1,233	\$1,458	\$1,775

Total Personal Services

Total Personal Services	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
Total Personal Services	\$0	\$2,094	\$2,615	\$3,635	\$4,285	\$5,197

Attachment A - Contract Costs

Contract Funding by Fiscal Year

Costs	Budget Year (2023-24)	Budget Year +1 (2024-25)	Budget Year +2 (2025-26)	Budget Year +3 (2026-27)	Budget Year +4 (2027-28)
Accreditation Manager Plus - Software Application	\$ 81,500	\$ 109,500	\$ 156,000	\$ 178,500	\$ 205,500
National Fire Protection Association	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500
Joint Commission Resources	\$ 700,000	\$ 700,000	\$ -	\$ -	\$ -
The Joint Commission	\$ 163,550	\$ 274,975	\$ 336,975	\$ 424,000	\$ 467,000
Total Contract Costs	\$ 949,550	\$ 1,088,975	\$ 497,475	\$ 607,000	\$ 677,000

Attachment B Positions Rollout

	Budget Year (2023-24)	Budget Year +1 (2024-25)	Budget Year +2 (2025-26)	Budget Year +3 (2026-27)	Budget Year +4 (2027-28)	Total
	PYs	PYs	PYs	PYs	PYs	PYs
HPS I - Inst	10.0	4.0	5.0	5.0	7.0	31.0
Totals	10.0	4.0	5.0	5.0	7.0	31.0
HPS II - Inst	3.0	0.0	0.0	0.0	0.0	3.0
HPS II - HQ	1.0	0.0	1.0	0.0	0.0	2.0
Totals	4.0	0.0	1.0	0.0	0.0	5.0
NCPR - HQ	1.0	0.0	1.0	0.0	0.0	2.0
Totals	1.0	0.0	1.0	0.0	0.0	2.0
Grand Total	15.0	4.0	7.0	5.0	7.0	38.0

Attachment C Workload Analyses

California Department of Corrections and Rehabilitation
California Correctional Health Care Services

Accreditation and Licensing Compliance Unit

Issue - The Joint Commission Accreditation

Workload Assumptions

Work-hours per person per year *	1776
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Daytime Shift

Days in Work Year	260
Weeks in Work Year	52
Months in Work Year	12

24/7 Services

Hours in Work Day	N/A
Days in Work Year	N/A
Weeks in Work Year	N/A
Months in Work Year	N/A

Assumptions

The requested PY resources are to accommodate new workload requirements set forth as described in this proposal narrative.
This is not an expansion of existing work previously established, but rather new tasks related to the addition of activities to the workload.

For class specific assumptions, see individual tabs.	
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Attachment C Workload Analyses

California Correctional Health Care Services

Program Area: ALCU

Issue - The Joint Commission Accreditation

Health Program Specialist II

ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Provide direct assistance to California Department of Corrections and Rehabilitation (CDCR) institutions in the process of gaining and maintaining Joint Commission accreditation. Independently develop complex and in-depth processes geared towards assessing institution compliance with Joint Commission standards. Assess areas in which institutions do not meet Joint Commission standards; including improvement planning, governance and development of standards expertise, application of improvement models and techniques to assist institutions in meeting compliance with Joint Commission standards.	30.0	52.0	1560.0
Provide a leadership role in improving compliance with Joint Commission standards and ensure that staff at the institutions have the knowledge and skills necessary to prioritize deficiencies, conduct problem analysis, design and test interventions and sustain successful interventions in an effort to adhere to Joint Commission standards. Develop and revise training programs, tools kits and audit tools to make institution staff aware of Joint Commission standards and CDCR policy and provide staff with the skills to implement new and effective processes. Provide consultation to statewide stakeholders regarding Joint Commission standards regarding impact to departmental policies and procedures as needed.	35.0	52.0	1820.0
Provide recommendations to institution and regional leadership teams to ensure ongoing compliance with Joint Commission standards. Compile and tabulate management data for California Correctional Health Care Services (CCHCS)/CDCR leadership indicating strengths and weaknesses in statewide Joint Commission implementation and individual institution performance.	15.0	52.0	780.0
TOTAL HOURS PROJECTED ANNUALLY			4160.0
TOTAL POSITIONS PROJECTED			2.3

Attachment C Workload Analyses

California Correctional Health Care Services

Program Area: Designated Institution

Issue - The Joint Commission Accreditation

Health Program Specialist II

ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
Assess areas in which institution do not meet current Joint Commission standards, including improvement planning, governance, development of Joint Commission standards expertise, application of improvement models and techniques, use of data to driven improvement, and reporting and analysis of health care incidents and adverse events.	10.0	52.0	520.0
Provide a leadership role in improving compliance with Joint Commission standards. Ensure that a core set of institution staff have the knowledge and skills necessary to use data to evaluate performance, prioritize quality problems, problem analysis, design and test interventions, and sustain successful interventions, as well as more general skills, such as documentation and reporting, project management, group facilitation, and communication/coordination.	10.0	52.0	520.0
Consult with the Joint Commission Unit regarding Joint Commission standards. Assisting other institutions in conducting mock surveys and trainings.	3.0	52.0	156.0
Create and maintain a reporting system that tracks adherence to hundreds of Joint Commission standards based on findings from gap analyses, mock surveys, and routine self-assessments.	5.0	52.0	260.0
Develop or revise training programs, tool kits, and audit tools to make institution staff aware of Joint Commission requirements.	3.0	52.0	156.0
Facilitate and coordinate monitoring of accreditation status meetings; assist in prioritizing areas for improvement as defined during consultations, mock survey and/or self-assessment findings. Assist in prioritizing and defining action steps to address mock survey findings and draft up action plans and coordinate vetting with stakeholders other programs, other departments and headquarters project team.	5.0	52.0	260.0

Attachment C Workload Analyses

<p>Provide recommendations to institution and regional leadership teams to ensure ongoing compliance with Joint Commission standards. Maintain automated data systems to monitor and evaluate the status of Joint Commission accreditation at the institution. Compile and tabulate management data local institutional Quality Management Committee (QMC) and for California Correctional health Care Services (CCHCS)/California Department of Correctional and Rehabilitation (CDCR) CDCR leadership indicating strengths and weaknesses in Joint Commission accreditation efforts.</p>	3.0	52.0	156.0
TOTAL HOURS PROJECTED ANNUALLY			2028.0
TOTAL POSITIONS PROJECTED PER INSTITUTION			1.1
TOTAL NUMBER OF INSTITUTIONS			3.0
TOTAL POSITIONS PROJECTED			3.4

Notes:

Hours per task based on a weekly basis per INST position

Attachment C Workload Analyses

California Correctional Health Care Services

Program Area: Designated Institution

Issue - The Joint Commission Accreditation

Health Program Specialist I

ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Assess areas in which institution do not meet current Joint Commission standards, including improvement planning, governance, development of Joint Commission standards expertise, application of improvement models and techniques, use of data to driven improvement, and reporting and analysis of health care incidents and adverse events.	15.0	52.0	780.0
Develop, test, modify, and implement local interventions to address barriers to achieving Joint Commission accreditation and work with stakeholders to create or update policies and procedures. Develop and revise onboarding packages, marketing campaigns, training	10.0	26.0	260.0
Coordinate activities and develop tools that can be utilized to meet Joint Commission standards in all program areas. Collaborate with necessary stakeholders to identify and troubleshoot barriers to meeting Joint Commission standards.	8.0	52.0	416.0
Facilitate and coordinate monitoring of local accreditation status meetings; assist in prioritizing areas for improvement as defined during consultations, mock survey and/or self-assessment findings. Assist in prioritizing and defining action steps to address mock survey findings and draft up action plans and coordinate vetting with stakeholders other programs, other departments and headquarters project team.	4.0	52.0	208.0

Attachment C Workload Analyses

Activities to support successful Joint Commission accreditation of the institution, including representing the institution at planning meetings with clinical executives at institution, regional, or headquarters levels, making reports/presentations to CDCR health care leaders and the Receiver, consulting with all staff levels and other agencies as appropriate to complete improvement projects or develop training materials, and attend various conferences or other training to keep current on Joint Commission standards.	3.0	40.0	120.0
TOTAL HOURS PROJECTED ANNUALLY			1784.0
TOTAL POSITIONS PROJECTED PER INSTITUTION			1.0
TOTAL NUMBER OF INSTITUTIONS			31.0
TOTAL POSITIONS PROJECTED			31.1

Notes:

Hours per task based on a weekly basis per INST position

Attachment C Workload Analyses

California Correctional Health Care Services

Program Area: ALCU

Issue - The Joint Commission Accreditation

Nurse Consultant Program Review

ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
Assess areas in which institution do not meet current Joint Commission standards, including improvement planning, governance, development of Joint Commission standards expertise, application of improvement models and techniques, use of data to driven improvement, and reporting and analysis of health care incidents and adverse events.	15.0	52.0	780.0
Provide a leadership role in improving compliance with Joint Commission standards. Ensure that a core set of institution staff have the knowledge and skills necessary to use data to evaluate performance, prioritize quality problems, problem analysis, design and test interventions, and sustain successful interventions, as well as more general skills, such as documentation and reporting, project management, group facilitation, and communication/coordination.	15.0	52.0	780.0
Consult with the Joint Commission Unit regarding Joint Commission standards. Assisting other institutions in conducting mock surveys and trainings.	10.0	52.0	520.0
Create and maintain a reporting system that tracks adherence to hundreds of Joint Commission standards based on findings from gap analyses, mock surveys, and routine self-assessments.	5.0	52.0	260.0
Develop or revise training programs, tool kits, and audit tools to make institution staff aware of Joint Commission requirements.	4.0	52.0	208.0

Attachment C Workload Analyses

Facilitate and coordinate monitoring of accreditation status meetings; assist in prioritizing areas for improvement as defined during consultations, mock survey and/or self-assessment findings. Assist in prioritizing and defining action steps to address mock survey findings and draft up action plans and coordinate vetting with stakeholders other programs, other departments and headquarters project team.	10.0	52.0	520.0
Provide recommendations to institution and regional leadership teams to ensure ongoing compliance with Joint Commission standards. Maintain automated data systems to monitor and evaluate the status of Joint Commission accreditation at the institution. Compile and tabulate management data local institutional Quality Management Committee (QMC) and for California Correctional health Care Services (CCHCS)/California Department of Correctional and Rehabilitation (CDCR) CDCR leadership indicating strengths and weaknesses in Joint Commission accreditation efforts.	10.0	52.0	520.0
TOTAL HOURS PROJECTED ANNUALLY			3588.0
TOTAL POSITIONS PROJECTED			2.0

Notes:

Hours per task based on a weekly basis.