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I.

**INTRODUCTION**

In the Order Adopting August 20, 2007 Stipulation Between Receiver and State Personnel Board (“SPB”) filed on September 11, 2007 (hereinafter “Order Adopting Stipulation”), the Court authorized the Receiver to proceed with a pilot program regarding the medical executive/administrator hiring programs. (*See* Order Adopting Stipulation at 4:13-18).

The Stipulation and the Order Re Receiver’s Motion for Waiver of State Law Re Receiver Career Executive Assignments filed on July 3, 2007 (hereinafter “Order Re Receiver’s Motion for Waiver of State Law”) instruct the Receiver to file two status reports regarding this project within 90 and 180 days (*see* Order Re Receiver’s Motion for Waiver of State Law at 10:10-24) and to provide, to the extent the information is available, information concerning the Receiver’s Career Executive Assignment (“RCEA”) job qualification requirements, duty statements and organizational structure for the proposed RCEA positions.

This is the Receiver’s second status report regarding his executive/administrative hiring programs. It addresses progress made since December 21, 2007, as well as outlines the next steps and the necessary administrative activities that must occur leading to the adoption and implementation of the classifications for (1) Nursing Executives, (2) Chief Medical Executives, and (3) Chief Executive Officers.

II.

**UPDATE RE RECEIVER’S NURSE EXECUTIVES**

The Receiver’s Nurse Executive classification was the first of the series to be developed and, hence, it is the nearest to completion. The Nurse Executive leaders play a pivotal role in the Receiver’s prison health care transformation efforts aiming to inoculate the current system with qualified nursing leaders by placing these leaders at all levels of the organization with potential capacity to function as change agents. The qualified Nurse Executives will provide mentorship to local nursing teams and develop new, emerging nurse leaders. The pilot sites will serve as future sites to mentor and train new Nurse Executives in a supportive culture. The classification aims to the optimal organization structural alignment in order to support the appropriate chains

1 of command at the local facility while maintaining clinical accountabilities at all levels. Progress  
2 and Next Steps may be referenced in Section V, Pre-Requisite Administrative Activities.

3 **III.**

4 **ESTABLISHMENT OF**

5 **RECEIVER'S MEDICAL EXECUTIVE CLASSIFICATION**

6 The Receiver's Medical Executive classification is a broad classification which  
7 encompasses assignments as the Institution Chief of Medical Services, Regional Chief of  
8 Medical Services and Statewide Chief of Medical Services. Incumbents in the new classification  
9 will be responsible for developing and maintaining an ongoing program to deliver, monitor,  
10 evaluate, and improve the quality and appropriateness of all medical care. They will also be  
11 responsible for continuous quality improvements and sustainable constitutional levels of medical  
12 care.

13 The Receiver's Medical Executive classification was developed by his staff and approved  
14 by the SPB on January 22, 2008. (*See Exhibit 1*). It includes heightened minimum  
15 qualifications. For example, the minimum qualifications approved by the SPB for Chief Medical  
16 Officer, Correctional Facility, classification used at the institutional level only require two years  
17 of experience as a physician and surgeon. This position will be replaced by the Receiver's  
18 Medical Executive that requires five years of clinical experience in a comprehensive medical  
19 setting, at least two years of which must have been over a defined medical program with full  
20 authority to hire, evaluate, conduct quality reviews, and responsibility for practical practice  
21 development and discipline.

22 The Receiver's Medical Executive classification includes two innovative features not  
23 found in any of these that are also found in the Receiver's Nurse Executive. The first feature is  
24 that it is a single classification spanning positions at the institution, region and statewide  
25 organizational levels, rather than three separate classifications. This will afford the Receiver  
26 greater flexibility in matching the right person with the right job, and it will result in more  
27 efficient civil service examination processes. The second unique feature of the Receiver's  
28

1 Medical Executive classification is that it sets forth core competencies applicants and incumbents  
2 must satisfy.

3 **IV.**

4 **ESTABLISHMENT OF**

5 **CHIEF EXECUTIVE OFFICER, HEALTH CARE, CLASSIFICATION**

6 As discussed in the Receiver's 90 day report, the Receiver's efforts concerning the Chief  
7 Executive Officer, Health Care ("CEO") differ somewhat from the path taken for the Receiver's  
8 Nurse Executive and Receiver's Medical Executive classifications because the CEO must  
9 supervise personnel delivering care to *Perez, Coleman* and *Plata* class members to ensure an  
10 integrated and well-orchestrated prison health care delivery system.

11 On January 15, 2008, at the ninth formal coordination meeting between *Perez, Coleman,*  
12 *Plata* and *Armstrong* representatives, individuals in attendance discussed a second draft of the  
13 Chief Executive Officer classification specification prepared by Linda Buzzini, the Receiver's  
14 staff attorney in coordination with Robin Dezember, the CDCR Chief Deputy Secretary,  
15 Division of Correctional Health Care Services ("DCHCS"). The draft CEO class specification  
16 received unanimous approval and was subsequently submitted to the SPB for its review and  
17 approval, as provided for in the Order Adopting Stipulation. The draft CEO specification (see  
18 Exhibit #2) was submitted to the SPB's staff for presentation to SPB members at its meeting on  
19 February 4, 2008. SPB staff did not complete its review in time for the February 4, 2008, SPB  
20 meeting. They were also unable to complete their review in time for the February 22, 2008, SPB  
21 meeting. The matter was consequently calendared for the March 4, 2008, SPB meeting where it  
22 was approved.

23 **V.**

24 **PRE-REQUISITE ADMINISTRATIVE ACTIVITIES**

25 In addition to establishing civil service classifications as discussed above, there are a  
26 number of administrative activities which must occur before hiring can begin. Progress in that  
27 regard and the Receiver's next steps are as follows:  
28

1 **A. Progress Since The Receiver's 90-Day Report**

2 **1. One-Page Agreement**

3 In addition to settling upon a CEO class specification as discussed above, *Perez,*  
4 *Coleman, Plata* and *Armstrong* representatives in attendance at the January 15, 2008,  
5 coordination meeting also discussed a second draft of the one-page agreement incorporating  
6 material discussed at the coordination meeting held on November 27, 2007. Coordination  
7 representatives decided upon minor modifications which were subsequently incorporated and  
8 presented at the tenth coordination meeting held March 4, 2008. (see Exhibit #3) At the March  
9 4, 2008, coordination meeting the representatives from all of the health care class actions agreed  
10 upon a final duty statement and a one-page agreement has been submitted to the judges of all  
11 respective class actions for their approval.

12 **2. Salary Setting**

13 **(a) Total Equivalency Compensation Study**

14 A Request for Proposals ("Request") was issued on December 17, 2007, to firms  
15 interested in conducting competitive market salary surveys. Three consulting firms responded to  
16 the Request, and after a comprehensive comparison, the Receiver awarded the contract to CPS  
17 Human Resource Services ("CPS"). CPS is a governmental agency committed to improving  
18 human resources in the public sector. It is a self-supported agency offering a full range of human  
19 resource products and services by highly qualified, professional staff for public agencies and  
20 non-profit organizations. Before its establishment as a joint powers agency in July 1985, CPS  
21 was a unit of the SPB.

22 The CPS contract was signed by both parties on February 21, 2008, and a project kick off  
23 meeting was held the same day.

24 CPS will conduct a Total Equivalent Compensation study of both salaries and benefits in  
25 the public and private sector hospitals. CPS will complete its findings and recommendations  
26 regarding the Receiver's Nurse Executive, the Receiver's Medical Executive and the Chief  
27 Executive Officer by the end of May 2008.

1                   **(b) Pilot Methodology Re Application of Salaries**

2           As a general rule, State employees begin at the first step with a salary range and progress  
3 based on longevity, provided their performance is satisfactory. There is no regard for differences  
4 in complexity among positions in the same classification, and in most instances, no salary  
5 recognition for education, training, performance and experience beyond the minimum required  
6 for entry into examinations. Therefore, even if the salary range for a classification is appropriate,  
7 it hampers the recruitment of the most qualified candidates available in the labor market and  
8 does nothing to promote development as the demands of positions evolve. The Receiver's staff  
9 has therefore developed a pilot "grid" methodology for determining candidates' placement  
10 within the salary range ultimately determined appropriate for the Receiver's Nurse Executive  
11 classification, as the result of the CPS Total Equivalent Compensation study. It provides for an  
12 innovative and radically different salary setting method within the range based on the geographic  
13 location and complexity of individual positions, and diverse personal attributes such as:  
14 professional degrees, certification, the depth and scope of management experience, continued  
15 development while employed and on-the-job performance. The "grid" methodology has been  
16 discussed with the Department of Personnel Administration where it received an enthusiastic  
17 preliminary endorsement.

18                   **3. Development of Civil Service Examinations**

19           A draft of the civil service examination for the Receiver's Nurse Executive has been  
20 prepared and is undergoing review by subject matter and testing experts.

21                   **4. Selection of Pilot Locations**

22           The Order Adopting Stipulation provides that consistent with the Court's July 3, 2007,  
23 Order, the Receiver shall proceed with a hiring program set forth in the Stipulation with respect  
24 to positions needed to fully staff the Receiver's contemplated pilot program at three prisons as  
25 well as regional nursing and physician positions. (Order Adopting Stipulation 4:13-18) Because  
26 piloting the CEO classification implicates *Plata*, *Coleman* and *Perez*, site reduction was  
27 discussed at the January 15, 2008, coordination meeting and again on March 4, 2008. On March  
28 4, 2008, the court representatives for the health care class action cases agreed to the following

1 three pilot sites (1) San Quentin State Prison; (2) California State Prison, Sacramento/Folsom  
2 State Prison; and (3) Mule Creek State Prison.

3 **5. Recruitment**

4 Preliminary marketing of the Receiver’s Nurse Executive classification began at the  
5 Association of California Nurse Leaders (ACNL) Annual Conference February 11-13, 2008.  
6 Additionally, on January 15, 2008, the Receiver engaged the Bernard Hodes Group to develop  
7 branding and marketing materials for physician recruitment. It is anticipated that some of the  
8 Hodes concepts and materials will be applicable to Nurse Executives, Medical Executives, and  
9 Chief Executive Officers.

10 **B. Next Steps**

11 **1. Salary Setting**

12 The next steps with regard to salary setting are as follows:

- 13 (a) Determine whether the pay “grid” methodology is viable for the  
14 Receiver’s Medical Executive and the Chief Executive Officer  
15 classifications; and if so, develop the criteria for application.
- 16 (b) Settle on salary ranges for all three classifications after receiving the CPS  
17 Total Equivalent Compensation Study, and determine whether the  
18 Director of the Department of Personnel Administration will approve the  
19 upper and lower boundaries for each classification, as well as the “grid”  
20 methodology determinants for placement of individuals within the range.

21 **2. Development of Civil Service Examinations**

22 The next steps with regard to the development and implementation of civil service  
23 examinations are:

- 24 (a) Complete the subject matter expert evaluation of the Receiver’s Nurse  
25 Executive examination that is underway, and submit the final examination  
26 to the SPB for on-line automation and implementation.

27  
28 //

1 (b) Complete a draft of the examination for the Receiver's Medical Executive;  
2 subject it to evaluation by subject matter experts; and, submit it to the SPB  
3 for on-line automation and implementation.

4  
5 (c) Complete a draft of the examination for the Chief Executive Officer,  
6 Health Care and submit it to the SPB for on-line automation and  
7 implementation.

8 (d) Conduct a limited pilot of the examination instruments to obtain feedback  
9 from sample candidates and ensure they interface with the SPB's  
10 certification system.

11 **3. Selection of Pilot Locations**

12 (a) Determine which of the new classifications will be piloted where;

13 (b) Coordinate the decision-making regarding the CEO classification, as  
14 provided for in the one-page agreement.

15 **4. Recruitment**

16 Beginning recruitment is largely dependent on approval of salary ranges. In the  
17 meantime, a flyer was designed and disseminated at the recent ACNL conference just to get the  
18 word out pending a more formal recruitment campaign that will be undertaken once the salary  
19 band and specific locations of the pilot locations have been determined.

20 **5. Performance Evaluation Methodology**

21 The Receiver's staff will develop appraisal tools to evaluate the performance of  
22 executives in all three classifications based on a variety of performance dimensions. The results  
23 of these evaluations will provide the basis on which pay for performance is awarded, and may  
24 signal the need for additional employee development. The results will also provide a source of  
25 information for determining whether executives (initially serving a two-year limited term  
26 appointment subject to removal with or without cause) will be hired permanently and then  
27 undergo a one-year probationary period.

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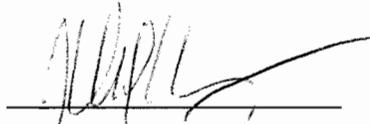
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VI.

CONCLUSION

The Office of the Receiver is making steady progress; however, legitimate coordination concerns and the need to work through the State processes with multiple control agencies continue to extend into the future the implementation date of RCEA pilots.

Dated: March 6, 2008



J. Clark Kelso  
Receiver

# **EXHIBIT 1**

# CALIFORNIA STATE PERSONNEL BOARD

## SPECIFICATION

Schematic Code: SA10  
Class Code: 8239  
Established: \_\_\_\_\_  
Revised: --  
Title Changed: --

### RECEIVER'S MEDICAL EXECUTIVE (SAFETY)

#### SCOPE

This specification describes medical executive positions with comprehensive management responsibility for delivery of medical patient care. Positions allocated to this classification have regular and substantial contact with inmates, including private meetings with inmates; are responsible for maintaining the safety of persons and property; maintaining order and supervising the conduct of inmates; maintaining security in working areas and with regard to medication and work materials; inspecting premises for contraband, such as weapons or illegal drugs; observing and intervening in inmate behavior that may signal disruptive or assaultive behavior; and taking steps to defuse potentially volatile situations.

#### TYPICAL TASKS

Each position allocated to this classification manages medical care services within the California Department of Corrections and Rehabilitation and is responsible for comprehensive medical care services being delivered 24-hours per day and 7 days per week in California Department of Corrections and Rehabilitation adult institutions. Incumbents are responsible for developing and maintaining an ongoing program to deliver, monitor, evaluate, and improve the quality and appropriateness of all medical care; are responsible for continuous quality improvements and sustainable constitutional levels of medical care; ensure that medical services are well-functioning and that the timely delivery of patient care is available to all patients in accordance with appropriate standards of care; direct and assist with the development of medical policies, procedures, and protocols; direct the development and implementation of medical services staffing plans; assess provider professional orientation and education needs and participate in the development of orientation and education programs to promote staff development; identify problems and implement solutions for operational and organizational issues pertaining to providers and the delivery of medical care; and formulate and assist with the formulation of operational and capital budgets, and make decisions or effectively recommend a course of action with regard to management of the medical budget.

MINIMUM QUALIFICATIONS

Possession of a current and unencumbered license as a physician in California; and Board certification recognized by the American Board of Medical Specialties. (Applicants who do not meet this requirement will be admitted to the examination, but they must secure the required license before they will be considered eligible for appointment)

and

Five years of clinical experience in a comprehensive medical setting, at least two years of which must have been over a defined medical program with full authority to hire, evaluate, conduct quality reviews, and have responsibility for practical practice development and discipline.

ADDITIONAL DESIRABLE QUALIFICATIONS

Clinical experience in a correctional facility; and experience in health care system and program design and development.

REQUIRED CORE COMPETENCIES

Professional/technical expertise: Is comprehensively knowledgeable of the most current information, techniques, practices, laws, and regulations of the field; has clear developmental record of formal and on-the-job acquisition of knowledge and skills of the occupation; uses knowledge and judgment in applying appropriate methods and techniques to ensure speed, quality, and consistency in work products; and handles the most challenging tasks requiring technical expertise.

Customer and patient focus: Shows interest in and understanding of the needs, expectations, and circumstances of internal and external customers and patients at the individual, group, or organizational level; explores options and pursues solutions to resolve issues of customers or patients; is responsive, pleasant, and professional; looks at the organization and its services from the customer's and patient's point of view; and seeks and uses customer and patient feedback to improve services or products.

Teamwork: Understands his/her role on the team, yet does whatever is needed to make the team successful; helps team members who need or ask for support or assistance; puts team results ahead of personal success; brings out the best in others on the team; and shares credit for group accomplishments.

Valuing diversity: Sees the benefit of having differing backgrounds and points of view in the workplace, and leverages those differences in group processes and decision making; and supports professional development and career opportunity equally for all.

Managing performance: Sets and aligns individual performance goals with the goals of the unit; involves employees in setting their performance goals; ensures employees have the means and skills to accomplish their goals; tracks and measures individual and unit performance; provides ongoing feedback; treats all employees in an objective and consistent manner; and intervenes to correct poor performance, following steps of progressive discipline.

Leadership: Creates a positive work environment in which all staff are motivated to do their best; ensures that clear, challenging, and attainable goals are set for a group and that these goals are aligned with the goals of the organization/department; ensures that the importance and benefits of goals and methods are understood and accepted by those who will carry them out; and conveys confidence and optimism in the group's ability to overcome obstacles and accomplish its goals.

Planning and organizing: Determines the logically necessary sequence of activities and the efficient level of resources needed to achieve a goal; recognizes and addresses the interdependencies of activities and resources; clarifies roles and responsibilities; anticipates problems and mitigates risks; and produces a realistic schedule of completion.

Organizational savvy: Understands the inner workings and interrelationships of the organization; knows whose support is needed to cut red tape; gets things done through formal channels and informal networks; maintains good working relationships with key players throughout the organization; and aligns and maneuvers organizational resources and internal politics skillfully to solve problems or accomplish goals.

Process improvement: Knows how to separate and combine activities into efficient workflow; benchmarks best practices in the industry; knows what to measure and how to measure it for tracking quality, quantity, schedule, resource utilization, and customer feedback; knows how to identify process problems and opportunities for improvement and simplification; and leverages technology.

Developing others: Coaches others regardless of performance level; shows insight into causes of poor performance and how performance can be improved; shares knowledge and expertise willingly; offers on-going feedback, suggestions, and encouragement; acknowledges progress and growth; and supports others' career development plans.

Managing change: Understands the dynamics of organizational change; knows and guides the planning, process changes, role redefinition, retraining, incentive, and communication steps in transitioning from one organizational state to another; involves key stakeholders in planning and decision making; maintains a high level of communication about the reasons, benefits, opportunities, and difficulties of change; and encourages others and supports them through the transition.

Strategic view: Focuses on the future and where current trends will lead; understands the factors that are shaping the industry and anticipates the opportunities that will be opening and closing; keeps an eye on the big picture and long-range possibilities and implications; and makes, evaluates, and revises long-range plans and goals taking into consideration the organization's core competencies, customers, competition, available resources, and strengths and weaknesses.

Assessing Talent: Understands and recognizes the qualities that differentiate highly successful employees from the average ones; is an astute observer of others' performance; shows skill in asking questions and eliciting detailed and accurate information regarding others' capabilities and weaknesses; and reaches well-articulated conclusions regarding others' strengths and developmental needs.

Relationship Building: Develops and maintains work relationships and continuously works to improve relationships, contacts, and network; maintains an open and approachable manner and easily builds rapport with others; respects others regardless of differences in interest, perspectives, background, and organizational level; and treats others sensitively, fairly, and consistently.

Negotiating: Gains rapport and trust from other parties; works from a strong knowledge base; wins concessions from others; seeks mutually agreeable trade-offs in deal-making; questions and counters others' proposals without damaging relations; holds ground appropriately; and knows how to walk away amicably with the best deal possible.

Handling Conflict: Deals with interpersonally and/or politically challenging situations calmly and diplomatically, diffusing tension; thoughtfully intervenes in conflicts to facilitate communication and resolve problems, finding common ground when possible; and handles complaints and disputes with composure and tact.

Oral Communication: Uses correct vocabulary and grammar; presents information clearly and in an organized manner; gets to the point; questions others skillfully; recognizes nonverbal cues in listeners and adjusts speech and tone accordingly; adjusts word choice according to the audience and purpose; and uses tone, inflection, pauses, and body language for increased impact.

SPECIAL PERSONAL CHARACTERISTICS

Incumbents must possess the willingness to work in a correctional facility; possess a sympathetic and objective understanding regarding the problems of inmate-patients; and be tactful and patient.

SPECIAL PHYSICAL CHARACTERISTICS

Incumbents must possess and maintain sufficient strength, agility, and endurance to perform during physically, mentally, and emotionally stressful and emergency situations encountered on the job without endangering their own health and well-being or that of their fellow employees, forensic clients, patients, inmates, or the public.

ASSIGNMENT DESCRIPTIONS WITHIN THE CLASSIFICATIONInstitution Chief of Medical Services

Positions assigned to this level are the highest ranking medical manager within a Department of Corrections and Rehabilitation adult institution. Incumbents report directly to the institution healthcare Chief Executive Officer (aka Health Care Manager) and receive functional supervision from the Regional Director of Medical Services insofar as it pertains to standards of medical practice, optimal medical work processes, and achievement thereof.

Incumbents direct all provider activity within the institution and ensures compassionate, safe, effective, timely, efficient, and equitable patient-centered care in conjunction with other health care discipline managers, and in coordination with custody; develop and maintain a competent provider team to deliver evidence-based, patient-centered care; and develop and implement clear and realistic performance expectations, issue letters of instruction and counseling memoranda, effectively recommend formal disciplinary action to the institution Chief Executive Officer, and upon delegation from the Chief Executive Officer, take disciplinary action.

Regional Chief of Medical Services

Under the direct supervision of the Regional Health Care Program Administrator and the functional supervision of the Statewide Chief of Medical Services, coordinates all medical services within a region spanning multiple institutions within the California Department of Corrections and Rehabilitation adult institutions, and ensures that medical practices comply with appropriate professional standards; ensures institutions within the region have implemented an effective system that certifies competence to perform provider duties, including primary care and urgent/emergency care; supervises providers assigned

to Regional Offices for purposes of quality monitoring and improvement, program development, and program implementation; functionally supervises the Institution Chiefs of Medical Services within the region insofar as it pertains to standards of medical practice, optimal medical work processes, and achievement thereof; participates in the selection of the Institution Chiefs of Medical Services and effectively recommends the appointment of candidates to institution healthcare Chief Executive Officers; develops and monitors provider performance expectations; performs competency assessments; mentors and coaches provider personnel throughout the region; and assists in evaluating provider staff and effectively recommends corrective and adverse action to Institution Chiefs of Medical Services, institution Chief Executive Officers, and Regional Healthcare Program Administrators (aka Regional Administrators).

#### Statewide Chief of Medical Services

Under the direct supervision of the federal court Receiver (or designee), coordinates all medical services on a statewide basis within the California Department of Corrections and Rehabilitation adult institutions; ensures that medical practices comply with appropriate standards to deliver evidence-based, patient-centered care; ensures institutions statewide have implemented an effective system that certifies competence to perform provider duties, including primary care and urgent/emergency care; functionally supervises the Regional Chiefs of Medical Services insofar as it pertains to standards of medical practice, optimal medical work processes, and achievement thereof; participates in the selection of the Institution and Regional Chiefs of Medical Services and effectively recommends the appointment of candidates to institution healthcare Chief Executive Officers and Regional Healthcare Program Administrators; develops and monitors provider performance expectations; performs competency assessments; mentors and coaches provider personnel throughout the state; and assists in evaluating provider staff and effectively recommends corrective and adverse action to Institution and Regional Chiefs of Medical Services, Institution Chief Executive Officers, and Regional Healthcare Program Administrators.

# EXHIBIT 2

# CALIFORNIA STATE PERSONNEL BOARD

## SPECIFICATION

Schematic Code: SA05  
Class Code: 8216  
Established: \_\_\_\_\_  
Revised: --  
Title Changed: --

### CHIEF EXECUTIVE OFFICER, HEALTH CARE (SAFETY)

#### DEFINITION

Incumbents, under the direct supervision of the Regional Health Care Program Administrator, plan, organize, and coordinate implementation of a health care delivery system in California Department of Corrections and Rehabilitation (CDCR) adult institutions; supervise health care program managers responsible for medical care, nursing care, mental health care, and dental care within the institution for purposes of ensuring the coordinated and effective delivery of quality care by multidisciplinary personnel; may supervise program managers responsible for all administrative services functions within health care; ensure adequate resources are requested to support health care operations; administer a multi-million dollar budget, multiple on-site clinics, and a delivery system that features a full range of medical, mental health, dental, pharmacy and medication management, and specialty care services across multiple levels of care; and perform other related duties.

#### TYPICAL TASKS

An incumbent implements a multi-functional health care delivery system within one or more specified institutions; establishes and maintains a quality management program to ensure that health program implementation is consistent with appropriate standards, legal mandates, and strategic plans and standards; ensures that health care staff routinely evaluate health care programs, develops initiatives to improve services, and successfully implements initiatives to improve the quality and cost-effectiveness of services; manages the institution's resource needs and ensures that the health care services delivery system requests adequate clinical staff and administrative support, including procurement, capitol outlay, staffing, and information systems support; ensures the coordinated and effective implementation of program policies, standards, and protocols determined to be necessary; ensures performance expectations are established and met; is responsible for implementing an ongoing program to monitor, evaluate, and improve the timeliness and quality of care; works closely with the institution warden to resolve day-to-day operational issues, as well as larger, systemic issues; acts as a health care liaison for stakeholder groups; serves as the Department's

and Receiver's principal advisor on the institution-specific application of health care policies and procedures; assists the Department and Receiver in determining health care priorities, plans, policies, and programs; identifies related resources needs; participates in statewide training programs and ensures staff participation; has regular and substantial contact with inmates, including private meetings with inmates; is responsible for maintaining the safety of persons and property; maintains order and supervises the conduct of inmates; maintains security in working areas and with regard to medication and work materials; inspects premises for contraband, such as weapons or illegal drugs; observes and intervenes in inmate behavior that may signal disruptive or assaultive behavior; and takes steps to defuse potentially volatile situations.

#### MINIMUM QUALIFICATIONS

##### Either I

Experience: Three years of progressively responsible executive level experience in health care administration or medical management, which must have included at least two years with responsibility for supervision of a broad variety of clinical, administrative, management, and clinical support services in a setting comparable to those found within a large hospital, health maintenance organization, or other health care system. and

Education: Possession of a Master's Degree in Public Health, Health Administration, Medical Management, Health Planning, Public Administration, or a closely related health professional or business management field.

##### Or II

Experience: Five years of progressively responsible executive level experience in health care administration or medical management which must have included at least three years with responsibility for supervision of a broad variety of clinical, administrative, management, and clinical support services in a setting comparable to those found within a large hospital, health maintenance organization, or other health care system. and

Education: Possession of a Bachelor's Degree in health services administration or a related field.

#### KNOWLEDGE AND ABILITIES

Knowledge of: Issues and problems involved in managing the administrative, fiscal, and clinical services of a large and complex multidisciplinary health care delivery system; principles of personnel management and supervision of a multi-disciplinary workforce; principles, practices, and trends of organization and management as they relate to an institution health care setting; laws, regulations,

and standards pertaining to health care administration in a correctional setting; fiscal management practices; principles, practices, and trends of organizational leadership; cost and data management systems associated with patient care and evaluation of health care delivery systems; uses and application of information technology; current trends and developments in the field of health care administration; basic principles of emergency and disaster preparedness planning; and a manager's responsibility for promoting equal opportunity in hiring and employee development and promotion, and for maintaining a work environment that is free of discrimination and harassment.

Ability to: Communicate effectively; plan, organize, direct, and evaluate health care and administrative services to meet treatment needs within an institution setting; establish and maintain cooperative working relationships with those contacted in the course of the work; evaluate information and make recommendations based upon data from management or automated systems; create and develop collaborative teams; analyze data and situations and take appropriate action; execute progressive discipline; motivate staff to accomplish common goals; prepare clear, concise, and comprehensive reports; effectively develop and implement strategies to accomplish program missions; develop staff and assess training and developmental needs; attract and recruit qualified staff; and effectively promote equal opportunity in employment and maintain a work environment that is free of discrimination and harassment.

#### SPECIAL PERSONAL CHARACTERISTICS

Incumbents must possess the willingness to work in a correctional facility; be empathetic and sympathetic and demonstrate a respectful understanding of patients in a state correctional facility or clinic. Incumbents must possess and maintain sufficient strength, agility, and endurance to perform during physically, mentally, and emotionally stressful situations and emergencies encountered on the job without endangering their own health and well-being or that of fellow employees, forensic clients, inmate-patients, or the public.

# **EXHIBIT 3**

**ONE PAGE AGREEMENT ON PILOT PROGRAM FOR  
CHIEF EXECUTIVE OFFICER  
Health Care Manager**

**INTRODUCTION**

Currently, there is no civil service position or classification for the chief health care manager/administrator in the prisons. The role is being filled on an acting basis by individuals in various classifications, and is generally filled by the Chief Medical Officer.

On April 13, 2007, the Receiver filed a motion for waiver of state law permitting him to hire career executive appointees to remediate gross inadequacies in the current management and supervision of the medical health care delivery system. The chief executive position in the adult prisons was among those discussed by the Receiver in his motion.

The Receiver's motion proposed the hiring of civil service employees so they can be integrated into the state system. He proposed that the applicant pool be open to any person (rather than limited to current civil service employees) and that all appointees serve at-will. The Receiver stated further that he would work with the State Personnel Board and Department of Personnel Administration to develop job descriptions, qualifications, classifications and competitive salary ranges.

Prior to court action on the Receiver's motion, the State Personnel Board and Receiver entered into a stipulated agreement filed with the *Plata* Court.

On September 11, 2007, the *Plata* Court issued its Order Adopting August 20, 2007 Stipulation Between Receiver and State Personnel Board ("Order"). The Order sets forth a pilot program to test the effectiveness of the stipulated hiring mechanism for medical health care executives/administrators within CDCR for three prisons. The core elements of the mechanism call for the use of new civil service classifications with minimum qualifications the Receiver concurs are essential for developing and maintaining a constitutionally-adequate medical care system. Candidates with the requisite qualifications from inside and outside the state service may apply. Individuals can be appointed on a limited term (non-tenured) basis for up to two years, during which the incumbent will be subject to discipline for cause or release without cause. Once permanent status is acquired, it will be followed by a one-year probationary period.

**ISSUES & AGREEMENTS**

**1. Nature of Position**

- A. Health care services at each adult institution will be administered by a single manager/administrator, i.e., Chief Executive Officer (CEO) **responsible for health care delivery systems within one or more specified institutions** as a

means of ensuring coordinated multi-functional services and interdisciplinary interactions within the prison that are vital to a managed care delivery system. As such, the CEO will be responsible for directing the entire health care program at the institution(s) including medical, pharmacy, nursing, mental health and dental services.

- B. The CEO will provide the day-to-day management and supervision of all health care operations at the institution level. S/he will manage/supervise administrative support functions and/or monitor, plan and evaluate those functions that are required for healthcare insofar as they are acquired through staff directed by the wardens, including business services (procurement, space, equipment and supply management), personnel, budget and accounting program support, and security/custody.
- C. Those from within the same clinical disciplines supervised by the CEO at the regional and/or statewide level (e.g., nursing, medical, mental health and dental) will assist the CEO, and provide functional guidance to members of their professions, insofar as it concerns such matters as clinical standards, clinical protocols, clinical policies and the quality of services being delivered by members of their professions at the institution level.
- D. The CEO will act as the hiring authority for medical as determined by the Receiver, and for mental health and dental care as determined by CDCR.
- E. The CEO will evaluate the performance of subordinates based on standards, processes and consultations as determined by the Receiver for medical personnel and CDCR for mental health and dental personnel.
- F. CEOs' direct supervisors will be the Regional Health Care Program Administrator for their prisons, who like the CEOs, receive direction and are responsible for the delivery of care consistent with the expectations of the Receiver and the CDCR Chief Deputy Secretary, Division of Correctional Health Care Services.

## **2. New classification development**

The *Plata* receivership is the project lead for development of the new CEO classification. The Receiver's staff has shared the class specification with the Chief Deputy Secretary of the CDCR Division of Correctional Healthcare Services (DCHCS), who will in turn be responsible for ongoing communicating with *Perez*, *Coleman* and *Armstrong* representatives.

The *Plata* receivership will present the class specification to the State Personnel Board for review and approval pursuant to the "Order Adopting August 20, 2007, Stipulation Between Receiver and State Personnel Board."

The CEO minimum qualifications will include significant experience in, and understanding of the management of large, complex organizations delivering health care services. Clinical experience will not be a prerequisite.

### **3. Salary setting**

The *Plata* receivership will have a salary survey conducted and will provide the results to the Chief Deputy Secretary of the CDCR Division of Correctional Healthcare Services, before proceeding to the Department of Personnel Administration with a salary-setting request.

### **4. Recruitment and Selection at Pilot Project Institutions**

The *Plata* receivership and the DCHCS Chief Deputy Secretary (or designee) shall jointly select which three prisons shall participate in the pilot project after discussion in the *Armstrong, Coleman, Perez and Plata* formal coordination meeting forum.

The Receiver (or designee) and the Chief Deputy Secretary of the DCHCS shall jointly engage in CEO recruitment and selection.

### **5. Performance Evaluations**

The CEOs will be evaluated by the Regional Health Care Program Administrators based on the expectations of the Receiver and the CDCR Chief Deputy Secretary, Division of Correctional Healthcare Services.

### **6. Tenure**

It is anticipated that the individuals selected will first be appointed on a two-year limited term basis, and that the granting of permanent status shall be based on agreement of the *Plata* receivership and the DCHCS Chief Deputy Secretary (or designee) that an individual's performance merits a permanent appointment.

1 **PROOF OF SERVICE**

2 I, KRISTINA HECTOR, declare:

3 I am a resident of the County of Sacramento, California; that I am over the age of  
4 eighteen (18) years of age and not a party to the within titled cause of action; that I am employed  
as the Inmate Patient Relations Manager in *Plata v. Schwarzenegger*.

5 On March 6, 2008 I served a copy of the attached document described as  
6 RECEIVER'S 180-DAY REPORT RE RECEIVER'S CAREER EXECUTIVE ASSIGNMENTS  
on the parties of record in said cause by placing a true and correct copy thereof by pdf and by  
7 United States Mail and addressed as follows:

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9 Director  
10 Division of Correctional Health Care Services  
CDCR  
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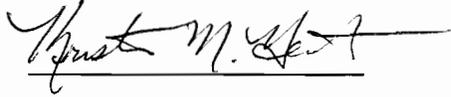
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6 I declare under penalty of perjury under the laws of the State of California that the  
7 foregoing is true and correct. Executed on March 6, 2008 at Sacramento, California.

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9 Kristina Hector  
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