

DEPT OF PUBLIC SAFETY

LOG NO. 2020 - 2708

CORRESPONDENCE CONTROL

GOV. Referral No.: \_\_\_\_\_

DIR Suspense: \_\_\_\_\_

**SUBJECT:**

FINAL APPROVAL REQUEST FOR ORGANIZATIONAL AND FUNCTIONAL STATEMENT CHANGE (POSITION #118085, PSYCHIATRIST)

TO: NOLAN ESPINDA, DIR

THRU: BMO, R. LAULUSA-PERS, ERT; DEP-C

FROM: GAVIN TAKENAKA, CHCA

DATE: 7/8/2020

- \_\_\_\_\_ INFO ONLY
- \_\_\_\_\_ PLEASE SEE ME
- \_\_\_\_\_ COMMENTS & RECOMMENDATIONS
- \_\_\_\_\_ APPROPRIATE ACTION
- \_\_\_\_\_ REPLY FOR \_\_\_\_\_ SIGNATURE
- \_\_\_\_\_ RECOMMENDED APPROVAL/DISAPPROVAL
- \_\_\_\_\_ PLEASE SIGN
- \_\_\_\_\_ FAXED TO \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_\_\_ COPIES GIVEN TO: \_\_\_\_\_

CROSS REF. NO.: 2020-2599

REMARKS:

7/14/20 TO BUDGET MA

7/15/20 MA - See attachment RW

7/17/20 - TO PERSONNEL CLASSIFICATION & LABOR RELATIONS.

8/6/20 - TO BMO, DEP-C, DIR MA

① ← ② → 7/14/20

FILE DESIGNATION: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

DATE MAILED OUT: \_\_\_\_\_

PSD 1008 (11/04/1998)

[COMPUTER GENERATED FORM]

LOG NO. 2020 - 2708

\* Please return to ASO-MA after Dir signs / approves

July 8, 2020

TO: Nolan P. Espinda, Director

THROUGH: Shari L. Kimoto, Deputy Director of Corrections *SK*  
 Teresita V. Fernandez, Business Management Officer *TVF*

FROM: Gavin Takenaka, CHCA *GT*

SUBJECT: FINAL APPROVAL REQUEST FOR ORGANIZATIONAL AND  
 FUNCTIONAL STATEMENT CHANGE

  X   Delegated Change  
 \_\_\_\_\_ Non-Delegated Change

**Purpose:** To meet departmental needs for psychiatry staffing.

**Reference(s):** This request for final approval complies with the State of Hawaii Administrative Directive 19-02, *Effecting Organizational and Functional Statement Change*.

**Detailed Program Rational and Justification:** The proposed change includes splitting the vacant 1.0 FTE Psychiatrist position [118085] into two 0.5 FTE Psychiatrist positions. HCD has three applicants for 0.5 FTE Psychiatrist positions. Currently, HCD has only one vacant 0.5 FTE Psychiatrist position. By splitting position number 118085 from one 1.0 FTE position to two 0.5 FTE positions, HCD will be able to hire all three applicants.

**Position(s) Affected:**

<u>Position Number</u>	<u>Current Classification</u>	<u>Salary Range</u>	<u>BU</u>	<u>FTE</u>	<u>Vacant/Filled</u>
118085	Psychiatrist	LHC-3	13	1.0	Vacant

**Major Program Segment(s) and Functions Affected:**

Health Care Division, Medical Services Branch, Psychiatry Services Section

**Resource Requirements and Funding Source Explanation:**

Proposed change is cost neutral.

**Alternatives Considered:**

Direct recruitment of 1.0 FTE psychiatrist has been futile. There is a shortage of psychiatrists in Hawaii and nationally. Recruitment of psychiatrists through the use of Locum Tenens has not been successful. The contracted agency has been unable to provide HCD with a Locum Tenens psychiatrist for over 1 year.

SEARCHED  
SERIALIZED  
INDEXED  
FILED  
JUL 10 2020  
HONOLULU

**Programmatic Impact:**

No functional or programmatic impact.

**Budget Data and Draft Changes:**

Refer to attached CNA 1, CNA 2, and CNA 3. Corrected BU from 93 to 13 and permanent from temporary status.

**Point of Contact:**

Gavin Takenaka  
(808) 587-1250

Recommendation and final approval of proposed Organizational Change:

RECOMMEND:


APPROVED       DISAPPROVED

  
\_\_\_\_\_  
Teresita V. Fernandez  
Business Management Officer

8/7/20  
\_\_\_\_\_  
Date

RECOMMEND:

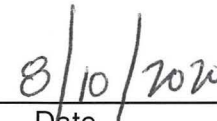
APPROVED       DISAPPROVED

  
\_\_\_\_\_  
Shari L. Kimoto  
Deputy Director for Corrections


8/7/20  
\_\_\_\_\_  
Date

APPROVED       ~~DISAPPROVED~~

  
\_\_\_\_\_  
Nolan P. Espinda  
Director

  
\_\_\_\_\_  
Date

August 7, 2020

TO: Tessie Fernandez, Business Management Officer  
FROM: Matthew Sutton, Management Analyst   
SUBJECT: HEALTH CARE DIVISION (HCD); FINAL APPROVAL REQUEST FOR ORGANIZATIONAL AND FUNCTIONAL CHANGE

1. This request for organizational change complies with Department Administration Policy and Procedures, ADM.01.03, *Effecting Organizational and Functional Statement Changes*.
2. Recommend approval of the HCD final request for approval request for organizational change since it is cost neutral and has no impact on the operating budget or the classification of the positions affected. The position is currently vacant, therefore no HGEA consultation required.
3. Point of contact is Matthew Sutton at 587-3476, or email: [matthew.e.sutton@hawaii.gov](mailto:matthew.e.sutton@hawaii.gov)

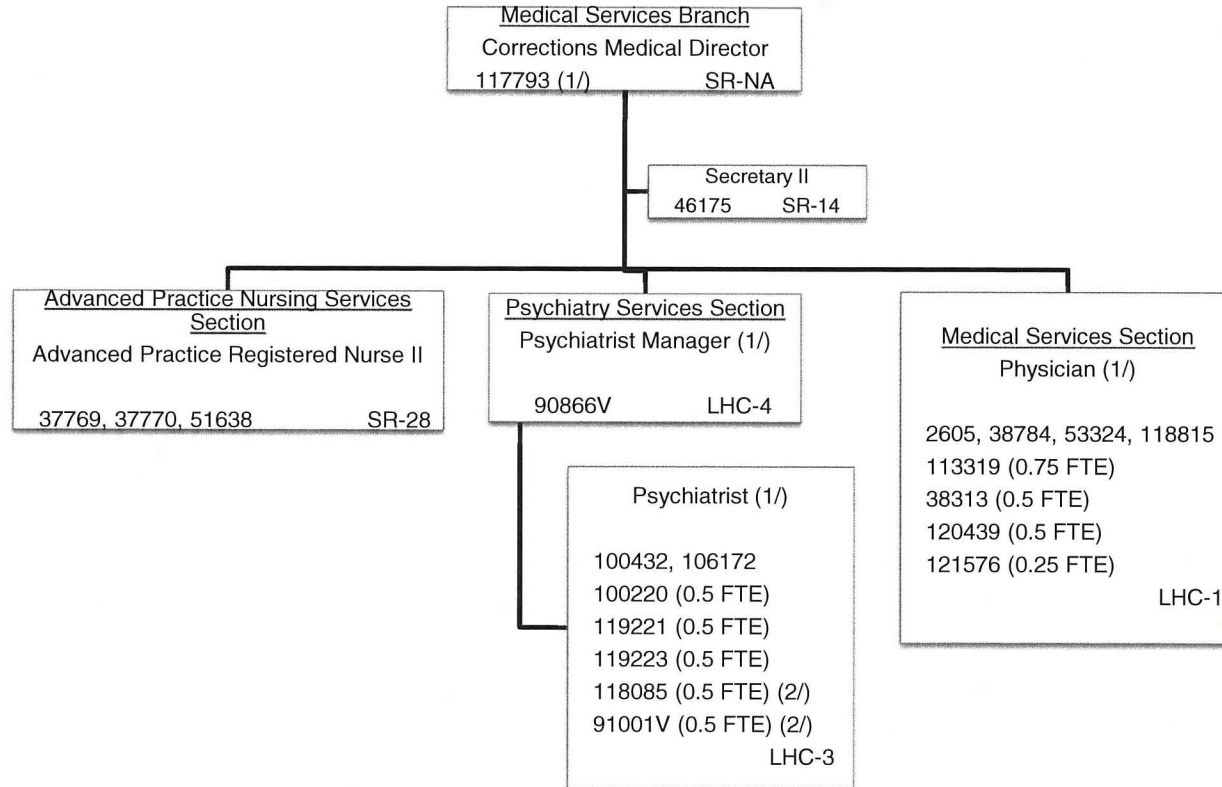
APPROVED/DISAPPROVED

*Nolan P. Espinda*

Nolan P. Espinda, DIRECTOR  
DEPARTMENT OF PUBLIC SAFETY

8/10/2020  
DATE

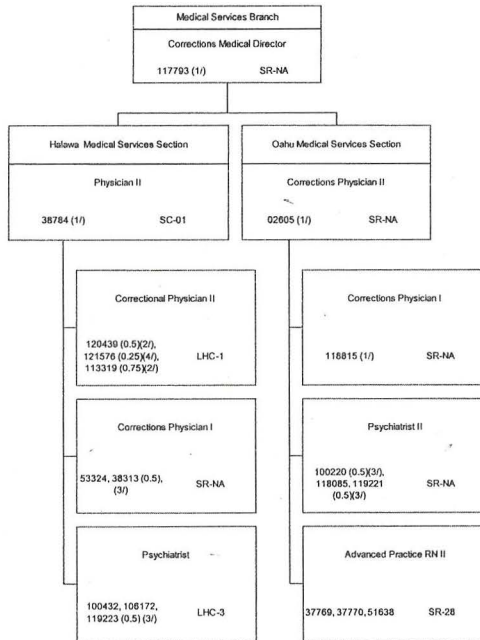
STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE DEPUTY DIRECTOR FOR CORRECTIONS  
HEALTH CARE DIVISION  
MENTAL HEALTH BRANCH  
MEDICAL SERVICES BRANCH  
POSITION ORGANIZATION CHART  
PROPOSED



1/ Exempt Position  
2/ Re-described from one 1.0 FTE position to two 0.5 FTE positions

**APPROVED**  
 SEP 04 2019

STATE OF HAWAII  
 DEPARTMENT OF PUBLIC SAFETY  
 OFFICE OF THE DEPUTY DIRECTOR FOR CORRECTIONS  
 HEALTH CARE DIVISION  
 MEDICAL SERVICES BRANCH  
 POSITION ORGANIZATION CHART  
 June 30, 2019  
 Page 69



1/ Positions are Exempt., NTE 6/30/2019  
 2/ Position is Exempt, FTE (0.75)  
 3/ FTE (0.5)  
 4/ FTE (0.25)

## Checklist for Organization and Functional Statement Changes

This checklist will assist stakeholders in navigating the reorganization process and must remain with both the Request to Initiate and the Final Approval request proposals. The following actions shall be completed and initialed by the designated reviewer(s) in sequence:

**Request to Initiate:** When appropriate, reviewer remarks are made by inserting an addendum page detailing comments and concerns.

- 2/1/20  
7/2/20  
7/4/20  
7/6/20
1. [Signature] Review request for format and completeness. (Management Analyst)
  2. [Signature] Provide comments with addendum page. (Operating Budget)
  3. [Signature] Provide comments with addendum page. (HRO Classification Only)
  4. [Signature] Review remarks and prepare recommendations for BMO review. (MA)
  5. [Signature] After the Director's decision, return the proposal to the Management Analyst. A file copy is made and the original returned to the initiating program. (MA)

**Final Approval Request:** When appropriate, the reviewers will attach a narrative analysis within the proposal as an addendum page.

- 7/14/20  
7/15/20  
7/15/20
1. [Signature] Review proposal for format and completeness. (Management Analyst)
  2. [Signature] Determine if a Division level organizational segment is being created, abolished, or being changed. If so, indicate on the addendum page or cover sheet that the governor's approval is necessary. (MA)
  3. [Signature] Are the changes cost neutral at the program I.D. level? If not, indicate if the governor's approval is necessary on an addendum page. (Operating Budget)
  4. [Signature] Are alternative funding resources available within the scope of the programs authority to execute the reorganization? (Operating Budget)
  5. [Signature] Return to the Management Analyst for review. Determine if position variances will need to be approved by the director or the governor, under Administration Directive 18-03 and Administrative Directive 19-02. If the change proposal requires Governors' approval, consider providing an advance draft to B&F/DHRD for consultation. (Operating Budget & MA)
  6. [Signature] Are changes in classification reflected in the proposed reorganization consistent with state-wide classification policies and procedures established by DHRD? (HRO Classification)



Note: Labor Relations questions 7, 8, and 9 only apply if HRO determines Labor Relations consultation is necessary. If the request requires the governor's approval, Labor Relations determination will take place after the proposal returns from the Governor's Office. If this proposal requires the governor's approval, skip to the bottom of the checklist to "Governor's Approval (Non-Delegated)."

7. MA Will the personnel filling any affected employee positions be affected by the proposed organizational or functional statement change requiring union consultation? (Program coordination with HRO Labor Relations)

8. \_\_\_\_\_ Has consultation taken place about the proposed reorganization, and has the proposed change been disseminated within the affected organizational units to include impacted employees? These discussions must be documented and a summary attached as an addendum to the final proposal. (Program coordination with HRO Labor Relations)

9. MA Consultation occurred with the Collective Bargaining (CB) representatives and has union input been considered for the Request for Final approval. If appropriate, the initiating program may consider revisions to the proposal based on the results of the consultation. (HRO Labor Relations)

8/6 10. MA Is the proposed organizational *structure* appropriate for the organizational functions to be performed consistent with Administrative Directive 19-02? (MA)

8/6 11. MA Are supervisory relationships accurately reflected and appropriate for the performance of functions and consistent with Administrative Directive 19-02? (MA)

8/6 12. MA Review remarks and prepare recommendations for BMO review (MA)

8/10/20 13. MA After the Director's decision on a delegated organizational and functional statement change, please return the signed proposal to the Management Analyst. (Director's Office)

14. Copies of the changes shall be electronically disseminated to the Office of the Governor, Office of the Lt. Governor, B&F, and DHRD. (MA)

15. MA Return the final approved request to the initiating program and apply changes to the organizational charts and the functional statements on file. (MA)

### **Governor's Approval (Non-Delegated):**

(Continued from Request for Final approval)

7. \_\_\_\_\_ Receive feedback from DHRD and B&F after draft review. (MA)