

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

A. GENERAL INFORMATION

1. Date

October 31, 2019

2. Department

Department of Developmental Services

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

Community Services Division / Office of Community Development

4. CEA Position Title

Assistant Deputy Director

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

Under the general direction of the Deputy Director (DD) (Exempt), of the Community Services Division (CSD), the Assistant Deputy Director (ADD) over the Office of Community Development (OCD) currently formulates, develops and implements policies associated with the Community Placement Plan (CPP) and the Community Resource Development Plan (CRDP) request process, approvals and allocations for the 21 regional centers (RC). The ADD oversees the Department of Developmental Services' (DDS) programs, projects, initiatives, and activities related to RC CPP, CPP housing development, and the CRDP, that focuses on expanding statewide resources for individuals with developmental disabilities. The ADD is responsible for development of new residential projects and other community programs.

6. Reports to: (Class Title/Level)

Deputy Director

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain):

8. Organizational Level (Select one)

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

B. SUMMARY OF REQUEST

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

Under the general direction of the DD (Exempt), of the CSD, the ADD over the OCD currently formulates, develops and implements policies associated with the CPP and CRDP request process, approvals and allocations for the 21 RCs. The ADD oversees the DDS' programs, projects, initiatives, and activities related to RC CPP, CPP housing development, and CRDP, that focuses on expanding statewide resources for individuals with developmental disabilities. The ADD is responsible for working on strategic planning to implement recommendations from the Developmental Services (DS) Task Force related to the development of new initiatives and services intended to bolster Safety Net services in the state and increasing service capacity for housing, employment, medical and dental needs of Californians with developmental disabilities.

New responsibilities supporting DDS' request to change the ADD's Level from an "A" to a "B", includes moving the Housing Finance Project Manager (HFPM), CEA, Level A, from reporting to the DD, to reporting to the ADD. The change in reporting relationship centralizes all CPP housing and financing activities in the OCD under the ADD. The HFPM is a high-level authority in housing and housing alternatives and is responsible for providing conception, formulation and oversight of housing developed and funded through the CPP and CRDP; reviews and makes recommendations regarding housing development and funding policies and guidelines; and provides overall planning, leadership and guidance from concept through post development. The HFPM is the expert in housing permitting, and is responsible for ensuring designs are consistent with the DDS' expectations and the needs of consumers. The HFPM is also the expert in financing, interest rates, and lending. In addition, is responsible for establishing more effective and efficient funding practices, greater fiscal accountability, oversight, and stronger asset management supervision for projects funded through CPP and CRDP. Further, the HFPM is responsible for expanding the Buy-It-Once housing model, provides direction on the development of emerging housing resources in the community, and evaluates opportunities to increase subsidized, affordable, multi-family accessible housing.

Other program responsibilities will be added to the OCD as part of the DDS' realignment of program functions starting in the 2019/20 Fiscal Year to provide expanded leadership and expertise for the DDS' mission critical activities and to strengthen the RC community system. The Work Services Section (WSS) and the Foster Grandparent/Senior Companion (FG/SC) Programs will move from the Office of Community Operations (OCO) to the OCD under this CEA, Level B. WSS programs are moving to the OCD because of the need to focus on increased development of community programs for Work Services pursuant to the Competitive Integrated Employment (CIE) Blueprint. Under the direction of the California Health and Human Services Agency (Agency), DDS, through the WSS, works collaboratively with the California Department of Education (CDE), Department of Rehabilitation (DOR) and stakeholders to implement the CIE Blueprint, and works with RCs and various agencies on activities to further the State's Employment First Policy, as set forth in WIC Section 4869(a)(1). The purpose of the CIE Blueprint initiative is to improve CIE opportunities for individuals with intellectual and developmental disabilities statewide. The CEA will oversee DDS' efforts to ensure successful implementation of the CIE Blueprint, including, meeting regularly with CDE, DOR and stakeholders; identifying and troubleshooting barriers, and tracking progress in meeting Blueprint goals; and reporting to DDS' Director and Chief DDs on all matters related to CIE for individuals with developmental disabilities. The CEA, Level B, will also be responsible for overseeing and providing direction to the WSS on activities to track and monitor RC implementation of the Paid Internship Program and CIE Incentive Payments initiative, as established in the Welfare & Institutions Code (WIC) Section 4870, including conducting annual RC surveys, tracking consumer participation and RC expenditures, that totaled more than 1,900 participants and over \$4 million in the 2017/18 Fiscal Year, with continued growth every year.

B. SUMMARY OF REQUEST (continued)

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: The CPP and other programs in the OCD directly relate to DDS' primary mission and is critical to achieving the department's goals. DDS is committed to providing leadership that results in quality services to individuals with developmental disabilities and their families in California and assures these individuals have the opportunity to exercise their right to make choices. There are two major programs administered by DDS. The Community Services Program administers contracts with 21 private, non-profit RCs statewide, which provide and coordinate services at the local level for over 330,000 individuals with developmental disabilities living in the community. The Developmental Center (DC) Program operates two DCs and one Community Facility, and provides 24-hour direct care and treatment services to over 300 residents. All of these facilities are in various stages of closure with the exception of Porterville DC's Secure Treatment Program and Canyon Springs, a state-operated community facility. Because of these impending closures, most individuals moving from DCs will require housing and services similar to or greater than what was provided at the DC, necessitating development of new resources in the community to meet the complex needs of these individuals. The CEA, Level B, over the OCD is directly responsible for the development of these statewide community resources for both individuals moving from the DCs and individuals living in the community who are at risk for placement in more restricted settings. Closure of the DCs significantly affects both DDS programs. The ADD works closely with the 21 RCs to build capacity of housing and services in the specific communities where consumers are moving. This position ensures the development of continually improving oversight and monitoring activities with the RCs, while ensuring the State maximizes receipt of federal funding for these programs, thereby reducing the need for State General Funds.

The ability to meet the wide range and very specialized needs of the DC residents requires a comprehensive assessment of each individual (person-centered planning), which results in intensive preparation, including transition planning and community resource development where needed by the RCs. The 2018-19 budget includes \$95 million for resource development and related expenditures under the CPP. Through the combined efforts of the RCs, service providers and the DDS, hundreds of projects are underway to identify and develop the full array of necessary services, including development of residential homes, community crisis facilities and teams, clinical support services, transportation, training, and day employment services. Modification of Senate Bill 856 in 2014 changed CPP program requirements, adding language to multiple sections in the WIC. The DDS is required to support development of Enhanced Behavioral Support Homes (EBSH) and Community Crisis Homes (CCH) for adults as new models of care for consumers who require intensive behavioral supports or crisis intervention services in homelike settings. The EBSHs are statutorily required as a pilot program and implemented, until January 1, 2021, to test the effectiveness of these homes. The 2019 Budget Trailer Bill, SB 81, amended WIC Section 4698 to require DDS to use CPP funds to establish CCH to serve children, whereas previously this model of care was only available for adults.

Consistent with the DDS' mission, the purpose of the CPP funding is to enhance the capacity of the community service delivery system and to reduce reliance on the DCs, Institution for Mental Disease (IMD), out-of-state placements and other restrictive settings. Comprehensive, individualized assessments of each consumer determines the community and support services needed. CPP housing and program projects and funding allocations are developed through negotiations between the DDS and each RC, and are based on the individualized planning efforts.

B. SUMMARY OF REQUEST (continued)

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

The State Budget Act for the 2019-20 fiscal year authorized a restructuring and realignment of divisions in the DDS. The fundamental intent of the reorganization was to provide expanded leadership and expertise for mission critical functions and to unify resources for pro-actively governing the DDS service delivery system as provided for in the Lanterman Act. With the consolidation of all housing responsibilities under the OCD and moving the Work Services Section (WSS) and Foster Grandparents/Senior Companion (FG/SC) Programs to this Office, as well as growing asset management responsibilities and the increasing complexities of the CPP and CRDP programs, the ADD, OCD level of policy impact and responsibilities is now at level B.

The ADD, OCD CEA was established in 2016 to provide policy level management of the CPP. The CPP is designed to enhance the capacity of the community service delivery system and to reduce the reliance on the use of developmental center and other restrictive living environments by providing funding to the regional centers for the development of a variety of resources, including but not limited to residential development, transportation, day program services, and mental health and crisis services, within individual communities consistent with resource development as described in Welfare and Institutions Code (WIC), Section 4418.25. The CPP is an integral part of the DDS, whose mission is to provide services and supports to individuals with developmental disabilities. With the accelerated closure time line of the developmental centers, there has been an increased budget for CPP development for residential services and other programs.

Other changes since the establishment of this CEA was the legislative approval to use CPP funds for CRDP to permit the use of CPP funds for development of programs for all consumers and not just those moving from developmental centers, Institutions for Mental Disease (IMD), and Out of State Placements. The 2017 Budget Trailer Bill, Assembly Bill 107, amended WIC Section 4418.25 and added WIC Section 4679, authorizing the Department—when it determines that sufficient funding has been appropriated and reserved for a fiscal year for purposes of the CPP—to allocate the remaining CPP funds to regional centers for purposes of community resource development to address services and supports needs of consumers living in the community, and to issue guidelines on the use of these funds. This requires further complexity in the policy role of the ADD, OCD and increased legislative and control agency scrutiny.

Additionally, new models of residential services are being developed and promoted in CPP/CRDP as part of the “safety net”. Specifically, Enhanced Behavioral Support Homes (EBSH) and Community Crisis Homes (CCH) for adults were authorized as new service models. More recently, in the 2019/20 Budget Act, DDS was authorized to establish and develop crisis homes for children who now have few placement options outside of IMDs when they are experiencing a crisis. Also, important to note, is that the development of services with CPP and CRDP funds must be compliant with the revised federal Home and Community Based Services (HCBS) Waiver rules, adding to the complexity of CPP and CRDP to ensure the developed services receive federal financial participation.

Further, the CSD is being restructured in the DDS reorganization as authorized in the Enacted Budget Act of 2019-20 Fiscal Year to provide the leadership required for management and oversight of the 21 RCs and community service system. As part of this reorganization, programs were moved for greater centralization and improved span of control for the Deputy Director and ADDs in CSD.

In the 2019-20 reorganization the CEA, Level A, HFPM currently reporting to the Deputy Director, CSD moved under the direction of the ADD, OCD to provide for centralized policy and management of all housing acquisitions and development. The RCs must bring all housing acquisition requests to DDS in the form of a presentation along with extensive documentation, as required by the CPP Housing Guidelines. Currently, the CSD Deputy Director hears all presentations along with the HFPM CEA as the housing expert. By moving the HFPM CEA under the ADD, the RC presentations will become the ADD, OCD’s responsibility, freeing up the Deputy Director’s time to focus on the expansion and new legislative requirements for oversight of the 21 RCs and community service providers, largely falling on the significantly expanded Office of Community Operations.

Also moving to OCD in the reorganization are the WSS and FG/SC Programs. The WSS will require the ADD, OCD to provide policy level management and oversight of implementation of the Competitive Integrated Employment Blueprint and Employment First Policy in collaboration with the California Department of Education and Department of Rehabilitation. These new employment initiatives are sensitive and important not only to DDS, but also to stakeholders as the employment rate for individuals with developmental disabilities is only about 15 percent. WSS staff works in partnership with other Federal and State agencies, RCs, consumers, work services providers, schools and other stakeholders to strengthen complex working relationships to achieve stated program goals. Additionally, WSS is responsible for implementing and monitoring the DSS’ employment initiatives, such as the paid internship program and competitive integrated employment incentive payments, and the Department’s Student Intern Program. The FG Program operates in seven locations and matches low income seniors, age 55 years or older, as volunteers with RC consumers who are under the age of 21 to offer comfort and assistance to the consumer so he or she may fully participate in school or daily living activities and enjoy a higher quality of life.

C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

The closure of DCs currently affects two specific locations across the state specifically, Southern California (Fairview DC) and Central California (Porterville DC General Treatment Area [GTA]). The closures affect every resident of those DCs, by changing where they live, how they live, and how they receive services. Many of these individuals have very complex medical, physical, behavioral and psychiatric needs. As each individual moves into the community there is the need for more complex services geographically throughout the State. The closure processes are localized to a degree with some policy issues that arise that are site-specific, but most policies involved with DC closures are statewide.

A significant policy area is addressing issues identified by the DS Task Force and determining what the State's role will be in providing services for individuals with developmental disabilities in the future. This is a statewide impact for over 330,000 individuals with developmental disabilities, their families, RCs, community service providers, and other stakeholders. Within the authority of WIC Section 4418.25, the ADD will formulate, develop and implement policies; develop procedures, processes and protocols related to the State's Home and Community-based services programs for individuals with developmental disabilities to ensure the success of the CPP and CRDP.

Specifically, this CEA, Level B, is the principle policy maker in the development of the:

- * CPP and CRDP, as to approval/denial of RC proposals. CPP Housing Guidelines, in development of regulations and policies relating to new models of care including Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN), CCH, EBSH; and other new models of care such as the development of three new community crisis homes for children proposed in the Governor's Budget for 2019/20.
- * The CEA, Level B, ADD must provide leadership and make policy decisions regarding needed community resources, determine which resources are worthy of approval and/or increased funding, and which types of new models of care are needed to serve individuals successfully in the community. The CEA, Level B, ADD will be responsible for developing, implementing, and establishing policies that enhance the capacity of the community service delivery system and reduce reliance on DCs, services ineligible for the Federal Financial Participation (FFP), and out-of-state placements. These policies will align with the moratorium on DC admissions unless an individual is admitted to restore competency, is determined to be incompetent to stand trial, or is in an acute crisis as defined by WIC Section 4418.7(d)(1).
- * Lastly, the CEA, Level B, ADD has full responsibility for the entire housing model. The ADD has policy and decision-making responsibility regarding the sustainability of California's "buy-it-once" housing model, where a non-profit organization (NPO) owns the property for the restricted use of RC consumers. For this residential option, a RC must submit a housing proposal presentation to the DDS using specific guidelines, requesting approval of CPP funds for the acquisition and development of NPO-owned housing for the benefit of consumers. Increasing current housing options as well as developing new and innovative housing options that are available only to individuals with developmental disabilities into perpetuity, is a priority for the DDS and its constituents. Often complex issues arise that must be resolved through individualized problem solving and can influence statewide policy decisions. Postponement of Agnews DC closure happened because of the complexities of negotiating construction and permanent financing among the lenders and private entities, resulting in delays in implementing the Bay Area Housing Plan. Delays in housing development can delay the transition of consumers out of the DCs and other more costly institutions potentially impacting the consumer's quality of life and a cost to the State's General Fund.

C. ROLE IN POLICY INFLUENCE (continued)

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

The CEA, Level B, ADD has broad and daily decision-making responsibility for the successful implementation of the CPP, CRDP, housing development, Statewide Specialized Resource Service, development of regulations for new models of care, and CPP related budget items. Also, the CEA, Level B, ADD will have new decision-making authority for housing finance activities under the direction of the HFPM CEA and for the statewide WSS and FG/SC Programs.

It is important to note that the CEA, HFPM, does not diminish the policy and decision-making role of the ADD, OCD. The CEA, HFPM, was established to provide a policy level technical expertise in housing finance expansion and community-based housing for individuals with developmental disabilities, particularly for the Buy-it-Once model. Alternatively, the ADD, OCD has a broader perspective and policy role for all CPP and CRDP housing policies and relies on the policy recommendations of the CEA, HFPM, when the specialized expertise of housing finance is involved in a policy decision.

The ADD reports to the Deputy Director in CSD but is autonomous and has the authority to make important decisions in areas of responsibility, and for the most significant issues develops policy and decision recommendations for the Deputy Director and Directorate, as appropriate. The ADD's effective leadership role is vital to a well-coordinated and managed effort to support the transition of DC residents, individuals in institutions for mental disease, out of state placements, and other individuals who require placement into the community each year. Success in this endeavor leads to our consumers living a fully integrated and fulfilled life, in which they can make choices about their life; directly tying to the DDS mission.

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

The CEA, Level B, ADD will continue to develop and implement new policies in addition to interpreting and implementing existing policy. An example of a new policy is the community crisis homes for children proposed for funding in the 2019/20 Fiscal Year Governor's Budget. As a new model of care there will be the need for policy development in the development of the homes and regulations/guidelines outlining the provision of and level of services in the homes. Another example of a new policy is ensuring that developed residential and other service programs operate in full compliance with the Centers for Medicare & Medicaid Services (CMS) published final regulations defining what constitutes a Home and Community-based setting for Medicaid reimbursement purposes under Section 1915(c) Home and Community-Based (HCBS) Waivers, and Section 1915(i) HCBS State Plan programs. The effective date of the regulations was March 17, 2014, and states were allowed up to a five-year transition period to make any modifications necessary to comply with the regulations. Subsequently, CMS notified states on May 9, 2017, that compliance is required by March 17, 2022. To operate in full compliance with the CMS final regulations, HCBS settings must be integrated in and support full access to the community.

In order to be successful, this CEA, Level B, ADD must work collaboratively with key members of Executive staff, state/federal/local entities, consumers, families, and stakeholders. The ADD is a DDS leader and a vital part of the DDS team, that ensures individuals with developmental disabilities receive the highest level of care and services, helping them to lead more independent and productive lives and to make choices and decisions about their lives.