

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

July 18, 2019

2. Department

Department of Developmental Services

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

Community Services Division/ Office of Community Operations

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)

Responsible for policy formulation, development and implementation for the Office of Community Operations (OCO); provides executive level expertise, management, and leadership to comprehensively address regional center oversight and serves as the central point of contact on Regional Center (RC) information, data, and performance. This Career Executive Assignment (CEA) will pro-actively engage in expanded monitoring, compliance review, enhanced remediation and comprehensive data analysis of all 21 RCs providing services and supports to over 330,000 individuals through 70 offices statewide and 43,976 community service providers.

6. Reports to: (Class Title/Level)

Chief Deputy Director, Program Services, Second Organizational Level

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): Works with Executive Management, RCs, government entities, stakeholders, consumers, families and the public to achieve desired programmatic outcomes and develops and implements policies related to the Department of Developmental Services (DDS) mission.

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.

This position is the CEA over the realigned OCO within the Community Services Division (CSD). The OCO is responsible for pro-actively engaging in expanded monitoring, compliance reviews, enhanced remediation, and comprehensive data analysis of all 21 RCs.

Under the general direction of the Deputy Director, CSD, the CEA formulates, develops and implements policies associated with the North and South Regional Office (NRO, SRO), RC Liaison/Review Teams, Family Home Agency and Work Services Monitoring Teams, and the Health and Safety, Data, and Projects Unit.

The CEA is responsible for the oversight of the 21 RCs' compliance with applicable laws, regulations and contract provisions; ensures DDS conforms to federal and state regulations and ensures successful continuation of programs as the DDS closes state-operated facilities and moves almost entirely towards a community-based service system. As community services increase, so does the need for heightened oversight of the RCs.

This position works closely with the Deputy Director, DDS Executive Staff, the Association of RC Agencies (ARCA), RC representatives, key legislators and their staff, advocates, high-level federal and state officials, committees and others to formulate and discuss state policies and implementation strategies.

Responsible policy areas include, but are not limited to, RC operations and purchase of services (POS), including, but not limited to, POS policies; RC contract negotiations, special provisions and compliance; monitoring of family home agencies, work services and other vendored programs; appeals and complaints regarding RC and vendored service providers; fair hearing activity and outcomes; monitoring of special incidents; risk management; health and safety waiver requests; tracking placements in institutions for mental health diseases, out-of-state services, and individuals with challenging service needs; disparity initiatives; Home and Community-based Services new rule compliance; and Self-Determination Program implementation.

Oversees the effectiveness of RC operations through such means as contract compliance audits, performance measurements, monitoring reviews, policy reviews, fiscal reviews, complaint and appeals processes, and special incident reports. Coordinates and communicates with the Deputy Director and other DDS management and units, (such as the Audit Services Section,) on significant negative findings, and develops departmental action plans.

Makes recommendations to the Director, Chief Deputy Director and Deputy Director regarding sensitive and complex cases. Personally conducts onsite visits and provides policy direction to RC management. Works with RCs and their boards of directors on problem areas and corrective actions. Implements strategies aimed toward accountability and improved performance. Expands RC performance metrics, data collection and the dashboard reporting system.

Oversees the development and implementation of enhanced RC training programs for RC boards of directors and staff to include, among other things, basics of the Lanterman Act requirements, ethics, roles and responsibilities as well as State financing, fiduciary duty, open meetings act, and contract management.

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 DDS is committed to providing leadership that results in quality services to the people of California and assures the opportunity for individuals with developmental disabilities 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, that provide and coordinate services at the local level for over 330,000 individuals with developmental disabilities living in the community. This is an entitlement program and the provision of services is for the individual's lifetime.

The Developmental Center (DC) Program operates two DCs, one Community Facility and the Stabilization, Training, Assessment, and Reintegration (STAR) homes that provide 24-hour direct care and treatment services to over 394 residents. All of the DCs are in various stages of closure with the exception of the Porterville DC Secured Treatment Program and the state-operated Canyon Springs Community Facility. The DC closures significantly affect and expand the scope of DDS' mandated programmatic responsibilities as DC residents move into the community. Individualized services, supports and housing needs are evaluated, developed and implemented to fully integrate individuals into their community.

The DDS has statutory responsibility (Welfare and Institutions Code, Section 4418.25) to ensure individuals with developmental disabilities live in the least restrictive setting appropriate to their needs. The ability to meet the wide variety and extremely specialized needs of the DC residents requires a comprehensive assessment of each individual, called person-centered planning, which results in intensive preparation and community resource development by the RCs. Through the combined efforts of the RCs, 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 and employment services, to name just a few. DDS and the RCs are working together to achieve greater capacity and offer specialized services for all individuals with developmental disabilities. The OCO provides the leadership to comprehensively address RC monitoring and oversight, serves as a central point of contact on RC information, data, performance, and issues to inform and promote interdepartmental collaboration for early identification and remediation of risk.

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 requirement to close DCs and move consumers into the community has played a large role in generating this request. Since 2009, the DDS has closed two large facilities and one small community facility and many (not all) of the consumers who lived in DDS facilities moved into the community. The diverse, person-centered transitions from DDS facilities into the community are occurring geographically throughout the State. With each closure, the Department has learned something new. Examples include family-style living and other small residential housing in the community for individuals needing 24-hour care did not exist so they had to be created because consumers were not supposed to be moved from one facility into another, or to large community care facilities. Transportation, medical, dental, and day program services (to name a few) in the DCs were all spokes in the wheel that was the DC. In the community, many of these services were sparse, so the DCs and RCs were charged with the responsibility to create safe, accessible, and responsive wrap-around support services. As community services increase, so does the need for heightened oversight of the RCs to assure compliance with statutory, regulatory and contractual obligations that uphold the values of the Lanterman Act.

Sonoma DC, in Northern California closed in December 2018, and the remaining DC closures currently affects two specific locations across the state; specifically, Fairview DC, in Southern California, and Porterville DC General Treatment Area (GTA), in Central California . These 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. The closure processes are sometimes localized and may have policy issues that arise that are site-specific, but most policies involved with DC closures and creation of services, supports, housing, etc., are statewide. As closures progress and the demand for the development of comparable or expanded community programs, services and supports increase, DDS recognizes the need to restructure the CSD to support growing policy roles, management and oversight responsibilities critical to DDS' mission.

This request directly supports the larger realignment of DDS' leadership and programs to maximize resources, support program modernization, improve federal and state compliance and unify resources to proactively govern service delivery systems. The DDS' received approval of a Budget Change Proposal, effective July 1, 2019, which provides additional staff to address the demand for increased monitoring and oversight, and to carry out the OCO program goals.

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.

In 2016, the Governor's special session on health care funding provided approximately a half billion dollars to fund efforts to address the emerging and complex needs of the DD population. RCs and service providers previously had limited ability to develop new programs; however, through concerted efforts, several new programs were developed and continue to be developed, which has led to increased need for policy direction, oversight, monitoring and reporting to the Legislature. This requires the DDS to modify existing policies or develop new ones to provide structure and requirements for RCs and vendors compliance. There is a greater need for increased oversight of the RCs to ensure all the new projects and ventures are done correctly, timely and fiscally prudent. The DDS is responsible for heightened oversight of the RCs as well as all the activities occurring while transitioning individuals into the community to ensure their health, safety, and well-being are established with effective supports.

The CEA, OCO is responsible for policy, management and oversight of the NRO and SRO and oversight of the 21 RCs to ensure compliance with applicable laws, regulations and contract provisions. The CEA, OCO policy decisions affect current and future statewide program structures; funding services and supports; and impact DDS' decisions in the development, modification, or updates to statewide quality management systems and supports.

The NRO and SRO staff function as liaisons and provide oversight to the Department's 21 RCs and designated vendor programs, throughout the State. A map of the RC's locations and territory is included with this request. The 21 RCs are private, non-profit agencies providing case management services to individuals with developmental disabilities in their local communities.

RCs provide a wide array of services for individuals with developmental disabilities. Each RC provides intake, diagnosis and assessment of eligibility, and helps plan, access, coordinate and monitor services and supports. This is an entitlement program so once eligibility is determined, most consumers receive services and supports regardless of age or income. In making decisions about services needed, the planning team, which includes the person using the services, family members, RC staff, and others who may be asked to attend the planning meeting by the individual, will join together to discuss the supports needed that are related to the developmental disability.

The NRO and SRO staff are involved in a wide variety of activities and issues related to the RCs administrative operations and delivery of services to individuals with developmental disabilities. Specifically, the teams are charged with comprehensive monitoring of the RCs to assure compliance with regulations, statutes and contractual obligations; assuring RCs are upholding the values of the Lanterman Act; developing and training RC board members on the basics of the Lanterman Act, ethics, roles, responsibilities, State financing, fiduciary duty, open meetings act requirements, and contract management; ensure utilization of generic resources where appropriate; review, triage, investigate, and recommend corrective actions; review and approve RC purchase of services (POS), refresh and expand RC performance metrics, data collection and the dashboard reporting system; provide technical assistance to RCs, review and approve health and safety waivers; monitor the use of placements in institutions for mental disease, out of state placements, and services for children with behavioral concerns; and serve as the central point of contact within DDS for RC data increasing oversight of RCs is the most pressing issue for this position on Day 1.

[In 2013, the DDS conducted fiscal audits of Kern RC (KRD), its Foundation and vendors that were either physically located in the KRC building or had other close working relationships with KRC. During these audits, DDS identified serious and questionable activities by the KRC Board of Directors (Board) and executive management, including a lack of internal management controls by KRC, questionable pension and deferred compensation activities by KRC, and a lack of oversight of KRC's executive management and the KRC's overall operations by the Board. The 2013 audit findings, numerous complaints received by DDS, noncompliance with statutorily mandated caseload ratio requirements, and significant leadership turnover raised concerns at DDS over the operational health of the KRC. DDS conducted another review of KRC and found additional issues requiring more Department action and oversight. Special Contract Language was added to the KRC contract to ensure corrective action was taken by KRC, the DDS provided expert consultants to KRC, and continued a robust monitoring presence. KRC was required to develop a fiscal solvency plan. The serious concerns about the KRC governance, organizations strength and the continued ability of KRC to fulfill its obligations to the consumers and families it serves required significant intervention and remediation. The problems at KRC are very much public and can be found in newspaper articles, television news stations, blogs, even on YouTube. DDS is statutorily required to provide services to all people with developmental disabilities in California; addressing the problem is the only option. DDS is required to report periodically to the Legislature on the status of KRC's operations due to the serious and sensitive nature of the situation. This area of responsibility will fall under the CEA OCO.]

RCs and their boards of directors need a DDS executive management presence at their meetings on a regular basis to reinforce the message they are connected to DDS' mission.

C. ROLE IN POLICY INFLUENCE (continued)

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

The CEA OCO will report to the Deputy Director, but is autonomous and will have the authority to make important policy decisions in the areas of responsibility. The scope of responsibility and policy role of the CEA, OCO requires an executive level position to provide effective leadership vital to the DDS mission. Decisions will have a statewide impact on RCs, vendors of services and supports, consumers, families, stakeholders and employees. Thoughtful policies and procedures, along with oversight to ensure their implementation, will lead to innovations in new services and supports and increased quality of services and supports to consumers. This position provides the program management and supervision to address increases in oversight and monitoring of the RCs; allows for the development and maintenance of collaborative partnerships; aids in effective and ongoing communications and expectations among the Department, the ARCA, stakeholders, advocates, and state officials; aids in identifying and reducing risks; and provides oversight of essential training for the RCs and RC boards of directors. Most importantly, this position supports the DDS' mission to provide all consumers with the opportunity to live safe, fully integrated and fulfilled lives.

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

This CEA is responsible for policy development, interpretation and implementation for all matters under the OCO. This may include recommending policy or changes to policy related to the RCs, their operations, and their boards of directors. This position advises Executive staff on sensitive matters and makes recommendations that may impact other areas of policy or operations under the DDS authority. The CEA will manage the monitoring and oversight of the RCs, personally participates in on-site visits, attends RC board meetings and other RC public meetings, and meets with various State or Federal entities, key legislators, stakeholders, consumers, families, and the general public to achieve desired programmatic outcomes and develop and implement policies related to the DDS mission.