

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)

Office of Statewide Clinical Services

4. CEA Position Title

Deputy Director, Office of Statewide Clinical Services

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

The Department of Developmental Services (DDS) proposes to allocate the Deputy Director, Office of Statewide Clinical Services (OSCS), as a CEA, Level B. The DD, OSCS, will be responsible for centralized clinical services expertise, community living program and policy, along with monitoring functions to address statewide issues and needs that arise regarding medical and dental services, autism spectrum disorders, and new models of residential living. The expertise of this new office will be used within the DDS and accessed by regional centers (RCs) and community service providers, as well as used by other state departments when there are cross-over services and care coordination is required.

6. Reports to: (Class Title/Level)

Chief Deputy Director, Program Services/Exempt Level O

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): Work 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 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.

Under the general direction of the Chief Deputy Director (CDD), Program Services, the DD will formulate, develop, implement and promulgate policies associated with the centralized statewide clinical services in both state operated facilities and community living settings and the clinical oversight and monitoring of Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN), Enhanced Behavioral Supports Homes (EBSH), Community Crisis Homes (CCH), and other new models of care being developed in the community.

The newly reorganized OSGS includes a Clinical Services Branch (CSB) with clinical positions including a CEA A, Autism Program Specialist, Psychologist, Staff Psychiatrist, Nurse Consultants, and Dental Consultant. This branch will provide a clinical perspective and policy guidance for community-based services and specialists to influence and guide services statewide, including working with RCs and state operated facilities on best practices and providing technical assistance and setting policy and program direction for community living programs, including Intermediate Care Facilities (ICF), Community Care Facilities (CCF) and new models of residential care. The state operated facilities and services include Developmental Centers (DCs) currently at Fairview and Porterville, a community facility at Canyon Springs, and newer models of care including Stabilization, Training, Assistance and Reintegration (STAR) Homes and Crisis Assessment Stabilization Training (CAST) mobile service teams.

The new centralized division also includes a Clinical Monitoring Branch (CMB) that includes a proposed CEA A, Assistant Deputy Director (ADD) for CMB (Please note that a separate CEA request will be submitted to revise an existing CEA A, Branch Chief, Programs and Policy, to CEA A, ADD, CMB with minor changes in the CEA concept). CMB staff include a Senior Psychologist (Supervisor) and Behavioral Specialist positions to perform the mandated monitoring of EBSHs and CCHs, and Nurse Consultants to perform the mandated monitoring of ARFPSHNs. Welfare and Institutions Code (W&I Code) sections 4684.70 (e), 4684.84 (c) and 4698 (e) provide specific monitoring requirements for the DDS oversight of the services provided by ARFPSHNs, EBSHs, and CCHs. In general, on-site monitoring, by the department, is required by statute at least every six months.

The Division also includes a Program and Policy Section with Community Program Specialists (CPS), Associate Governmental Program Analysts (AGPA) and a Nurse Consultant that develop, revise and provide technical assistance to RCs on residential regulations and review and approve program plans for ICFs, ARFPSHNs, EBSHs and CCHs, and track RC requests for the out-of-state placement of individuals and the development of appropriate services in California to reduce out-of-state placements.

In addition to setting policy direction and managing the branches and section of the Division, the DD will also serve as an expert liaison, relaying information and progress to various stakeholders, and State Departments, including the California Department of Social Services (DSS), Department of Health Care Services (DHCS) and Department of Public Health (CDPH), federal agencies, and local community agencies.

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 (CSP) 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. This is an entitlement program and the provision of services is for the individual's lifetime. The DDS is permanently moving away from large state operated facilities to smaller state operated homes and to community homes owned and operated by local service providers to ensure that consumers are living in the community and being fully integrated with their community, no matter the extent of their developmental disability. Many individuals currently being served in the community would be served in a DC if not for the moratorium on DC placements. With the closure of the DCs, it is imperative that the specialized needs of the DC residents and the most physically and behaviorally challenged individuals in the community receive the appropriate residential and clinical services.

The DDS has a statutory responsibility (W&I Code, Section 4418.25) to ensure that individuals with developmental disabilities live in the least restrictive setting appropriate to their needs based on comprehensive assessments of each individual and person-centered planning, which requires intensive preparation and community resource development by the RCs. While in the DC the consumer received almost all clinical services from DC staff. When moved into the community the consumers receive all specialized clinical services in the community. Some of these specialized clinical support services have already been developed and require ongoing monitoring, while additional services are currently under development by RCs in the community with the need for DDS policy and program development and oversight.

The newly centralized OCS will provide the organizational structure and the CEA, Level B position will provide the leadership required to ensure the appropriate continuity of health care and other clinical services in state operated facilities and all community residential options currently existing and in future development.

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 Budget Act for the 2019-20 fiscal year approved a restructure of the DDS Headquarters and a realignment of divisions and funding for 54.0 permanent positions and 3-year limited term funding for three positions for DDS for safety net services, program modernization, risk management, federal and state compliance, and fiscal accountability.

In part the reorganization was due to the philosophical and statutory shift to integrated community living as dependence on the DCs and other institutional settings has declined. This historic transition of individuals continues to require comprehensive planning, assessment and person-centered services and supports, including community living options, health and dental care, behavioral supports and related specific individual needs.

As part of the reorganization, this new office centralizes community living and clinical services, program and policy, along with monitoring functions to address statewide issues and needs that arise regarding medical and dental services, autism spectrum disorders, and new models of residential living. This leadership role is imperative to address needs, including those identified in Special Incident Reports (SIRs) and related RC and community service provider monitoring data, as well as to ensure standards of consistent care. The expertise of this new office will be used within the DDS, and accessed by RCs and community service providers, as well as used by other State departments where cross-over services and care coordination is required. It is comprised of clinical and policy positions moved from the Community Services Division (CSD) and dissolved Developmental Centers Division (DCD); ARFPSHN, EBSH, and CCH clinical monitoring positions from CSD; and five new positions including a CEA (Level A) for an Autism Program Specialist, a Senior Psychologist-Specialist, a Staff Psychiatrist and two Behavioral Specialist IIs.

Specific functions of this Office as approved in the 2019-20 Budget Act include the following:

- Provide a clinical perspective for community-based services and specialists to influence and guide what services should be statewide, including working with RCs and state operated facilities on best practices and to provide technical assistance;
- Provide clinical expertise and set policy direction for community living, including CCF and Alternative Residential Model (ARM) programs;
- Review Intermediate Care Facility-Developmentally Disabled (ICF/DD) program plans;
- Provide plans of operation and policy and procedure reviews for ARFPSHNs, and monitor the homes;
- Provide nursing consultation for ARFPSHN, ICF/DD-N and ICF/DD-CN facilities, and consult with community providers;
- Provide behavioral services program reviews and consultations for EBSH and CCH and state-operated facilities;
- Monitor EBSH and CCH and state operated facilities to promote and track development of crisis services statewide;
- Develop, maintain and provide expertise and best practices for RCs and state operated facilities on Autism Spectrum Disorder (ASD) programs and services;
- Review and track RC requests for the out-of-state placement of individuals and the development of appropriate services in California to reduce out-of-state placements;
- Develop, revise and provide technical assistance to regional centers on residential regulations; and
- Provide statewide dental program coordination.

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 DD will be responsible for developing, implementing, maintaining, and promulgating policies that impact 90 certified and licensed ARFPSHNs statewide, with more homes to be developed in the future. These homes are critical to the RC's ability to meet the needs of individuals with very complex medical needs. These policies must align with Section 1567.50 of the Health and Safety Code which dictates that DDS implement the pilot project to test the effectiveness of a DSS licensed program to provide special health care and intensive support services to adults in homelike community settings. The DD will also oversee the approval process for ARFPSHNs. In addition, the DD will work with the DSS to ensure the license approval process for these facilities are completed in accordance with Section 4684.50 of the Welfare and Institutions Code.

The CEA will be responsible for developing, implementing, maintaining, and promulgating policies and full decision making authority for 23 EBSHs and 6 CCHs that are currently operational, with more homes being continually developed. These homes are facilities certified by DDS and licensed by the DSS pursuant to Health and Safety Code (H&SC), Sections 1567.62 and 1567.81, which governs adult residential facility or group homes that provide 24-hour non-medical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, supervision or crisis intervention services in a homelike setting. Pursuant to 2019 statute, DDS now has the authority to develop CCHs to serve children, whereas previously this model of care was only available for adults. Expanding this model to children adds another layer of complexity to program development and oversight. There are specific requirements for each home and they are eligible for federal Medicaid home and community based services funding. The DD will be responsible for guaranteeing that policies are aligned with state and federal laws, and ensuring optimal use of federal funds for each home.

The CEA will be responsible for developing policies in the centralized and expanded role of the CSB to provide statewide clinical expertise, best practices, and overall a clinical perspective for RC community programs including residential settings such as ARFPSHNs, EBSHs and CCHs. Additionally, these positions will provide a clinical perspective for all community-based services and specialists to influence and guide services statewide, including working with RCs and state operated facilities including DCs, state operated community facility (CF) and Stabilization, Training, Assistance and Reintegration (STAR) Homes and Crisis Assessment Stabilization Team (CAST) mobile service teams on best practices and providing technical assistance.

This CEA will be responsible for developing and implementing policy for health care coordination across the continuum of services, including those provided within the developmental disabilities services system as well as generic services, such as Medi-Cal Managed Care, Specialty Mental Health Services, and other pertinent services. Health care coordination requires comprehensive case management and clear policies, procedures, memorandums of understanding, and contract management. This CEA will work with the DHCS, Association of Regional Center Agencies, RCs and other stakeholders in the development and implementation of policies for health care coordination for individuals with developmental disabilities. Changes across service sectors, particularly at care transition points, will need to be comprehensively and continually reviewed for system improvements.

C. ROLE IN POLICY INFLUENCE (continued)

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

As DD this CEA will have broad statewide decision-making authority under general direction of the CDD, Program Services. The scope of decision making authority will be in statewide clinical policy decisions for state operated facilities and RC community facilities and other service providers. These decisions can have limited impact on a single DDS consumer, local impact on a provider or RC, or have statewide impact on clinical services provided to thousands of individuals with developmental disabilities that impact their quality of life.

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

The CEA will be developing, interpreting and implementing both new and existing policy. As new models of residential living and clinical service programs are developed or modified there is a need for new policy. For some existing models of care such as ARFPSHNs, EBSHs, and CCHs there is a need for interpreting and implementing existing policies through regulations, directives, etc.

For new models of state operated services such as STAR Homes and CAST mobile service teams there is also a need for interpreting and implementing existing policies. One example of new policy is the CCH model for children, which was approved for funding in the 2019-20 Budget Act. As a new model of care there will be the need for policy development and regulations/guidelines on the provision of and level of clinical and related services in the homes.