

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

August 9, 2019

2. Department

Department of Developmental Services

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

Operations/Office of Quality Assurance and Risk Management

4. CEA Position Title

Division Branch Chief

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

This Career Executive Assignment (CEA), Level A, position is responsible for formulating Office of Quality Assurance and Risk Management (QARM) policies and implementation strategies to enhance system monitoring, accountability, and strengthen protections at the community service provider level, regional centers (RCs), and within State Operated Facilities and programs. This CEA, Level A, broadens the Department of Developmental Services (DDS) risk management approach and provides a centralized and outcome-based quality management approach.

6. Reports to: (Class Title/Level)

Chief Deputy Director, Operations (Exempt)

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 closely with the Chief Deputy Directors (CDD), Executive Management, the Association of Regional Center Agencies (ARCA), advocates, RC representatives, community providers, and others to formulate and discuss QARM state policies and implementation strategies.

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 CEA, Level A, position is responsible for the newly realigned Office of QARM. Previously, the Deputy Director (DD) of the Office of Community Operations (OCO) in the Community Services Division (CSD) was responsible for the section providing QARM functions and the DD of the Developmental Centers Division (DCD) was responsible for providing QARM functions for state impacted facilities. The QARM functions are now combined under one office. The Office of QARM is now independent of the CSD and DCD and reports to the CDD, Operations.

Under the general direction of the CDD, the CEA, Level A, position plans, directs and oversees the Office of QARM to advance risk management and quality assurance strategies and enhance monitoring of the RCs, community service providers, and State-operated facilities and programs. This position develops and implements QARM policies and procedures affecting multiple and varied programs for the State's community-based system of services and for State-operated programs for individuals with developmental disabilities.

The CEA, Level A, works closely with the CDDs, Executive Management, the DD's of OCO and CSD, the ARCA, advocates, RC representatives, community providers, and others to formulate and discuss QARM policies, state policies and implementation strategies.

Provides policy guidance in overseeing and improving the risk management and mitigation system at each RC in collaboration with the DDS' independent risk management contractor. Provides leadership to ensure that RC risk management and mitigation systems encompass and address the changing dynamics of the service system overall, including the demographics of the population, specialized service needs, and the application of new models and approaches to risk management.

Works in partnership with RCs, the OCO, and the Research Section to comprehensively broaden the DDS' risk management approach and provide a centralized and outcome-based quality management approach, increase incident monitoring and analysis, and incorporate additional quality assurance initiatives, tools and training into the oversight and management functions.

Provides policy guidance and leadership for QARM support to the developmental centers (DCs) Stabilization, Training, Assessment, and Reintegration (STAR) Homes, STAR Crisis Assessment Stabilization Team (CAST), intensive support services, and the development of transition support services, and for new state-operated services developed for the DDS' Safety Net.

Develops and implements an effective reporting system to provide RC quality and risk information to OCO, Federal Programs, and State Operated Facilities.

Provides technical assistance and direction to RCs regarding the most sensitive and critical QARM issues. In collaboration with the OCO, reviews RC remediation of corrective action plans and other issues. Provides direction and oversight to RCs on mandated activities and reporting requirements.

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. The DDS has statutory responsibility (Welfare and Institutions Code, Section 4418.25) to ensure that individuals with developmental disabilities live in the least restrictive setting appropriate to their needs. Currently DDS provides services to over 330,000 individuals with developmental disabilities living in the community. The DDS' future focus is to support the majority of consumers with developmental disabilities as they fully integrate to residing, working and thriving within their communities.

As the DDS' moves toward a fully integrated community-based service model, increased oversight is required to monitor consumers in community settings statewide, and to implement, monitor and assess services. This CEA, Level A, position provides the necessary leadership and focused expertise to establish QARM policies, provide QARM program oversight, work in partnership with the RCs, state-operated facilities, the OCO, and the Research Section to comprehensively broaden the DDS' risk management approach and provide a centralized and outcome-based quality management system, increase incident monitoring and analysis, and incorporate additional quality assurance initiatives, tools and training into the oversight and management functions.

This CEA, Level A, position is an essential part of the DDS' department-wide reorganization plan to unify resources and pro-actively govern the service delivery system for lifelong services provided to eligible individuals under the Lanterman Act.

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.

In January 2019, the Governor Gavin Newsom released the proposed budget, that included a Budget Change Proposal (BCP) from DDS for a strategic and comprehensive restructure to address extensive state and federal mandated changes within California's developmental disabilities services system. The evolution of these changes created an imminent need for reorganization to align resources to achieve efficient and effective system-wide improvements and to better serve Californians accessing the developmental disabilities services system and their families. The closure of state-operated facilities moves the DDS toward a fully integrated community-based services model. Increased oversight is required to monitor community settings statewide, and to implement, monitor and assess Safety Net services.

Since 2009, the DDS closed three large state-run and operated facilities, one small CF and most consumers who resided in the DDS facilities, moved into the community. The consumer moves into the community are occurring throughout the State. The requirement to close DCs and CFs and move consumers into the community has played a large role in generating this request. With each closure, and each individual moved into the community, the DDS has learned something new. Examples include family-style living and other small residential housing in the community for individuals requiring 24-hour care, transportation, medical, dental, and day program services. This has presented a challenge in the community, because many of these services were sparse, so the DDS and RCs had to respond quickly to get them up and fully functioning before consumers could transition to the community from a state-operated facility.

The closure of DCs now affects two locations across the state specifically, Southern California Fairview Development Center (FDC) and Central California Porterville Development Center (PDC) General Treatment Area (GTA). 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 sometimes create local concerns, but most policies and procedures involved with DC closures and creation of services, supports, housing, etc., are statewide.

The reduced reliance on state-owned and operated facilities has created a whirlwind of activity on the community side of DDS. The DDS has always worked with the RCs, but the closure movement has led to an increased volume of new services, supports, activities, and housing in the community, all occurring simultaneously throughout the state. All of this new, rapid growth has created the need for increased oversight of the RCs and vendors to ensure all projects and ventures are proceeding correctly, timely and are fiscally prudent. This also requires more systems monitoring and accountability in areas such as projects and initiatives related to services for individuals with developmental disabilities.

The new Office of QARM consolidates QARM functions and reports directly to the CDD, Operations. This is a substantial change as QARM staff and their functions were in two separate and distinct areas in headquarters (HQ.) Prior to this reorganization, an Staff Services Manager (SSM) II was responsible for the Program side of QARM functions and Program Director for state-operated facilities. Originally, the QARM had four (4) staff from CSD working in the community and were limited in what they could accomplish. Only limited and reactionary oversight was provided to the RC and community services budget, caseload and service providers. The Office of QARM, will consist of 17 positions, including 1.0 new CEA, Level A, five (5) new BCP positions, 1.0 Research Data Specialist I, 3.0 Research Data Analyst IIs, 2.0 Associate Governmental Program Analysts, 1.0 Staff Services Analyst, and four redirected positions from other divisions to support expanded statewide and enhanced quality assurance and data driven risk management. This consolidated Office of QARM will continue to provide QARM to the community and state-operated facilities and the CEA, Level A, will provide the policy guidance to improve the risk management system state-wide.

The QARM CEA, Level A, reports to the CDD Operations and works closely with the CDD, Program Services, DDs of CSD and State-Operated Facilities Division, Executive Staff, Research Section, RCs, DCs and the CF, and other offices as needed. This office' areas of responsibility include; Quality of Life Goals, Quality Assessment Project (National Core Indicators Survey (NCIS), Special Incident Reports (SIRs), individual Risk Management and Mitigation Plans at RC, support for the Quality Management Executive Committee and support for the Direct Support Professional Training and DC Closure Quality Assurance project.

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 response to a review of California's RC system by the Health Care Financing Authority (now Centers for Medicare and Medicaid [CMS]), the DDS and independent risk management contractor, Mission Analytics Group (MAG,) developed and implemented a new risk management and mitigation program in 2001. The program included revising Title 17 Regulations for SIR and developing an electronic reporting system. DDS is currently re-evaluating the risk management and mitigation program, that is in place, as a result of the changes to the community services system in California, including substantial population growth and increases in the number of individuals residing in the community with diverse and challenging service needs. The Office of QARM CEA, Level A, will fulfill a vital role in developing a more rigorous regulatory structure to enhance DDS' commitment to quality services and risk management.

The size, complexity and diversity of California poses unique challenges with respect to communication, coordination, data analysis, reporting, training, resources, standardization, and monitoring of the risk management and mitigation program. DDS and MAG are involved in discussions with the RCs regarding the risk management and mitigation program with the commitment to improve and better support this program at each RC. The risk management and mitigation program has been in place since 2001-02, and the DDS believes policy updates and changes are required to address the changing dynamics of the risk management program overall, in addition to the population demographics, specialized service needs, and the application of new models and approaches to risk management.

In 2001, the DDS developed and implemented a new risk management and mitigation program in response to a review of California's RC system by the Health Care Financing Authority (now CMS). This included revising Title 17 Regulations for Special Incident Reporting (SIR), developing an electronic reporting system, and engaging the services of an independent risk management contractor. These programmatic components still exist today, virtually unchanged from their original design and function. Given the changes to the community services system in California, including substantial population growth and increases in the number of individuals residing in the community with diverse and challenging service needs, the DDS is re-evaluating the risk management system. The CEA, Level A fulfills a vital role in developing a more rigorous regulatory structure to enhance DDS' commitment to quality services and risk management.

Current challenges are communication, coordination, data analysis, reporting, training, resources, standardization, and monitoring. DDS and the Mission Analytics Group, a consultant to the Department, are conducting collaborative discussions with RCs on the risk management and mitigation system with the intent to improve and better support this system at each RC. Because this was implemented in 2001-02, DDS believes a revamping of policy updates and changes are vital to encompass and address the changing dynamics of the service system overall, including the demographics of population, specialized service needs, and the application of new models and approaches to risk management. RCs have expressed concern that Title 17 incident reporting requirements do not consider the risks associated with individuals having greater independence or adequately extend to new service delivery models. This CEA, Level A will be responsible for creating plans to improve the current statewide special incident reporting process to address the challenges faced in mitigating risk for the diversity of consumers now living in the community and in a broadening variety of services and supports.

This CEA Level A will also be responsible for policy changes with regards to each RC's individual Risk Management and Mitigation Plan to identify its strengths and challenges. While many RCs have promising quality assurance and risk mitigation practices, a recent review of the risk management and quality assurance programs at each RC revealed significant variability challenging the DDS' ability to implement a reliable statewide risk management system. RCs have requested to ensure consistent and timely reporting by vendors, permit triage of incidents according to risk, and assist in sharing promising risk mitigation practices across RCs. This CEA, Level A position will be responsible for developing a statewide incident reporting system DDS' own Risk Management Training Manual was created in 2004 and is in imminent need of changes and updates to reflect current methodologies and strategies as they relate to risk management, compliance, and mandatory reporting. The RC special incident reporting system is different from the reporting system in state operated facilities. As residents from state operated facilities move into community settings and as the DDS operates more crisis homes, DDS will work to develop a system that can track and compare risk trends for the entire population served.

With the reorganization of the DDS and consolidation of QA&RM staff and duties, the intent is to increase incident monitoring and analysis, look more closely at trends, and incorporate additional quality assurance initiatives, tools and training to support the oversight and management functions.

This CEA, Level A position will also provide policy direction, guidance and leadership for QA&RM support to the DCs and CF, to the increasing number of STAR Homes and CAST mobile crisis service teams, intensive support services, the continued development of transition support services, and for new state-operated services developed for the DDS Safety Net. It is likely that new models of providing services to the developmentally disabled will be created and the scope of QA&RM responsibilities will continue increase.

C. ROLE IN POLICY INFLUENCE (continued)

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

The DDS has overall state-level responsibility for planning, coordinating, and overseeing implementation of the State's risk management program for persons with developmental disabilities. This CEA, Level A, is the Division Branch Chief for the Office of QARM and will report to the CDD, Operations. This position works closely with the CDD of Program Services, DDs of CSD and State-Operated Facilities Division, Executive Staff, Research Section, RCs, DCs and the Community Facilities (CF), and other offices as needed. This CEA, Level A, has authority to create, implement or recommend policy and programmatic decisions in areas of their responsibility, as well as collaborate on policies and implementation strategies that may impact other areas of the DDS and the service delivery system. Well-developed policies and thoughtful, systemic decisions will have a statewide impact on the DDS, RCs, State-operated facilities, vendors of services and supports, and ultimately the consumers and families served by DDS.

Decision authority over the QARM program's area of responsibility, includes but is not limited to, developing, implementing and maintaining a uniform, statewide, automated SIR database system; identifying trends, issues or concerns in SIR, and developing policy or systemic changes in response; assuring RC and provider compliance with SIR regulatory requirements; developing best practices for identifying consumer abuse, and promoting proactive risk assessment and prevention planning through the individualized program planning process; developing and maintaining a statewide mortality review system and conducting studies to educate and inform the service system to improve quality of life outcomes for consumers. The QARM CEA, Level A, provides leadership to ensure that RC risk management and mitigation systems encompass and address the changing dynamics of the service system overall, including the demographics of the population, specialized service needs, and the application of new models and approaches to risk management.

The QARM CEA, Level A's, effective leadership role is vital to the DDS mission. Well thought out policies, procedures, and oversight will lead to optimal QARM strategies and enhance monitoring of RCs, community service providers, and State-operated facilities and programs. Ensuring the highest standards of QARM are in effect will impact safety and security of our consumers who live in the community and in State-operated facilities.

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

The QARM CEA, Level A, will develop and implement new QARM policy, in addition to interpreting, modifying, and implementing existing policy. To ensure a successful and comprehensive QARM system, this CEA, Level A, must work collaboratively with key members of Executive staff, state, federal, and local entities, and stakeholders to ensure individuals with developmental disabilities receive the highest level of quality care and services.