

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/ Northern Region Office

4. CEA Position Title

Northern Regional Manager

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), Northern Regional Office (NRO). Provide executive level expertise, management, and leadership to comprehensively address regional center oversight and serve as the central point of contact on regional center information, data, and performance for Northern California. This Career Executive Assignment (CEA) will pro-actively engage in expanded monitoring, compliance review, enhanced remediation and comprehensive data analysis of all 9 Regional Centers (RC) in Northern California 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)

Assistant Deputy Director, Office of Community Operations, 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): Work with Executive Management, RCs, government entities, stakeholders, consumers, families and the public to achieve desired programmatic outcomes and to develop and implement 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.

This position is the CEA over the realigned OCO , NRO, within the Community Services Division (CSD). The CEA is responsible for formulating, developing and implementing policies in the NRO to lead the RC Liaison/Review Teams and RC Monitoring Teams to assure effective RC and community oversight.

RCs are private, non-profit agencies that provide services in the community to individuals with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act).

This position plans and manages the work of the teams to provide comprehensive monitoring of the actions and efforts of the RCs to ensure they meet statutory, regulatory and contractual obligations, that uphold the values of the Lanterman Act. The NRO area of responsibility is for 9 RCs.

The CEA position will be responsible for developing and implementing policies affecting multiple and varied programs for the State's community-based system of services and funding for persons with developmental disabilities. They will work closely with members of the DDS Executive Staff, the ARCA, RC representatives, community providers, advocates, and others to formulate state policies and implementation strategies.

The CEA will oversee the effectiveness of Northern California RC operations through such means as contract compliance audits, performance measures, monitoring reviews, policy reviews, fiscal reviews, complaint and appeals processes, and special incident reports. Coordinate and communicate with the Assistant Deputy Director (ADD) and the other DDS management and units, such as the Audit Services Section, on significant negative findings to develop departmental action plans. Make recommendations to the ADD and Deputy Director (DD) regarding sensitive and complex cases. Personally conduct onsite visits and provide policy direction to RC management. Work with RCs and their boards of directors on problem areas and corrective actions. Implement strategies aimed toward accountability and improved performance. Expand RC performance metrics, data collection and the dashboard reporting system. Oversee the development and implementation of enhanced RC training programs for RC boards and staff to include, among other things, basics of the Lanterman Act requirements, ethics, roles and responsibilities, 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 CSD 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 Developmental Center (DC) program operates two DCs, one Community Facility and Stabilization, Training, Assistance, 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 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 CEA provides the leadership to comprehensively address RC monitoring and oversight, serve 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.

DDS has been engaged in a significant strategic and comprehensive restructure to address extensive state and federal mandated changes within California's developmental disabilities services system. These changes have created an imminent need for reorganization to systemically align resources to achieve efficient and effective system-wide improvements to better serve Californians accessing the developmental disabilities services system and their families.

With the closure of the DCs, the DDS is moving toward a fully integrated community-based services model. Although there are fewer state operated facilities to oversee, increased oversight is required to monitor consumers in community settings statewide, and to implement, monitor, and assess safety net services. The fundamental intent of this proposal is to provide expanded leadership and expertise for mission critical functions and to unify resources for the purpose of proactively governing the service delivery system as provided for in the Lanterman Act.

The requirement to close DCs and move consumers into the community has played a large role in generating this request. Over the last ten years, the DDS has closed three large facilities and one small community facility and many of the consumers who lived in DDS facilities, moved into the community.

The restructured OCO is positioned to proactively engage in expanded monitoring, compliance review, enhanced remediation, and comprehensive data analysis of all 21 RCs. The magnitude of California's community-based developmental disabilities services system is far-reaching.

RCs are a unique and complex product of California law. They are autonomous nonprofit corporations with voluntary Boards of Directors, and they must comply with State and federal laws, contract requirements, and State finance requirements. The population served has many specialized needs and individuals are typically vulnerable, needing assistance in most facets of daily life. Through the restructure, DDS has the ability to comprehensively address RC oversight from several vantage points and perspectives. The OCO will be the central point of contact on RC information, data, performance and issues with information to flow to and from other DDS offices including the Office of Quality Assurance and Risk Management, Federal Programs, Research, and Audits. The restructure will further promote interdepartmental collaboration leading to early identification and remediation of areas of risk.

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 on 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.

The Governor's 2016 special session on health care funding provided approximately a half billion dollars to fund efforts to address the emerging and complex needs of the developmentally disabled 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 OCO to develop new, and modify existing policies, to provide structure and requirements for RCs and vendors. There is greater need for increased oversight of the RCs to ensure all the new projects and ventures are completed correctly, timely and are fiscally prudent. The OCO is responsible for heightened oversight of the RCs, as well as all the activities occurring in transitioning individuals into the community to ensure their health, safety, well-being with established and effective supports. The CEA is responsible for policy, management and oversight of the NRO and oversight of the 9 RCs compliance with applicable laws, regulations and contract provisions. The policy decisions effect current and future program structures; funding services and supports; and impact DDS decisions in the development, modification, or updates to statewide quality management systems and supports.

The CEA will be responsible for developing new policies addressing fiscal accountability which is critical with an entitlement program. Policies ensure funds are spent prudently, and a balance of system integrity along with stability of services and supports is necessary. A concerted and refocused effort is required to identify potential gaps in the system, streamline service elements where applicable, mitigate General Fund exposure and pressures, improve detection of fraud and abuse, and collectively improve the monitoring and management of community service providers and RCs. A key consideration is how should California best utilize its resources, and what tools, including data analysis, policies, management and leadership, can be directed for a balanced approach. California's existing Purchase of Services (POS) rate system is complex, and became more complex over time as rates were frozen, reduced, and augmented selectively in varied targeted approaches, including the "bridge funding" approved in the Budget Act of 2018. Retaining community service providers is a continuous and growing concern. ABX2 1 (Chapter 3, Statutes of 2016) required a comprehensive rate study be submitted to the Legislature. Specific items addressed include a review of alternate rate methodologies, how rates can incentivize outcomes for individuals, an examination of any proposed rate structures for their effect on community providers. The NRO is 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 monitoring the RCs to assure compliance with regulations, statutes and contractual obligations; assuring RCs are upholding the values of the Lanterman Act; ethics, roles, responsibilities, State financing, fiduciary duty, and contract management; ensuring utilization of generic resources where appropriate; reviewing, investigating, and recommending corrective actions; reviewing and approving RC POS policies, refreshing and expanding RC performance metrics, data collection and the dashboard reporting system; providing technical assistance to RCs, reviewing and approving health and safety waiver requests; monitoring the use of placements in institutions for mental diseases, out of state placements, and services for children with behavioral concerns; and serving as the central point of contact within DDS for RC data.

Increasing oversight of RCs will be a critical component for this position. In 2013, DDS conducted fiscal audits of Kern RC (KRC), its foundation and vendors. DDS identified serious and questionable activities by the KRC Board of Directors (Board) and executive management, including a lack of management internal controls by KRC, questionable pension and deferred compensation activities, and a lack of oversight of KRC's executive management and the KRC's overall operations by the Board. Special Contract Language was added to the RC contract to ensure corrective action was taken by KRC. 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 drew a significant amount of media attention. 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. The situation at KRC brought to light the need for increased oversight to proactively address issues with a focused approach to ensure all RCs remain in compliance. The CEA will provide technical assistance to the RCs while focusing on trends to address issues at a policy level.

To address all of the above issues, the CEA will be initially responsible for formulating and implementing polices in the following areas:

- \* RC Operations and POS policies;
- \* RC contract negotiations, special provisions and compliance;
- \* Monitoring of family home agencies, work services and other vendor programs;
- \* Appeals and complaints regarding RC vendor providers;
- \* Fair hearing activity and outcomes
- \* Monitoring of special incidents;
- \* Risk management;
- \* Tracking placements in Institutions for Mental 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.

**C. ROLE IN POLICY INFLUENCE (continued)**

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

The CEA will report to the ADD, and have a broad scope and authority to make important policy decisions in areas of responsibility. Decisions will have an 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.

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

The CEA is primarily responsible for developing and implementing new policy for all matters under the OCO, NRO and recommend changes to existing policy related to the RCs, their operations, and their boards of directors. This position advises Executive staff on sensitive matters and make 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, to achieve desired programmatic outcomes and develop and implement policies related to the DDS mission.