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

<table>
<thead>
<tr>
<th>1. Date</th>
<th>2. Department</th>
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<tr>
<td>04/22/2022</td>
<td>California Health and Human Services Agency</td>
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3. Organizational Placement (Division/Branch/Office Name)
Office of Youth and Community Restoration

4. CEA Position Title
Chief Health Policy Officer

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)
This position will be a subject matter expert on health policy as it intersects with state operations. The CEA will assist in the creation of protocols and policies that integrate evidence based mental, physical, dental, and emotional health practices and develop pathways for funding those interventions through federal, state and local funding opportunities. The CEA will develop technical assistance briefs based on data and research in collaboration with our research and data team.

6. Reports to: (Class Title/Level)
Deputy Director, CEA B

7. Relationship with Department Director (Select one)
- [x] 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
- [x] 3rd
- [ ] 4th
- [ ] 5th (mega departments only - 17,001+ allocated positions)
9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.

Under the general direction of the Deputy Director, the Office of Youth and Community Restoration (OYCR) Chief Health Policy Officer provides leadership direction and policy implementation strategies to improve behavioral, mental, and physical health regarding youth in the juvenile justice system. The Chief Health Policy Officer supports the OYCR in the implementation of Senate Bill 823, Chapter 337, and Statutes of 2020, which promotes evidence-based trauma responsive, culturally respectful, and gender specific services for youth involved in the juvenile justice system. These services are designed to support the youths’ successful transition into adulthood and help them fulfill their goals and achieve their potential as responsible, thriving, and engaged members of their communities. The OYCR Chief Health Policy Officer leads the unit with policy and systems change and directs a team of health program specialists, analysts, and/or support staff in the unit.

Leads the development on policy to improve mental health and physical health outcomes to youth in the juvenile justice system. Plans, organizes, and directs a team of data, research, and program specialists, analysts, and/or support staff in the unit. Develops, organizes, directs, and implements policies that reduce the incarceration of youth through behavioral and physical health initiatives. Oversees the development of creating an effective process and best practices to allow counties to identify youth who do not need to be incarcerated due to mental health needs and offers solutions to county by county on how to get the youth the help they need. Identifies and disseminates strategies to reduce or end the incarceration low to medium risk youth, and in particular of subgroups such as girls and gender expansive youth due to mental health needs and develops solutions for these subgroups. Oversees the development of interventions required for rehabilitation of deep end juvenile justice youth who are incarcerated in the Secure Track Youth Facilities (STYF) that have replaced Department of Juvenile Justice (DJJ) post-SB823. Develops and implements strategies for reentry, family engagement, life course trajectories, healing, transformation, and culturally specific supports needed as youth reenter society from the STYF with an emphasis on mental and spiritual wellness.

Acts as a behavioral health expert and formulates policies, practices, and solutions to keep youth in the community rather than incarcerate them. Expertise in racial trauma, generational trauma, and all other forms of trauma that the juvenile justice population have faced which have created the need for comprehensive mental health interventions. Advises the research and data team on what data points are necessary so that data accurately reflects race, ethnicity and gender diversity and healthcare and mental health care services. Implements data and science to support policy changes and initiatives to keep kids in the community as an alternative to incarceration.

Leads, directs, and cross-collaborates with a dynamic team of professionals to successfully realign the DJJ youth to their counties for rehabilitation and reentry, and to assist OYCR in its mandate to provide expertise and technical assistance to the counties when requested for the entire juvenile justice continuum. Directs and oversees the technical assistance to the counties when required to help them access funding for local programs through local, state and federal programs and entitlements for mental health and physical health care.

Oversees the development of training as requested by the OYCR leadership team to infuse both the agency and the counties with current strategies to end the school to prison pipeline and the sexual assault to prison pipeline for girls and gender expansive youth by identifying early intervention and school-based programs for youth who struggle with mental health barriers to learning. Provides expert advice and guidance for a trauma informed facility staff, environment, and service array for the rehabilitation and transformation of deep end incarcerated youth and offers ideas and solutions to the facility staff at the county level.

Cultivates partnerships with youth advocates, community stakeholders, families, and local governments; and is fluent in blending and braiding funding streams to support youth in the community as an alternative to incarceration. Leads, directs, and cross-collaborates with other departmental leaders within CaHHS. Acts as an expert in the continuum of care, understanding the Katie A. services, the Continuum of Care Reform Act and the Families First Prevention Services Act as well as AB2083. Directs and designs systems change document to ensure that youth in the juvenile justice system are considered in every initiative of the CHHS agency.

Plants, organizes, and directs a team of data, research, and program specialists, analysts, and/or support staff in the unit. Develops, coaches, and manages staff by providing expectations on research and data-driven assignments, tasks, desired outcomes, and sets priorities and deadlines utilizing procedures and guidelines to meet goals and objectives. Builds and maintains a work environment that supports the principles of diversity and inclusion and supports the establishment of a positive work environment through staff communication opportunities and fostering a team approach within the unit and OYCR.

Completes highly complex and sensitive other related duties, special assignments, and projects as required in order to fulfill the mission, goals, and objectives of the OYCR.
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: Moving deep end offending youth in the juvenile justice system from the umbrella of CDCR to CHHS requires that the rehabilitative approach to healing and youth transformation occur through a health lens. This position is critical to the mission and vision of OYCR.
11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

OYCR is a new organization within CalHHS. The original organizational chart and allocation of positions was done prior to the director being hired. The director believes that this position is critical to the mission.
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.

This CEA will be a member of the OYCR executive team as the Chief, Health Policy Officer with responsibility and oversight of the Health Policy & Engagement (HPE) Division. The CEA is a principle policy maker across multiple highly sensitive and publicly and politically charged OYCR policy areas with statewide impact and influence, including the policy areas listed below:

1. Whole Person Care - The Chief Health Policy Officer provides leadership direction and policy implementation strategies to improve behavioral, mental, and physical health regarding youth in the juvenile justice system. The Chief Health Policy Officer supports the OYCR in the implementation of Senate Bill 823, Chapter 337, and Statutes of 2020, which promotes evidence-based trauma responsive, culturally respectful, and gender specific services for youth involved in the juvenile justice system. These services are designed to support the youths' successful transition into adulthood and help them fulfill their goals and achieve their potential as responsible, thriving, and engaged members of their communities. This CEA acts as a behavioral health expert and formulates policies, practices, and solutions to keep youth in the community rather than incarcerate them. The CEA will advise the Director and the Deputy Director on population health management policy and how to work with other state agencies to accomplish the whole family and whole child approach to rehabilitation and transformation. The CEA will seek to align state health projects, state reporting requirements by the counties, and state health data metrics to enhance the life course of the youth who are in the juvenile justice system. The Chief Health Policy Officer will collaborate with the Council on Criminal Justice and Behavioral Health to advise the Director and Deputy Director on best practices to reduce the incarceration of youth with mental illness and substance use disorders with a focus on prevention, diversion, and reentry strategies.

2. Continuity of Care – the Chief Health Policy Officer will implement, monitor, and evaluate the continuity of health care services for justice involved youth – both in custody and upon reentry. This CEA will facilitate collaboration and communication with the Technical Assistance and County Liaison Division and across state departments and county based support services to disseminate statewide policy and procedures for Federal, State, and County health benefits and funding mechanisms that will address both in custody and reentry services to build a maximum support network for the youth who are committed to the Secure Track Youth Facilities (Secure Track Youth Facilities are taking the place of DJJ in the local communities.) Continuity of Care will be measured by tracking the number of health services put into place for the youth in and out of custody, and through monitoring the youth’s successful navigation of and access to the health care system (i.e. physical, mental, substance use disorder), identify where there are systemic gaps in the care continuum that need to be resolved – be it through public policy, enhanced care management, probation efforts, a dedicated care coordination team, or another area the research identifies. Successful statewide continuity of care has broad community impact and could reduce recidivism, which is currently as high as 70% for youth exiting DJJ.

3. Family Engagement & Community Supports – The Chief Health Policy Officer will also be charged with developing a safety net strategy for the families and youth involved in the Juvenile Justice Systems. Typically, the approach is heavily corrections focused. This CEA would balance the rehabilitation focus with a behavioral and physical health safety net for the entire family. This will reduce the likelihood of continued depression, homelessness, and reentry into carceral systems. This CEA will develop and implement a statewide curriculum and evidence based training programs for girls and gender expansive youth by identifying early intervention and school-based programs for youth who struggle with mental health barriers to learning. Additionally, the Chief Health Policy Officer will provide expert advice and guidance for a trauma informed facility staff, environment, and service array for the rehabilitation and transformation of deep end incarcerated youth and offer ideas and solutions to the facility staff at the county level. This CEA will become an expert in the various California Advancing and Innovating Medi-Cal (CalAIM) initiatives, including in lieu of services, dental benefits, and specific services and supports for justice involved youth. Through the CEAs involvement in these policies from the ground level through to statewide implementation and cross departmental collaboration, this position will create awareness and education around existing programs, policies, and resources available to the justice involved youth population and their families – as supports – as well as identify areas where new or refined public policy is needed and make recommendations. This CEA will also provide statewide guidance and policy recommendations on the following Programs and health care services that include, but are not limited to, Katie A., Continuum of Care Reform, Families First Prevention Services Act, and trauma informed system of care (Assembly Bill 2083, Chapter 815, Statutes of 2018).
13. What is the CEA position's scope and nature of decision-making authority?

The CEA will make decisions in partnership with the Director of OYCR and will advise the Director and the Deputy Director of the best way forward to shift the narrative from a law enforcement approach to these kids to a health care approach which will necessarily result in increased public safety.

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

The CEA will be developing new policy approaches to deep end juvenile justice youth as well as youth along the continuum of care in the juvenile justice arena. OYCR will provide technical assistance to the counties to implement the policy approaches: science, the identification of resources, and evidence based practices will underpin these approaches.