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
Feb 25, 2022

2. Department
Health Care Services

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

4. CEA Position Title
Assistant Deputy Director - Community Services & Licensing and Certification, Behavioral Health

5. Summary of proposed position description and how it relates to the program's mission or purpose.
(2-3 sentences)
The Assistant Deputy Director (ADD) – Community Services & Licensing and Certification (CSLC), Behavioral Health (BH), will serve as the policy lead for behavioral health initiatives and proposals to improve care for children and youth, particularly for children in child welfare; build out a robust behavioral health crisis continuum of care for all Californians; and, serve as the Department’s lead on efforts to improve the quality of behavioral health data reporting and use. In addition, the ADD-CSLC, BH, will provide policy leadership for the Chiefs of the Community Services Division (CSD) and Licensing and Certification Division (LCD) related to departmental priorities. Policy leadership and support will relate to departmental priorities, including strengthening policies and streamlining processes for licensing, certification, and complaints; supporting clinical integration; expanding access to medications for addiction treatment in DHCS-licensed and certified facilities; and, other efforts to address the growing need for services.

6. Reports to: (Class Title/Level)
Deputy Director, Behavioral Health/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):

8. Organizational Level (Select one)

☐ 1st  ☐ 2nd  ☑ 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 administrative direction of the Deputy Director (DD), BH, the ADD-CSLC, BH, will be responsible for leading the Department of Health Care Services’ (DHCS/Department) ambitious agenda to ensure high-quality and accessible specialty mental health and substance use disorder (SUD) services in Medi-Cal and other public programs. The ADD-CSLC, BH, will lead the planning, policy development, implementation, coordination, evaluation, and management of the Department’s BH policy related to 1) efforts to build out a robust BH crisis continuum of care for all Californians; 2) improve behavioral health care for children and youth, particularly for children in child welfare; and, 3) serve as the Department’s BH lead on efforts to improve the quality of behavioral health data reporting and use. In addition, the ADD-CSLC, BH, will assist in overseeing the planning, implementation, coordination, evaluation, and management of the Department’s behavioral health services, with particular oversight responsibility for CSD and LCD, and will serve as lead for services for children and youth (including efforts to reform the foster care model of care).

The ADD-CSLC, BH, will play a key leadership role in creating policies for the implementation of BH initiatives, aiming to build expanded access to a full crisis continuum of care for all Californians. These policy areas are a high priority for Governor Newsom’s Administration, stakeholders, and advocates, and have been the focus of proposed legislation. The ADD-CSLC, BH, will work collaboratively with other state departments, including the California Department of Public Health (CDPH), the California Office of Emergency Services (CalOES), and the California Department of Social Services (CDSS), along with DHCS divisions to lead new policy initiatives. This includes the implementation of the federal 988 crisis hotline, new initiatives to improve the continuum of care for children and youth, with a special focus on children in child welfare, including the ongoing implementation of the Family First Prevention Services Act (FFPSA), proposed improvements to the foster care model of care, and other components of ongoing Continuum of Care reform, and new Department BH dashboards.

The ADD-CSLC, BH, will provide executive support for the CSD staff related to planning, implementing, and evaluating program policy for non-Medi-Cal, publicly funded programs (such as the Mental Health Services Act, Adult Use of Marijuana Act, Substance Abuse and Mental Health Services Administration block grants, federal opioid funding, and other state or federal grants); ensuring a robust prevention strategy; and, managing Mental Health Program approvals for youth congregant care settings.

In addition, the ADD-CSLC, BH, will provide executive support for LCD staff, with a particular focus on emergency crisis counseling services, the efforts to strengthen and streamline licensing and certification processes for new facilities funded through the Behavioral Health Continuum Infrastructure Program (BH-CIP), and efforts to transition Short-Term Residential Treatment Programs (STRTPs) to new models of care, in collaboration with CDSS, to improve community-based care for children in child welfare.

Further, in collaboration with Quality and Population Health Management and Enterprise Data and Information Management (EDIM), the ADD-CSLC, BH, will serve as the BH Program lead on efforts to improve behavioral health data quality, measurement, data transparency and clinical quality improvement.
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: DHCS’ mission is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services, and long-term care. DHCS’ vision is to preserve and improve the overall health and well-being of all Californians. These services are provided through DHCS’ health care programs, the largest being Medi-Cal. Medi-Cal provides critical health care services to approximately 14 million, or one in three, Californians. DHCS is also committed to ensuring that Medi-Cal and other publicly funded programs deliver high-quality, accessible, streamlined, and coordinated services that improve health care outcomes. With new initiatives funded in the fiscal year (FY) 2021-2022 budget, DHCS is leading efforts aiming to build expanded access to a full crisis continuum of care for all Californians. Further, DHCS is responsible for setting, administering, and overseeing the state’s behavioral health (mental health and substance use disorder) policy and services.

The ADD-CSLC, BH, will serve as the primary contact for all initiatives/proposals related to the crisis continuum of care with a broad range of internal and external stakeholders necessary to implement and support the awareness of rising BH issues in California.

Two recent factors have heightened this need, making it even more critical: 1) the onset of the COVID-19 pandemic, with negative behavioral health impacts expected for years to come; and, 2) the renewed urgency of addressing behavioral health challenges for Medi-Cal beneficiaries. In response, Governor Gavin Newsom’s Administration launched several high-priority initiatives to improve the behavioral health delivery system, including:

- Investments in the crisis continuum of care, including:
  - BH-CIP (Over $2 billion of investments to expand the crisis and non-crisis continuum of care for behavioral health);
  - Mobile crisis response services benefit in Medi-Cal;
  - Federal 988 Crisis Hotline (to allow people in crisis to call one central line to receive behavioral health and suicide prevention services); and,
  - Behavioral Health Bridge Housing proposal
- Improving services for children and youth:
  - Children and Youth Behavioral Health (CYBH) Initiative
  - Foster Care Model of Care proposal
  - FFPSA

Focusing efforts to expand the crisis continuum of care is now more than ever necessary as overdose death rates, mental health problems for youth, and mental health crises experienced by Californians of all ages continue to rise.
DHCS is launching ambitious and transformational initiatives to address BH inadequacies in California. The significant traumas experienced during the COVID-19 pandemic, with negative behavioral health impacts expected for years to come, are renewing the urgent need to address behavioral health challenges for Medi-Cal beneficiaries. In addition, BH is a top public priority for the Governor, the Legislature, and the California Health and Human Services Agency (CalHHS), due to rising overdose death rates, rising mental health problems for youth, and rising mental health crises experienced by Californians of all ages.

Prior to the pandemic, rates of mental distress, substance use, suicide, and overdose were increasing among young people, and the social isolation and disruption of the pandemic has intensified the need to address inadequacies in BH services. According to recent research, children’s BH-related emergency department visits increased significantly due to COVID-19. The Kaiser Family Foundation reported that of Americans between ages 18-24: 56.2 percent reported symptoms of anxiety and depression; 25 percent described an increase or onset of substance use; and, 26 percent reported serious thoughts of suicide. Further, children’s BH conditions have grown and intensified due to the pandemic, including untreated anxiety, depression, psychosis, and new SUDs.

Historically, BH services for children and youth in California have been under-resourced and under-scaled, with too few BH professionals, emergency services, and acute care services and beds, and too little focus on prevention. The State of California has multiple initiatives to address BH issues and service gaps statewide. The CYBH initiative is an example of a new initiative being implemented to address the BH inadequacies. This initiative has several complex components, including proposals that will transform the delivery of BH services for all children and youth in California. CYBH will ensure children and youth, ages 0 to 25, have access to services regardless of payer, are screened, supported, and served.

In response to the rising BH issues in California, Governor Gavin Newsom’s Administration launched several high-priority initiatives to improve the behavioral health delivery system, which include:

- Investments in the crisis continuum of care, including:
  - BH-CIP (Over $2 billion of investments to expand the crisis and non-crisis continuum of care for behavioral health);
  - Mobile crisis response services benefit in Medi-Cal;
  - Federal 988 Crisis Hotline (to allow people in crisis to call one central line to receive behavioral health and suicide prevention services); and,
  - Behavioral Health Bridge Housing proposal
- Improving services for children and youth through CYBH, Foster Care Model of Care proposal, and FFPSA.

The workload associated with the new BH initiatives cannot be absorbed by the current DD, BH, and ADD, BH, as the breadth and depth of the policy development and oversight of these new initiatives are highly sensitive and complex. Given the complexity and sensitivity of the work performed in BH, and the nature of the programmatic and operational oversight, DHCS is proposing to bifurcate the ADD, BH, leadership role to ensure a manageable span of control and improved effectiveness. The current ADD, BH, will be renamed ADD - Medi-Cal (MC), BH, and will provide direction and support to the Medi-Cal Behavioral Health Division (MCBHD), and lead the California Advancing and Innovating Medi-Cal (CalAIM), the CalAIM Justice Initiative, and the proposed Serious Mental Illness/Serious Emotional Disturbance (SMI/SED) 1115 Demonstration Waiver. The proposed new ADD will provide direction and support to two BH divisions (LCD and CSD), as well as lead BH Program’s work to expand the crisis continuum of care, improve BH services for children and youth, and improve BH data transparency. This leadership structure will allow the ADD-MC, BH, and ADD-CSLC, BH, to be assigned to specific program/policy areas and provide more focused policy direction to those areas, thus resulting in a division of labor/workload that is more appropriately allocated, which currently exceeds the capacity of the DD, BH, and ADD, BH.

Many of these key initiatives will be at risk without executive leadership devoted to them. For example, BH-CIP funding launched in fall 2021, and another round of funding is expected to launch in January 2022. The Department must responsibly administer over $2 billion and ensure the funding goes to facilities that can immediately provide services. This initiative is extremely high profile, with the attention of the Legislature and Governor’s Office, as it is a significant budget investment, and there is substantial public attention on the scarcity of inpatient and residential treatment beds in California. In addition, the federal 988 crisis hotline is launching in July 2022, and there is an urgent need to coordinate the launch of the 988 initiative across multiple state departments, including CalOES and CDPH. Finally, advocates are urging DHCS to do more for children in child welfare, who are suffering more acute BH issues due to the traumas of the pandemic. DHCS needs the ADD role in place as soon as possible, to ensure our critical and high profile initiatives are successful.
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 ADD-CSLC, BH, will serve as the principal policy maker responsible for leading and providing policy direction for multiple BH initiatives/proposals that cross departments and agencies in California. In addition, the ADD-CSLC, BH, will be responsible for developing and implementing policy; guiding the management team; creating new policy documents, and reviewing, editing, and approving policy documents emerging from CSD and LCD; collaborating across departments; facilitating stakeholder engagement; and, operationalizing key policy initiatives, which include, but are not limited to the following:

1. Improving Services for Children and Youth: According to recent high-profile reports, children and youth are not receiving needed behavioral health services. The ADD-CSLC, BH, will work across departments to improve systems of care for children broadly, with a specific focus on children in out-of-home foster placement. Currently, less than half of the children in foster care receive specialty mental health services. The Department aims to ensure all children in out-of-home placement receive specialty mental health services, to address the trauma of losing parents and the stability of their home. An example of an initiative in this category includes the CYBH initiative. The CYBH initiative is a multi-year initiative to transform California’s children and youth BH system into an innovative ecosystem where all children and youth age 25 and younger, regardless of payer, are routinely screened, supported, and served for emerging and existing BH needs. As part of the CYBH initiative, the ADD-CSLC, BH, will collaborate with the Office of Strategic Partnerships in developing, launching, and implementing policies relative to county behavioral health, including county grants for evidence-based practices and school BH.

2. Implementation of the Federal 988 Hotline for Mental Health Crisis: In 2020, 44,834 individuals died by suicide in the United States, and evidence suggests the toll of the global pandemic has only increased the strain on many Americans’ mental health and well-being. Suicide significantly impacts at-risk communities, including youth, the Black community, the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning community, Veterans, and the deaf, hard of hearing, deafblind, and people who have speech disabilities that impact communication. Americans sent an estimated 2.2 trillion text messages in 2020, 119 billion more than were sent in 2019. As Americans become more reliant on texting to communicate, the need to access mental health assistance and resources by text is essential. For individuals in crisis, text messaging allows for anonymity and convenience of texting a crisis counselor rather than engaging in a phone conversation and offers other benefits to at-risk communities, many of which use text messaging as their preferred form of communication. Text messaging to the hotline will facilitate access to critical mental health resources for all, and particularly for at-risk populations who tend to prefer communicating through text rather than phone.

The ADD-CSLC, BH, will work with CalHHS and stakeholders to ensure implementation is successful and is coordinated with county-delivered BH services, and will serve as the lead policy-maker for DHCS, under the direction of the DD, BH.

3. BH Data Dashboards: The Department has been under tremendous amounts of pressure from the Centers for Medicare and Medicaid Services (CMS) and the Legislature, for a lack of transparency in data and information regarding utilization, quality, and spending for BH services. The Legislature and the public have expressed that they want to know the impact of the BH investments, and whether the funding is translating into services and improved behavioral health outcomes. Due to California’s 1915b waiver, freedom of choice is removed from the selection of a mental health plan – residents are limited to the county they live in. CMS requires DHCS to publish easy-to-understand dashboards, so the public and beneficiaries can compare the quality of care in their county to other counties, and against the statewide average. The ADD-CSLC, BH, will serve as the program lead for BH data transparency, including developing and publishing BH dashboards. DHCS plans to use new quality dashboards to support our efforts to improve the quality of care for BH services in Medi-Cal.

4. BH Modernization Project: The ADD-CSLC, BH, will serve as the executive program lead for the BH Modernization Project, a multi-year initiative to modernize outdated data systems and operational systems in BH. Successful implementation of this project will allow the BH Program progress on several fronts, including automating provider applications for licensing and certifications, creating an online mechanism to submit complaints, and creating automated tracking systems to efficiently manage the queues for licensing, certification, facilitate designations, and other BH operational processes. This effort will make it easier and more efficient for new providers to gain licensure and certification and begin to address the statewide shortage in BH treatment providers. In addition, the BH Modernization Project will streamline data reporting of quality metrics. Data transparency is one of the key drivers of quality improvement, as it allows the state, counties, providers, and the public to identify high and low performers, and to put pressure on low performers to improve. As the executive lead for the project, the ADD-CSLC, BH, must work closely with the three BH programs (LCD, CSD, and MCBHD), and across departmental programs with the DD, EDIM, DD, Enterprise Technology Services, and the Director’s Office to ensure the successful development and implementation of the BH Modernization Project.
C. ROLE IN POLICY INFLUENCE (continued)

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

The ADD-CSLC, BH, will be accountable for policy decisions that have a broad impact on the 14 million Medi-Cal beneficiaries, as well as Californians who do not have Medi-Cal who receive services in facilities under DHCS’ authority. BH is a top priority for the federal administration, for the Governor’s Office, and CalHHS, and the initiatives under the authority of the ADD-CSLC, BH, have the attention of the Governor’s Office and CalHHS and are of top importance to the Administration, including building out the crisis continuum of care and improving care for children in foster care.

Under the administrative direction of the DD, BH, and in collaboration/partnership with the ADD-MC, BH, the ADD-CSLC, BH, will have direct responsibility for decision-making authority over DHCS’ efforts to expand the crisis continuum of care, including overseeing CSD’s BH-CIP, which supports capital investments in new or expanded facilities ($2.2 billion, 30-year BH-CIP), and DHCS’ efforts to implement the federal 988 crisis hotline, working with stakeholders and other state departments.

Specifically, the ADD-CSLC, BH, will have authority to make policy recommendations to the DD, BH, Chief Deputy Directors, and Director; approve policy developed by the Division Chiefs; and, speak on behalf of the Department and DD, BH, at public events related to the key initiatives. In addition the ADD-CSLC, BH, will work with our legislative office and have decision-making authority over finalizing bill analyses and decisions regarding technical assistance with legislatures. Further, due to the severe impact of the public health emergency on the mental health of children, youth and adults in California, and because of the rising suicide rates and overdose death rates for some of California’s most vulnerable population, media inquiries and data requests are extremely sensitive and important to the Administration. The ADD-CSLC, BH, will independently manage drills related to media requests, public data requests, and requests from federal authorities related to projects under the ADD-CSLC, BH.

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

The policy work of the ADD-CSLC, BH, involves policy development and implementation for both new and existing policy for CSD and LCD. The new policies originate from state and federal statutory and/or regulatory changes that impact programs under the direction of the ADD-CSLC, BH. Examples include leadership of new initiatives to support clinical integration, such as integration of medications for treatment of opioid use disorder, in facilities overseen by LCD.

While the high level policy decisions will require Director’s Office approval, the detailed policy decisions related to implementation will be within the ADD-CSLC, BH, scope of work. DHCS is under tremendous pressure from advocates, the public, the Legislature, and the media to do a better job of sharing data in easy-to-understand dashboards, as the public is demanding to understand how behavioral health spending and services are addressing growing needs. The lack of transparent data dashboards has been a prominent issue in our negotiation with CMS for our waiver approval. CMS expressed concerns that our current dashboards do not meet their expectations, and they will have heightened expectations in the new 2022-27 waiver period. Advocates in the Behavioral Health Stakeholder Advisory Committee and the Foster Care Model of Care Workgroup have expressed significant frustration in DHCS’ lack of transparent dashboards. The ADD-CSLC, BH, will work with EDIM to develop public-facing dashboards to meet these needs, which requires policy decisions and implementation (e.g., what we share, what we do not, how it is displayed, and how the data shows gaps that require action).