

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

8/8/2025

2. Department

California Department of Public Health

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

Office of Policy and Planning/Policy and Program Branch

4. CEA Position Title

Chief, Policy and Program Branch

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

The Policy and Program (P&P) Branch Chief will provide strategic leadership to a multi-disciplinary team of five sections: Community Health Investment, Policy, Integrated Planning, Decision Intelligence, and Research and Analysis. The CEA will ensure effective execution of P&P Branch activities implementing statewide initiatives and policy strategies focused on advancing population health and equity. The CEA represents CDPH in communication and collaboration with governmental and control agencies, funders, external organizations, community and local partners, and the public. The Branch Chief leads collaborative efforts and serves on inter-agency committees to formulate policy strategies and collective impact initiatives advancing population health improvement and will foster bidirectional learning with national public health associations and networks. This role advances the CDPH mission to advance the health and well-being of California's diverse people and communities by leading the State Health Assessment and Improvement Plan (SHA/SHIP) process involving a set of high profile, interconnected initiatives to advance collective action furthering population health priorities. CDPH requests to reactivate and modify the existing, vacant CEA A, previously serving as the Deputy Director, Office of Strategic Development and External Relations which has been restructured into the Office of Policy and Planning and re-title to the Branch Chief, P&P, Office of Policy and Planning (OPP).

6. Reports to: (Class Title/Level)

Deputy Director, Office of Policy and Planning / CEA B

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):

This position would represent the OPP as a member of the Department's Public Health Executive Management Team. The scope of their responsibility would involve frequent contact with the CDPH Director on a wide-range of department-wide issues (e.g., the SHIP and CDPH Policy Agenda).

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.

The Policy and Program Branch Chief provides strategic oversight for the P&P Branch, contributing subject matter expertise across a broad range of complex and specialized areas of public health practice, working with leaders across OPP with the goal of developing shared strategies for collective action to advance population health priorities. The Branch Chief will provide programmatic and policy guidance for the ongoing public health improvement process that is the SHA/SHIP process and the Let's Get Healthy California (LGHC) initiative. Partner with Section Chiefs and project leads to identify public health challenges, priorities and improvement strategies, policy and systems support needs, and finance and investment models to resource community prevention while leveraging best practice scientific analysis, community engagement, decision intelligence and team empowerment. Works with Section Chiefs to continue public health improvement efforts and promote progress on many high priority projects including the SHA, SHIP, State Health Equity Plan, State of Public Health Report, LGHC website, California Community Burden of Disease Engine, California Accountable Communities for Health Initiative, Community Health Investment Strategy, and Decision Intelligence Capacity Building. Work with leadership to contribute to planning and implementation of statewide public health funding initiatives including Future of Public Health, Behavioral Health Services Act, California Strengthening Public Health Infrastructure Grant and others. Proactively identify opportunities and support development of new initiatives to address new and priority public health concerns. Assist in identification, analysis, and resolution of highly complex and sensitive public health issues that could result in severe consequences, which could include loss of funding and public health services. Engage as part of OPP leadership team in strategic and operational planning, and policy development and implementation. Work with team leads to establish effective cross-disciplinary collaborations across OPP and CDPH programs, state government, and local partners. Work with OPP Deputy Director, OPP leadership, and OPP Equity Liaison to implement the OPP Equity Action Plan; ensure efficient, collaborative, effective, and equitable practices throughout OPP policy and processes; and facilitate support for change management. Facilitate collaborative processes with P&P staff and leaders to identify needs, opportunities, and assets, formulate goals, evaluate progress, and make recommendations regarding OPP goals, performance measures, policies, and procedures. Provide management over operational and administrative P&P processes including budget, personnel, expenditure tracking, and programmatic contract management. Establish P&P administrative and operational processes and infrastructure. Review and oversee the timely submission of relevant fiscal drills, legislative reports, controlled correspondence, and bill analysis. Develop plans and policies regarding operations. Conduct operational and grant planning and oversight in partnership with the Deputy Director, Organizational Capacity Branch Chief, Operations and Contracts Management Section Chief, and Grant Management and Development Section Chief. Represent OPP with CDPH programs, executive leadership, state departments, control agencies, funders, external organizations, community and local partners, and the public. Develop and maintain strong partnerships with Local Health Jurisdictions and CDPH Centers Divisions and Offices. Lead collaborative efforts with governmental and community partners with the goal of formulating policy strategies and collective impact initiatives to advance population health improvement and health equity. Serve on interagency committees and teams on behalf of OPP and CDPH. Develop and maintain collaborative relationships with national public health associations and networks to foster bidirectional learning. Provide recommendations on matters pertaining to population health improvement and other public health activities to improve health outcomes and reduce disparities. Identify opportunities to improve public health approaches by monitoring emerging and successful strategies, research, and technology. Incorporate and test new program models and evaluate their impact with the goal of expanding and amplifying the use of emerging and successful public health strategies. Continuously improve CDPH and OPP capacity as a transparent, collaborative, outcome-driven organization able to respond to changing conditions and advance progress toward population health improvement and equity.

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 program's mission and purpose are directly related to the department's primary mission to advance the health and well-being of California's diverse people and communities and is critical to achieving the department's strategic goals. The core function of the program is the leadership and implementation of the SHA/SHIP, which is the overarching structure to reflect and mobilize the work of CDPH in achieving its mission at the state and local level, through improvement of population health and promoting health equity. The CEA supports the CDPH strategic priority to advance healing, and health equity by strengthening existing and new multi-sector partnerships to ensure our public health system is culturally and linguistically responsive to all Californians, especially those experiencing the greatest trauma and health inequities.

Through the leadership of state health assessment and improvement planning initiatives, including the State of Public Health report and legislative testimony, oversight of the Let's Get Healthy California website, and community engagement efforts such as the Behavioral Health Services Act public comment and advisory group process, the CEA will promote public health and develop clear and engaging public health communications that inform and educate stakeholders and Californians about everyday public health issues and emerging situations to empower positive behavior change and build trust in the public health system.

The CEA will promote healthy communities by advancing health promotion and disease prevention through strategic approaches that address root causes and collaborative solutions; by strengthening the community health infrastructure; and advancing strategies to protect and promote behavioral health, and social and emotional well-being.

Specifically:

1. The Research and Analysis Section supports data modernization by providing Californians accurate, high-quality and timely public health data and services to advance equity, health and well-being across California. Their work on the Core Module, Community Burden of Disease, and other data projects supports programs throughout CDPH and Local Health Jurisdictions as well as the public.
2. The Integrated Planning Section is tasked with administration of the State Health Equity Plan and Let's Get Healthy California initiative, which is a crucial structure for achieving the CDPH Mission.
3. By building a culture of informed decision making using the latest behavioral economics science to support state and local program development, the Decision Intelligence Unit is critical in achieving the strategic priorities to develop our people, to advance healing, equity, and health equity, and to promote healthy communities.
4. The Policy Section supports the strategic priorities to advance healing, equity, and health equity, and to promote healthy communities by analyzing and supporting implementation of legislation and policy, and advocating for new policy. They are responsible for leading efforts on urgent and emerging public health issues and standing up program response to these issues.
5. The Community Health Investment Section is responsible for building alignment and ensuring public health strategic goals are embedded within the health care system, which directly supports our strategic priorities to advance healing, equity, and health equity, and to promote healthy communities.

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 OPP was established in 2022 to serve as the transformation office for CDPH, leading priority programs and initiatives that will have statewide impact on health equity and public health improvement. Some examples of these include Let's Get Health California, Core Module, Community Cost Burden, the State Health Equity Plan, State of Public Health, California Community Health Initiative, Violence Prevention, Climate Change and more. This was a key element of CDPH infrastructure to support the Future of Public Health investment established through the Vital Public Health Activities statute (California Health & Safety Code § 101320).

OPP was formed through the consolidation of several existing teams within CDPH, along with a significant expansion through the Future of Public Health initiative. One of the preexisting teams was the CDPH Office of Strategic Development and External Relations (Fusion Center), led by this CEA position. A new CEA B concept was developed to lead the newly established OPP and the expanded set of programmatic and policy teams and initiatives.

The CEA A will directly report to the CEA B, Deputy Director of OPP and will oversee staff including subordinate supervisors of five (5) highly-specialized sections, reflecting interdisciplinary areas of public health practice and statewide leadership: Research and Analysis; Decision Intelligence; Integrated Planning; Policy; and Community Health Investment.

The CEA A will facilitate crosscutting initiatives to support department efforts, continuously engaging programs across the department in collaborative efforts, including coordination of the SHA/SHIP, and will lead department program and policy strategy for issues of urgent and emerging public health significance. Past and current examples of emerging and urgent public health issues include opioids, violence prevention, climate change, behavioral health and more. This branch, led by the CEA A, will advance program development and collaboration around these urgent and emergent issues and work around data analysis and sharing, supporting shared development of excellence in public health program delivery.

The reorganization of the Office of Strategic Development and External Relations (Fusion Center) under OPP and expansion of responsibilities under the existing CEA A maintain the need for a CEA position capable of a decisive policy-making role, able to interface with high-level program and governmental officials, and provide strategic direction, subject matter expertise and insight across a broad range of complex and specialized areas of public health practice to carry out the established 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.

This CEA position will provide programmatic and policy guidance and support for a range of interconnected P&P Branch activities grounded in the SHA/SHIP. Their role as the principal policy maker for the SHA/SHIP impacts a cascade of other high priority public health initiatives including the State Health Equity Plan, State of Public Health Report, Public Health Policy Agenda, and Behavioral Health Services Act Prevention Programs.

The CEA proactively identifies opportunities and sets policies for how to achieve the improvement of public health outcomes. This includes building partnerships with other government and private entities, such as community-based organizations and local health jurisdictions. The CEA will organize CDPH policy objectives across CDPH Centers/Programs to leverage opportunities and implement the goals of the SHA/SHIP and other initiatives. Through multi-directional collaboration with CDPH leadership, program leads, health care partners, local health jurisdictions, and other public health stakeholders, and through the use of data, development of policy and funding deliverables, and influencing public health decision-making, the CEA will influence public health program and service delivery. The CEA identifies various urgent and emerging public health concerns; and determines policy and implementation strategies for the SHIP.

The CEA will also be the principal policy maker for the legislatively mandated State of Public Health Report, which integrates findings from the SHA/SHIP process with contributions across the data, planning, and policy teams within OPP. The department uses this report to brief the California State Legislature on emerging burdens in public health and prevention strategies to inform resource allocation and policy action. The CEA will have the responsibility of defining the parameters and priorities for the annual testimony and biannual report, ensuring robust community and stakeholder engagement, commissioning research and analysis to address community priorities, overseeing strategic alignment and leadership buy in, as well as review and approval of this high profile statewide public health report.

The CEA will oversee and serve as the principal policy maker responsible for the scoping, development, engagement, and approval of the Public Health Policy Agenda. This is an entirely new process for CDPH and a fundamental priority in the mission and establishment of OPP. It will also be an extremely sensitive process and product that will require extensive engagement and strategy with local, departmental, control agency, and administrative leadership.

One important domain of the scope the CEA responsibility is leadership oversight for collective impact initiatives to address emerging issues arising through the SHA process. An example of this would be current department and statewide planning related to behavioral health, including the planning process for use of Behavioral Health Services Act (BHSA) / Prop 1 funding for population-based prevention programs. The CEA would have the strategic and programmatic responsibility for guiding initiatives to define policy for use of resources, engaging with control agencies, local, federal, and external partners, and navigating obstacles to establish new capacity to address priority public health issues and inequities.

C. ROLE IN POLICY INFLUENCE (continued)

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

The Branch Chief holds broad and high-level decision-making authority. This position exercises significant independent judgment in interpreting and applying both state and federal laws and regulations, setting policies, and providing expert guidance to internal and external stakeholders.

Through Integrated Planning and collaboration across CDPH, local partners, and health care partners, the CEA will make and influence decisions on effective use of funding, grant deliverables, and how health programs are developed and delivered through use of data, decision intelligence, and policy assessment and development, and will affect collective impact across the public health system. These decisions substantially impact CDPH programs department wide, local health jurisdictions across the state, external stakeholders and the California population at large.

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

The CEA will interpret existing policy and develop new policy, which will be central to leadership of major initiatives including the launch of the CDPH Policy Agenda. The Decision Intelligence Unit and Community Health Investment Section are new programmatic areas for CDPH. The CEA will be responsible for setting goals and defining and approving policy and implementation strategies to launch these efforts. Decision intelligence refers to the application of decision-making science in organizational processes. The models generated will be incorporated in core department processes to facilitate high stakes decision making for scenarios with high volatility, uncertainty, and risk. Community Health Investment addresses strategies to bring new resource streams to support community prevention work. This involves developing joint policies with multiple sectors and defining policies for state and local public health action. An example is the recent policy developed in partnership with the Department of Health Care Services to define expectations for MediCal Managed Care Plans Population Health Needs Assessments in relation to Local Health Jurisdiction (LHJ) Community Health Assessments and Improvement Plans. This effort included policy interpretation and identifying resources needed for state level support for local implementation. OPP leads SHIP implementation, involving a continuously evolving portfolio of initiatives to align assets with emerging needs. The CEA A will shape new policy related to the structure, implementation, and organizational accountability for State Health Equity Plan implementation. When community sponsored legislation is passed with new requirements for CDPH, OPP will lead policy implementation for specific domains of data activity – including data disaggregation and population denominator policy. The CEA will serve on and lead Data Governance committee workgroups to facilitate coordinated implementation of data policy measures related to the SHIP.