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  
7/2/2019

2. Department  
California Department of Public Health

3. Organizational Placement (Division/Branch/Office Name)  
Center for Infectious Diseases

4. CEA Position Title  
Chief, Office of AIDS

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

The Center for Infectious Diseases (CID) protects the people in California from the threat of preventable infectious diseases and assists those living with an infectious disease in securing prompt and appropriate access to healthcare, medications and associated support services. The Chief, Office of AIDS (OA) has the overall responsibility for policy development, strategic planning, organizing, developing, managing and coordinating all statewide HIV and related sexually transmitted disease (STDs) prevention, surveillance, treatment and control activities.

6. Reports to: (Class Title/Level)  
Deputy Director, Center for Infectious Diseases/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): Inform on initiatives, legislative and fiscal developments, and trends or research that impact statewide efforts to prevent spread of infectious diseases and/or the ability for Californian's living with an infectious disease receiving life-saving medications and support.

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 CEA B will serve as the Department’s principal policy advisor to the Deputy Director and CID, on HIV/AIDS and other STDs. It is estimated that there are 5,000 new infections in California each year with hundreds of thousands of new STDs reported annually. Congenital syphilis is making a comeback, impacting mothers and babies, with some cases resulting in death. These impacts to public health rely heavily upon the programs response to prevent and mitigate these diseases. The CEA B will also advise the Deputy Director of new and/or changing program developments and correlating impact. Recommend, develop, implement and monitor statewide policies, procedures and activities related to infectious disease prevention, intervention, surveillance and support and services of individuals living with an infectious disease in California. Make recommendations to the Deputy Director on the Department’s position for proposed legislation affecting HIV/AIDS and STD control. Drafts new legislation. Meets with members of the Legislature including federal, state, and local agencies on HIV/AIDS and related STD issues.

This position will oversee the activities of the HIV/AIDS and STD staff. Develop program goals, objectives, and directions that reflect the mission of the Department. It is imperative that this position lead in the efforts that align directly with the core mission activities of the Department including surveillance, prevention and mitigation, particularly with vulnerable populations many of whom are at disproportionately impacted by HIV and STDs. Oversees federal, state, and local HIV/AIDS and STD control investigative and managements staff assigned to local health jurisdictions throughout the state. Continuously evaluates disease trends by county to determine the need to adjust or reassign staff. Coordinates the utilization of all available HIV/AIDS and STD control resources to ensure thorough management of disease problems, and when necessary reassigns priorities to areas where needs are the greatest.

Integrate HIV/AIDS and related STD control activities with other state, federal, and local public health agencies so services rendered are orientated toward effective health care and are consistent with Departmental objectives. Provide consultation, technical advice and assistance to state and local officials and private institutions throughout the state on disease intelligence, control procedures and program operational matters. Represent the Department in conferences with federal, state, and local officials. Direct community relations and coordinates with other agencies to promote awareness of the consequences of HIV/AIDS and related STDs among high-risk populations. Utilize the State’s AIDS advisory committee, the California Task Force on AIDS, the interdepartmental Advisory Committee on AIDS and the STD Controller’s Association, among others, to communicate program ideology and directives to local governmental officials and to gain insight into community problem areas.

Evaluate the effectiveness of HIV/AIDS and STD control efforts throughout the state to insure local program development and implementation activities are in accord with State priorities and legislative authority and intent. Direct studies of population segments to identify high-incidence areas currently existing or anticipated. Manage studies of the extent of problems associated with HIV/AIDS and corresponding STDs among high-risk groups. Manage the development of surveys to determine local health needs and assists local health jurisdictions and/or community groups in conducting needs assessments and surveys. Keep health officials, clinicians, laboratory directors, and other health professionals abreast of research activities and project underway in the HIV/AIDS and other STD programs.
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 Department's mission is "to advance the health and well-being of California's diverse people and communities." This position is critical to Department's mission to meet the varied and complex needs of infectious disease prevention and providing continued support and services to California. Thanks to better HIV treatment and prevention options as well as new HIV testing technology and better access to healthcare, California has reached a point where we can begin to envision the possibility of zero new HIV infections. California has released a new surveillance, prevention and care plan designed to dramatically reduce new HIV infections in the state, with the goal of eventually getting that number to zero. The "Getting to Zero" plan is a blueprint for state and local health departments and community organizations working to achieve a more coordinated statewide response to HIV. We have four goals to achieve by 2021. The four goals are to reduce new HIV infections, increase access to care, reduce disparities in underserved communities and achieve a more coordinated statewide response to the HIV epidemic.

The California Department of Public Health (CDPH), CID, OA, AIDS Drug Assistance Program (ADAP) provides access to life saving medications for eligible California residents living with HIV, and will be providing assistance with covering costs related to HIV pre-exposure prophylaxis (PrEP) for clients at risk for acquiring HIV. ADAP provides a variety of services, including support for medications, health insurance premiums, and medical out-of-pocket costs. ADAP is provided to five groups of clients: 1. Medication only clients are people living with HIV (PLWH) who do not have private insurance and are not enrolled in Medi-Cal or Medicare. ADAP covers the full cost of prescription medications on the ADAP formulary for these individuals. 2. Medi-Cal Share of Cost (SOC) clients are PLWH enrolled in Medi-Cal who have a SOC for Medi-Cal services; 3. Private insurance clients are PLWH who have some form of health insurance, including insurance purchased through Covered California, privately purchased health insurance, or employer-based health insurance; 4. Medicare Part D clients are PLWH who are enrolled in Medicare and have purchased Medicare Part D plans for medication coverage; and 5. PrEP clients are individuals who are at risk for, but not infected with, HIV and have chosen to take PrEP as a way to prevent infection. It is critical for this program to be continually monitored for efficiency and deterred from any potential problems that would create a disruption to the life saving medications provided to Californians.

The CEA B will provide statewide leadership in STD prevention and control, including, strategic planning, policy development, analyzing and using data for program improvement, implementing cross-cutting strategies, and engaging key public and private sector stakeholders to prevent and control transmission of sexually transmitted diseases and viral hepatitis. Given the drastic increase in STDs, particularly congenital syphilis, the incumbent plays a critical role in partnership with local health jurisdictions and key community providers to address the underlying drivers of these increases (e.g. disparities in access to care, substance use, poverty, homelessness). The incumbent will lead statewide initiatives and support national efforts in congenital syphilis prevention, monitoring and prevention of antibiotic-resistant gonorrhea, integration of STD-related HIV prevention opportunities, and linkage to care in public health and community-based settings. These efforts will support the department's goal of addressing health disparities among vulnerable populations.

Serves as the CDPH principal authority on technical matters related to STD screening, diagnosis and patient management, treatment efficacy, epidemiology, evidence based public health interventions, and other prevention and control strategies.
11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

The current position classification of the Chief, Office of AIDS position is Exempt. This classification was selected due to the salary necessary to recruit a physician to state service. We are choosing the CEA position classification because there are existing alternatives to recruit for a physician other than the Exempt classification for the Chief, Office of AIDS.
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.

Thanks to better HIV treatment and prevention options as well as new HIV testing technology and better access to healthcare, California has reached a point where we can begin to envision the possibility of zero new HIV infections. California has released a new surveillance, prevention and care plan designed to dramatically reduce new HIV infections in the state, with the goal of eventually getting that number to zero. The “Getting to Zero” plan is a blueprint for state and local health departments and community organizations working to achieve a more coordinated statewide response to HIV. We have four goals to achieve by 2021. The four goals are to reduce new HIV infections, increase access to care, reduce disparities in underserved communities and achieve a more coordinated statewide response to the HIV epidemic.

The CDPH, CID, OA, and ADAP provides access to life saving medications for eligible California residents living with HIV, and will be providing assistance with covering costs related to HIV pre-exposure prophylaxis (PrEP) for clients at risk for acquiring HIV. ADAP services, include support for medications, health insurance premiums, and medical out-of-pocket costs. These services are provided to five groups of clients, they are: 1. Medication only clients are people living with HIV (PLWH) who do not have private insurance and are not enrolled in Medi-Cal or Medicare. ADAP covers the full cost of prescription medications on the ADAP formulary for these individuals; 2. Medi-Cal Share of Cost (SOC) clients are PLWH enrolled in Medi-Cal who have a SOC for Medi-Cal services; 3. Private insurance clients are PLWH who have some form of health insurance, including insurance purchased through Covered California, privately purchased health insurance, or employer-based health insurance; 4. Medicare Part D clients are PLWH who are enrolled in Medicare and have purchased Medicare Part D plans for medication coverage; and 5. PrEP clients are individuals who are at risk for, but not infected with, HIV and have chosen to take PrEP as a way to prevent infection. It is essential that this program to be continually monitored for efficiency and deterred from any potential problems that would create a disruption to the life saving medications provided to Californians.

The Chief, OA, will provide statewide leadership in STD prevention and control, including, strategic planning, policy development, analyzing and using data for program improvement, implementing cross-cutting strategies, and engaging key public and private sector stakeholders to prevent and control transmission of sexually transmitted diseases and viral hepatitis. Given the drastic increases in STDs, particularly congenital syphilis, the incumbent plays a critical role in partnership with local health jurisdictions and key community providers to address the underlying drivers of these increases (e.g. disparities in access to care, substance use, poverty, homelessness). The incumbent will lead statewide initiatives and support national efforts in congenital syphilis prevention, monitoring and prevention of antibiotic-resistant gonorrhea, integration of STD-related HIV prevention opportunities, and linkage to care in public health and community-based settings. These efforts will support the department’s goal of addressing health disparities among vulnerable populations.

The Chief, OA will also serve as the CDPH principal authority on technical matters related to STD screening, diagnosis and patient management, treatment efficacy, epidemiology, evidence based public health interventions, and other prevention and control strategies. Duties include, but are not limited to: ensure and promote quality healthcare delivery in private as well as public sites; provide consultation with medical providers in the various treatment modalities available for STDs and the efficacy of certain treatment regimens associated with specific populations; enhance laboratory and provider reporting; quality assessment of clinical and treatment guidelines and practices; design, implement and promote effective screening programs; enhance statewide data and surveillance systems; provide technical assistance and guidance to local health jurisdictions related to surveillance, reporting, treatment and case management; monitor morbidity trends; develop programmatic, clinical and behavioral intervention guidance; educate health care providers, other community providers and the public; review epidemiological investigations and activities; oversight of cluster/outbreak response activities; identify and disseminate best practices for STD prevention and control; participate in advisory groups and meetings with key organizations and professional associations which may have impact on CDPH ability to intervene, prevent and control the spread of STDs.
C. ROLE IN POLICY INFLUENCE (continued)

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

In this capacity, the person serves as a member of the Department's executive management team and plays a significant role in the decision making and development of priorities, policies and practices pertaining to HIV and corresponding STDs in the prevention, surveillance, treatment and control. This position will be the principal advisor to the Deputy Director of the CID. The CEA will meet with the Legislature and relevant federal, state, and local agencies on HIV/AIDS issues, including the Ryan White Care Act, the AIDS Drug Assistance Program, as well as other STDs. This position requires the CEA to provide consultation, technical advice and assistance to local health departments and private institutions throughout the state on disease intelligence, control procedures and program operational matters. This position will take lead on policy development affecting HIV/AIDS and STD control, including the drafting of new legislation and reviewing and analyzing the myriad of legislative bills introduced each year affecting HIV/AIDS and corresponding STDs.

The CEA will develop program goals, objectives, and directions with an eye on evaluating the effectiveness of HIV/AIDS and STD control efforts throughout the state to insure local program development and implementation activities are in accord with State priorities and legislative authority and intent. The chief will direct studies of population segments to identify high-incidence areas currently existing or anticipated; manages studies of the extent of problems associated with HIV/AIDS and other STDs, among high-risk groups.

The new CEA will also determine local health needs and assist local health jurisdictions and/or community groups in conducting needs assessments and surveys utilizing the State's community planning group advisory committee. This position will work on policy related issues with the California Task Force on HIV/AIDS, the interdepartmental Advisory Committee on AIDS, STD Controller's Association, among others, to communicate program ideology and directives to local governmental officials and to gain insight into community problem areas; and keeps health officials, clinicians, laboratory directors, and other health professionals abreast of research activities and project underway in the HIV/AIDS and other STD programs.

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

The CEA B position will be developing new policy as well as implementing existing policy. The position will do this through taking the lead in the creation of new legislation. This will require meeting with a variety of constituent groups including local health jurisdictions, key stakeholders, academia and others. This position will work with developing quality improvement and evaluation of critical projects. This could include a variety of different policy related activities including Getting to Zero, PrEP, the administration of ADAP, congenital syphilis, and new surveillance techniques and reporting.