

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

August 4, 2025

2. Department

California Department of Public Health

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

Center for Infectious Diseases/Division of HIV, HCV, and STIs

4. CEA Position Title

Chief, Division of HIV, HCV, and STIs

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

This position is being created within the Center for Infectious Diseases (CID) to lead a new Division of Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and Sexually Transmitted Infections (STIs). The new division seeks to streamline and better coordinate prevention and control activities related to the syndemic of HIV, HCV, and STIs. The nationwide strategy to combating the epidemics of HIV, HCV, and STIs has evolved from addressing each disease separately, to taking a syndemic approach. This new position will lead a coordinated and integrated response to address the challenges regarding the increasing and evolving scope of HIV, HCV and STI infections. In addition, this new division will be responsible for ongoing monkeypox (mpox) control and prevention work.

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): Will serve as principal advisor to the CDPH Directorate regarding policy recommendations pertaining to HIV, HCV, STIs, and mpox.

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 Division Chief over the proposed new Division of HIV, HCV, and STIs will manage, plan, organize, direct, and monitor the work of a multidisciplinary staff of approximately 199 full-time state employees, and approximately 72 contract employees (over 270 total staff) with a total annual budget of \$642.1 million. The number of contractors may fluctuate depending on future budget changes (expansions and reductions).

The position will provide technical leadership and strategic direction to large, high-profile and politically sensitive programs to advance the health and well-being of California's diverse people and communities through the prevention, care, and treatment of Human Immunodeficiency Virus (HIV/AIDS), Hepatitis C Virus (HCV), Sexually Transmitted Infections or Diseases (STI/STD), and monkeypox (mpox), which encompass activities related to politically sensitive programs such as syringe services programs and the AIDS Drug Assistance Program. This position will lead refinement of California's integrated plan and strategic map to end the epidemics of HIV, STIs, and HCV and will measure work with external stakeholders to develop statewide metrics to gauge progress. This will involve evaluation of existing surveillance data to inform success of existing prevention and control interventions and convening local partners, including local health jurisdictions, stakeholders, and advocates to provide input on priority areas identified in evaluation of the data. This position will also use surveillance data to inform policy developments for addressing continuous integration of prevention and control interventions between HIV, HCV, and STI programs.

The position will serve as the Department's principal advisor and expert consultant regarding HIV/HCV/STIs (including mpox) policy and meet with members of the Legislature, Governor's Office, California Health and Human Services Agency and relevant federal, state, and local agencies on HIV/HCV/STI issues. The position will also leverage knowledge of both HIV and STI programs, and their policy differences, to provide consultation and technical assistance to state and local officials, private institutions, and other local partners throughout the state on disease intelligence, control and prevention measures and program operational matters, including integrating and supporting syndemic approaches at the local level. The Division Chief will serve as the principal authority on technical matters related to HIV/HCV/STI and mpox education, prevention and control activities including harm reduction and syringe services activities and behavioral health components, epidemiological analysis, treatment efficacy, surveillance enhancement, and outbreak control plans and responses efforts in coordination with outbreak response teams within the CID and supervises the analysis and review of epidemiological investigations and activities, monitoring of HIV/HCV/STIs and mpox morbidity trends, evaluation, and initiation of quality improvement activities to enhance prevention and control outcomes and shape effective health policies.

This position also directs community relations and coordinates with other agencies to promote awareness of the consequences of HIV/HCV/STIs and mpox among high-risk populations. The position develops program goals and objectives, and evaluates the effectiveness of HIV/HCV/STI and mpox control efforts throughout the State to ensure local program development and implementation activities are in accord with State priorities and legislative authority and intent. The position will direct studies of population segments to identify high-incidence areas currently existing or anticipated; manage impact studies associated with HIV/HCV/STIs and mpox among various populations; 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. The position will work with the California HIV/STD Controllers Association, the California Planning Group, the Office of AIDS Stakeholder Advisory Committee, the Ending the Epidemics Coalition, and other stakeholder groups to communicate program ideology and directives to local governmental officials and to gain insight and feedback into community issues and needs. Ensures the information disseminated is accurate, up-to-date, and tailored appropriately to various audiences, including healthcare professionals and the public.

The position will also provide critical leadership and strategic direction to support reorganization of the STD Control Branch and Office of AIDS into a new integrated division that aligns services in a manner guided by the Statewide Strategic Plan and optimizes service delivery to curb the spread of HIV/HCV/ STIs (including mpox) and eliminate associated health disparities. They will work with relevant staff, stakeholders, local health jurisdictions, and federal partners to refresh and update the Integrated Statewide Strategic Plan as needed, commensurate with current surveillance data and new scientific developments pertaining to HIV/HCV/ STIs (including mpox) prevention, treatment, and care. This position will create policy supporting the de-stigmatization surrounding HIV in order to support integrating services between HIV, HCV, and STD areas. This position will provide direction to the Office of AIDS and Office of STIs and HCV regarding implementing new cross-cutting approaches, developing new paths of communication and best practices to address data, knowledge and resource sharing, and integrating new approaches to existing public programs. This responsibility will require significant oversight of integrating two large and impactful statewide programs while ensuring the public does not receive delayed or decreased services, which can impact Californian's real-time health outcomes.

## 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: CDPH's mission is to advance the health and well-being of California's diverse people and communities. CDPH employs over 5,000 employees and has an annual operating budget of \$3.2 billion. CDPH provides critical services to the public including infectious disease control and prevention, food safety, licensing of medical staff and facilities, environmental health, laboratory services, patient safety, emergency preparedness, chronic disease prevention and health promotion, family health, health equity, and vital records and statistics. The CID works to protect the public from preventable infectious diseases. It does this through its five Divisions/Offices: 1) The Office of AIDS, 2) The Division of Communicable Disease Control (which encompasses the Sexually Transmitted Disease Control Branch (STDCB), 3) the Office of Binational Border Health, 4) the Office of Refugee Health, and 5) the Office of Infectious Disease Preparedness and Response. The new Division of HIV, HCV, and STIs will support the mission and services of CDPH by strengthening and coordinating California's statewide response to the syndemic of HIV, HCV, and STIs.

A coordinated and integrated strategy is needed to address the challenges regarding the increasing and evolving scope of HIV, HCV and STI infections. There has been an overall increase in the prevalence of several STIs as well as HCV, and although there has been a small overall decline in the rate of HIV infection, there have been increases in discrete populations. Bacterial STI cases (syphilis, gonorrhea, and chlamydia) are continuing to increase throughout California and are at the highest levels in 30 years. The number of congenital syphilis cases are nearly 900% higher than in 2012. And there has been an alarming increase in rarer more advanced forms of some STIs, including a sharp increase in disseminated gonococcal infection.

This CEA concept is meant to provide critical leadership infrastructure to lead and facilitate this coordination and ensure a thoughtful and strategic approach to blending resources and activities to better optimize service delivery to at risk populations. Addressing HIV, HCV, and STIs together is powerful, because these issues affect many of the same people and communities, making several separate epidemics into what is known as a "syndemic." In a syndemic, having one health issue places a person at greater risk for another one, and having two or more health issues at the same time makes one or both health issues worse.

In 2022, there was a significant increase in reported cases in locations where mpox is not commonly seen, including Europe, Canada, and the United States, including California. Ongoing mpox prevention and control activities have been formally integrated as a core function within the existing STD Control Branch given the disease's epidemiology and primary impact on the gay, bisexual, and other men who have sex with men population, despite not being transmissible exclusively through sexual contact. In addition, many of the same intervention strategies used for the prevention and control of STIs and HIV mirror those employed for mpox response. This work will be carried over into the new Division of HIV, HCV, and STIs, and this position is needed to provide strategic support and oversee response to mpox prevention and control activities, and those of other emerging infectious diseases that may fall under the scope of STIs.

## **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 Center for Infectious Diseases (CID) is putting forward a reorganization proposal to integrate the Office of AIDS (OA) and Sexually Transmitted Disease Control Branch (STDCB), which separately oversee critical activities related to the epidemics of HIV, HCV, and STIs, into a new Division of HIV, HCV, and STIs.

The nationwide strategy for combating the epidemics of HIV, HCV, and STIs has evolved from addressing each disease separately, to taking a syndemic approach. A coordinated and integrated strategy is needed to address the challenges regarding the increasing and evolving scope of HIV, HCV, and STIs.

There has been an overall increase in the prevalence of several STIs as well as HCV, and although there has been a small overall decline in the rate of HIV infections, there have been increases in discrete populations. In addition, significant disparities (by race, ethnicity, age, and geography) remain and, in some cases, have sharpened. Most importantly, there is also significant overlap in the populations living with and at risk for HIV, HCV, and STIs (including mpox)—making these several epidemics into a larger combined issue. Addressing these issues effectively through separate and distinct organizational structures has limited each program's ability to fully address the evolving and emerging context giving rise to these trends. A unified division is needed to catalyze an integrated strategy and will better position CDPH to have greater impact in its efforts to counteract these trends.

Reasons for a syndemic approach include:

1. Greater coordination and emphasis on shared impacted populations; for example, gay, bisexual and other men who have sex with men, where the three different epidemics intersect. This allows for a more people focused approach that allows tailoring of interventions to more effectively address their specific situation. As mentioned above, it also presents opportunities to more effectively address health inequities among shared disproportionately impacted populations such as Black/African Americans, Latinx, & Indigenous people. Which also calls for applying a social determinants of health lens and developing policy interventions geared toward population groups. This can have greater impact and be more effective than those targeted at individual activities. This position would also oversee creation of policies with overarching and expansive impacts with de-stigmatizing the coordination of HIV treatment with other STD, HCV, and applicable disease treatments.

2. Minimizing missed opportunities from thinking of each disease separately by bringing different inventions together and making them available in the same place. As seen with the mpox outbreaks in 2022, Zika in 2016, ongoing antibiotic resistance growing in existing STIs, constant improvements in HIV treatment and prevention, and more, the landscape of STI and HIV work is ever changing. Shifting to a syndemic approach, with a CEA creating policy over areas previously operating mainly independently, can create new opportunities to increase preparedness and response, especially in cases that require an emergency response like mpox.

3. Practical operational necessity: There have been several budgetary impacts and a push to have braided funding that more intentionally addresses the syndemic of HIV, HCV, and STIs. In general, CDC and the federal Health Resources Services Administration have started to move away from providing disease specific funding which seek to separately address HIV, HCV, and STIs, to funding that is more explicit about combining resources and interventions to apply a more holistic approach to these diseases. The CDC released targeted funding to this effect to support development of an integrated plan to address the syndemic, and subsequently released additional funding to support implementation of the integrated plan. Recently, the California State legislature has also been structuring new funding augmentations to address the syndemic as a whole where possible. The 2023 Budget Act included \$15 million to work with emergency departments throughout the state to provide routine testing for both HIV and STI. And the 2024 Budget Act recently included \$5 million through June 30, 2027 to distribute funding to make condoms available to pupils in grades 9-12 for the prevention of HIV and STIs.

4. Improved response for emergencies: These programs are often involved in emergency response work, whether it be an HCV outbreak among people experiencing homelessness or investigating HIV clusters in certain geographic regions—these programs must work together to coordinate services because of overlap in impacted populations. Also, depending on the epidemiology of an emerging infection, these programs sometimes are required to collaborate for emergency response to emerging threats. For example, for mpox, the STDCB and OA worked together to disseminate funding to community based organizations for testing and prevention work, including working in a coordinated fashion to minimize impact due to existing health disparities among shared population groups.

## 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.

As CDPH is the largest state public health entity in the country, this position will be responsible for serving as the principal policy advisor to CDPH executive leadership, the California Health and Human Services Agency (CalHHS), and the Governor's Office on prevention and control strategies related to HIV, HCV, and STIs, including mpox. The impact of policies recommended by this position, and the operational activities of the programs overseen by this position have a direct effect on the health of all Californians.

### 1. HIV/HCV/STI Prevention and Control

Developing policies that address the syndemic of HIV, HCV, and STIs in a coordinated manner that addresses inequities in underlying social determinants of health. This includes issuing guidelines to encourage coordinated testing including in correctional facilities, emergency departments, and homeless encampments; convening cross program work groups to better coordinate diagnosis, treatment and prevention efforts in priority populations; integration of data systems to better support local public health follow-up of patients and their partners; development of a cross-cutting outbreak response plans and teams; and engagement of external state partners, community-based and stakeholder organizations. Together this work will have identifiable impacts on meeting the goals outlined in California's 5-year Strategic Plan to End the Epidemics of HIV, HCV, and STIs.

### 2. Allocation of Strategic Investments

The CEA will develop policy that uses data-driven strategies to effectively leverage and maximize the impact of finite resources on addressing the syndemic of HIV, HCV, and STIs. The CEA will assess current disease specific funding models and develop funding formulas that more effectively allocate funding to address the syndemic of HIV, HCV, and STIs as a whole. The CEA will engage with local partners, local health jurisdictions, and stakeholders and seek input on proposed models prior to finalizing allocations and will work to ensure allocations are structured in a manner that actively seeks to address health disparities and funding disparities.

### 3. Harm Reduction

The CEA will work closely with the CalHHS and Governor's Office on evidence based policy development related to the authorization, reauthorization, and administration of highly sensitive and controversial syringe services programs throughout the state. Syringe service programs dramatically reduce the risk of HIV, HCV, and other blood-borne infections and can provide an entry point for a range of services to help stop drug use, overdose deaths, and infectious diseases. The CEA will take into account concerns raised by local partners, including local health jurisdictions and develop policy to actively address concerns while balancing the goal of ensuring positive public health outcomes.

### 4. Mpox

The CEA will have oversight and direct the State's response to mpox, including the implementation of outbreak control measures, development of care and prevention guidelines, development of health equity metrics, coordination of vaccine outreach strategies, and policy development.

### 5. Legislation

The CEA will also propose or otherwise influence proposed legislation related to HIV, HCV, STIs, and mpox to bridge existing programmatic and policy gaps, including legislation supporting fusing the syndemic approach for HIV, HCV, and STIs.

Examples of impactful outcomes related to #1-3 and #5 above include: 1) Increasing the estimated percentage of Californians living with HIV who know their serostatus to at least 95 percent, 2) Reducing the number of new HIV diagnoses in California by at least 50 percent, to fewer than 2,500 per year, 3) Increasing the number of Californians at high risk for HIV infection who are on PrEP to 60,000, and 4) Increasing the percentage of sexually active PLWH in care who are tested at least once in a year for gonorrhea, syphilis, and chlamydia to at least 75 percent.

Impactful outcomes related to mpox include the same overarching strategies and principles related to HIV/HCV/STIs in developing policy to address health disparities and applying a social determinants of health lens to 1) facilitate access to vaccination for overburdened groups, and 2) provide widespread access to testing, care, and treatment, and 3) developing key messaging to amplify awareness/combat medical mistrust.



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

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

The CEA will provide technical leadership and strategic direction to advance the health and well-being of California's diverse people and communities through the prevention, care, and treatment of HIV, HCV, STIs, and mpox. The CEA will testify before the Legislature as needed and will serve as the principal policy advisor in these areas to the Governor's Office, CalHHS, CDPH Directorate and CID Deputy Director; and will be expected to develop, implement, and present strategic initiatives and policy guidance on all matters related to HIV, HCV, STIs, and mpox, with the goal of effectively coordinating prevention and control strategies to meet goals outlined in California's 5-year Strategic Plan to End the Epidemics of HIV, HCV, and STIs. The CEA will be responsible for operationalizing the strategic plan in close coordination with local partners and making decisions regarding testing and treatment guidelines, harm reduction strategies, health equity metrics, outreach strategies, and increasing access pathways including enhancing access to telehealth options.

The CEA will oversee, plan, organize, direct, and monitor the work of a multidisciplinary staff (including medical and scientific staff) of approximately 200 full-time employees and 72 contractors with an annual budget of over \$642.1 million under the division's responsibilities. The CEA will interact with the CDPH Budgets and Accounting Offices to ensure that appropriate oversight of operational expenditures is implemented. In addition, the CEA will approve all Division purchases and contracts as well as budget change proposals, federal grant applications, and local grant allocations. In addition, as described in Question 12, the CEA will oversee the allocation of strategic investments and develop policy that uses data-driven strategies to effectively leverage and maximize the impact of finite resources on addressing the syndemic of HIV, HCV, and STIs. The CEA will serve as a subject matter expert to assess current disease specific funding models and develop funding formulas that more effectively allocate funding to address the syndemic of HIV, HCV, and STIs as a whole. The CEA will engage with local partners, local health jurisdictions, and stakeholders and lead input on proposed models prior to finalizing allocations and will work to ensure allocations are structured in a manner that actively seeks to address health disparities and funding disparities.

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

The CEA B will represent the Department at local, state, and national forums and will be responsible for both developing and implementing new policy and interpreting and implementing existing policy. Regular engagement with individuals and local, state, and federal stakeholders will be critical in the interpretation and formulation of health policy development that is in-line with the most current developments and federal guidelines. In addition, the CEA will be responsible for working in close coordination with local, state, and federal partners to ensure all newly developed policy is in line with existing policies for HIV/AIDS, STD and HCV, while also advancing policies to better advance the syndemic approach.