

**Preventive Health and Health Services Block Grant FFY 2015 Program Outcomes Report**

Impact Objective	Detailed Objective Outcome 2-1-16	Compliance	Objective Outcome 2-1-16	Objective Outcome 6-30-16
<b>Accountable Communities for Health</b>		*		
<b>Impact Objective 1: Pilot Communities for Health</b>				
Will develop at least five resources (e.g. toolkit of best practices, description of public health role, performance measures, evaluation framework of the statewide effort with partners), to support establishment of Accountable Communities for Health (ACHs) in California to reduce cost, improve population health, and improve the quality of health care.	No resources were developed to support establishment of ACH, due to delays in hiring staff and executing contracts. However, an external environmental scan was conducted to identify an academic institution to develop a data and information sharing toolkit and report.		Not Met	
<b>California Active Communities</b>		*		
<b>Impact Objective 1: Conduct fall-prevention classes for older adults</b>				
Will conduct a minimum of 20 community-based classes to prevent falls by promoting strength and balance among older adults at risk for falls.	17 community-based classes to prevent falls were conducted at 8 Local Health Departments and 24 instructors were trained by University of California, San Diego (UCSD). These included "Stepping On" (SO) and "Tai Chi: Moving for Better Balance" (TCMBB). Lack of staff impacted outcome.		Partially Met	
<b>Impact Objective 2: Disseminate fall-prevention information</b>				
Will distribute one "Return on Investment (ROI) Report for Older Adult Fall Prevention" to at least 100 policymakers and stakeholders.	No ROI Report for Older Adult Fall Prevention was developed or distributed to Policymakers or Stakeholders as other sources of funding for this project were eliminated.		Not Met	
<b>Impact Objective 3: Implementing the Stepping On Program</b>				
Will provide funding, training, and technical assistance to 15 Local Health Department (LHD) staff or their designees as new SO Leaders/Master Trainers.	A three day training was provided to 14 LHD staff to conduct TCMBB and SO fall prevention programs. One County declined to participate in the SO training, affecting the outcome.		Partially Met	
<b>Impact Objective 4: Increase ability to implement the Tai Chi: Moving for Better Balance Program</b>				
Will provide funding, training and technical assistance to 15 LHD staff or their designees as new TCMBB Program Instructors/Master Trainers.	A two day leader training was provided to 10 LHD staff on TCMBB. Only five counties elected to participate.		Partially Met	

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<b>Impact Objective 5: Promote Universal Design and older-adult mobility in community planning</b>				
Will provide funding, training and technical assistance to eight LHDs, to increase their knowledge of universal-design elements and mobility issues, and increase their ability to work with community planners.	No funding, training or technical assistance was provided to LHDs due to inadequate staffing.  A universal-design curriculum was completed, and the LHDs will attend universal-design training in spring 2016 through a contract with UCSD.		Not Met	
<b>California Health Alert Network</b>		*		
<b>Impact/Process Objective 1: Develop processes to provide consistent message and alerting platform</b>				
Will develop four resources; one local user guideline, one state-level user guideline, one training course for HAN administrators, and one training course for end users, to provide consistent message and alerting platforms for use by local jurisdictions, health care partners, and state emergency response partners.	One local user guideline, one state-level user guideline, one training course for HAN administrators, and one training course for end users was developed.  Policies and procedures for the alerting and notification system were updated to reflect the new system features and six webinar training sessions were conducted. The list of CAHAN participants was updated.		Exceeded	
<b>Impact Objective 2: Improve program alerting and notification capacity</b>				
Will establish a minimum of 24 program capabilities for targeted, actionable alerting and notification by identifying one individual for each required local and hospital notification position, and establishing a minimum of four scenario-specific alerting matrices.	Established 34 scenario specific alerting matrices and 24 program capabilities for targeted, actionable alerting and notification.		Exceeded	
<b>Impact Objective 3: Increase Participation of California Tribes</b>				
Will increase the percent of California tribal participation in the CAHAN program by increasing tribal participation beyond the singular tribal consortium from 6 percent to 15 percent.	Tribal participation was not increased due to other program priorities.		Not Met	

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<b>Impact Objective 4: Replace alerting and notification system</b>				
Will implement one new online alerting and notification system to replace the existing CAHAN system, which will be obsolete after December 2015.	New online alerting and notification system was implemented September 2015.		Met	
<b>Impact/Process Objective 5: Update online document library</b>				
Will implement one online collaborative workspace for public health response partners in 61 local health jurisdictions, to replace the document library found in the former CAHAN system.	No online collaborative workspace for public health response partners was implemented, although the SharePoint site was developed. The new online alerting notification system has been built, however more collaboration is required before the SharePoint site will be implemented.		Not Met	
<b>California Wellness Plan Implementation</b>		*		
<b>Impact/Process Objective 1: Analyze the prevalence and impact of adverse childhood experiences.</b>				
Will analyze one Adverse Childhood Experiences module of the upcoming 2015 California Behavioral Risk Factor Surveillance Survey to document the impact of ACE on population health outcomes.	The 2015 Adverse Childhood Experiences module was not analyzed as the data will not be available until April 2016; the report will be prepared in June 2016.		Not Met	
<b>Impact/Process Objective 2: Maintain Chronic Disease Prevention Coalition</b>				
Will conduct four meetings and attend six Partner meetings to promote CWP/P21 implementation in collaboration with Partners committed to utilizing evidence-based chronic disease prevention practices.	Conducted 20 meetings and attended 6 Partner meetings. The California Conference of Local Health Officers (CCLHO) and the County Health Executives Association of California (CHEAC) Leadership Project conducted a survey and published an online report, "Health in Planning within California's Local Health Departments 2015."		Met	
<b>Impact/Process Objective 3: Monitor California Wellness Plan implementation.</b>				
Will develop one process for CWP reporting on priority objectives and P21 activities including a strategy for implementation.	Developed and implemented a process for reporting on CWP objectives, including developing a progress report template and overseeing a Cal-EIS Fellow who gathered and analyzed the data.		Met	

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<b>Impact Objective 4:</b> Report on the economic burden of chronic disease.				
Will develop one needs assessment report to guide future analyses, and provide county-level cost estimates of chronic disease to three partners, since chronic disease treatment costs are different in every local jurisdiction, requiring targeted interventions to reduce cost, improve population health, and improve the quality of health care.	No needs assessment report was developed as the funding for this objective was transferred to the Director's Office. Two one-day trainings on economic evaluation and using economic decision-making tools and methods in public health were provided to Senior Management. A health economics workshop was held on April 2016, taught by Dr. Brown, as a collaborative effort with local health-jurisdiction partners in the Central Valley.		Not Met	
<b>Cardiovascular Disease Prevention Program</b>		*		
<b>Impact Objective 1:</b> Implement quality improvement through comprehensive medication management				
Will develop one quality improvement process through utilization of pharmacists implanting Comprehensive Medication Management. This will result in increased implementation of best practices in health systems related to cardiovascular disease.	A quality improvement process that engaged pharmacists to promote Comprehensive Medication Management (CMM). CDPH and the University of Southern California, School of Pharmacy hosted a conference to discuss the implementation of and payment for CMM.		Met	
<b>Impact Objective 2:</b> Maintain active partnerships to support CDPP activities				
Will maintain 10 partnerships with key stakeholders to support CDPP cardiovascular disease prevention activities	20 partnerships with key stakeholders led to planning and implementation of the Sodium Reduction Conference in September 2015.		Exceeded	
<b>Impact/Process Objective 3:</b> Maintain the statewide Sodium Awareness Leadership Team (SALT) taskforce				
Will maintain one SALT taskforce to provide guidance on state-level efforts to increase awareness about the health benefits of lowering sodium consumption.	The SALT taskforce held 16 meetings, participated in 7 national meetings, and distributed sodium related information.		Met	
<b>Impact Objective 4:</b> Perform cardiovascular disease surveillance activities				
Will provide technical assistance for data requests to ten state and local agencies, public, partners; publish one comprehensive burden report to inform and control efforts; and monitor progress on 10 cardiovascular disease indicators defined in HP 2020, California	Two data requests completed; one cardiovascular disease burden report developed and data on cardiovascular disease indicators analyzed.		Met	

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Wellness Plan, and CDC's Chronic Disease Surveillance indicators.				
<b>Commodity-Specific Surveillance: Food &amp; Drug Program</b>		*		
<b>Impact Objective 1:</b> Increase analysis of food commodities for microbial contamination				
Will collect 420 samples of high-risk food commodities that are known to be susceptible to contamination. Will investigate the distribution of adulterated foods and take steps to ensure they are removed from commerce, to decrease exposure to contaminated foods.	Collected 350 samples of high-risk food commodities. Lacked sufficient staff to reach desired outcome.		Partially Met	
<b>Community Water Fluoridation Implementation Project</b>		*		
<b>Impact Objective 1:</b> Provide leadership, technical assistance, and training				
Will provide ongoing leadership and guidance to a minimum of six public, private, and voluntary organizations, and four local communities to maximize the percentage of the population receiving CWF.	Through the Fluoridation Advisory Committee, provided guidance about fluoridation to 19 public, private, and voluntary organizations, and to four local communities.  An inter-agency agreement was drafted to allow the exchange of data about non-compliant water systems, and to provide technical assistance and education.		Exceeded	
<b>Impact/Process Objective 2:</b> Provide technical assistance and training on community water fluoridation.				
Will provide consultation and technical assistance to four local communities to increase or maintain the percent of the population receiving community water fluoridation.	Provided consultation and technical assistance to eight local communities.  A webinar was prepared and two water engineers attended a basic water fluoridation course.		Exceeded	
<b>Let's Get Healthy California Dashboard and Website</b>		*		
<b>Impact Objective 1:</b> Develop a communications plan				
Will develop one marketing and communications plan to draw targeted audiences to the website.	Did not develop a marketing and communications plan by September 2015, but website was launched in January 2016.		Partially Met	

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	Three communication outlets announced the launch of the LGHC website.			
<b>Impact Objective 2: Develop a data collection process</b>				
Will develop at least four processes and procedures for collecting, updating, and analyzing indicator data that can be used for the LGHC website and dashboard.	Four processes and procedures were developed with input from data experts within the department, and a vendor was hired to complete the data visualization platforms.  4 indicator data structures, including data elements and statistical methodologies were defined for pilot indicators to use in the development of the website platform and visualization.		Met	
<b>Impact Objective 3: Develop Content in preparation for website launch</b>				
Will identify at least six local innovations representing the six LGHC Goal Areas that will be featured at the LGHC Conference as part of development of website content.	Twenty three local innovations were featured at the LGHC Conference.  Four ideation sessions to develop content for the LGHC website were conducted.		Met	
<b>Impact Objective 4: Develop the website and dashboard</b>				
Will develop one website, which will include solicited user feedback and beta-testing results from at least three meetings with end users, to ensure that the website is being built “with” the user, not just “for” the user.	A website was launched in January 2016 with the assistance of the State Oversight Team. The Coordination Team met four times with the State Oversight Team to identify end-users for beta testing during website development.		Met	
<b>Impact Objective 5: Identify Vendor</b>				
Will increase the number of websites, via selection of one vendor who will build the Let’s Get Healthy California website, from zero to one.	Was launched in January 2016.		Met	
<b>Microbial Diseases Laboratory Branch/Select Agent and Biosafety</b>		*		

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<b>Impact Objective 1: Finalize biosafety and biosecurity policies</b>				
Will implement one select-agent tier-1 program. Policies will be finalized and streamlined for compliance with tier-1 requirements. Staff security clearances via Department of Justice, monitoring, intrusion prevention, inspections, and drills will become operational, to ensure a secure and safe work environment.	The Implementation of the select-agent tier-1 program was made possible through adoption and updating of policies for compliance, working closely with the FBI/DOJ and CDC.  This included a review of laboratory procedures and inventory to ensure adherence to compliance requirements.		Met	
<b>Impact Objective 2: Implement biosafety and biosecurity Outreach</b>				
Will conduct eight outreach activities with internal and external partners to establish and refine emergency communication channels.	While only one outreach activity was conducted, planning continues for the development of an action plan and two statewide medical exercises through coordinated efforts with the Communicable Diseases Emergency Response Program and Emergency Preparedness Office.		Not Met	
<b>Impact Objective 3: Improve biosafety and biosecurity practices</b>				
Will develop at least two procedures binders, to prescribe handling, processing, storage, and shipment of select agents.	7 procedures binders were developed. The binders include material on biological safety, and incident response and were tested in a mock security-incident exercise including Tier-1 staff, CDPH security, Richmond Police, Fire Department and emergency services.		Exceeded	
<b>Microbial Diseases Laboratory Branch/Valley Fever</b>		*		
<b>Impact Objective 1: Establish Mycotic diagnostics</b>				
Will establish at least one reference service for the isolation of pathogenic fungi from clinical specimens and identification of Coccidioides species isolates submitted to state and local public health laboratories. Five hundred clinical specimens will be tested through 2015.	A reference service was not established; however, a real-time polymerase chain reaction (PCR) assay for identification of Coccidioides immitis and C. posadasii has been validated and is awaiting approval for laboratory developed tests. Comprehensive diagnostic services will be available by June 2016.		Not Met	
<b>Impact Objective 2: Increase fungal molecular testing</b>				

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Will implement at least two validated real-time PCR assays for the differentiation of <i>Coccidioides immitis</i> from <i>C. posadasii</i> . During 2014-2015, 100 isolates of <i>Coccidioides</i> species will be tested by rapid molecular test.	Although two assays were not implemented, all requirements for the validation of a real-time PCR assay were completed and are awaiting approval to begin diagnostic services. Validation of a pan-fungal PCR-nucleotide identification is nearing completion.		Not Met	
<b>Impact Objective 3: Increase genotyping services.</b>				
Will develop at least 1 validated multi-locus sequence typing (MLST) and whole genome sequence (WGS) typing of <i>Coccidioides</i> species. A subset of isolates of <i>Coccidioides</i> species from suspected outbreaks will be genotyped through 2015. The genotyping results will enhance surveillance activities aimed at disease control and prevention.	Since a Research Scientist II was not hired until October 2015 the process of developing and validating multi-locus and whole genome sequence typing of <i>Coccidioides</i> species could not be initiated. However a procedure is being developed to test soil samples collected from the Central Valley for presence of <i>Coccidioides</i> . Over 30 soil samples were tested and five <i>C. immitis</i> strains were isolated.		Not Met	
<b>Nutrition Education and Obesity Prevention Branch</b>		*		
<b>Impact Objective 1: Advance education and prevention policy</b>				
Will provide educational opportunities, resources, and technical assistance on evidence-based and evidence-informed strategies to at least 35 partners statewide to support the advancement of nutrition-education and obesity – prevention policy.	Served as the lead convener for the 2015 State Implementing Agency Forum, providing educational opportunities, resources, and technical assistance to 36 partners.  Evidence-based, evidence-informed resources and best practices that enhance capacity to advance policy, systems and environmental changed for childhood obesity prevention were shared.		Exceeded	
<b>Impact/Process Objective 2: Coordinate obesity-prevention activities with partners</b>				
Will develop at least 25 partnerships to coordinate state-and local-level obesity-prevention efforts, to reduce the prevalence of obesity in California	25 partnerships to coordinate state-and local-level obesity-prevention efforts, were developed using a strategic-planning process that engaged stakeholders. This approach required participation in workgroups, committees and meetings and required partnering with non-traditional organizations.		Met	
<b>Impact Objective 3: Support obesity-prevention interventions.</b>				

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Will provide 10-12 obesity-prevention trainings and ongoing technical assistance to at least 20 local jurisdictions statewide, to support obesity-prevention interventions and promote changes that foster healthy and active communities.	With the assistance of the Training Development and Support (TDS) Section, 59 local jurisdictions were provided with trainings and ongoing technical assistance. TDS leveraged funds and staff resources from SNAP-Ed and Prevention First to conduct a series of six PSE change webinars.		Exceeded	
<b>Office of AIDS</b>		*		
<b>Impact Objective 1:</b> Increase number of people in HIV care.				
Will decrease the percent of people classified as out-of-care for Alameda, Orange, and San Diego counties to decrease HIV transmission in these counties from baseline to a three-percent reduction.	While there is no decrease in HIV transmission, San Diego County is providing linkage to care and Partner Services to people newly diagnosed. Alameda is combining available databases to identify people who have not received an HIV viral-load test in the last 6-12 months. Database will be operational June 2016.		Not Met	
<b>Impact Objective 2:</b> Increase number of people identified as HIV positive by partner services				
Will increase the number of people in Alameda, Orange, and San Diego Counties newly identified with HIV through partner services from 7 to 14 (100%).	Unable to increase the number of people identified as HIV positive, since the data was not available in 2015. Fortunately, access to Partner Services Data will become available in 2016 and this will allow for the identification of out-of-care individuals.		Not Met	
<b>Office of Health Equity</b>		*		
<b>Impact Objective 1:</b> Create healthy, safe built environments				
Will develop at least three opportunities to promote safe, accessible active transportation and healthy, sustainable, equitable land-use planning and development, to support local efforts to build healthy communities.	Five opportunities with 15 State departments occurred through the Active Transportation Action Plan activities.		Exceeded	
<b>Impact Objective 2:</b> Foster relationships with stakeholders focused on improving health status				
Will maintain at least 15 relationships with key HiAP Task	Two formal meetings and one-on-one meetings with stakeholders		Met	

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Force stakeholders through activities that improve the	occurred. Collaboration with CCLHO, CHEAC, BARHII, and the Public Health Alliance of Southern California ensures that the needs of the individual members are taken into account in the planning process.			
<b>Impact Objective 3: Strengthen connections between public health and mental health fields</b>				
Will identify three opportunities to advance the social determinants of public and mental health through staff meetings and strategic communications, to strengthen understanding of connections between the fields of public and mental health.	Participation in the National Health Impact Assessment (HIA) conference provided an opportunity to solicit input in integrating public health, mental health and health equity into the public debate.		Met	
<b>Office of Quality Performance and Accreditation</b>		*		
<b>Impact Objective 1: Assess needs.</b>				
Will develop two local and tribal public health agency assessment of accreditation and QI activities readiness to determine what resources are available and what resources are needed.	Refining the 2015 CHEAC and CRIHB surveys allowed for an assessment of both local and tribal public health accreditation needs. This information will be used to provide technical assistance in the accreditation process.  2 accreditation readiness needs assessments were evaluated and 18 assessment questions were updated. The information will be used to develop training and technical assistance sessions.		Exceeded	
<b>Impact Objective 2: Increase tribal public health agency capacity</b>				
Will develop training tailored to local and tribal public health agency accreditation and QI readiness, as identified by survey of LHDs and tribal health partners.	Two trainings tailored to tribal public health accreditation were conducted, and a community health improvement training was provided. A subsequent training identified community priorities. Training material was developed.		Exceeded	
<b>Impact Objective 3: Maintain local resource capacity</b>				
Will maintain two state personnel positions, to provide accreditation readiness technical assistance activities to local and tribal public health agencies.	Technical assistance provided: Local Resource capacity was maintained by analyzing statewide accreditation readiness needs, using the findings from the 2015		Met	

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	Public Health Accreditation Readiness Conference, distributing PHAB accreditation manuals, providing monthly consultations, developing a strategic action plan. Technical assistance was provided to 55 local and tribal public health agencies.			
<b>Impact Objective 4:</b> Provide financial assistance.				
Will provide financial assistance to increase accreditation readiness to at least one local and/or tribal public health agency, to improve the capacity to apply for national public health accreditation.	Did not provide financial assistance to increase accreditation readiness, as there was no funding available for mini-grants.		Not Met	
<b>Impact Objective 5:</b> Support Interventions.				
Will provide accreditation readiness technical assistance to at least three local and tribal public health agencies, to address identified accreditation needs and increase agency capacity to apply for and achieve national public health accreditation.	Technical assistance was provided to 55 local and public health agencies through the development and implementation of support interventions, including trainings, webinars, consultations, and conferences. Public Health Accreditation Readiness Conference was held in 2015. The event served as a forum for collaboration and exchange of ideas. Tools that support accreditation readiness activities were identified.		Exceeded	
Prescription Drug Overdose Surveillance Project		*		
<b>Impact Objective 1:</b> Increase capacity for using surveillance data				
Will provide data on prescription drug misuse, abuse, and overdose on the EpiCenter: California Injury Data Online query system and technical assistance to at least 169 ten state or local stakeholders to increase their ability to use data from the EpiCenter website for surveillance activities.	Data and technical assistance was provided to 99 state or local stakeholders. Successfully uploaded data in EpiCenter, by creating an "All Opioid Pharmaceutical" category.		Exceeded	

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<b>Impact Objective 2: Support Statewide Work Group</b>				
Will provide surveillance and programmatic technical assistance on prescription drug misuse, abuse, and overdose to ten state agency Workgroup members, to promote state and local policy and program planning, implementation, and evaluation reducing opiate-related morbidity and mortality.	A collaboration with the Prescription Drug Overdose Prevention Workgroup and the local Prescription Drug Overdoes Prevention Coalition identified data needs and produced prescription drug data. By providing data and programmatic technical assistance, efforts to reduce opiate-related morbidity and mortality were advanced.		Exceeded	
<b>Impact Objective 3: Translate data into useful information</b>				
Will distribute quarterly data reports to at least 25 state and local stakeholders, to inform planning and implementation of programs that address consequences of prescription drug misuse, abuse, and overdose.	Quarterly data reports were distributed to 75 state and local stakeholders. Data was used in the LiveStories website, and were included in the CHCF RFA.  A data report was produced and distributed to 25 state and local prevention/public-health stakeholders.		Met	
Preventive Medicine Residency Program				
<b>Impact Objective 1: Increase number of trainees who gain Preventive Medicine and Applied Epidemiology competencies</b>				
Will increase the number of trainees who, over the course of their training period, have satisfactorily achieved moderate or high competency in CPM/ACGME or CSTE competencies, by working in local or state health department programs or community-based settings and/or Fellows, an increase of at least 12 graduates. completing academic coursework, from 109 Residents and 132 Fellows to 111 Residents and 142 Fellows, an increase of at last 12 graduates.	2 PMRP Residents were enrolled in the Post-Graduate Year (PGY2) and performed activities to meet ACPM/ACGME competencies. 13 Fellows achieved CSTE competencies.  7 applicants were interviewed for PMRP and 26 applicants for Cal-EIS. 62 applications were reviewed by the Cal-EIS and PMRP Advisory Committees and 33 candidates were interviewed.		Exceeded	
Rape Prevention and Education Program				
<b>Impact Objective 1: Increase delivery of evidence-informed rape prevention programs</b>				
Will increase the number of evidence-informed sexual offense-prevention programs provided to victims, potential victims, and potential perpetrators, by promoting	Evidence informed sexual offense- prevention programs increased from 10 to 21. This increase is related to organizational		Exceeded	

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the use of the Nine Principles of Effective Prevention (Principles), from 10 to 20.	assessments of 34 Rape Crisis Centers to determine whether these agencies were implementing programs based on the Principles as well as the core components of the programmatic guidelines.			
<b>Receptor Binding Assay for Paralytic Shellfish</b>		*		
<b>Impact Objective 1: Improve the PSP surveillance program</b>				
Will develop one RBA to monitor PSP toxins in shellfish from California growing areas and coastal waters. Staff will seek regulatory approval for the RBA in PSP toxin surveillance and establish the effectiveness of the RBA for public health protection in shellfish collected from California growing areas and marine waters.	A single laboratory validation of the receptor binding assay (RBA) was completed, but this did not improve PSP surveillance to monitor PSP toxins in shellfish in California coastal waters since regulatory approval was not secured. A scientist was not hired in a timely manner.  The performance of the RBA in shellfish species was established and one application package was submitted to the Interstate Shellfish Sanitation Conference.		Not Met	
<b>Safe and Active Communities Branch</b>		*		
<b>Impact Objective 1: Increase capacity for conducting injury surveillance.</b>				
Will publish three sets of annual data on the EpiCenter web-based query system, including California injury deaths (~16,200), non-fatal hospitalizations (~256,000), and, nonfatal emergency department treatments/transfers (~2,220,000), and provide technical assistance to at least 25 individuals, to increase their ability to use data from the EpiCenter website to identify changes in numbers or rates of injuries, trends, or emerging issues that will inform policy and program development.	Four sets of annual data were published on the EpiCenter web-based query system and technical assistance was provided to 30 individuals.		Exceeded	
<b>Impact Objective 2: Increase the capacity to use EpiCenter data for planning and evaluation.</b>				
Will provide at least two web-based trainings and technical assistance to at least 25 local health departments or selected partners (e.g., state and local policy makers, academicians, program advocates, Child	Two-web based trainings and technical assistance was provided to 25 local health departments or selected partners. This was made possible through outreach and prompt responses to requests for data and to face-to face presentations and training.		Met	

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Death Review Teams) on using injury-surveillance data from EpiCenter, for policy planning and evaluation.	The needs of LHD were assessed to identify 3 injury topics for web-based trainings.			
<b>Impact Objective 3: Translate data into useful policy information and disseminate findings</b>				
Will distribute at least two injury data/program briefs to at least 100 state and national injury prevention/public health community members, to inform them about key findings on critical or emerging injury issues.	Distributed two data/program briefs to 150 state and national injury prevention/public health members in several formats such as presentation slide deck and data briefs. Data was analyzed to determine 3 critical or emerging injury issues for inclusion in briefs.		Exceeded	
<b>Emergency Medical Dispatch Program/EMS Communications</b>				
<b>Impact Objective 1: Improve statewide training standards</b>				
Will increase the percent of participation in key EMS communications stakeholder association groups from 10 to 50 percent.	The percent of participation in key EMS communications stakeholder association groups increased from 10 to 58 percent, in part by participating in four Northern California Association of Public Safety Communications Officials (NAPCO) meetings and dedicating an EMS Communications Program designated employee to those efforts.		Exceeded	
<b>Impact Objective 2: Maintain up-to-date EMSA-published communications resources</b>				
Will review three EMSA-published communications resources to assess their content for accuracy and need for revisions, to ensure that up-to-date statewide EMS-related standards and guidelines are provided to LEMSAs and other EMS stakeholders.	Three EMSA-published communications resources were reviewed: the Operations and Communications Resource Manual, the Emergency Medical Services Dispatch Program Guidelines, and the EMS Communications Plan.		Met	
<b>Impact Objective 3: Provide leadership and coordination to LEMSAs</b>				
Will provide technical assistance to 100 percent of LEMSAs that submit their EMS plans, to ensure that they meet the compliance requirements of California EMS regulations, standards, and guidelines.	Technical assistance was provided to 100% of LEMSAs that submitted their EMS plans for review. The success of the review process was made possible by dedicating a Communications Coordinator who used a systematic review process.		Met	

\*Comprehensive assessment based on submission of: (1) Annual Reports; (2) Semi-Annual Reports; (3) Monthly Expenditure Reports; (4) Preliminary SFY 15/16 budgets  
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Impact Objective	Detailed Objective Outcome 2-1-16	Compliance	Objective Outcome 2-1-16	Objective Outcome 6-30-16
<b>EMS for Children</b>		*		
<b>Impact Objective 1: Provide leadership and coordination</b>				
Will provide technical assistance and support to 100 percent of the LEMSAs that request assistance in program development or enhancements, to support acute, specialized prehospital child patient care statewide.	Technical assistance and support was provided to 100 percent of LEMSAs that requested assistance, and this approach allowed for review of the annual plans and the development of regulations for those plans and for modifications to the Core Measure related to Q1 efforts.		Met	
<b>EMS Health Information Exchange</b>		*		
<b>Impact Objective 1: Provide funding to LEMSAs for HIE programs</b>				
Will implement at least one EMSA-approved, LEMSA-proposed HIE project, to enhance patient medical information exchange services	One EMSA-approved LEMSA proposed HIE project was implemented, due to adequate funding and an appropriate allocation process in place to award the local assistance project.		Met	
<b>Impact Objective 2: Provide leadership and coordination of Health Information Exchange</b>				
Will provide technical assistance and support to 100 percent of the LEMSAs that request assistance in areas associated with health information exchange system developments and operations to improve statewide EMS patient care.	Technical assistance and support was provided to 100% of the LEMSAs through 6 teleconferences, and a collaborative approach.		Met	
<b>Partnership for Injury Prevention and Public Education</b>		*		
<b>Impact Objective 1: Facilitate injury-prevention strategies.</b>				
Will establish two EMS-related injury-prevention presentations, in collaboration with local EMSC and Trauma Program coordinators, to be presented at the EMS for Children annual Education Forum and at the State Trauma Educational Forum, to ensure that EMS providers and stakeholder interests are represented and EMS-related injury-prevention strategies are discussed among statewide public health providers.	The EMS for Children Education Forum and the State Trauma Summit were conducted. Success was made possible by the coordination of efforts between EMSC and Trauma Coordinators working closely with State Coordinators.		Met	

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Impact Objective	Detailed Objective Outcome 2-1-16	Compliance	Objective Outcome 2-1-16	Objective Outcome 6-30-16
<b>Impact Objective 2: Maintain resources on website</b>				
Will maintain at least one up-to-date injury- and illness-related resource document on the EMSA website to promote effective injury prevention EMS strategies, ensure public trust, and to provide high-quality patient care across California.	One injury- and illness-related resource document was maintained on the EMSA website. The website content is discussed at state and regional meetings and monthly website updates are made in response to input received.		Met	
<b>EMS Poison Control System</b>				
<b>Impact Objective 1: Provide oversight and technical assistance.</b>				
Will provide oversight and technical assistance to the CPCS service provider, to ensure rapid and effective telephone advice emergency services to ~300,000 Californians experiencing exposure to poisons.	Partnership with CPCS facilitates oversight while technical assistance is provided through a contract with UC San Francisco. This arrangement allows for the review of quarterly reports to ensure compliance in providing telephone emergency services.		Met	
<b>EMS Prehospital Data and Information Services and Quality Improvement Program</b>				
<b>Impact Objective 1: Increase the quality and availability of EMS data</b>				
Will develop five EMS data reports to publish on the EMSA website, to make the data available for promoting public trust and quality patient care.	7 reports were published on the EMSA website after thoroughly analyzing California EMS Information System (CEMSIS) data and providing revised reports.		Exceeded	
<b>Impact Objective 2: Provide funding to LEMSAs for local QI or data-related programs</b>				
Will provide PHHS funds to at least one LEMSA, to support the implementation of their local QI or data-related pilot.	Funding was provided to four LEMSAs as a result of the existence of an allocation process and the capability to execute four contracts in a timely manner.		Exceeded	
<b>Impact Objective 3: Provide leadership and coordination of Core Measure Reporting</b>				
Will provide technical assistance to 100 percent of the LEMSAs that request assistance with Core Measure Reporting.	By facilitating three Core Measure Taskforce meetings, technical assistance was provided to 100 percent of the LEMSAs and one summary report of all LEMSA Core Measure data was produced.		Met	
<b>Impact Objective 4: Provide leadership and coordination of EMS plans</b>				
Will provide technical assistance to 100 percent of the	13 LEMSA administrators were contacted to submit their Q1 plan		Met	

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Impact Objective	Detailed Objective Outcome 2-1-16	Compliance	Objective Outcome 2-1-16	Objective Outcome 6-30-16
LEMSAs that submit their EMS plans, to ensure that they meet the compliance requirements.	and this promoted the delivery of technical assistance and support to 100 percent of LEMSAs that requested assistance. This approach allows for review of the plans for compliance with regulations, standards and guidelines.			
<b>EMS STEMI and Stroke Systems</b>		*		
<b>Impact Objective 1: Develop STEMI and Stroke regulations and services</b>				
Will provide leadership and technical assistance to 100 percent of the STEMI and Stroke Workgroup members and LEMSAs, to promote timely and effective STEMI and Stroke regulation developments and services for improved statewide STEMI and Stroke patient care.	STEMI and Stroke regulations were developed with the assistance of workgroup member input.		Met	
<b>Impact Objective 2: Update STEMI and Stroke information</b>				
Will provide at least four updates regarding STEMI and Stroke system trends to 100 percent of the LEMSAs and the public via the EMSA website, to promote public trust and high-quality STEMI/Stroke patient care in California.	Four updates were provided.		Met	
<b>EMS Systems Planning and Development</b>		*		
<b>Impact Objective 1: Provide oversight and leadership to LEMSAs</b>				
Will provide oversight and technical assistance to 100 percent of the LEMSAs that submit EMS Plans or updates, to assist them in adhering to California EMS Statutes and EMSA department guidelines for optimum EMS patient care.	33 LEMSAs were contacted to submit their plans. This proactive approach allowed for a timely evaluation of 18 plans which were posted on the EMSA website.		Met	
<b>Impact Objective 2: Provide Transportation Plan technical support</b>				
Will provide assistance to 100 percent of the Department of Forestry and Fire Protection (CALFIRE) staff who request assistance in basic life support (BLS) rescue air operations and communications and the coordination of	Assistance was provided to only 10 percent of the CAL FIRE staff because severe fire season prevented inspection of helicopters. 4 LEMSAs were provided technical assistance on Request for Proposals (RFPs) for ambulance service. Neither Table 8		Not Met	

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Impact Objective	Detailed Objective Outcome 2-1-16	Compliance	Objective Outcome 2-1-16	Objective Outcome 6-30-16
EMSA inspections of BLS rescue helicopters, to support successful EMS transportation operations.	Transportation Plan forms, nor instructions were updated, as this was contingent on the adoption of the EMS Systems regulations.			
<b>EMS Trauma Care Systems</b>		*		
<b>Impact/Process Objective 1: Execute a State Trauma Plan</b>				
Will establish one approved State Trauma Plan for execution by LEMSAs and other EMS providers, to promote optimum, standardized trauma care services.	One approved State Trauma Plan was approved despite opposition by LEMSAs over the issue of local control. The Plan was vetted through the Secretary of the California Health and Human Services Agency and the Department of Finance.		Met	
<b>Impact/Process Objective 2: Lead and coordinate the Performance Improvement &amp; Patient Safety Plan Subcommittee</b>				
Will provide technical assistance to 100 percent of Performance Improvement and Patient Safety Plan (PIPS) Subcommittee members.	Technical assistance was provided to 100 percent of Performance Improvement and Patient Safety Plan (PIPS) Subcommittee members.		Met	
<b>Impact Objective 3: Lead and coordinate the Regional Network/Re-Triage Subcommittee</b>				
Will provide technical assistance to 100 percent of the Regional Network/Re-Triage (RNRT) Subcommittee members, to develop a draft RNRT guideline resource for use by all EMS and trauma medical providers.	Technical assistance was provided to 100 percent of the Regional Network/Re-Triage (RNRT) Subcommittee members.		Met	

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