

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

**Document #9**

Impact Objective	Detailed Objective Outcome 2-1-16 / 6-30-16	Objective Outcome 2-1-16	Objective Outcome 6-30-16	Budget	Spend Rate %	# of PYs	# of FTEs
Will develop at least 5 resources (e.g. toolkit of best practices, description of public health role, performance measures, evaluation framework of statewide effort w/partners), to support establishment of Accountable Communities for Health (ACHs) in California to reduce cost, improve population health, & improve the quality of health care.	<p><b>2-1-16:</b> No resources were developed to support establishment of ACH, due to delays in hiring staff &amp; executing contracts. However, an external environmental scan was conducted to identify an academic institution to develop a data &amp; information sharing toolkit &amp; report.</p> <p><b>6-30-16:</b> Three resources were developed directly: A comparative analysis paper of the ACH Initiative, the federal Accountable Health Communities and the 3 Medi-Cal 1115 Waiver Projects: Whole Person Care, Dental Services and PRIME (community-based health systems transformation effort) as well as a crosswalk summarizing the comparative analysis paper and a PowerPoint that was shared with CCLHO. Other resources were developed indirectly through contract oversight and provision of technical assistance. An evaluation framework, a logic model, an outcome framework that included proposed performance measures was developed.</p>	<b>Not Met</b>	<b>Met</b>				
Will conduct a minimum of 20 community-based classes to prevent falls by promoting strength & balance among older adults at risk for falls.	<p><b>2-1-16:</b> 17 community-based classes to prevent falls were conducted at 8 Local Health Departments &amp; 24 instructors were trained by University of California, San Diego (UCSD). These included “Stepping On” (SO) &amp; “Tai Chi: Moving for Better Balance” (TCMBB). Lack of staff impacted outcome.</p>	<b>Partially Met</b>	<b>Partially Met</b>				

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Will distribute 1 “Return on Investment (ROI) Report for Older Adult Fall Prevention” to at least 100 policymakers & stakeholders.	<b>2-1-16:</b> 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.	<b>Not Met</b>	<b>Not Met</b>				
Will provide funding, training, & TA to 15 Local Health Department (LHD) staff or their designees as new SO Leaders/Master Trainers.	<b>2-1-16:</b> A 3-day training was provided to 14 LHD staff to conduct TCMBB & SO fall prevention programs. 1 County declined to participate in the SO training, affecting the outcome.	<b>Partially Met</b>	<b>Partially Met</b>				
Will provide funding, training, & TA to 15 LHD staff or their designees as new TCMBB Program Instructors/Master Trainers.	<b>2-1-16:</b> A 2-day leader training was provided to 10 LHD staff on TCMBB. Only 5 counties elected to participate.	<b>Partially Met</b>	<b>Partially Met</b>				
Will provide funding, training, & TA to 8 LHDs, to increase their knowledge of universal-design elements & mobility issues, & increase their ability to work with community planners.	<b>2-1-16:</b> (1) No funding, training or TA was provided to LHDs due to inadequate staffing; (2) A universal-design curriculum was completed, & the LHDs will attend universal-design training in spring 2016 through a contract with UCSD. <b>6-30-16:</b> LHDs attended the spring 2016 universal-design training. One LHD declined funding; thus, only 7 LHDs received training, which is why the objective is partially met.	<b>Not Met</b>	<b>Partially Met</b>				

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Will develop 4 resources; 1 local user guideline, 1 state-level user guideline, 1 training course for HAN administrators, & 1 training course for end users, to provide consistent message & alerting platforms for use by local jurisdictions, health care partners, & state emergency response partners.	<b>2-1-16:</b> (1) CAHAN developed 1 local user guideline, 1 state-level user guideline, 1 training course for HAN administrators, & 1 training course for end users; (2) Policies & procedures for the alerting & notification system were updated to reflect new system features, & 6 webinar training sessions were conducted. The list of CAHAN participants was updated.	Exceeded	Exceeded				
Will establish a minimum of 24 program capabilities for targeted, actionable alerting & notification by identifying 1 individual for each required local & hospital notification position, & establishing a minimum of 4 scenario-specific alerting matrices.	<b>2-1-16:</b> Established 34 scenario-specific alerting matrices & 24 program capabilities for targeted, actionable alerting & notification.	Exceeded	Exceeded				

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Will increase the percent of California tribal participation in the CAHAN program by increasing tribal participation beyond the singular tribal consortium from 6% to 15%.	<p><b>2-1-16:</b> Tribal participation was not increased due to other program priorities.</p> <p><b>6-30-16:</b> Based on CDPH executive management's direction, tribal enrollment on CAHAN rests on local jurisdiction. However, tribal CAHAN enrollment has increased by over 150 contacts.</p>	<b>Not Met</b>	<b>Partially Met</b>				
Will implement 1 new online alerting & notification system to replace the existing CAHAN system, which will be obsolete after December 2015.	<b>2-1-16:</b> New online alerting & notification system was implemented September 2015.	<b>Met</b>	<b>Met</b>				
Will implement 1 online collaborative workspace for public health response partners in 61 local health jurisdictions, to replace the document library found in the former CAHAN system.	<p><b>2-1-16:</b> 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 needed before SharePoint site implemented.</p> <p><b>6-30-16:</b> The project is on hold pending the department's SharePoint refresh.</p>	<b>Not Met</b>	<b>Not Met</b>				

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<b>HP 2020 Objective: PHI-15 Health Improvement Plans</b>							
Will analyze 1 Adverse Childhood Experiences module of the upcoming 2015 California Behavioral Risk Factor Surveillance Survey to document the impact of ACE on population health outcomes.	<p><b>2-1-16:</b> 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.</p> <p><b>6-30-16:</b> 2015 BRFSS data not yet available; However new fact sheet published: "ACEs California Update": <a href="http://www.cdph.ca.gov/programs/Pages/ChildMaltreatmentPrevention.aspx">http://www.cdph.ca.gov/programs/Pages/ChildMaltreatmentPrevention.aspx</a>.</p>	<b>Not Met</b>	<b>Partially Met</b>				
Will conduct 4 meetings & attend 6 Partner meetings to promote CWP/P21 implementation in collaboration with Partners committed to utilizing evidence-based chronic disease prevention practices.	<p><b>2-1-16:</b> Conducted 20 meetings &amp; attended 6 Partner meetings. The CA Conference of Local Health Officers (CCLHO) &amp; the County Health Executives Association of CA (CHEAC) Leadership Project conducted a survey &amp; published an online report, "Health in Planning within California's Local Health Departments 2015."</p>	<b>Met</b>	<b>Met</b>				
Will develop 1 process for CWP reporting on priority objectives & P21 activities, including a strategy for implementation.	<p><b>2-1-16:</b> Developed &amp; implemented a process for reporting on CWP objectives, including developing a progress report template &amp; overseeing a Cal-EIS Fellow who gathered &amp; analyzed the data.</p>	<b>Met</b>	<b>Met</b>				

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Will develop 1 needs assessment report to guide future analyses, & provide county-level cost estimates of chronic disease to 3 partners, since chronic disease treatment costs are different in every local jurisdiction, requiring targeted interventions to reduce cost, improve population health, & improve the quality of health care.	<b>2-1-16:</b> (1) No needs assessment report developed, as funding for this objective transferred to the Director’s Office. (2) 2 1-day trainings for senior management on economic evaluation & using economic decision-making tools & methods. (3) A health economics workshop was held in April 2016, in collaboration with health-jurisdiction partners.	<b>Not Met</b>	<b>Not Met</b>				
Will develop 1 quality improvement process through utilization of pharmacists implanting Comprehensive Medication Management (CMM). This will result in increased implementation of best practices in health systems related to CVD.	<b>2-1-16:</b> A QI process engaged pharmacists to promote CMM. CDPH & USC School of Pharmacy hosted a conference to discuss the implementation of & payment for CMM.	<b>Met</b>	<b>Met</b>				

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Will maintain 10 partnerships with key stakeholders to support CDPP CVD prevention activities	<b>2-1-16:</b> 20 partnerships with key stakeholders led to planning & implementation of the Sodium Reduction Conference in September 2015.	Exceeded	Exceeded				
Will maintain 1 SALT taskforce to provide guidance on state-level efforts to increase awareness about the health benefits of lowering sodium consumption.	<b>2-1-16:</b> The SALT taskforce held 16 meetings, participated in 7 national meetings, & distributed sodium-related information.	Met	Met				
Will provide TA for data requests to 10 state & local agencies, public, partners; publish 1 comprehensive burden report to inform & control efforts; & monitor progress on 10 CVD indicators defined in HP 2020, California Wellness Plan, & CDC's Chronic Disease Surveillance indicators.	<b>2-1-16:</b> 2 data requests completed; 1 cardiovascular disease burden report developed & data on cardiovascular disease indicators analyzed.	Met	Met				

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<b>HP 2020 Objective: FS-2 Outbreak-Associated Infections Associated with Food Commodity Groups</b>							
<b>Impact Objective 1: Increase analysis of food commodities for microbial contamination.</b>							
Will collect 420 samples of high-risk food commodities that are known to be susceptible to contamination. Will investigate the distribution of adulterated foods & take steps to ensure they are removed from commerce, to decrease exposure to contaminated foods.	<p><b>2-1-16:</b> Collected 350 samples of high-risk food commodities. Insufficient staff to reach desired outcome.</p> <p><b>6-30-16:</b> By June 30, 2016, FDB collected over 600 samples of food products for microbiological testing.</p>	<b>Partially Met</b>	<b>Exceeded</b>	\$200,000 (\$150,000) FFY 2015 allocation (\$50,000) FFY 2014 & FFY 2015 savings	<b>58%</b>	<b>5</b>	<b>2.0</b>
<b>Community Water Fluoridation Implementation Project</b>							
<b>HP 2020 Objective: OH-13 Community Water Fluoridation</b>							
<b>Impact Objective 1: Provide leadership, technical assistance, and training.</b>							
Will provide ongoing leadership & guidance to a minimum of 6 public, private, & voluntary organizations, & 4 local communities to maximize the percentage of the population receiving CWF.	<p><b>2-1-16:</b> (1) Through Fluoridation Advisory Committee, provided guidance about fluoridation to 19 public, private, &amp; voluntary organizations &amp; 4 local communities; (2) inter-agency agreement drafted to allow exchange of data about non-compliant water systems &amp; provide TA &amp; education.</p>	<b>Exceeded</b>	<b>Exceeded</b>	\$280,082 (\$260,560) FFY 2015 allocation (\$19,523) FFY 2014 & FFY 2015 savings	<b>79%</b>	<b>1.5</b>	<b>1.5</b>



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	<p><b>2-1-16:</b> (1) Provided consultation &amp; TA to 8 local communities; (2) A webinar was prepared &amp; 2 water engineers attended a basic water fluoridation course.</p>	Exceeded	Exceeded				
	<p><b>2-1-16:</b> (1) Did not develop a marketing &amp; communications plan by September 2015, but website was launched in Jan. 2016; (2) 3 communication outlets announced the launch of the LGHC website.</p> <p><b>6-30-16:</b> Developed 2016 Communications Plan in collaboration with CDPH Office of Public Affairs and CHHSA Public Information Office. The Communication Plan outlines monthly communication activities, as well as several major campaigns and events to help build up public awareness of LGHC through website and social media.</p>	Partially Met	Met				
	<p><b>2-1-16:</b> (1) 4 processes &amp; procedures were developed with input from Department data experts, &amp; a vendor was hired to complete data visualization platforms; (2) 4 indicator data structures, including data elements &amp; statistical methodologies, were defined for pilot indicators to use in development of website platform &amp; visualization.</p>	Met	Met				

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	<b>2-1-16:</b> 23 local innovations were featured at the LGHC Conference; 4 ideation sessions to develop content for the LGHC website were conducted.	<b>Met</b>	<b>Met</b>				
	<b>2-1-16:</b> A website was launched in Jan. 2016 with the assistance of the State Oversight Team. The Coordination Team met 4 times with the State Oversight Team to identify end-users for beta testing during website development.	<b>Met</b>	<b>Met</b>				
	<b>2-1-16:</b> Was launched in Jan. 2016.	<b>Met</b>	<b>Met</b>				

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<b>HP 2020 Objective: PHI-11 Public Health Agencies Laboratory Services</b>							
<b>Impact Objective 1: Finalize biosafety and biosecurity policies.</b>							
Will implement 1 select-agent tier-1 program. Policies will be finalized & streamlined for compliance with tier-1 requirements. Staff security clearances via DOJ, monitoring, intrusion prevention, inspections, & drills will ensure a secure, safe work environment.	<b>2-1-16:</b> (1) Implementation of the select-agent tier-1 program made possible through adoption & updating of policies for compliance, working closely with the FBI/DOJ & CDC; (2) This included a review of laboratory procedures & inventory to ensure adherence to compliance requirements.	<b>Met</b>	<b>Met</b>	\$200,000  (\$150,000) FFY 2015 allocation (\$50,000) FFY 2014 & FFY 2015 savings	<b>100%</b>	<b>1</b>	<b>1.0</b>
<b>Impact Objective 2: Implement biosafety and biosecurity Outreach.</b>							
Will conduct 8 outreach activities with internal & external partners to establish & refine emergency communication channels.	<b>2-1-16:</b> While only 1 outreach activity was conducted, planning continues for the development of an action plan & 2 statewide medical exercises through coordinated efforts with the Communicable Diseases Emergency Response Program & Emergency Preparedness Office.  <b>6-30-16:</b> Five outreach activities conducted between 9/2015 and 2/2016, including on- and off-site meet-&-greet with FBI specialists, and between 2/2016 and 6/2016, coordination with Communicable Diseases Emergency Response Program and Emergency Preparedness Office.	<b>Not Met</b>	<b>Partially Met</b>				

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	<p><b>2-1-16:</b> 7 procedures binders were developed. The binders include material on biological safety, &amp; incident response &amp; were tested in a mock security-incident exercise including Tier-1staff, CDPH security, Richmond Police, Fire Department, &amp; emergency services.</p>	Exceeded	Exceeded				
	<p><b>2-1-16:</b> Reference service not established; however, a real-time polymerase chain reaction assay for identification of <i>Coccidioides immitis</i> &amp; <i>C. posadasii</i> validated &amp; awaiting approval for laboratory-developed tests. Comprehensive diagnostic services available by June 2016.</p> <p><b>6-30-16:</b> MDL provided reference service for fungal identification to all CA local public health laboratories since May 2016. The diagnostic test is ITS-PCR sequencing for pan-fungal identification. The assay greatly enhances laboratory capacity for the identification of human fungal pathogens.</p>	Not Met	Met				
	<p><b>2-1-16:</b> Although 2 assays not implemented, all requirements for validation of a real-time PCR assay completed &amp; awaiting approval to begin diagnostic services. Validation of pan-fungal PCR-nucleotide ID nearing completion.</p> <p><b>6-30-16:</b> MDL provided real-time PCR assay service to all CA local public health labs since 5/2016. Assay is for ID and differentiation of <i>Coccidioides immitis</i> and <i>C. posadasii</i>, the two etiologic agents of valley fever. It replaced the GenProbe assay for routine testing for <i>Coccidioides</i> species ID.</p>	Not Met	Met				

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	<p><b>2-1-16:</b> Since a Research Scientist (RS) II was not hired until October 2015, development &amp; validation of MLST &amp; WGS 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, &amp; 5 <i>C. immitis</i> strains were isolated.</p> <p><b>6-30-16:</b> RS III hired in 10/2015 to validate sequence typing of <i>Coccidioides</i> species. WGS sequencing of 5 environmental isolates of <i>C. immitis</i> was completed, an important step for developing genotyping tools for valley fever outbreak investigations.</p>	Not Met	Partially Met				
	<p><b>2-1-16:</b> (1) Served as the lead convener for the 2015 State Implementing Agency Forum, providing educational opportunities, resources, &amp; TA to 36 partners; (2) Evidence-based, evidence-informed resources &amp; best practices that enhance capacity to advance PSE changes for childhood obesity prevention were shared.</p>	Exceeded	Exceeded				

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	<p><b>2-1-16:</b> 25 partnerships to coordinate state-&amp; local-level obesity-prevention developed, using a strategic-planning process that engaged stakeholders. This approach required participation in workgroups, committees, &amp; meetings &amp; partnering with non-traditional organizations.</p>	Met	Met				
	<p><b>2-1-16:</b> With the assistance of the TDS Section, 59 local jurisdictions received trainings &amp; ongoing TA. TDS leveraged funds &amp; staff resources from SNAP-Ed &amp; Prevention First to conduct 6 PSE change webinars.</p>	Exceeded	Exceeded				
	<p><b>2-1-16:</b> While there is no decrease in HIV transmission, San Diego County is providing linkage to care &amp; 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.</p> <p><b>6-30-16:</b> Data will not be available to measure this outcome until 2017. Field reports indicate that objective will be met.</p>	Not Met	Partially Met				

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	<p><b>2-1-16:</b> 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; this will allow for the identification of out-of-care individuals.</p> <p><b>6-30-16:</b> Data will not be available to measure this outcome until 2017. Field reports indicate that objective will be met.</p>	<b>Not Met</b>	<b>Partially Met</b>				
	<p><b>2-1-16:</b> 5 opportunities with 15 State departments occurred through the Active Transportation Action Plan activities.</p>	<b>Exceeded</b>	<b>Exceeded</b>				
	<p><b>2-1-16:</b> 2 formal meetings &amp; one-on-one meeting with stakeholders occurred. Collaboration with CCLHO, CHEAC, BARHII, &amp; the Public Health Alliance of Southern California ensures that the needs of individual members are taken into account in the planning process.</p>	<b>Met</b>	<b>Met</b>				
	<p><b>2-1-16:</b> Participation in the National Health Impact Assessment (HIA)</p>	<b>Met</b>	<b>Met</b>				

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	conference provided an opportunity to solicit input in integrating public health, mental health, & health equity into the public debate.						
	<b>2-1-16:</b> (1) Data from 2015 CHEAC & CRIHB surveys clarified local & tribal PH accreditation needs & will be used to provide TA in the accreditation process; (2) 2 needs assessments evaluated & 18 assessment questions updated, information to be used for training & TA.	Exceeded	Exceeded				
	<b>2-1-16:</b> 2 trainings tailored to tribal public health accreditation were conducted, & community health improvement training was provided. A subsequent training identified community priorities. Training material was developed.	Exceeded	Exceeded				
	<b>2-1-16:</b> TA provided; local resource capacity maintained by analyzing statewide accreditation readiness needs, using findings from the 2015 Public Health Accreditation Readiness Conference, distributing PHAB accreditation	Met	Met				



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	manuals, providing monthly consultations, developing a strategic action plan. TA was provided to 55 local & tribal public health agencies.						
	<b>2-1-16:</b> Did not provide financial assistance to increase accreditation readiness, as there was no funding available for mini-grants.	<b>Not Met</b>	<b>Not Met</b>				
	<b>2-1-16:</b> (1) TA was provided to 55 local & public health agencies through the development & implementation of support interventions, including trainings, webinars, consultations, & conferences; (2) the 2015 Public Health Accreditation Readiness Conference served as a forum for collaboration & exchange of ideas; (3) Tools that support accreditation-readiness activities were identified.	<b>Exceeded</b>	<b>Exceeded</b>				
	<b>2-1-16:</b> (1) Data & TA provided to 169 state or local stakeholders; (2) Successfully uploaded data in EpiCenter, by creating an “All Opioid Pharmaceutical” category.	<b>Exceeded</b>	<b>Exceeded</b>				

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	<p><b>2-1-16:</b> Collaboration w/Workgroup &amp; local Prescription Drug Overdose Prevention Coalition identified data needs &amp; produced prescription drug data. By providing data &amp; programmatic TA, opiate-related morbidity &amp; mortality reduction advanced.</p>	Exceeded	Exceeded				

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	<p><b>2-1-16:</b> (1) Quarterly data reports distributed to 75 state &amp; local stakeholders. Data used in LiveStories website &amp; included in CHCF RFA; (2) data report produced/distributed to 25 state &amp; local prevention/public-health stakeholders.</p>	<b>Met</b>	<b>Met</b>				
	<p><b>2-1-16:</b> (1) 2 PMRP Residents enrolled in Post-Graduate Year (PGY2) &amp; met ACPM/ACGME competencies; 13 Fellows achieved CSTE competencies; (2) 7 PMRP &amp; 26 Cal-EIS applicants interviewed; 62 applications reviewed by Advisory Committees &amp; 33 candidates interviewed.</p>	<b>Exceeded</b>	<b>Exceeded</b>				

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	<p><b>2-1-16:</b> Evidence-informed sexual offense–prevention programs increased from 10 to 21, an increase related to organizational assessments of 34 RCCs to determine if they implemented programs based on the <i>Principles</i> as well as core components of the programmatic guidelines.</p>	<b>Exceeded</b>	<b>Exceeded</b>				
	<p><b>2-1-16:</b> (1) A single laboratory validation of the RBA completed, but did not improve PSP surveillance to monitor PSP toxins in shellfish in CA coastal waters since regulatory approval not secured. Scientist not hired in a timely manner; (2) Performance of RBA in shellfish species established, &amp; 1 application package submitted to Interstate Shellfish Sanitation Conference.</p> <p><b>6-30-16:</b> A matrix extension application seeking regulatory approval for oyster testing with the RBA submitted to Interstate Shellfish Sanitation Conference (ISSC) in March 2016; awaiting ISSC review of application. A validation study of use of commercial membrane for the RBA is underway; results of this study will be submitted to ISSC for regulatory approval.</p>	<b>Not Met</b>	<b>Partially Met</b>				

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Will (1) publish 3 sets of annual data on the EpiCenter web-based query system, including CA injury deaths (~16,200), non-fatal hospitalizations (~256,000), & nonfatal emergency department treatments/transfers (~2,220,000), & (2) provide TA to at least 25 individuals, to increase ability to use data from EpiCenter website to identify changes in numbers or rates of injuries, trends, or emerging issues.	<b>2-1-16:</b> (1) 4 sets of annual data were published on the EpiCenter web-based query system, & (2) TA was provided to 30 individuals.	Exceeded	Exceeded				
Will provide at least 2 web-based trainings & TA to at least 25 LHDs or selected partners (e.g., state & local policy makers, academicians, program advocates) on using injury-surveillance data from EpiCenter, for policy planning & evaluation.	<b>2-1-16:</b> (1) 2 web-based trainings & TA provided to 25 LHDs or selected partners. This was made possible through outreach & prompt responses to requests for data & to face-to face presentations & training; (2) LHD needs assessed to identify 3 injury topics for web-based trainings.	Met	Met				

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Impact Objective	Detailed Objective Outcome 2-1-16 / 6-30-16	Objective Outcome 2-1-16	Objective Outcome 6-30-16	Budget	Spend Rate %	# of PYs	# of FTEs
Will distribute at least 2 injury data/program briefs to at least 100 state & national injury prevention/public health community members, to inform them about key findings on critical or emerging injury issues.	<b>2-1-16:</b> Distributed 2 data/program briefs to 150 state & national injury prevention/public health members in several formats, such as presentation slide deck & data briefs. Data analyzed to determine 3 critical or emerging injury issues for inclusion in briefs.	Exceeded	Exceeded				
	<b>2-1-16:</b> The percent of participation in key EMS communications stakeholder association groups increased from 10 to 58%, in part by participating in 4 NAPCO meetings & dedicating an EMS Communications Program designated employee to those efforts.	Exceeded	Exceeded				
	<b>2-1-16:</b> 3 EMSA-published communications resources reviewed: Operations & Communications Resource Manual, Emergency Medical Services Dispatch Program Guidelines, & the EMS Communications Plan.	Met	Met				

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Impact Objective	Detailed Objective Outcome 2-1-16 / 6-30-16	Objective Outcome 2-1-16	Objective Outcome 6-30-16	Budget	Spend Rate %	# of PYs	# of FTEs
	<b>2-1-16:</b> TA 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.	<b>Met</b>	<b>Met</b>				
	<b>2-1-16:</b> TA & support was provided to 100% of LEMSAs that requested assistance, & this approach allowed for review of the annual plans & the development of regulations for those plans & for modifications to the Core Measure related to Q1 efforts.	<b>Met</b>	<b>Met</b>				
	<b>2-1-16:</b> 1 EMSA-approved, LEMSA-proposed HIE project was implemented, due to adequate funding & an appropriate allocation process in place to award the local assistance project.	<b>Met</b>	<b>Met</b>				

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Impact Objective	Detailed Objective Outcome 2-1-16 / 6-30-16	Objective Outcome 2-1-16	Objective Outcome 6-30-16	Budget	Spend Rate %	# of PYs	# of FTEs
	<b>2-1-16:</b> TA & support was provided to 100% of the LEMSAs through 6 teleconferences & a collaborative approach.	<b>Met</b>	<b>Met</b>				



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Impact Objective	Detailed Objective Outcome 2-1-16 / 6-30-16	Objective Outcome 2-1-16	Objective Outcome 6-30-16	Budget	Spend Rate %	# of PYs	# of FTEs
	<p><b>2-1-16:</b> Partnership with CPCS facilitates oversight while TA is provided through a contract with UCSF. Arrangement allows for review of quarterly reports to ensure compliance in providing telephone emergency services.</p>	Met	Met				
	<p><b>2-1-16:</b> 7 reports were published on the EMSA website after thoroughly analyzing California EMS Information System (CEMSIS) data &amp; providing revised reports.</p>	Exceeded	Exceeded				
	<p><b>2-1-16:</b> Funding was provided to 4 LEMSAs as a result of the existence of an allocation process &amp; the capability to execute 4 contracts in a timely manner.</p>	Exceeded	Exceeded				

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Impact Objective	Detailed Objective Outcome 2-1-16 / 6-30-16	Objective Outcome 2-1-16	Objective Outcome 6-30-16	Budget	Spend Rate %	# of PYs	# of FTEs
	<b>2-1-16:</b> By facilitating 3 Core Measure Taskforce meetings, TA was provided to 100% of the LEMSAs, & 1 summary report of all LEMSA Core Measure data was produced.	Met	Met				
	<b>2-1-16:</b> 13 LEMSA administrators were contacted to submit their QI plan, & this promoted the delivery of TA & support to 100% of LEMSAs that requested assistance. This approach allows for review of plans for compliance with regulations, standards, & guidelines.	Met	Met				
	<b>2-1-16:</b> STEMI & Stroke regulations were developed with the assistance of Workgroup member input.	Met	Met				

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Impact Objective	Detailed Objective Outcome 2-1-16 / 6-30-16	Objective Outcome 2-1-16	Objective Outcome 6-30-16	Budget	Spend Rate %	# of PYs	# of FTEs
	<b>2-1-16:</b> 4 updates were provided.	<b>Met</b>	<b>Met</b>				
	<b>2-1-16:</b> 33 LEMSAS were contacted to submit their plans. This proactive approach allowed for a timely evaluation of 18 plans that were posted on the EMSA website.	<b>Met</b>	<b>Met</b>				
	<p><b>2-1-16:</b> (1) Assistance provided to 10% of the CAL FIRE staff because a severe fire season prevented helicopter inspection; (2) 4 LEMSAs received TA on RFPs for ambulance service. (3) Neither Table 8 Transportation Plan forms, nor instructions were updated, as this was contingent on adoption of the EMS Systems regulations.</p> <p><b>6/30/16:</b> (1) EMSA offered technical support to CAL FIRE more than 3 times and scheduled inspections; (2) 4 LEMSAs received TA with RFPs for emergency ambulance service in exclusive operating areas; (3) Forms update and instructions being developed and are reliant on successful regulation adoption. Regulations are being developed.</p>	<b>Not Met</b>	<b>Partially Met</b>				

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	<p><b>2-1-16:</b> 1 approved State Trauma Plan was approved, despite opposition by LEMSAs over the issue of local control. The Plan was vetted through the CHHS Secretary &amp; the Department of Finance.</p>	Met	Met				
	<p><b>2-1-16:</b> TA was provided to 100% of Performance Improvement &amp; Patient Safety Plan (PIPS) Subcommittee members.</p>	Met	Met				
	<p><b>2-1-16:</b> TA was provided to 100% of the Regional Network/Re-Triage (RNRT) Subcommittee members.</p>	Met	Met				