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3 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
4 PREVENTIVE HEALTH AND HEALTH SERVICE BLOCK GRANT (PHHSBG)
5 ADVISORY COMMITTEE MEETING
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9 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
10 KINGS RIVER CONFERENCE ROOM
11 1616 CAPITOL AVENUE
12 SACRAMENTO, CALIFORNIA
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16 FRIDAY, MAY 4, 2018
17 10:00 A.M.
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23 Reported by: PHYLLIS MANK, CSR No. 5093
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APPEARANCES

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ADVISORY COMMITTEE MEMBERS:

Wes Alles, Ph.D., Co-Chairperson

Caroline Peck, M.D., Co-Chairperson

Stephen McCurdy, M.D., M.P.H

Dan Spiess

Wilma Wooten, M.D., M.P.H

STAFF:

Anita Butler, Block Grant Coordinator

Hector Gardia, Block Grant Administrator

Matthew Herreid, Block Grant Fiscal

1 SACRAMENTO, CALIFORNIA

2 FRIDAY, MAY 4, 2018

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4 BLOCK GRANT COORDINATOR BUTLER: We will go
5 ahead and get started. As usual, we should take role
6 just because the court reporter is here and we want to
7 make sure we get everything on the record.

8 CO-CHAIRPERSON ALLES: This is Wes Alles, and I
9 Co-Chair this with Caroline Peck, and we had one other
10 person from Committee present. I'll let him introduce
11 himself in just a second. I want to ask, after Steve
12 goes, if there are any members of the Department of
13 Public Health there and/or if there are any member of the
14 public who might be joining us. So, Steve, introduce
15 yourself.

16 ADVISORY COMMITTEE MEMBER McCURDY: This is
17 Stephen McCurdy. I'm faculty member at the University of
18 California Davis in the Department of Public Health
19 Sciences.

20 CO-CHAIRPERSON ALLES: Anita, you want to
21 introduce who is with you there?

22 BLOCK GRANT COORDINATOR BUTLER: Sure. I'm
23 Anita Butler. I'm the Acting Block Grant Coordinator.
24 And joined with me here is Dr. Caroline Peck, who is the
25 Co-Chair of this Committee as well. I also have here

1 Hector Garcia, the Block Grant Administrator, and Matthew
2 Herreid, who is the Block Grant Fiscal Analyst.

3 CO-CHAIRPERSON ALLES: Are there any other
4 members of the Department present there?

5 BLOCK GRANT COORDINATOR BUTLER: No.

6 CO-CHAIRPERSON ALLES: Are you aware of anybody
7 on the call who is from the public?

8 BLOCK GRANT COORDINATOR BUTLER: I am not, but
9 we should ask just to be on the safe side.

10 CO-CHAIRPERSON ALLES: Is there anybody else on
11 the phone who has not been introduced?

12 ADVISORY COMMITTEE MEMBER SPIESS: Wes, this is
13 Dan Spiess present and party.

14 CO-CHAIRPERSON ALLES: You can count on the
15 meeting not going two hours and likely much shorter than
16 that. I should give Caroline a chance to welcome
17 everybody and to say anything, Caroline, that's in your
18 mind that you want to alert us to that we need to make
19 sure we cover today.

20 CO-CHAIRPERSON PECK: I thank you so much, Wes.
21 I just want to welcome everyone and thank you for being
22 here.

23 CO-CHAIRPERSON ALLES: Okay. I want to go
24 through the attachments so that we can find them easily.
25 Attachment -- the first one is the Advisory Committee D1.

1 And then the second one, D2, is the agenda for today. D3
2 is the court reporter minutes, and a little bit later on
3 we need to take an action items to vote to accept those
4 minutes or have conversation about them. The fourth is
5 the Program Outcomes Report and that's what Hector will
6 deliver. Then D5 are the criteria. One of the agenda
7 items is to discuss the criteria. We discussed it a
8 little bit in the minutes of the meeting as well. Then
9 D6 is the program descriptions and that's about five or
10 six pages of the programs with the funding amount that's
11 allocated to them.

12 Let's go to review and discussion of the May 10
13 court reporter minutes, and what I'll do is kind of
14 summarize them and there are a few things I may call out
15 to see if there is any interest in conversation about
16 them.

17 First several pages have to do with members who
18 were present or not from the Advisory Committee,
19 Department of Public Health. There were two public
20 attendees, somebody from Kaiser and then the court
21 reporter.

22 We went through the minutes of the September
23 12th Advisory Committee and approved those minutes.
24 Caroline talked about the budget fiscal year '17 and the
25 California Department of Public Health Healthy People

1 2020 program. She also talked about the site visit.
2 Every several years CDC finds its way to California.
3 They visit the other states as well kind of on a rolling
4 or rotating basis.

5 In that site visit, she talked about the program
6 evaluation and mentioned that CDC wanted to incorporate
7 evaluations because they report to congress. Congress
8 use of metrics, she indicated they do support the Block
9 Grant outcomes, the impact that public health makes on
10 the welfare and well-being of Americans. That is
11 something that we could -- we implemented a fair number
12 of years ago, probably at least ten years ago. We wanted
13 some outcome measures as a part of the funded parts of
14 the reports.

15 She also talked about the logic models that we
16 need to focus on as we're thinking about making our
17 recommendations. The first one was to decrease health
18 disparities, premature death and disability. The second
19 was to improve health equity. The third was to improve
20 capacity of the public health system and its ability to
21 respond to health threats. And to improve the
22 performance and accountability of public health agencies.

23 She indicated that there are three objectives.
24 One is to decrease gaps in funding for critical public
25 health programs. Two, to increase efficiency and

1 effectiveness of public health programs, services and
2 activities. And, three, to reduce preventable risk
3 factors.

4 She moved on to the California Healthy People
5 2020 program. She talked about funding priorities. The
6 ones that were listed were size and condition of the
7 problem, conditions of severity, equity in health status
8 and engaging communities at the local level. There's a
9 fifth broader list on the attachment that's D5, which is
10 our priorities, and if we have time on the agenda if
11 anybody wants to discuss any of those items, whether it
12 was to remove them, change them or add new ones.

13 Mr. Carter, who was a member of the CDC group
14 that visited, he asked if any specific models were being
15 used to determine the metrics, and Dr. Peck and I
16 responded to that. In essence, we do collect data and
17 look at the data in order to be true to the objectives
18 that we set. We look at the data primarily around the
19 priorities, I would say, that we have established. I had
20 made the point that, as you get closer out into the
21 community, probably the need shifts a little bit to
22 looking more directly at how the people in the local
23 areas are being served as opposed to statewide data that
24 are collected.

25 And the next four-and-a-half pages on the

1 minutes then are Block Grant funded programs. There's a
2 brief kind of description and accounting of the amount of
3 funding they receive.

4 Caroline, did you want to say anything about the
5 minutes before we engage in conversation among the
6 members?

7 CO-CHAIRPERSON PECK: No. Thank you, Wes. It
8 was a lovely summary.

9 CO-CHAIRPERSON ALLES: I also should point out,
10 and I think Caroline did a really nice job of describing
11 that meeting, but in our preparation for the meeting
12 today Caroline reminded me that the CDC had wonderful
13 things to say about this Committee, and I remember at the
14 end -- almost right at the end of the review that they
15 did, the visitors made the comment -- the visitors from
16 CDC that they -- something along the line they wished
17 that every state had an Advisory Committee like ours.

18 So, Steve and Dan -- I was thinking Steve and
19 then I couldn't remember Dan's first name but it came to
20 me. Anyway, Caroline, did you want to say anything else
21 about the accolades just briefly in a nutshell to give a
22 little positive reinforcement to us?

23 CO-CHAIRPERSON PECK: Absolutely. So we --
24 Anita and I had the opportunity to go to Atlanta a couple
25 of weeks ago for the annual block grant meeting, and

1 that's the place where all of the 51 grantees, including
2 people from Guam and Puerto Rico and all of the states,
3 and Anita presented at this meeting along with our
4 project officer Vicky Rayle, and Vicky spoke highly to
5 the entire group of people, including all of the CDC
6 staff for the Block Grant, and talked about how impressed
7 they were with the site visit and with the Advisory
8 Committee. And I think the fact that you had a
9 representative that actually came and spoke to the CDC
10 site visitors was something that hadn't ever happened
11 before and they really appreciated the engagement as well
12 as when they heard about the composition of the Committee
13 and how you engage and really think so thoughtfully about
14 where the money should go and advise our Department.
15 They really appreciate it and said that in front of
16 everyone. I was very happy to hear that, and I just
17 wanted to make sure that you realized how highly regarded
18 this Committee is thought of by the CDC.

19 CO-CHAIRPERSON ALLES: Thank you. If I could, I
20 would extend the accolades to the Department, everybody
21 who works hard every day for the people of California,
22 whether it's in the Block Grant or in any other program.
23 The comments that were made really were a reflection of
24 the combination of the employees of the Department of
25 Public Health, the Advisory Committee and also the

1 Director of the Public Health Department who, by and
2 large, has responded very favorably to the
3 recommendations that we've made. And there have been
4 changes in budgets coming from recommendations --
5 tentative budgets coming from recommendations that were
6 made by the Advisory Committee.

7 So with that, I wonder if, Dan or Steve, if you
8 wanted to make any comments or have any questions around
9 the minutes before we vote on them?

10 ADVISORY COMMITTEE MEMBER McCURDY: This is
11 Steve. I reviewed them before. They looked fine to me.
12 So I would move for approval at the proper point and
13 time.

14 CO-CHAIRPERSON ALLES: I will second the motion.
15 All in favor say aye.

16 (Ayes.)

17 CO-CHAIRPERSON ALLES: Was there another voice
18 on the phone?

19 ADVISORY COMMITTEE MEMBER WOOTEN: It's Wilma
20 Wooten.

21 CO-CHAIRPERSON ALLES: We will accept the
22 minutes of the court reporter. I didn't ask for public
23 comment on that since there are no public members on the
24 phone. Just to be sure, is there any member of the
25 public now on the phone who would like to make a comment?

1 Okay.

2 So the next agenda item then is the **Program**
3 **Outcomes Report**, which is D6 in your hand-out. I'll turn
4 it over to Hector.

5 Block Grant ADMINISTRATOR GARCIA: This is
6 Hector Garcia, and I have a very interesting report
7 today. Basically, I'd like to start out to say that our
8 state plans show where we're going to be, but our Program
9 Outcome Reports show how the programs have actually
10 performed.

11 And with respect to the 2016 Program Outcomes
12 Report, it shows that programs did very well. The
13 majority of the objectives were met or exceeded by June
14 30th, 2017. Only six objectives were partially met and
15 only five were not met out of 71 total. Only 14
16 activities were not met. It's a really good outcome.
17 All programs had impact statements for each objective.
18 And, on top of that, this is all documented by the
19 programs having submitted a success story.

20 Now, what we plan to do with respect to the 2016
21 Program Outcomes Report is to post it on the Preventive
22 Health and Health Services website, and this will be
23 accompanied by the success stories.

24 Now, with respect to the 2017 Program Outcomes
25 Report, programs have submitted their progress for the

1 first six months of the funding period and will be
2 submitting their final outcomes in July 2018. At least
3 50 percent of the objectives and activities have been met
4 already and that's as of May. The final report will be
5 available on the website by September.

6 I just want to point one thing out is that the
7 Program Lead and Evaluator for our program will be
8 starting May 31st and will be starting on the quality
9 improvement activities first. Any questions?

10 ADVISORY COMMITTEE MEMBER WOOTEN: No

11 CO-CHAIRPERSON ALLES: Let me ask, Stephen or
12 Dan. I think Wilma said no questions. Is that correct,
13 Wilma?

14 ADVISORY COMMITTEE MEMBER WOOTEN: I did say no.
15 No questions. I did maybe have one request is that the
16 talking points that Mr. Garcia just made, can he provide
17 those kind of in summary to us?

18 Block Grant ADMINISTRATOR GARCIA: Yes. I'll
19 have that for you today.

20 ADVISORY COMMITTEE MEMBER WOOTEN: Thank you.

21 CO-CHAIRPERSON ALLES: Any other questions or
22 comments? I wanted to ask a question. There were, I
23 think, five that weren't achieved and some other small
24 number that were partially met. So do you have a sense
25 of -- when things were not met or only partially met, was

1 there kinds of a generic around maybe the goal was not
2 understood or was too big? I guess what I'm asking for,
3 what would account for a program not achieving its goals
4 kind of in concept?

5 BLOCK GRANT ADMINISTRATOR GARCIA: You know that
6 all of the programs have a very diverse state plan, and
7 there's a wide variety of factors that would affect
8 someone not reaching an objective or not completing an
9 activity. So there's no common thread that goes through
10 anything. It's just sometimes programs set their goals
11 so far up and are so optimistic that they miss it by just
12 a few points, but that's still a partially met or not
13 met. I hope that helps you understand what the problems
14 are.

15 ADVISORY COMMITTEE MEMBER WOOTEN: I actually --
16 on page 3 of 31 is a great example of that, Hector. The
17 objective was for the Food and Drug branch to collect 850
18 specimen samples but they only collected 775. So, as
19 such, the object is specified as not met. But, really,
20 what's the impact of that? That's the greater question.

21 CO-CHAIRPERSON ALLES: That's a good point.

22 ADVISORY COMMITTEE MEMBER SPIESS: Hector, this
23 is Dan. Is there an opportunity for those objectives
24 that were not met to pick them up in a subsequent year?

25 BLOCK GRANT ADMINISTRATOR GARCIA: That's what

1 they end up doing in the subsequent state plan, is they
2 re-evaluate what they did in the previous year and then
3 they build on what they had attempted to do the previous
4 year. That is why this Program Outcomes Report is so
5 important. It gives programs an opportunity to review
6 their own performance.

7 CO-CHAIRPERSON ALLES: I wanted to suggest -- I
8 read something in here that said in the first quarter
9 that there would be an accounting for each of the
10 objectives -- each of the programs, kind of looking at
11 their objectives and seeing how they're doing. I think
12 that's a good idea. I wonder if there is a benefit to
13 doing that maybe in the third quarter again or perhaps
14 every quarter just doing an accounting, and then at least
15 it would be a conscious decision and not so much of a
16 surprise at the end if there were 771 instead of 800,
17 whatever the number was. I'm only making that as a
18 recommendation for conversation perhaps within the
19 Department to see if there is an appetite for more -- a
20 more structured evaluation on a quarterly basis.

21 BLOCK GRANT ADMINISTRATOR GARCIA: I think --

22 ADVISORY COMMITTEE MEMBER WOOTEN: Can I just
23 make another comment before you answer?

24 Block Grant ADMINISTRATOR GARCIA: Yes.

25 ADVISORY COMMITTEE MEMBER WOOTEN: I would also

1 recommend for the not met to have a reason for why or --
2 again, the impact of it not being met. Just looking at
3 another one where there was some type of educational
4 messaging campaign was supposed to be developed, it just
5 said it wasn't developed. Well, why wasn't it developed?
6 Will that objective be included in the next? So having
7 information for those items that were not met. Maybe the
8 objective was modified and changed to something else.

9 BLOCK GRANT ADMINISTRATOR GARCIA: Okay. These
10 are excellent suggestions and ideas, and what we're
11 planning on doing is really handing these tasks over to
12 the Program Lead and Evaluator once he comes on May 31st,
13 and we will provide that individual with a copy of the
14 transcript so that we can institute some corrections in
15 what we've been doing in the past.

16 CO-CHAIRPERSON ALLES: Very good. So is there
17 any other discussion among the committee? Is there
18 anybody on the phone from the public who would like to
19 comment? Okay. This is not an action item, but just for
20 discussion. Caroline, anything you wanted to say on this
21 particular topic before we move on?

22 CO-CHAIRPERSON PECK: No. Just to say that your
23 comments are very helpful, and I just want to commend
24 Hector because this Program Outcomes Report is a lot of
25 work with the number of programs and all the data, and

1 Hector is responsible for pulling all this information
2 together. I want to publicly thank him for all the work
3 he does on this.

4 ADVISORY COMMITTEE MEMBER WOOTEN: Great job,
5 Hector.

6 BLOCK GRANT ADMINISTRATOR GARCIA: Thank you.

7 CO-CHAIRPERSON ALLES: Very good, Hector. Thank
8 you. So the next item then is the fiscal year '18 and
9 fiscal year '19 updates, and Caroline is going to speak
10 to that.

11 CO-CHAIRPERSON PECK: I'm going to turn it over
12 to Anita.

13 BLOCK GRANT COORDINATOR BUTLER: This is Anita
14 Butler. I'm going to provide both the fiscal year '18
15 and '19 update.


16 For fiscal year '18, CDC has not released the
17 2018 Funding Allocations, nor have we received our Notice
18 of Award. However, when Caroline and I attended the
19 conference, they indicated that the total allocation for
20 next year will be \$160 million, which is flat funding,
21 and, therefore, states should anticipate receiving flat
22 funding. They indicated that they will release the
23 Allocations and the Notice of Awards as soon as possible.
24 So, basically, they encouraged all grantees to move
25 forward with the assumption that we would receive flat

1 funding.

2 California's 2018 State Plan will be based on
3 \$10,600,069. Oftentimes, the Allocation is slightly
4 higher once CDC releases it and, as in the past, we would
5 like the Advisory Committee's recommendation to increase
6 the budgets of existing programs should California
7 receive an increase. This approach eliminates the need
8 to have an additional Advisory Committee meeting to
9 discuss the additional funds.

10 CO-CHAIRPERSON ALLES: Does the recommendation
11 provide any further detail? Just that it should -- or
12 that it should remain within the Block Grant and be used
13 for the intended purpose?

14 BLOCK GRANT COORDINATOR BUTLER: That is
15 correct. Basically, it would go to existing programs
16 because for this new year we are not adding any new
17 programs. So if we were to get a small increase, we
18 would take that increase, split it between our CDPH and
19 the Emergency Medical Services Authority at 70 percent
20 CDPH and 30 percent EMSA. The CDPH 70 percent would be
21 split among the existing programs.

 22 ADVISORY COMMITTEE MEMBER WOOTEN: Is that
23 practice written up anywhere for this Committee?

24 Block Grant COORDINATOR BUTLER: You know, I
25 don't recall if we have it written up anywhere, but we

1 generally have this discussion every Advisory Committee
2 meeting just because oftentimes, when we get the Notice
3 of Award, it's probably \$50,000 more or less than we
4 anticipate receiving.

5 ADVISORY COMMITTEE MEMBER WOOTEN: I would
6 just -- if there is no objection, a one-page policy --

7 BLOCK GRANT COORDINATOR BUTLER: So we'll draft
8 that one-page policy and share it with the entire
9 Advisory Committee at our next meeting and we will also
10 request any feedback from you all.

11 CO-CHAIRPERSON ALLES: I wonder, if we have more
12 feedback and if the feedback is positive to your
13 suggestion, as you've described it, with the split 70/30
14 and so forth, that maybe we should take an action item on
15 this now unless you don't need it at the time of our next
16 meeting.

17 BLOCK GRANT COORDINATOR BUTLER: Actually,
18 that's a great suggestion, Wes. We would prefer to have
19 it now because we are developing our State Plan and we
20 expect or hope to receive our Allocations any day, but we
21 will definitely have it before we submit the State Plan,
22 and we want to put it in the State Plan that we will
23 share with you all for review and approval. So if it's
24 possible to vote on it now, that's what we would prefer.

25 CO-CHAIRPERSON ALLES: Any more questions or

1 comments?

2 ADVISORY COMMITTEE MEMBER SPIESS: This is Dan
3 Spiess. How would the 70 percent be allocated? Would it
4 be allocated proportionately to those programs or is
5 there some other method?

6 BLOCK GRANT COORDINATOR BUTLER:
7 Proportionately.

8 CO-CHAIRPERSON ALLES: All right. So we asked
9 for public comment, there was none. I would like to make
10 the motion then that the Committee make a recommendation
11 to the Department that, if there are additional funds,
12 they will be distributed 70/30 for the Department and
13 EMSA and that the 70 percent will be distributed
14 proportionate to their current budget. The reason for
15 making the motion is that as the State Plan is being
16 developed, it would be helpful for the programs to know
17 what their budget will be and --

18 ADVISORY COMMITTEE MEMBER SPIESS: I'll second
19 that.

20 CO-CHAIRPERSON ALLES: All in favor signify by
21 saying aye.

22 (Ayes.)

23 ADVISORY COMMITTEE MEMBER McCURDY: I just
24 wanted to interrupt the moment of discussion. We've now
25 moved to have it be proportionate to the current budget.

1 I just wonder if it makes sense to build a little more
2 flexibility in that so the Department has the discretion
3 to do otherwise should it be appropriate. Maybe that
4 isn't necessary for the Advisory Committee already. I
5 wouldn't want to tie the Department's hands if there were
6 circumstances that made it wisest to do a distribution
7 that was not quite proportional.

8 CO-CHAIRPERSON PECK: Steve, this is Caroline --

9 CO-CHAIRPERSON ALLES: I --

10 CO-CHAIRPERSON PECK: Go ahead.

11 CO-CHAIRPERSON ALLES: I was just going to say a
12 principle we had reiterated over time is that, you know,
13 there are -- we are a recommending body and that there
14 should be flexibility. We're hoping our recommendations
15 would be honored in spirit. But you make a very good
16 point. There could be some amount of money that wouldn't
17 make a big difference to a program and the proportion of
18 the math coming to a different program it wouldn't matter
19 that much, and the Department should have the flexibility
20 to make that determination and let them have an exact
21 percentage.

22 CO-CHAIRPERSON PECK: Thank you so much for that
23 comment, Steve and Wes, because I actually agree. I
24 would like -- the 30 percent that goes to EMSA, I would
25 like them to have some discretion in where they put the

1 that cuts across -- makes a statement it cuts across all
2 programs, the equity. Cost of the condition and engaging
3 communities at the local level. You can read the
4 different priorities on here.

5 Are there any that you want to discuss relative
6 to removal or change of wording? Are there any that
7 somebody would like to add for discussion into the mix?
8 Caroline, any thoughts you have on the priorities, how
9 well they served the purposes of the Committee?

10 CO-CHAIRPERSON PECK: I believe we served them
11 well and I have no recommended changes.

12 CO-CHAIRPERSON ALLES: Okay. Again, it's just
13 conversation, discussion. It's not an action item unless
14 we would have had a recommendation perhaps for a change.

15 Then the last agenda item on the agenda is the
16 fiscal year 2018 proposed programs. Anita, are you going
17 to cover that?

18 BLOCK GRANT COORDINATOR BUTLER: Yes. Thank
19 you, Wes. So CDC anticipates awarding California the
20 Preventive and Health Services Block Grant to support
21 public health infrastructure, address emerging health
22 issues, maintain emergency medical services and optimize
23 the health and well-being of the people in California.
24 All grant activities align with the Healthy People 2020
25 objectives.

1 extra \$20,000 or whatever it turns out to be; or if
2 there's a cut to be taken, it gives them the flexibility
3 to manage their budget. And, likewise, on the CDPH side,
4 the only caveat we really have to adhere to is that it
5 would be something that's described in the State Plan.

6 CO-CHAIRPERSON ALLES: So since we did make kind
7 of a modification, I feel we should probably have a
8 verbal vote again to acknowledge that we approved this.
9 So those in favor of the modification, please signify by
10 saying aye.

11 (Ayes.)

12 CO-CHAIRPERSON ALLES: Any opposition? Very
13 good. Thank you. The next item then is the discussion
14 for us around the funding. Many years ago we put
15 together priorities. Periodically we changed those
16 priorities or at least discussed changing them. It's
17 likely a few have been added over the years, a few have
18 been dropped, but essentially there is a structure that
19 serves as the basis for our recommendations.

20 And on the D5 attachment you will see the Block
21 Grant priorities, and they are consistent with the
22 priorities that were discussed by CDC in their review,
23 and the ones that they called out were size of the
24 condition or problem. We have that one. Condition
25 severity, we have that one. Equity in health status,

1 EMS for Children; EMS Health Information Exchange; EMS
2 Partnership for Injury Prevention and Public Education;
3 EMS Poison Control System; EMS Prehospital Data and
4 Information Services and Quality Improvement; EMS STEMI
5 and Stroke Systems; EMS Systems Planning and Development;
6 and EMS Trauma Care Systems.

7 The program descriptions as well as the funding
8 levels are all summarized in document No. 6. I'll turn
9 it back over to you, Wes.

10 CO-CHAIRPERSON ALLES: Okay. I wanted to ask a
11 question relative -- the question tries to link together
12 our discussion and recommendations with the actual
13 proposed funding level. Could you give just a brief
14 description of how closely aligned they are?

15 BLOCK GRANT COORDINATOR BUTLER: I'm sorry. Can
16 you repeat the question?

17 CO-CHAIRPERSON ALLES: I was trying to link
18 recommendations from the Committee to the proposed
19 funding level. I was thinking that yesterday we had a --
20 part of the conversation was that the recommendations of
21 the Committee were considered and that the funding
22 relates pretty closely to the proposal. Is that true?

23 BLOCK GRANT COORDINATOR BUTLER: Yes. So,
24 basically, the Director would like to fund existing
25 programs in this new year and that is consistent with the

1 California's anticipated FY 2018 award is
2 \$10,600,069. The grant and project term is 10-1-17
3 through 9-30-19. California plans to expend these funds
4 in State fiscal year 18/19, which is July 1, 2018 through
5 June 30, 2019. California will utilize these funds for
6 the following programs:

7 Rape Prevention Set-Aside, which is \$832,969;
8 Behavioral Risk Factor Surveillance System, which is
9 400,000; the California Wellness Plan Implementation,
10 440,000; Cardiovascular Disease Prevention, 424,654;
11 Commodity Specific Food Surveillance Sampling, 200,000;
12 Ecosystem of Data Sharing, 214,291; Health in All
13 Policies, 592,748; HIV Care and Partner Services,
14 500,000; Nutrition Education and Obesity Prevention,
15 300,000; Healthy People 2020, 667,000; Partnering to
16 Reduce Preventable Non-Fatal Work Related Injuries,
17 170,000; Preventive Medicine Residency program, 565,278;
18 Public Health 2035, 776,370; Public Health Accreditation,
19 30,000; Receptor Binding Assay, 275,000; Safe and Active
20 Communities: Intentional and Unintentional Injury
21 Prevention, 884,629.

22 The Emergency Medical Services Authority will
23 utilize their \$2,727,130 to fund the following nine
24 programs:

25 Emergency Medical Dispatch/EMS Communications;

1 Environmental Health. Rather than -- in the past, the
2 Advisory Committee, I think, had more -- the decisions
3 about what to fund didn't always rise up to the level of
4 the Director, but now the Director convenes the Deputy
5 Directors, including from programs such as our Infectious
6 Disease Deputy, Chronic Disease Deputy, Environmental
7 Health Deputy, as well as all the other Deputies from
8 operations like Audits and Legal Services, Administration
9 and Fiscal.

10 So there's a whole group of people who weighed
11 in a couple of years ago when these programs were ranked
12 for importance and funded, and we led that process and
13 were able to share with them all of the Advisory
14 Committee principles for allocation as well as the
15 recommended criteria, and I think they wanted to take a
16 broader approach to how the funding was used in
17 California.

18 So as a result of that, people were -- across
19 the Department submitted proposals, and so it was all
20 brought together. There was -- people were allowed to
21 talk about their proposals to each other and why it was
22 important and then they voted and allocated funding as a
23 group. And Karen -- Dr. Smith blessed the decisions of
24 that group. So --

25 CO-CHAIRPERSON ALLES: Okay.

1 Advisory Committee's recommendation, to fund programs for
2 at least three years, as it takes about that amount of
3 time to get started, complete the work and see the
4 results.

5 CO-CHAIRPERSON ALLES: Committee Members,
6 anything you want to call out on this topic?

7 ADVISORY COMMITTEE MEMBER McCURDY: I'm a little
8 confused. Maybe somebody can remind me how some of these
9 programs got onto the Block Grant as opposed to
10 elsewhere. For example, the Commodities Specific
11 Surveillance program, that's obviously a public health
12 thing. I was wondering if CDFA might, in fact, be the
13 agency normally that would do that. It seems like such
14 an important program that it's worrisome to me that some
15 of the Block Grant might get cut from one year to the
16 next.

17 CO-CHAIRPERSON PECK: Steve, I can respond. So
18 Dr. Karen Smith had a new vision for the Block Grant
19 because traditionally this was in the Chronic Disease and
20 Injury Control Center at CDC, and it was moved up closer
21 to the Director in the Office of State and Territorial
22 and Local programs.

23 I think her vision was this money was not just
24 used for chronic disease, but was rather expanded to
25 other areas of our Department such as Infection and

1 CO-CHAIRPERSON PECK: In particular, that lab
2 test for poisoning, that was something -- they have a
3 test already, but they -- using a mouse model, and they
4 wanted to go to a different model, and I don't think
5 there was any money elsewhere to develop and test this
6 new way of toxin assessment. The use of this Block Grant
7 allowing them to validate this new test, which is sort
8 of -- it's a public 2035 approach where we're looking for
9 what is the best way to do a test of this type, for
10 example.

11 CO-CHAIRPERSON ALLES: Okay.

12 ADVISORY COMMITTEE MEMBER WOOTEN: This is Wilma
13 Wooten. So, Caroline -- because I don't remember that
14 process being communicated to the Advisory board before.
15 So when new processes like these occur so that we are
16 operating in the spirit of transparency and we are making
17 our decisions, that that can be a process that's shared
18 with us at some point during the meeting.

19 CO-CHAIRPERSON PECK: Sure. Wilma, we'll be
20 happy to do that. I was under the impression we did
21 share it, but maybe not in as much detail as I just
22 talked about right now.

23 ADVISORY COMMITTEE MEMBER WOOTEN: Was that
24 shared last -- a year ago? I don't remember much from a
25 year ago.

1 CO-CHAIRPERSON PECK: Exactly. That's why I
2 said I believe it was shared, but I can't remember
3 either. So, for example, if we were to have -- like for
4 the 18 in the State Plan that you'll be weighing in on
5 very soon, we would have started the process in like
6 September of 2017 within the Department and we would have
7 had more meetings with the Advisory Committee to get your
8 input on the State Plan. So we didn't do it this year,
9 but we had done it the previous year in 2016. It was
10 a long and involved process, and I imagined we might go
11 through that process in the fall of 2018 for the
12 allocation for '19. But, again, it's the Director's
13 Office decision as to whether we go through that. It's
14 basically an internal RFP process.

15 ADVISORY COMMITTEE MEMBER WOOTEN: I'm not
16 questioning the process. I'm just saying as we, as the
17 Advisory Committee, discuss the priorities, maybe that
18 description could be provided upfront.

19 CO-CHAIRPERSON PECK: Sure.

20 ADVISORY COMMITTEE MEMBER WOOTEN: Just reminds
21 us of what the processes are.

22 CO-CHAIRPERSON PECK: We will absolutely do
23 that.

24 ADVISORY COMMITTEE MEMBER WOOTEN: Thank you.

25 CO-CHAIRPERSON ALLES: Any further comment on

1 best thing for us to note from what -- because if that
2 particular person is filling a specific void, I don't
3 know if we want to recruit from colleagues in that same
4 area or not. Or is there a list of different people that
5 are required to be on the advisory board?

6 CO-CHAIRPERSON PECK: No, we have no
7 requirements as to who has to be on the Committee, so
8 that's helpful.

9 BLOCK GRANT COORDINATOR BUTLER: The person's
10 name was Rebekah Kharrazi and, if I'm not mistaken, she
11 worked for the Public Health Institute.

12 BLOCK GRANT ADMINISTRATOR GARCIA: I'd also like
13 to remind everybody that Ira Lubell passed away. His
14 position was never filled.

15 CO-CHAIRPERSON PECK: What we'd like is -- we
16 love having Wilma from the local health department
17 perspective, Steve from the academic area as well as Wes.
18 We have Dr. Glassman from oral health. We have Dan
19 Spiess from the EMS. I think the idea is that we really
20 want representation for some of the important programs
21 that we fund as well as from the different groups of
22 stakeholders that we work with just so that we're hearing
23 from everyone.

24 ADVISORY COMMITTEE MEMBER WOOTEN: Caroline, not
25 trying to make more work for you, but is there like, for

1 this process? What about the public? Is there anybody
2 out there that wants to comment on this? Okay.

3 Just one more item. We spoke yesterday in
4 planning for this, Caroline, and you mentioned that one
5 of the Advisory Committee Members is not going to be
6 serving any longer and we talked about letting people
7 know that there will be an opening on the Committee and
8 if you have somebody that you would recommend. That
9 could be because of an exceptional person and you know
10 them. It could be because there's an area of expertise
11 that's missing from the Committee. It could be that
12 there is some initiative which a voice would benefit from
13 on this Committee. The Committee would benefit from a
14 voice within. You should let Anita and Hector know and
15 make that -- that would be considered then as a
16 recommendation. Caroline, do you want to clean that up a
17 little bit? I didn't say it very well.

18 CO-CHAIRPERSON PECK: You were very clear. We
19 have an opening on the Advisory Committee and we welcome
20 your input if you know of someone or you think, like Wes
21 said, there's a voice that we would benefit from hearing
22 from.

23 ADVISORY COMMITTEE MEMBER WOOTEN: Which
24 position is becoming -- are you able to say now? No,
25 okay. So whenever you are ready to recruit, I guess the

1 lack of better words, bylaws or guidance -- I don't want
2 to use bylaws, but guidance for who should be on the
3 committee, that kind of information?

4 CO-CHAIRPERSON PECK: We do have that and we can
5 share that with you. That might be helpful as you think
6 about who to add. We can also -- we do hand out who's on
7 the Advisory Committee, but not everyone may know where
8 kind of their area of expertise is so we'll give a little
9 blurb on who each of you are. Then that might be helpful
10 when you think about gaps and who might be best able to
11 fill them.

12 ADVISORY COMMITTEE MEMBER WOOTEN: Thank you.

13 CO-CHAIRPERSON ALLES: In that case, I'd like to
14 hear a motion to adjourn the meeting and -- was there
15 something else before we do that?

16 BLOCK GRANT COORDINATOR BUTLER: Can I give two
17 quick updates before we adjourn. So in terms of 2019,
18 the budget has not been released. However, we anticipate
19 flat funding as Congress has already decided the 2018 and
20 '19 spending maximums. Congress anticipates passing the
21 bills in August; and if that doesn't happen, they may
22 pass a continuing resolution. As usual, the President's
23 budget proposes to eliminate the Benefit and Health
24 Service Block Grant, but the good news is there's
25 congressional bipartisan support of the Block Grant.

1 It's already been put in the House's budget and we're
2 optimistic it will be but into the Senate's budget.

3 The only other thing is, in terms of next steps,
4 the programs have written their State Plans. We're
5 revising them, reviewing them, and we will share them
6 with you all as quickly as possible. The next Advisory
7 Committee meeting will be on June 5th from 1:00 to 3:00
8 p.m. The purpose of that meeting will be to get your
9 feedback on the State Plan as well as your
10 recommendations to approve it. That's all. Thank you so
11 much.

12 CO-CHAIRPERSON ALLES: That was important stuff.
13 Thank you. Okay. Motion for adjournment?

14 ADVISORY COMMITTEE MEMBER WOOTEN: So moved.

15 CO-CHAIRPERSON PECK: Second. All in favor?

16 (Ayes.)

17 CO-CHAIRPERSON ALLES: Any opposed? The meeting
18 shall be declared adjourned.

19 (Proceedings concluded at 11:00 a.m.)
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REPORTER'S CERTIFICATE

STATE OF CALIFORNIA)
) ss.
COUNTY OF SACRAMENTO)

I, PHYLLIS MANK, CSR, hereby certify that I was
duly appointed and qualified to take the foregoing
matter;

That acting as such reporter, I took down in
stenotype notes the testimony given and proceedings had;

That I thereafter transcribed said shorthand
notes into typewritten longhand, the above and foregoing
pages 41 through 123 being a full, true and correct
transcription of the testimony given and proceedings had.

PHYLLIS MANK, CSR No. 5093

