

Preventive Health and Health Services Block Grant FFY 2017 - Program Outcomes Report

	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
California Behavioral Risk Factor Surveillance System Program	HP 2020 Objective: PHI-7 National Data for Healthy People 2020 Objectives		Funded FFYs: 2017 - (new)	
Objective 1: Maintain statewide collection and analysis of BRFSS data				
Between 07/2017 and 06/2018, PHSRP staff will conduct one California Behavioral Risk Factor Survey to obtain 3,000 completed surveys.	12/31/17:	Met. Conducted one California Behavioral Risk Factor Survey. The 2018 BRFSS survey data will be used by public health programs for program planning, evaluating programs, establishing program priorities, developing interventions and policies, assessing trends, and targeting population groups.	Met.	Data collection for the 2018 Behavioral Risk Factor Survey (BRFS) began on time on January 2018. All three versions of the BRFS are projected to meet or exceed the 2,500 completes. Data for California will be used by State programs to evaluate programs and establish program priorities. Researchers use data from BRFSS to better characterize health risk behaviors in California's population.
	6/30/18:	Met. Conducted one California Behavioral Risk Factor Survey. The 2018 BRFSS survey data will be used by public health programs for program planning, evaluating programs, establishing program priorities, developing interventions and policies, assessing trends, and targeting population groups.		
Activity 1: Collect BRFSS data. Between 07/2017 and 06/2018, Sandy Kwong, State Coordinator for the California Behavioral Risk Factor Survey, will work with one contractor to collect CA BRFSS data that meets or exceeds CDC guidelines.	12/31/17:	Met. Worked with one contractor to collect CA BRFSS data that meets or exceeds CDC guidelines. High-quality data for research will optimize the knowledge and use of health information of the adult population of California.	Met.	Data for the 2018 BRFSS is being collected by the Public Health Survey Research Group. Data are of high quality and submitted quarterly to the CDC. Data are used by public health programs, researchers, students to better characterize the risk behaviors and add to the knowledge of Californian's risk behaviors.
	6/30/18:	Met. Worked with one contractor to collect CA BRFSS data that meets or exceeds CDC guidelines. High-quality data for research will optimize the knowledge and use of health information of the adult population of California.		
Activity 2: Provide data sets to BRFSS users. Between 07/2017 and 06/2018, CA BRFSS Program staff will: (1) provide one data sets to 13 BRFSS users for analysis, program planning, evaluation, and resource-allocation activities; and (2) monitor collection of high-quality data and its dissemination in a timely manner by PHSRP through biweekly meetings on progress for data collections, quarterly submissions to CDC, and preparation of one data set for California state programs.	12/31/17:	Met. Provided one data set to 13 BRFSS users for analysis, program planning, evaluation, and resource-allocation activities; and monitored collection of high-quality data and its dissemination in a timely manner by Public Health Survey Research Program (PHSRP) through biweekly meetings on progress for data collections, quarterly submissions to CDC, and preparation of one data set for California state programs.	Met.	Data for the 2017 BRFSS was re-weighted using California Department of Finance populations and distributed to programs with state-added questions. A public use file was also prepared and distributed upon request. Data are used for research, program evaluation, setting programmatic priorities, and developing interventions and priorities.
	6/30/18:	Met. Provided one data set to 13 BRFSS users for analysis, program planning, evaluation, and resource-allocation activities; and monitored collection of high-quality data and its dissemination in a timely manner by Public Health Survey Research Program (PHSRP) through biweekly meetings on progress for data collections, quarterly submissions to CDC, and preparation of one data set for California state programs.		
Activity 3: Analyze BRFSS data. Between 07/2017 and 06/2018, CA BRFSS Program staff will develop a method to create 58 county-level estimates for California, using an SAS software program developed for small-area estimation.	12/31/17:	Met. Developed a method to create 58 county-level estimates for California, using an SAS software program developed for small-area estimation. County-level estimates will allow for public health programs to use BRFSS data for program planning, evaluating programs, establishing program priorities, developing specific interventions and policies, assessing trends, and targeting relevant population groups at the county-specific level.	Met.	The methodology for creating county-level estimates for California has been evaluated and estimates developed for smoking. The methodology will be applied to other risk factors and this will be of use to smaller counties where prevalence estimates were only available by grouping counties. Prevalence estimates can now be developed for each of the individual 58 counties in California.
	6/30/18:	Met. Developed a method to create 58 county-level estimates for California, using an SAS software program developed for small-area estimation. County-level estimates will allow for public health programs to use BRFSS data for program planning, evaluating programs, establishing program priorities, developing specific interventions and policies, assessing trends, and targeting relevant population groups at the county-specific level.		
Activity 4: Conduct quarterly BRFSS users' meetings. Between 07/2017 and 06/2018, CA BRFSS Program staff will hold quarterly meetings to inform 13 program partners of changes to survey or methods, data collection progress, and data management, and planning and development of a 2018 questionnaire.	12/31/17:	Partially met. Held two meetings to inform 13 program partners of changes to survey or methods, data collection progress, and data management, and planning and development of a 2018 questionnaire.	Met.	Communication with program partnerrrs on survey methods, data collection, progress and data management is important to produce a quality survey and collect high quality data for programs, stakeholders, and researchers to use.
	6/30/18:	Met. Held four meetings to inform 13 program partners of changes to survey or methods, data collection progress, and data management, and planning and development of a 2018 questionnaire.		

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Between 07/2017 and 06/2018, CWPI staff will conduct four meetings and attend partner meetings to: (1) promote CWPI in collaboration with partners committed to improving chronic disease surveillance; (2) discuss best practices; and (3) convene a work group for pilot projects.	12/31/17:	Met. Conducted 76 meetings to: (1) promote CWPI in collaboration with partners committed to improving chronic disease surveillance; (2) discuss best practices; and (3) convene a work group for pilot projects.	Exceeded	Meetings with internal and external partners have pushed forward the California Wellness Plan objective of improving health equity through collaboration and alignment of goals and sharing of evidence-based strategies in addressing chronic diseases.
	6/30/18:	Exceeded. The California Wellness Plan Implementation conducted in excess of four meetings.		
Activity 1: Update "The Burden of Chronic Disease and Injury–California" Report. Between 07/2017 and 06/2018, CWPI staff will update one report. The Burden of Chronic Disease and Injury–California:	12/31/17:	Not Met. Did not update the most recent version of the publication: "Burden of Chronic Disease and Injury".	Met.	This report provides an in-depth snapshot of the state's status on chronic diseases, injuries, and environmental exposure that can be utilized by policy makers, advocates, programs, researchers, and other health stakeholders in California to better address these conditions. It is an update to the original 2013 version.
	6/30/18:	Met. The California Wellness Plan Implementation updated one report.		
Activity 2: Convene statewide work group to conduct pilot studies for diabetes surveillance. Between 07/2017 and 06/2018, CWPI staff will collaborate with partners to obtain and analyze laboratory and electronic health-record data to develop and implement one pilot proof-of-concept project to assess the frequency, distribution, and quality of care of patients with diabetes and those at risk of diabetes (pre-diabetics) by evaluating Quest Diagnostics hemoglobin A1c laboratory results.	12/31/17:	Met. Collaborated with Quest Diagnostics to obtain and analyze laboratory and electronic health-record data to develop and implement one pilot project.	Met.	The collaboration between CDPH and Quest provides a novel perspective on diabetes throughout the State through the use of lab hemoglobin A1c levels.
	6/30/18:	Met. Collaborated with Quest Diagnostics to obtain and analyze laboratory and electronic health-record data to develop and implement one pilot project.		
Activity 3: Assist with coordination of the CDPH Epidemiology Steering Committee. Between 07/2017 and 06/2018, CWPI staff will plan quarterly steering committee meetings and the quarterly Epidemiologists' Forum.	12/31/17:	Met. Planned five steering committee meetings and four forums.	Met.	This group provides a forum for epidemiologists in the Sacramento and Richmond campuses to come together to share updates on current projects, collaborate, and share best practices.
	6/30/18:	Met. Planned five steering committee meetings and four forums.		
O				
Between 07/2017 and 06/2018, CWPI staff will conduct four meetings and attend partner meetings to promote CWPI in collaboration with partners committed to utilizing evidence-based chronic disease–prevention practices that have a measurable impact on population health, patient experience, and health care cost.	12/31/17:	Met. Conducted 76 meetings to promote CWPI in utilizing evidence-based chronic disease–prevention practices that have a measurable impact on population health, patient experience, and health care cost.	Exceeded	This activity promotes collaboration with partners who are committed to utilizing evidence-based chronic disease prevention practices and evaluating their impact on population health, the patient experience, and health care cost.
	6/30/18:	Exceeded. Conduct in excess of four meetings promoting collaboration with partners committed to utilizing evidence-based chronic disease–prevention practices that have a measurable impact on population health, patient experience, and health care cost.		

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Activity 1: Convene CWP Goal 2: Optimal Health Systems Linked with Community Prevention Work Group. Between 07/2017 and 06/2018, CWPI staff will engage more than ten internal and external partners and stakeholders to take steps to prevent, diagnose, treat, and control chronic disease by promoting seven interventions.	12/31/17:	Met. Engaged 20 partners and stakeholders to take steps to prevent, diagnose, treat, and control chronic disease by promoting seven interventions.	Met.	The workgroup has brought together diverse stakeholders who present different perspectives in the administering of comprehensive medication management with patients. Through such broad-perspective collaboration, group efforts can be more effective and far-reaching.
	6/30/18:	Met. Focused efforts primarily on one of the seven intervention: Comprehensive Medication Management. Currently developing an evaluation tool for those who want to measure the impact of CMM in their practice. Continuing to held monthly meetings to discuss CMM implementation i the State.		
Activity 2. Promote best practices, training, and collaboration. Between 07/2017 and 06/2018, CWPI staff will maintain two mechanisms for communication (e.g., listserv, website) of CWPI progress and opportunities for internal and external collaboration to promote and utilize best practices to prevent, treat, and control chronic disease, and promote use of measures such as return on investment and cost of prevention.	12/31/17:	Met. Maintained two mechanisms for communication (e.g., listserv, website) documenting both progress and opportunities for collaboration to promote best practices to prevent, treat, and control chronic disease, and promote use of measures such as return on investment and cost of prevention.	Met.	Communication and training activities help promote the use of best practices and evaluation measures to prevent, treat and control chronic disease.
	6/30/18:	Met. Maintained two mechanisms for communication (e.g., listserv, website) documenting both progress and opportunities for collaboration to promote best practices to prevent, treat, and control chronic disease, and promote use of measures such as return on investment and cost of prevention.		
Activity 3. Participate in partner conferences and meetings. Between 07/2017 and 06/2018, CWPI staff will provide guidance in CWPI to partners attending six conferences/meetings, to ensure collective impact in prevention, diagnosis, treatment, and control of chronic disease.	12/31/17:	Met. Provided guidance to partners to ensure collective impact in prevention, diagnosis, treatment, and control of chronic disease.	Met.	By engaging in partner meetings, CWPI objectives are advanced more broadly throughout the State and alignment of goals and strategies in addressing CWPI objectives is ensured.
	6/30/18:	Met. Provided guidance to partners to ensure collective impact in prevention, diagnosis, treatment, and control of chronic disease		
Objective 3: Monitor California Wellness Plan Implementation.				
Between 07/2017 and 06/2018, CWPI staff will maintain one process for providing progress on CWP Goals, including all 266 CWP Objectives, to inform partner chronic disease—prevention priorities and planning efforts, with a focus on health equity and well-being.	12/31/17:	Met. Advanced the process for approving the California Wellness Plan Progress Report.	Met.	The California Wellness Plan Progress Report is a monumental effort to track the State's important efforts on 267 objectives, including social determinants of health indicators. By tracking progress-and places where more work is needed-and by sharing this information broadly across stakeholders efforts can be identified as successful and focus can be increasingly targeted where it is most needed.
	6/30/18:	Met. The California Wellness Plan Progress Report has been published and has been posted on the Department's website. Currently developing a plan to distribute the publication amongst stakeholders, then collect their feedback after they have reviewed the Report.		
Activity 1. Update and maintain online CWP Data Reference Guide. Between 07/2017 and 06/2018, CWPI staff will maintain one CWP Data Reference Guide on the California Health and Human Services Open Data Portal by ensuring that data is accurate and current every year.	12/31/17:	Met. Maintained one CWP Data Reference Guide on the California Health and Human Services Open Data Portal by ensuring that data is accurate and current every year.	Met.	The Data Reference Guide is useful to other researchers and interested parties to be able to easily engage with the data provided by the California Wellness Plan.
	6/30/18:	Met. Maintained one CWP Data Reference Guide on the California Health and Human Services Open Data Portal by ensuring that data is accurate and current every year.		

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Between 07/2017 and 06/2018, CDPP staff will provide webinars to at least 20 HHC members. Webinars will provide information on emerging public health issues	12/31/17:	Met. Provided webinars to 239 Healthy Hearts California (HHC) members. These webinars provided information on emerging public health issues to the HHC members.	<b>Met.</b>	HHC serves a statewide membership of providers and health professionals with vested focus for improving state prevention and control efforts in cardiovascular disease. The timely webinars provide best practice and quality improvement recommendations to guide attendees with take-backs that can be instituted in local practice for population health improvements. Supporting innovative cardiovascular disease prevention and control through HHC webinars generates interest and creates momentum for constructive cardiovascular disease improvements in health systems and at the provider level.
	6/30/18:	Met. Provided webinars to 239 Healthy Hearts California (HHC) members. These webinars provided information on emerging public health issues to the HHC members.		
Activity 1. Maintain statewide CVD alliance. Between 07/2017 and 06/2018, CDPP staff will maintain one HHC alliance, created to coordinate statewide stroke and heart disease control and prevention efforts. HHC provides support, technical assistance, resources, best practices, and a statewide forum for discussion relating to undiagnosed hypertension, hypertension, prediabetes, diabetes self-management, obesity, nutrition, and physical activity	12/31/17:	Met. Maintained one HHC alliance, that coordinates statewide stroke and heart disease control and prevention efforts. Through this alliance, technical assistance, resources, and a statewide forum for discussions relating to hypertension, prediabetes, diabetes obesity, nutrition, and physical activity was provided.	<b>Met.</b>	HHC has partnered with the American Heart Association (AHA) and UC Berkeley (UCB), Right Care Initiative (RCI) to ensure cardiovascular disease efforts are supported on two fronts: 1. AHA's stakeholders provide clinical management protocols that safeguard population prevention of cardiovascular disease; and, 2. UCB, RCI is connected to other CA UCs to monitor research and quality improvement activities generated through science and medical cardiovascular disease innovations. The alliance provides an opportunity to share resources and inform cardiovascular disease improvements for clinical providers.
	6/30/18:	Met. Maintained one HHC alliance, that coordinates statewide stroke and heart disease control and prevention efforts. Through this alliance, technical assistance, resources, and a statewide forum for discussions relating to hypertension, prediabetes, diabetes obesity, nutrition, and physical activity was provided.		
2. Host quarterly HHC Meetings. Between 07/2017 and 06/2018, CDPP staff will host and facilitate quarterly meetings via HHC. Meetings/webinars will provide support and information on emerging public health issues, such as the implementation of health systems interventions to improve the delivery and use of clinical and other preventive services through implementation of quality-improvement processes through electronic health records, health information exchange, team-based care, and strategic use of health systems quality measure data, resulting in improved health outcomes.	12/31/17:	Met. Four meetings were held. These meetings provided a forum for a discussion on emerging public health issues and the implementation of health intervention through implementation of quality-improvement processes.	<b>Met.</b>	HHC conducted quarterly meetings during the reporting period. Each meeting provided a California and National policy update on chronic disease from the CA Chronic Care Coalition, a webinar from a leading health professional to disseminate and share information on cardiovascular disease (CVD) prevention and control, and an attendee forum to discuss topics and pose questions regarding CVD, stroke and related heart disease issues. The meetings help generate interest, focus and support for CVD improvements in California.
	6/30/18:	Met. Four meetings were held. These meetings provided a forum for a discussion on emerging public health issues and the implementation of health intervention through implementation of quality-improvement processes.		
3. Conduct HHC annual evaluation and report. Between 07/2017 and 06/2018, CDPP staff will conduct one evaluation per year to track statewide and local activities, partnerships, coordination, and synergy among HHC membership. Evaluation results will be published in an annual report.	12/31/17:	Met. Conducted one evaluation to track statewide and local activities among HHC membership. The evaluation results were published in an Annual Report.	<b>Met.</b>	HHC conducts membership surveys through-out the reporting period to assess satisfaction with HHC activities and also collects supplemental CVD information to evaluate individual processes or issues. The surveys are analyzed and the results are published in the HHC Annual Report.
	6/30/18:	Met. Conducted one evaluation to track statewide and local activities among HHC membership. The evaluation results were published in an Annual Report.		

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4. Collect and analyze data on sodium awareness. Between 07/2017 and 06/2018, CDDP staff will purchase one question from California BRFSS to measure awareness of reducing sodium intake, to help prevent and control hypertension.	12/31/17:	Met. Purchased one question from California BRFSS to measure awareness of reducing sodium intake, to help prevent and control hypertension.	Met.	CDCB research staff analyzed the 2015 BRFSS data pertaining to sodium reduction to control high blood pressure and found that 79.2% of all Californians with high blood pressure were reducing their sodium to control their blood pressure. CDCB anticipates purchasing the sodium question in 2019 to track trends.
	6/30/18:	Met. Purchased one question from California BRFSS to measure awareness of reducing sodium intake, to help prevent and control hypertension.		
Commodity-Specific Surveillance: Food and Drug Program	HP 2020 Objective: FS-2 Outbreak-Associated Infections Associated with Food Commodity Groups			
Objective 1: Increase analysis of food commodities for microbial contamination.				
Between 07/2017 and 06/2018, FDB and Food and Drug Laboratory Branch (FDLB) staff will collect 850 samples of high-risk food commodities known to be susceptible to microbial contamination.	12/31/17:	Partially met. Collected 775 samples of high-risk food commodities known to be susceptible to microbial contamination. Investigated the distribution of adulterated foods and took the necessary steps to ensure removal from commerce, decrease consumer exposure to contaminated foods, and reduced the risk of contracting food-borne illness.	Exceeded	The collection and testing of high-risk food commodities ensures that food items purchased by California residents remain safe. Although pathogenic bacteria were not isolated in these food samples, the identification of indicator organisms in two food samples resulted in significant regulatory responses at two food processing facilities in California. Both of these facilities increased staff training, internal testing, and sanitation practices to ensure that safe food products are sold to the public.
	6/30/18:	Exceeded. Collected 2,585 samples of high-risk food commodities known to be susceptible to microbial contamination. Investigated the distribution of adulterated foods and took the necessary steps to ensure removal from commerce, decrease consumer exposure to contaminated foods, and reduced the risk of contracting food-borne illness.		
1. Collect and evaluate high-risk food commodities for microbial contamination. Between 07/2017 and 06/2018, FDB and FDLB staff will collect and analyze approximately 850 samples of food commodities for microbial contamination. Microbial analysis will be conducted to isolate and serotype pathogens. Pulsed-field Gel Electrophoresis (PFGE) and/or Whole Genome Sequencing (WGS) may also be conducted on isolates to determine if they are linked to any reported illnesses.	12/31/17:	Partially met. Collected and analyzed 775 samples of food commodities for microbial contamination. Microbial analysis was conducted to isolate and serotype pathogens. Pulsed field Gel Electrophoresis (PFGE) and/or Whole Genome Sequencing (WGS) was also conducted on isolates to determine if they were linked to any reported illnesses.	Met.	The collection and testing of high-risk food commodities ensures that food items purchased by California residents remain safe. Although pathogenic bacteria were not isolated in these food samples, the identification of indicator organisms in two food samples resulted in significant regulatory responses at two food processing facilities in California. Both of these facilities increased staff training, internal testing, and sanitation practices to ensure that safe food products are sold to the public.
	6/30/18:	Met. Collected and analyzed 2,585 samples of food commodities for microbial contamination. Two samples of ready-to-eat dips tested positive for Listeria innocuous. Although not pathogenic, Listeria innocuous is an organism that indicates the potential for the presence of Listeria monocytogenes (a human pathogen). Environmental Assessments were conducted at the two large food processors that manufactured these food items. Listeria monocytogenes was isolated on a non-food contact surface at one of these food manufacturing facilities. Corrective actions have been completed by the responsible firm.		

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2. Investigate processors to determine source and distribution of contaminated foods. Between 07/2017 and 06/2018, FDB staff will investigate all firms involved in the manufacture and distribution of foods identified with bacterial contamination, to determine the likely source of the contaminant and the distribution of the contaminated food(s) to ensure removal from commerce.	12/31/17:	Not Met. Collected 775 food samples including 395 ready-to-eat dips (salsa, spinach dip, hummus, etc.), 255 spices, and 125 powdered beverage mixes. The ready-to-eat dips were tested for Listeria monocytogenes and the spices and powdered beverage mixes were tested for Salmonella. FDLB reported all samples to date were negative for pathogens. Due to the negative findings FDB has not initiated any investigations of associated food manufacturers.	Met.	The collection and testing of high-risk food commodities ensures that food items purchased by California residents remain safe. Although pathogenic bacteria were not isolated in these food samples, the identification of indicator organisms in two food samples resulted in significant regulatory responses at two food processing facilities in California. Both of these facilities increased staff training, internal testing, and sanitation practices to ensure that safe food products are sold to the public.
	6/30/18:	Met. Collected 2,585 food samples including 1145 ready-to-eat dips (salsa, spinach dip, hummus, etc.), 940 spices, and 500 powdered beverage mixes. The ready-to-eat dips were tested for Listeria monocytogenes and the spices and powdered beverage mixes were tested for Salmonella. FDLB reported all samples to date were negative for pathogenic organisms. Two samples of ready-to-eat dips tested positive for Listeria innocua. Although not pathogenic, Listeria innocua is an organism that indicates the potential for the presence of Listeria monocytogenes (a human pathogen). Environmental Assessments were conducted at the two large food processors that manufactured these food items. Listeria monocytogenes was isolated on a non-food contact surface at one of these food manufacturing facilities. Corrective actions have been completed by the responsible firm.		
Between 07/2017 and 06/2018, EODS staff will develop one SOA-compliant messaging interface for the EODS initiative. EODS staff will also manage the research and evaluation of data virtualization technologies for adoption by the EODS initiative and CDPH.	12/31/17:	Not Met. Did not develop any SOA-compliant messaging interface for the EODS initiative and did not manage the research and evaluation of data virtualization technologies.	Partially Met	By taking the appropriate time to extensively research the data virtualization technology as an essential component of the SOA interface, staff can begin developing the in-depth technical blueprints to program the interface itself. The data virtualization technology is an essential component to developing an SOA-compliant messaging interface and overall EODS platform, and will make the CDPH data systems and registries interoperable. The interoperability of CDPH registries and surveillance systems will increase efficiency of data sharing, and make it easier for public health professionals, to turn raw data into information.
	6/30/18:	Partially met. Researched data virtualization technologies and selected technology methods for adoption and integration into the EODS initiative and CDPH.		

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1. Manage EODS system support and administrative functions. Between 07/2017 and 06/2018, EODS staff will provide managerial oversight of at least eight EODS-related system-development activities, including vendor management, technical requirements definition, system-configuration definition, service-level establishment, coordination with the Information Technology Services Division, and coordination with EODS program and project managers. This state oversight is required for the successful coordination and delivery of complex EODS service capabilities to the health-care community.	12/31/17:	Not Met. Provided managerial oversight of only four EODS-related system-development activities, including vendor management, technical requirements definition, system-configuration definition, service-level establishment, coordination with the Information Technology Services Division, and coordination with EODS program and project managers.	Met.	By developing an effective and sustainable governance structure for the EODS initiative through a Steering Committee and workgroups, all of the initial system support and administrative functions are operational and moving forward. These support and administrative functions will ensure that the vision of an interoperable, transparent, and information-rich CDPH data environment becomes a reality.
	6/30/18:	Met. Implemented and managed five functional workgroups in various areas of EODS that encompass the eight EODS-related system development activities. These workgroups have taken on responsibility for: technical infrastructure and technical requirements development, planning sustainable budget and funding, developing data standards and data quality measures, creating avenues for outreach and communications with CDPH programs and stakeholders, and developing policies and procedures for data sharing from a legal, privacy, and information security perspective. In coordination with the CDPH Information Technology Services Division, has begun implementing pilot phases of the road mapping exercise (RME) that programs will use to determine business needs and technical requirements, which will inform the priorities for EODS platform capabilities and services. Additionally, EODS has begun operationalizing a predictive analytics capability that will become part of the analytics service component of the EODS platform.		
Health in All Policies	HP 2020 Objective: PA-15 Built Environment Policies		Funded FFYs: 2017 (new)	
Objective 1: Build public health capacity to promote and implement health equity.				
Between 07/2017 and 06/2018, OHE staff will conduct eight meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.	12/31/17:	Met. Conducted 11 meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.	Exceeded	Health in All Policies (HiAP), health equity, and the social determinants of health are three concepts that promote policies, programs, and practices that focus on the most vulnerable communities by partnering with non-public health partners like transportation, housing, education to address the upstream drivers of health. The Office of Health Equity (OHE) HiAP provides technical assistance, trainings, and mentorship to build capacity to implement these three concepts. The intent is to better realize health and equity goals by integrating HiAP, health equity, and the social determinant of health into projects.
	6/30/18:	Exceeded. Conducted 11 meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote health equity, implement health in all policies activities, and understand and address the social determinants of health.		
1. Build CDPH capacity to promote health and racial equity. Between 07/2017 and 06/2018, OHE staff will provide trainings or consultations to at least five CDPH programs or offices to: (1) build CDPH staffs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) understand and address the social determinants of health, including the built and social environment.	12/31/17:	Met. Provided trainings or consultations to six CDPH programs or offices to: (1) build CDPH staffs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) understand and address the social determinants of health, including the built and social environment.	Exceeded	See above. OHE HiAP staff have prioritized the building of capacity by CDPH staff because of the impact this will have on programs they oversee. The intent is to continue to increase and expand CDPH capacity in order to increase influence and thereby impact.
	6/30/18:	Exceeded. Provided trainings or consultations to six CDPH programs or offices to: (1) build CDPH staffs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) understand and address the social determinants of health, including the built and social environment.		



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2. Build LHD capacity to promote health and racial equity. Between 07/2017 and 06/2018, OHE staff will provide trainings or TA to at least three LHDs to: (1) build LHDs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) increase understanding of and address the social determinants of health, including the built and social environment.	12/31/17:	Met. Provided trainings or TA to four LHDs to: (1) build LHDs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) increase understanding of and address the social determinants of health, including the built and social environment	Exceeded	See above. Local health departments work at the ground level partnering with local communities and the most vulnerable populations. By increasing the capacity of local health department staff to understand and implement HiAP, health equity, and social determinants of health, OHE HiAP staff have a greater reach and more direct health and equity improvements.
	6/30/18:	Exceeded. Provided trainings or TA to four LHDs to: (1) build LHDs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) increase understanding of and address the social determinants of health, including the built and social environment		
Objective 2: Conduct a public health and equity consultation.				
Between 07/2017 and 06/2018, OHE staff will conduct ten health and equity consultations to non-health agencies and departments to increase the capacity of staff from non-health agencies to understand the social determinants of health and health equity, including the built environment, and how their work can impact health equity.	12/31/17:	Met. Conducted 11 health and equity consultations to non-health agencies and departments to increase the capacity of staff from non-health agencies to understand the social determinants of health and health equity, including the built environment, and how their work can impact health equity.	Exceeded	An estimated 60-80% of health is determined by factors outside of public health and health care's jurisdiction including housing, transportation, education, environment, etc.. As a result a Health in All Policies approach seeks embed health and equity into non-health departments' policies, programs, and practices so as to improve the social and living conditions of people so that the healthy choice is also the easy choice. OHE HiAP Staff work with the Health in All Policies Task Force which consists of 22 departments, agencies, and offices to work collaboratively to both educate and increase their capacity to promote health and equity.
	6/30/18:	Exceeded. Conducted 11 health and equity consultations to non-health agencies and departments to increase the capacity of staff from non-health agencies to understand the social determinants of health and health equity, including the built environment, and how their work can impact health equity.		
1. Conduct health and equity consultations. Between 07/2017 and 06/2018, OHE staff, as health-equity experts, will work with staff from at least ten non-health agencies to help inform them about the social determinants of health, including the built and social environment and health equity.	12/31/17:	Met. Worked with staff from 15 non-health agencies to provide training on the social determinants of health, including the built and social environment and health equity.	Exceeded	See above (objective 2 value statement).
	6/30/18:	Exceeded. Worked with staff from 15 non-health agencies to provide training on the social determinants of health, including the built and social environment and health equity.		
Objective 3: Increase collaboration and integration of health and equity considerations.				
Between 07/2017 and 06/2018, OHE staff will implement ten health and equity considerations into non-health department policies, programs, or practices to impact the social determinants of health, including the built environment.	12/31/17:	Met. Implemented 10 health and equity considerations into non-health department policies, programs, or practices to impact the social determinants of health, including the built environment.	Met.	See above (objective 2 value statement). OHE HiAP Staff conducted both one-on-one meetings and larger multi-departmental meetings with non-health partners as part of the implementation of the HIAP Task Force Action Plans. One example is through the quarterly HIAP Task For meetings. These meetings provide opportunities for departments to come to discuss common challenges and how to overcome them while also making important personal connections. For example, at the last meeting there was a conversation about how Caltrans could better integrate health and equity into their strategic management plan moving forward. In follow up to this conversation, Housing and Community Development and Caltrans identified a new area of work that they were not currently collaborating on, homeless population encampments below highway passes. Additionally meetings are being scheduled to figure out how to better coordinate and to help support his vulnerable population.
	6/30/18:	Met. Implemented 10 health and equity considerations into non-health department policies, programs, or practices to impact the social determinants of health, including the built environment.		



Preventive Health and Health Services Block Grant FFY 2017 - Program Outcomes Report

	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
1. Increase health and equity considerations in non-health department grants. Between 07/2017 and 06/2018, through the Health in All Policies Task Force, OHE staff will partner with at least ten non-health agencies and departments to integrate health and equity consideration in at least four grants, such as the Caltrans Active Transportation Program Grant, the Strategic Growth Council's (SGC's) Affordable Housing and Sustainable Communities Grant program, the SGC's Transformative Climate Communities Grants, and the Natural Resources Urban Greening Grant Program.	9/30/17:	Met. Partnered with 10 non-health agencies and departments to integrate health and equity consideration in 4 grants, such as the Caltrans Active Transportation Program Grant, the Strategic Growth Council's (SGC's) Affordable Housing and Sustainable Communities Grant program, the SGC's Transformative Climate Communities Grants, and the Natural Resources Urban Greening Grant Program.	Met.	See above (objective 2 value statement). An example of an outcome, the OHE HiAP team has integrated health and equity considerations into the Active Transportation Program This program awards over \$400 million dollars to local communities for walk and bike infrastructure, programs, and plans. this Program has explicit health and equity considerations to help ensure that grant go to the applicants with the greatest health and equity needs.
	6/30/18:	Met. Partnered with 10 non-health agencies and departments to integrate health and equity consideration in 4 grants, such as the Caltrans Active Transportation Program Grant, the Strategic Growth Council's (SGC's) Affordable Housing and Sustainable Communities Grant program, the SGC's Transformative Climate Communities Grants, and the Natural Resources Urban Greening Grant Program.		
2. Increase health and equity considerations in non-health department guidance. Between 07/2017 and 06/2018, OHE staff, through the Health in All Policies Task Force, will partner with at least five non-health agencies and departments to integrate health and equity considerations in at least three guidance documents (such as the Department of Education's Title V Guidelines, the Office of Planning and Research's General Plan Guidelines), and other guidance documents that impact the social determinants of health, including the built environment.	12/31/17:	Met. Partnered with seven non-health agencies and departments to integrate health and equity considerations in 7 guidance documents (such as the Department of Education's Title V Guidelines, the Office of Planning and Research's General Plan Guidelines), and other guidance documents that impact the social determinants of health, including the built environment.	Exceeded	See above (objective 2 value statement). Through the Equity in Government Practice HiAP Action Plan, OHE HiAP staff are supporting other department including Department of Social Services, Education, Transportation, Corrections and Rehabilitation, analyze and assess internal racial equity with the goal of using this information to inform their racial equity work and guidance documents.
	6/30/18:	Exceeded. Partnered with seven non-health agencies and departments to integrate health and equity considerations in 7 guidance documents (such as the Department of Education's Title V Guidelines, the Office of Planning and Research's General Plan Guidelines), and other guidance documents that impact the social determinants of health, including the built environment.		
3. Develop Health in All Policies Action Plans Between 07/2017 and 06/2018, OHE staff, in partnership with the Health in All Policies Task Force, will develop three new multi-agency action plans that include commitments for more than ten departments, agencies, and offices to engage in cross-sectoral actions.	12/31/17:	Met. Developed two multi-agency action plans that included commitments for 14 departments, agencies, and offices to engage in cross-sectoral actions.	Partially Met	Collaboration is a key component of a Health in All Policies approach that works to break down silos resulting in a government that is more efficient, and effective in delivery of public's health benefits. Action Plan are collaborative work plans that identify activities for multiple departments to work to reach a common goal. As a result of one of the action plans CDPH and the Parks Department are piloting a project to leverage funding from each department to improve park infrastructure while also adding programing (e.g., physical activity classes like Zumba) for local residents. The result is improved parks with active, engaged residents.
	6/30/18:	Partially met. Developed two multi-agency action plans that included commitments for 14 departments, agencies, and offices to engage in cross-sectoral actions.		
Between 07/2017 and 06/2018, HPP 2020 staff will implement two communication strategies, to highlight the success of the PHHSBG-funded programs.	12/31/17:	Not Met. Implemented only one communication strategy, highlighting the success of PHHSBG-funded programs.	Met.	This work will enhance the accountability and transparency of the Preventive Health and Health Services block Grant (PHHSBG) through the Healthy People 2020 Program(HPP 2020) by measuring progress and impact of funded programs.
	6/30/18:	Met. The Program Outcomes Report (POR) highlights the success of PHHSBG-funded programs. HPP 2020 staff 1) published the POR on the CDPH website and 2) provided the POR to Advisory Committee members.		

**Preventive Health and Health Services Block Grant FFY 2017 - Program Outcomes Report**

	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
1. Publish Program Outcomes Report online. Between 07/2017 and 06/2018, HPP 2020 staff will publish one Program Outcomes Report on the CDPH website, to disseminate information to the public.	12/31/17:	Not Met. The Program Outcomes Report has not been posted online.	Met.	Posting the POR online will enhance accountability and transparency by measuring progress and impact of funded programs.
	6/30/18:	Met. Published the Program Outcomes Report on the CDPH website in advance of the Public Hearing on June 1, so that the public could review and ask questions.		
2. Distribute Program Outcomes Report to stakeholders. Between 07/2017 and 06/2018, HPP 2020 staff will distribute the Program Outcomes Report to at least ten stakeholders to disseminate information directly to stakeholders.	12/31/17:	Not Met. The Program Outcomes Report has not been disseminated to any stakeholders.	Met.	Sharing the POR with stakeholders results in informed decision making about the direction of the PHHSBG program activities as well as increased transparency and accountability.
	6/30/18:	Met. Provided the Program Outcomes Report to Advisory Committee member stakeholders before the May 4th and June 5th Advisory Committee meetings.		
3. Publish Program Success Stories online. Between 07/2017 and 06/2018, HPP 2020 staff will publish at least ten success stories on the CDPH website, to disseminate information to the public.	12/31/17:	Not Met. Did not publish any Success Stories on the CDPH website reflecting the activities performed under the 2017 State Plan.	Partially Met	Posting Success Stories online will enhance accountability and transparency by measuring progress and impact of funded programs, as well as sharing the value of the PHHSBG funds to California.
	6/30/18:	Partially Met. The ten success stories were posted on the CDPH website 9/7/2018. HPP 2020 staff requested and received success stories from all Programs. Ten success stories were selected and shared with CDC. HPP 2020 was not fully staffed until after 6/30/2018. So, there was a delay in getting these ten success stories posted on the CDPH website before the end of the fiscal year.		
1. Develop QI process. Between 07/2017 and 06/2018, HPP 2020 staff will: (1) review at least two QI methodology models and best practices; and (2) develop one QI process with procedures and timeline, to contribute to PHHSBG program evaluation.	12/31/17:	Not Met. Did not start the process of reviewing at least two QI methodology models and best practices, nor was the process of developing one QI process with procedures and timeline initiated.	Met.	This work will enhance the accountability and transparency of the Preventive Health and Health Services block Grant (PHHSBG) through the Healthy People 2020 Program(HPP 2020) by measuring progress and impact of funded programs.
	6/30/18:	Met. Reviewed the following two QI methodology models: 1) PDSA and 2) 5s. Staff developed a written QI process with procedures and dates to contribute to the PHHSBG program evaluation.		
2. Perform QI analysis of PHHSBG Program. Between 07/2017 and 06/2018, HPP 2020 staff will analyze one Program Outcomes Report. For programs that did not achieve objectives, at least one will be identified for a QI analysis, using the developed QI process to contribute to PHHSBG program evaluation and summarize the QI analysis.	12/31/17:	Not Met. Did not analyze one Program Outcomes Report. No program was identified for a QI analysis.	Met.	This work will enhance the accountability and transparency of the Preventive Health and Health Services block Grant (PHHSBG) through the Healthy People 2020 Program(HPP 2020) by measuring progress and impact of funded programs.
	6/30/18:	Met. Analyzed the FFY 2016 Program Outcomes Report. Using the developed QI process, staff identified the OQPA Program for QI analysis.		
3. Assist PHHSBG program staff on QI process. Between 07/2017 and 06/2018, HPP 2020 staff will: (1) provide at least one TTA to PHHSBG program staff via e-mail, phone, or other communications, as appropriate; and (2) conduct at least one QI meeting to ensure QI process is understood.	12/31/17:	Not Met. No TTA was provided to PHHSBG program staff on QI process.	Met.	This work will enhance the accountability and transparency of the Preventive Health and Health Services block Grant (PHHSBG) through the Healthy People 2020 Program(HPP 2020) by measuring progress, impact of funded programs, and areas in which specific programs can improve.
	6/30/18:	Met. Reached out to OQPA via email to inform them that they were selected for TTA. On 6/25/2018, HP 2020 staff met with OQPA staff and conducted a QI meeting following the PDSA method. OQPA understood the QI process, and areas for improvement were identified and discussed.		

Preventive Health and Health Services Block Grant FFY 2017 - Program Outcomes Report

	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
1. Collect Outcomes information from PHHSBG programs. Between 07/2017 and 06/2018, HPP 2020 staff will collect and document PHHSBG program outcomes once from all 26 funded programs, to assemble data for QI analyses.	12/31/17:	Met. Developed one report on Program Outcomes, to support PHHSBG program evaluation through analysis of met and unmet deliverables.	Met.	This work will enhance the accountability and transparency of the Preventive Health and Health Services block Grant (PHHSBG) through the Healthy People 2020 Program(HPP 2020) by measuring progress and impact of funded programs.
	6/30/18:	Met. Developed one report on Program Outcomes, to support PHHSBG program evaluation through analysis of met and unmet deliverables.		
2. Develop a report on program outcomes. Between 07/2017 and 06/2018, HPP 2020 staff will write one comprehensive summary report, to document progress and impact.	12/31/17:	Met. Wrote a comprehensive summary report, to document progress and impact.	Met.	This work will enhance the accountability and transparency of the Preventive Health and Health Services block Grant (PHHSBG) through the Healthy People 2020 Program(HPP 2020) by measuring progress and impact of funded programs.
	6/30/18:	Met. Wrote a comprehensive summary report, to document progress and impact.		
3. Provide TTA to staff submitting program outcomes information. Between 07/2017 and 06/2018, HPP 2020 staff will: (1) provide at least four ad hoc TTAs to PHHSBG program staff via e-mail, phone, and other communications as appropriate; and (2) conduct at least one TTA meeting for no less than 25% of PHHSBG-funded programs, to ensure continuous QI for PHHSBG programs.	12/31/17:	Met. Provided four ad hoc TTAs to PHHSBG program staff via e-mail, phone, and other communications as appropriate; and conducted 1 TTA meeting for 25% of PHHSBG-funded programs, to ensure continuous QI for PHHSBG programs.	Met.	This work will enhance the accountability and transparency of the Preventive Health and Health Services block Grant (PHHSBG) through the Healthy People 2020 Program(HPP 2020) by measuring progress and impact of funded programs.
	6/30/18:	Met. Provided four ad hoc TTAs to PHHSBG program staff via e-mail, phone, and other communications as appropriate; and conducted 1 TTA meeting for 25% of PHHSBG-funded programs, to ensure continuous QI for PHHSBG programs.		
Between 07/2017 and 06/2018, SACB Crash Medical Outcomes Data Project staff will provide update and maintain California injury and violence data to one EpiCenter online query-based website, using the most recent emergency department, hospital discharge, and death data available, to ensure 24/7 access to injury data.	12/31/17:	Met. Updated injury and violence surveillance data on EpiCenter wesite and provided technical assistance to 100 state and local injury prevention partners, the media and the general public	Exceeded	Having injury and violence data readily available online 24/7 in a user friendly manner is extremely helpful in understanding the nature and scope of the problem for state and local planners and for program implementation.
	6/30/18:	Exceeded. Updated injury and violence surveillance data on EpiCenter wesite and provided technical assistance to 100 state and local injury prevention partners, the media and the general public		
1. Conduct EpiCenter TA consultations. Between 07/2017 and 06/2018, SACB staff will conduct 50 direct TA consultations regarding the use of EpiCenter and general injury and violence surveillance to injury-prevention partners, media, and the general public, to demonstrate the value of EpiCenter data for local planning and activities.	12/31/17:	Met. Conducted 100 direct Technical Assistance consultations regarding the use of EpiCenter and general injury and violence surveillance to injury-prevention partners, media, and the general public, to demonstrate the value of EpiCenter data for local planning and activities.	Exceeded	Often state and local users need assistance in using the EpiCenter California Injury Data Online query system to address their custom data questions. One-on-one and group TA provides many users with the tools they need to better address their data need.
	6/30/18:	Exceeded. Conducted 100 direct Technical Assistance consultations regarding the use of EpiCenter and general injury and violence surveillance to injury-prevention partners, media, and the general public, to demonstrate the value of EpiCenter data for local planning and activities.		
2. Convert data to the ICD-10-CM coding system. Between 07/2017 and 06/2018, SACB staff will convert two years of data for non-fatal injury surveillance causes and other variables to the ICD-10-CM coding system for data received on or after October 1, 2015, to ensure accuracy of injury data and identify and explain (dis)continuities.	12/31/17:	Not Met. Did not convert any data for non-fatal injury surveillance causes and other variables to the ICD-10-CM coding system.		Preparing standard data coding categories for injury and violence is an essential first step to creating the data necessary for injury and violence tracking and monitoring.
	6/30/18:	Not Met. However, the transition from the ICD-9-CM to the ICD-10-CM coding system continues. A barrier to this work is that appropriate standards for handling this new coding system had not yet been established. Work continues with CSTE and other state and national groups to establish these standards.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
O				
Between 07/2017 and 06/2018, SACB staff will publish one fact sheet on ACEs, based on data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) ACEs module, to make available updated ACEs data for state and local policy and program actions.	12/31/17:	Met. Published three fact sheets on ACEs, based on data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) ACEs module, to make available updated ACEs data for state and local policy and program actions.	Exceeded	Adverse Childhood Experiences (ACEs) are an important marker of childhood adversity and trauma. Having good data on these and other child adversity and resilience indicators are important to policy and program development.
	6/30/18:	Exceeded. Published three fact sheets on ACEs, based on data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) ACEs module, to make available updated ACEs data for state and local policy and program actions.		
1. Fund ACEs questions. Between 07/2017 and 06/2018, SACB staff will fund a set of eight questions on ACEs on the FY 17/18 BRFSS questionnaire, to create ongoing trend lines for ACEs composite scores across time and space.	12/31/17:	Met. Funded a set of eight questions on ACEs on the FY 17/18 BRFSS questionnaire, to create ongoing trend lines for ACEs composite scores across time and space.	Met.	Adverse Childhood Experiences (ACEs) are an important marker of childhood adversity and trauma. Having good data on these and other child adversity and resilience indicators are important to policy and program development.
	6/30/18:	Met. Funded a set of eight questions on ACEs on the FY 17/18 BRFSS questionnaire, to create ongoing trend lines for ACEs composite scores across time and space.		
2. Clean and prepare the 2015 BRFSS ACEs module data. Between 07/2017 and 06/2018, SACB staff will clean and prepare one 2015 BRFSS ACEs module data set, and conduct descriptive and multivariate analyses, to prepare the data for translation into actionable information.	12/31/17:	Met. Cleaned and prepared one 2015 BRFSS ACEs module data set, and conducted descriptive and multivariate analyses, to prepare the data for translation into actionable information.	Met.	Adverse Childhood Experiences (ACEs) are an important marker of childhood adversity and trauma. Having good data on these and other child adversity and resilience indicators are important to policy and program development.
	6/30/18:	Met. Cleaned and prepared one 2015 BRFSS ACEs module data set, and conducted descriptive and multivariate analyses, to prepare the data for translation into actionable information.		
3. Develop a fact sheet. Between 07/2017 and 06/2018, SACB staff will develop one fact sheet based on data from the 2015 BRFSS ACEs module, to make available to partners and the general public updated ACEs data for state and local policy and program actions.	12/31/17:	Met. Developed two fact sheets based on data from the 2015 BRFSS ACEs module, to make available to partners and the general public updated ACEs data for state and local policy and program actions.	Exceeded	Creating the Child Adversity and Resilience topic on the KidsData.org makes ACEs data available to a wide audience of users. It also provides a broader perspective on ACEs by including additional measures of community and environmental hardships and sources of trauma.
	6/30/18:	Exceeded. Developed two fact sheets based on data from the 2015 BRFSS ACEs module, to make available to partners and he general public updated ACEs data for state and local policy and program actions		
O				
Between 07/2017 and 06/2018, SACB staff will conduct five planning and TA activities (e.g., in-person meetings and program consultations) for health care organizations and local entities, to support implementation of evidence-based, older-adult, fall-prevention programs.	12/31/17:	Not Met. Conducted only three planning and Technical Assistance activities for health care organizations and local entities, to support implementation of evidence-based, older-adult, fall-prevention programs.	Met.	Activities #1-5 expanded stakeholder knowledge of fall prevention resources and increased California's ability to implement evidence-based fall prevention programs. California's older adult population benefited from these activities.
	6/30/18:	Met. Conducted five planning and Technical Assistance activities to support implementation of evidence-based, older adult fall prevention programs by: 1) developing a STEADI integration action plan, 2) contributing expertise to three California State Falls Coalition meetings, 3) conducting 36 Technical Assistance consultations on fall prevention strategies and resources, 4) hosting a regional strategic planning meeting, and 5) researching funding opportunities to support evidence-based fall prevention programs.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
1. Develop an action plan to integrate STEADI into a health care system. Between 07/2017 and 06/2018, SACB Older-Adult Fall-Prevention staff will develop one action plan to integrate STEADI screenings into one health care system's work-flow procedures and increase its practice of fall risk assessment.	12/31/17:	Not Met. Did not develop an action plan to integrate STEADI screenings into health care system's work-flow procedures.	Met.	This action plan established a protocol for introducing the STEADI fall prevention screening into a health care system. Health systems and the older adult population benefit from this screening since it addresses fall risk factors and focuses health care provider attention on preventative measures. California's older adult population benefits, as do health care providers, caregivers, and insurance companies, when fewer older adults are treated for and face the consequences of fall-related injuries.
	6/30/18:	Met. Developed a STEADI action plan to integrate the STEADI protocol into a health care system.		
2. Contribute expertise to California State Falls Coalition meetings. Between 07/2017 and 06/2018, SACB staff will contribute expertise to three meetings of the California State Falls Coalition, whose mission is to prevent falls in older adults by reducing fall risk, injuries, and hospitalizations associated with falls.	12/31/17:	Not Met. Contributed expertise to only one meeting of the California State Falls Coalition, whose mission is to prevent falls in older adults by reducing fall risk, injuries, and hospitalizations associated with falls.	Met.	California State Falls Coalition meetings benefited the state's older adult population by creating opportunities for sharing best practices, forming partnerships, and leveraging resources among fall prevention stakeholders.
	6/30/18:	Met. Contributed expertise to three meetings of the California State Falls Coalition. Dates of the meetings were: September 15, 2017; February 16, 2018; and May 21, 2018.		
3. Conduct TA on fall-prevention programs and resources. Between 07/2017 and 06/2018, SACB staff will conduct 20 TA consultations to advise LHDs, community agencies, health care professionals, or members of the public, via telephone or e-mail, on availability of fall-prevention programs and resources.	12/31/17:	Met. Conducted 22 Technical Assistance consultations to Local Health Departments, community agencies, health care professionals, or members of the public.	Exceeded	Providing technical assistance enabled fall prevention stakeholders, members of the public, and California's older adult population to receive useful information on fall prevention programming, falls data, and best practices.
	6/30/18:	Exceeded. Relying on both email and telephone, Technical Assistance was provided to 36 Local Health Departments, community agencies, health care professionals, and members of the public, on fall prevention resources and strategies.		
4. Support local or regional informational activities. Between 07/2017 and 06/2018, SACB staff will fund one local or regional activity that provides information on fall-prevention best practices, programs, and resources to LHDs, community agencies, or health care professionals.	12/31/17:	Not Met. Did not fund any local or regional activity that provides information on fall-prevention best practices, programs, or resources to LHDs, community agencies, or health care professionals.	Met.	The strategic planning meeting brought together new fall prevention stakeholders. Program staff provided an overview of current fall prevention efforts in California and participants strategized on how they could work together and leverage resources. California's older adult population at risk of falls benefited from this activity.
	6/30/18:	Met. Funded one regional strategic planning meeting in May 2018.		
5. Research ongoing grants and funding partnerships. Between 07/2017 and 06/2018, SACB staff will research two funding opportunities, including grants and funding partnerships, to support local agencies in implementing evidence-based fall-prevention programs (e.g., Stepping On and Tai Chi: Moving for Better Balance).	12/31/17:	Not Met. Researched only one funding opportunity, to support local agencies in implementing evidence-based fall-prevention programs (e.g., Stepping On and Tai Chi: Moving for Better Balance).	Met.	Finding a funding opportunity enables staff to support local health departments and community-based organizations in building or sustaining their evidence-based fall prevention programs. This benefits California's older adult population at risk of falls.
	6/30/18:	Met. Researched two funding opportunities to support evidence-based fall prevention programs, including through the Administration for Community Living (ACL) and the Association of American Retired Persons (AARP).		
Objective 4: Increase capacity to implement unintentional childhood injury-prevention programs.				
Between 07/2017 and 06/2018, SACB staff will conduct five TA and training activities (e.g., webinars, quarterly e-mails), to build the capacity of Kids' Plates Program grantees and local entities to implement and evaluate evidence-based unintentional childhood injury-prevention programs.	12/31/17:	Not Met. Did not conduct any Technical Assistance and training activities, to build the capacity of Kids' Plates Program grantees and local entities to implement and evaluate evidence-based unintentional childhood injury-prevention programs.	Met	Provided educational resources such as webinars, e-newsletters and funding announcements and resources in the form of safety equipment to the California childhood unintentional injury prevention community to improve local program services and capacities.
	6/30/18:	Met. Conducted eleven TA and training activities and over 50 TA consultations to build the capacity of Kids' Plates program grantees and local entities to implement and evaluate evidence-based unintentional childhood injury-prevention programs.		

**Preventive Health and Health Services Block Grant FFY 2017 - Program Outcomes Report**

	<b>Detailed Objective Outcomes</b> <i>~address all requirements in column A, but be very brief~</i>		<b>Objective Outcome</b> <b>6-30-18</b>	<b>Impact to California</b> <b>(Value Statement)</b> <i>~use layperson's terms~</i>
1. Conduct webinars on unintentional childhood injury-prevention topics. Between 07/2017 and 06/2018, SACB staff will conduct five webinars on unintentional childhood injury-prevention topics, to educate Kids' Plates grantees, injury-prevention coalitions, local health departments (LHDs), and advocates on the risks to the public and intervention strategies to address these risks.	12/31/17:	Not Met. Did not conduct Webinars on unintentional childhood injury-prevention topics, to educate Kids' Plates grantees, injury-prevention coalitions, local health departments (LHDs), and advocates on the risks to the public and intervention strategies to address these risks.	<b>Met</b>	Improved knowledge, education and resources through five webinars conducted to the childhood unintentional injury prevention community on funding, statewide strategic planning and development of an advisory committee.
	6/30/18:	Met. Conducted five webinars on unintentional childhood injury-prevention topics, to educate Kids' Plates grantees, injury-prevention coalitions, local health departments (LHDs), and advocates on the risks to the public and intervention strategies to address these risks. Topics included funding announcements, statewide childhood unintentional injury prevention strategic plan update, childhood unintentional injury prevention advisory committee assessment, development, and evaluation.		
2. Develop and distribute quarterly e-mail updates. Between 07/2017 and 06/2018, SACB staff will develop and distribute quarterly e-mail updates on unintentional childhood injury-prevention topics to Kids' Plates Program grantees and interested parties, to provide information on research, resources, and educational opportunities.	12/31/17:	Not Met. Did not develop quarterly updates on childhood injury prevention topics.	<b>Met</b>	Improved knowledge and education through email distribution of e-newsletters on topics related to child passenger safety, funding program development, nursing education and heat stroke prevention.
	6/30/18:	Met. Distributed quarterly email updates to the childhood unintentional injury prevention communities; including topics on Child Passenger Safety Week national resources, and statewide funding announcement on Child Passenger Safety Technician Trainings, Child Passenger Safety for Nurses, childhood heat stroke prevention awareness education.		
3. Develop and maintain a web page on the CDPH website. Between 07/2017 and 06/2018, SACB staff will develop and maintain one web page on the CDPH website on unintentional childhood injury-prevention topics and resources, for use by Kids' Plates Program grantees and other interested parties.	12/31/17:	Met. Developed and maintained one Web Page on the CDPH website on unintentional childhood injury-prevention topics and resources.	<b>Exceeded</b>	Provided public information on two websites on CDPH site covering the Kids' Plates program which covers many childhood unintentional injury prevention topics and the Vehicle Occupant Safety Program focused on child passenger safety. Information includes education and resources for further research, data and interventions.
	6/30/18:	Exceeded. Developed and maintained a second Web Page on the CDPH website on unintentional childhood injury-prevention topics. One web page is on Kids' Plates/all unintentional childhood injury areas, and the other is on child passenger safety/Vehicle Occupant Safety Program.		
4. Conduct regional meetings. Between 07/2017 and 06/2018, SACB staff will conduct two regional meetings with Kids' Plates Program grantees and interested parties to share best practices and resources on the implementation of their local programs, to increase effectiveness of unintentional childhood injury-prevention, evidence-based programs.	12/31/17:	Not Met. Did not conduct a regional meetings with Kids' Plates Program grantees and interested parties.	<b>Partially Met</b>	Provided information, education, funding and safety equipment to the childhood unintentional injury prevention community to increase the effectiveness of local program.
	6/30/18:	Partially Met. The Kids' Plates program contracting process was delayed and was unable to organize regional meetings. However, the Kids' Plates program shared best practices resources with 27 agencies and contracted with six agencies. To meet the intentions of a regional meeting to provide resources to local communities, SACB staff provided safety equipment to 41 local agencies to improve implementation of their local programs effectiveness.		
5. Conduct TA consultations. Between 07/2017 and 06/2018, SACB staff will conduct 50 TA consultations with Kids' Plates Program grantees and interested parties, via telephone or e-mail, on available unintentional childhood injury-prevention best practices, evidence-based programs, and resources, to increase program effectiveness at the local level.	12/31/17:	Partially Met. Conducted only 25 Technical Assistance consultations with Kids' Plates Program grantees and interested parties.	<b>Exceeded</b>	Conducted technical assistance consultations with Kids' Plates Program grantees and interested parties, via telephone or e-mail, on available unintentional childhood injury-prevention best practices, evidence-based programs, and resources, to increase program effectiveness at the local level.
	6/30/18:	Exceeded. Conducted over 50 TA consultations with Kids' Plates program potential contractors via telephone and email.		



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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
Between 07/2017 and 06/2018, SACB Crash Medical Outcomes Data Project staff will conduct at least six TA and training activities to build the capacity of LHDs and other traffic-safety partners to expand data-centric efforts to reduce traffic crashes and injuries.	12/31/17:	Met. Conducted six Technical Assistance and training activities to build the capacity of Local Health Departments and other traffic-safety partners to expand data-centric efforts to reduce traffic crashes and injuries.	Met.	As part of the Statewide Highway Safety Plan, outreach and engagement with local health departments is an important component of a comprehensive approach to traffic safety and mode shift to healthier modes of transportation (e.g., walking and biking). LHDs need support to identify and use traffic related data.
	6/30/18:	Met. Conducted six Technical Assistance and training activities to build the capacity of Local Health Departments and other traffic-safety partners to expand data-centric efforts to reduce traffic crashes and injuries.		
1. Conduct trainings or webinars. Between 07/2017 and 06/2018, SACB staff will conduct two trainings or webinars on increasing availability and use of actionable traffic-safety data for LHDs or traffic-safety partners.	12/31/17:	Met. Conducted three trainings or webinars on increasing availability and use of actionable traffic-safety data for LHDs or traffic-safety partners.	Exceeded	As part of the Statewide Highway Safety Plan, outreach and engagement with local health departments is an important component of a comprehensive approach to traffic safety and mode shift to healthier modes of transportation LHDs need support to identify and use traffic related data.
	6/30/18:	Exceeded. Conducted three trainings or webinars on increasing availability and use of actionable traffic-safety data for LHDs or traffic-safety partners.		
2. Conduct TA for LHDs. Between 07/2017 and 06/2018, SACB staff will conduct two in-depth TA and data-support consultations for LHDs on traffic-injury problems and prevention approaches.	12/31/17:	Met. Conducted two in-depth Technical Assistance and data-support consultations for Local Health Departments on traffic-injury problems and prevention approaches.	Met.	As part of the Statewide Highway Safety Plan, outreach and engagement with local health departments is an important component of a comprehensive approach to traffic safety and mode shift to healthier modes of transportation (e.g., walking and biking). LHDs need support to identify and use traffic related data.
	6/30/18:	Met. Conducted two in-depth Technical Assistance and data-support consultations for Local Health Departments on traffic-injury problems and prevention approaches.		
3. Conduct TA for traffic-safety partners. Between 07/2017 and 06/2018, SACB staff will conduct two in-depth TA and data-support consultations for traffic-safety partners (e.g., Emergency Medical Services Authority), to improve data quality, completeness, and timeliness.	12/31/17:	Met. Conducted two in-depth Technical Assistance and data-support consultations for traffic-safety partners (e.g., Emergency Medical Services Authority), to improve data quality, completeness, and timeliness.	Met.	As part of the Statewide Highway Safety Plan, outreach and engagement with local health departments is an important component of a comprehensive approach to traffic safety and mode shift to healthier modes of transportation (e.g., walking and biking). LHDs need support to identify and use traffic related data.
	6/30/18:	Met. Conducted two in-depth Technical Assistance and data-support consultations for traffic-safety partners (e.g., Emergency Medical Services Authority), to improve data quality, completeness, and timeliness.		
Between 07/2017 and 06/2018, NEOPB staff will maintain at least ten educational opportunities, resources, and TA on evidence-based and evidence-informed strategies to at least ten partners statewide to support the advancement of nutrition education and obesity-prevention policy, systems, and environmental (PSE) changes to reduce the incidence of obesity and chronic disease in California.	12/31/17:	Partially met. NEOPB will meet this Objective during the 2nd reporting phase.	Met.	NEOPB adopts the local health department model. It is important to have local presence in every county throughout the state. The LHDs receive trainings, technical assistance and guidance from the state to provide services to the target population. Our Branch has sections of training, program and project officers who provide technical assistance, trainings and guidance to our LHDs.
	6/30/18:	Met. Maintained more than10 educational opportunities, resources and TA on evidence-based and informed strategies to advance PSE changes to reduce the incidence of obesity and chronic disease in California.		



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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
1. Develop policy-inventory infrastructure. Between 07/2017 and 06/2018, NEOPB staff will create one online infrastructure of existing organizational and legislative policies related to obesity prevention, nutrition, and physical activity among local California jurisdictions.	12/31/17:	Not Met. During this reporting period, NEOBP went into a contract agreement with UCD to set up the Policy Inventory. The contract approval process took longer than expected. It wasn't officially approved until November 2017. With the late approval process, the deliverables and timeline had to be adjusted.	Partially Met	NEOPB strives on providing statewide support the advancement of nutrition education and obesity-prevention policy, systems, and environmental (PSE) changes to reduce the incidence of obesity and chronic disease in California.
	6/30/18:	Partially met. UCD has developed research and literature for NEOPB. Program planning meetings were conducted during this reporting period.  The focus was on school wellness policies. At the end of this reporting period, NEOPB is gathering stakeholders input which will be used by UCD to develop a school wellness model policy. After the approval of the model policy, UCD will score and rate a sample of 200 model policies in CA. In addition, NEOPB and UCD has discussed the platform of where the Policy Inventory will housed.		
2. Collect and analyze statewide data for policy recommendations. Between 07/2017 and 06/2018, NEOPB staff will purchase more than 70 assessment/survey questions to focus on sugar-sweetened beverage consumption, school health, and the California Fit Business Kit.	12/31/17:	Not met. This Activity will be conducted in the second half of the year.	Met.	NEOPB strives on providing statewide support the advancement of nutrition education and obesity-prevention policy, systems, and environmental (PSE) changes to reduce the incidence of obesity and chronic disease in California.
	6/30/18:	Met. Purchased surveillance questions through BRFSS which focused on sugar-sweetened beverages. Using PHHSBG funds, collaborated with CDC Prevention First grantee to conduct a school health survey throughout California. The information collected from the surveys will be used as a guide to inform programmatic focus.		
Objective 2: Coordinate healthy eating, physical activity, and food-security activities with partners.				
Between 07/2017 and 06/2018, NEOPB staff will maintain at least five partnerships with internal and external partners to coordinate state and local efforts in the priority focus areas of food and beverages, physical activity, and food security, to reduce the prevalence of obesity in California.	12/31/17:	Met. Maintained five partnerships with internal and external partners to coordinate state and local efforts in the priority focus areas of food and beverages, physical activity, and food security, to reduce the prevalence of obesity in California.	Exceeded	With the upcoming three year planning for FFY 20-22, NEOPB has prioritized and narrowed its focus and settings where work will be done which include schools, healthcare settings and active transportation/green space. This will help NEOPB and its state implementing agencies and their partners have a uniform and impactful California SNAP-Ed program.
	6/30/18:	Exceeded. Continue to work with state and local partners. Exploring opportunities to braid and/or leverage funding with its internal and external partners. One of the efforts lead by NEOPB is the FFY 20-22 planning. These efforts led by NEOPB has been in progress for the past 16 months (and currently on-going).		
1. Develop relationships with nontraditional partners. Between 07/2017 and 06/2018, NEOPB staff will work with one partner, Google Government Division, to identify social media influencers/celebrities that have adopted key messages related to obesity prevention, including: (1) limiting unhealthy foods and beverages; (2) promoting healthy eating; and (3) promoting physical activity.	12/31/17:	Not Met. .	Met.	NEOPB strives on providing statewide to support the advancement of nutrition education and obesity-prevention policy, systems, and environmental (PSE) changes to reduce the incidence of obesity and chronic disease in California.
	6/30/18:	Met. Worked with the Google government division to identify social media influencers/celebrities that have adopted key messages related to obesity prevention.		
2. Promote physical activity in early childhood and school settings. Between 07/2017 and 06/2018, NEOPB staff will: (1) provide policy-related and programmatic technical assistance (TA) on physical-activity promotion efforts to five to ten early childhood, school, and after-school settings. This will include adults within the context of supporting youth activity; and (2) provide TA, best practices, and guidance in safe and active transportation through PSE change strategies.	12/31/17:	Partially Met. This Activity will be completed in the 2nd half of the reporting period.	Met.	NEOPB strives on providing statewide to support the advancement of nutrition education and obesity-prevention policy, systems, and environmental (PSE) changes to reduce the incidence of obesity and chronic disease in California.
	6/30/18:	Met. NEOPB has program and training staff that provides frequent and on-going technical assistance to our LHDs and funded partners related to physical activity and in school settings. Other involvement include partnering with our sister program, Safe and Active Communities Branch on active transportation, parks, green space and Safe Routes to School activities.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
3. Plan the Childhood Obesity Conference. Between 07/2017 and 06/2018, NEOPB staff will continue to plan and coordinate one biennial conference with long-standing partners: The California Endowment, Kaiser Permanente, University of California Nutrition Policy Institute, and the California Department of Education, to implement this highly visible, nationally recognized conference.	12/31/17:	Not met. Planning for the biennial Childhood Obesity Conference will occur during the 2nd half of this reporting period.	Partially Met	NEOPB strives on providing statewide to support the advancement of nutrition education and obesity-prevention policy, systems, and environmental (PSE) changes to reduce the incidence of obesity and chronic disease in California.
	6/30/18:	Partially met. NEOPB leads the planning of the Childhood Obesity Conference (COC). The COC will be held in Anaheim, CA on July 15-19. The planning has begun this reporting period. A few activities that have been completed include theme, restructure of tracks and sessions, website development. Future activities include abstracts that are being submitted, and review/scoring of ones submitted.		
Between 07/2017 and 06/2018, OHB staff will identify five industries and perform worksite investigations to assess injury hazards and make recommendations for prevention that can be disseminated to employers and employees to prevent similar incidents.	12/31/17:	Not Met. Did not identify any industries, nor were worksite investigations performed to assess injury hazards and to make recommendations to employers and employees to prevent similar incidents.	Not Met	Injury prevention measures developed as part of this project are important for several California workforce sectors:
	6/30/18:	Not Met. Did not identify any industries, nor were worksite investigations performed to assess injury hazards and to make recommendations to employers and employees to prevent similar incidents.		

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	<b>Detailed Objective Outcomes</b> ~address all requirements in column A, but be very brief~		<b>Objective Outcome</b> <b>6-30-18</b>	<b>Impact to California</b> <b>(Value Statement)</b> ~use layperson's terms~
1. Review and select industries for investigation. Between 07/2017 and 06/2018, OHB staff will use the BLS SOII and other data sources (such as workers-compensation claims data), to select five industries with high rates and/or numbers of cases of lost-time work-related injuries for targeting worksite investigations.	12/31/17:	Not Met. Did not select five industries with high rates and/or numbers of cases of lost-time work-related injuries for targeting worksite investigations.	<b>Met.</b>	Injury prevention measures developed as part of this project will be important for the following California workforce sectors: (1) Workplace violent incidents continue to rise among California's healthcare workplaces. Many healthcare workers are still inadequately trained and safety measures are not in place at many facilities. Cal/OSHA's Preventing Workplace Violence in the Healthcare Industry regulation went into effect in April 2017 and is designed to address some of these problems. Investigations from this project will collect information on training and program deficiencies and shared with Cal/OSHA. Barriers to implementing workplace violence prevention programs will be identified and solutions shared with the healthcare industry. (2) In May 2018, the California Energy Commission passed a regulation that will require solar power in new homes. This law will go into effect in two years. This translates to the future rise of new contractors and new workers who will need safety training. (3) Falls and other serious injuries resulting from the operation of heavy equipment and machinery continue to be top hazards in construction work (2016 BLS SOII). Construction of new homes, highways, bridges, etc., is rising dramatically in this State, leading to more and more contractors and workers working at these sites. Numerous readily available safety devices and educational resources already exist, and this project, through its partnerships, will work on pushing these resources out to the construction working populations. (4) Natural disasters (fires) and the rapidly increasing population of places such as the San Francisco Bay Area, are significantly raising the need for landscaping jobs, one of the most prevalent tasks being tree removal/trimming. Many of these workers are transient and non-English speaking, and jobs can be temporary and sporadic--all factors which may lead to poor on-the-job safety training. It is important for this project to work with this fast growing industry to improve safety practices.
	6/30/18:	Met. (1) Analyzed and identified trends for the most recent (2016) BLS SOII Occupational Injuries data for California, (2) Set up agreement with DIR to receive workers' compensation data quarterly, (3) Identified a set of variables relating to targeted injuries and industries which will be analyzed, (4) Developed industry/hazard/worksites selection criteria which take into account incidence rates, number of cases of lost time work-related injuries, emerging hazards, new safety interventions available, and new California regulations promulgated. (5) Set up agreement with Cal/OSHA's Preventing Workplace Violence in Healthcare Workgroup to review data collected through their Workplace Violence Online Incident Reporting System. <u>The targeted areas are:</u> (1) Workplace violence in the healthcare industry, (2) Hazards associated with installation/maintenance/repair of solar panels and skylights, (3) Hazards in the construction industry with a focus on falls and operation of heavy equipment and machinery, (4) Landscaping hazards, and (5) Building and grounds maintenance work hazards. Special attention in all targeted areas will be paid to injuries in new hires with tenures less than a year. The 2016 BLS data showed this group to be at higher risk of incurring injuries than other worker age categories. <u>Challenge:</u> Project industrial hygienist started project in January 2018.		

## Preventive Health and Health Services Block Grant FFY 2017 - Program Outcomes Report

	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
2. Conduct worksite investigations. Between 07/2017 and 06/2018, OHB staff will conduct five worksite investigations (one per selected high-risk industry) that involve meeting with employers, workers, witnesses, and health and safety professionals at the worksites where injuries have occurred; assessing workplace injury hazards and control measures; reviewing written safety and training materials; obtaining related documents on equipment design; and producing an investigation report containing at least three prevention recommendations per investigation that will be shared with employers and employees.	12/31/17:	Not Met. Did not conduct any worksite investigations.	Partially Met	Conducting field investigations and disseminating the conclusions and recommendations to the California workforce are important because: Collecting risk factors that led to an injury and formulating prevention recommendations associated with the incident make extremely valuable case studies that can be shared with partners and disseminated to California workers and employers. The case studies can demonstrate that these types of work-related injuries are completely preventable.
	6/30/18:	Partially met. (1) Developed field investigation procedures, (2) Developed employee/employer interview questions, including protocols for both phone and field interviews, (3) Developed format for composing investigation reports, (4). Developed review and dissemination plan for investigation reports. <u>Investigations:</u> (1) Employee falling off roof during solar panel and skylight installation (Investigation and report completed), (2) Employee struck by branch during tree removal (Investigation completed, report in progress), (3) Employee struck by machine while removing foliage during landscaping job at a residence (Investigation completed, report in progress). Investigations 4 (Workplace violent incident at a healthcare facility) and 5 (topic to be determined) will take place during Fall 2018. <u>Challenge:</u> Project industrial hygienist started project in January 2018.		
Objective 2: Implement interventions to reduce injuries in selected high-risk industries.				
Between 07/2017 and 06/2018, OHB staff will identify five industry-specific educational interventions aimed at reducing serious work-related injuries by working with partners to develop and disseminate best practices and prevention recommendations.	12/31/17:	Not Met. Did not identify any industry-specific educational interventions aimed at reducing serious work-related injuries.	Partially Met	Employers, workers, and health and safety professionals, occupational healthcare providers and researchers will benefit from this project activity. Preventing injuries is a proactive two-way effort. Employers need to provide staff with a mix of education, training, and equipment appropriate to job tasks. Workers, in turn, need to use that knowledge to protect themselves and others at work. This project will assist this effort by providing these resources and technical knowledge. Sharing of prevention recommendations and assisting employers on implementing these solutions will decrease the risk of the occurrence of serious injuries, alleviate pain and suffering to workers, and lessen the financial burden to the workers' compensation system which has to pay out millions of dollars in claims annually.
	6/30/18:	Partially Met. (1) Developed a template for a new webpage focusing on nonfatal injuries in California. The new webpage will be housed on OHB's website. Website content will include the introduction of this project, California occupational injury data trends, prevention measures, and links to useful information from other organizations. In the remaining months of this year, the new webpage will be published and content added as investigations are completed and recommendations developed, (2) Infographics are being developed on targeted occupational injury topics. Infographics will display injury data trends and used for outreach activities such as in trainings, factsheets, presentations, and CDPH social media platforms. The Project Industrial Hygienist is working in collaboration with a NIOSH Health Communications Group to design and review these interventions. In the remainder of 2018, the Project Industrial Hygienist will work with partners to develop additional industry-specific educational interventions. <u>Challenge:</u> Project industrial hygienist started project in January 2018.		

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	<b>Detailed Objective Outcomes</b> <i>~address all requirements in column A, but be very brief~</i>		<b>Objective Outcome 6-30-18</b>	<b>Impact to California (Value Statement)</b> <i>~use layperson's terms~</i>
1. Identify partner organizations for each selected high-risk industry. Between 07/2017 and 06/2018, OHB staff will identify at least five trade associations, labor unions, worker advocacy organizations, government agencies, and others with access to and/or knowledge of the selected high-risk industries willing to partner on development and implementation of interventions aimed at reducing injuries.	12/31/17:	Not Met. Identified only four trade associations, labor unions, worker advocacy organizations, and government agencies with access to and/or knowledge of the selected high-risk industries willing to partner on development and implementation of interventions aimed at reducing injuries.	Met.	This project activity will benefit employers, workers, and health and safety professionals in the targeted industries. It is important to disseminate safety interventions collected from this project through industry partners as these groups will be more likely than CDPH to have trusted relationships with worker and employer populations, and thus will have more credibility when encouraging safer work practices. Also industry partners may have more insight as to worker and employer safety habits and practices and can contribute input on whether or not interventions are feasible.
	6/30/18:	Met. <u>Partnerships:</u> (1) Cal/OSHA Enforcement, (2) Cal/OSHA 's Preventing Workplace Violence in Healthcare Workgroup, (3) State Compensation Insurance Fund (SCIF), (3) Safety Center of Northern California, (4) OSHA Institutes in Northern and Southern California, (5) Tree Care Industry Association (TCIA), (6) California Building Trades, (7) Federal OSHA and NIOSH Services Sector Workgroups who will provide technical review of products and support to this project. <u>Challenge:</u> Project industrial hygienist started project in January 2018.		
2. Convene industry stakeholders. Between 07/2017 and 06/2018, OHB staff will convene at least five meetings and/or phone calls with industry partners/stakeholders, to obtain technical input and review of prevention recommendations, share industry best practices and recommendations for prevention, and plan for educational interventions in selected high-risk industries.	12/31/17:	Not Met. Did not convene any meetings and/or phone calls with industry partners/stakeholders, to obtain technical input and review of prevention recommendations, share industry best practices and recommendations for prevention, and plan for educational interventions in selected high-risk industries.	Partially Met	The Landscaping Safety Stand Down Campaign will be important to building awareness of the many hazards encountered in landscaping work and the available resources to preventing these types of injuries. The benefit of this campaign will be to contractors, their workers, home owners, and organizations (e.g., local governments (city parks) and companies such as PG & E and Southern California Edison, with the need to remove trees from power lines) which hire contractors.
	6/30/18:	Partially Met. The Project Industrial Hygienist is part of a NIOSH Services Section Council Workgroup which is planning a nationwide safety awareness campaign of hazards associated with landscaping. OHB will lead the campaign for California which will include developing educational materials, formulating a dissemination plan for these materials, building partnerships, and planning a Safety Stand Down Day in the Spring of 2019. Additional meetings are being planned with industry partners to review educational materials in the other 4 targeted areas of this project. <u>Challenge:</u> Project industrial hygienist started project in January 2018.		
3. Provide educational webinars and trainings. Between 07/2017 and 06/2018, OHB staff will work with partners to host five injury-prevention webinars designed for employers in the selected high-risk industries and will provide five on-site trainings for workers at the worksites where injury investigations were conducted. Educational activities will share case studies of injury incidents and preventable risk factors, industry best practices, and practical and feasible methods for preventing future incidents.	12/31/17:	Not Met. Did not host any webinars designed for employers in the selected high-risk industries and provided no on-site trainings for workers at the worksites where injury investigations were conducted.	Partially Met	This project activity will benefit California employers, workers, and health and safety professionals attending these events. It will build awareness in the participants that many serious injuries are occurring at California worksites, that these injuries are preventable, and that OHB and its partners are available to assist in prevention efforts.
	6/30/18:	Partially Met: In the Fall of 2018, OHB Staff is scheduled to give two seminars, one at the Northern California Safety Center and one at the Dublin OSHA Institute. The topics will include current occupational injury trends occurring in California, results of field investigations conducted, and recommendations resulting from these investigations. In October 2018, OHB Staff will set up a booth at the Sacramento Safety and Health Summit for dissemination of educational materials related to occupational injuries. For the remainder of 2018, the Project Industrial Hygienist will work with partners to conduct additional trainings and webinars. <u>Challenge:</u> Project Industrial Hygienist started project in January 2018.		
4. Participate in industry meetings and other educational venues. Between 07/2017 and 06/2018, OHB staff will participate in up to five industry meetings and other educational venues, as available, to continue to provide technical consultation and scientific expertise on best practices to prevent serious work-related injuries within selected high-risk industries.	12/31/17:	Not Met. Did not participate in any industry meetings or other educational venues, to continue to provide technical consultation and scientific expertise on best practices to prevent serious work-related injuries.	Met.	Employers, workers, and health and safety professionals, occupational healthcare providers and researchers will benefit from this project activity. It is important for the Project Industrial Hygienist to attend and contribute at these types of educational venues in order to exchange safety ideas, be updated on the latest safety technology from topic and equipment experts, and be made aware of recent safety hazards and incidents occurring at California workplaces.
	6/30/18:	Met: Attended the following educational venues and meetings, during which the Project Industrial Hygienist shared current project injury data and best practices information with participants: (1) OSHA trainings on both general industry and construction injury topics: trenching, excavation, confined space, scaffolding, forklift safety, fall protection, electricity, (2) NIOSH Services Section Council Meetings (March and July 2018), during which the Project Industrial Hygienist participated in a work group planning a nationwide safety awareness campaign of hazards associated with landscaping, and (3) Prevention of Workplace Violence in Healthcare Workshop taught by an expert on workplace violence investigations. The class participants included Cal/OSHA inspectors and healthcare professionals. <u>Challenge:</u> Project industrial hygienist started project in January 2018.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
Preventive Medicine Residency Program	HP 2020 Objective: PHI-1 Competencies for Public Health Professionals		Funded FFYs: ≤2009 - (ongoing)	
Objective 1: Increase the number of trainees who gain Preventive Medicine and Applied Epidemiology competencies.				
Between 07/2017 and 06/2018, PMRP/Cal-EIS staff will increase the number of trainees who, over the course of their training period, have satisfactorily achieved moderate or high competency in American College of Preventive Medicine (ACPM)/ACGME or CSTE competencies, by working in local or state public health agency programs or community-based settings and/or completing academic coursework, from 114 Residents and 157 Fellows to 117 Residents and 169 Fellows.	12/31/17:	Exceeded. Increased the number of trainees who have satisfactorily achieved moderate or high competency in American College of Preventive Medicine (ACPM)/ACGME or CSTE competencies, by working in local or state public health agency programs or community-based settings and/or completing academic coursework, from 114 Residents and 157 Fellows to 117 Residents and 175 Fellows.	Exceeded	The recruitment, selection, and training of physicians and epidemiologists increases the number of competent public health workers available to respond to California's public health needs. Trainees receive hands-on experience under the mentorship of local health officers and State leaders, and are trained to respond to public health emergencies, such as H1N1, Zika virus, heat waves, floods, wildfires, earthquakes, and the rise of chronic diseases, that impact the lives of Californians. PMRP/Cal-EIS' capacity to train and supply experienced leaders in prevention, epidemiology, and public health is crucial at a time when there is a growing and critical shortage of public health workers.
	6/30/18:	Exceeded. Increased the number of trainees who have satisfactorily achieved moderate or high competency in American College of Preventive Medicine (ACPM)/ACGME or CSTE competencies, by working in local or state public health agency programs or community-based settings and/or completing academic coursework, from 114 Residents and 157 Fellows to 117 Residents and 175 Fellows.		
1. Recruit and interview applicants for PMRP and Cal EIS Fellowships. Between 07/2017 and 06/2018, PMRP/Cal-EIS staff will recruit and interview at least six PMRP applicants and 26 Cal-EIS applicants. The competitive recruitment and selection process includes distributing PMRP and Cal-EIS information to schools of public health, residency programs, and LHDs; and posting on various websites, such as FREIDA Online, Electronic Residency Application Service (ERAS), and Public Health Employment Connection. Applications from this pool will be reviewed by the PMRP and Cal-EIS Advisory Committees, and top candidates will be selected for interview.	12/31/17:	Exceeded. Recruited and interviewed 8 PMRP applicants and 26 Cal-EIS applicants.	Exceeded	The recruitment, selection, and training of physicians and epidemiologists increases the number of competent public health workers. Trainees receive hands-on experience under the mentorship of local health officers and State leaders, and are trained to respond to public health emergencies, such as H1N1, Zika virus, heat waves, floods, wildfires, earthquakes, and the rise of chronic diseases, that impact the lives of Californians. PMRP/Cal-EIS' capacity to train and supply experienced leaders in prevention, epidemiology, and public health is crucial at a time when there is a growing and critical shortage of public health workers. These training programs build the capacity of the public health workforce to meet the needs of vulnerable communities with increased needs, as well as the California population as a whole.
	6/30/18:	Exceeded. Recruited and interviewed 8 PMRP applicants and 26 Cal-EIS applicants.		
2. Place trainees for a public health training experience. Between 07/2017 and 06/2018, PMRP/Cal-EIS staff will train at least 15 individuals (at least 12 Cal-EIS trainees to achieve CSTE competencies and at least three Residents to meet ACPM/ACGME competencies). Experienced preceptors mentor and guide trainees to meet competencies through applied state and local public health experiences, training required for the State's public health workforce.	12/31/17:	Exceeded. Trained 21 individuals (18 Cal-EIS trainees to achieve CSTE competencies and 3 Residents to meet ACPM/ACGME competencies).	Exceeded	The recruitment, selection, and training of physicians and epidemiologists increases the number of competent public health workersso California's public health needs. Trainees receive hands-on experience under the mentorship of local health officers and State leaders, and are trained to respond to public health emergencies, such as H1N1, Zika virus, heat waves, floods, wildfires, earthquakes, and the rise of chronic diseases, that impact the lives of Californians. PMRP/Cal-EIS' capacity to train and supply experienced leaders in prevention, epidemiology, and public health is crucial at a time when there is a growing and critical shortage of public health workers.
	6/30/18:	Exceeded. Trained 21 individuals (18 Cal-EIS trainees to achieve CSTE competencies and 3 Residents to meet ACPM/ACGME competencies).		

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3. Develop and implement public health practice curriculum. Between 07/2017 and 06/2018, PMRP/Cal-EIS staff will conduct at least 14 public health/preventive-medicine (PM) seminars for PMRP and Cal-EIS trainees. These bimonthly PM seminars address ACPM/ACGME or CSTE competencies and provide trainees with insights and resources on public health practice, epidemiologic investigation procedures, and other processes that prepare trainees to enter the public health workforce.	12/31/17:	Exceeded. Conducted 18 public health/preventive-medicine (PM) seminars for PMRP and Cal-EIS trainees. These bimonthly PM seminars address ACPM/ACGME or CSTE competencies and provide trainees with insights and resources on public health practice, epidemiologic investigation procedures, and other processes that prepare trainees to enter the public health workforce.	Exceeded	The PMRP/Cal-EIS programs' recruitment, selection, and training of physicians and epidemiologists increases the number of competent public health workers available to respond to California's public health needs. Trainees receive hands-on experience under the mentorship of local health officers and State leaders, and are trained to respond to public health emergencies, such as H1N1, Zika virus, heat waves, floods, wildfires, earthquakes, and the rise of chronic diseases, that impact the lives of Californians. PMRP/Cal-EIS' capacity to train and supply experienced leaders in prevention, epidemiology, and public health is crucial at a time when there is a growing and critical shortage of public health workers. These training programs build the capacity of the public health workforce to meet the needs of vulnerable communities with increased needs, as well as the California population as a whole.
	6/30/18:	Exceeded. Conducted 18 public health/preventive-medicine (PM) seminars for PMRP and Cal-EIS trainees. These bimonthly PM seminars address ACPM/ACGME or CSTE competencies and provide trainees with insights and resources on public health practice, epidemiologic investigation procedures, and other processes that prepare trainees to enter the public health workforce.		
Between 07/2017 and 06/2018, Dr. Michael Samuel, the FC Senior Data Scientist, will develop one CDPH Economic-Analysis Plan that includes: (1) purpose/background section; (2) prioritization process for conducting CDPH Economic Analyses; and (3) resource tool kit.	12/31/17:	Met. Developed one CDPH Economic-Analysis Plan that includes: (1) purpose/background section; (2) prioritization process for conducting CDPH Economic Analyses; and (3) resource tool kit.	Met.	Developing and Enhancing CDPH Economic Analysis plans and tools results in better coordination and better evaluation of CDPH activities from an economic perspective. This in turn helps allocate scarce public health resources in ways that lead to greater impacts of public health programs to the California population.
	6/30/18:	Met. Developed one CDPH Economic-Analysis Plan that includes: (1) purpose/background section; (2) prioritization process for conducting CDPH Economic Analyses; and (3) resource tool kit.		
1. Convene the Health-Economics Think Tank. Between 07/2017 and 06/2018, Dr. Samuel will continue to convene the bimonthly Health-Economics Think Tank, founded in September 2016, to maximize expertise and resources within CDPH with an overarching goal of innovating the measures by which CDPH traditionally evaluates public health and health care systems. The Think Tank will identify internal capacity and resources and catalogue best practices and methods.	12/31/17:	Met. Convened the bimonthly Health-Economics Think Tank, to maximize expertise and resources within CDPH with an overarching goal of innovating the measures by which CDPH traditionally evaluates public health and health care systems. The Think Tank identified internal capacity and resources and catalogued best practices and methods.	Met.	The CDPH Health-Economic Think Tank, and the associated work groups, are central to the development and enhancement of CDPH Economic Analysis plans and tools. As above, these plans and tools ultimately lead to greater impacts of public health programs for the California population.
	6/30/18:	Met: During the second half of the project period the Think Tank per se did not meet; instead workgroups were formed to address priority areas which had been identified. These work groups, including one focused on an Economic Evaluation of the California Home Visiting Program, and one focused on technical development of the California Community Burden of Disease and Cost Engine, both met, developed plans, and made substantial progress.		



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<p>2. Develop economic-evaluation best practices and supporting tools. Between 07/2017 and 06/2018, Dr. Samuel will collaborate with the Think Tank to identify and develop best-practice tools and data for public health economic analyses, including the use of epidemiological data and population health outcomes and measures of health equity, social determinants, and other health and non-health related factors.</p> <p>Identification of tools and data will include assessment of and focus on “place-based” programs and impact. The tools will include one readiness assessment and one comprehensive literature review—an interactive web application that can monitor the cost of indicators.</p>	12/31/17:	Met. Collaborated with the Think Tank to identify and develop best-practice tools and data for public health economic analyses, including the use of epidemiological data and population health outcomes and measures of health equity, social determinants, and other health and non-health related factors.	<b>Met.</b>	Lessons learned from the Economic Evaluation of the California Home Visiting programs, led to the improvement of toots that will ultimately lead to greater impacts of public health programs for the California population.
	6/30/18:	Met: In addition to the progress made from 7/2017 - 12/31/17,, sustained progress was made in planning and developing the California Community Burden of Disease and Cost Engine. This interactive web-based tool will provide objective data for the focus on "placed-based" programs, initially based on Burden of Deaths grouped by Global Burden of Disease condition categories, and subsequently based also on costs associated with these categories. During this project period a technical workgroup for this project met regularly, with efforts focused on project planning, development of standards, training, and coding.		
<p>3. Develop a Public Health Economic-Analysis Framework for CDPH. Between 07/2017 and 06/2018, Dr. Samuel will collaborate with the Think Tank to design one Public Health Economic-Analysis Framework/Plan, to ensure that economic evaluation becomes a valued tool throughout CDPH, to be used systematically in policy and program decision-making and resource allocation. This framework will be used by staff specializing in economic analysis to conduct economic evaluations (e.g., cost benefit, return on investment, cost utility) on a wide range of CDPH interventions and programs.</p>	12/31/17:	Met. Collaborated with Think Tank, resulting in the design of one Public Health Economic-Analysis Framework/Plan, to ensure that economic evaluation becomes a valued tool throughout CDPH.	<b>Met.</b>	The California Community Burden of Disease and Cost Engine is one such tool that will ultimately lead to greater impacts of public health programs for the California population.
	6/30/18:	Met. Collaborated with Think Tank, resulting in the design of one Public Health Economic-Analysis Framework/Plan, to ensure that economic evaluation becomes a valued tool throughout CDPH. In addition, a cross-center team piloted the use of some of the Economic Evaluation tools that were developed, by conducting a pilot/learning evaluation of the California Home Visiting Program. Valuable insights were gained into the Program and the process of Economic Evaluation within CDPH, and selected Economic Evaluation tools were modified accordingly		

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Objective 2: Establish proactive leadership on emerging issues.				
Between 07/2017 and 06/2018, FC staff will develop one “Emerging Issues” Toolkit for statewide implementation. No framework to guide health departments through the process of swiftly and proactively addressing emerging issues exists. A proactive, rather than reactive, approach can prevent future harm and financial waste.  The Toolkit will: (1) be based on the experience of two emerging-issue pilot projects implemented within the department (opioid overdose prevention and violence prevention); (2) outline the steps in the CDPH Emerging Issue Process, including frameworks, templates, and resources to support each step; and (3) be tested through an internal pilot process.  Once finalized, FC staff will host internal-development trainings on the Toolkit. Effectiveness will be measured: (1) via participant/stakeholder surveys; and (2) over subsequent years, through successful implementation of the Toolkit.	12/31/17:	Met. Developed an “Emerging Issues” Toolkit for statewide implementation. No framework to guide health departments through the process of swiftly and proactively addressing emerging issues exists. A proactive, rather than reactive, approach can prevent future harm and financial waste.	Met.	This process has developed a stronger foundation for addressing emerging public health priorities, enabling the department and local partners to more proactively respond to key areas of focus.
	6/30/18:	Met. Continued use of “Emerging Issues” Toolkit through several active projects, incorporating additional strategies through experience of application, and enhancing access to materials for CDPH staff.		
1. Develop an Emerging Issues Toolkit. Between 07/2017 and 06/2018, FC staff will collaborate with extenders in the Information Technology Services Division (ITSD) on design and configuration of one Toolkit as a digital resource accessible through the SharePoint platform.  Developing this Toolkit will: (1) document lessons learned and provide a roadmap for two project teams addressing future topics; and (2) assemble useful tools to support expanded department engagement in proactively and effectively addressing emerging issues.		Met. Collaborated with extenders in the Information Technology Services Division (ITSD) on design and configuration of one Toolkit as a digital resource accessible through the SharePoint platform. Developing this Toolkit: (1) documented lessons learned and provide a roadmap for 6 project teams addressing future topics; and (2) assembled useful tools to support expanded department engagement in proactively and effectively addressing emerging issues.	Met.	Leveraging digital tools and design support allows greater flexibility in providing access to tools to support emerging issue projects and to incorporate new strategies and resources over time.
	6/30/18:	Met. Enhanced the usability of the SharePoint site to improve accessibility of the toolkit for the active pilot project, incorporated additional materials and links to related resources.		
2. Pilot the Emerging Issues Toolkit. Between 07/2017 and 06/2018, FC staff will: (1) identify one internal project team to pilot the initial draft of the Toolkit on an identified issue; and (2) work with the project team to apply one emerging-issue process using the Toolkit.  Throughout implementation, and at the end of the initial assessment process, team members will be asked to: (1) provide feedback on the process steps and resources; and (2) document lessons learned from the pilot implementation and incorporate feedback into one revised Toolkit prior to wider dissemination.	12/31/17:	Met. Identified six internal project teams to pilot the initial draft of the Toolkit on an identified issue, either for the assessment or implementation phase of a project; (2) worked with the project team to apply six emerging-issue process using the Toolkit, targeted to the project team’s stage of activity.	Met.	Applying the emerging issue process to these pilot projects has kick started joint efforts across multiple CDPH programs and partners. This has resulted in visible progress in attention and collaboration around key issues including opioid overdose prevention, violence prevention, and cannabis public health information.
	6/30/18:	Met. Continued ongoing quality improvement for toolkit based on applied experience in pilot projects. Three projects utilized toolkit strategies for short term assessment and three for long term implementation. One new domain of practice developed through implementation was a more formal set of matrix management strategies.		

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3. Provide training on the Toolkit. Between 07/2017 and 06/2018, FC staff will provide two training sessions on the Emerging Issue Toolkit, one for internal CDPH audiences and one for local health-jurisdiction partners. General trainings may be provided via group meeting and/or webinar. Applied trainings and technical assistance (TA) may also be provided for project teams implementing the process for specific issues.  All trainees will be asked to provide feedback on opportunities to improve the materials and format or add to the suite of resources available. By establishing the Toolkit in a digital format, continuous feedback can be used to increase the relevance and effectiveness of these tools for use by public health programs.	12/31/17:	Met. Provided five training sessions on the Emerging Issue Toolkit, three were for internal CDPH audiences and two were for local health-jurisdiction partners. General trainings were provided via group meeting and/or webinar. Applied trainings and technical assistance (TA) were also provided for project teams implementing the process for specific issues.	Met.	Outreach about emerging issue strategies has helped to build awareness of the significance of cross-program multidisciplinary approaches to address public health challenges.
	6/30/18:	Met. Continued to provide technical assistance for active project teams and share lessons learned across projects.		
Between 07/2017 and 06/2018, FC staff will conduct two enhancement activities to support the LGHC initiative focused on the website and engagement plan to: (1) expand alignment with community needs and existing efforts; (2) increase engagement with stakeholders; and (3) continue sustainment over the next five years.	12/31/17:	Met. Conducted two enhancement activities that support the Lets Get Healthy California initiative focused on the website and engagement plan to: (1) expand alignment with community needs and existing efforts; (2) increase engagement with stakeholders; and (3) continue sustainment over the next five years.	Exceeded	The LGHC State Health Improvement plan is now more representative of community needs and recognized as more relevant to multiple state departments across California Health and Human Services Agency. This will provide greater service to local communities in being able to obtain data and collaborate with partners around health improvement priorities.
	6/30/18:	Exceeded. Conducted three enhancement activities to expand alignment, increase engagement, and continue sustainment. Expanded alignment with community needs by adding and modifying indicators to increase alignment with Local Health Department and Community Health Improvement Plan priorities. Increased engagement with stakeholders by hosting a Leadership Convening in February with CHHS Agency departments and original LGHC Task Force members including leaders from academia, payer and provider, health care, and other organizations. Promoted continued sustainment through integration of LGHC within the CHHS Governance Council which has adopted LGHC as a shared framework to unify efforts across multiple departments, communicate existing efforts and track progress towards improving the health of CA.		
1. Maintain and update the LGHC website and dashboard. Between 07/2017 and 06/2018, FC staff will continue to oversee the ongoing maintenance and hosting of one LGHC website and interactive dashboard, which serves as a dynamic repository of indicator data, change strategies, and success stories. Updates will include: (1) data and major content upgrades; and (2) new data indicators and interactive tools.  This work is driven by collaborations across teams comprised of subject-matter experts from state government, vendors, and nonprofit foundations/associations.	12/31/17:	Met. Continued to oversee the maintenance and hosting of one LGHC website and interactive dashboard, which serves as a dynamic repository of indicator data, change strategies, and success stories.	Met.	The data upgrades, incorporating rural/urban and income strata will provide more comprehensive context about the social determinants of health and their impact on health improvement priorities. This improved understanding will contribute to program and policy improvements in addressing health equity.
	6/30/18:	Met. Continued ongoing maintenance and updates for LGHC website and dashboard. Worked with inter-departmental Data Workgroup to identify opportunities for enhancement within the LGHC indicators. Completed the annual indicator update with added stratification of rural/urban residency and income for a greater understanding of indicator context and disparities. FC worked with an external vendor to develop a custom week-long website development training for the LGHC Web Team to update knowledge on relevant programming languages and garner new skill sets within the WordPress environment (LGHC website's content management system).		

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2. Implement a strategic LGHC community-engagement plan. Between 07/2017 and 06/2018, FC staff will: (1) develop and implement one community-engagement plan to promote and track local and state efforts highlighted within the LGHC framework; (2) incorporate feedback from partners, such as the LGHC Innovation Challenge applicants, the planning committee for the 2017 Innovation Conference; (3) identify priority indicators that could benefit from enhanced collaboration; and (4) find meaningful ways of interacting with internal and external audiences to advance LGHC and the PH 2035 framework.	9/30/17:	Met. Developed and implemented one community-engagement plan to promote and track local and state efforts highlighted within the LGHC framework. We then incorporated feedback from partners and identified priority indicators that could benefit from enhanced collaboration. Found meaningful ways of interacting with internal and external audiences to advance LGHC and the PH 2035 framework.	Met.	The expanded community and partner engagement in LGHC provides a strong foundation for collective impact in addressing critical health priorities as local and state level partners join forces around shared priorities.
	6/30/18:	Met. Continued implementation of one community engagement plan. FC, in collaboration with Office of Quality Performance and Accreditation and Public Health Institute hosted a one-day workshop for local health departments to engage counties around community health assessment and improvement planning and promote alignment with LGHC. Conducted a stakeholder input survey and disturbed to CDPH programs, CHHS Departments, community partners and stakeholders to garner input. This survey input was leveraged as part of the LGHC Refresh process together with prior data and alignment inputs, to prioritize new indicators based on significance to the population, relevance to stakeholders, and capacity working within the area. Additional partner feedback was contributed to the LGHC planning process through a Leadership Convening.		
Objective 4: Prepare workforce for evolving role of public health.				
Between 07/2017 and 06/2018, FC staff will implement three workforce-engagement strategies and TA to empower employees to embrace CDPH's PH 2035 framework and the U.S. Department of Health and Human Services (DHHS) Public Health 3.0 vision, which calls on public health departments to embrace their role as strategists and encourages leadership to create a center housed within the department dedicated specifically to: (1) external relations; (2) internal cross-sector collaboration; (3) strategic development; and (4) community engagement.  As an early adopter of this model, CDPH in 2015 created FC, which serves as an innovative hub to explore, research, and implement department-wide strategies to empower employees to embrace the evolving role of public health. FC staff will measure the effectiveness of these strategies by: (1) tracking how often resources are accessed via the CDPH Intranet; (2) participation in events; (3) staff surveys; and (4) direct input from program directors and external partners.	12/31/17:	Met. Implemented three workforce-engagement strategies and Technical Assistance to empower employees to embrace CDPH's PH 2035 framework and the U.S. Department of Health and Human Services (DHHS) Public Health 3.0 vision, which calls on public health departments to embrace their role as strategists and encourages leadership to create a center housed within the department dedicated specifically to: (1) external relations; (2) internal cross-sector collaboration; (3) strategic development; and (4) community engagement.	Met.	Providing tools and opportunities in support of PH2035 advances the Department's ability to nimbly address continuing and emerging health issues impacting the residents of California.
	6/30/18:	Met. FC continued to engage staff through Lets Get Healthy California and Public Health 2035 activities, including employee engagement activities, cross-cutting projects and stakeholder development, and data visualizations. Most recently FC developed a partnership with The California Endowment to identify how CDPH can best support local health departments in advancing their work to address social determinants of health through cross-sectoral partnerships, place-based initiatives, alignment of resources, sharing data, and communicating the value of upstream work. Staff from Centers and Offices across the Department are engaged in this effort which is facilitated and led by FC.		

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1. Create a PH 2035 communications and engagement plan. Between 07/2017 and 06/2018, FC staff will develop one communications and engagement plan to align the FC workforce with the LGHC and PH 2035 framework. The plan will target internal public health staff and encourage them to engage with PH 2035 resources. These resources will encourage staff to adopt new, innovative approaches to business and program management.	12/31/17:	Met. Developed 1 communications and engagement plan to align the FC workforce with the LGHC and PH 2035 framework.	<b>Met.</b>	Providing digital resources and events encouraging cross-program and cross-sector collaborations to modernize our approaches and address health disparities across California increases knowledge throughout CDPH, encourages internal communications, improves staff morale, and positively impacts the health of Californians.
	6/30/18:	Met: FC created a PH2035 intranet page detailing the PH2035 vision, its four pillars, and examples of work at CDPH in alignment with PH2035. Several program representatives participated in the planning of PH2035 events and provided subject matter expertise to the next phase of LGHC's strategic direction. FC launched an exploratory project in collaboration with the Center for Healthy Communities using data and mapping visualization for a comprehensive view of resources, burden, and potential gaps in services and investments. FC also created an interactive map of place-based initiatives (PBI) across California for FC staff, CDPH programs, and external partners to identify opportunities to leverage resources across PBIs.		
2. Develop PH 2035 resources. Between 07/2017 and 06/2018, FC staff will: (1) develop new modes of communicating and engaging with staff regarding the four pillars of PH 2035: evaluation, strategic partnerships, workforce, and leadership; and (2) create quarterly newsletters, podcasts, and learning sessions sharing real-world examples illustrative of PH 2035 core principles.  This communications platform will encourage staff to: (1) explore new ways of operating teams and programs; and (2) provide tools and resources.	12/31/17:	Met. Developed new modes of communicating and engaging with staff regarding the 4 pillars of PH 2035: evaluation, strategic partnerships, workforce, and leadership; and (2) created 1 newsletters, 2 podcasts, and 5 learning sessions sharing real-world examples illustrative of PH 2035 core principles.	<b>Met.</b>	These opportunities increase knowledge of program activities and Department-wide priorities, as well as encourage staff to share resources and best practices with one another, leading to a more nimble, collaborative health department.
	6/30/18:	Met: FC continued to provide opportunities for staff engagement including 1 Town Hall, 2 Communications Specialist Forum meetings, 2 peer-led presentations, 1 PH2-35 prevention & social determinants of health guest speaker event, and launched a book club which included two discussion meetings exploring how the Department and its programs can use the recommendations in the book for furthering our community health approaches upstream.		
3. Coordinate town halls and podcasts with leadership. Between 07/2017 and 06/2018, FC staff will facilitate two town halls and two podcasts with CDPH and California Health and Human Services Agency leadership to keep staff apprised of important Affordable Care Act legislative changes and activities that impact their personal and program-level work, allowing them to make the necessary policy, program, and budget decisions for projects and programs.	12/31/17:	Met. Facilitated 3 town halls and 2 podcasts with CDPH and California Health and Human Services Agency leadership to keep staff apprised of important Affordable Care Act legislative changes and activities that impact their personal and program-level work, allowing them to make the necessary policy, program, and budget decisions for projects and programs.	<b>Exceeded</b>	These opportunities increase knowledge of program activities and Department-wide priorities, as well as encourage staff to share resources and best practices with one another, leading to a more nimble, collaborative health department.
	6/30/18:	Exceeded. FC staff coordinated a fourth Town Hall with the CDPH Director and CHHS Agency staff. FC also engaged approximately 150 staff members through a Public Health Week kick-off event featuring a guest speaker and two book club discussions on the subject of taking CDPH prevention approaches and services further upstream.		

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4. Provide Accountable Communities for Health with TA. Between 07/2017 and 06/2018, FC staff will provide TA, as needed, to one California Accountable Communities for Health Initiative (CACHI), such as evaluation and data-sharing guidance. CACHI is innovating the way community and clinical services can strengthen partnerships to address the social determinants of health.	12/31/17:	Met. Provided TA, as needed, to 3 California Accountable Communities for Health Initiative (CACHI), such as evaluation and data-sharing guidance. CACHI is innovating the way community and clinical services can strengthen partnerships to address the social determinants of health. FC staff met 4 times with CACHI to provide input and feedback on the initiative and activities within pilot Accountable Communities for Health sites.	Met.	Continued collaboration between place-based initiatives, such as CACHI, strengthen CDPH's external partnerships, as well as provide added resources to the initiatives improving the health of several communities throughout California.
FC staff will meet quarterly with CACHI to provide input and feedback on the initiative and activities within pilot Accountable Communities for Health sites.	6/30/18:	Met. FC staff continued to provide TA and input to the CACHI sites, as well as collaborated with the CACHI evaluator to facilitate two meetings with CDPH subject matter experts to identify opportunities for CDPH programs to provide additional support and partnership development to the CACHI sites.		
Between 07/2017 and 06/2018, OQPA Public Health Accreditation program staff will provide financial assistance to increase accreditation readiness to at least one local and/or tribal public health agency, to improve capacity to prepare for national public health accreditation.	12/31/17:	Not Met. Did not provided financial assistance to any tribal, or any public health agency to improve capacity to prepare for national public health accreditation.	Exceeded	The provision of accreditation readiness services addressed the varying needs of public health agencies throughout California. Participation in workshops, trainings, and consultation increased knowledge of accreditation requirements, provided a forum for sharing of best practices, enabled development of collaborative partnerships, and generated strategies to advance local capacity to pursue national public health accreditation.
	6/30/18:	Exceeded: Accreditation readiness services were provided (in lieu of financial assistance) to multiple California local health departments (LHD) via workshops, training, and consultation in the following areas: - Workforce Development: Strengths Finders Team Training and Consultation (2 LHDs; 20 participants) - Workforce Development: Discovering and Working with Talents and Strengths Training (8 LHDs; 9 participants). - Quality Improvement: Lean White Belt Training (12 LHDs; 61 participants). - Community Health: Assessment and Improvement Planning Workshop (17 LHDs; 22 participants). - Documentation Selection: External Accreditation Documentation Review (2 LHDs). - Accreditation Readiness: Technical Assistance Consultation (9 LHDs)		
1. Establish and administer a mini-grant program. Between 07/2017 and 06/2018, OQPA Public Health Accreditation program staff will establish one CDPH Public Health Accreditation Mini-Grant Program for California's local and/or tribal public health agencies to apply for accreditation readiness financial assistance. A mini-grant may be used to support development of accreditation-related activities, such as community health assessment and improvement planning, workforce development, QI, strategic planning, and/or performance management.	12/31/17:	Not Met. Did not establish a Public Health Accreditation Mini-Grant Program for California's local and/or tribal public health agencies.	Exceeded	These mini-grant services provided participating local agencies an opportunity to receive accreditation-readiness supportive services to improve capacity to prepare for and apply for national public health accreditation.
	6/30/18:	Exceeded: PHHSBG funds supported the administration of the Public Health Accreditation Mini-Grant Program. The provision of the mini-grant services enabled multiple participating California local public health agencies to receive accreditation-readiness support in the areas of community health assessment and improvement planning, workforce development, quality improvement, and documentation selection: - Workforce Development: Strengths Finders Team Training and Consultation (2 LHDs; 20 participants) - Workforce Development: Discovering and Working with Talents and Strengths Training (8 LHDs; 9 participants). - Quality Improvement: Lean White Belt Training (12 LHDs; 61 participants). - Community Health: Assessment and Improvement Planning Workshop (17 LHDs; 22 participants). - Documentation Selection: External Accreditation Documentation Review (2 LHDs). - Accreditation Readiness: Technical Assistance Consultation (9 LHDs)		

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Between 07/2017 and 06/2018, SACB staff will increase the number of local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators that address the community and/or societal level of the social-ecological model (SEM) from two [RPE Annual Data Report, 2015–16] to four.	12/31/17:	Met. Increased the number to 4 of local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators.	Met.	Providing resources, technical assistance, and training for local rape crisis centers to implement sexual-offense prevention programs, prevents the perpetration of sexual offenses, as well as the subsequent health and social costs. Building the capacity of organizations to address the community and societal levels of the SEM model allows local rape crisis centers (RCCs) to implement more effective primary prevention programs to prevent sexual violence perpetration and victimization.
	6/30/18:	Met. Increased the number to 4 of local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators that address the community and/or societal levels of the SEM from two to four.		
1. Assess sexual-violence risk and protective factors that RCCs address. Between 07/2017 and 06/2018, Rape Prevention staff will conduct assessments with six RCCs to determine to what extent they are implementing sexual-offense prevention programs addressing community- and/or societal-level risk and protective factors.	12/31/17:	Met. Conducted assessments with six RCCs to determine to what extent they are implementing sexual-offense prevention programs addressing community- and/or societal-level risk and protective factors.	Met.	Assessing sexual-violence risk and protective factors that RCCs address informs the delivery of resources, technical assistance, and training for local rape crisis centers to implement sexual-offense prevention programs. This in turn prevents the perpetration of sexual offenses, as well as the subsequent health and social costs. Building the capacity of organizations to understand sexual violence risk and protective factors ensures that RCCs throughout the state use consistent approaches and principles to prevent sexual offenses.
	6/30/18:	Met. Conducted assessments with six RCCs to determine to what extent they are implementing sexual-offense prevention programs addressing community- and/or societal-level risk and protective factors.		
2. Increase knowledge and skills of RCCs to utilize a public health approach. Between 07/2017 and 06/2018, Rape Prevention staff will conduct a minimum of four educational activities to enhance the knowledge and skills of staff from six RCCs to conduct sexual-offense (rape) prevention programs that address the community and/or societal levels of the SEM.	12/31/17:	Met. Conducted four educational activities to enhance the knowledge and skills of staff from 6 RCCs to conduct sexual-offense (rape) prevention programs.	Exceeded	Providing resources, technical assistance, and training for local rape crisis centers to implement sexual-offense prevention programs, prevents the perpetration of sexual offenses, as well as the subsequent health and social costs. Building the capacity of organizations to address the community and societal levels of the SEM model allows local rape crisis centers (RCCs) to implement more effective primary prevention programs to prevent sexual violence perpetration and victimization.
	6/30/18:	Exceeded. Conducted eight educational activities to enhance the knowledge and skills of staff from 6 RCCs to conduct sexual-offense (rape) prevention programs.		
3. Fund sexual-offense prevention programs. Between 07/2017 and 06/2018, Rape Prevention Program staff will fund six local RCCs to conduct sexual-offense prevention programs that address the community and/or societal levels of the SEM.	12/31/17:	Met. Funded 6 local RCCs to conduct sexual-offense prevention programs that address the community and/or societal levels of the SEM.	Met.	Providing funding to local rape crisis centers to implement sexual-offense prevention programs prevents the perpetration of sexual offenses in their communities, as well as the subsequent health and social costs.
	6/30/18:	Met. Funded 6 local RCCs to conduct sexual-offense prevention programs that address the community and/or societal levels of the SEM.		



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Between 07/2017 and 06/2018, RBA for PSP Control staff will develop one framework and template for use of the RBA for regulatory testing in California. This will consist of complete SOPs for all procedures as well as procedures to determine the suitability of the reagents, and data characterizing RBA method performance.  The greater sensitivity and higher throughput of the RBA compared to the MBA has the potential to reduce risk of illness due to food-borne intoxication.	12/31/17:	Not Met. Did not develop one framework and template for use of the RBA for regulatory testing in California.	Met.	The program has established a preliminary framework for conducting shellfish testing for PSP toxin. Comparisons of the MBA and RBA methods demonstrate a solid equivalence between the methods, especially for measurable samples that can be directly compared. The implementation of blinded studies facilitates pre-screening strategies for processing samples and establishing a logical systems of operations for managing samples in real time. This framework continues to evolve as newer equipment and laboratory space are acquired and as the systems is expanded for handling actual samples numbers that are submitted annually to the CDPH for testing.
	6/30/18:	Met. The program has established a framework and operational template for testing PSP toxins using the RBA as the primary regulatory method in California.		
1. Develop RBA SOPs for determination of PSP toxins in oysters. Between 07/2017 and 06/2018, RBA for PSP Control staff will generate one detailed SOPs document for the determination of PSP toxins in oysters using the RBA. This document will finalize improvements to the testing protocol and incorporate best practices for quality control and results reporting as required by the Interstate Shellfish Sanitation Conference (ISSC) for regulatory testing of commercial shellfish. These will include: (1) starting extract dilutions; (2) trigger levels for subsequent dilutions; and (3) retesting and quality controls required. Specifications and acceptance checklist protocol for the tritiated-STX (3H-STX) will be included. These parameters must include: (1) hillslope; (2) IC50; (3) percent recovery of 3 nM STX cold spike; and (4) percent recovery of QC80 tissue spike.	12/31/17:	Not Met. Did not generate a detailed SOPs document for the determination of PSP toxins in oysters using the RBA.	Met.	A formal SOP that outlines the steps for conducting RBA experiments is critical for finalizing both the method and the overall system\ and operations for testing shellfish for PSP toxins. The program drafted a formal SOP that includes acceptance criteria for all of the important QC parameters to ensure the integrity of the method and the results from the sample analysis. The SOP serves as the foundation for conducting RBA-related testing and studies, but may include minor changes in future drafts as new equipment and laboratory spaces become available.
	6/30/18:	Met. The program generated a comprehensive SOP for setting up and running the RBA as an official procedure for PSP toxin testing.		
2. Test all shellfish samples submitted to CDPH using the RBA. Between 07/2017 and 06/2018, RBA for PSP Control staff will analyze all shellfish samples received by CDPH for PSP-toxin testing by the RBA and the MBA for one calendar year. It is necessary to test samples with both methods to establish that the results generated from the two tests are comparable. This side-by-side testing needs to be conducted for a full year to characterize method performance in varying environmental conditions.  Samples will be pre-screened using a qualitative immuno-test; only positive samples will be tested by RBA and MBA. This testing will establish whether the sample-processing and data-analysis time required for the RBA allow for timely results reporting (important for public safety and commercial interests).  Through all of 2016, approximately 160 positive samples were collected for comparison between the MBA and RBA These samples have been extracted and are currently stored at –20°C.	12/31/17:	Met. Analyzed all shellfish samples received by CDPH for PSP-toxin testing by the RBA and the MBA for one calendar year.	Met.	Completion of this activity, comparing the MBA and RBA methods supports the program's position that the RBA can be used as an alternative method for routine and regulatory testing and detection of PSP toxins. This feasibility study demonstrates the RBA to be more accurate at measuring PSP toxin levels closer to the alert limit and is also more efficient at generating data for reporting to stakeholders and notifying the public. The RBA also exhibited a lower detection limit than what could be provided by the MBA, which is useful information for regulatory agencies which monitor PSP levels for posting advisories. In addition the RBA also provides a humane alternative to the MBA because it does not require animals for testing.
	6/30/18:	Met. Side-by-side testing that compared the performance of the MBA and RBA had been previously completed for one calendar year for sample collected in 2016. Comparison testing continues with side-by-side comparison between the MBA and RBA following an expanded blinded study testing shellfish extracts from 2017and 2018.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
3. Analyze archived shellfish samples from historic blooms and various locations. Between 07/2017 and 06/2018, RBA for PSP Control staff will analyze 255 archived (collected since August 2009) shellfish samples for STX equivalence by RBA.	12/31/17:	Partial Met. Analyzed 21 archived shellfish samples for STX equivalence by RBA.	Met.	Completion of this activity is critical for validating the universality of the RBA for measuring a range of PSP toxin concentration across historic conditions. Testing historic samples over a 6 year period demonstrates the ability of the RBA to consistently and accurately measure PSP toxin over range of different bloom conditions from one year to the next. The generated data from this study exhibits a very close correlation with MBA data from the same samples. The final results from this study demonstrate that, (1) the results generated by the RBA are similar to the MBA, and (2) that the RBA is as protective to public health as the MBA.
It is necessary to analyze samples from historic blooms to: (1) establish that the results provided by the two assays are similar; and (2) demonstrate that the RBA is as protective of public health as the MBA before adopting the new method for surveillance. Bloom species and toxin profiles may differ.	6/30/18:	Met. Testing of historic PSP toxin blooms using the RBA was completed for approximately 108 extracts spanning 2009-2015.		
4. Develop an alternative RBA analysis. Between 07/2017 and 06/2018, RBA for PSP Control staff will develop one novel STX testing method based on the RBA with liquid chromatography–mass spectrometry (LC-MS detection) and using a 15N-labeled STX substrate rather than 3H-STX. This alternative method would be a usable alternative should the 3H-STX ligand not be available commercially, as staff has experienced recently.	9/30/17:	Not Met. Did not develop any novel STX testing method based on the RBA with liquid chromatography–mass spectrometry (LC-MS detection) and using a 15N-labeled STX substrate rather than 3H-STX.	Partially Met	The program reached out to additional staff for expertise in developing this tandem RBA-LC/MS method and drafted preliminary designs for intimal experimentation. However, this activity is still in the initial testing phase of development and will require additional time to formally establish the method. The development of an alternative method will ensure the existence of a back up approach for PSP toxin testing that is both protective of public health as established methods, and free of animal testing.
	6/30/18:	Partially met. The program has designed the initial phases of this tandem testing method that uses both RBA and LC-MS capabilities. In 2018, the program hired new staff to facilitate this work, and we are currently exploring early testing procedures for validating this novel approach.		
5. Determine performance characteristics of the MBA for STX in shellfish. Between 07/2017 and 06/2018, RBA for PSP Control staff will determine the detection limit and accuracy of one assay, the MBA, for STX in shellfish samples spiked with known amounts of STX.	12/31/17:	Not met.	Partially Met	Determining the limit of detection (LOD) of both the RBA and MBA is important for understanding the limitations of each method, particularly where public health could be impacted. The program has performed several experiments on the RBA, which has consistently demonstrated a markedly lower LOD than the MBA. Several publications on this topic corroborate our findings. The program would like to test the LOD levels directly against samples tested in the RBA that can verified against the same rigorous analysis criteria as used to validate the RBA results. We continue to reach out to collaborator to fulfill this activity.
	6/30/18:	Partially met. Limit of detection experiments has been conducted frequently for the RBA throughout the project. However, the program has not been able to complete this task for the MBA because the collaborator for this task has not been available to complete the work. The program continues to reach out to the collaborator to confirm a future date to complete this work.		
TB-Free California	HP 2020 Objective: IID-29 TB		Funded FFYs: 2017 (new)	
Objective 1: Aid public- and private-sector programs to identify and engage high-risk patients.				
Between 07/2017 and 06/2018, TB-Free California staff will provide training and guidance to improve the practice of engaging high-risk patients in testing and treatment for latent TB infection to 50 health care providers who see at-risk patients in large community and institutionally based settings.	12/31/17:	Met. Provided training and guidance to improve the practice of engaging high-risk patients in testing and treatment for latent TB infection to 80 health care providers who see at-risk patients in large community and institutionally based settings.	Exceeded	Trainings and consultations built capacity in California community and institutionally-based healthcare settings to identify, assess and treat populations at risk for TB infection and prevent them from developing infectious TB disease.
	6/30/18:	Exceeded. Provided training and guidance to improve the practice of engaging high-risk patients in testing and treatment for latent TB infection to 200 health care providers who see at-risk patients in large community and institutionally-based settings.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
1. Train community and institutional health care providers. Between 07/2017 and 06/2018, TB-Free California staff will develop and provide six trainings and 12 consultations on testing and treatment of TB infection and TB prevention strategies for at least 50 health care providers in community and institutionally based settings to build capacity for identifying, assessing, and treating populations at risk.	12/31/17:	Not Met. Did not develop and provided six trainings and 12 consultations on testing and treatment of TB infection and TB prevention strategies in the manner described in the State Plan.	Exceeded	On-demand consultations allowed California primary care providers to have questions answered promptly, minimizing patient treatment side effects, prompt assessment of medication side effects and avoiding treatment interruptions to ensure treatment completion so that patients do not develop and spread infectious TB disease.
	6/30/18:	Exceeded. Developed 8 trainings including a standard slide set for primary care physicians and pediatricians on latent TB infection. Provided over 75 consultations on testing and treatment of TB infection to over 70 health care providers.		
Between 07/2017 and 06/2018, TB-Free California staff will develop two latent TB infection reporting metrics to measure program performance on latent TB infection testing and treatment.	12/31/17:	Met. Developed two latent TB infection reporting metrics to measure program performance on latent TB infection testing and treatment.	Exceeded	These measures can identify gaps in care for latent TB infection testing and treatment and determine which interventions are needed to scale up latent TB infection screening, testing and treatment in specific community clinical settings. These metrics can be used to track the impact of interventions and change in practice over time at clinical setting-, local jurisdiction-, and state-levels.
	6/30/18:	Exceeded. Developed two latent TB infection reporting metrics to measure program performance on latent TB infection testing and treatment. Also developed additional intermediary metrics to track patients through the series of steps from testing through treatment completion.		
1. Develop a template for reports on latent TB infection testing and treatment. Between 07/2017 and 06/2018, TB-Free California staff will develop at least one template, process, and procedure for generating reports to track progress on latent TB testing and treatment conducted in public health and other health care settings.	12/31/17:	Not Met. Did not develop one template, process, and procedure for generating reports to track progress on latent TB testing and treatment conducted in public health and other health care settings.	Met.	A template, process and procedure to report latent TB infection is key to effective disease surveillance. The template streamlines data for clinics and public health programs to track latent TB infection and patients' care and also helps to ensure patients complete treatment and do not progress to TB disease.
	6/30/18:	Met. Developed one template, process and procedure for generating reports to track progress on latent TB testing and treatment conducted in public health and other health care settings.		
Between 07/2017 and 06/2018, TB-Free California staff will develop one guideline on testing and treatment for latent TB infection for providers. Providers do not have protocols for treating infection, only treating disease. The guideline should be incorporated into the standards of practice for all health care providers that see patients at risk for TB disease.	12/31/17:	Met. Developed one guideline on testing and treatment for latent TB infection for providers. Providers do not have protocols for treating infection, only treating disease.	Exceeded	Guidelines ensure that California providers know the latest evidence and recommendations for managing latent TB infection and give patients at risk for TB infection a chance at TB prevention therapy to avoid developing TB disease.
	6/30/18:	Exceeded. Developed one guideline on testing and treatment for latent TB infection for providers and one clinic protocol for nurses on how to manage patients who are on latent TB infection treatment.		
1. Determine standards and procedures for identifying and treating latent TB infection. Between 07/2017 and 06/2018, TB-Free California staff will work with the California TB Controllers Association to identify best practices for assessing, screening, and treating people with latent TB infection who are likely to progress to TB disease if untreated. The information will be incorporated into one guideline document to be used to guide practices of providers in public-sector and private-sector health care settings.	12/31/17:	Met. Developed 1 guideline on testing and treatment for latent TB infection for providers. Providers do not have protocols for treating infection, only treating disease.	Exceeded	Guidelines ensure that California providers know the latest evidence and recommendations for latent TB infection testing and treatment and give patients at risk of TB infection a chance at TB prevention therapy to avoid developing TB disease.
	6/30/18:	Exceeded. Worked with the California TB Controllers Association to identify best practices for assessing, screening, and treating people with latent TB infection who are likely to progress to TB disease if untreated. Developed one guideline for providers and one clinic protocol for scaling up latent TB infection testing and treatment.		

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		Detailed Objective Outcomes ~address all requirements in column A, but be very brief~	Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
Objective 4: Develop tools on latent TB infection testing and treatment.				
Between 07/2017 and 06/2018, TB-Free California staff will develop at least two education tools: at least one patient-education tool and at least one community-education tool on latent TB infection to health care providers of populations at increased risk for progression of TB infection to TB disease throughout California.	12/31/17:	Met. Developed 1 education tool: at least one patient-education tool and at least one community-education tool on latent TB infection to health care providers of populations at increased risk for progression of TB infection to TB disease throughout California.	Exceeded	Educational tools in multiple languages and that are culturally sensitive ensure effective communication of the importance of latent TB infection treatment and help ensure patients complete treatment and know when to report medication side effects.
	6/30/18:	Exceeded. Developed 7 educational tools: 5 patient education tools and 3 community education tools on latent TB infection for health care providers of populations throughout California at increased risk of progression from TB infection to TB disease.		
1. Determine appropriate latent TB infection and TB disease education messages and methods. Between 07/2017 and 06/2018, the TB-Free California Training and Communications Coordinator will develop at least two culturally and linguistically appropriate educational print materials and electronic media for at least 50 providers' use with patients and communities at risk for latent TB infection and TB disease.	12/31/17:	Not Met. Worked with the California TB Controllers Association to identify best practices for assessing, screening, and treating people with latent TB infection who are likely to progress to TB disease if untreated.	Exceeded	Educational tools in multiple languages that are culturally sensitive ensure appropriate communication of the importance of latent TB infection treatment and help ensure that patients complete treatment and know when to report medication side effects.
	6/30/18:	Exceeded. The seven educational tools developed include 3 patient print handouts on latent TB infection testing and treatment; 3 provider print materials; and 2 electronic educational videos for the community. The patient print materials and electronic materials are available in several languages including Spanish, Chinese, Tagalog and Vietnamese which are the predominant languages of Californians with TB infection. Language for these materials has been adapted to incorporate culturally appropriate language.		
2. Disseminate community-education tools. Between 07/2017 and 06/2018, the TB-Free California Training and Communications Coordinator will work with local health jurisdiction (LHJ) staff and staff of community-based programs to disseminate at least two tools to at least 100 providers seeing clients at risk for TB disease.	12/31/17:	Not Met. Did not develop at least two culturally and linguistically appropriate educational print materials and electronic media for at least 50 providers' use with patients and communities at risk for latent TB infection and TB disease.	Exceeded	Educational tools have been disseminated to community providers, local public health clinics and private institutions allowing materials to be used widely throughout the state of California and more likely to reach the highest at-risk populations.
	6/30/18:	Exceeded. Culturally and linguistically appropriate educational print materials were disseminated to 600 providers to use with patients and communities at risk for latent TB infection and TB disease. Electronic media were disseminated to over 20 local health jurisdictions.		
Objective 5: Train LHJ staff on latent TB infection practices.				
Between 07/2017 and 06/2018, TB-Free California staff will conduct six trainings for staff from 30 LHJs to promote the adoption of recommended practices for screening, testing, and treatment of latent TB infection.	12/31/17:	Not Met. Did not conduct the six trainings for staff from 30 LHJs to promote the adoption of recommended practices for screening, testing, and treatment of latent TB infection.	Exceeded	Trainings ensure providers know the newest treatment option and the standards of care for latent TB infection treatment allowing for patients to get the safest and shortest treatment.
	6/30/18:	Exceeded. Conducted 8 trainings for staff from 25 LHJs to promote the adoption of recommended practices for screening, testing, and treatment of latent TB infection.		
1. Assess training needs. Between 07/2017 and 06/2018, TB-Free California staff will assess practice deficits among at least 60 LHJ staff. The assessment will: (1) ensure that training is targeted to meet specific LHJ personnel needs; and (2) address ways to reach specific populations in their jurisdictions.	12/31/17:	Not Met. Did not assess practice deficits among at least 60 LHJ staff. The assessment will: (1) ensure that training is targeted to meet specific LHJ personnel needs; and (2) address ways to reach specific populations in their jurisdictions.	Exceeded	Needs assessment findings will allow TB Free CA project staff to develop and implement highly targeted training, education and technical assistance to address identified areas of practice deficiencies among staff in California's local TB programs.
	6/30/18:	Exceeded. Fifty-one respondents from 41 LHJs responded to an online TB training and education needs assessment survey. Priority training and education needs for over 100 local TB program staff were identified and recommendations for implementation were included in a final report.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
Between 07/2017 and 06/2018, the Alameda OA contractor will establish at least four Alameda County–specific populations with HIV that will be prioritized for linkage-to-care (LTC) activities.	12/31/17:	Not Met. Did not establish any specific populations with HIV that will be prioritized for linkage-to-care (LTC) activities.	Exceeded	By establishing five Alameda County–specific populations with HIV that will be prioritized for linkage-to-care (LTC) activities viral suppression rates in Alameda County and the Bay Area region will decrease.
	6/30/18:	Exceeded. The Alameda OA contractor established five Alameda County–specific populations with HIV that will be prioritized for linkage-to-care (LTC) activities.		
1. Evaluate Alameda laboratory and HIV surveillance data. Between 07/2017 and 06/2018, the Alameda OA contractor will evaluate Alameda laboratory and HIV surveillance data to determine at least four demographic populations that should be prioritized for LTC activities.	12/31/17:	Not Met. Did not evaluate Alameda laboratory and HIV surveillance data to determine at least four demographic populations that should be prioritized for LTC activities.	Exceeded	By evaluating laboratory and HIV surveillance data and determining five demographic populations that should be prioritized for LTC activities in Alameda resources can be efficiently targeted. More people in Alameda and the Bay Area will receive timely and appropriate services that will lead to viral suppression.
	6/30/18:	Exceeded. The Alameda OA contractor evaluated Alameda laboratory and HIV surveillance data and determined five demographic populations that should be prioritized for LTC activities.		
2. Develop protocols for LTC staff to use for priority populations. Between 07/2017 and 06/2018, the Alameda OA contractor will develop at least two protocols for HIV LTC staff to assist in prioritizing populations for LTC activities.	12/31/17:	Not Met. Did not develop any protocols for HIV LTC staff to assist in prioritizing populations for LTC activities.	Exceeded	By developing five protocols for HIV to assist in prioritizing populations for LTC activities in Alameda County LTC staff can more efficiently use resources to identify people in Alameda County and the Bay Area and assist them with accessing HIV care and treatment that will lead to viral suppression.
	6/30/18:	Exceeded. The Alameda OA contractor developed three protocols for HIV LTC staff to assist in prioritizing populations for LTC activities.		
Between 07/2017 and 06/2018, the Orange County OA contractor will evaluate at least 14 reports that will provide Quality Improvement (QI) and Quality Assurance (QA) information to outreach, LTC and partner-services staff, and the Division Manager of Disease Control and Epidemiology in Orange County.	12/31/17:	Met. Evaluated 14 reports that will provide Quality Improvement (QI) and Quality Assurance (QA) information to outreach, LTC and partner-services staff, and the Division Manager of Disease Control and Epidemiology in Orange County.	Exceeded	By evaluating 20 reports that provide QI and QA information to outreach, LTC and partner-services staff, and the Division Manager of Disease Control and Epidemiology in Orange County, staff can more efficiently target time and resources to those people in Orange County that need assistance in order to achieve viral suppression.
	6/30/18:	Exceeded. The Orange County OA contractor evaluated 20 reports that provided QI and QA information to outreach, LTC, and partner-services staff, and the Division Manager of Disease Control and Epidemiology in Orange County.		
1. Establish reporting policies and procedures for integration of electronic health records and HIV Between 07/2017 and 06/2018, the Orange County OA contractor will consult with six Orange County Information Technology staff to integrate newly implemented electronic health records (EHRs) and HIV surveillance data to provide biannual reports for the outreach and LTC teams.	12/31/17:	Met. consult with six Orange County Information Technology staff to integrate newly implemented electronic health records (EHRs) and HIV surveillance data to provide biannual reports for the outreach and LTC teams.	Exceeded	By consulting with nine Orange County Information Technology staff to integrate newly implemented EHRs and HIV surveillance data to provide biannual reports for the outreach and LTC teams staff time for data entry and analysis is decreased allowing for more resources to assist people with linkage to and re-engagement in HIV care and treatment to achieve viral suppression.
	6/30/18:	Exceeded. The Orange County OA contractor consulted with nine Orange County Information Technology staff to integrate newly implemented EHRs and HIV surveillance data to provide biannual reports for the outreach and LTC teams.		

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2. Develop reports using QI/QA database to provide LTC information. Between 07/2017 and 06/2018, the Orange County OA contractor will provide monthly (12) reports identifying patients who are newly diagnosed with HIV or previously diagnosed but not in HIV care to assist the LTC team in determining the most appropriate LTC intervention.	12/31/17:	Met. Provided monthly (12) reports identifying patients who are newly diagnosed with HIV or previously diagnosed but not in HIV care to assist the LTC team in determining the most appropriate LTC intervention.	Met.	By providing (12) monthly reports identifying patients who are newly diagnosed with HIV or previously diagnosed but not in HIV care in Orange County the LTC team can more efficiently assist people to engage in HI*V care and treatment to achieve viral suppression.
	6/30/18:	Met. The Orange County OA contractor provided (12) monthly reports identifying patients who are newly diagnosed with HIV or previously diagnosed but not in HIV care to assist the LTC team in determining the most appropriate LTC intervention.		
Objective 3: Interview patients to provide LTC and partner-services elicitation in San Diego.				
Between 07/2017 and 06/2018, the San Diego OA contractor will conduct 100 interviews with people co-infected with non-virally suppressed HIV and gonorrhea (GC) to provide LTC, ascertain appropriate GC treatment, and elicit information about sex or needle-sharing partners.	12/31/17:	Met. Conducted 113 interviews with people co-infected with non-virally suppressed HIV and gonorrhea (GC) to provide LTC, ascertain appropriate GC treatment, and elicit information about sex or needle-sharing partners.	Exceeded	By conducting 184 interviews with people co-infected with non-virally suppressed HIV and GC to provide LTC, ascertain appropriate GC treatment, and elicit information about sex or needle-sharing partners resources can be used more efficiently to increase viral suppression and appropriate GC treatment with HIV-positive people in San Diego County.
	6/30/18:	Exceeded. The San Diego OA contractor conducted 200 interviews with people co-infected with non-virally suppressed HIV and GC to provide LTC, ascertain appropriate GC treatment, and elicit information about sex or needle-sharing partners.		
1. Identify those co-infected with HIV and GC. Between 07/2017 and 06/2018, the San Diego OA contractor will assess 1,500 records reported to the Electronic Laboratory Reporting System (ELR) and the Enhanced HIV/AIDS Reporting System (eHARS) surveillance data to identify people who have been recently diagnosed with GC who have non-virally suppressed HIV.	12/31/17:	Met. Assessed 1,500 records reported to the Electronic Laboratory Reporting System (ELR) and the Enhanced HIV/AIDS Reporting System (eHARS) surveillance data to identify people who have been recently diagnosed with GC who have non-virally suppressed HIV.	Exceeded	By assessing 2300 records reported to the ELR and the eHARS surveillance data to identify people who have been recently diagnosed with GC and who are not HIV virally suppressed in San Diego staff can more efficiently target only those people for appropriate treatment and services.
	6/30/18:	Exceeded. The San Diego OA contractor assessed 2300 records reported to the ELR and the eHARS surveillance data to identify people who have been recently diagnosed with GC who have non-virally suppressed HIV.		
2. Conduct interviews with identified patients. Between 07/2017 and 06/2018, the San Diego OA contractor will: (1) contact 300 identified patients and determine if they are in HIV care and receiving appropriate GC treatment, and discuss the reasons for their non-viral suppression; and (2) elicit identifying information about their sex and/or needle-sharing partners that can allow for anonymous third-party notification.	12/31/17:	Met. Successfully accomplished the following: (1) contacted 300 identified patients and determine if they are in HIV care and receiving appropriate GC treatment, and discuss the reasons for their non-viral suppression; and (2) elicited identifying information about their sex and/or needle-sharing partners that can allow for anonymous third-party notification.	Exceeded	By (1) contacting 407 identified patients and determining whether or not they are in HIV care and receiving appropriate GC treatment; and (2) eliciting identifying information about their sex and/or needle-sharing partners that allow for anonymous third-party notification in San Diego can most efficiently target resources to those who need the most assistance accessing GC and HIV care and treatment.
	6/30/18:	Exceeded. The San Diego OA contractor: (1) contacted 407 identified patients and determined whether or not they are in HIV care and receiving appropriate GC treatment, and discussed the reasons for their non-viral suppression; and (2) elicited identifying information about their sex and/or needle-sharing partners that can allow for anonymous third-party notification.		
Objective 4: Provide individual mentorship to State Disease Investigators.				
Between 07/2017 and 06/2018, the STD Control OA contractor will implement one statewide individual mentoring program for State Disease Investigators, to increase the proportion of people living with HIV/AIDS who are in continuous care.	12/31/17:	Met. Implemented 1 statewide individual mentoring program for State Disease Investigators to increase the proportion of people living with HIV/AIDS who are in continuous care.	Met.	By implementing one statewide individual mentoring program for State disease Investigators and increasing the proportion of people living with HIV/AIDS who are in continuous care more Californian will receive appropriate services that will increase HIV viral suppression rates and decrease further STD and HIV transmission.
	6/30/18:	Met. The STD Control OA contractor implemented one statewide individual mentoring program for State Disease Investigators to increase the proportion of people living with HIV/AIDS who are in continuous care.		
1. Investigate capacity of State Disease Investigators. Between 07/2017 and 06/2018, the STD Control OA contractor will investigate the training and skill level of ten State Disease Investigators to provide linkage to HIV care and pre-exposure prophylaxis (PrEP) education, to determine their mentoring needs.	12/31/17:	Met. Investigated the training and skill level of ten State Disease Investigators to provide linkage to HIV care and pre-exposure prophylaxis (PrEP) education, to determine their mentoring needs.	Exceeded	By investigating the training and skill level of 14 State Disease Investigators to provide linkage to HIV care and PrEP education, training and technical resources can be tailored to each State Disease Investigator. This more efficiently uses these resources and ensures that all State Disease Investigators can provide appropriate HIV/STD prevention and care resources to Californians at risk for or living with HIV.
	6/30/18:	Exceeded. The STD Control OA contractor investigated the training and skill level of 14 State Disease Investigators to provide linkage to HIV care and PrEP education, to determine their mentoring needs.		



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2. Develop a one-on-one training program for State Disease Investigators. Between 07/2017 and 06/2018, the STD Control OA contractor will develop and provide a program to meet individual training and skill-building needs of six State Disease Investigators.	12/31/17:	Met. Developed and provided a program to meet individual training and skill-building needs of six State Disease Investigators.	Exceeded	Through the development and implementation of a program that meets individual training and skill-building needs of 11 State Disease Investigators, these experts will be better equipped to provide appropriate HIV/STD prevention and care resources to Californians at risk for and living with HIV.
	6/30/18:	Exceeded. The STD Control OA contractor developed and provided a program to meet individual training and skill-building needs of 11 State Disease Investigators.		
Emergency Medical Dispatch Program/EMS Communications	HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)		Funded FFYs: ≤2009 - (ongoing)	
Objective 1: Continue review of EMS Communications Manual.				
Between 07/2017 and 06/2018, EMSA staff will review one "Statewide EMS Operations and Communications Resource Manual" to determine the need for addition/deletion of information. Revisions will improve interoperability of communications among EMS agencies and public-safety responders.	12/31/17:	Met. Reviewed one "Statewide EMS Operations and Communications Resource Manual" to determine the need for addition/deletion of information. Revisions will improve interoperability of communications among EMS agencies and public-safety responders.	Met.	An updated resource manual ensures California has the most up-to-date and uniform information regarding Statewide EMS Operations and Communications.
	6/30/18:	Met. Reviewed one "Statewide EMS Operations and Communications Resource Manual" to determine the need for addition/deletion of information. Revisions will improve interoperability of communications among EMS agencies and public-safety responders.		
1. Update manual. Between 07/2017 and 06/2018, EMSA staff will revise one "Statewide EMS Operations and Communications Resource Manual" by implementing suggested addition/deletion of content, to improve access to information that enables interoperability of communications systems among responders to crash sites.	12/31/17:	Not Met. Did not revised the "Statewide EMS Operations and Communications Resource Manual" by implementing suggested addition/deletion of content, to improve access to information that enables interoperability of communications systems among responders to crash sites.	Met.	An updated resource manual ensures California has the most up-to-date and uniform information regarding Statewide EMS Operations and Communications.
	6/30/18:	Met. Reviewed the "Statewide EMS Operations and Communications Resource Manual" by implementing suggested addition/deletion of content, to improve access to information that enables interoperability of communications systems among responders to crash sites.		
Objective 2: Maintain active partnerships with key EMS communication stakeholder groups.				
Between 07/2017 and 06/2018, EMSA staff will increase the percent of participation in key EMS communications stakeholder association groups that represent EMSA in California EMS communications operations from 30% to 70%.	12/31/17:	Not Met. Did not increase the percent of participation in key EMS communications stakeholder association groups that represent EMSA in California EMS communications from 30% to 38.	Not Met	Participation in key Emergency Medical Services (EMS) communications stakeholder association groups helps ensure California stays current on matters relating to emergency dispatch.
	6/30/18:	Not Met. Did not increase the percent of participation in key EMS communications stakeholder association groups that represent EMSA in California EMS communications from 30% to 38.		
1. Attend 9-1-1 Advisory Board meetings. Between 07/2017 and 06/2018, EMSA staff will participate in at least three 9-1-1 Advisory Board meetings to: (1) develop relationships with key EMS communication stakeholders; (2) receive up-to-date 9-1-1 service information; and (3) ensure statewide coordination of efficient pre-hospital medical responses.	12/31/17:	Not Met. Did not participate in the three 9-1-1 Advisory Board meetings to develop relationships with key EMS communication stakeholders.	Not Met	Participation in 9-1-1 Advisory Board Meetings ensures California is provided current data regarding 9-1-1 wireless calls.
	6/30/18:	Not Met. Did not participate in the three 9-1-1 Advisory Board meetings to develop relationships with key EMS communication stakeholders.		
2. Attend stakeholder meetings Between 07/2017 and 06/2018, EMSA staff will attend two Northern California Chapter of the Association of Public-Safety Communications Officials (NAPCO) meetings, to develop relationships with key communication stakeholders and provide EMS-related information in NAPCO activities.	12/31/17:	Not Met. Did not attend two Northern California Chapter of the Association of Public-Safety Communications Officials (NAPCO) meetings.	Exceeded	The Northern California Chapter of APCO (NAPCO) provides updated frequency data for emergency calls. Participating in meetings ensures California stays current in matters relating to frequency data.
	6/30/18:	Exceeded. Attended four Northern California Chapter of the Association of Public-Safety Communications Officials (NAPCO) meetings.		



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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
Objective 3: Respond to frequency-use requests.				
Between 07/2017 and 06/2018, EMSA staff will review 100% of medical-frequency requests, to ensure the requester is an appropriate entity to use a medical frequency, and that the frequency is consistent with EMS bandwidth use and medical in nature (such as MedNet and Hospital Administrative Radio), to verify whether a support letter should be provided.	12/31/17:	Met. Reviewed 100% of medical-frequency requests, to ensure the requester is an appropriate entity to use a medical frequency, and that the frequency is consistent with EMS bandwidth use and medical in nature, to verify whether a support letter should be provided.	Met.	Appropriate use of Federal Communications Commission (FCC) frequencies for medical care communication and coordination enables up-to-date effective interoperable emergency communications among EMS agencies and public safety responders and contributes to the safety of Californians.
	6/30/18:	Met. Reviewed 100% of medical-frequency requests, to ensure the requester is an appropriate entity to use a medical frequency, and that the frequency is consistent with EMS bandwidth use and medical in nature, to verify whether a support letter should be provided.		
1. Write frequency-use letters. Between 07/2017 and 06/2018, EMSA staff will review and respond to 100% of the requests for frequency use, to ensure use is appropriate and related to emergency medical services.	12/31/17:	Met. Reviewed and responded to 100% of the requests for frequency use, to ensure use is appropriate and related to emergency medical services.	Met.	Appropriate use of Federal Communications Commission (FCC) frequencies for medical care communication and coordination enables up-to-date effective interoperable emergency communications among EMS agencies and public safety responders and contributes to the safety of Californians.
	6/30/18:	Met. Reviewed and responded to 100% of the requests for frequency use, to ensure use is appropriate and related to emergency medical services.		
EMS For Children	HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)		Funded FFYs: ≤2009 - (ongoing)	
Objective 1: Continue development of EMSC regulations.				
Between 07/2017 and 06/2018, EMSA staff will develop one set of updated draft regulations for the EMSC program to the Office of Administrative Law (OAL) to initiate the rulemaking process. EMSC regulations have been drafted to provide the LEMSAs and other local facilities with minimum requirements to establish and maintain EMSC program(s). The draft regulations are under EMSA management review. Upon management approval, the next steps in initiating the rulemaking process will be taken.	12/31/17:	Not Met. Did not develop any updated draft regulations for the EMSC program for submission to the Office of Administrative Law (OAL) to initiate the rulemaking process.	Met.	Regulations provide value to California by formalizing an emergency response system that is geared toward the unique needs of children in emergency situations.
	6/30/18:	Met. Developed one set of updated draft regulations for the EMSC program for submission to the Office of Administrative Law (OAL) to initiate the rulemaking process.		
1. Submit one Rulemaking File for EMSC regulations. Between 07/2017 and 06/2018, EMSA staff will submit: (1) one Std 400, Notice of Proposed Rulemaking; (2) one Initial Statement of Reasons (ISOR); and (3) one draft regulation to OAL. The ISOR is the primary rulemaking document that satisfies the necessity standard in the rulemaking process.	12/31/17:	Not Met. Did not submit the Notice of Proposed Rulemaking, the Initial Statement of Reasons (ISOR), nor was the draft regulation submitted to OAL.	Met.	Regulations provide value to California by formalizing an emergency response system that is geared toward the unique needs of children in emergency situations.
	6/30/18:	Met. Submitted to OAL: (1) Std. 400, Notice of Proposed Rulemaking; (2) one Initial Statement of Reason (SOR); and (3) one draft regulation in March 2018.		
2. Obtain approval of draft EMSC regulations. Between 07/2017 and 06/2018, EMSC staff will present for approval one set of final draft regulations to the: (1) Emergency Medical Services Administrators' Association of California; and (2) Commission on EMS.	12/31/17:	Not Met. The OAL did not approve the proposed regulations.	Not Met	Regulations provide value to California by formalizing an emergency response system that is geared toward the unique needs of children in emergency situations.
	6/30/18:	Not Met. While the EMSC regulation rulemaking package was submitted to OAL, the final draft regulations were not submitted to the Emergency Medical Services Administrators Association of California or to the Commission on EMS.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
Objective 2: Establish EMSC TAC subcommittees.				
Between 07/2017 and 06/2018, EMSA staff will develop six subcommittees to oversee essential EMSC tasks, such as: (1) reviewing and restructuring the EMSC technical advisory committee (TAC) and mission statement; (2) updating EMSC guidelines; and (3) determining the most appropriate treatment options for pediatric patients in the field.	12/31/17:	Met. Developed six subcommittees to oversee essential EMSC tasks, such as reviewing and restructuring the EMSC technical advisory committee (TAC) and mission statement; updating EMSC guidelines; and determining the most appropriate treatment options for pediatric patients in the field.	Met.	Subcommittees help subject matter experts oversee and develop EMSC tasks to ensure forward progress.
	6/30/18:	Met. Developed six subcommittees to oversee essential EMSC tasks, such as reviewing and restructuring the EMSC technical advisory committee (TAC) and mission statement; updating EMSC guidelines; and determining the most appropriate treatment options for pediatric patients in the field.		
1. Coordinate Work Group meetings. Between 07/2017 and 06/2018, EMSA staff will schedule at least two conference calls with each newly identified EMSC subcommittee to discuss necessary activities for implementation.  Conference calls will identify tasks and requirements for each established subcommittee. The newly established subcommittees will ensure that California's EMSC stays in the forefront of pediatric care.	12/31/17:	Met. Scheduled two conference calls with newly identified EMSC subcommittee to discuss necessary activities for implementation. Conference calls identified tasks and requirements for each established subcommittee. The newly established subcommittees will ensure that California's EMSC stays in the forefront of pediatric care.	Met.	Meetings and conference calls assist with development of EMSC activities by driving input from subject matter experts.
	6/30/18:	Met. Scheduled two conference calls with newly identified EMSC subcommittee to discuss necessary activities for implementation. Conference calls identified tasks and requirements for each established subcommittee. The newly established subcommittees will ensure that California's EMSC stays in the forefront of pediatric care.		
EMS Health Information Exchange		HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS) Conference calls identified tasks and requirements for each established subcommittee.		Funded FFYs: 2014 - (ongoing)
Objective1: Provide leadership and coordination of HIE.				
Between 07/2017 and 06/2018, EMSA staff will provide TA and support to 100% LEMSAs that request assistance in areas associated with HIE system developments and operations, to improve statewide EMS patient care.	12/31/17:	Met. Provided TA and support to 100% LEMSAs that request assistance in areas associated with HIE system developments and operations, to improve statewide EMS patient care.	Met.	Establishing Health Information Exchanges statewide will improve the local emergency services by enhancing the exchange of patient medical information to more timely care, efficient transitions, and improved outcomes for the people of California.
	6/30/18:	Met. Provided TA and support to 100% LEMSAs that request assistance in areas associated with HIE system developments and operations, to improve statewide EMS patient care.		
1. Participate in teleconferences. Between 07/2017 and 06/2018, EMSA staff will attend at least six teleconference calls with the Office of the National Coordinator for Health IT (ONC), the California Association of Health Information Exchanges, the California Office of Health Information Integrity, and/or other participating EMS entities. These teleconferences provide a forum for discussion of HIE designs and sharing of successes and program implementation issues for states that are operating HIE programs under an ONC grant.	12/31/17:	Met. Attended six teleconference calls with the Office of the National Coordinator for Health IT (ONC), the California Association of Health Information Exchanges, the California Office of Health Information Integrity, and/or other participating EMS entities	Exceeded	Establishing Health Information Exchanges statewide will improve the local emergency services by enhancing the exchange of patient medical information to more timely care, efficient transitions, and improved outcomes for the people of California.
	6/30/18:	Exceeded. Attended six teleconference calls with the Office of the National Coordinator for Health IT (ONC), the California Association of Health Information Exchanges, the California Office of Health Information Integrity, and/or other participating EMS entities		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
2. Participate in HIE workshop. Between 07/2017 and 06/2018, EMSA staff will organize and host at least one event to share LEMSA HIE successes to: (1) inform EMS partners how best to use HIE to improve patient care; and (2) measure that improved care.	12/31/17:	Met. Organized and hosted one event to share LEMSA HIE successes to inform EMS partners how best to use HIE to improve patient care; and measure that improved care.	Met.	Establishing Health Information Exchanges statewide will improve the local emergency services by enhancing the exchange of patient medical information to more timely care, efficient transitions, and improved outcomes for the people of California.
	6/30/18:	Met. Organized and hosted one event to share LEMSA HIE successes to inform EMS partners how best to use HIE to improve patient care; and measure that improved care.		
Between 07/2017 and 06/2018, EMSA staff will provide ongoing maintenance to one injury- and illness-prevention web page on the EMSA website on a quarterly basis. The web page links: (1) provide sources for education and for EMS partners; and (2) promote injury prevention in the EMS community.	12/31/17:	Met. Provided ongoing maintenance to one injury- and illness-prevention web page on the EMSA website on a quarterly basis. The web page links: (1) provide sources for education and for EMS partners; and (2) promote injury prevention in the EMS community.	Met.	Information provided to the public and professional stakeholders provides a clearing house of information to advance injury prevention activities in California.
	6/30/18:	Met. Provided ongoing maintenance to one injury- and illness-prevention web page on the EMSA website on a quarterly basis. The web page links: (1) provide sources for education and for EMS partners; and (2) promote injury prevention in the EMS community.		
1. Verify functionality of website links. Between 07/2017 and 06/2018, EMSA staff will check 55 links for connectivity and correct links in need of updating, to ensure access to and accuracy of injury- and illness-prevention data.	12/31/17:	Met. Checked 55 links for connectivity and correct links in need of updating, to ensure access to and accuracy of injury- and illness-prevention data.	Met.	Review and revision of information provided to the public and professional stakeholders ensures that information is useful and easy to access.
	6/30/18:	Met. Checked 55 links for connectivity and correct links in need of updating, to ensure access to and accuracy of injury- and illness-prevention data.		
2. Inquire with trauma partner organizations. Between 07/2017 and 06/2018, EMSA staff will collaborate with one Trauma Managers Association, five California Trauma Regions. and the 27 LEMSAs that have trauma centers, to add any new programs to the website as information becomes available.	12/31/17:	Met. Collaborated with one Trauma Managers Association, five California Trauma Regions. and the 27 LEMSAs that have trauma centers, to add any new programs to the website as information becomes available.	Met.	Review and revision of information provided to the public and professional stakeholders ensures that information is useful and easy to access.
	6/30/18:	Met. Collaborated with one Trauma Managers Association, five California Trauma Regions. and the 27 LEMSAs that have trauma centers, to add any new programs to the website as information becomes available.		
Between 07/2017 and 06/2018, EMSA staff will provide ongoing maintenance on to one trauma-system public-information page on the EMSA website, to make sure injury prevention--related information is available and current.	12/31/17:	Met. Provide ongoing maintenance on to one trauma-system public-information page on the EMSA website, to make sure injury prevention--related information is available and current.	Met.	Information provided to the public and professional stakeholders provides a clearing house of information to advance injury prevention activities in California.
	6/30/18:	Met. Provide ongoing maintenance on to one trauma-system public-information page on the EMSA website, to make sure injury prevention--related information is available and current.		
1. Update trauma system public-information web page. Between 07/2017 and 06/2018, EMSA staff will review one EMSA trauma system public-information web page on a quarterly basis and update information, to maximize accuracy and usability of web-page content.	12/31/17:	Met. Reviewed one EMSA trauma system public-information web page on a quarterly basis and update information, to maximize accuracy and usability of web-page content.	Met.	Review and revision of information provided to the public and professional stakeholders ensures that information is useful and easy to access.
	6/30/18:	Met. Reviewed one EMSA trauma system public-information web page on a quarterly basis and update information, to maximize accuracy and usability of web-page content.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
EMS Poison Control System	HP 2020 Objective: HO IVP-9 Poisoning Deaths		Funded FFYs: ≤2009 - (ongoing)	
Objective 1: Provide program oversight.				
Between 07/2017 and 06/2018, EMSA staff will provide oversight to one poison-control system provider, the California Poison Control System (CPCS), to promote rapid and effective telephone emergency advice service to 300,000 Californians exposed to poisons.	12/31/17:	Met. Provided oversight to one poison-control system provider, the California Poison Control System (CPCS), to promote rapid and effective telephone emergency advice service to 300,000 Californians exposed to poisons.	Met.	CPCS provides Californians with a poison control system that provides prevention outreach and free treatment advice and assistance in case of exposure to poisonous or hazardous substances.
	6/30/18:	Met. Provided oversight to one poison-control system provider, the California Poison Control System (CPCS), to promote rapid and effective telephone emergency advice service to 300,000 Californians exposed to poisons.		
1. Review quarterly activity reports. Between 07/2017 and 06/2018, EMS staff will review four activity reports per quarter from one poison control service provider, CPCS, to verify that the work performed is consistent with the contractual scope of work.	12/31/17:	Met. Reviewed four activity reports per quarter from one poison control service provider, CPCS, to verify that the work performed is consistent with the contractual scope of work.	Met.	Review of the quarterly reports ensures for the contractual obligations are met and services are in place for Californians who need assistance in case of exposure to poisonous or hazardous substances.
	6/30/18:	Met. Reviewed four activity reports per quarter from one poison control service provider, CPCS, to verify that the work performed is consistent with the contractual scope of work.		
2. Develop a Request for Information. Between 07/2017 and 06/2018, EMS staff will develop one Request for Information, to identify potential service providers interested in serving as the provider of poison control services for the entire State of California.	12/31/17:	Met. Developed one Request for Information, to identify potential service providers interested in serving as the provider of poison control services for the entire State of California.	Met.	Development of the Request for Information allows other entities to submit interest in becoming California's sole Poison Control System provider, enabling the EMS Authority to explore other financial options and contract with the lowest bidder, and also ensure the Poison Control System remains free of charge to Californians.
	6/30/18:	Met. . Developed one Request for Information, to identify potential service providers interested in serving as the provider of poison control services for the entire State of California.		
3. Develop a Request for Offer. Between 07/2017 and 06/2018, EMS staff will develop one Request for Offer, to identify one California Multiple Award Schedules contractor interested in performing a comprehensive program and fiscal evaluation of the CPCS provider.	12/31/17:	Met. Developed one Request for Offer, to identify one California Multiple Award Schedules contractor interested in performing a comprehensive program and fiscal evaluation of the CPCS provider.	Met.	Development of the Request for Offer/Request for Quotation allows an external contractor/auditor to conduct a program performance and assistance provided to Californians is consistent with contractual obligations and statutory/regulatory authority and to ensure the financial integrity on the use of State General Funds.
	6/30/18:	Met. Developed one Request for Offer, to identify one California Multiple Award Schedules contractor interested in performing a comprehensive program and fiscal evaluation of the CPCS provider.		
4. Conduct site visits. Between 07/2017 and 06/2018, EMS staff will conduct two site visits at two poison control centers within California, to verify that the work performed is consistent with regulations and the contractual scope of work.	12/31/17:	Met. Conducted two site visits at two poison control centers within California, to verify that the work performed is consistent with regulations and the contractual scope of work.	Met.	Site visits verifies whether CPCS' performance is consistent with contractual obligations, and in accordance with statutory/regulatory authority. Adherence to statute, regulations, and the contract ensures Californians receive optimum patient care.
	6/30/18:	Met. In May 2018, conducted two site visits (San Diego and Sacramento centers) of two poison control centers within California, to verify that the work performed is consistent with regulations and the contractual scope of work.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
Between 07/2017 and 06/2018, EMSA staff will develop three EMS annual and Trauma data reports that show frequencies for specific data elements (e.g., cause of injury, type of service) specific to a particular area or county (e.g., number of calls; proportion that are 9 1 1 calls). Data, to be published on the EMSA website, will help develop a state baseline and track what data are successfully moving from the LEMSAs to CEMSIS.	12/31/17:	Met. Developed three EMS annual and Trauma data reports that show frequencies for specific data elements (e.g., cause of injury, type of service) specific to a particular area or county (e.g., number of calls; proportion that are 9 1 1 calls).	Met.	By developing these reports EMSA is able to review Statewide EMS information in an effort to establish baselines and track successful transmission of EMS data form the LEMSA to the State. This effort will assist in assessment of EMS throughout California.
	6/30/18:	Met. Developed three EMS annual and Trauma data reports that show frequencies for specific data elements (e.g., cause of injury, type of service) specific to a particular area or county (e.g., number of calls; proportion that are 9 1 1 calls).		
1. Analyze CEMSIS database data. Between 07/2017 and 06/2018, EMSA staff will analyze 100% of a selected data set submitted by LEMSAs to the CEMSIS database, to ensure accurate, efficient evaluation of critical data submitted for successful QI and QA data reporting.	12/31/17:	Met. Analyzed 100% of a selected data set submitted by LEMSAs to the CEMSIS database, to ensure accurate, efficient evaluation of critical data submitted for successful QI and QA data reporting.	Met.	By developing these reports EMSA is able to review Statewide EMS information in an effort to establish baselines and track successful transmission of EMS data form the LEMSA to the State. This effort will assist in assessment of EMS throughout California.
	6/30/18:	Met. Analyzed 100% of a selected data set submitted by LEMSAs to the CEMSIS database, to ensure accurate, efficient evaluation of critical data submitted for successful QI and QA data reporting.		
2. Publish EMS data reports. Between 07/2017 and 06/2018, EMSA staff will publish at least three EMS data reports for distribution via the EMSA website, to make the data available to promote public trust and quality patient care.	12/31/17:	Not Met. Did not publish three EMS data reports for distribution via the EMSA website, to make the data available to promote public trust and quality patient care.	Partially Met	Publishing the reports to the EMSA website meets EMSA's mandate to annually report on the effectiveness of EMS systems and related impact of death and disability.
	6/30/18:	Partially Met. Published one EMS data report for distribution via the EMSA website, to make the data available to promote public trust and quality patient care.		
Between 07/2017 and 06/2018, EMSA staff will provide TA to 100% of the LEMSAs that request assistance with Core Measure reporting, to ensure effective use of data used to prepare Core Measure reports regarding selected clinical measures.	12/31/17:	Met. Provided TA to 100% of the LEMSAs that request assistance with Core Measure reporting, to ensure effective use of data used to prepare Core Measure reports regarding selected clinical measures.	Met.	EMSA continues to provide technical assistance to the Local EMS Agencies and Providers to ensure quality EMS care throughout California.
	6/30/18:	Met. Provided TA to 100% of the LEMSAs that request assistance with Core Measure reporting, to ensure effective use of data used to prepare Core Measure reports regarding selected clinical measures.		
1. Facilitate Core Measure Taskforce. Between 07/2017 and 06/2018, EMSA staff will facilitate at least two Core Measure Taskforce meetings to prepare the Core Measures book and review Core Measure reports, to ensure that measures are written accurately and appropriately by inclusion of EMS stakeholders and experts.	12/31/17:	Met. Facilitated two Core Measure Taskforce meetings to prepare the Core Measures book and review Core Measure reports, to ensure that measures are written accurately and appropriately by inclusion of EMS stakeholders and experts.	Met.	California continues to be on the forefront of EMS by having standardized statewide measurements related to some EMS activities. EMSA continues to collect clinical metrics to ensure deliver of quality care in California.
	6/30/18:	Met. Facilitated two Core Measure Taskforce meetings to prepare the Core Measures book and review Core Measure reports, to ensure that measures are written accurately and appropriately by inclusion of EMS stakeholders and experts.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
2. Develop annual summary report. Between 07/2017 and 06/2018, EMSA staff will develop one summary report of all LEMSA Core Measure data submitted and a map of one Core Measure of reported values, to provide data to the public and EMS stakeholders.	12/31/17:	Met. Developed one summary report of all LEMSA Core Measure data submitted and a map of one Core Measure of reported values, to provide data to the public and EMS stakeholders.	Met.	California continues to be on the forefront of EMS by having standardized statewide measurements related to some EMS activities.
	6/30/18:	Met. Developed one summary report of all LEMSA Core Measure data submitted and a map of one Core Measure of reported values, to provide data to the public and EMS stakeholders.		
Between 07/2017 and 06/2018, EMSA staff will develop one summary report of all LEMSA Core Measure data submitted over a multi-year period. This report is the only available mechanism for obtaining statewide data on 17 clinical measures because the CEMSIS data system is limited by a variety of data systems, ranging from differing electronic systems to pen-and-paper systems.	12/31/17:	Met. Developed summary report of all LEMSA Core Measure data submitted over a multi-year period. Report is the available mechanism for obtaining statewide data on 17 clinical measures because the CEMSIS data system is limited by a variety of data systems, ranging from differing electronic systems to pen-and-paper systems.	Met.	California continues to be on the forefront of EMS by having standardized statewide measurements related to some EMS activities.
	6/30/18:	Met. Developed one summary report of all LEMSA Core Measure data submitted over a multi-year period. This report is the only available mechanism for obtaining statewide data on 17 clinical measures because the CEMSIS data system is limited by a variety of data systems, ranging from differing electronic systems to pen-and-paper systems.		
Objective 3: Coordinate EMS plan QI submissions.				
Between 07/2017 and 06/2018, EMSA staff will provide TA to 100% of LEMSAs that submit their EMS plans, to ensure that QI compliance requirements are met.	12/31/17:	Met. Provide TA to 100% of LEMSAs that submit their EMS plans, to ensure that QI compliance requirements are met.	Met.	EMSA continues to provide technical assistance to the Local EMS Agencies and Providers to ensure quality EMS care throughout California
	6/30/18:	Met. Provide TA to 100% of LEMSAs that submit their EMS plans, to ensure that QI compliance requirements are met.		
1. Coordinate QI Plan submissions. Between 07/2017 and 06/2018, EMSA staff will contact each of the 33 LEMSA administrators, either by electronic or telephone communication, to request their QI plan submittal at least three months prior to their plan due date, to support timely Plan submission and evaluation.	12/31/17:	Met. Contact each of the 33 LEMSA administrators, either by electronic or telephone communication, to request their QI plan submittal at least three months prior to their plan due date, to support timely Plan submission and evaluation.	Met.	QI plans are actively submitted and reviewed to ensure that ongoing Quality Improvement related activities are in place and are being monitored at the local level, ensuring quality patient care throughout California.
	6/30/18:	Met. Contact each of the 33 LEMSA administrators, either by electronic or telephone communication, to request their QI plan submittal at least three months prior to their plan due date, to support timely Plan submission and evaluation.		
2. Review LEMSA QI Plans. Between 07/2017 and 06/2018, EMSA staff will review at least five submitted QI Plans from the LEMSAs, to assist them in meeting the compliance requirements of California EMS regulations, standards, and guidelines.	12/31/17:	Met. Reviewed at least five submitted QI Plans from the LEMSAs, to assist them in meeting the compliance requirements of California EMS regulations, standards, and guidelines.	Met.	EMSA's review of QI Plans ensure appropriate oversight by the Local EMS Agencies, ensuring quality patient care throughout California.
	6/30/18:	Met. Reviewed at least five submitted QI Plans from the LEMSAs, to assist them in meeting the compliance requirements of California EMS regulations, standards, and guidelines.		
3. Maintain activity log for QI plan submissions. Between 07/2017 and 06/2018, EMSA staff will maintain one administrative QI Plan activity log, identifying submission and approval dates.	12/31/17:	Met. Maintain one administrative QI Plan activity log, identifying submission and approval dates.	Met.	This tracking log assists in the review of QI Plans, ensuring quality patient care throughout California. QI Plans improve care provided to EMS patients in California.
	6/30/18:	Met. Maintain one administrative QI Plan activity log, identifying submission and approval dates.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
EMS STEMI and Stroke Systems	HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)		Funded FFYs: 2014 - (ongoing)	
Objective 1: Continue development of STEMI and Stroke Critical-Care System regulations.				
Between 07/2017 and 06/2018, EMSA staff will develop two sets of updated draft regulations, one for the Stroke Critical-Care System and one for the STEMI Critical-Care System, to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI and Stroke Critical-Care Systems throughout California. Draft regulations were initially submitted to OAL in December 2016 (rulemaking is a 12-month process).	12/31/17:	Met. Developed two sets of updated draft regulations, one for the Stroke Critical-Care System and one for the STEMI Critical-Care System, to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI and Stroke Critical-Care Systems throughout California.	Met.	Regulations provide standardization of care provided to Stroke and STEMI patients. Additionally, these regulations align California with national standards to provide optimal patient care and the best patient outcomes.
	6/30/18:	Met. Developed two sets of updated draft regulations, one for the Stroke Critical-Care System and one for the STEMI Critical-Care System, to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI and Stroke Critical-Care Systems throughout California.		
1. Resubmit STEMI Critical-Care System regulations. Between 07/2017 and 06/2018, EMSA staff will: (1) provide one final draft of the STEMI Critical-Care System regulations to the STEMI Regulations Work Group; and (2) make the necessary revisions to the draft regulations before resubmission to OAL.	12/31/17:	Met. Provided one draft of the STEMI Critical-Care System regulations to the STEMI Regulations Work Group; and made the necessary revisions to the draft regulations before resubmission to OAL.	Met.	Regulations provide standardization of care provided to Stroke and STEMI patients. Additionally, these regulations align California with national standards to provide optimal patient care and the best patient outcomes.
	6/30/18:	Met. Provided one draft of the STEMI Critical-Care System regulations to the STEMI Regulations Work Group; and made the necessary revisions to the draft regulations before resubmission to OAL.		
2. Resubmit Stroke Critical-Care System regulations. Between 07/2017 and 06/2018, EMSA staff will: (1) provide one final draft of the Stroke Critical-Care System regulations to the Stroke Regulations Work Group for review; and (2) make the necessary revisions to the draft regulations before resubmission to OAL.	12/31/17:	Met. Provided one draft of the Stroke Critical-Care System regulations to the Stroke Regulations Work Group for review; and made the necessary revisions to the draft regulations before resubmission to OAL.	Met.	Regulations provide standardization of care provided to Stroke and STEMI patients. Additionally, these regulations align California with national standards to provide optimal patient care and the best patient outcomes.
	6/30/18:	Met. Provided one draft of the Stroke Critical-Care System regulations to the Stroke Regulations Work Group for review; and made the necessary revisions to the draft regulations before resubmission to OAL.		
Objective 2: Develop STEMI TAC.				
Between 07/2017 and 06/2018, EMSA staff will establish one TAC to serve as subject-matter experts to advise EMSA on identifying and meeting the program goal of supporting optimum patient outcomes during medical emergencies.	12/31/17:	Not Met. Did not establish a Technical Advisory Committee (TAC).	Not Met	Having a Technical Advisory Committee (TAC) allows California to keep current with the newest methods and technologies in STEMI care and provide the highest level of care for STEMI patients. The TAC oversees implementation of the regulations and provides expert guidance for future updates.
	6/30/18:	Not Met. Did not establish a Technical Advisory Committee (TAC). This activity cannot start until the regulations are implemented in California.		
1. Develop STEMI TAC. Between 07/2017 and 06/2018, EMSA staff will: (1) mail a letter of request for volunteers to serve on STEMI TAC to 11 STEMI program constituents, requesting a letter of interest and CV if interested in serving on the TAC; (2) review letters of interest and CVs; and (3) choose STEMI TAC members based on subject-matter knowledge and experience.	12/31/17:	Not Met. (Did not mail a letter of request for volunteers to serve on STEMI TAC to any STEMI program constituents. Neither did we review any letters of interest and CVs in order to choose a STEMI TAC member based on subject-matter knowledge and experience.	Not Met	Having a Technical Advisory Committee (TAC) allows California to keep current with the newest methods and technologies in STEMI care and provide the highest level of care for STEMI patients. The TAC oversees implementation of the regulations and provides expert guidance for future updates.
	6/30/18:	Not Met. (Did not mail a letter of request for volunteers to serve on STEMI TAC to any STEMI program constituents. Neither did we review any letters of interest and CVs in order to choose a STEMI TAC member based on subject-matter knowledge and experience.		



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	Detailed Objective Outcomes <i>~address all requirements in column A, but be very brief~</i>		Objective Outcome 6-30-18	Impact to California (Value Statement) <i>~use layperson's terms~</i>
2. Plan and facilitate STEMI TAC meetings. Between 07/2017 and 06/2018, EMSA staff will: (1) develop a schedule of at least two meetings at the EMSA HQ; (2) facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and (3) facilitate vision and work plan/issues for the TAC to focus on.	12/31/17:	Not Met. Did not develop a schedule of at least two meetings at the EMSA HQ; to facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and facilitate vision and work plan/issues for the TAC to focus on.	Not Met	Having a Technical Advisory Committee (TAC) allows California to keep current with the newest methods and technologies in STEMI care and provide the highest level of care for STEMI patients. The TAC oversees implementation of the regulations and provides expert guidance for future updates.
	6/30/18:	Not Met. Did not develop a schedule of at least two meetings at the EMSA HQ; to facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and facilitate vision and work plan/issues for the TAC to focus on. This activity cannot start until the regulations are approved by the Office of Administrative Law and published by the Secretary of State.		
Between 07/2017 and 06/2018, EMSA staff will establish one EMSA staff will establish one TAC to serve as advisory subject matter experts to EMSA, to help identify and meet program goals of supporting optimum patient outcomes during medical emergencies.	12/31/17:	Not Met. Did not establish a TAC to serve as advisory subject matter experts to EMSA, to help identify and meet program goals of supporting optimum patient outcomes during medical emergencies.	Not Met	Having a Technical Advisory Committee (TAC) allows California to keep current with the newest methods and technologies in STEMI care and provide the highest level of care for STEMI patients. The TAC oversees implementation of the regulations and provides expert guidance for future updates.
	6/30/18:	Not Met. Did not establish a TAC to serve as advisory subject matter experts to EMSA, to help identify and meet program goals of supporting optimum patient outcomes during medical emergencies. This activity cannot start until the regulations are approved by the Office of Administrative Law and published by the Secretary of State.		
1. Develop a Stroke Program TAC. Between 07/2017 and 06/2018, EMSA staff will: (1) mail a letter of request for volunteers to serve on Stroke TAC to ten Stroke program constituents, requesting a letter of interest and CV if interested in serving on the TAC; (2) review letters of interest and CVs; and (3) choose Stroke TAC members based on subject-matter knowledge and experience.	12/31/17:	Not Met. Did no Mail a letter of request for volunteers to serve on Stroke TAC to any Stroke program constituents, requesting a letter of interest and CV if interested in serving on the TAC. Did not review any letters of interest; and did not choose a Stroke TAC member based on subject-matter knowledge and experience.	Not Met	Having a Technical Advisory Committee (TAC) allows California to keep current with the newest methods and technologies in STEMI care and provide the highest level of care for STEMI patients. The TAC oversees implementation of the regulations and provides expert guidance for future updates.
	6/30/18:	Not Met. Did no Mail a letter of request for volunteers to serve on Stroke TAC to any Stroke program constituents, requesting a letter of interest and CV if interested in serving on the TAC. Did not review any letters of interest; and did not choose a Stroke TAC member based on subject-matter knowledge and experience. This activity cannot start until the regulations are approved by the Office of Administrative Law and published by the Secretary of State.		
2. Plan and facilitate Stroke TAC meetings. Between 07/2017 and 06/2018, EMSA staff will: (1) schedule at least two meetings or conference calls at EMSA HQ; (2) facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and (3) facilitate vision and work plan/issues for the TAC to focus on.	12/31/17:	Not Met. Did not schedule any meetings or conference calls at EMSA HQ. Nor did we facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and facilitate vision and work plan/issues for the TAC to focus on.	Not Met	Having a Technical Advisory Committee (TAC) allows California to keep current with the newest methods and technologies in STEMI care and provide the highest level of care for STEMI patients. The TAC oversees implementation of the regulations and provides expert guidance for future updates.
	6/30/18:	Not Met. Did not schedule any meetings or conference calls at EMSA HQ. Nor did we facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and facilitate vision and work plan/issues for the TAC to focus on. This activity cannot start until the regulations are approved by the Office of Administrative Law and published by the Secretary of State.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
Objective 4: Host State STEMI and Stroke Critical-Care Systems Forums.				
Between 07/2017 and 06/2018, EMSA staff will conduct two one-day Forums, one in Northern California and one in Southern California, to provide education on clinical and system aspects of STEMI and Stroke care, and to improve and implement STEMI and Stroke Critical-Care Systems in California.	12/31/17:	Not Met. Did not conduct any Forums to provide education on clinical and system aspects of STEMI and Stroke care, and to improve and implement STEMI and Stroke Critical-Care Systems in California.	Not Met	An educational forum on Stroke and STEMI care is the opportunity to allow STROKE STEMI medical experts to collaborate and network together to discuss best practices and lessons learned. This setting provides value to California Stroke and STEMI patients by receiving optimal care from the Stroke and STMI medical experts who attend the forum.
	6/30/18:	Not Met. Did not conduct any Forums to provide education on clinical and system aspects of STEMI and Stroke care. EMSA did not develop the request letter for the TAC membership and developed the list of constituents for the STEMI TAC. This Activity cannot start until the regulations are approved by the Office of Administrative law and published by the Secretary of State.		
1. Develop pre-Forum documents. Between 07/2017 and 06/2018, EMSA staff will create two "save the date" postcards, one for each STEMI and Stroke Critical-Care Systems Forum, to be distributed to LEMSAs, hospitals, and physicians in California. Postcards will also be posted to the EMSA website.	12/31/17:	Not. Met. Did not create any "save the date" postcards to be distributed to LEMSAs, hospitals, and physicians in California. None of these Postcards were posted to the EMSA website.	Not Met	An educational forum on Stroke and STEMI care is the opportunity to allow STROKE STEMI medical experts to collaborate and network together to discuss best practices and lessons learned. This setting provides value to California Stroke and STEMI patients by receiving optimal care from the Stroke and STMI medical experts who attend the forum.
	6/30/18:	Not. Met. Did not create any "save the date" postcards to be distributed to LEMSAs, hospitals, and physicians in California. None of these Postcards were posted to the EMSA website. EMSA did not develop the request letter for the TAC membership and developed the list of constituents for the STEMI TAC. This Activity cannot start until the regulations are approved by the Office of Administrative law and published by the Secretary of State.		
2. Create an online registration portal for each STEMI and Stroke Forum. Between 07/2017 and 06/2018, EMSA staff will create one Eventbrite registration portal, to include the ability to register and pay for sponsorship online.	12/31/17:	Not Met. Did not create the Eventbrite registration portal.	Not Met	An educational forum on Stroke and STEMI care is the opportunity to allow STROKE STEMI medical experts to collaborate and network together to discuss best practices and lessons learned. This setting provides value to California Stroke and STEMI patients by receiving optimal care from the Stroke and STMI medical experts who attend the forum.
	6/30/18:	Not Met. Did not create the Eventbrite registration portal. EMSA did not develop the request letter for the TAC membership and developed the list of constituents for the STEMI TAC. This Activity cannot start until the regulations are approved by the Office of Administrative law and published by the Secretary of State.		
EMS Systems Planning and Development	HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)		Funded FFYs: 2014 - (ongoing)	
Objective 1: Provide oversight and TA to counties.				
Between 07/2017 and 06/2018, EMSA staff will provide oversight and TA to 100% of the counties required to submit Maddy EMS Fund Reports, assisting with adherence to California EMS statutes for optimum EMS patient care.	12/31/17:	Met. Provided oversight and Technical Assistance (TA) to 100% of the counties required to submit Maddy EMS Fund Reports.	Met.	Maddy EMS Fund provides physicians/surgeons and hospitals financial reimbursement for uncompensated emergency care, and it is also used for discretionary EMS.
	6/30/18:	Met. Provided oversight and Technical Assistance (TA) to 100% of the counties required to submit Maddy EMS Fund Reports.		
1. Coordinate Maddy EMS Fund report submissions. Between 07/2017 and 06/2018, EMSA staff will coordinate submission of Maddy EMS Fund reports for a minimum of six counties. Coordination will be directed to county directors, supporting timely report submissions.	12/31/17:	Not Met. Did not coordinate the submission of Maddy EMS Fund reports for a minimum of six counties.	Exceeded	Coordination with the Counties has supported substantively complete Maddy EMS fund Reports submitted as well as the timely submission of the Maddy EMS Fund Reports.
	6/30/18:	Exceeded. Updated theMaddy EMS Fund webpage. Coordinated the submission of Maddy EMS Fund reports from 50 Counties. The annual statewide summary to the California Legislature is currently in development.		

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		Detailed Objective Outcomes ~address all requirements in column A, but be very brief~	Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
Objective 2: Provide oversight and TA to LEMSAs with transportation plans.				
Between 07/2017 and 06/2018, EMSA staff will provide oversight and TA to 100% of EMS providers regarding transportation services assistance associated with the LEMSAs' EMS Plans.	12/31/17:	Met. Provided oversight and TA to 100% of EMS providers regarding transportation services assistance associated with the LEMSAs' EMS Plans.	Met.	Value is provided to California EMS patients who are transported to emergency care by the EMS Authority providing Technical Assistance to all LEMSAs. The EMS Authority provides consistent responses to transportation inquiries ensuring standardization statewide.
	6/30/18:	Met. Provided oversight and TA to 100% of EMS providers regarding transportation services assistance associated with the LEMSAs' EMS Plans.		
1. Review LEMSA transportation service request for proposal. Between 07/2017 and 06/2018, EMSA staff will review and assist in the development of at least two LEMSA requests for proposal for emergency ambulance services regarding prospective exclusive operating areas. Collaboration promotes successful, competitive bidding for local emergency ambulance services that ensure ideal patient care during an emergency.	12/31/17:	Met. Reviewed and assisted in the development of four LEMSA requests for proposal for emergency ambulance services regarding prospective exclusive operating areas.	Exceeded	The EMS Authority encourages a competitive process for selecting emergency ambulance services. Each Request for Proposal (RFP) is thoroughly reviewed prior to the award. The EM Authority reviews the RFP to ensure a fair and competitive process is conducted. Each RFP the EMS Authority reviews is required to promote free and open competition providing value to California citizens with fair competitive prices for services provided.
	6/30/18:	Exceeded. Reviewed and assisted in the development of four LEMSA Request for Proposals (RFP) for emergency ambulance services regarding prospective exclusive operating areas since December31, 2017. In total, eight RFPs have been reviewed and assistance provided to LEMSAs this grant cycle.		
2. Inspect California National Guard rescue helicopter medical supplies. Between 07/2017 and 06/2018, EMSA staff will coordinate the inspection of one bag of Advanced Life Support auxiliary helicopter medical equipment, to ensure compliance with state and local standards. California National Guard helicopter medical equipment is located at Mather Field in Sacramento, California. Aircraft medical supply inspections support successful EMS transportation services within California.	12/31/17:	Met. Coordinated the inspection of one bag of Advanced Life Support auxiliary helicopter medical equipment, to ensure compliance with state and local standards.	Met.	Inspection of equipment on board air ambulance helicopters provides value to California patients by ensuring all require equipment is on board and within expiration dates.
	6/30/18:	Met. Coordinated the inspection of one bag of Advanced Life Support auxiliary helicopter medical equipment, to ensure compliance with state and local standards.		
3. Assess LEMSA EMS Transportation Plan appeal hearing documentation. Between 07/2017 and 06/2018, EMSA staff will research transportation documents, history of EMS exclusive and non-exclusive operating zones, provider company sales, and EMS plans in preparation for appeal hearings filed with the Office of Administrative Hearings.	12/31/17:	Met. Researched three transportation documents, history of EMS exclusive and non-exclusive operating zones, provider company sales, and three EMS plans in preparation for three appeal hearings filed with the Office of Administrative Hearings.	Exceeded	Research and analysis allowed EMS Authority to make informed decisions for pending litigation. Each local EMS Plan actually meets the communities served through the effective utilization of local resources. California ES patient are protected through this process.
	6/30/18:	Exceeded. Researched three transportation documents, history of EMS exclusive and non-exclusive operating zones, provider company sales, and three EMS plans in preparation for three appeal hearings filed with the Office of Administrative Hearings.		
Objective 3: Provide oversight and TA to LEMSAs.				
Between 07/2017 and 06/2018, EMSA staff will provide oversight and TA to 100% of the LEMSAs required to submit EMS Plans or Annual Plan updates, assisting with adherence to California EMS statutes and EMSA guidelines for optimum EMS patient care.	12/31/17:	Met. Provided oversight and TA to 100% of the LEMSAs required to submit EMS Plans or Annual Plan updates, assisting with adherence to California EMS statutes and EMSA guidelines for optimum EMS patient care.	Met.	Oversight and technical assistance provided by EMSA to 33 LEMSAs has resulted in 19 EMS Plans approved by EMSA as having met state standards and guidelines this fiscal year. One additional EMS Plan is currently under review. Approved EMS Plans ensure that EMS services provided in these areas meet state statutes and guidelines for optimum EMS patient care.
	6/30/18:	Met. Provided oversight and TA to 100% of the LEMSAs required to submit EMS Plans or Annual Plan updates, assisting with adherence to California EMS statutes and EMSA guidelines for optimum EMS patient care.		
1. Coordinate EMS Plan submissions Between 07/2017 and 06/2018, EMSA staff will coordinate submission of EMS Plans for a minimum of six LEMSAs. Coordination will be directed to LEMSA administrators, supporting timely plan submissions.	12/31/17:	Met. Coordinated submission of EMS Plans for 29 LEMSAs. Coordination was directed to LEMSA administrators, supporting timely plan submissions.	Met.	Advance coordination with LEMSA Administrators has supported substantively complete EMS Plans submitted, as well as the timely submission of EMS Plans.
	6/30/18:	Met. Coordinated submission of EMS Plans for 29 LEMSAs. Coordination was directed to LEMSA administrators, supporting timely plan submissions.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
2. Record EMS Plan submissions and collaborate with EMSA staff. Between 07/2017 and 06/2018, EMSA staff will update one internal tracking log to show receipt of EMS Plans or Updates and all collaboration with other EMSA staff, to ensure effective oversight of the Plan-review process for timely, comprehensive Plan development and plan approvals.	12/31/17:	Met. Updated one internal tracking log to show receipt of EMS Plans or Updates to ensure effective oversight of the Plan-review process for timely, comprehensive Plan development and plan approvals.	Met.	EMSA program expert review of the EMS Plan submissions ensures the EMS Plans adhere to state statute and guidelines for effective EMS patient care throughout California. EMSA's Internal tracking and logging of the EMS Plan due dates, submissions, and approvals ensures that LEMSAs administrators are notified timely for EMS Plan submissions and approvals, management is kept current on EMS Plans in review by the Division, and statistics are reported to the Commission on EMS.
	6/30/18:	Met. Updated one internal tracking log to show receipt of EMS Plans or Updates to ensure effective oversight of the Plan-review process for timely, comprehensive Plan development and plan approvals.		
3. Update EMSA website. Between 07/2017 and 06/2018, EMSA staff will post fully reviewed EMS Plans and Plan Updates to one EMSA EMS Systems Planning website. Posting promotes effective injury-prevention EMS strategies, ensures public trust, and promotes high-quality patient care across California.	12/31/17:	Met. Posted reviewed EMS Plans and Plan Updates to 17 EMSA EMS Systems Planning website.	Met.	The monthly posting of fully reviewed EMS Plans and Plan Updates to EMSA's EMS Systems Planning webpage ensures transparency with those affected, impacted, and interested in EMS patient care in California. The monthly posting also provides public awareness that state statutes and guidelines are being followed and implemented.
	6/30/18:	Met. Posted reviewed EMS Plans and Plan Updates to 17 EMSA EMS Systems Planning website.		
4. Review quarterly activity reports. Between 07/2017 and 06/2018, EMSA staff will review four quarterly reports per quarter from each of the six multi-county EMS agencies, to verify that the work performed is consistent with the contractual scope of work.	12/31/17:	Met. Reviewed four quarterly reports per quarter from each of the 6 multi-county EMS agencies, to verify that the work performed was consistent with the contractual scope of work.	Met.	Review of the quarterly reports for the six contracted LEMSAs has confirmed that the work performed in the six regional LEMSAs is consistent with their contractual scope of work, ensuring that a structure for high-quality patient care is provided in these regions.
	6/30/18:	Met. Reviewed four quarterly reports per quarter from each of the 6 multi-county EMS agencies, to verify that the work performed was consistent with the contractual scope of work.		
5. Revise EMS Plan submission process. Between 07/2017 and 06/2018, EMSA staff will revise the EMS Plan submission process and will develop one automated system for the 33 LEMSAs to electronically submit their EMS Plans. Use of the automated system will enable LEMSAs and EMSA staff to increase efficiencies, analyze and cross-reference data, and generate reports.	12/31/17:	Met. Revised the EMS Plan submission process and developed one automated system for 33 LEMSAs to electronically submit their EMS Plans.	Met.	Development of an automated system will enable LEMSAs and EMSA staff to increase efficiencies, analyze and cross-reference data, and generate reports, which will decrease plan development and review time, enabling plan decisions to be posted to the EMSA website more frequently. this will provide the public with rapid awareness that state statutes are being followed and implemented.
	6/30/18:	Met. Revised the EMS Plan submission process and developed one automated system for 33 LEMSAs to electronically submit their EMS Plans.		
EMS Trauma Care Systems	HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)		Funded FFYs: ≤2009 - (ongoing)	
Objective 1: Restart revision of trauma regulations.				
Between 07/2017 and 06/2018, EMSA staff will develop one draft revision of trauma regulations that incorporates suggestions for trauma system requirements in California.	12/31/17:	Not Met. Did not develop a revision of trauma regulations that incorporates suggestions for trauma system requirements in California.	Met.	Our current trauma regulations are outdated in terms of trauma care practices in the State. A revision to current regulations is needed to ensure we are providing citizens with a trauma system that is using current practices in trauma patient care.
	6/30/18:	Met. Met with Stakeholders and developed a working draft revision for the current trauma regulations.		
1. Establish Task Force to provide recommended revisions to trauma regulations. Between 07/2017 and 06/2018, EMSA staff will contact at least 33 LEMSAs and 78 trauma centers to select Trauma Regulations Revision Committee members, to draft trauma system requirements.	12/31/17:	Not Met. Did not complete the process of selecting Trauma Regulations Revision Committee members, that are required to draft regulations.	Not Met	EMSA uses subject mater expert stakeholders in all its committees to ensure our regulations and guidelines meet the needs of our system participants.
	6/30/18:	Not Met. Due to multiple regulation packages in process in early 2018, a task group for the trauma regulations revisions was postponed to 4th quarter 2018 to ensure adequate staff availability.		
2. Schedule meetings and conference calls. Between 07/2017 and 06/2018, EMSA staff will: (1) determine availability of Trauma Regulations Revision Committee members to attend at least two meetings and two conference calls; and (2) create a one-year calendar.	12/31/17:	Not Met. Did not arrange for Committee Members to attend meetings, conference calls or to create a one year calendar.	Not Met	EMSA historically establishes long range calendars for work group members. This practice ensures full participation of committee members in the development of regulations. This process makes revisions to regulations more streamlined ensuring better access to trauma care for citizens.
	6/30/18:	Not Met. Due to multiple regulation packages in process in early 2018, a task group for the trauma regulations revisions was postponed to 4th quarter 2018 to ensure adequate staff availability.		

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	Detailed Objective Outcomes ~address all requirements in column A, but be very brief~		Objective Outcome 6-30-18	Impact to California (Value Statement) ~use layperson's terms~
3. Draft revised trauma regulations. Between 07/2017 and 06/2018, EMSA staff will review all suggested revisions from the Trauma Regulations Revision Committee and will provide at least two revised drafts to committee members.	12/31/17:	Not Met. Did not review any revisions from the Trauma Regulations Revision Committee and did not provide any revised drafts to committee members.	Not Met	Using recommendations for committee members allows EMSA to ensure drafted regulations meet the need of our stakeholders, thus ensuring better access to trauma care for citizens.
	6/30/18:	Not Met. Due to multiple regulation packages in process in early 2018, a task group for the trauma regulations revisions was postponed to 4th quarter 2018 to ensure adequate staff availability.		
4. Review trauma regulation drafts. Between 07/2017 and 06/2018, EMSA staff will: (1) review at least two revised trauma regulations with EMS Systems Division administration and Executive Division; and (2) make recommended revisions	12/31/17:	Not Met. Did not review any revised trauma regulations with EMS Systems Division administration and Executive Division; and did not make any recommendations.	Not Met	When EMSA provides draft regulations to management for review of operational and fiscal implications, the final regulations serve the best interests of the State and its citizens.
	6/30/18:	Not Met. Due to multiple regulation packages in process in early 2018, a task group for the trauma regulations revisions was postponed to 4th quarter 2018 to ensure adequate staff availability.		
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