

GoToTRAINING MEETING
STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
ADVISORY COMMITTEE MEETING

WEDNESDAY, APRIL 7, 2021
10:00 A.M. - 11:48 A.M.

Reported by:
ANN R. LEITZ, CSR
Certified Shorthand Reporter License Number 9149

APPEARANCES

PHHSBG ADVISORY COMMITTEE MEMBERS:

JESSICA NÚÑEZ DE YBARRA, MD, MPH, FACPM, Co-Chair
WES ALLES, Ph.D, Director, Co-Chair
STEPHEN MCCURDY, M.D., M.P.H.
CHRISTY ADAMS, R.N., M.P.H., Ph.D.
VICKI PINETTE
DAN SPIESS
SAMUEL STRATTON, M.D., M.P.H.
NATHAN WONG, Ph.D.
AMBER R. CORDOLA HSU, Ph.D.
LEAH NORTHROP, MPA

PHHSBG BLOCK TEAM:

MATTHEW HERREID
PHU HOANG
AMY YAN
STEVEN YOKOI
CHA XIONG
IVY YUSON

REGISTERED ATTENDEES:

MONICA MORALES
JEFFERY ROSENHALL
TOM MCGINNIS
ANGELA WISE
ENRICA BERTOLDO
ELIZABETH JONES
MARY LACKEY
NANA TUFUOH
MINA WHITE
STACY ALAMO MIXSON
ORION STEWART
KARISSA ANDERSON
LORI OBRIEN
ANN R. LEITZ, Court Reporter

AGENDA

1. Welcome and Introductions

- Jessica Núñez de Ybarra, MD, MPH, FACPM, Chief, Chronic Disease Control Branch (CDPH) and PHHSBG Principal Investigator
- Wes Alles, Ph.D., AC Chair
- Monica Morales, Deputy Director, Center for Healthy Communities, CDPH
- PHHSBG Unit Staff

2. PHHSBG AC Membership - Dr. Alles

3. PHHSBG AC Review and Discussion of the May 28, 2020 Meeting Minutes - Dr. Alles

- AC Member Comment - Dr. Alles, AC Members
- Public Comment - Dr. Alles, Members of Public
- Action Item: Approve May 28, 2020 Minutes Dr. Alles, AC Members

4. FFY 2021 PHHSBG Update - Dr. Núñez de Ybarra

- Discussion of CDPH Funding Process - Monica Morales
- Program Presentation from the Emergency Medical Services Authority - Lori O'Brien
- Program Presentation from the Rape Prevention Program - Stacy Alamo
- FFY 2021 Changes - Cha Xiong, PHHSBG Unit Chief
- Summary Description of Each FY 2021 Proposed Program - Phu Hoang, Program Coordinator
- AC Discussion - Dr. Alles, All AC Members
- Public Comment - Dr. Alles, Members of Public

5. PHHSBG AC Discussion of FFY 2021 PHHSBG Allocation - Dr. Núñez de Ybarra

- AC Opportunity to Discuss and Provide Funding Recommendations - Dr. Alles, All AC Members
- Public Comment - Dr. Alles, Members of Public
- Action Item: Vote on Allocations - Dr. Alles, AC Members

6. Adjourn - Dr. Alles, Dr. Núñez de Ybarra

- Any final comments from the AC - Dr. Alles, AC Members
- Any final comments from the Public - Dr. Alles, Members of Public
- Action Item: Vote to Adjourn - Dr. Alles, AC Members

PROCEEDINGS

Wednesday, April 7, 2021, 10:02 a.m.

(Due to technical issues, a portion of Dr. Núñez de Ybarra's Opening Statement welcoming the Advisory Committee was inaudible)

JESSICA NÚÑEZ DE YBARRA: (In progress) ... I know all of you on the line today that can hear me are truly phenomenal for making time. We wish you the best of health and will do our best to conduct this meeting efficiently to meet our requirements for the Block Grant funding, but also to ensure in this meeting that we hear from each of you as needed to clarify and to have a discussion this morning and allow for public input. So that being said, what I would like to ask is for us to go ahead and turn the meeting over to Matt, who is a Block Grant Member who will take roll call. We're going to start this meeting by ensuring our Advisory Committee is on the line. Matt, I'm handing it to you.

MATT HERREID: Can everybody hear me okay?

WES ALLES: Yes.

MATT HERREID: Good. We want to make sure the AC contact information and affiliations are current in Attachment D1. Please contact us immediately after the meeting if any updates are needed. Thank you. I will begin taking roll. Christy Adams? Christy Adams? Wes Alles?

WES ALLES: Yes.

MATT HERREID: Stephen McCurdy? Since I see you --

STEPHEN MCCURDY: (Indicating)

MATT HERREID: Jessica we've already heard from.

JESSICA NÚÑEZ DE YBARRA: Yes.

STEPHEN MCCURDY: There we go. Now you can hear me. I'm here.

CHRISTY ADAMS: This is Christy Adams; I was muted.

MATT HERREID: Excellent. Thank you very much for checking in. Vicki Pinette?

VICKI PINETTE: Yes, I'm here.

MATT HERREID: Excellent. Dan Spiess?

DAN SPIESS: I am here.

MATT HERREID: Excellent. Samuel Stratton?

SAMUEL STRATTON: Present.

MATT HERREID: Outstanding. Wilma Wooten? Is that Wilma replying? I can't tell. I have her down as not in attendance. Nathan Wong? Amber Cordola? Leah Northrop?

LEAH NORTHROP: I'm here.

MATT HERREID: Excellent. That concludes roll call.

JESSICA NÚÑEZ DE YBARRA: Thank you. I believe Amber was on the line and is on the line as well, Matt. Were you able to --

MATT HERREID: I will make a note of that.

WES ALLES: Matt, what's the total number of Advisory Committee Members?

MATT HERREID: I have 10 out of 11 -- or 9 out of 11.

JESSICA NÚÑEZ DE YBARRA: Well, I want to -- again, this is Jessica Núñez de Ybarra, Chief of the Chronic Disease Control Branch. I want to thank each of the nine Advisory Committee Members that are able to participate this morning with us. We really appreciate that. We also understand and will do our best to keep an eye on the attendees in the meeting to ensure that if anyone else joins that we're able to acknowledge them as at the meeting. I will also ask if folks aren't speaking to mute themselves so that we can be sure to catch every word when people are speaking.

I want to thank our members, many of whom have had longstanding association with our Advisory Committee and to support the Block Grant. They have historic knowledge that is really very much appreciated. I want to make clear for the record that we do have a court reporter transcribing the meeting. We also want to remind individuals to state their name before speaking so that we can document your input into the meeting, whether it be a public person, a program representative or an Advisory Committee Member. We really need that clarification. I will also encourage the court reporter to insert themselves, if needed, in the event that they aren't able to get clarity. So thank you to the court reporter. I wanted to just, again, for those of you that are just coming and tuning in, I, again, am Jessica Núñez de Ybarra, Principal Investigator for this Block Grant and Co-Chair of the Advisory Committee. We appreciate everybody's input. You are the best group of members and we appreciate your input.

The purpose of today's meeting is to review and approve the May 28, 2020, Advisory Committee Meeting Minutes as well as to review the State Fiscal Year 2021/2022 Proposed Funding Allocation. We want to take the time today to allow discussion and clarification of the proposed allocations and would really like the Advisory Committee to provide their approval of our proposal. I would ask the Advisory Committee Members, we do have Document D2, which is the Agenda for the meeting on the screen, but please reference it as we move to different documents as needed.

I am now going to turn it over to Dr. Wes Alles to welcome everyone and to support me in facilitating this conversation. Thank you, Wes.

WES ALLES: Thank you, Jessica. Well, I, too, want to express my greatest appreciation to the

members of the Advisory Committee. This has been a very well-functioning committee, and I know that people are very proud to be a part of service to California, all the people who live in California and all of the visitors who come to our state. Some of the committee works in Public Health, some works in EMS, some work in universities, and others in health care. We are a diverse group, free-thinkers, and advocates, always, for health, wellness, safety and well-being, and I think the initiatives that have been proposed reflect the kind of good judgment that is demonstrated within the Department, among the team members, the Advisory Committee, and also the public who join in on some of our meetings. The Public Health Block Grant Team I also want to acknowledge. This is a very effective group of people who are committed to doing everything they can to support the Block Grant, to support the Advisory Committee and to keep us informed of what takes place over the course of a year. They know their work matters and that shows in the work that they do.

I also think it's important to recognize and thank the members of the public. Great ideas come from many sources. And as a matter of principle, transparency reflects good governance. So for those who are on the phone or in the room, or in a room together from the public, periodically, I will be asking the Advisory Committee to comment, and typically following that, I will also ask the public to participate. Your comments are welcome and appreciated. So, Jessica, let me turn it back to you now.

JESSICA NÚÑEZ DE YBARRA: Thank you so very much. I really appreciate everybody's support and especially yours, Wes. This is really a wonderful opportunity for us to hear about some of the good work and proposals for the coming YEAR. I want to let you know that Monica Morales may be joining us if she can carve out some time this morning, but let's go ahead and proceed for the time. I'm wondering if we could bring up the Advisory Committee List one more time and ask the members to – the nine members to briefly introduce themselves. I think that would be important, just so that when people make comment we kind of understand their background. I know we went through it very fast for purposes of roll call, but I will go ahead and ask that each member say a few words. We'll start with Christy Adams, please.

CHRISTY ADAMS: Good morning. I'm hoping you can hear me. Just apologies ahead of time if I get disconnected. I'm working -- I had a family situation. I'm working in Arizona with spotty cell service. Hopefully, I'll stay connected. I'm Christy Adams. I am the Trauma Prevention Coordinator at U.C. Davis. My background is in community-based injury prevention across the age continuum, and I was asked to join the Advisory Committee a number of years ago, actually, by Dr. Steve Worth. Steve recommended that I join, and it's been a honor to serve on the committee since.

JESSICA NÚÑEZ DE YBARRA: Thank you, Christy. My goodness, going above and beyond. Again, best wishes for your family and thank you for attending today. We really appreciate your input.

WES ALLES: I'm Wes Alles and the Co-Chair of the committee, and I'm currently a retiree emeritus from Stanford. I worked there for 30 years and have been in academics for something like 45 years. I worked in the Department of Medicine, although, I'm not a physician. I have a Ph.D and was the Director for wellness programs at the university and both hospitals affiliated with the university and also taught undergraduate and graduate classes. My position was

Senior Research Scholar, and helped to develop the Physician Wellness Program and helped to fund for that program. And I thought that I would be enjoying retirement a little bit more than I have, but c'est la vie, I'll make the most of it.

JESSICA NÚÑEZ DE YBARRA: Thank you, Wes. Dr. McCurdy?

STEPHEN MCCURDY: Hello. Good morning, everybody. So I'm Stephen McCurdy; I am actually an emeritus professor, no longer the director of the UCDCMPH program, but retain my affiliation and work with UCD, of course. I retired officially in 2017, but just about a year ago I came on board here with my home county. I live in Marin County, and I'm working more than full time as a deputy health officer. My main area of responsibility is directing the case investigation and contact tracing program for the county, and it's really been a wonderful experience. And I think with a little bit of some sense of irony that as I retired from the directorship of the UCDCMPH program, my own education in public health began in the third year of my retirement as I came on board as a Public Health Officer. So it's been great and I'm happy to continue my service with this committee.

JESSICA NÚÑEZ DE YBARRA: Thank you, Dr. McCurdy. We appreciate your willingness in the past to also step in as co-chair of this august group. Again, my name is Jessica Núñez de Ybarra, and I am Branch Chief of the Chronic Disease Control Branch, not the Division of Chronic Disease and Injury Control. So we'll need to make that adjustment. And I just want to thank everyone. There are ten programs in our branch that run the gamut from the pre med residency training program to the oversight for the administration of the Block Grant across this Department of Public Health, the agency EMSA, and we also think about cardiovascular disease, diabetes control. One of the big ones coming up is Alzheimer's disease. Lots of new opportunities to really go upstream and think about prevention. So, again, I'm pleased to be with you today. If we can continue down the list. Vicki, if you can say a few words.

VICKI PINETTE: Sure. Vicki Pinette. I'm the Executive Director of a ten-county local EMSA agency here in Northern California. I've been here 26 years and I've been on the committee for several years now as an EMSAC representative.

JESSICA NÚÑEZ DE YBARRA: Thank you, Vicki, for making the time. We know your work has been extremely challenging this past year, but we salute you and really appreciate that you're on our call today. Thank you.

VICKI PINETTE: Thank you. I enjoy being on the committee.

JESSICA NÚÑEZ DE YBARRA: Dan, are you available?

DAN SPIESS: Yes, I think I'm un-muted now. Can you hear me?

JESSICA NÚÑEZ DE YBARRA: Yes, thank you Dan.

DAN SPIESS: Very good. Dan Spiess. I am not the Chief Executive Officer of Northern California EMS. I left that position in July of 2019, but I'm still hanging around NorCal EMS working on a few projects, working with our Executive Director Donna Stone on a number of projects, so I'm still here. You might cross the "Chief Executive Officer" title off of my name.

And I've enjoyed working with all the committee members for quite a number of years.

JESSICA NÚÑEZ DE YBARRA: Thank you, Dan. Thank you so much. We will make those corrections. And I appreciate folks making and looking as we go. These are historical records that we filed, so we are making those corrections this meeting. Thank you. And we appreciate your service and your continued knowledge about response is really the key, you know, element for us. So thank you. Is Samuel Stratton on the line?

SAMUEL STRATTON: Yes, I am. Briefly, I am -- most of my area of interest is in public health emergencies and disaster health in medicine. My background is emergency medicine and I'm associated or affiliated, as shown here, with the Orange County Health Care Agency, but also spend probably as much time or even more time now with UCLA, where I'm a professor in the Fielding School of Public Health and also affiliate faculty in the Global Health and Policy Programs at UCLA. And at UCLA, I also work on teaching, instructing, researching disaster health in medicine and public health emergencies. My primary public health area of expertise is the U.S./Mexico border migration and health issues there, including chronic diseases such as obesity, type 2 diabetes, Hepatitis C, HPV. Worked quite a bit with Pan America Health Organization there. Thank you.

JESSICA NÚÑEZ DE YBARRA: Thank you, Dr. Stratton. Just love the idea that you've put your work into practice and are teaching the future generation. That is wonderful. I do not believe Dr. Wilma Wooten has been able to join us. We know she's continuing to hold down the fort in San Diego and has been just a wonderful champion. Nathan Wong, did you want to say hello?

NATHAN WONG: Sure. Hi, everyone. And, yeah, sorry I haven't been able to make a lot of the calls, but I'm glad I can participate today. And I'm a, actually, long-time member of this committee, I think over 20 years, and have been on faculty at U.C. Irvine. I'm a cardiovascular epidemiologist and direct the Heart Disease Prevention Program and have had main interest in both epidemiology and prevention of cardiovascular disease as well as the connection between diabetes and cardiovascular disease and, also, I'm the current president of the Inter American Heart Foundation that promotes cardiovascular health throughout Latin America and the Caribbean and past president of the American Society for Preventive Cardiology. So pleased to be back on today with all of you.

JESSICA NÚÑEZ DE YBARRA: Wonderful. Dr. Wong, I may be circling back with you as we update our master plan for cardiovascular disease, stroke, heart disease.

NATHAN WONG: I would be very happy to help, and my associate Dr. Cordola, too, she will be happy to help as well.

JESSICA NÚÑEZ DE YBARRA: Yes, that's true. And you will be seeing some of that featured when we review the program details of what blocks funding this coming year, so thank you so much. Amber, you wanted to go ahead and speak next.

AMBER CORDOLA HSU: Hi. Good morning, everyone. Hi, Dr. Wong, it's nice to hear from you. Mr. Wong is my mentor. I've been working with him for numerous years. I'm so grateful to be part of this committee. He recommended me to be part of this committee. I support his

research at U.C. Irvine and Heart Disease Prevention Program. We research everything from coronary calcium to heart failure, sex differences among those with diabetes and without. Thank you for having me.

JESSICA NÚÑEZ DE YBARRA: Thank you, Amber. We really appreciate all the work you do. Thank you for being here. Leah Northrop, are you on the line?

LEAH NORTHROP: Good morning, Jessica. My name is Leah Northrop. I'm the branch director of corporate health from Sutter County. Sutter County is a small county north of Sacramento. I've been with the county since 2018. And prior to that -- excuse me -- I worked at the State for a number of years, including a number of years at CDPH. And really happy to be on this committee and working remotely with some of my former colleagues from CDPH.

JESSICA NÚÑEZ DE YBARRA: Thank you, Leah. We know even though you're in a small, rural district that the work, nevertheless, has been quite challenging, and so, we just salute you in your work and your protection of your community. Thank you so much for making time for us today. We really appreciate your dedication.

LEAH NORTHROP: Thank you, Jessica. Hopefully, I don't have to jump off the meeting, but if I do, my apologies.

JESSICA NÚÑEZ DE YBARRA: We'll try to get through things pretty quick. What I want to do is also remind people there's lots of information that's shared, and so we hope any comments can be submitted after the meeting as well. Let's introduce now the Block team so folks can know who they need to contact. Let's start with the leadership, Cha, and then Phu, Stephen, and then Amy, Matt. I'll allow them to go ahead. And I think Ivy may be even on the call. Go ahead. We'll start with Cha.

CHA XIONG: Thank you, Jessica. Good morning, everyone. My name is Cha Xiong. You probably see a lot of emails coming from me recently. I am the Block Grant Unit Chief, and so, I'm usually holding down the fiscal aspect of the Block Grant; however, I've had to take on many hats lately due to redirection and vacancy in our Coordinator position, which was recently filled by Phu Hoang. With that, I will transition it to Phu.

PHU HOANG: Good morning, everyone. My name is Phu Hoang. I joined the team in February. I am the Block Grant Coordinator. I've been working closely with Cha on learning the program. I will be overseeing the programmatic bill verbals(phonetic) for the Block Grant. I'll turn it over to...

STEVEN YOKOI: Hi. I'm Steven Yokoi. I just came to Department of Public Health in August of last year. I'm the Section Chief over the (inaudible) center of the Heart Disease Control Branch, and sort of Block Grant falls under my purview. I came from the Department of Education previously, so I'm happy to be on the call and learning more about the block grant. Thank you.

AMY YAN: Good morning. My name is Amy Yan. I am the program specialist for the Block. I do programmatic support for both our team as well as the programs.

MATT HERREID: I guess I'll go. I'm Matt Herreid. I am the fiscal analyst for the Block Grant. I'm closing in on five years with this Block Grant, that I'm very impressed with everybody's participation. I'll hand it to the next person.

JESSICA NÚÑEZ DE YBARRA: Ivy, did you want to say hello?

MATT HERREID: Ivy is having technical difficulty. Since she's 10 feet away, I can hear her trying to introduce herself.

JESSICA NÚÑEZ DE YBARRA: She may be blocked.

MATT HERREID: She is present, and is our current MSD and doing a great job.

JESSICA NÚÑEZ DE YBARRA: Great. Thank you, Matt. I appreciate that. Thank you, Ivy. I know we have a number of program-funded staff, and due to our need to move forward, what I'll do is, as we get to different sections, we'll ask them to introduce themselves and make comment as requested. The only other question I have is, do we have any member of the public who would like to introduce themselves? I believe there's a hand-raising button within our system. And if you could raise your hand in this, we will un-mute you, because I believe we may have folks muted. I see no hands raised, so I believe that everyone on the call either works for EMSA, the Department or the State. And we will get to you as we move forward during the agenda and appreciate people being available today.

I would like to now move to Agenda Item No. 2 and ask Dr. Alles to take it from here.

WES ALLES: Thank you very much. So I'm very happy that we have nine members of our committee on the phone today, and we have a good agenda and it will be efficiently run. And I wanted to say that the Block Grant is an effective and efficient tool for being able to deliver Public Health programs and services. The volunteer Advisory Committee for the Block Grant is also an effective and efficient tool. We are charged with making decisions about allocations on the basis of information, very good information, that supports us from the Block Grant. Also, on the basis of data -- and we'll talk just briefly about that in a little bit -- and on the good judgment that the Members of the Advisory Committee share during these meetings. We have three primary responsibilities today: The first is to approve the Minutes of the May 28, 2020, Advisory Committee Meeting.

The second is to discuss the Proposed Allocations, and that is primarily -- will come on document seven, and I believe that Phu is reporting on that. There's also a report by Cha having to do with the Healthy People Objectives. And the third responsibility today is to approve and endorse the State Plan Allocations. As we prepare to do our work, keep in mind that at every statistic that you see on a table, graph or chart is a number, but behind every number is a person. And this is something that Don Lyman used to talk about, that faces tell stories and faces provoke compassion. But when it's a number, it's easy to just overlook that. Nevertheless, it is a marker, and when the committee meets and discusses allocations, there is some structure that is also provided to the conversation with regard to document five that we will get to in a little bit.

But there are two different sources of structure, one from the committee, and that's been

around for probably 15 years, and, also, from the Association of State Territorial Health Officers. And I'll reflect that in a little bit. Behind every statistic is a person, a family, a friend, a neighbor, or a colleague. We have one in vivid detail during this past year how that proves true. Chronic disease accounts for approximately 75 percent of the costs of healthcare nationwide. Chronic disease complicates a situation when someone has a transmissible infection such as Covid. Chronic disease also complicates the situation when a person has more than one chronic disease. And chronic disease risk factors also complicate the situation. So the role that's played through the allocations that come from CDC are very important roles. The Block Grant allows for CDC funds to do the most amount of good for the most amount of people. All states receive Block Grant funding, and no two states will allocate in the same manner. Our job is to make good decisions and then offer our recommendations to the Block Grant Team and ultimately, to the State Health Officer. So, with that, I think I will turn it back to Jessica.

JESSICA NÚÑEZ DE YBARRA: Thank you very much. I appreciate it. Wes, can you proceed with Item No. 3, Review and Approval of the Meeting Minutes from last meeting?

WES ALLES: I can do that. So our responsibility here is to approve the May 28, 2020, Meeting Minutes. We received both a document from the court reporter that was detailed to the word, and I think it was something like 76 pages or so. And, fortunately, we had somebody also at the Department and on the Block Grant Team do a summary of the Minutes. That's always easier to understand the concepts and the specifics of the conversation when they're written in that level of detail.

So, to refresh your memory, before we have a motion to approve the minutes, I would like to go through in an efficient way a summary of that meeting. Rebecca Horne, who was the Block Grant Coordinator, welcomed us. There was a roll call taken of the Advisory Committee. Jessica reported that the likely grant amount would be \$10,738,724, and that money, that 10.7 million dollars was spread across 22 programs; 14 were within the Department of Public Health, one was in Rape Prevention, and seven were in EMSA. We approved the Minutes of the April 2nd Advisory Committee Meeting that took place in April of 2020. The Committee approved the Federal Fiscal Year 2020 Program Allocations and introduced the comprehensive State Work Plan. We introduced the plan at that time. I opened the floor for discussion from the Advisory Committee, then from the public. Action Item No. 1 was to approve the Minutes, and that was done without opposition and without abstention. We also did something for the first time, we asked EMSA to provide us with information about the work they do and about their structure and so forth. And Angela Wise provided an overview of their program and how the funds are to be utilized. And Dan Spiess provided additional background for that. Stacy Alamo Mixson also provided an overview of the Rape Prevention Program. And one of our members, Christy Adams, reported on the Injury Prevention Program and then asked a question of Ms. Mixson about programs that would be related to intentional childhood injuries, and she gave a summary of that. The Allocations were approved, again, without opposition or abstention. The final Action Item was to approve the State Work Plan, and there were no oppositions or abstentions in that matter either. So the meeting adjourned at eleven o'clock, and I want to say there was no opposition or abstentions on that matter either. So it's possible I may have left something out or that maybe there was something that you would like to ask or have qualified, and then I'll ask the staff and the public the same. But Members of the Advisory Committee, is

there anything that you would like to add to the report of the Minutes? All right. How about from the staff? And is there a member of the public who is present? Hearing none, then what I would ask is that we have a motion and a second to approve the Minutes of the May 28, 2020, Block Grant Meeting. May I have a motion?

DAN SPIESS: This is Dan Spiess. I make a motion to approve. I have one very, very, very minor typographical suggestion to make. Is this the time to point that out?

WES ALLES: Yes, Dan.

DAN SPIESS: Under Agenda Item 3, Discussion and Comments, on the fourth paragraph of line two -- I'm doing this so you know I actually read the minutes -- I think the word is "plan" rather than "pan." But if that is not correct, then I will withdraw my suggestion.

WES ALLES: No, that's appropriate. It's correct.

DAN SPIESS: With that, I make a motion to adopt the minutes.

STEPHEN MCCURDY: This is Steve McCurdy. I second the motion with the approval of the correction as suggested.

WES ALLES: All in favor of the motion to accept the Minutes of the May 28 Meeting, please signify by indicating "Aye."

ALL AC MEMBERS: Aye.

WES ALLES: Any opposition votes? Any abstentions? Passed unanimously, then.

JESSICA NÚÑEZ DE YBARRA: Thank you very much. Excellent work. I appreciate the support and the clarification and the edit. We will now move to No. 4. I did get confirmation from Monica Morales that she won't be able to join us, nevertheless, we do have other representatives who are going to clarify our Federal Fiscal Year 2021 Block Grant Update. So what I would like to do is to begin by informing everyone that the Disease Control and Prevention awarded California the amount that Wes just described in the Minutes this past year, \$10,738,724. We anticipate that the allocation the coming year will be somewhat comparable, maybe slightly decreased. Those details are being communicated. But, in the meantime, we wanted to just share with you that the materials that we had to prepare in advance of this meeting for Federal Fiscal Year 2021 is based on that last year or current year amount, and we needed to proceed, we needed to estimate, we needed to prepare the Meeting Minutes for you all. So we're going to move forward with the information as we have it. Due to the pandemic -- unfortunately, in years past, we have often gone through a cycle of making available Block Grant Funding to new applicants throughout the state to make a funding proposal for state operations mainly, but this year we've had to focus on Covid response. So a decision was made to continue to fund, at least within the California Department of Public Health, the same programs from last fiscal year in this coming fiscal year. We are going to see all of that shortly.

Also, please note the Emergency Medical Services Authority for California, which receives

about 30 percent of the California award after subtracting the federal set-aside for rape prevention, has its own internal process for determining which programs will be funded each year. I want to mention to everyone, we're going to be receiving additional updates right now, and our team is going to review those details. The most significant change this coming year has been that Healthy People 2030 have been launched and is a requirement that our programs comply with. You're going to get more detail about that momentarily. But that is something that each of the Block Grant Funded programs will be expected to abide by. And they may need to reformulate a few of their activities and objectives to meet those new Healthy People objectives. But it's a minor concern. What I mean by that is, in Healthy People 2020, there were over a thousand objectives. The national partners have moved from a thousand objectives to more than 300 now. They have decreased the number, mainly because they're interested in impact, they're interested in evidence-based data for any objectives. And so, it's really a better, more solid set of objectives, and so we appreciate that consideration from the National Centers for Disease Control. I think that these changes really do very little to undermine our success as programs and the proposed funding allocation. We do such core work in our proposals that they all basically are still standing after the changes.

Now, let me allow Wes to again speak with many of the program representatives and get some introduction before we move forward to begin. This is our Block Grant Update, and we just want to be able to ensure that each program has the ability to have some say about what they propose to do in the coming year. Wes?

WES ALLES: Thank you very much. I would like to ask a question? I'm not sure, Jessica, if it would be you or, perhaps, Cha, but the matter that you mentioned about the -- forgoing the process, I understand that there's a two-year life or a two-year green period for the allocations that are approved and then sent. And my understanding is we don't get the money actually until the second year of that life for the allocation. Can one of you just speak to that so that the committee can get a better understanding?

JESSICA NÚÑEZ DE YBARRA: Of course. And I will allow Cha to speak to that when she gets to her update. Was there other questions that you had for us, Wes? Because we can postpone that response until Cha speaks because she can discuss all the fiscal details on her section.

WES ALLES: Well, let me ask the Advisory Committee if there's anybody on the Advisory Committee who would like to respond to the comments that were just made by Dr. de Ybarra? And I hope that when we get to the time about making an approval and having conversation on the objectives that comments or questions will be made by the Advisory Committee. So when you were talking about the programs, I think that Cha is going to report on document number six, and that was on Healthy People. Phu was going to report on all of the allocations that were recommended; that is document number seven. I believe a little bit later, Jessica, you will be reporting on document number eight, which is a summary of the distribution of the funds for the existing Block Grant. So was there something you wanted me to do before I introduce -- sorry. Let me just ask, is there any member of the committee who would like to ask a question about something that Jessica may have said? Jessica, is it okay if I move to Cha now?

JESSICA NÚÑEZ DE YBARRA: Actually, as far as the agenda, we were going to allow some

just brief presentations from EMSA and from Stacy regarding the Rape Prevention Program before we got to the 2021 changes from Cha, if that's okay? Does that work? Is there any other sort of matter that you wanted us to consider as we give these report outs?

WES ALLES: No. I must have missed that as I went through here. Is there a list of people in addition to the ones I mentioned who would be giving a report of the program?

JESSICA NÚÑEZ DE YBARRA: Yes, I think, if you -- and, everybody, I would advise everybody to look on the screen at the Agenda; we've updated it to include some core program experts. And the key is this really is an opportunity for folks to expand, albeit briefly, because we're going to be going into details and we want the Advisory to be as informed as possible. I think maybe we just follow and allow people to say a few words from our item four. Is that okay, Wes?

WES ALLES: Absolutely. Thank you for being gentle with my error.

JESSICA NÚÑEZ DE YBARRA: Yeah, no, I think -- I want to update the Advisory that in preparation comments that Dr. Alles and I had with the team, we thought it was important to just reemphasize in the coming year what the changes, what the key items from each group might be. So let's first hear from Lori O'Brien as she provides us just a basic frame for the Emergency Medical Services Authority, their response, and their push in the coming year. Lori, are you available?

ANGELA WISE: This is Angela Wise from EMSA, I'll be handling this section of the agenda.

JESSICA NÚÑEZ DE YBARRA: Thank you so much. I know we have Lori on the call in case there are any other suggestions. Thank you, Angela, we appreciate it. If you could give your full name and title and then your presentation, we would appreciate it.

ANGELA WISE: No problem. My name is Angela Wise. I'm the Assistant Chief of the EMS Systems Operation Division within EMSA. I've been with EMSA since 2016 and have thoroughly appreciated the Block Grant Funds coming our way. EMSA provides value to California through statewide coordination and leadership to local EMS agencies. The planning, development and implementation of local EMS systems helps determine the need for additional EMS, coordination of EMS, and effectiveness of EMS. EMSA helps LEMSAs adhere to California EMS statutes and regulations for optimum patient CARE. The EMS Systems Division Staff provides state leadership, oversight and assurance to regulations for the best quality of care is available, reducing the proportion of persons who are unable to obtain or delayed in obtaining necessary medical care in an emergency situation. EMSA, through its EMS Systems Division, is mandated to coordinate EMS systems throughout the State of California, the statewide trauma system, stroke and ST elevation, myocardial infarction, which is STEMI systems, EMS for Children, and the California Poison Control System. The EMS Systems Division has statutory and regulatory oversight responsibility of the EMS systems for the State of California and promulgates regulations for the use by local EMS agencies and EMS providers, reviews and approves local EMS system and ambulance transportation plans, ensuring the required minimum standards are met, and manages the State's EMS data collection, performance management and quality assurance. EMSA also maintains the EMS

Prehospital Data and Information Services and Quality Improvement Program by providing statewide collection and analysis of patient level EMS data for Emergency Medical Services Systems and Quality Improvement measuring and patient care assessments based on EMS Quality Improvement plan submissions.

EMSA also develops quality core measures as appropriate indicators to reflect ongoing local EMS Agency efforts at quality improvement aimed at clinic and transport activities that reflect quality improvement activities at the local level. To evaluate system impact on patients, the continuum of care from dispatch to prehospital to hospital disposition must be connected. Our goal is to have all LEMSAs participate in quality core measures so we can begin to fully understand how care is provided by EMS personnel and how it translates to improved outcomes and system effectiveness statewide.

EMSA historically has had eight programs funded by the Block Grant. These eight programs at EMSA have been consolidated into two programs in order to align their activities with the Healthy People 2030 Objectives. Emergency Medical Services Systems Planning and Development, EMS Poison Control System, EMS For Children, EMS STEMI and Stroke Systems, EMS Trauma Care Systems and EMS Partnership For Injury Prevention and Public Education have been consolidated into the EMS Systems Operations Planning and Specialty Care. EMS Prehospital Data and Information Services and Quality Improvement remains the same. With that, I'm open to any questions that anybody might have.

SAMUEL STRATTON: This is Sam Stratton. If I could speak for a second, please. I don't know if I'm transmitting?

WES ALLES: Go ahead.

SAMUEL STRATTON: Thanks, Wes. I just wanted to add, because my background is mainly EMS, as I described earlier. As far as this committee, the EMS agency -- or EMS Authority, I'm sorry, is very proactive in addressing chronic health problems. In cardiac stroke and trauma systems, the EMS Authority has regulations that require any designated hospital or health network to provide prevention programs for cardiac stroke and trauma diseases or problems.

The EMS Authority is extremely active in injury prevention with a very strong focus on child injury prevention as well as focus on childhood health through the child programs with immunization programs and health programs. And then one thing I don't think most people realize is that the data collected by the EMS Authority, which is millions of cases each year of all the EMS responses, including often just regular ambulance responses, are shared with CDPH -- and those from CDPH probably are aware of this -- and then that data can be used for surveillance as well as assessment of the statewide programs that we're discussing today. So I appreciate being able to have this opportunity to put an addendum to the formal report. Thank you.

ANGELA WISE: Thank you, Mr. Stratton, for your kind words.

WES ALLES: I guess we should move on. Stacy, would you like to give a report then on the Rape Prevention Program?

STACY ALAMO MIXSON: Yes, absolutely. Hi. My name is Stacy Alamo Mixson, and I serve as Chief of the Injury and Violence Prevention Branch for the Department of Public Health. Thank you for inviting me to give you a brief overview of the Rape Prevention Program. I gave an overview last May, so some of the information may be similar, but I do have more evaluation information to share this time. So as many of you know, the Injury and Violence Prevention Branch receives funding from the Rape Set-Aside portion of the Block Grant each year. And much like EMSA, this amount is carved out in statute or set aside specifically to address sexual violence prevention in California.

We receive this funding and we leverage it with funding we receive from CDC in a Cooperative Agreement for the Rape Prevention and Education Program and we use this additional funding from the Block Grant Rape Set-Aside allocation to partially fund an additional 12 local rape crisis centers with four-year grants that focus on primary prevention of sexual violence. In other words, the program tries to reduce the risk factors and increase protective factors for sexual violence to keep it from happening in the first place rather than addressing the aftermath of sexual violence with services to victims or survivors. Eight of the rape crisis centers are funded to implement and evaluate community-based projects and four of the rape crisis centers are funded to implement and evaluate school-based projects. The community-based projects are implementing the promising community mobilization strategy called "Close To Home," which engages whole communities to design solutions and lead social change for sexual and domestic violence prevention. The school-based projects are implementing a comprehensive strategy to promote a positive school climate. The essential elements for these projects include sexual harassment and sexual violence prevention policies, campaigns, youth leadership teams, trainings for staff and administration and curricula for students. These programs teach healthy relationship, consent, how to intervene when witnessing violence or bystander intervention and gender norms that contribute to violence. All of the projects funded through Block Grant incorporate required process and outcome evaluation activities. This includes pre and post participant surveys, data collection on community-level outcomes and implementation data. The outcomes that we track include positive increases in knowledge, attitudes, beliefs and behaviors, youth leadership, social connectedness, community engagement in connectedness and decreases in incidents of violence.

So we've been working with the U.C. San Diego Gender Equity and Health Project to conduct evaluations of these programs, and we do have some process and outcome data that we collected from February 2019 through July 2020 from all of the rape crisis centers, and this evaluation found significant progress was made by organizations on obtaining long-term community-level and organizational-level outcomes, including increased action by community members to prevent sexual violence, more primary prevention integration into agency practice, more community partnerships included in their primary prevention work and an increase in youth as partners in this work.

We need to note that the current evaluation results are from the last year of implementation in the evaluation which were disrupted by the COVID-19 pandemic. We'll continue to implement prevention strategies and evaluate the program and hope to see further positive outcomes. Building on the prior positive outcomes for the close-to-home strategy and leveraging our partnership with the U.C. San Diego Gender Equity and Health Program, a rigorous evaluation of Close To Home will be completed by 2024, using funding from CDC in order to contribute to

the overall evidence based for the field. That completes my update, and I would be happy to answer any questions.

WES ALLES: Anybody on the committee want to follow up? Is there a member of the public who may have a question? Okay, thank you very much, Stacy. Let me move now to you, Cha, with Federal Fiscal Year 2021 Changes.

CHA XIONG: Thank you. If everybody can refer to Document D6, Federal Fiscal Year FFY 2021 Changes. So I will begin by addressing the question that was brought up earlier regarding the two-year grant terms. So the current set of Health and Health Services Block Grant which is issued by CDC, it's a two-year grant; however -- and it runs on the federal fiscal year, so it's October -- so for the FFY 2021, the grant started in October 1st, 2020, and will end 25 September 30th, 2022; however, California, along with multiple other grantees, we are second year spending because CDC does not get their budget and release the allocation and our notice of award until the second year. And so, what we do is we wait until we receive the allocation and notice of award to start spending. That is why we are having our program spend within the state fiscal year to allow us to some flexibility in how we are utilizing our funds. And so, this is for CDPH programs. They are allowed to spend it within the state fiscal year, so it will be -- the funding is for July 1st, 2021 through June 30th, 2022, and then EMSA will be spending theirs on the federal fiscal year, so they'll start their spending October 1st through September 30th of 2022. Does anybody have any questions as to what I've just said about how the funding is -- the funding years are broken down?

WES ALLES: Thank you, Cha.

CHA XIONG: With that being said, we'll move on to Document D6. For this new funding cycle, we will be aligning all of our objectives through the Healthy People 2030 Objective, and they have replaced the Healthy People 2020 Objective. The 2030 Objectives are now live and are located on -- I'm sorry, you can go onto their website to take a look at those Objectives at "[https://health.gov/healthypeople.](https://health.gov/healthypeople)" We provided our programs this website and this document hyperlinks this website, so if the members of the committee have not gone onto this website yet, after the meeting, you can go ahead and refer back to the document and click on the hyperlink and it should take you to the website. The Healthy People 2030 Objective program will select one objective to align their individual state plan. And as far as for the internal system exchange, information exchange system between California and CDC, there has been -- there will be a new system that will be replacing the current system, which is -- the new system will be Preventive Health and Health Services Block Grant Information System, which has been -- which the acronym is BGIS. This platform will be released in early May and it replaces the Preventive Health and Health Services Block Grant Information System -- Management Information System, which is BGMIS. So BGIS will replace BGMIS. And we are receiving additional training from CDC on how to utilize this system. This will be the new system moving forward.

For changes within the California Department of Public Health, the Youth Obesity Program will be incorporated into the Injury and Violence Prevention Program. The Healthy People 2020 Program is now called the Healthy People 2030 Program. Our Advancing Climate Change and

Health Programs at local health departments and within CDPH programs is now called Advancing Climate Change and Health Programs at local health departments, tribes and within CDPH. The Fusion Center Program is now called the Office Of Strategic Development & External Relations Fusion Center. As far as changes at EMSA, the Emergency Medical Services Authority, Angela had mentioned it earlier, their current eight programs will be consolidated into two programs in order to align their activities with the Healthy People 2030 Objectives.

The Emergency Medical Services Systems Planning and Development Program, EMS Poison Control System, EMS for Children, EMS STEMI and Stroke Systems, EMS Trauma Care Systems and EMS Partnership for Injury Prevention and Public Education has been consolidated into the EMS Systems Operations, Planning, and Specialty Care program. EMSA's Prehospital Data and Information Services and Quality Improvement Program remains the same. That concludes the FFY 2021 Changes. Does anyone have any questions? Then I will hand it over to Wes to ask for the committee members to approve the documents?

WES ALLES: This specific document or -- do you want separate for this report and then for the one that Phu is going to give?

CHA XIONG: Yes, if we can -- I have on here if we can just approve this particular document since it has changes in our name.

WES ALLES: Sure. So what you're asking for is a motion, a second and a vote or are you asking for conversation about that?

CHA XIONG: A motion, a second and a vote. Thank you, Wes.

WES ALLES: Again, anybody have a question, then, since we're going to be voting on this? All right. I would like to receive a motion and a second.

NATHAN WONG: This is Nathan Wong. I'll make a motion to approve this document.

WES ALLES: Thank you, Nathan.

CHRISTY ADAMS: This is Christy Adams. I second the motion.

WES ALLES: Thank you very much. Motion has been moved and seconded. And we are voting to give approval to the report that Cha gave, accepting this document. I will ask now for a vote. For those who agree, please indicate by saying "Aye."

ALL AC MEMBERS: Aye.

WES ALLES: Are there any oppositions, abstentions? Okay, the vote then has been successful. And congratulations, Cha, and thanks for doing such a great job on that presentation.

So, then, the next item is for Phu to give a presentation on document number seven, which are the programs and the allocations which are being presented to us.

PHU HOANG: Thank you, Wes. Hi, All. Phu Hoang, Block Grant Coordinator. I will be reviewing the program descriptions. Please refer to document D7, and Program Descriptions begin on page two. The first program, Advancing Climate Change and Health Programs at local health department, tribes and within CDPH. This program will support California Department of Public Health (CDPH) programs, tribes, and local health departments to prepare for and prevent the health and equity impact of climate change. It will also support CDPH programs, tribes and local health departments to improve social determinants of health and meeting existing health program objectives through engagement with climate change policy and planning. The allocation is \$619,002.

The next program is the California Behavioral Risk Factor Surveillance System (BRFSS) Program. BRFSS is a California-specific surveillance system that surveys adults 18 years and old on self-reported health behaviors. Questions in the survey relate to nutrition, physical activity, tobacco use, hypertension, blood cholesterol, alcohol use, inadequate preventive health care, and other risk factors. An annual BRFSS report is published. Because the survey is conducted on an annual basis, the continuous use of this system allows analysis of trends over time. The allocation amount is \$290,000.

The next program is Cardiovascular Disease Prevention Program. This program increases blood pressure control in adults with hypertension to reduce deaths from coronary artery disease and to reduce the risk of stroke recurrence in post-stroke patients to decrease hospitalizations and deaths from stroke. The program utilizes the team-based care approach of Comprehensive Medication Management, linking attending physicians, community pharmacists, stroke coordinators, and community health workers to help patients achieve better hypertension control. This program promotes cardiovascular health through collaboration with the Healthy Hearts California Alliance and will update the California Heart Disease and Stroke Prevention Master Plan. The allocation is \$851,782.

The next program is the Emergency Medical Services (EMS) Prehospital Data and Information Services and Quality Improvement Program. This program provides for pre-hospital EMS data submissions into the state EMS database system and unites the EMS system under a single data warehouse, fostering analyses on patient care outcomes, public health system services, and compliance with California state and federal EMS service laws. The Program improves pre-hospital EMS services and public health systems statewide by providing measurable quality improvement oversight, resources, and technical assistance. The allocation amount is \$1,239,476.

The next program is the EMS Systems Operations, Planning, and Specialty Care. Emergency Medical Services Authority, through its EMS Systems Division is mandated to coordinate EMS systems throughout the State of California, the statewide Trauma System, Stroke and ST-Elevation Myocardial Infarction (STEMI) Systems, the EMS for Children and California Poison Control System. The EMS Systems Division has statutory and regulatory oversight responsibility of the EMS system for the State of California and promulgates regulations for use by local EMS agencies and EMS providers, reviews and approves local EMS system and ambulance transportation plans, ensuring that the required minimum standards are met, and manages the state's EMS data collection, performance management and quality assurance. EMS Systems Division staff provides state leadership, oversight, and regulation to ensure the

best quality of care is available, reducing the proportion of persons who are unable to obtain or delayed in obtaining necessary medical care in an emergency. The allocation amount is \$1,487,920.

The next program is Health in All Policies. This program facilitates the California Health in All Policies Task Force, provides consultation to non-health agencies to integrate health and equity into their policies, programs, and procedures, and builds CDPH and Local Health Department capacities to promote health equity and implement Health in All Policies approaches through collaboration and integration of health and equity considerations statewide. The allocation amount is \$592,748.

Next program is the Healthy People 2030 Program. This program supports the overall efforts of the PHHS Block Grant by enhancing the accountability and transparency of the PHHS Block Grant through measuring progress and impact of funded programs through quality improvement initiatives, as well as communicating current accomplishments. The allocation amount is \$882,922.

The next program is the Injury Prevention Program. This Program seeks to maintain injury prevention as a core public health function and ensure capacity to address emerging cross-sector issues, such as: healthy aging, Adverse Child Experiences (ACEs) and firearm-related injuries and fatalities. The allocation amount is \$1,134,629.

The next program is the Public Health Accreditation Program. On December 9, 2014, CDPH was awarded national accreditation via the Public Health Accreditation Board (PHAB). To maintain the Department's accreditation status, this program will make accreditation-related technical assistance available to California's local and tribal public health agencies, and oversee internal Departmental efforts to maintain compliance with accreditation requirements. The allocation amount is \$60,000.

The next program is the Rape Prevention Program. This program approaches sexual violence from a public health perspective. Like California's smoking campaign that has made smoking unacceptable, it aims to change the behaviors and norms that make sexual violence tolerable by building the capacity of California's local rape crisis centers to implement sexual violence primary prevention strategies. The allocation is \$832,959.

The next program is the Southern California Asylum Seeker Health Surveillance and Linkage to Care. This program is an active surveillance and rapid public health response program for individuals seeking asylum and intending to reside in California. Active surveillance increases early identification of infectious diseases of public health significance, and services facilitate linkage to healthcare services and disease control. The allocation amount is \$236,000.

The next program is Surveillance Sampling of Leafy Greens for Shiga Toxin-Producing E. coli. The goal of this program is to collect surveillance samples of high-risk food products that are known to be susceptible to microbial contamination, evaluate them for microbial contamination, and initiate interdiction efforts to remove them from the marketplace if determined to be adulterated, thereby preventing consumer exposure and reducing the incidence of food-borne illness. The allocation amount is \$200,000 dollars.

The next program is the Office of Strategic Development & External Relations, Fusion Center. This program builds cross-sectoral engagement in CDPH's State Health Assessment (SHA) and State Health Improvement Plan (SHIP) by enhancing capacity to address crosscutting priorities defined by public health through Comprehensive Assessment, Integrated Planning, and Collective Action addressing crosscutting priorities defined by public health with the purpose of organizing for impact. The allocation amount is \$966,370.

The next program is Toxicological Outbreaks Program. This program supports the administrative and technical infrastructure at CDPH to conduct non-infectious toxicological disease outbreak investigations. The allocation amount is \$125,000.00047

The next program is Tuberculosis Free California. This program promotes prevention strategies to reduce tuberculosis (TB) disease among high-risk populations in California. This is the sole statewide program focused on TB prevention with the aim of averting significant morbidity, mortality, and healthcare costs associated with TB disease. Program activities include patient education for high-risk populations to reduce TB health disparities, measurement of testing and treatment of TB infection at key clinical sites, and provider training on evidence-based testing and treatment strategies to prevent TB disease. The allocation amount is \$600,000.

The last program is Workforce Development: Preventive Medicine Residency (PMR) and California Epidemiologic Investigation Service (Cal-EIS) Fellowship. PMR and Cal-EIS programs are the key workforce pipeline for hard-to-fill epidemiology positions in California state and local public health agencies. Trainees perform data and policy analysis, provide disease outbreak and emergency preparedness response, community needs assessments and planning, clinical preventive medicine, systems quality improvement, et cetera. The allocation amount is \$688,392.

That completes the summary description for each program. I will now turn it back to Dr. Alles.

WES ALLES: Thank you, Phu. That was a very good report. We have opportunity now among the Advisory Committee to ask any questions or to make comments, and I would open the floor to the Advisory Committee to do that?

NATHAN WONG: Hi, Wes, this is Nathan. I was just curious, in the past, we've seen, I think, kind of requested amounts and then allocated amounts. Was there, you know, kind of an across-the-board percentage of requested amounts that were alerted? I'm just curious how that worked this year or was it kind of an individual negotiation with each program?

WES ALLES: I wouldn't know the backdrop to that. Maybe, Jessica, you could talk to that? But I would say that we talked a little bit earlier about foregoing some of the processes because of the pandemic and that this was -- that presentation that Cha made about the two-year window, that these were funds that were coming to us, but that because of the pandemic, we are not going to be doing the discussion around the specific amounts. We do have to still -- I should probably say that a little bit differently. We have the opportunity to discuss it, but at this point in time, I don't believe that we would be able to do justice to making changes in the allocations unless it was a serious matter. So, Jessica...

JESSICA NÚÑEZ DE YBARRA: This is Jessica. Thank you, Wes. I want to confirm everything you said. But just to also mention, as I described at the beginning of the meeting, it was decided because of the pandemic just to carry forward current year allocations into the next fiscal year. So you are correct that, in the past, we have a system for taking requests and then we would be able to share with you what people asked, but it was deferred. And so, essentially, we're just carrying forward current year into next year amounts and allocations. Does that make sense?

NATHAN WONG: So they're awarded the same amount that they were last year for this coming year is what you're saying?

JESSICA NÚÑEZ DE YBARRA: Correct.

NATHAN WONG: If they have -- if certain programs have new initiatives, is there any negotiation, you know, to get additional funding or are we typically given what is carried forward, I guess?

JESSICA NÚÑEZ DE YBARRA: I appreciate the fact that there are always opportunities or need in the department. So, apart from the currently-funded programs coming to us and saying they have, maybe, a need for additional funds, which we can think about in terms of, you know, maybe salary savings or unspent dollars that could be redirected to a program for minor amounts, we are not, unfortunately, due to the limit of the Block Grant dollars, the 10 million plus, able to draw down any more than the federal allocation, and because we've already basically encumbered those amounts with the program that you've described, we don't really have any new money to consider for new ideas or programs. It is a constant need, and so any support from this advisory in terms of new dollars at the federal level -- I know many are coming -- we appreciate. But, yeah, we have those limits. Again, that's why we like speaking with you because, obviously, our needs always outstrip our resources.

NATHAN WONG: Sure. One this last question I have is, you know, since, you know, some programs may have been operating differently during the pandemic either, if there are funds left over, are they able to carry those forward, you know, or do they return unused funds after a certain period of time?

JESSICA NÚÑEZ DE YBARRA: Oh, no, that's very important. And you're correct in terms of this is an unprecedented pressure on the department. You are correct that, as I shared earlier, many block-funded staff have been redirected to Covid activities. And what we did was communicate with the federal government to request the permission to redirect those staff. It is, behind the scenes, still something we're navigating with the Department of Finance as to what's 00051 appropriate, and we as point of information, this department, the Department of Public Health and indirectly the Emergency Medical Services Authority, we have a single audit every year on these dollars. So everything you're asking ask is something we do look at.

And, for the most part, what I can share with you is that our programs have been really good about spending their money. We are flexible when they, to meet their mission, may need things moved a little bit. But, for the most part, Cha and her team is really good communicating to currently funded programs what their spending rates are and doing our best

to meet any need that a program may have when minimal funds are available. We do that internally. But, for the most part, again, people are able to spend their money and we work with the feds when we have challenges. I want to share with you, one of our core principles in terms of my work and job with the team is to ensure that we never return money to the feds. We really have so much work, as shared. We really do our best to spend every nickel. And so, again, really I owe a lot to Cha and her team who really work with our programs to make sure that that happens and that we're in compliance with all the rules.

NATHAN WONG: Sounds good. Thank you.

STEPHEN MCCURDY: Hello. This is Steve McCurdy. I'm wondering if others would feel it would be helpful to see what the total budget is for each of these programs so we have a sense about what, you know, percentage this program – the Block Grant is supporting it. It might be relevant in future years, not this year. We're sort of deciding how best to divvy up these funds. Anybody with thoughts on that?

NATHAN WONG: I think that would be a great idea, yeah. This is Nathan.

JESSICA NÚÑEZ DE YBARRA: So, Stephen, just to reiterate, what they're pulling up here for point of information, in -- we're at item five. Just as a point of information for the group, we're talking now about the Federal Fiscal Year 2021 Block Grant Allocations. We have created the D8 to show in one table what the allocations are. So we have that as kind of an overview and who gets what. You can see at the very top -- let me just walk everyone through this document. The total amount coming that we anticipate -- and it may be slightly less and we'll chat and we'll deal with that when those details are ironed out. But you see about \$10.7 million. Off the top, we get the carve-out for Rape Set-Aside; that's a statute, that's not something we can negotiate or negotiate, and Stacy provided the aim of that. Then we have a Base. That Base is then distributed 30 percent to EMSA, 70 percent to the Department of Public Health. And what that looks like is -- what you'll see is the light blue is the Rape Set-Aside, that's that amount. And then you see the administration of the grant, which is the Healthy People 2030. That's how Cha's team is paid for, that \$882,922. They really make sure that we're making an impact and meeting all the requirements. Then, if you go down further, what you see is within the Department of Public Health, the Total at the bottom is \$6,363,923. And all the programs you've heard described and their respective centers within the Department are in the left column. The center column are those names again and the amounts.

And then, if you go to the very bottom, the last 30 percent of the base, the 2,727,396 are for the two programs now, those several programs wrapped into that top item, the \$1,487,920. Again, that was a requirement of EMSA to be able to meet the new Healthy People 2030 Objective alignment that is required. It still allows them to do their job, it's just more a conformity measure. So that's how the funding is currently distributed. But back to your question -- you know, before we begin, I also want to go back -- I think it speaks to the principles of allocation.

Can you pull up D5 for us real quick? Thank you. I wanted to share again as part of the Agenda Item Five that these are the Principles Of Allocation that this Advisory00054 Committee agreed to when it met on September 4, 2019, as a means of a guide for our

department anyway -- EMSA has their own system -- when making funding decisions. So, again, one of the things you can see is Item i) under V, Prioritize using these criteria: Other resources available to address the conditions. For the most part, what you've seen and a lot of what the programs present when they apply is, many times, there is no other funding for this kind of work, and so, that is a consideration, for sure, that we always think about. And, again, it kind of also goes back to the needs always outstrip the funding that we have.

STEPHEN MCCURDY: I just think it would be easier for us to see that if there were an additional column in that colored document you showed us immediately preceding this one -- I forget what that is, D7 or something -- that showed the total budget. So, for example, the accreditation, I recall, was \$60,000, and I anticipate that's probably -- we are providing 100 percent of that budget. But others like, you know, the Injury Prevention Program above there is getting \$1.1 million from us. I would just appreciate a column to the right of that showing what that program's total budget is so we have a better sense of, you know, how important this is in terms of their total budget.

JESSICA NÚÑEZ DE YBARRA: Right. I think that is something that we could definitely develop. I'm open to that for sure. Cha, did you want to make any comment as well? Is that something that we can do from the information we collect when we do the state plans every year? I think programs are required to describe any other funding that they have to support their work.

CHA XIONG: That is something that we can definitely do. In our state plans, we do indicate -- ask the program to indicate how much -- what percent block funding is used for their programs. It's either partial or 100 percent funded by block. But we haven't collected the actual budget, total budget. We can do that moving forward.

JESSICA NÚÑEZ DE YBARRA: Any other questions on the two documents that I shared, either the document D8 which you see before you, the Allocation table, or the D5 Advisory Committee Principles of Allocation document? Let me turn this back to Wes now for purposes of the final stage of our on meeting.

WES ALLES: Thank you. And so earlier, beginning of the meeting, Jessica, you talked about this particular discussion and the vote that we would take. We're not ready to do that just yet. But I wanted to ask whether you want a separate vote on the report that Phu presented and on the 00056 allocations, then a separate motion also noting that but supporting the work of the state plan, kind of an approval and recommendation that that go forward?

JESSICA NÚÑEZ DE YBARRA: I'm open to your recommendation, Wes, which is to proceed with the approval of the descriptors of the programs, as Phu has outlined, and then move on to the allocation.

WES ALLES: I think we can probably -- we can probably do that in one motion. It would be a little bit different -- it may call attention to the difference with regard to the process of having that other column that Nathan mentioned and that issue that was discussed. We typically have three votes during the meeting not counting the adjournment. One is the Minutes, one is the Allocations, and then one was to support the Allocations and support the plan itself. Do you

have a preference? We can do it either way.

JESSICA NÚÑEZ DE YBARRA: I have no preference.

WES ALLES: We'll do them the way I described, then. Let me come back to the issue of comments by people on the Advisory Committee. Are there any other things that you would like to say about the Allocations and the programs that are being funded? Okay. Is there any member of the public who would like to make a comment? In a moment, I'll ask, then, for an approval of the Allocations as they were presented, noting that we did have some conversation relative to the slight changes that occurred because of the pandemic. I think I also probably will hold, if it's okay with you, the statement that needs to be into the record on Agenda Item No. 5 related to the part about if changes need to be made because of unforeseen issues right now that we authorize the state -- that we approve and recognize the necessity that they can make changes, that it can make changes for cause. So what I would like to ask now, hearing nothing from the public, would be to have a motion and a second to approve the programs that were listed and that were read by Phu and, also, that those Allocations would be approved as proposed. Do I have a motion and a second?

STEPHEN MCCURDY: I so move. Steve McCurdy here.

WES ALLES: Thank you, Steve.

NATHAN WONG: I'll second it. This is Nathan Wong.

WES ALLES: Thank you. And so, everyone who agrees with that motion and second, I would ask that you signify by saying "aye" if you approve that.

ALL AC MEMBERS: Aye.

WES ALLES: Any objections? Any abstentions? Okay. So then the record should clearly show that we approve the allocations as they were proposed, and I want to read the part of the Agenda that needs to be stated so that it's on the record, and that is that the Advisory Committee and the California Department of Public Health have done our due diligence to discuss these Allocations and finalize them today. Before we take a vote on the Allocations, we want to note for the record that since we serve as an Advisory Board to the Block Grant, to the PHHS Block Grant for California, in the event that any unanticipated changes are needed to the individual program allocations, we defer to CDPH and allow that those changes be made. We would not require an additional meeting for that approval. So, at this point, then, I would like -- Jessica, is there anything else you would like to say before I ask for the motion?

JESSICA NÚÑEZ DE YBARRA: No. I'm just very appreciative of the support of the Advisory Committee in this manner. And as I shared, we believe there may be of minimal reduction, but we will do our best based on the Principles of Allocation and will keep this committee in the loop at our next planned Advisory Committee Meeting.

WES ALLES: Thank you. So the issue here, it's an Action Item to approve State Fiscal Year 21/22 Funding Allocations and ask for a motion and a second. I will do that now. I'll ask for a motion.

(Inaudible)

CHRISTY ADAMS: Thank you. Motion to approve for the record.

WES ALLES: Thank you very much. Who was that?

CHRISTY ADAMS: This is Christy Adams; I second.

WES ALLES: All in favor of approving the recommendation, and not only for the Allocations, but also supporting the programs that are being supported with funds and indicating that we support the work of the State Plan and look forward to accomplishing all of the objectives. So all in favor, please signify by saying "Aye."

ALL AC MEMBERS: Aye.

WES ALLES: Any opposition? Any abstention? Thank you. The Advisory Board has so recommended to the Block Grant and to the Public Health Officer that you carry that forward. So, let's see, I wanted to just ask if there was anything from the Advisory Committee that maybe somebody was hoping to bring to the agenda you didn't get a chance to that do that? Okay. So, in that case, then, I will entertain a motion for adjournment and second and note the time would be approximately 11:48 right now. Motion, please.

STEPHEN MCCURDY: Steve McCurdy. I move for adjournment.

WES ALLES: Second?

LEAH NORTHROP: I second. This is Leah Northrop.

WES ALLES: All in favor of adjournment by saying2 "Aye."

ALL AC MEMBERS: Aye.

WES ALLES: Thank you very much everybody. Can we have an approximate time when we have the next conference call or when we have our next meeting?

CHA XIONG: If you give me one second, I'm going to pull that information up.

JESSICA NÚÑEZ DE YBARRA: Thank you so much. Thank you, everyone.

PHU HOANG: The next meeting is on May 27th.

CHA XIONG: Thank you, Phu.

WES ALLES: All right, everybody. Have a good day and stay safe.

(Meeting adjourned at 11:48 a.m.)

REPORTER'S CERTIFICATE

(STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA)

I, ANN R. LEITZ, a Certified Shorthand Reporter of the State of California, do hereby certify: That I am a disinterested person herein; that the GoToTraining Meeting was taken before me, in shorthand writing, and was thereafter transcribed, and is a true and correct transcript of my shorthand notes so taken. I further certify that I am not of counsel or attorney for any of the parties to said meeting nor in any way interested in the outcome of said meeting. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated this 13th day of April, 2021

/s:/Ann R. Leitz

ANN R. LEITZ, CSR NO. 9149