

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK
GRANT ADVISORY COMMITTEE MEETING**

REPORTER'S TRANSCRIPT OF PREVENTIVE HEALTH AND HEALTH
SERVICES BLOCK GRANT ADVISORY COMMITTEE MEETING

Tuesday, April 5, 2022, 10:02 A.M.

Reported by: KELLY MAUREEN FARRELL, CSR No. 8081

Job No.: 36003CDPH

APPEARANCES:**PHHSBG ADVISORY COMMITTEE MEMBERS:**

- DR. CAROLINE PECK M.D., M.P.H., FACOG, Principal Investigator, Co-Chair, Director, Preventive Medicine Residency and Cal-EIS Fellowship
- DR. WES ALLES, Ph.D., Director, Co-Chair, Stanford Health Improvement Program
- DR. CHRISTY ADAMS, R.N., M.P.H., Ph.D., Trauma Prevention Coordinator, U.C. Davis Health System
- DR. AMBER CORDOLA, Ph.D., M.P.H., Department of Medicine, Preventive Cardiology Program
- LEAH NORTHROP, M.P.A., Branch Director, Public Health, Sutter County Health & Human Services
- DR. SHIRA SCHLESINGER M.D., M.P.H., FACEP Director, EMS & Disaster Preparedness Programs; Associate Director, EMS Fellowship; Base Medical Director, Harbor-UCLA Medical Center; Medical Director, South Bay Disaster Resource Center
- DONNA STONE, Northern California EMS, Inc.
- DR. CHRISTINE WU M.D., M.P.H. Deputy Health Officer; Chief, Communicable Disease Bureau

PHHSBG BLOCK TEAM:

- Steven Yokoi, PHHSBG Business Operations Chief
- Phu Hoang, PHHSBG Program Coordinator
- Matt Herreid, PHHSBG Fiscal Lead
- Erica (Ivy) Yuson, PHHSBG Fiscal Analyst
- Amy Yan, PHHSBG Program Specialist
- Heather Black, PHHSBG Management Services Technician

ALSO APPEARING:

- Lori O'Brien, Program Analyst from the Emergency Medical Services Authority
- Melba Hinojosa, Program Analyst from CDPH
- Tom McGinnis, Program Manager from the Emergency Medical Services Authority
- Jami Chan, Program Specialist from CDPH
- Jeannie Galarpe, Program Specialist from CDPH
- Sandy Kwong, Program Manager from CDPH
- Lisa Rawson, Program Manager from CDPH
- Angela Wise, EMS Authority Staff
- Lazaro Cardenas, Section Manager CDPH
- Jeffery Rosenhall, Chief, Policy and Partnership Development Unit
- Amy Patterson, Program Specialist from CDPH

- Tracy Barreau, Senior Environmental Scientist Supervisor CDPH
- Amy Love, Program Manager from CDPH
- Christine Murto, Chief, Office of Refugee Health, CDPH
- Shereen Katrak, Public Health Medical Officer CDPH
- Mike Needham, Program Manager from CDPH

AGENDA

WELCOME AND INTRODUCTIONS

Dr. Caroline Peck M.D., M.P.H., FACOG, Principal Investigator, Co-Chair; Director, Preventive Medicine Residency and Cal-EIS Fellowship

PHHSBG ADVISORY COMMITTEE MEMBERSHIP

Dr. Wes Alles, Ph.D., Director, Co-Chair, Stanford Health Improvement Program

PHHSBG ADVISORY COMMITTEE REVIEW AND DISCUSSION OF THE MAY 27, 2021 MEETING MINUTES

Dr. Wes Alles, Ph.D., Director, Co-Chair, Stanford Health Improvement Program

ADVISORY COMMITTEE MEMBER COMMENT

Dr. Wes Alles, Ph.D., Director, Co-Chair Stanford Health Improvement Program, Advisory Committee Members

PUBLIC COMMENT

Dr. Wes Alles, Ph.D., Director, Co-Chair, Stanford Health Improvement Program, Members of the Public

ACTION ITEM: APPROVE MAY 27, 2021 MINUTES

Dr. Wes Alles, Ph.D., Director, Co-Chair Stanford Health Improvement Program, Advisory Committee Members

PHHSG 2022 PHHSBG UPDATE

Dr. Caroline Peck M.D., M.P.H., FACOG, Principal Investigator, Co-Chair; Director, Preventive Medicine Residency and Cal-EIS Fellowship

FFY 2022 FEDERAL BUDGET UPDATE

Dr. Caroline Peck M.D., M.P.H., FACOG, Principal Investigator, Co-Chair; Director, Preventive Medicine Residency and Cal-EIS Fellowship

FFY 2022 CHANGES

Dr. Caroline Peck M.D., M.P.H., FACOG, Principal Investigator, Co-Chair; Director, Preventive Medicine Residency and Cal-EIS Fellowship

SUMMARY DESCRIPTION OF EACH FY 2022 PROPOSED PROGRAM

Phu Hoang, Program Coordinator

ADVISORY COMMITTEE DISCUSSION

Dr. Wes Alles Ph.D., Director, Co-Chair, Stanford Health Improvement Program,
Advisory Committee Members

PUBLIC COMMENT

Dr. Wes Alles Ph.D., Director, Co-Chair Stanford Health Improvement Program,
Members of the Public

PHHSBG ADVISORY COMMITTEE DISCUSSION OF FFY 2022 PHHSBG ALLOCATIONS

Dr. Caroline Peck M.D., M.P.H., FACOG, Principal Investigator, Co-Chair; Director,
Preventive Medicine Residency and Cal-EIS Fellowship

ADVISORY COMMITTEE OPPORTUNITY TO DISCUSS AND PROVIDE FUNDING RECOMMENDATIONS

Dr. Wes Alles Ph.D., Director, Co-Chair Stanford Health Improvement Program,
Advisory Committee Members

PUBLIC COMMENT

Dr. Wes Alles Ph.D., Director, Co-Chair, Stanford Health Improvement Program,
Members of the Public

ACTION ITEM: VOTE ON ALLOCATIONS

Dr. Wes Alles Ph.D., Director, Co-Chair Stanford Health Improvement Program,
Advisory Committee Members

ADJOURNMENT

Dr. Wes Alles Ph.D., Director, Co-Chair Stanford Health Improvement Program

Dr. Caroline Peck M.D., M.P.H., FACOG, Principal Investigator, Co-Chair; Director,
Preventive Medicine Residency and Cal-EIS Fellowship

FINAL COMMENTS FROM THE ADVISORY COMMITTEE

Dr. Wes Alles Ph.D., Director, Co-Chair, Stanford Health Improvement Program
Advisory Committee Members

FINAL COMMENTS FROM THE PUBLIC

Dr. Wes Alles Ph.D., Director, Co-Chair Stanford Health Improvement Program,
Members of the Public

ACTION ITEM: VOTE TO ADJOURN

Dr. Wes Alles Ph.D., Director, Co-Chair, Stanford Health Improvement Program,
Advisory Committee Members

VIRTUAL PROCEEDINGS

TUESDAY, APRIL 5, 2022, 10:02 A.M.

DR. CAROLINE PECK: So, good morning, everyone. Thank you so much for joining Dr. Wes Alles and I. I'm Dr. Caroline Peck, the current Principal Investigator for the Preventive Health and Health Services Block Grant. And I would like to extend the welcome to our Program Staff, who implement the objectives of the Block Grant, the Advisory Committee Members -- thank you for joining us -- as well as any members of the public who are participating today in our call. So, again, I'm joined by Dr. Wes Alles, our Co-Chair. And before beginning the meeting, I would like to hand this over to Matt Herreid to take roll call.

MATT HERREID: All right. I'm referring to Document D1, which is the Advisory Committee Members list. And I am cheating a little bit because I can see many of you, but I will call this out. We want to make sure that the AC contact information and affiliations are current in the D1 list. Please contact us immediately after this meeting if any updates are needed. Thank you. Number 1, Christy Adams?

DR. CHRISTY ADAMS: Present.

MATT HERREID: Wes Alles?

DR. WES ALLES: Present.

MATT HERREID: Amber Cordola?

DR. AMBER CORDOLA: Here.

MATT HERREID: Leah Northrop?

LEAH NORTHROP: Here.

MATT HERREID: Caroline Peck?

(No audible response)

MATT HERREID: I see you. I know you're there.

DR. CAROLINE PECK: Here. Here.

MATT HERREID: Vicki Pinette?

(No audible response)

MATT HERREID: I don't see Vicki on the list. Shira Schlesinger?

DR. SHIRA SCHLESINGER: Here.

MATT HERREID: Thank you. Donna Stone?

DONNA STONE: Here.

MATT HERREID: Thank you. Christine Wu?

DR. CHRISTINE WU: Here.

MATT HERREID: Thank you. Wilma Wooten?

(No audible response)

MATT HERREID: I do not see Wilma on the list. So that's eight out of ten. That completes roll call. Again, if you see any information that needs updating, please contact us after the meeting. And I'll hand it back to Caroline.

DR. CAROLINE PECK: Thank you so much, Matt. I would just like to take the time right now to thank all of our Advisory Committee Members for your commitment to joining us today, for being part of this -- this funding opportunity from the federal government, and for your time thinking about and giving us great recommendations for the programs in California. So there are a few Advisory Committee Members, longstanding, who have decided to step down. And I would just like to take the time to thank them for their longstanding service. So Dr. Nathan Wong, who has been with us since 1995, and Dr. Stephen McCurdy, also since 1995, and Dr. Samuel Stratton, who has been with us since 2008. I also would like to express my appreciation to Dr. Jessica Núñez de Ybarra, who has served as Principal Investigator for the Block Grant for the past couple of years. And she has been redirected by the Director's Office to work on an important project working with healthcare systems. So we wish her well in her new endeavor. I also would like to give a warm welcome to two new Advisory Committee Members. One of them is Dr. Christine Wu, who is at the Solano County Health Department and is a former Preventive Medicine resident, one of the programs that is funded by this Block Grant. The other is Dr. Shira Schlesinger. And I would like to give both of you the opportunity to introduce yourselves a little bit more robustly and make any comments. Christine, why don't you go first?

MR. PHU HOANG: Dr. Wu is on a separate call right now, but she'll join us when she is ready.

DR. CAROLINE PECK: Oh, thank you, Phu. Okay. Then, Dr. Schlesinger, please introduce yourself; and if you'd like to say anything, we would love to hear from you.

DR. SHIRA SCHLESINGER: Hello. Nice to meet all of you virtually. My name is Shira Schlesinger. I am an emergency -- board-certified, double-boarded in Emergency Medicine and EMS Disaster Services, Disaster Medicine. I -- my primary job is I am the Director of EMS & Disaster Preparedness Programs for Harbor-UCLA Medical Center in Los Angeles County for the DHS system, and also through that, the -- a member of the core faculty, I am a Fellowship Director and the Medical Director for the South Bay Disaster Resource Center in Los Angeles. And then kind of on the side, I am the Medical Director for Newport Beach Fire Department in Orange County. And some of the things I do, I am a member of the EMS Medical Directors Association of California, the Vice Chair of the California EMS for Children Technical Advisory Council. I know

we are covered under one of the Block Grants that goes to EMS. And I've been doing this for a while. And I'm glad to be here. And I'm very interested by all the reading about the programs, seeing how we are allocating some of the funds, and wishing there was more funds to go around.

DR. CAROLINE PECK: Uh-huh. Well, so nice to meet you, Dr. Schlesinger. And thank you so much. You have so much on your plate, and the fact that you're willing to come and contribute to this effort is much appreciated. So, thank you. Wonderful.

DR. CHRISTINE WU: Hi. This is Christine. Can you hear me?

DR. CAROLINE PECK: We can. Welcome, Christine.

DR. CHRISTINE WU: Okay. Yeah, sorry, I had to step out of the Board of Supervisor Chambers. I'm Christine Wu. I am a Deputy Health Officer for Solano County. I am Chief of Communicable Diseases. And, actually, I just started taking oversight for our Emergency Medical Services Preparedness and Immunization Programs as well. So, as Dr. Peck mentioned, I am a former Preventive Medicine resident with the CDPH program. That's one of the programs funded by this Block Grant. And so, when I was invited to sit on this Advisory Committee, I was very happy to be able to give back to that. So that's why I agreed to do that. And I'm very excited that -- to be part of this. So, thank you.

DR. CAROLINE PECK: Thank you so much, Dr. Wu. Okay. A few housekeeping notes. We do have a court reporter recording the meeting. And so, to aid the court reporter, if anyone is going to speak, if they can identify themselves before they make their comment, that would be much appreciated. And just, lastly, you know, just, again, thank you so much to the Advisory Committee Members. We so appreciate your input, your guidance, and your time today. So the purpose of today's meeting is to review and approve the May 27th, 2021, Advisory Committee Meeting Minutes and to review the Federal Fiscal Year 2022 proposed funding allocations that will be used in State Fiscal Year '22/'23, and to obtain the Advisory Committee recommendations and sort of approval for these allocations. So we can now look at Document D2, which is the Agenda for the meeting. And I will turn it over to Dr. Wes Alles, our longstanding Co-Chair, for this -- for the Block Grant.

DR. WES ALLES: Thank you, Caroline. And I want to welcome you back to this Committee. Certainly, I want to thank Dr. Jessica Núñez de Ybarra as well for her time served as the Principal Investigator and also as the Co-Chair of the Advisory Committee. I also want to do a big shout-out to your staff. The staff members are all highly dedicated. And as somebody who relies on them for information, and organization of that information, and knowledge, backup knowledge, I surely appreciate their work. I also would like to comment on the fact that we had a strong commitment from all of our original people on the Committee. It has only been in the last, I don't know, maybe four years that people have dropped off of the Committee. And I think one of the people said something like, "Twenty years is enough." It wasn't out of

anything negative, but that all of those individuals were strong contributors to the dialogue into the processes that were in place, and so we're going to miss them. But I also want to acknowledge how much I appreciate the Committee Members over the last several years who have been approached and then decided that they would serve the Committee. I can say that it's -- it is a feeling of professional fulfillment. And I think that that kind of drive is with everybody on the Advisory Committee because there are lots of options that they could do with their time but they're making a choice. And you should know -- and I believe you do know -- that the people of California are greatly appreciative of the CDC funds and also the fact that -- the amount of information that gets processed, which brings us the -- to the end product, which are the programs that are implemented with the Block Grant. It does matter; it makes a difference. And you should know that every day, probably somebody is being impacted by one of the programs that's funded through the Block Grant. I also would like to tell a quick story about Dr. Don Lyman. It's an interesting perspective. He was the original Principal Investigator and Co-Chair. He was the head of the Chronic Disease Branch. And, oftentimes, an amount of money that's put before Congress is larger than what comes out of Congress. And so I asked Dr. Lyman why it was that Congress saw fit each year to drop the amount of money. And he said, "Well, Wes, that's because nobody dies of chronic disease." And I think he was laughing in his own mind at what he said, because I was processing that, and I said, "What?" He said, "Well, we die of heart disease, and we die of cancer, and we die of other chronic diseases, but chronic disease is not something that promotes a lot of people in America. When they know someone who has been affected by a chronic disease, it becomes far more important." And, in any case, the funding has dropped off a little bit over the -- since 1995. But it hasn't been that much. And I think the people in Washington who advocate for the Block Grant do the best they can. I think the most money we ever had was perhaps 13,000 -- excuse me -- \$13 million. So it's gotten peeled away a little bit. But, certainly, if you look at all of the programs across the country in each of the states, there are so many creative ideas that are brought forth. And, Caroline, I want to give you a shout-out for the Cal-EIS program. That is a wonderful way of seeding the state and CDPH with people who are understanding of the importance of prevention. I believe I also mentioned the staff. And so I think I'll move on from that then. What I would like to do though quickly, we've had a lot of transition over the last several years, and I would like to go through the Committee Members. It wouldn't take long to do this. But I would like to ask you if you could just tell us where you work and the kind of work you do; What would a day look like for you, or what are your priorities. And do it maybe, you know, in a minute or so. And I'll go down the list as it appears on the Member list. So, Christy, would you please kick that off?

DR. CHRISTY ADAMS: Absolutely. Thank you. Christy Adams. I am the Trauma Prevention Coordinator here at UC Davis Health. We're a Level 1 adult trauma center, a Level 1 peds trauma center. And I oversee all of our community-facing injury prevention programs in the health system, including our violence prevention, senior fall

prevention, pediatric car seat safety, helmet safety, and all other loose odds and ends of injury prevention based out of our trauma center.

DR. WES ALLES: Thank you. And I'm next. I've worked at other universities, but I was at Stanford for a little over 30 years. I retired in January of 2020. And then in March, the pandemic came along, and all my travel plans have been on hold. And so I'm looking for -- I understand the numbers are down very much in California, at this point in time, looking forward to the future. But I did -- I was located at the Prevention Research Center and served in a wide variety of capacities there and taught undergraduates and graduates and ran the wellness program for the university in both hospitals. And we developed a lot of materials and a lot of programs that were licensed by the university on four continents. And we used to get probably five to ten delegations from around the world coming to Stanford for other purposes, but they also asked for a meeting with me in order to be able to develop the programs that were important to their country. So, as I say, I was there and retired just a couple of years ago. So, Amber.

(No audible response)

DR. WES ALLES: I'll assume then that Amber is not there. We'll move on to Leah.

LEAH NORTHROP: Good morning. My name is Leah Northrop. I am the Public Health Branch Director for Sutter County, which is right north of Sacramento. And, essentially, I oversee all the different public health programs that are in the branch, that include, you know, your typical health education outreach, also all of our nursing programs. We have WIC at -- in public health, and also something a little different, not all public health departments have these programs, but I also have homeless services and prevention and early intervention for behavioral health in public health that I oversee. And in terms of priorities, with the COVID numbers down, we're really looking at going back to a lot of the priorities that we had in the beginning of 2020, so pre-COVID. So looking at returning to some of our priorities at that time.

DR. WES ALLES: Thank you, Leah. Caroline.

DR. CAROLINE PECK: Thank you, Wes. So, I currently am the Director of the Preventive Medicine Residency and the Cal-EIS Fellowship. And those programs are charged with training physicians for the -- Preventive Medicine and epidemiologists to get experience in applied epidemiology and work in local health departments or the state health department gaining experience in an apprentice-like fashion. And then once they finish, and for the residents, take the boards, they come and work for governmental public health or other public health related-activities in California. So that's the purpose of our program and what I'm doing right now. And, like I said before, it's wonderful to have one of our trainees -- former trainee now participating on the Advisory Committee. And so thank you, Wes, for a chance to talk about the program. We're very grateful for our Block Grant funding.

DR. WES ALLES: And, let's see, Vicki. Is Vicki not on the roll call? Not here?

(No audible response)

DR. WES ALLES: Let's move on. Shira, you did talk about yourself. Is there anything you would like to add having heard from others?

DR. SHIRA SCHLESINGER: The only thing I would actually add about myself and my interest in work is that, in terms of my areas of focus, I actually -- I have an M.P.H. And I like to do my work a little bit at the intersection of public health and community engagement and community empowerment and social emergency medicine and EMS with, interestingly, a focus on resuscitation. So specifically cardiac arrest and -- injury prevention and cardiac arrest prevention and response. So to just kind of give you an idea about me, prior to -- I actually went into medicine a little bit later in life. And prior to that, I actually did harm reduction work for dual-diagnosis patients and also disaster response from a nonmedical perspective. So I really kind of hover in that range.

DR. WES ALLES: That's a broad range.

DR. SHIRA SCHLESINGER: Indeed.

DR. WES ALLES: Thank you. Christine. Oh, did I skip Donna?

DR. CHRISTINE WU: Hi -- yes. I think you may have skipped a few people, right?

DR. WES ALLES: Well, let's see here. No. Donna was the next one, yeah. And then I did -- I did skip her.

DONNA STONE: Hi, Wes. Thank you. This is Donna Stone. I am with -- I am the CEO here at Northern California EMS up in a very rural part of Northern California. I manage a five-county region, very rural areas, and even had the pleasure of learning exactly what "frontier" means in some FIR areas in our region. It's challenging. I've been in this position about two and a half years. I've been in management in this organization for over 20 years. I took Dan Spiess -- he is my predecessor who sat on your Committee for a number of years as well. It has been challenging up here in our area not only with COVID-related issues, but we had -- four out of five of our counties were on fire last year. So we work with many, many volunteer fire companies, very small ambulance companies. We have two Level 4 trauma centers in our region. Some of the challenges have been just to try to keep people in these areas. For instance, paramedics, trying to keep them in our system up here is -- has been challenging because they can go other places in the state, earn much more money with better benefits. So those are some of the challenges right now in our area, is to keep staffing up and, of course, hope for the best when it comes to fire. But we have a strong EMS community, and I'm proud to be the CEO here and work with all these great people throughout our region. And I'm thankful that you are allowing me to be a Committee Member on this Advisory Board. I'm looking forward to working with all of you. Thank you.

DR. WES ALLES: Thank you. And please say "hi" to Dan from all of the Committee Members who were here while he was here.

DONNA STONE: I will do that. I see him often, so --

DR. WES ALLES: Okay. Great. Thank you. Christine.

DR. CHRISTINE WU: Hi. So the only thing I would like to add is that I am in Northern California. I live in Oakland. And I'm actually a graduate from UCLA David Geffen School of Medicine. And I trained at Harbor, you know, during my medical school years. So I'm both in Southern California and Northern California now. So just wanted to share that.

DR. WES ALLES: Thank you, Christine.

DR. CHRISTINE WU: Very short because I've already spoken. Thank you.

DR. WES ALLES: And Wilma?

(No audible response)

DR. WES ALLES: Okay. Wilma is not here then. So, up to this point, Matt, I think you're probably safe indicating that we have two members who are not present.

MATT HERREID: Yes. I have eight present, two not present.

DR. WES ALLES: Very good. I just want to ask that you put up Document D3, the court reporter proceedings. These are trusted documents. The wording is exact. And the reporters, if they didn't get something, they will stop the proceeding and ask for a repeat of that. These documents tend to be lengthy. I would say between 40 pages and maybe 70 pages, but I know we've gone beyond 70 pages sometimes. I like to use them as backup, and I -- the -- D4 is the summary of the Meeting Minutes that we're going to vote on shortly. And that is put together by the staff. And then if they have questions or they don't quite remember something or they're trying to distinguish a fine point, they can go back to the court reporter's document and -- and check and see. So what I'm going to do in the next couple of minutes is to speak to Item D4. It's the summary of the Minutes of the May 27th, 2021, meeting. I'm proud to say that out of the 11 members on the Committee, all 11 were present in that meeting. And, generally, we do have a very high percentage of our Advisory Committee participating. There were also five of the PHHSBG staff who were present, and then also the court reporter. We, at that meeting, had no members of the public who joined us. And that would have been by phone. But, nevertheless, I want to make the point that you will notice that before every Action Item, there is an opportunity for us to ask if there is anybody on the line from the public who would like to make a comment. And we have had -- in a variety of meetings, we have had people asking questions or making points that they wanted the Committee to be aware of. So, on the Minutes, I will go through in a little bit more detail, then, the Item Number 1, Agenda Item Number 1. And you all received the information ahead of time through the mail. But under the "Welcome and Introductions," Dr. Jessica Núñez de Ybarra, who was both the Principal Investigator and the Co-Chair, spoke to some issues that I think are important. They -- and I'm reading this verbatim because if there are

some questions that you have in this first three paragraphs that I'm going to read, at some point as we go through here, there will be time for discussion by the Committee. And if something strikes you, you would have the opportunity to ask a question or to make a point. So I'm going to begin the reading. "Dr. Jessica Núñez de Ybarra reported that due to [sic] COVID-19 pandemic, there was a reduction [sic] of staff, and focus on recovery..." And I want to say that this was not a small issue. It was a huge issue. There were times when people were being reassigned almost on a daily basis, and that would take them away from the possibility of being at a meeting. Sometimes they had advanced notice, and they would indicate that they wouldn't be able to be present. I think we even had to change a couple of -- at least one meeting that had been scheduled, but there were so many people who weren't able to attend, it made the process awkward. Because of that, "CDPH decided to forego the funding proposal process for the upcoming year and the following year and will continue to fund CDPH Programs from the Federal Fiscal Year...2020 in Federal Fiscal '21 and '22 [sic]." And so that's where we are now, in 2022. The normal process of having conversation and making recommendations, honestly, was really not an option. It was not feasible. There is a state report that needs to be sent out. And in our next meeting in May -- we always have this meeting in April -- and then in our next meeting in May, we will vote to approve the State Plan. And that's what gets sent to CDC. That's an official document from the State of California. So it -- it was different; it felt different. But without the decision to bring to us -- we could provide conversation -- we did provide conversation, but we had much less of a role to play in the process of identifying the programs that would be funded and then also the allocation. Dr. Jessica Núñez de Ybarra indicated that: "...16 programs are being funded for 2021. Twenty-two programs were funded for..." Fiscal Year '20. So the number of programs were decreased."...due to the Healthy People 2030 Objectives that were released by CDC last year, some programs made changes to their work plan to align with these new objectives: The Youth Obesity Program..." for example, "...will be incorporated into the Injury and Violence Prevention Program." And I think there were a lot of administrative issues that were taking place at that time and that seemed to be the best decision.

(Audio garbled)

THE REPORTER: I apologize for interrupting. There is a shuffling of papers and the audio cut out. Can you please repeat? "'The Youth Obesity Program...' for example,'...will be incorporated into the Injury and Violence Prevention Program.'"

DR. WES ALLES: Yes, I just have to find the place here."... Youth Obesity Program will be incorporated into the Injury and Violence Prevention Program. There will be a total of 14 CDPH programs, including the federal set-aside rape prevention program. EMSA consolidated its eight programs into two programs." So I will now go through the rest of the summary. The -- Agenda Item Number 2 was a review and discussion of the April 7th Meeting Minutes. We voted to approve the minutes. Agenda Item Number 3, Federal Fiscal Year '21 Work Plan, or State Plan. And we had a discussion on that, and

we approved the work plan. And the Action Item 3 was to approve the Federal Fiscal Year 2021 State Plan. Each of those action items were unanimous. Caroline, is there anything that you would like to add to anything that I said?

DR. CAROLINE PECK: (No audible response)

DR. WES ALLES: Caroline?

MR. PHU HOANG: I think you're on mute, Caroline.

DR. CAROLINE PECK: Thank you all. No. Thank you for the summary, Wes. It was perfect. I think maybe we just ask for public comment.

DR. WES ALLES: If there were -- I wondered whether there was anything you might want to say about the process as Co-Chair.

DR. CAROLINE PECK: Oh, yes. I think we've been in a holding pattern. When the allocations were made, the last three years ago, the proposal process, the Director at that time decided that everyone would be funded for three years and -- you know, and we wouldn't go through that on an annual basis. And, then, as Wes mentioned, COVID hit. So I think we're -- you know, we're extending out. We're not doing the funding proposal process for the programs and allocations that we're going to be discussing today just because of everyone's redirections. But -- and it remains to be seen, but the new Director, Dr. Tomás Aragón, may have some ideas about a funding proposal process for the Federal Fiscal Year 2023 funding, which -- and that process would take place in the fall of 2022. And that would be presented to the Advisory Committee meeting in early 2023.

DR. WES ALLES: Okay. Thank you. And I think, at this point, I should ask if there were any Members of the Committee who would like to ask a question or to make a comment on anything related to the Minutes from May 27th.

(No audible response)

DR. WES ALLES: Okay. Hearing none, I will ask if there is any Member of the Public who is with us today.

(No audible response)

DR. WES ALLES: Okay. Hearing none, I will assume that there are no members or that there were no comments. And the final Item is an Action Item to approve the May 27th, 2021, Minutes. And I will need a motion to approve the Minutes and a second. And then we will take a voice vote. Would somebody please make that motion?

DR. CHRISTY ADAMS: This is Christy Adams. I move to approve that motion.

DR. WES ALLES: Thank you, Christy. And a second?

LEAH NORTHROP: This is Leah Northrop. I second.

DR. WES ALLES: Thank you very much. So you've all heard the information, and now I'll ask for a voice -- first of all, are there any abstentions? Will there be any abstentions?

(No audible response)

DR. WES ALLES: Will there be -- I'll say it the other way. All in favor of the motion, please indicate by saying "aye."

ADVISORY COMMITTEE MEMBERS: (Collective "ayes.")

DR. WES ALLES: And any nay votes?

(No audible response)

DR. WES ALLES: Okay. The motion was approved, then, unanimously. And, Dr. Peck, at this point, I'm going to turn it back to you.

DR. CAROLINE PECK: Thank you so much, Wes, and the Advisory Committee for approving the Minutes. And I'm just going to give a brief overview now of the funding situation. So, for Federal Fiscal Year '20, California had approximately \$10.7 million in award. And that decreased slightly to 10.4 million in award in Federal Fiscal Year 2021. And we just got the budget passed at the Federal level for Federal Fiscal Year 2022. And the Block Grant has sought funding. And so our award will be again 10.4 million. And because during COVID there is -- you know, staff has been redirected, it's been more difficult to get contracts out for all of the programs, so we are carrying a fairly large balance right now. So we will be able to keep the programs at the same funding levels that they had in State Fiscal Year 2021. That was what happened in '21/'22, and we anticipate that for State Fiscal Year '22/'23. In addition, because of the large balance, we also are going to open it up for special projects for last year's money to Block Grant programs. We're just finalizing the total amount that will be available for those, and programs will be able to apply. And these activities have to be done in accordance with the State Plan from Federal Fiscal Year 2021. So it won't be any new activities. We can do more, though, of prior activities. So that process will be going concurrently with the programs working on their State Plan for the Federal Fiscal Year 2022. Let me see if there is anything else. And like I had mentioned before, we'll just have to wait and see what our current Director, Tomás Aragón, what his feelings are, what he decides to do in terms of a new funding proposal process for Federal Fiscal Year 2023. I can tell you a little bit about him. We're so lucky to have him join our Department. He is a board-certified physician also with an Infectious Disease Specialization, as well as a Ph.D. in Epidemiology. He's had a career working at UC Berkeley in Emergency Response and Infectious Disease, as well as working at UCSF and being at the San Francisco City and County Public Health Department before coming to be our Director. His priorities are sort of healing, humility, continuous quality improvement, and being the best at getting better.

So I am really so excited to be part of his

team. And I think we -- you know, we can look forward to some wonderful leadership from him and the Director's office.

So -- but, you know, I think he came into the job and, you know, was really focused on responding to COVID. So I think it's only now, as I've heard some other people talk about, that we're, you know, finally able to think about what else is happening in public health outside of COVID and Emergency Response. So, hopefully, that will unfold over the next year or so.

So, at this point, I believe I will turn it over to -- ask Wes if you have any additional comments you would like to make right now on the funding?

DR. WES ALLES: Yes. Before we get to the funding, it's related to funding, but if you would put up Document D5.

In this particular year, the decision to follow the plan that was identified last year and put into place was -- already guides our action. But we still will have conversation about that.

In any case, D5 is the funding criteria. And I think it was probably about, oh, 15 years ago perhaps that we identified a list of items that were important, we felt as a Committee, to move forward to the Block Grant Team.

And I have to say that they were very receptive to this. They have used these criteria as they were having conversations about which programs to

fund. I believe there was -- in one year, there was something that was tentatively in place, and the Team made a recommendation to the -- the Director, and that person actually sided with the -- or agreed with the recommendation that was made based on looking at the criteria.

If we're going to use public money, we need to have all of our input considered. And by coming up with this list of priorities, it helps us have some fences around the way in which decisions are made.

A little bit later -- if you can move further down the page there -- the -- ASTHO, State and Territorial Health Officials, recommended an additional list. And these six items I think were brilliantly developed. They go hand in glove with the nature of -- the nature and the purpose of why we came up with the initial items.

And, Dr. Peck, anything you want to add to that?

If you can move back up to the top, perhaps.

DR. CAROLINE PECK: No. Just to support, Wes, your comments on the importance of these criteria because as -- this is, you know, one of the important ways that the Advisory Committee really alerts us in the Department and the Director's Office and who is making the decisions about what to fund, to really guide that decision-making. And so we do really appreciate these criteria, especially when it comes to having a competitive funding proposal process.

DR. WES ALLES: Uh-huh.

DR. CAROLINE PECK: Because the programs that then apply to have either continued funding or a few programs apply for the funding, it provides some real benchmarks and guidance on how those programs are scored by the decision-makers within the Department. So I just want to call out one piece under E, and that is "Equity in health

status." And I think that's really a huge focus of public health right now as well as a focus of our Director and the Department. And sort of, you know, the -- it encompasses a lot. It's really foundational to the work that we do to address equity. So I think that would be the only comment I would make, Wes.

DR. WES ALLES: Thank you very much. One of the reasons I wanted to bring this up is to ask you that, in the future, as we get to competitive discussions -- you know, "competitive" meaning from program to program to program, will they be funded and how much money would they receive -- if there are additions that you would like to make, one or more additions, you could let the staff know within the Block Grant program. We can put that on an agenda at a future meeting and just discuss whether the idea of the two have -- as a new principal for allocation, if that's something that we should add to our list. So with that, then, I will move on. And, at this point, I would like to ask the Committee Members relative to -- oh, excuse me. Phu, you're going to do the presentation of all of the programs, correct?

MR. PHU HOANG: Yes, Wes.

DR. WES ALLES: Uh-huh. Okay. And so I think I'll hold my comments until you're finished then. I look forward to the -- to the presentation you're going to make. You want to put the programs up there?

MR. PHU HOANG: Hi, all. I am the Block Grant Coordinator. Thank you everyone for joining us today. So I will be reviewing Document D7, which is the program descriptions. The program descriptions begin on Page 2. And as Dr. Peck mentioned earlier, we have some members of the -- of our -- each of our funded programs on the line today. So as we go through these programs, I'll defer to each representative to speak on their own program descriptions. However, if there is no program staff on the call, then I'll go ahead and read their program's description and allocation. And, also, a friendly reminder: Please state your name before you speak as there is a court reporter present and she is going to record everything on this meeting. So, with that being said, we're going to go down the list and I'm going to pass it to our first program to speak on their program description and allocation amount. And it's the Advancing Climate Change and Health Programs at local health departments, tribes, and within CDPH.

(No audible response)

MR. PHU HOANG: Okay. I don't hear anyone, so I'm going to assume that that team could not be present for today's meeting. So I'll go ahead and read their program description. This program will support the California Department of Public Health (CDPH) programs, tribes, and local health departments to prepare for and prevent the health and equity impacts of climate change. It will also support CDPH programs, tribes, and local health departments to improve social determinants of health and meet existing health program objectives through engagement with climate change policy and planning. The allocation amount is \$600,061. The next program I will pass over to a team member of the California Asylum Seeker Health Surveillance and Linkage to Care.

DR. CHRISTINE MURTO: Hi. Good morning. I'm Christine Murto. I am the Chief of the Office of Refugee Health. 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.

MR. PHU HOANG: Christine, can you also state the allocation amount?

DR. CHRISTINE MURTO: Yes. The allocation is 228,779.

PHU HOANG: Thank you, Christine. Our next program is the California Behavioral Risk Factor Surveillance System, otherwise known as the BRFSS, Program.

SANDY KWONG: Morning. This is Sandy Kwong. The California BRFSS Coordinator. BRFSS is a California-specific surveillance system that surveys adults 18 years and older on self-reported health behaviors. Questions in the survey relate to nutrition, physical activity, tobacco use, hypertension, blood cholesterol, alcohol use, inadequate preventative [sic] healthcare, and other risk factors. Because this survey is conducted on an annual basis, the continuous use of this system allows analysis of trends over time. And our allocation amount is \$281,126.

PHU HOANG: Thank you very much. Our next program is the Cardiovascular Disease Prevention Program.

LISA RAWSON: Good morning. My name is Lisa Rawson. I am a Health Program Manager at the Chronic Disease Control Branch of the California Department of Public Health. The Cardiovascular Disease Prevention 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 & Stroke Prevention & Treatment Master Plan. The allocation amount is \$825,718.

PHU HOANG: Thank you, Lisa. Our next program is the Emergency Medical Services Prehospital Data and Information Services and Quality Improvement Program.

ANGELA WISE: Hi, good morning. My name is Angela Wise. I am the Assistant Chief of EMS Systems at California EMS Authority. Would you like me to just list the one program or both?

PHU HOANG: You can go ahead and speak to both, Angela. Thank you.

ANGELA WISE: Okay. Thank you. So the first program funded is the Emergency Medical Services Prehospital Data and Information Services and Quality Improvement Program -- sorry, that's a mouthful -- which 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 CA 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 amount of funding for this program is approximately 1.2 million. The second program funded for EMSA 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 STEMI -- I'm going to use the acronym, you guys, because it's difficult for me to pronounce all those words; I had someone explain the acronym, but I stutter on the words, I apologize -- Systems, EMS for Children, and the CA Poison Control system. The EMS Systems Division has statutory and regulatory oversight responsibility of the EMS system for the State of CA 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 provide 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 situation. The amount of funding for this program is approximately \$1,440,375.

PHU HOANG: Thank you, Angela.

ANGELA WISE: No problem.

PHU HOANG: Our next program is the Health in All Policies program.

(No audible response)

PHU HOANG: All right. I will go ahead and read the program description and allocation for the Health --

LAZARO CARDENAS: Sorry, I was muted.

PHU HOANG: No problem.

LAZARO CARDENAS: Good morning. My name is Lazaro Cardenas. I am the Section Manager for the Equity in All Policies in the Office of Health Equity. 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 capacity 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 \$574,610.

PHU HOANG: Thank you very much, Lazaro. The next program is the Healthy People 2030 Program. And that is the program I am a part of. And, again, my name is Phu Hoang. I am the Block Grant Coordinator. And so 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 of impact of funded programs through quality improvement initiatives, as well as communicating current accomplishments. Additionally, our team provides training webinars throughout each fiscal year to assist Block Grant-funded programs in all of the CDC-required programmatic and fiscal deliverables and in accordance with CDC guidelines. The allocation amount for the Healthy People 2030 Program is \$813,967. And, next up, I'll pass this to a member of the Injury Prevention Program.

JEFFERY ROSENHALL: Yes, good morning. Thank you, Phu. Good morning everyone. This is Jeffery Rosenhall. I am the Chief of the Unintentional Injury Policy and Program section and the Coordinator for our Block Grant activities within the branch. So I will go ahead and read our activities. This program seeks to maintain injury prevention as a core public health function and ensure capacity to address ongoing and emerging cross-sector issues, such as: healthy aging, Adverse Childhood Experiences, or ACEs, School-Based Health Centers, childhood injuries and firearm-related injuries and fatalities. These injury areas stretch across the lifespan, affecting all age groups, and present significant opportunities to increase longevity and well-being through evidence-based prevention strategies. Our allocation amount is 1,099,910. Thank you so much.

PHU HOANG: Thanks, Jeffery. Our next program is the Public Health Accreditation Program.

AMY PATTERSON: Hi. My name is Amy Patterson. I am with the Office of Quality Performance and Accreditation. I'm the Accreditation Coordinator for the Department. Public Health Accreditation, 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. And our allocation is \$58,164.

PHU HOANG: Thank you, Amy. Our next program is the Rape Prevention Program.

JEANNIE GALARPE: Good morning. This is Jeannie Galarpe, and I represent the Injury and Violence Prevention Branch, 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. Our total allocation is \$832,969.

PHU HOANG: Thank you, Jeannie. I'll now pass it on to the Surveillance Sampling of Leafy Greens for Shiga Toxin-Producing E. coli.

MIKE NEEDHAM: Good morning, everybody. My name is Mike Needham. I'm the Chief of the Emergency Response Unit here at the Food and Drug Branch. And as mentioned by Phu, we are the Surveillance Sampling of Leafy Greens for Shiga Toxin-Producing E. coli. That's kind of a mouthful. 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. And we're going to be sampling some prepackaged leafy greens this year. And our allocation is \$193,800 [sic]. Thank you.

PHU HOANG: Appreciate it, Mike. Thank you. Our next program is The Office of Strategic Development & External Relations, Fusion Center. Fusion Center, if you're present, please un-mute yourself.

(No audible response)

PHU HOANG: I see a message from Amy Love, who is part of the team. She's having troubles admitting herself. No worries, Amy. I'll go ahead and read your program's description. And if you're able to un-mute yourself or if you want to add more in the chat box regarding your team's work, please feel free to do so. So for the 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 for this program is \$936,800. And our next program, I will pass it to the Toxicological Outbreaks Program.

TRACY BARREAU: Hi. This is Tracy Barreau. I am the Environmental Program Manager at the Environmental Health Investigations Branch of CDPH. And the Toxicological Outbreaks Program supports the administrative and technical infrastructure at CDPH to conduct non-infectious toxicological disease outbreak investigations. Our funding allocation is \$121,175.

PHU HOANG: Thank you very much. Our next program is the Tuberculosis Free California program.

DR. SHEREEN KATRAK: Hi. My name is Shereen Katrak. I am a Medical Officer at CDPH and Director of the TB Free California program. This is a program that promotes prevention strategies to reduce tuberculosis disease among populations at higher risk in

California. This is the sole statewide program that's focused on TB prevention, with the aim of reducing morbidity, mortality, health disparities, and healthcare costs associated with TB disease. The program activities include development of culturally and linguistically appropriate patient education, 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. And our funding allocation is \$581,641.

PHU HOANG: Thank you, Dr. Katrak. And I'll pass it to our last program, the Workforce Development: Preventive Medicine Residency and California Epidemiologic Investigation Service Fellowship.

JAMI CHAN: Thank you. Last but not least. Good morning and hello. This is Jami Chan, Program Coordinator of the Cal-EIS Fellowship program. Program title is Workforce Development: Preventive Medicine Residency and California Epidemiologic Investigation Service, Cal-EIS, Fellowship. Description is Preventive Medicine Residency and Cal-EIS programs are the key workforce pipeline for hard-to-fill epidemiology and public health physician positions in California state and local public health agencies. Trainees perform data and policy analyses, provide disease outbreak and emergency preparedness response; community needs assessments and planning, clinical preventive medicine, systems quality improvement, and et cetera. Allocation is \$667,328. Thank you.

PHU HOANG: All right. Thank you so much, Jami. And that completes our summary descriptions and allocations for each program. I'll now pass it back to Dr. Alles.

DR. WES ALLES: Thank you, Phu. And thank you for all of the speakers. We appreciate you being online and giving us the description and the funding amount. We move in to the area now for conversation, discussion about the programs. If you wanted to make an -- this is for Committee Members, if you wanted to make any comment or ask any questions of the individuals, please feel free to do that; in fact, be encouraged to do that. We have kind of a tradition of not being shy about asking questions. And so if there is something you'd like to bring up, I would welcome you to do that. As a way of seeding the conversation, I had a question, Phu, for anybody who wants to take this on, having to do with 2030 objectives. I know that when we make this change at the beginning of every new decade, the objectives change. And I believe this year there were a lot of changes that were made. And I wondered if there is any sort of characterization, either within a specific program or across all of the programs together, with regard to how the changes in 2030 objectives may have impacted their planning and ultimately their -- the work that they're going to do. So in terms of responding to the question, Caroline, can you maybe speak to that a little bit. And then if you want -- if you have specific examples, you may then go to some of the individuals who spoke and who you know has had some impact from the 2030 objectives.

DR. CAROLINE PECK: Sure. So, you know, every ten years, they get updated. And a lot of thought goes into this by a national committee to think about where -- where the

priorities should be. And some things are eliminated; some things are tweaked; sometimes new things are added based on the science and the evidence. I know for our program, you know, there was some -- workforce still continues to be a priority. And I would say probably for most of the programs that are currently funding, they are still priorities going from the Healthy People 2020 to the Healthy People 2030. So the number of the objectives may have changed, the focus may have been tweaked a little bit, but I think overall we were able to match from the 2020 to the 2030 and find a home for each of the programs we're currently funding. But, again, I think, you know, greater emphasis on health equity, social determinates of health, and social, economic, and environmental causes for -- of health and what we need to address -- to address those through prevention.

DR. WES ALLES: Thank you. Well stated. Is there anybody who spoke from one of the programs that you would like to add on to that?

SHEREEN KATRAK: This is Shereen Katrak from Tuberculosis Free California. I can just sort of echo what Dr. Peck said in saying that a lot of our activities really remain kind of unchanged or relevant after the slight change that we saw in the 2030 objective. You know, unfortunately, we're talking about tuberculosis, which is a severe and costly disease in California. And we are really the sole statewide program that is focused on prevention. For so long, we have been focused just on kind of case management and not so much on thinking prospectively about prevention that I think a lot of our work, you know, trying to educate primary care physicians about this being a preventable disease and avoidable through finding and treating latent TB infection is still relevant.

DR. WES ALLES: Thank you. Somebody else?

(No audible response)

DR. WES ALLES: Okay. I'll accept, Dr. Peck, the kind of overview that you gave. And I guess it's a matter of sculpting. The 2030 objectives obviously have made changes. But it is probably a matter in this year, at least, where no big changes were necessary on the part of any of the programs, unless someone wants to speak up and say otherwise.

(No audible response)

DR. WES ALLES: Let me then come to the Committee. Traditionally, this is a part of the meeting that is very important to the Committee Members. They've had the opportunity to read through the entire -- all of the documents and topics that we've discussed and are always invited and encouraged to raise questions. So I'll ask now if there is a member of the Committee who would like to make a point?

(No audible response)

DR. WES ALLES: Okay. Well, in that case, then, I will ask if there are any members of the public who are on the phone or on the Zoom and would like to make a comment or ask a question.

(No audible response)

DR. WES ALLES: Okay. Then hearing none, I will be asking in a moment then for a motion that would -- oh, Dr. Peck, I think that's a little bit later. I'm going to do that. It comes back to you, I think, at this point.

DR. CAROLINE PECK: Yes, thank you. So we have two things to do, so why don't we - following on what we're talking about now perhaps, Phu, you could bring up D8, the FFY 22 Allocation table. And I'll just walk everyone on the call through this. As you can see, flat funding from the preliminary allocation from the federal government sometimes can change over the year, but we budget initially according to that number. So, as you can see, we have the Rape Set-Aside funds that's federally mandated for 832,969. And then we go to our base funding of which, you know, we subtract out the amount that will be going for, you know, maintaining the program, there is quite a lot of both programmatic and fiscal work, and that's the work of our Preventive Health and Health Services Block Grant administrative team, which comprises Matt, Ivy, Heather, Phu, and Amy. And they're a super team and do a wonderful job. And, for example, they've organized this entire Advisory Committee Meeting, as well as tracking the money for the entire program and making sure all of our deliverables to the CDC get in, which is, you know, the State Plan, Progress Reports, things like that. So those are administrative costs. You can see 813,967. So as we scroll down, you can see everything in pink that we're looking through is for the California Department of Public Health. And if you keep scrolling all the way down -- yeah. And then you can see the allocation that goes to the Emergency Medical Services Authority as well. And I don't know if there is a way you guys can scroll a little bit further down -- or I think the bottom is cut off by the pictures. But no matter. So you can see the totals at the bottom for EMSA. Their entire allocation, as well as the entire allocation for CDPH. And we've broken it down for CDPH according to the center. But it's [sic] the funding is allocated to and then the programs within each center. So if you could scroll back up to the top. Okay. So all of, you know, the combination of Block Grant Administration, the CDPH allocation, the EMSA allocation all adds up to the \$9,623,403. And that combined with the Rape Set-Aside gets us to our preliminary 2022 award. So I can open the floor now for questions from either the Advisory Committee Members or the public.

(No audible response)

DR. CAROLINE PECK: Okay. Hearing none, I think we'll -- and then in a minute Wes will ask -- and I'll turn it back to him. But before we do that, there is another item that I'd like to see if we could have approved. And that would be Document D6, the Federal Fiscal Year 2022 Changes. And so I think that as we did talk about this but we do need to have approval for our two new Advisory Committee Members. And that is Dr.

Christine Wu and Dr. Shira Schlesinger, who we heard from before. And we're so grateful that they've agreed to join us and contribute to this effort. So, at this point, I'd like to ask for a motion and then a second from Advisory Committee Member that are the longstanding ones, not our two new ones. And then we will take a vote for approval. So a motion and a second, please.

DR. CHRISTY ADAMS: Hi. This is Christy Adams. I move to approve.

DR. CAROLINE PECK: Thank you, Christy. Would anyone like to second the motion?

DR. WES ALLES: This is Wes. I'll second the motion.

DR. CAROLINE PECK: Thank you, Wes. Okay. All those in favor say "aye."

ADVISORY COMMITTEE MEMBERS: (Collective "ayes.")

DR. CAROLINE PECK: Any opposed?

(No audible response)

DR. CAROLINE PECK: Any abstain?

(No audible response)

DR. CAROLINE PECK: Well, that is wonderful. So we now have approved our two new Advisory Committee Members. So, with that, I'll turn it back over to you, Wes, to get the input of the Advisory Committee on the State Plan proposal. DR. WES ALLES: Uh-huh. Okay. So what we're looking at now are the programs that have been identified as receiving the allocations. And the issue is whether someone has a question, concern, or a point to make about any of the programs or allocations.

(No audible response)

DR. WES ALLES: Okay. I will need then to ask if there is a member of the public who is with us.

(No audible response)

DR. WES ALLES: Hearing none, I will then call the question to the Advisory Committee. And the motion would be to accept the programs that have been identified and described with specific amounts to each of the programs, totalling up to the full amount of money coming to California from CDC, and within that then -- I don't believe we need a separate motion;

is that correct, Caroline?

DR. CAROLINE PECK: I believe --

DR. WES ALLES: Do we do a separate?

DR. CAROLINE PECK: I believe we do.

DR. WES ALLES: Okay.

DR. CAROLINE PECK: We need to ask for approval --

DR. WES ALLES: Okay. So the first motion then is to approve the programs that were identified to receive funding with the CDC funds that come to California. May I have a motion and a second for that, please?

CHRISTY ADAMS: This is Christy Adams. I move to approve the programs as described.

DR. WES ALLES: Thank you, Christy.

DR. CAROLINE PECK: I second, Wes.

DR. WES ALLES: Okay. Thank you, Caroline. We have a motion and a second. Any further discussion?

(No audible response)

DR. WES ALLES: Okay. All members then who agree with the motion, I'll ask you to signify by saying "aye."

ADVISORY COMMITTEE MEMBERS: (Collective "ayes.")

DR. WES ALLES: Okay. There is no necessary quorum relative to this. It's a recommendation. It's not a policy. But it is a recommendation then. And I'm thankful for the approval of the State Plan as it is. And we come together again in May. What's the specific date? Is that the 25th or something?

DR. CAROLINE PECK: Perhaps, Phu, you could --

PHU HOANG: May 24th, Wes.

DR. WES ALLES: May 24th. Okay. Again the information --

AMY YAN: Sorry to interrupt, Wes. This is Amy. I am the Program Specialist for the Block Team. And it's -- May 24th is our public hearing. And then our second Advisory Committee Meeting will be held on May 26th.

DR. WES ALLES: Okay. Thank you. All right. So we have a -- the Committee has approved the programs and the allocations to them. And I think that that concludes our meeting, other than to adjourn the meeting. And before we do that, one more chance if anyone would like to say something.

(No audible response)

DR. WES ALLES: Hearing none, then, I will declare that the meeting is adjourned and somebody will need to attach a specific time to that.

DR. CAROLINE PECK: Wes, thank you so much. Really appreciate your participation and your leadership and your commitment to the Block Grant and to public health in California and prevention. So thank you so much for joining us today.

DR. WES ALLES: And you as well. And to all of the Members who appear at the top and those who are not at the top but attended today, thank you very much. Yeah. DR. CAROLINE PECK: Wonderful. DR. WES ALLES: And, Phu, you did a great job, and, Amy, of organizing this, and so congratulations to both of you on a job well done. Okay. I think you can close the camera.

DR. CAROLINE PECK: Yes. Thank you. Thank you, Phu, Amy, Matt, Ivy, Heather really appreciate it.

DR. CHRISTINE WU: Thank you. See you, everyone, Dr. Peck, Jami.

DR. CAROLINE PECK: You too, Christine, Dr. Wu. Thank you so much for being a part of this.

DR. CHRISTINE WU: Okay. Thank you. Bye.

DR. CAROLINE PECK: Bye. And thank you, Christy Adams, for your participation. Bye-bye.

(Meeting adjourned at 11:28 a.m.)

STATE OF CALIFORNIA))ss.COUNTY OF LOS ANGELES)

I, Kelly Maureen Farrell, Certified Shorthand Reporter, Certificate Number 8081, for the State of California, hereby certify: The foregoing proceedings were taken via videoconference at the time herein set forth; The proceedings were reported stenographically by me and were thereafter transcribed; The foregoing transcript is a true and correct transcript of my shorthand notes so taken; I further certify that I am neither counsel for nor related to any party to said action, nor in any way interested in the outcome thereof. In witness whereof, I have hereunto subscribed my name this 19th day of April 2022.

KELLY MAUREEN FARRELL, CSR NO. 8081