Preventive Health and Health Services Block Grant:
FFY 2023 Final Annual Progress Report

Reporting Period: July 1, 2022 – June 30, 2024

Contents

Advancing Climate Change & Health Programs at LHDs, tribes & within CDPH

PROGRAM SUMMARY

Title	FFY 2023 Advancing Climate Change & Health Programs at LHDs, tribes & within CDPH
Program Goal	Support CDPH programs, local health departments, and Tribes to prevent and reduce the health impacts of climate change.
Healthy People 2030 Objective	EH-D02 Reduce diseases and deaths related to heat
Recipient Health Objective	Between July 1, 2023 and June 30, 2024, Program will provide support and expertise to state, local, and tribal health programs to plan to prevent and reduce health impacts of climate change through their health programs, plans, policies, and communications.
Total Program Allocation	$544,064

SMART OBJECTIVE 1/3

Title of Program Smart Objective	FFY 2023 #1 Support CDPH Programs to Address Climate Change and Health
Program SMART Objective	Between 07/2023 and 06/2024, Program will increase the number of CDPH and CalHHS programs that incorporate climate change considerations into their health programs, plans, policies, or communications from 15 to 18.
Item to be measured	Programs that incorporate climate change considerations into their health programs, plan, policies, or communications.
Unit to be measured	number
Baseline Value	15
Interim Target Value	16
Final Target Value	18

Question	*Program Input*
Final amount achieved	23
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Program increased the number of CDPH programs that incorporate climate change considerations into their health programs, plans, policies, or communications from 15 to 23.

One-paragraph description of results towards this Program SMART Objective	Program increased the number of CDPH programs that incorporate climate change considerations into their health programs, plans, policies, or communications from 15 to 23 by providing one-on-one technical assistance meetings on topics such as heat communications and data; responding to requests for review, input, and guidance; delivering planned presentations to high-level decision-makers; and hosting the Cross-CDPH Climate Change & Health Equity Working Group kick-off meeting.

ACTIVITY 1/3

Title	#1: Host Cross-CDPH Climate Change Collaboration Meetings
Summary	Between 07/2023 and 06/2024, Program will meet at least three (3) times with interested staff from across CDPH to collaboratively assess needs for support, plan and coordinate activities, and share resources addressing climate change.
Description	Between 07/1/2023 and 06/30/2024, the Health Program Manager I will meet at least three times with interested staff from across CDPH to collaboratively assess needs for support, plan and coordinate activities, and share resources addressing climate change.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program has met 25 times with interested staff from across CDPH, including holding four (4) meetings of the Cross-CDPH Climate Change & Health Equity Working Group, attended by an average of 66 attendees from 12 CDPH centers, divisions, and offices (CDOs). Meeting themes included "How do we address climate change through public health programs?" Other meetings included with CDPH's Environmental Health Investigations Branch; Injury and Violence Prevention Branch; the Cross-CDPH Climate Change Data & Research Workgroup; and meetings of epidemiologists from across CDPH.

ACTIVITY 2/3

Title	#2: Provide Technical Assistance to CDPH Programs
Summary	Between 07/2023 and 06/2024, Program will provide technical assistance to 18 CDPH programs regarding climate change in the forms of communications, fact sheets, health warnings, and program objectives.

Description	Between 07/1/2023 and 06/30/2024, the Health Program Manager I will be responsible to provide technical assistance to 18 CDPH programs to integrate climate change messages, metrics, and considerations into program communications, fact sheets, health warnings, and program objectives.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program has provided technical assistance (TA) to 18 CDPH centers, divisions, and offices. Since the mid-year APR, Program additionally provided TA to the Occupational Health Branch Worker HEAT Program, the Chronic Disease Control Branch (CDCB), the Office of Policy and Planning, the Regional Public Health Office, and the Environmental Health Support Section. For instance, for CDCB, Program researched and summarized references that provide evidence for the relationship between climate change impacts and chronic disease and provided this overview to CDCB.

ACTIVITY 3/3

Title	#3: Provide Data and Vulnerability Assessment Tool Assistance to CDPH Programs
Summary	Between 07/2023 and 06/2024, Program will provide technical assistance to 3 CDPH programs regarding the utilization of data sources and tools that address climate and health vulnerability and social determinants of health (e.g., Climate Change and Health Vulnerability Indicators and Healthy Places Index) in prioritizing resources or program planning.
Description	The HPM I will be responsible to provide technical assistance to 3 CDPH programs regarding the utilization of data sources and tools that address climate and health vulnerability and social determinants of health (e.g., Climate Change and Health Vulnerability Indicators and Healthy Places Index) in prioritizing resources or program planning.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program has provided technical assistance (TA) to four (4) CDPH programs regarding the utilization of data sources and tools, specifically to (1) The Environmental Health Investigations Branch on data sources and tools related to drought and wildfire; (2) The Occupational Health Branch on a data pipeline and dashboard for heat-related occupational illness; (3) The Infectious Disease Branch on climate data related to infectious diseases; and (4) The Office of Infectious Disease Preparedness and Response with syndromic surveillance of climate-related health indicators.

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2023 #2 Support LHD Programs to Address Climate Change and Health
Program SMART Objective	Between 07/2023 and 06/2024, Program will increase the number of LHDs that incorporate climate change considerations into their health programs, plans, policies, or communications from six (6) to nine (9).
Item to be measured	LHDs that incorporate climate change considerations into their health programs, plan, policies, and communications.
Unit to be measured	number
Baseline Value	6
Interim Target Value	7
Final Target Value	9

Question	Program Input
Final amount achieved	10
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Program has increased the number of LHDs that incorporate climate change considerations into their health programs, plans, policies, or communications from six (6) to ten (10).

One-paragraph description of results towards this Program SMART Objective	Program has increased the number of LHDs that incorporate climate change considerations into their health programs, plans, policies, or communications from six (6) to ten (10), by providing technical assistance to (1) Napa County on the incorporation of climate and health in all policies into the County General Plan update; (2) Modoc County on integrating climate into community health worker outreach; (3) Madera County on integrating climate activities into existing programs; and (4) Sonoma County on integrating climate considerations into the Community Health Improvement Plan.

ACTIVITY 1/2

Title	#1: Support LHDs to Conduct Environmental Scans
Summary	Between 07/2023 and 06/2024, Program will provide technical assistance to at least six (6) LHDs to conduct environmental scans of local climate change planning activities, possible partners, gaps, and opportunities.
Description	Between 07/01/2023 and 06/30/2024, the Health Program Specialist I will provide technical assistance to at least six (6) LHDs to conduct environmental scans of local climate change planning activities, possible partners, gaps, and opportunities.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program has provided technical assistance to at least fourteen (14) local health departments and a regional health consortium to conduct environmental scans of local climate change planning activities, possible partners, gaps, and opportunities. Specifically, Program has worked with Napa County, Lake County, Ventura County, Alameda County, San Francisco, Tulare County, Madera County, Los Angeles County, Modoc County, Nevada County, Sonoma County, Humboldt County, San Joaquin County, Monterey County and the Central California Public Health Consortium.

ACTIVITY 2/2

Title	#2: Support Local Health Departments to Assess Climate and Health Vulnerability Data
Summary	Between 07/01/2023 and 06/30/2024, Program will provide technical assistance to at least six (6) LHDs to utilize data tools and local knowledge to assess local vulnerability to the health impacts of climate change.

Description	Between 07/1/2023 and 06/30/2024, the Health Program Specialist I will provide technical assistance to at least six (6) LHDs to utilize data tools and local knowledge to assess local vulnerability to the health impacts of climate change.

Question	Program Input
Activity Status	Not Met
Write a short paragraph of how the activity is progressing towards the final goal.	Program has provided technical assistance to four (4) LHDs to utilize data tools and local knowledge to assess local vulnerability to the health impacts of climate change. CDPH staff have met with staff from the health departments of Ventura County, Alameda County, Lake County, and San Francisco to provide guidance regarding prioritization of local health effects in surveillance, data gathering and communication practices and planning, and use of existing tools.

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FFY 2023 #3 Support Tribes to Address Climate Change and Health
Program SMART Objective	Between 07/2023 and 06/2024, Program will increase the number of California Tribes or Tribal health programs that incorporate climate change considerations into their health programs, plans, policies, and/or communications from four (4) to six (6). Alternatively, California Tribes or Tribal Health Programs may incorporate health equity considerations into climate change or environmental programs, plans, policies, and/or communications.
Item to be measured	Tribes or Tribal health programs that integrate climate and health programs and plans
Unit to be measured	number
Baseline Value	4
Interim Target Value	5
Final Target Value	6

Question	Program Input
Final amount achieved	7
Smart Objective Final Status	MET

One-sentence summary of results towards this Program SMART Objective	Program has increased the number of Tribes or Tribal health programs that integrate climate change and health programs, plans, policies, or communications from four (4) to seven (7).
One-paragraph description of results towards this Program SMART Objective	Program has increased the number of Tribes or Tribal health programs that integrate climate change from four (4) to seven (7) by providing technical assistance to (1) The Tule River Indian Health Center on addressing climate change in their Community Health Assessment; (2) The Habematolel Pomo of Upper Lake to engage in a vulnerability assessment of the health impacts of climate change; and (3) The Hoopa Valley Tribe on a Rapid Needs Assessment and community listening sessions describing the impacts of climate-driven winter storms and identifying recommendations for solutions.

ACTIVITY 1/2

Title	#1: Technical assistance to Tribes with climate and health planning and programs
Summary	Between 07/2023 and 06/2024, the Tribal Program Specialist will assist two (2) additional Tribes or Tribal health programs to integrate climate change considerations into their plans and programs, and/or to incorporate health considerations into climate change programs, plans, policies, and/or communications.
Description	Between 07/2023 and 06/2024, the Tribal Program Specialist will assist two (2) additional Tribes or Tribal health programs on integrating considerations related to minimizing the health impacts of climate change into new or existing plans and programs, and/or to incorporate health considerations into climate change programs, plans, policies, and/or communications. The Tribal Program Specialist will assist Tribes in utilizing data tools, making data requests, and integrating local knowledge to assess Tribal communities' vulnerability to the health impacts of climate change, and to respond and prevent harms to health. Relevant plans might include comprehensive community plans, climate vulnerability assessments, climate adaptation plans, Tribal or Local Hazard Mitigation Plans (HMPs), or Community Health Improvement Plans (CHIPs).

Question	Program Input
Activity Final Status	MET

Summary of Outcome	Program has assisted three (3) additional Tribes or Tribal health programs with integrating considerations related to minimizing the health impacts of climate change into new or existing plans and programs. Specifically, Program provided technical assistance (TA) to the Tule River Indian Health Center, the Habematolel Pomo of Upper Lake, and the Hoopa Valley Tribe. Working with each involved scoping out the Tribe's needs and opportunities, providing TA via virtual and in-person meetings, and in the case of the Hoopa Valley Tribe, helping to facilitate community listening sessions.

ACTIVITY 2/2

Title	#2: Support a Community of Practice for Tribes or Tribal health organizations
Summary	Between 07/2023 and 06/2024, the Tribal Program Specialist will facilitate at least (3) communication strategies for Tribes or Tribal health organizations to receive technical assistance, peer support, and share resources and tools to integrate climate change into health planning, and health into climate change planning.
Description	Between 07/2023 and 06/2024, the Tribal Program Specialist will initiate and facilitate a Community of Practice for Tribes or Tribal health organizations to receive technical assistance, peer support, and share resources and tools to integrate climate change into health planning, and health into climate change planning. The Community of Practice will convene via virtual meetings, calls, and/or an email list-serv. It will be convened at least three (3) times during the year. Deliverables will include the distribution/participant list, agendas and notes from Community of Practice meetings or events, and any new climate and health planning resources generated by the Tribal Program Specialist for the Community of Practice such as a directory of relevant state and federal grant opportunities.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Tribal Program Specialist participated in and helped to facilitate three (3) meetings of the Tribal Health and Adaptation Peer-Learning Roundtable Webinars: Monthly Advanced Training Series (from 10 to 30+ Tribal participants). Program also participated in the CA Tribal Climate Change Working Group hosted by the Governor's Office of Planning and Research, a monthly convening of tribal liaisons from State agencies. Program also shared resources and tools via presentations and tabling at the 2024 California Tribal Nations Summit and the Monthly CDPH Tribal Information Meeting.

California Asylum Seeker Health Surveillance and Linkage to Care

PROGRAM SUMMARY

Program Name	FFY 2023 California Asylum Seeker Health Surveillance and Linkage to Care
Program Goal	Increase linkage to care and improve surveillance for asylum seekers to monitor infectious conditions and reduce disease transmission.
Healthy People 2030 Objective	AHS-04 Reduce the proportion of people who can't get medical care when they need it
Recipient Health Objective	Between July 1, 2023 and June 30, 2024, Program will seek to reduce the number of asylum seekers unable to obtain or delayed in obtaining medical care, screen for medical needs and provide a referral to a primary care provider; and evaluate asylum seekers for health insurance eligibility and assist with enrollment when eligible.
Total Program Allocation	$207,429

SMART OBJECTIVE 1/3

Title of Program Smart Objective	FFY 2023 #1 Active Disease Surveillance of Asylum Seekers in California
Program SMART Objective	July 1, 2023 and June 30, 2024, Program will collect 150 cases of asylum seeker health screening data including infectious diseases, immunizations and general demographic and heath data indicators.
Item to be measured	Asylum seeker health data and linkage to healthcare and insurance
Unit to be measured	Individual health screening data
Baseline Value	0
Interim Target Value	70
Final Target Value	150

Question	Program Input
Final amount achieved	209
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Program collected data on 209 cases of asylum seeker health screening services as of June 30, 2024 and met target.

One-paragraph description of results towards this Program SMART Objective	Program collected data on 209 cases of asylum seeker health screening services as of June 30, 2024 and met target of screening, linking individuals with a primary care provider and enrollment in Medi-Cal or other insurance.

ACTIVITY 1/2

Title	#1: Asylum Seeker Active Surveillance
Summary	Between 07/2023 and 06/2024, the ORH will provide technical assistance to LHJs to conduct active surveillance of approximately 150 asylum seekers annually for the monitoring and detection of infectious diseases and mental health conditions.
Description	Between 07/2023 and 06/2024, the ORH will provide technical assistance to LHJs to conduct active surveillance of approximately 150 asylum seekers annually for the monitoring and detection of infectious diseases and mental health conditions. This will include collection of specimen and health data, processing of labs, and review and analysis of health and laboratory data. Data collection may also include follow-up to collect health data from primary or specialty care providers where patients have been linked to health services by LHJs. Patient health data will then be entered into the ASHS database for asylum seekers where it will be accessible for program monitoring and disease surveillance reporting.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	ORH has provided technical assistance to San Francisco DPH to conduct active surveillance of approximately 209 asylum seekers for the monitoring and detection of infectious diseases and mental health conditions. Patient data has been entered into the ASHS database. Technical assistance provided an opportunity for program to exceed target.

ACTIVITY 2/2

Title	#2: Maintain Health Data Collection

Summary	Between 07/2023 and 06/2024, Program will review data in the asylum seeker health surveillance system database (ASHS database) quarterly (4 times annually) for completeness and accuracy. Data is used to capture surveillance data and reports of infectious diseases of public health concern and mental health conditions among asylum seekers and monitoring referrals for linkage to health care.
Description	Patient health data will be entered into the ASHS database for asylum seekers by local health jurisdictions and reviewed for completeness and accuracy. The ASHS database is used to capturing surveillance data and reports of infectious diseases of public health concern and mental health conditions among asylum seekers and monitoring referrals for linkage to health care. Surveillance reports will be developed annually for distribution to local healthcare providers and public health.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Surveillance data for 209 individuals was captured in the ASHS database.

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2023 #2 Analyze and Publish Asylum Seeker Surveillance Data
Program SMART Objective	July 1, 2023 and June 30, 2024, Program will analyze one (1) sample of asylum seeker health data and publish prevalence estimates.
Item to be measured	Report on asylum seeker health data published for distribution
Unit to be measured	1 report completed
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Question	*Program Input*
Final amount achieved	1
Smart Objective Final Status	*MET*

One-sentence summary of results towards this Program SMART Objective	Program analyzed one (1) sample of asylum seeker health data. Findings will be shared with key partners.
One-paragraph description of results towards this Program SMART Objective	Program analyzed one (1) sample of asylum seeker health data. Findings will be shared with key partners. No barriers encountered.

ACTIVITY 1/2

Title	#1: Surveillance Data Analysis
Summary	Data Analysis. Between 07/2023 and 06/2024, Program will analyze annual data from 150 asylum seekers collected from the ASHS database to identify disease prevalence and trends among asylum seekers in California.
Description	Program will analyze data collected from ASHS database for asylum seekers to identify disease prevalence and trends and mental health conditions among newly arriving asylum seekers in California.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program analyzed one (1) sample of asylum seeker health data.

ACTIVITY 2/2

Title	#2: Report Production
Summary	Between 07/2023 and 06/2024, Program will produce one (1) report summarizing disease prevalence and trends among asylum seekers in Southern California.
Description	Program will produce one (1) report summarizing disease prevalence and trends among asylum seekers in Southern California between 07/2023 and 06/2024.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program produced one (1) report of asylum seeker health data collected through June 30, 2024.

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FFY 2023 #3 Facilitate Linkage to Health Services for Asylum Seekers
Program SMART Objective	Between 07/2023 and 06/2024, Program will provide health case management to 150 asylum seekers residing in California.
Item to be measured	Number of asylum seekers in program
Unit to be measured	number
Baseline Value	0
Interim Target Value	70
Final Target Value	150

Question	Program Input
Final amount achieved	209
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Program provided health case management to 209 asylum seekers residing in California.
One-paragraph description of results towards this Program SMART Objective	Program provided health case management to 209 asylum seekers residing in California to assist with enrollment in Medi-Cal and linkage with a primary care provider.

ACTIVITY 1/2

Title	#1: Linkage to Health Services
Summary	Between 07/2023 and 06/2024, LHJ programs will provide one-on-one case management services for linkage to healthcare to 150 asylum seekers.
Description	Between 07/2023 and 06/2024, LHJ program will provide one-on-one case management services to 150 asylum seekers to ensure patient linkage to Medi-Cal and healthcare services for those who are age- eligible (under the age of 26) and referrals to low cost FQHCs or other health coverage for those outside of eligibility.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program provided one-on-one case management services for linkage to healthcare (194 individuals) and enrollment in Medi-Cal for 113 individuals, 69 asylum seekers are pending enrollment in Medi-Cal or other health insurance.

ACTIVITY 2/2

Title	#2: Continuity of Healthcare
Summary	Between 07/2023 and 06/2024, LHJ program will provide case management for 150 referrals to health providers for asylum seekers in California.
Description	Between 07/2023 and 06/2024, LHJ program will provide case management for 150 referrals to health providers for asylum seekers in California.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program provided referrals for 194 asylum seekers to health providers in California.

CA Behavioral Risk Factor Surveillance System (BRFSS) Program

PROGRAM SUMMARY

Program Name	FFY 2023 California Behavioral Risk Factor Surveillance System (BRFSS) Program
Program Goal	Collect and disseminate high quality statewide BRFSS data for CDC and CDPH programs.
Healthy People 2030 Objective	PHI-R06 Enhance the use and capabilities of informatics in public health
Recipient Health Objective	To enhance the use of California BRFSS data in public health decision making.
Total Program Allocation	$254,891

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2023 #1 Maintain Statewide Collection and Analysis of BRFSS Data
Program SMART Objective	Program will manage the integration of processes and services to the data collection call center to collect at least 8,000 BRFSS surveys from July 1, 2023 to June 30, 2024.
Item to be measured	Completed surveys
Unit to be measured	number of surveys
Baseline Value	0
Interim Target Value	4000
Final Target Value	8000

Question	*Program Input*
Final amount achieved	10,952
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Program met and exceeded data collection goal of 8,000 completed BRFSS surveys for 2023 and successfully submitted data to CDC.

One-paragraph description of results towards this Program SMART Objective	Program managed the integration of processes and services to the data collection call center and successfully collected 8,000 completes for 2023. Data were submitted timely to CDC and meeting all quality indicators.

ACTIVITY 1/5

Title	#1: Maintain Statewide Collection of BRFSS Data
Summary	Program will oversee and coordinate the overall operations of the collection of CA BRFSS data that meets required CDC guidelines and include the timely submission of data to CDC quarterly from July 1, 2023 to June 30, 2024.
Description	Between July 1, 2023 and June 30, 2024, Program will oversee and coordinate the overall operations of the collection of CA BRFSS survey data that meets required CDC guidelines and include the timely submission of data to CDC. Program monitors data collection and quarterly submission to CDC.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	BRFSS data were successfully collected for 2023 data. Data were submitted timely and following all CDC guidelines. Data collection for 2024 is in process.

ACTIVITY 2/5

Title	#2: Provide Data to BRFSS Users
Summary	Program will provide one (1) data set to external and internal BRFSS data users from July 1, 2023 to June 30, 2024.
Description	Program will provide one (1) BRFSS data set to external and internal BRFSS data users by September 1, 2023.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	BRFSS data set for 2022 was corrected and successfully re-released and distributed to BRFSS users.

ACTIVITY 3/5

Title	#3: Analyze BRFSS Data
Summary	Program will analyze data from questions covering fifteen (15) core modules of the BRFSS and make available to public and programs from July 1, 2023 to June 30, 2024.
Description	Between July 1, 2023 and June 30, 2024, Program will analyze data collected from questions covering fifteen (15) core modules on the annual BRFSS survey and produce a dashboard to display health risk behaviors of California's adult population.

Question	*Program Input*
Activity Final Status	*NOT MET*
Summary of Outcome	Data for 2022 were reviewed and analyzed; however, dashboard has not been updated. Research scientist has been hired and trainings for dashboard have been scheduled in August 2024.

ACTIVITY 4/5

Title	#4: Produce Four Factsheets
Summary	Between July 1, 2023 and June 30, 2024, Program will, upon completion of analysis, produce four (4) factsheets.
Description	Between July 1, 2023 and June 30, 2024, Program will upon completion of analysis, produce four (4) factsheets highlighting four health risk behaviors.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	BRFSS data were successfully completed four factsheets and developed social media campaign. Factsheets and social media campaign are currently under review for posting on CDPH BRFSS website.

ACTIVITY 5/5

Title	#5: Host BRFSS users Webinars
Summary	Between July 1, 2023 and June 30, 2024, Program will host a biannual (2) BRFSS users webinar.
Description	Between July 1, 2023 and June 30, 2024, Program will host a biannual BRFSS users webinar. Webinars scheduled in August/September 2023 and February/March 2024 will highlight user findings of BRFSS data, updates on survey collection and data.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Webinar was held in April to discuss 2024 data collection and future direction of BRFSS. Second webinar was held in June to promote use of social determinants of health module.

Cardiovascular Disease Prevention Program

PROGRAM SUMMARY

Program Name	FFY 2023 Cardiovascular Disease Prevention Program
Program Goal	Increase blood pressure control in adults with hypertension in order to reduce deaths from coronary artery disease and reduce the risk of stroke recurrence in post-stroke patients thereby decreasing hospitalizations and deaths from stroke.
Healthy People 2030 Objective	HDS-05 Increase control of high blood pressure in adults
Recipient Health Objective	From 07/01/2023 to 6/30/2024, hypertension control will be increased by a three (3) point percentage, from 58% to 61%, thereby reducing morbidity and mortality associated with coronary heart disease and stroke in California.
Total Program Allocation	$748,662

SMART OBJECTIVE 1/3

Title of Program Smart Objective	FFY 2023 #1 Improve Post-Stroke Patient Care for Hypertension Control Through CMM
Program SMART Objective	Improve Post-Stroke Patient Care for Hypertension Control Through CMM
Item to be measured	Number of post-stroke patients referred to CMM with blood pressure under control after 90 days
Unit to be measured	Number of post-stroke patients referred to CMM
Baseline Value	2
Interim Target Value	12
Final Target Value	30

Question	*Program Input*
Final amount achieved	32
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	CDPP exceeded the original target goal of recruiting thirty (30) post-stroke patients for the pilot by recruiting thirty-two (32) patients and data analysis demonstrated those patients, after receiving Comprehensive Medication Management (CMM) intervention and support, had improved blood pressure readings 90-days post-discharge.

One-paragraph description of results towards this Program SMART Objective	CDPP exceeded the original target goal of recruiting thirty (30) post-stroke patients for the pilot by recruiting thirty-two (32) patients and data analysis demonstrated those patients, after receiving Comprehensive Medication Management (CMM) intervention and support, had improved blood pressure readings 90-days post-discharge. Data analysis showed 87% of pilot patients had elevated blood pressure upon admission and only 39% of patients had elevated blood pressure 90 days post-discharge. Additionally, those 39% patients who had elevated blood pressure 90 days post-discharge still had lower blood pressure numbers than those upon admission and discharge.

ACTIVITY 1/4

Title	#1: Convene CMM Pilot Subcommittee Meetings
Summary	Between 7/2023 and 6/2024, CDPP will convene a minimum of twelve (12) CMM Pilot Subcommittee Meetings to discuss pilot implementation among collaborating partners.
Description	CDPP staff will convene twelve (12) CMM pilot project subcommittee meetings to discuss the implementation of the CMM pilot project in Riverside County. The deliverables for this activity will be a) meeting minutes and b) a document outlining the process and workflow of CMM referral to improve control of hypertension in post-stroke patients.

Question	*Program Input*
Activity Status	Canceled
Summary of Outcome	The CMM Pilot Subcommittee needed to meet regularly during the development and initial implementation of the pilot and did so on a biweekly basis during the 22/23 fiscal year (FY). CDPP anticipated the CMM Pilot Subcommittee would likely need to meet less often so CDPP reduced the number of planned CMM Pilot Subcommittee Meetings from twenty-four (24) in FY22/23 to twelve (12) in FY23/24. However, after just four (4) meetings in FY23/24 (on July 19, 2023; August 2, 2023; August 16, 2023; and August 30, 2023) the group reported the pilot had been fully implemented and reached its recruitment and treatment goal of 30 patients. As such, the CMM Pilot Subcommittee decided to cancel all forthcoming scheduled meetings and meet on an as-needed basis moving forward.

IF CANCELED: Please provide a one-sentence explanation	The CMM pilot had been fully implemented and reached its recruitment and treatment goal of 90 patients.

ACTIVITY 2/4

Title	#2: Convene CMM Statewide Implementation Meetings
Summary	Between 7/2023 and 6/2024, CDPP will convene four (4) quarterly CMM Statewide Implementation Meetings to discuss CMM implementation across CA with various partners and stakeholders.
Description	Between 07/2023 and 06/2024, CDPP staff will convene four (4) quarterly CMM Statewide Implementation Meetings to share best practices on CMM implementation and solicit technical assistance from experts. The deliverables for this activity are meeting minutes and recordings.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Between 7/2023 and 6/2024, CDPP convened three (3) quarterly CMM Statewide Implementation Meetings (on July 28, 2023, October 27, 2023, and January 26, 2024) to discuss CMM implementation across CA with various partners and stakeholders. Participating partners and stakeholders included representatives from the Kaweah Delta Health Care District, Right Care Initiative, University of California San Francisco (UCSF) School of Pharmacy, and University of Southern California (USC) School of Pharmacy. Note: The April 26, 2024 meeting was cancelled due to anticipated low attendance and updates provided from group members were consolidated and distributed instead.

ACTIVITY 3/4

Title	#3: Conduct CMM Webinar
Summary	By 6/2024, CDPP will conduct a minimum of one (1) CMM Webinar to present CMM Pilot results to stakeholders across the State.
Description	By 06/2024, with contracted support from California State University, Sacramento (CSUS), CDPP will conduct a minimum of one (1) CMM webinar to present the CMM Pilot's implementation, results, and learnings to stakeholders across the State. The deliverables for this activity are the webinar agenda and recording.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	The pilot results were presented at various meetings including the California Right Meds Collaborative (CRMC) Fall 2023 Learning Session "Caring for Patients with Neurological, Mental Health, and Substance Use Disorders." The presentation was titled "CDPH CDPP Post-Stroke CMM Pilot: Update from Desert Outpatient Hospital Pharmacy," and can be viewed at the USC's website.

ACTIVITY 4/4

Title	#4: Implement Hospital CMM Referral System for Post-Stroke Patients upon Discharge
Summary	Between 07/2023 and 06/2024, CDPP will implement a Hospital CMM Referral System for Post-Stroke Patients upon Discharge and will generate one (1) common findings report.
Description	CMM-based patient care team including an attending physician, stroke coordinators, community pharmacist, and CHWs will be responsible for this activity. The clinician-stroke coordinator-pharmacist- CHW patient care team will enroll post-stroke patients to receive CMM-based care and follow-up to control hypertension and prevent further cerebrovascular events as per outlined in the process and workflow of CMM referral. By 06/2024, CDPP will collaborate with USC and DRMC to develop a common findings report outlining the CMM Pilot's results using GWTG-S data. The deliverable for this activity is the common findings report.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	CDPP developed a common findings report outlining the CMM Pilot's results using Get With The Guidelines-Stroke (GWTG-S) data during this reporting period. The nine-page document covers the pilot's overview and purpose, timeline, partners, challenges and successes, key findings, and conclusions.

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2023 #2 Communicate cardiovascular health best practices to HHC members through various methods

Program SMART Objective	Between 07/2023 and 06/2024, CDPP will communicate cardiovascular health best practices to HHC members through various methods including one (1) webpage update, one (1) live webinar, one (1) in-person convening, and two (2) email distributions.
Item to be measured	Number of 1) webinars, 2) communication emails, 3) in-person convenings, and 4) webpage updates
Unit to be measured	number
Baseline Value	0
Interim Target Value	2
Final Target Value	5

Question	Program Input
Final amount achieved	5
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	CDPP communicated cardiovascular health best practices to HHC members through various methods including one (1) webpage update, one (1) live webinar, and three (3) email distributions, and one (1) two-day in-person convening.
One-paragraph description of results towards this Program SMART Objective	CDPP communicated cardiovascular health best practices to HHC members through various methods including one (1) webpage update, one (1) live webinar, and three (3) email distributions, and one (1) two-day in-person convening. All of the activities were widely attended with excellent participation and contributions from partners and stakeholders.

ACTIVITY 1/7

Title	#1: Update HHC Membership Database
Summary	Between 07/2023 and 06/2024, CDPP will review and update the existing HHC membership database, including conducting outreach to a minimum of five (5) email addresses that have previously bounced back.
Description	Between 07/2023 and 06/2024, CDPP will review and update the existing HHC membership database, including conducting outreach to a minimum of five (5) email addresses that have previously bounced back. The purpose of outreach is to identify potential new contacts for HHC Membership thereby broadening and strengthening the membership. The deliverable for this activity is the HHC membership database.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	CDPP reviewed and updated the existing HHC membership database in July 2023, including an extensive outreach project. CDPP far exceeded its original goal of outreaching to a minimum of five (5) email addresses that previously bounced back after a HHC email distribution. CDPP identified twenty-two (22) outdated email addresses across twenty (20) different organizations and outreached to eighteen (18) of those twenty-two (22) contacts. This resulted in several new and refreshed connections between CDPP and various organizations and was a very successful outreach and bridge-building project.

ACTIVITY 2/7

Title	#2: Update HHC Membership Packet
Summary	Between 07/2023 and 06/2024, CDPP will review and update one (1) HHC membership packet.
Description	Between 07/2023 and 06/2024, CDPP will review and update one (1) HHC membership packet to ensure links are active and health resources and fact sheets are current. This review will also include ensuring alignment with the Healthy People 2030 goals. The deliverable for this activity is the HHC membership packet.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	The HHC membership packet was updated, distributed, and uploaded onto the CDPH website.

ACTIVITY 3/7

Title	#3: Convene Healthy Hearts California (HHC) Webinar
Summary	Between 07/2023 and 06/2024, CDPP, in coordination with AHA, will develop and convene one (1) webinar to present best practices protocols on CVD prevention and management to HHC.

Description	Between 07/2023 and 06/2024, with contracted support from CSUS, CDPP, in coordination with AHA, will develop and convene one (1) webinar to present best practices and protocols to HHC. Sharing best practices protocols and promoting utilization of team-based care models, including CMM, supports effective treatment, management, and control of hypertension and aligns with the CDPP goal of increasing hypertension control. The deliverables for this activity are webinar agendas and recordings.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	CDPP hosted, in partnership with the AHA, the HHC Autumn 2023 Webinar on November 2, 2023 with a focus on "The Link Between High Blood Pressure and Heart Failure". There was a panel discussion by three providers as well as a legislative update from the AHA and updates from both the AHA and CDPH Co-Chairs.

ACTIVITY 4/7

Title	#4: Conduct Evaluation of HHC In-Person Event and Webinar
Summary	By 06/2024, CDPP will produce one (1) evaluation summary report outlining the HHC in-person event and webinar attendance and impact.
Description	By 06/2024, CDPP will produce one (1) evaluation summary report outlining HHC in-person event and webinar attendance and impact. This evaluation will inform the planning and offerings of future in-person events and webinars as well as membership needs. The deliverable for this activity is the evaluation reports.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	With contracted support from CSUS, CDPP produced one (1) evaluation summary report outlining HHC in-person event and webinar attendance and impact. This evaluation will inform the planning and offerings of future in- person events and webinars as well as membership needs.

ACTIVITY 5/7

Title	#5: Promote CVD Awareness and Communicate Best Practices to HHC Members via Email

Summary	Between 07/2023 and 06/2024, CDPP will communicate cardiovascular health best practices to HHC members via two (2) email distributions.
Description	Between 07/2023 and 06/2024, CDPP will communicate cardiovascular health best practices to HHC members via two (2) email distributions. Information will include the latest research and newly published reports and studies; upcoming meetings, trainings, and webinars; and other relevant information as appropriate. The deliverable for this activity is copies of the email communications.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	CDPP communicated with and outreached to HHC members via three (3) email distributions on September 27, 2023, October 13, 2023, and October 16, 2023 to provide information on upcoming events including the 2023 Diabetes Update Conference hosted by Touro University, the HHC Autumn 2023 Webinar co-hosted by CDPP and AHA, and the Virtual University of Best Practices webinar hosted by the Right Care Initiative.

ACTIVITY 6/7

Title	#6: Review and Update CDPP Webpage
Summary	Between 07/2023 and 06/2024, CDPP will review and update one (1) CDPP webpage on the CDPH website to ensure links are active and health resources and fact sheets are current.
Description	Between 07/2023 and 06/2024, CDPP will review and update one (1) CDPP webpage on the CDPH website to ensure links are active and health resources and fact sheets are current. The intent of the CDPP webpage is to increase public awareness of CVD through resources and information. The deliverable for this activity is screenshots of updates to the CDPP webpage.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	CDPP reviewed the CDPP webpage during this reporting period, and it was found to be accurate and up to date. In addition, a CDPP-related webpage update was made during this reporting period, as the HHC page had not been updated since 2019 and reflected outdated goals and targets. The HHC page was updated on July 21, 2023 to reflect 2023 targets.

Title	#7: Convene HHC In-person Event
Summary	Between 07/2023 and 06/2024, CDPP, in coordination with CDCB staff, will develop and host one (1) in- person event to present best practices to statewide contractors and partners.
Description	Between 07/2023 and 06/2024, with contracted support from CSUS, CDPP, in coordination with CDCB staff, will develop and host one (1) in-person event to present best practices and address works to reduce health disparities in cardiovascular health to contractors and partners involved. Sharing best practices protocols supports effective treatment, management, and control of hypertension and aligns with the CDPP goal of increasing hypertension control. The deliverable for this activity is a final report of the event outcomes.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	With contracted support from CSUS, CDPP, in coordination with CDCB staff, develop and host one (1) two-day in-person event to present best practices and address work to reduce health disparities in cardiovascular health to contractors, partners, and stakeholders. Sharing best practices protocols supports effective treatment, management, and control of hypertension and aligns with the CDPP goal of increasing hypertension control. The deliverable for this activity is a final report of the event outcomes.

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FF2023 #3 Update State Plan for Heart Disease and Stroke Prevention and Treatment
Program SMART Objective	Between 07/2023 and 06/2024, CDPP will coordinate with subject matter experts to update the State Plan for Heart Disease and Stroke Prevention and Treatment (2007-2015) based on new research and cardiovascular health data, practices, and guidance by conducting at least four (4) meetings with stakeholders.
Item to be measured	Number of Task Force committee meetings
Unit to be measured	Number of Task Force committee meetings
Baseline Value	0
Interim Target Value	2

Final Target Value	4

Question	Program Input
Final amount achieved	4
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	CDPP met with subject matter experts to update the State Plan for Heart Disease and Stroke Prevention and Treatment (2007-2015) based on new research and cardiovascular health data, practices, and guidance.
One-paragraph description of results towards this Program SMART Objective	CDPP met with subject matter experts to update the State Plan for Heart Disease and Stroke Prevention and Treatment (2007-2015) based on new research and cardiovascular health data, practices, and guidance. The Plan has a new primary prevention approach to cardiovascular health, and as such, the CDPP Lead and Plan Writer conducted bi-weekly meetings with the Chronic Disease Control Branch (CDCB) Branch Chief, the Center for Healthy Communities Deputy Director for Chronic Disease, the CDCB Program and Policy Section Chief, and the Health and Information Statistics Section Chief to strategize and finalize the framework for the new State Plan.

ACTIVITY 1/5

Title	#1: Convene Plan Update Task Force Meetings
Summary	Between 7/2023 and 6/2024, with contracted support from CSUS, CDPP staff and the Task Force Chair will plan, organize, and convene a minimum of two (2) CVD State Plan Update Task Force meetings to bring together stakeholders and review the original CVD State Plan for needed updates.
Description	By Between 7/2023 and 6/2024, CDPP staff, with contracted support from CSUS, will plan, organize, and convene a minimum of two (2) CVD State Plan Update Task Force meetings to bring together stakeholders and review the original CVD State Plan for needed updates. Each of the updated CVD State Plan's ten goals has an accompanying subcommittee and, during these meetings, subcommittees will provide updates on progress for each of the CVD State Plan's ten (10) goals. The deliverables for this activity are meeting minutes and recordings.

Question	Program Input
Activity Final Status	*MET*

Summary of Outcome	The Plan has a new primary prevention approach to cardiovascular health, and as such, the CDPP Lead and Plan Writer conducted bi-weekly meetings with the Chronic Disease Control Branch (CDCB) Branch Chief, the Center for Healthy Communities Deputy Director for Chronic Disease, the CDCB Program and Policy Section Chief, and the Health and Information Statistics Section Chief to strategize and finalize the framework for the new State Plan.

ACTIVITY 2/5

Title	#2: Convene Task Force Chair Planning Meetings
Summary	Between 7/2023 and 6/2024, CDPP staff will plan, organize, and convene a minimum of twelve (12) Task Force Chair Planning Meetings with the Task Force Chair to internally discuss the CVD State Plan update.
Description	Between 7/2023 and 6/2024, CDPP staff will plan, organize, and convene a minimum of twelve (12) Task Force Chair Planning Meetings with the Task Force Chair to internally discuss the CVD State Plan update, the progress of the ten subcommittees, quarterly Task Force Meeting preparation, and other CVD State Plan-related items. The deliverable for this activity is meeting minutes.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	The CDPP Lead convened meetings with the Task Force Chair to internally discuss the CVD State Plan update. A challenge was pivoting to a primary prevention perspective in cardiovascular health while acknowledging the contributions of the Task Force around cardiovascular disease and stroke prevention and treatment.

ACTIVITY 3/5

Title	#3: Convene Task Force Subcommittee Meetings
Summary	Between 7/2023 and 6/2024, CDPP staff will plan, organize, and convene a minimum of three (3) Task Force Subcommittee Meetings for each subcommittee so Task Force members and advisors can review and discuss updates for their assigned goal/topic.

Description	Between 7/2023 and 6/2024, CDPP staff will plan, organize, and convene a minimum of three (3) Task Force Subcommittee Meetings for each subcommittee. During these meetings, subcommittees will review existing content, identify gaps, and make recommendations for new and updated content. The deliverable for this activity is meeting minutes.

Question	Program Input
Activity Status	Canceled
Summary of Outcome	CDPP submitted this activity with its State Plan when the Task Force Subcommittee Meetings still occurred and the groups were still active. However, throughout May and June 2023 the Task Force Subcommittees held their final meetings before being sunset at the end of June 2023. The Task Force Subcommittees no longer meet and, as such, this activity was canceled.
IF CANCELED: Please provide a one-sentence explanation	The Task Force Subcommittees no longer meet as of June 2023 and, as such, this activity was canceled.

ACTIVITY 4/5

Title	#4: Coordinate and Attend Regular Meetings with State Plan Editor/Writer
Summary	Between 7/2023 and 6/2024, CDPP staff will coordinate and attend a minimum of four (4) meetings with the CVD State Plan Editor/Writer.
Description	Between 7/2023 and 6/2024, CDPP staff will coordinate and attend a minimum of four (4) meetings with the State Plan Editor/Writer. In order to create an accessible, high-quality, user-friendly end product document, CDPP has secured, with contracted support from CSUS, a professional CVD State Plan Editor/Writer to consolidate experts' feedback and draft updated content for the new CVD State Plan. CDPP will meet with the CVD State Plan Editor/Writer to ensure alignment with recommendations, forward progress, etc. The deliverables for this activity are meeting minutes.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	CDPP far exceeded the goal to coordinate and attend a minimum of four (4) meetings with the CVD State Plan Editor/Writer, as CDPP met with the Plan Writer bi-weekly.

ACTIVITY 5/5

Title	#5: Complete Draft Update to the State Plan for Heart Disease and Stroke Prevention and Treatment
Summary	By 06/2024, CDPP staff will complete and submit an initial draft of one (1) CVD State Plan for Heart Disease and Stroke Prevention and Treatment.
Description	By 06/2024, CDPP staff, with support from the CVD State Plan Editor/Writer and the CVD State Plan Update Task Force Chair and Members, will complete and submit an initial draft of one (1) CVD State Plan for Heart Disease and Stroke Prevention and Treatment, including current recommendations and data. The deliverable for this activity is a draft of the updated CVD State Plan.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Draft update to the State Plan for Heart Disease and Stroke Prevention and Treatment was completed. Although there was a delay in the contract with CSUS, the CDPP lead and contracted Plan Writer met regularly and completed the draft document.

Emergency Medical Services (EMS) Prehospital Data and Information Services and Quality Improvement Program

PROGRAM SUMMARY

Program Name	FFY 2023 EMS Prehospital Data and Information Services and Quality Improvement Program
Program Goal	The program goal is to have all 34 LEMSAs submitting the Core Quality Measures
Healthy People 2030 Objective	HC/HIT-D06 Increase the proportion of hospitals with access to necessary electronic information
Recipient Health Objective	Between 07/2023 and 06/2024, Emergency Medical Services Authority (EMSA) will maintain one Emergency Medical Services (EMS) Prehospital Data and Information Services and Quality Improvement Program by providing statewide collection and analysis of patient-level EMS data from emergency medical services systems and quality improvement measuring and patient care assessments based on 911 call volume indicated in EMS Plan submissions.
Total Program Allocation	$1,087,082

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2023 #1 EMS Prehospital Data and Information Services and Quality Improvement
Program SMART Objective	Between 07/2023 and 06/2024, Program will increase accurate representation of EMS data for all LEMSAs that voluntarily submit data into CEMSIS which will unite the EMS system under a single data warehouse, fostering analyses on patient-care outcomes, public health system services, compliance with California state and federal EMS service laws, and provide measurable quality improvement resources to LEMSAs. Data submitted into CEMSIS will be analyzed and shared with LEMSAs to increase transparency. Program will provide technical assistance and outreach to the LEMSAs to encourage participation in CEMSIS while increasing transparency with a target of 165 engagements among the 34 LEMSAs.
Item to be measured	TA, outreach, and engagement with LEMSAs regarding data submissions into CEMSIS
Unit to be measured	Number of email engagements with each LEMSA regarding data submissions into CEMSIS
Baseline Value	0
Interim Target Value	66

Final Target Value	165

Question	Program Input
Final amount achieved	234
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Between 07/2023 and 6/2024, programs have provided 234 TA, outreach and engagements with LEMSAs regarding data submissions into CEMSIS.
One-paragraph description of results towards this Program SMART Objective	Program staff have been continuously engaging with LEMSAs through their programs regarding data submissions into CEMSIS. The Core Quality Measures program and the CEMSIS program progressed as anticipated.

ACTIVITY 1/5

Title	#1: Develop the Core Quality Measures Process Manual
Summary	Between 07/2023 and 06/2024, Program will develop one (1) Core Quality Measures Process Manual.
Description	Between 07/2023 and 06/2024, Program will develop one (1) Core Quality Measures Process Manual to include the lifecycle of measure adoption and re-specification; the approach to research and testing of measures; the project objectives, approach, deliverables, and approvals process; and all other relevant components of the project such as reporting and evaluating data results.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program developed one (1) Core Quality Measures Process Manual and one (1) Core Quality Measures Process Manual update for V3.5.0. The manual and update were published in November 2023 and set to 34 LEMSAs via email. Revisions and further development to improve the manual is an ongoing process.

ACTIVITY 2/5

Title	#2: Develop the Annual Core Quality Measures Report
Summary	Between 07/2023 and 06/2024, Program will produce one (1) Annual Core Quality Measures Report based on analyzing 100% of the aggregated data provided by LEMSAs to show the current status of statewide EMS QI measurement.
Description	Between 07/2023 and 06/2024, Program will develop one (1) summary report of all LEMSA Core Quality Measures data submitted for the previous calendar year to present data to the public and EMS stakeholders. If appropriate, the report will be published on the EMSA website.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program developed one (1) Annual Core Quality Measures Report. The report was published to the EMSA website on June 28, 2024. The report includes NEMSIS V3.4 and V3.5 data submitted by the LEMSAs.

ACTIVITY 3/5

Title	#3: Publish One EMS Data Report
Summary	Between 07/2023 and 06/2024, Program will produce one (1) Annual EMS Report based on analyzing 100% of the NEMSIS/CEMSIS data set to show the current status of the EMS System.
Description	Between 07/2023 and 06/2024, Program Staff will compile and analyze 100% of one (1) EMS data set submitted by LEMSAs into the CEMSIS database and develop the annual CY 2022 EMS Report which will be published to the EMSA website by the 6/2023 deadline.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program staff successfully finished and published the CY 2022-2023 EMS Annual Data Report on June 18, 2024.

ACTIVITY 4/5

Title	#4: Send out LEMSA CEMSIS Letters
Summary	Between 07/2022 and 06/2023, Program will analyze EMS data for each LEMSA and provide a letter (34 letters in all) that outlines the previous year's data submission, providers based on LEMSA's EMS Plans, and previous year's data submissions.
Description	Program Staff will compile and analyze 100% of the EMS data set submitted by LEMSAs into the CEMSIS database and develop 34 individual LEMSA CEMSIS letters.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Between 07/23 and 06/24, program staff compiled and analyzed 100% of the EMS data set submitted by LEMSAs into the CEMSIS database and developed 34 individual LEMSA CEMSIS letters. The LEMSA CEMSIS Letters were distributed to the 34 LEMSAs on November 2, 2023.

ACTIVITY 5/5

Title	#5: Data Matching Analysis Report
Summary	Between 07/2023 and 06/2024, Program will publish one (1) Data Matching Report on the EMSA Website.
Description	Between 07/2023 and 06/2024, Program staff will publish one (1) report on EMSA's website detailing the successes and outcomes of matching EMS data with an outside data source.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program successfully completed and published the Trauma Data Matching Report to EMSA's website on May 31, 2024.

Emergency Medical Services (EMS) Systems Operations, Planning, and Specialty Care

PROGRAM SUMMARY

Program Name	FFY 2023 Emergency Medical Services (EMS) Systems Operations, Planning, and Specialty Care
Program Goal	Conduct assessment of California's 34 local EMS systems in order to coordinate EMS activities based on community needs for the effective and efficient delivery of EMS services, ensuring no person is unable to obtain or delayed in obtaining medical care.
Healthy People 2030 Objective	AHS-04 Reduce the proportion of people who can't get medical care when they need it
Recipient Health Objective	Between 07/2023 and 06/2024, The Emergency Medical Services (EMS) Authority (EMSA) will maintain one EMS Systems Division Operations and provide statewide coordination and leadership to Local EMS Agencies (LEMSAs) for the planning, development, and implementation of local EMS systems to determine the need for additional EMS, coordination of EMS, and effectiveness of EMS, assisting with adherence to California EMS statutes and regulations for optimum patient care. 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.
Total Program Allocation	$1,305,218

SMART OBJECTIVE 1/7

Title of Program Smart Objective	FFY 2023 #1 Maintain the EMS for Children Program
Program SMART Objective	Between 07/2023 and 06/2024, Program will maintain one (1) EMS for Children (EMSC) program providing statewide coordination and leadership by implementing regulations regarding specialized medical care for children with acute illness or injuries and providing guidance for EMSC program implementation at the LEMSA level. Program will provide technical assistance and advisory service to LEMSAs wishing to implement an EMSC program. Using the California EMS Information System (CEMSIS) data to establish quality-improvement measures, EMSA will evaluate additional needs for LEMSAs to enhance their EMSC programs. Review of at least eight (8) EMS Plans will be conducted to ensure compliance with EMSC regulations to provide continuity and conformity of EMSC programs throughout California.
Item to be measured	EMS Plan review of EMSC and pediatric care components
Unit to be measured	Number of EMS Plans
Baseline Value	0
Interim Target Value	4
Final Target Value	8

Question	*Program Input*
Final amount achieved	21
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Between 07/2023 and 06/2024, Program maintained one EMS for Children (EMSC) program providing statewide coordination and leadership by implementing regulations regarding specialized medical care for children with acute illness or injuries and providing guidance for EMSC program implementation at the LEMSA level and reviewed the pediatric components of 21 EMS Plans and five (5) EMSC plans.
One-paragraph description of results towards this Program SMART Objective	Between 07/2023 and 06/2024, Program maintained one EMS for Children (EMSC) program providing statewide coordination and leadership by implementing regulations regarding specialized medical care for children with acute illness or injuries and providing guidance for EMSC program implementation at the LEMSA level. The program reviewed 21 EMS Plans for pediatric components, and five (5) full EMSC plans.

ACTIVITY 1/3

Title	#1: Host Educational Forum
Summary	Between 07/2023 and 06/2024, Program will provide education on trends in emergency medical care of pediatric patients by conducting one (1) California EMSC Educational Forum.
Description	Between 07/2023 and 06/2024, Program will conduct one (1) California EMSC Educational Forum to provide educational opportunities for EMS and hospital providers related to medical treatment of pediatric patients. EMSA staff host the event and coordinate with an accredited institution to provide Continuing Education (CEs) hours to eligible attendees.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	The in-person EMSC Educational Forum was cancelled for 2023. However, the EMSC Program collaborated with the EMSC Technical Advisory Group and Los Angeles Pediatric Liaison Nurses Association to host a free virtual EMSC Educational Forum. The event provided over 700 continuing education credits through its live and recorded sessions.

ACTIVITY 2/3

Title	#2: Provide Technical assistance to EMSC Programs
Summary	Between 07/2023 and 06/2024, Program will provide technical assistance to at least four (4) LEMSAs who have or are developing EMSC plans.
Description	Between 07/2023 and 06/2024, Program will provide technical assistance to at least four (4) LEMSAs with EMSC program implementation in their jurisdiction. Technical assistance will be provided by email, phone, and resources on the EMSA website.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, the EMSC Program has met with five (5) LEMSAs to assist in the renewal or the development of their EMSC plans.

ACTIVITY 3/3

Title	#3: Review EMS Plans
Summary	Between 07/2023 and 06/2024, Program will review at least eight (8) EMS Plans to ensure compliance with EMSC regulations to provide continuity and conformity of EMSC programs throughout California.
Description	Between 07/2023 and 06/2024, Program will review of at least eight (8) EMS Plans to ensure compliance with EMSC regulations to provide continuity and conformity of EMSC programs throughout California.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program has reviewed 21 EMS plans for pediatric components and five (5) of the 21 for compliance with EMSC regulations.

SMART OBJECTIVE 2/7

Title of Program Smart Objective	FFY 2023 #2 Proactively Maintain and Support One EMS Trauma Care System Program
Program SMART Objective	Between 07/2023 and 06/2024, Program will maintain one (1) EMS Trauma Care System Program by reviewing and approving local trauma system plans to provide statewide leadership for the planning, development, and implementation of a state trauma plan that incorporates 34 LEMSA county/region trauma plans and is informed by CEMSIS-Trauma Registry data submissions from 80 trauma centers.
Item to be measured	EMS Trauma Care System Programs
Unit to be measured	Number of trauma plan status updates reviewed from LEMSAs to include submission of trauma data
Baseline Value	0
Interim Target Value	16
Final Target Value	34

Question	*Program Input*
Final amount achieved	8
Smart Objective Final Status	*NOT MET*

If NOT MET: What are the key factors that contributed to the target not being met?	Lack of trauma plans submitted by local EMS agencies.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	Work with local EMS agencies to submit trauma plans annually as required by the California Code of Regulations.
One-sentence summary of results towards this Program SMART Objective	EMSA is behest to local EMS agencies to submit trauma plans. When the plans are not submitted, we have to provide technical assistance to the local EMS agency to foster their plan submission.
One-paragraph description of results towards this Program SMART Objective	The 8 plans that were reviewed were consistent with statute and regulations ensuring best possible trauma care for patients.

ACTIVITY 1/4

Title	#1: Review and Analyze Trauma Plan Status Updates (TSSRs)
Summary	Between 07/2023 and 06/2024, Program will review and analyze at least twenty (20) LEMSA Trauma Plan Status Updates submitted to EMSA.
Description	Between 7/2023 and 6/2024, Program will analyze a minimum of twenty (20) trauma plan status updates submitted to EMSA. Program will provide LEMSAs with feedback of analysis as part of EMS plan submission approvals/denials.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	This objective was met. Between 7/2023 and 6/2024, Program analyzed 18 trauma plan status updates submitted to EMSA. Program provided LEMSAs with feedback of analysis as part of EMS plan submission approvals/denials.

ACTIVITY 2/4

Title	#2: Collection of Trauma Registry Data
Summary	Between 07/2023 and 06/2024, Program will provide oversight of one (1) trauma registry data collection.

Description	Between 07/2023 and 06/2024, Program will oversee and coordinate the overall data collection of one (1) trauma registry into CEMSIS-Trauma from 78 trauma centers for a minimum of 80,000 trauma incidents.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	Between 07/2023 and 06/2024, Program provided oversight and coordination of data collection into the CEMSIS trauma registry, with participation from 78 trauma centers. A total of 79,898 trauma incidents were submitted by 78 trauma centers for the time period of 07/2023 - 06/2024.

ACTIVITY 3/4

Title	#3: Develop and Host a Virtual Trauma Summit
Summary	Between 07/2023 and 06/2024, Program will create and host a one-day (1), virtual Trauma Summit.
Description	Between 07/2023 and 06/2024, Program will create a one-day (1) virtual Trauma Summit with 4.5 hours of educational sessions and will seek subject matter guidance from the State Trauma Advisory Committee. EMSA staff host the event and coordinate with an accredited institution to provide Continuing Education (CEs) hours to eligible attendees.

Question	Program Input
Activity Final Status	CANCELLED
If CANCELLED: Please provide a one-sentence explanation	Canceled due to staffing shortages.

ACTIVITY 4/4

Title	#4: Strengthen State Trauma System Development
Summary	Between 07/2023 and 06/2024, Program will facilitate four (4) quarterly meetings with State Trauma Advisory Committee meetings to promote the development of the state trauma system with trauma stakeholders.

Description	Between 07/2023 and 06/2024, Program will facilitate four (4) quarterly meetings with State Trauma Advisory Committee members to continue in the development and implementation of the state trauma system.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program facilitated four State Trauma Advisory Committee meetings. Dates for meetings were Sept. 26, 2023, December 14, 2023, March 26, 2024, and June 13, 2024.

SMART OBJECTIVE 3/7

Title of Program Smart Objective	FFY 2023 #3 Maintain EMS Partnership for Injury Prevention and Public Education
Program SMART Objective	07/2023 and 06/2024, Program will maintain one (1) EMS Partnership for Injury Prevention and Public Information program by providing statewide coordination and leadership for the planning, development and implementation of Illness and Injury Prevention resources for California EMS partners within the EMS community. Inclusion of an EMS role in statewide prevention and public-education initiatives, programs, and policies will be used to evaluate the success of the overall program goal of ensuring the recognition of EMS as a vital partner in prevention and public- education activities. Prevention resources will be maintained on the Illness and Injury Prevention website, which is expected to receive 50 unique page views.
Item to be measured	Usage of Injury Prevention and Public Information resources established by EMSA
Unit to be measured	Number of EMS Injury Prevention and Public Information program webpage visits
Baseline Value	0
Interim Target Value	25
Final Target Value	50

Question	Program Input
Final amount achieved	73
Smart Objective Final Status	*MET*

One-sentence summary of results towards this Program SMART Objective	Between 07/2023 and 06/2024, Program maintained one (1) EMS Partnership for Injury Prevention and Public Information program through the maintenance of Injury Prevention and Public Information resources established by EMSA.
One-paragraph description of results towards this Program SMART Objective	Between 07/2023 and 06/2024, Program successfully maintained the EMS Partnership for Injury Prevention and Public Information program. Sixty-three (63) website links have been checked to provide education and awareness for injury prevention strategies and best practices. A total of nine (9) outdated website links were removed from the webpage, and 17 new website links were added. The webpage received 73 page views during this time period.

ACTIVITY 1/2

Title	#1: Maintain EMS Partnership for Injury Prevention and Public Information Program webpage
Summary	Between 07/2023 and 06/2024, Program will maintain one (1) injury and illness-prevention web page on the EMSA website.
Description	Between 07/2023 and 06/2024, Program will maintain one (1) illness and injury prevention web page that will provide sources for education and promote injury prevention in the EMS community. On a quarterly basis, Program will review 64 links to ensure they are accessible, updated, and working.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	Program is successfully maintaining one (1) injury and illness-prevention web page on EMSA's website. Program has provided quarterly reviews of links to ensure they are accessible, updated, and working. A total of nine (9) outdated website links were removed from the webpage, and 5 new website links were added.

ACTIVITY 2/2

Title	#2: Attend Trauma Managers Association of California (TMAC) General Membership meetings
Summary	Between 07/2023 and 06/2024, Program will attend three (3) TMAC General meetings to provide leadership in the coordination of injury prevention activities at the local and regional level.

Description	Between 07/2023 and 06/2024, Program will attend three (3) TMAC General meetings to provide leadership in the coordination of injury prevention activities at the local and regional level.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program attended one (1) TMAC General meeting to provide leadership in the coordination of injury prevention activities at the local and regional level. A key challenge has been a vacancy of the EMS Trauma Coordinator position. As of 06/2024, Program has filled the EMS Trauma Coordinator vacancy and anticipates meeting this objective going forward.

SMART OBJECTIVE 4/7

Title of Program Smart Objective	FFY 2023 #4 Maintain and Support One STEMI Critical Care System Program Statewide
Program SMART Objective	07/2023 and 06/2024, EMSA Program will maintain one (1) EMS STEMI program by providing leadership for the implementation of the state STEMI regulations. Program will also provide statewide coordination and support to entities developing a STEMI Critical Care System, and those that have the system in place, through education and technical support to improve and increase the level of care for STEMI patients in California. Program will provide technical assistance to encourage LEMSAs without an existing STEMI Critical Care System to create one and become part of the system statewide and provide leadership to the LEMSAs with existing systems to improve the system based on the newest technology and evidence-based studies, on aspects of both clinical and system management to provide the highest level of care for STEMI patients. At least 75 stakeholder engagements will be conducted in the form of annual plan reviews, technical assistance emails, phone calls, meetings, and educational events.
Item to be measured	TA in interpretation of regulations, annual plan review, and other guidance provided to LEMSAs, etc.
Unit to be measured	Number of stakeholder engagements
Baseline Value	0
Interim Target Value	40
Final Target Value	75

Question	Program Input
Final amount achieved	78
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Between 07/2023 and 06/2024, EMSA Program maintained one (1) STEMI program by providing leadership for the implementation of the state STEMI regulations and providing statewide coordination and support to LEMSAs developing new STEMI Critical Care Systems, and to those that have existing systems in place.
One-paragraph description of results towards this Program SMART Objective	Between 07/2022 and 06/2023, EMSA Program maintained one (1) STEMI program by providing leadership for the implementation of the state STEMI regulations and providing statewide coordination and support to LEMSAs developing new STEMI Critical Care Systems, and to those that have existing systems in place. At least 80 stakeholder engagements were conducted in the form of annual plan reviews, technical assistance emails, phone calls, and meetings.

ACTIVITY 1/3

Title	#1: Provide Education on Current Trends for Optimal STEMI care
Summary	Between 07/2023 and 06/2024, California Emergency Medical Services Authority will conduct one (1) State STEMI Summit.
Description	Between 07/2023 and 06/2024, Program will conduct one (1) state STEMI Summit to educate Cardiologists, STEMI nurses, hospital registrars, paramedics, EMTs and administration staff on clinical and system aspects of care for STEMI patients with the newest and outcome report and study, to increase the level of care in California.

Question	Program Input
Activity Final Status	*CANCELLED*
If CANCELLED: Please provide a one-sentence explanation	The STEMI Summit was cancelled due staffing and timing issues.

ACTIVITY 2/3

Title	#2: Facilitate and Coordinate Technical Advisory Committee (TAC) Meetings

Summary	Between 07/2023 and 06/2024, the TAC meets in a regular basis to advise EMSA Director and the STEMI program on all aspects of the specialty care systems. Program staff facilitate and coordinate at least four (4) virtual meetings.
Description	Between 07/2023 and 06/2024, Program staff facilitate and coordinate at least four (4) virtual meetings each year to discuss the status of the state specialty care systems, receiving advice from the TAC to increase the level of care and improve the system for STEMI patients in California. This committee also has sub committees that meet separately as needed to plan the annual educational summit and related activities. The TAC also develops plans to improve the State STEMI data collection system to create QI activities at the state level in the future, which will be facilitated and organized by the EMSA program staff.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program staff facilitated four (4) TAC meetings to discuss the status of STEMI specialty care systems, plan submissions, system evaluations, and STEMI Data statewide.

ACTIVITY 3/3

Title	#3: Review and Analyze STEMI Critical Care System Annual Plans
Summary	Between 07/2023 and 06/2024, Program will analyze a minimum of 11 STEMI Critical Care System Annual Plans submissions from LEMSAs.
Description	Between 07/2023 and 06/2024, Program will analyze a minimum of 11 STEMI Critical Care System Annual Plans submitted to EMSA. Program will provide LEMSAs with feedback of analysis as part of EMS plan submission approvals/denials.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program analyzed 10 STEMI Critical Care System Annual Plans submitted to EMSA as well as 18 EMS Plans with STEMI and specialty care center components.

SMART OBJECTIVE 5/7

Title of Program Smart Objective	FFY 2023 #5 Maintain and Support One Stroke Critical Care System Program Statewide
Program SMART Objective	Between 07/2023 and 06/2024, EMSA Program will maintain one (1) EMS Stroke program by providing leadership for the implementation of the state Stroke regulations. Program will also provide statewide coordination and support to entities developing Stroke Critical Care Systems, and those that have the system in place, through education and technical support to improve and increase the level of care for Stroke patients in California. Program will provide technical assistance to encourage LEMSAs without an existing Stroke Critical Care System to create one and become part of the system statewide and provide leadership to the LEMSAs with existing systems to improve the system based on the newest technology and evidence-based studies, on aspects of both clinical and system management to provide the highest level of care for Stroke patients. At least 75 stakeholder engagements will be conducted in the form of annual plan reviews, technical assistance emails, phone calls, meetings, and educational events.
Item to be measured	TA in interpretation of regulations, annual plan review, and other guidance provided to LEMSAs, etc.
Unit to be measured	Number of stakeholder engagements in the form of plan reviews
Baseline Value	0
Interim Target Value	40
Final Target Value	75

Question	Program Input
Final amount achieved	76
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Between 07/2023 and 06/2024, Program maintained one (1) Stroke program and provided 76 stakeholder engagements conducted in the form of annual plan reviews, technical assistance emails, phone calls, and meetings.
One-paragraph description of results towards this Program SMART Objective	Between 07/2023 and 06/2024, Program successfully maintained the Stroke program statewide, by providing technical assistance to the LEMSAs, and by reviewing plans and assessing specialty care centers and hospitals through 76 stakeholder engagements. Challenges with staffing and timing limited the ability to host educational events.

ACTIVITY 1/3

Title	#1: Provide education on Current Trends for Optimal Stroke care
Summary	Between 07/2023 and 06/2024, Program will conduct one (1) State Stroke Summit.
Description	Between 07/2023 and 06/2024, Program will conduct one (1) state Stroke Summit to educate Neurologists, stroke nurses, hospital registrars, paramedics, EMTs and administration staff on clinical and system aspects of care for Stroke patients, to increase the level of care in California.

Question	*Program Input*
Activity Final Status	*CANCELLED*
If CANCELLED: Please provide a one-sentence explanation	The Stroke Summit was cancelled due staffing and timing issues.

ACTIVITY 2/3

Title	#2: Facilitate and Coordinate Technical Advisory Committee (TAC) Meetings
Summary	Between 07/2023 and 06/2024, Program staff will facilitate and coordinate at least four (4) virtual meetings each year to discuss the status of the state specialty care systems, receiving advice from the TAC to increase the level of care and improve the system for Stroke patients in California.
Description	Between 07/2023 and 06/2024, Program staff will facilitate and coordinate at least 4 virtual meetings each year to discuss the status of the state specialty care systems, receiving advice from the TAC to increase the level of care and improve the system for Stroke patients in California. This committee also has sub committees that meet separately as needed to plan the annual educational summit and related activities. The TAC also develops plans to improve the State Stroke data collection system to create QI activities at the state level in the future, which will be facilitated and organized by the EMSA program staff.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program staff facilitated four (4) TAC meetings to discuss the status of the specialty care systems for Stroke, plan submissions, system evaluations, and stroke data statewide.

ACTIVITY 3/3

Title	#3: Review and Analyze Stroke Critical Care System Annual Plans
Summary	Between 07/2023 and 06/2024, Program will analyze a minimum of 11 Stroke Critical Care System Annual Plans submitted to EMSA.
Description	Between 07/2023 and 06/2024, Program will analyze a minimum of 11 Stroke Critical Care System Annual Plans submitted to EMSA. Program will provide LEMSAs with feedback of analysis as part of EMS plan submission approvals/denials.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program analyzed 11 Stroke Critical Care System Annual Plans submitted by LEMSAs as well as 18 EMS Plans with stroke components and Specialty Care Centers.

SMART OBJECTIVE 6/7

Title of Program Smart Objective	FFY 2023 #6 Provide Oversight to California Poison Control Service (CPCS)
Program SMART Objective	Between 07/2023 and 06/2024, EMSA Program will provide oversight to one (1) CPCS required to provide poison control services to 100% of Californians for the prevention of unnecessary ambulance transports and emergency department visits through coordination and monitoring of activities, in accordance with statutory and regulatory authorities, and contractual requirement. Program will conduct assessments of one CPCS in order to monitor poison control service activities provided to Californians. Program will review one (1) annual report to ensure compliance with state standards for poison control services and contractual scope of work.

Item to be measured	Compliance with contractual requirements as reported in Quarterly reports received from CPCS
Unit to be measured	Annual report
Baseline Value	0
Interim Target Value	1
Final Target Value	1

Question	Program Input
Final amount achieved	1
Smart Objective Final Status	*NOT MET*
If NOT MET: What are the key factors that contributed to the target not being met?	The key factor that contributed to this target not being met was the limiting nature the general term "Quarterly Reports." The objective could not be marked MET because "quarterly reporting" had been changed contractually to one (1) annual report going forward for FY 2023-2024. Additionally, this "annual report" refers only to data collection, call center staffing and work hours and tasks. There are multiple reports due throughout the fiscal year that are maintained by CPCS and reviewed by Program in the areas of staff qualifications, specialty consultant agreements, procedures and succession plans, protocols and guidelines, customer service improvement processes, and quality assurance.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	Program will continue to provide oversight to CPCS to ensure statutory and contractual obligations are met, which includes review of contract deliverable reports in seven (7) categories, in addition to the one (1) annual report. Program confirmed poison control services are provided to Californians through the 24-hour poison control hotline and through community education and outreach.
One-sentence summary of results towards this Program SMART Objective	Program provided oversight to one (1) CPCS required to provide poison control services to 100% of Californians as part of an ongoing and continuous oversight process and reviewed two (2) reports consisting of one quarterly report and one annual report, and seven (7) additional deliverable reports outlined in the Contract.
One-paragraph description of results towards this Program SMART Objective	Program will continue to provide oversight to CPCS to ensure statutory and contractual obligations are met, which includes review of contract deliverable reports in seven (7) categories, in addition to the one (1) annual report. Program confirmed poison control services are provided to Californians through the 24-hour poison control hotline and through community education and outreach.

ACTIVITY 1/1

Title	#1: Collect and Review Annual Report Submission
Summary	Between 07/2023 and 06/2023, Program will collect and review one (1) annual report submission.
Description	Program will provide oversight to one (1) CPCS through coordination and technical assistance of one (1) annual report submission with the CPCS Business Director, in accordance with statutory and regulatory authorities and contractual requirements.

Question	*Program Input*
Activity Final Status	*CANCELLED*
If CANCELLED: Please provide a one-sentence explanation	The year-end annual report is due from CPCS in 07/2024, and thus will not be received in time to meet the target for this grant period.

SMART OBJECTIVE 7/7

Title of Program Smart Objective	FFY 2023 #7 Maintain EMS Systems Planning and Oversight to LEMSAs
Program SMART Objective	Between 07/2023 and 06/2024, Program will provide oversight to 34 LEMSAs required to submit annual EMS plans through coordination of EMS plan submission by LEMSA Administrators, technical assistance, and EMS plan determinations, in accordance with statutory and regulatory authorities. Program will review at least eight (8) EMS plans.
Item to be measured	EMS Plans
Unit to be measured	One plan per LEMSA
Baseline Value	0
Interim Target Value	4
Final Target Value	8

Question	*Program Input*
Final amount achieved	21
Smart Objective Final Status	*MET*

One-sentence summary of results towards this Program SMART Objective	Between 07/2023 and 06/2024, Program provided oversight to 29 LEMSAs, and coordinated the submission of 21 EMS Plans, developed 14 plan determinations covering 26 EMS Plans, and provided technical assistance to 29 LEMSA Administrators on EMS plan development.
One-paragraph description of results towards this Program SMART Objective	Between 07/2023 and 06/2024, Program provided oversight and coordinated the submission of 21 EMS Plans from 14 LEMSAs, developed 14 plan determinations covering 26 EMS plans, and has provided 173 instances of technical assistance to 29 LEMSA Administrators on EMS plan development. One strategy for success has been continued technical support and collaboration with the EMS Administrators. We have provided a tremendous amount of technical support for nearly all the LEMSAs. This has led to the continued path of plan submittals to be on time. Providing constant technical support and clear communication has been a successful way to bring a significant number of LEMSAs current on their EMS plans.

ACTIVITY 1/7

Title	#1: Collect EMS Plan Submissions
Summary	Between 07/2023 and 06/2024, Program will provide oversight to 100% of LEMSAs required to submit annual EMS plans through coordination of at least eight (8) EMS plan submissions with LEMSA Administrators, technical assistance, and EMS plan determinations, in accordance with statutory and regulatory authorities.
Description	Between 07/2023 and 06/2024, Program is responsible for providing coordination, technical assistance, and developing annual EMS plan determinations to LEMSA Administrators in accordance with statutory and regulatory authorities.

Question	*Program Input*
Activity Final Status	*MET*

Summary of Outcome	Between 07/2023 and 06/2024, Program has received 21 EMS Plans from 14 LEMSAs. There were 14 plan determinations covering 26 EMS plans made during this period. One strategy for success has been continued technical support and collaboration with the EMS Administrators. We have provided a tremendous amount of technical support for nearly all the LEMSAs. This has led to the continued path of plan submittals to be on time. Providing constant technical support and clear communication has been a successful way to bring a significant number of LEMSAs current on their EMS plans.

ACTIVITY 2/7

Title	#2: Track and Monitor EMS Plans
Summary	Between 07/2023 and 06/2024, Program will provide coordination of receipt of EMS plan submissions from LEMSA Administrators, assignment of EMS plan reviews to EMS Authority subject matter experts, and overall tracking and monitoring of EMS plan review from receipt to decision to approve or deny. Program will track and monitor by updating one (1) internal work-flow management application.
Description	Between 07/2023 and 06/2024, Program will keep current and update one (1) internal work-flow management application to reflect EMS plan activity, including receipt of EMS plans, status of active EMS plans within the EMS Authority, plan outcomes, coordination with LEMSA Administrators and staff, and collaboration with EMSA staff on EMS plan review, to ensure effective oversight of the internal EMS plan review process for timely, comprehensive, and effective plan development and decisions.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Between 07/2023 and 06/2024, Program maintained one work-flow management application through Monday.com to manage and monitor EMS plan workflow within EMSA and document communication and collaboration with EMSA staff and LEMSAs.

ACTIVITY 3/7

Title	#3: Collect and Review Quarterly Report Submissions
Summary	Between 07/2023 and 06/2024, Program will provide coordination and technical assistance to six (6) multicounty LEMSA Administrators.
Description	Between 07/2023 and 06/2024, Program will provide oversight to six (6) multicounty LEMSAs required to submit quarterly reports through coordination and technical assistance of quarterly report submissions, in accordance with statutory and contractual authorities.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	Between 07/2023 and 06/2024, Program provided oversight to six (6) multicounty LEMSAs required to submit quarterly reports. Six (6) reports were received and reviewed, one from each multi-county LEMSA for the 4th quarter of 2022-2023, and six (6) reports were received and reviewed, one from each Multi-County LEMSA for the 1st, 2nd, and 3rd quarters of 2023-2024 for a total of 24 reports.

ACTIVITY 4/7

Title	#4: Review forms submitted as the transportation component of the EMS Plans
Summary	Between 07/2023 and 06/2024, Program will review all transportation components (Ambulance Zone Summary Form(s) and Table 8 Resource Directory(s)) for approval and maintain Exclusive Operating Area (EOA) and EMS Responder spreadsheets. EMSA anticipates eight (8) EMS Plans with associated transportation components will be submitted for review during this time period.
Description	Between 7/2023 and 6/2024, the Program will review and approve or deny the transportation components of an EMS Plan based on statute, regulation, and case law. The date is then tracked in a transportation data spreadsheet. EMSA anticipates eight (8) EMS Plans with associated transportation components will be submitted for review during this time period.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program conducted 18 meticulous reviews of Emergency Medical Services (EMS) plans, focusing on the transportation component to enhance emergency response capabilities and ensure seamless coordination between medical facilities and transportation services.

ACTIVITY 5/7

Title	#5: Maintain LEMSA competitive process transportation service log
Summary	Between 07/2023 and 06/2024, Program will update one (1) internal service log to track contract start and end dates of the competitive processes.
Description	Between 07/2023 and 06/2024, Program will maintain one (1) competitive process transportation log through a continuous update with each EMS Plan and competitive process approval/denial. Log will be used monthly for formal LEMSA notification of status of exclusive rights.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program had success through its tracking of three competitive process reviews utilizing Monday.com

ACTIVITY 6/7

Title	#6: Review LEMSA transportation competitive processes
Summary	Between 07/2023 and 06/2024, Program will review at least one (1) competitive process regarding EOAs for transportation, as they come in.
Description	Between 07/2023 and 06/2024, Program will review at least one LEMSA competitive process for emergency ambulance services, regarding prospective EOAs and discuss any changes needed to approve the competitive process. EMSA's collaboration with LEMSAs promotes successful competitive bidding for local ambulance services, which in turn assures patient care during an emergency.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program demonstrated remarkable success through its rigorous evaluations and comprehensive reviews including three competitive process reviews that highlighted the Transportation program's commitment to transparency, efficiency, and fairness in procurement practices, ensuring optimal utilization of resources and fostering healthy competition within the industry.

ACTIVITY 7/7

Title	#7: Provide Technical Assistance
Summary	Between 07/2023 and 06/2024, Program will answer at least 32 requests for technical assistance with EMS transportation issues via email, phone calls, formal correspondence, and face-to-face inquiries.
Description	Between 07/2023 and 06/2024, Program will provide assistance in all areas related to EMS ambulance transportation for all requests received. Requests are received from LEMSAs, the general public, EMS Providers, and other state agencies through email, phone calls, zoom calls, formal correspondence, and face-to-face meetings. While it is impossible to know how many requests for assistance will be received, based on previous years it is anticipated that there will be at least 32 instances of technical assistance provided.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program has processed 55 Technical assistance emails, calls, and held 10 Microsoft Teams meetings collectively to reflect the program's dedication to excellence, innovation, and continuous improvement, ultimately facilitating safer, more efficient transportation systems for the State of California.

Healthy People 2030 Program

PROGRAM SUMMARY

Program Name	FFY 2023 Healthy People 2030 Program
Program Goal	The goal of this program is to enhance the accountability and transparency of the PHHSBG through the HPP 2030 by measuring progress and impact of funded programs, as we communicate current accomplishments.
Healthy People 2030 Objective	PHI-R07 Explore quality improvement as a way to increase efficiency and effectiveness in health departments
Recipient Health Objective	Between 07/2023 and 06/2024, the Healthy People Program (HPP) 2030 will implement one quality improvement (QI) process, using the CDC evaluation framework and the Plan Do Check Act (PDCA) QI model, to increase efficiency and effectiveness of the Preventive Health and Health Services Block Grant (PHHSBG)-funded programs.
Total Program Allocation	$735,033

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2023 #1 Provide Administrative Support to Ensure all Programmatic and Fiscal Deliverables are Met
Program SMART Objective	Between 07/2023 and 06/2024, Program will provide administrative oversight and support to 16 PHHSBG funded programs to ensure programmatic and fiscal deliverables are met timely in accordance with CDC's guidelines. The oversight and support will include a series of webinars, technical assistance, and quality improvement models.
Item to be measured	Objectives and Activities statuses and outcomes for 16 PHHSBG-funded programs
Unit to be measured	number
Baseline Value	0
Interim Target Value	0
Final Target Value	16

Question	Program Input
Final amount achieved	16
Smart Objective Final Status	*MET*

One-sentence summary of results towards this Program SMART Objective	Program has provided at least 40 technical support opportunities to all funded programs through office hours, phone conferences, and virtual meetings.
One-paragraph description of results towards this Program SMART Objective	Program has provided at least 40 technical support opportunities to all funded programs through office hours, phone conferences, and virtual meetings. The technical support assisted program specific questions in reporting their annual programmatic deliverables, funding applications, and budget requirements.

ACTIVITY 1/4

Title	#1: Perform QI Analysis of PHHSBG-Funded Programs
Summary	Between 07/2023 and 06/2024, Program will analyze the PHHSBG FFY 2022 Final APR to determine one (1) program that requires QI intervention most.
Description	Between 07/2023 and 06/2024, HPP 2030 Program Staff will analyze the PHHSBG FFY 2022 Final APR, which includes reviewing and analyzing all PHHSBG-funded Programs' met or unmet objectives and activities. For Programs that did not achieve their objectives and activities, HPP 2030 program staff will identify at least one (1) Program for a QI analysis, utilizing the PDCA Model. Once candidate program is determined, HPP 2030 Program Staff will meet with candidate program for QI intervention and analysis.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program identified areas of the HP 2030 Program's internal processes to develop and/or update to help streamline the administration of the PHHSBG to all stakeholders. Processes analyzed and improved include the CDPH Funding Proposal Process, stakeholder communication, and day-to-day administrative and fiscal management of the grant. The barriers included outdated or lack of clear processes and guidance, especially for the Funding Proposal Process. Program addressed these barriers by working with CDPH leadership, Office of Policy and Planning, and the Advisory Committee to develop guidance and roles & responsibilities for day-to-day grant administration and future funding proposals to be considered.

ACTIVITY 2/4

Title	#2: Conduct Webinars and Provide Technical Assistance to Program Staff
Summary	Between 07/2023 and 06/2024, Program will provide at least ten (10) webinars and continuous Technical Assistance (TA) to all PHHSBG funded Program Staff.
Description	Between 07/2023 and 06/2024, HPP 2030 Program Staff will provide at least ten (10) webinars and continuous TA to all PHHSBG-funded Program Staff via email, phone, or virtual meetings, as appropriate.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program has provided at least 80 technical assistances to all funded program staff via email, phone conferences, and virtual meetings. The topics discussed include funding application questions, budget development, expenditure reporting, and annual programmatic deliverables.

ACTIVITY 3/4

Title	#3: Conduct Webinars and Provide Technical Assistance to Fiscal Staff
Summary	Between 07/2023 and 06/2024, Program will provide at least two (2) Webinar Trainings and continuous TA to all PHHSBG funded Fiscal Staff.
Description	Between 07/2023 and 06/2024, HPP 2030 Fiscal Staff will provide at least two (2) Webinar Trainings and continuous TA to all PHHSBG funded Fiscal Staff to ensure each program properly maintains their program budgets, report any changes or concerns throughout the State Fiscal Year, and upkeep their Monthly Expenditure Reports.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	The HPP 2030 fiscal staff met and/or communicated with 16 Fiscal Leads of each funded program to ensure all programs have all necessary tools to report their monthly expenditures and projections.

ACTIVITY 4/4

Title	#4: Communication of PHHSBG Outcomes and Achievements
Summary	Between 07/2023 and 06/2024, Program will implement two (2) communication strategies to effectively communicate the program outcomes and successes to all internal and external stakeholders.
Description	Between 07/2023 and 06/2024, Program will implement two communication strategies via email, webinars, or published documents on the Department's webpage to highlight program outcomes and successes to all internal and external stakeholders.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program completed three communication strategies to communicate program outcomes and successes by posting the FFY 2022 Final Annual Progress Report on the CDPH external website and shared via email. The Final Annual Progress Reports were also made available to stakeholders on CDPH's SharePoint website.

Injury Prevention Program

PROGRAM SUMMARY

Program Name	FFY 2023 Injury Prevention Program
Program Goal	Decrease injuries in California by supporting development of data-informed, evidence-based prevention policies, practices, and programs at state and local levels.
Healthy People 2030 Objective	IVP-01 Reduce fatal injuries
Recipient Health Objective	Between 07/2023 and 06/2024, Program will strive to reduce by 5% the crude rate of total, unintentional, and intentional injury deaths in California from the current 2021 rates (69.8, 52.3 and 16.8 per 100,000 California residents, respectively).
Total Program Allocation	$997,267

SMART OBJECTIVE 1/5

Title of Program Smart Objective	FFY 2023 #1 School-based Health Center Support
Program SMART Objective	Between 07/2023 and 06/2024, Program will provide six (6) multiple statewide technical assistance (TA) events that educate public health and student health stakeholders on the benefits School-Based Health Centers have for improving student health.
Item to be measured	TA activities (3) and quarterly workgroup meetings (4)
Unit to be measured	Number of technical assistance (TA) activities
Baseline Value	0
Interim Target Value	3
Final Target Value	6

Question	*Program Input*
Final amount achieved	6
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	IVPB, in collaboration with the OSH, was able to complete six or more SBHC-related technical assistance events to statewide school health partners in the last year.

One-paragraph description of results towards this Program SMART Objective	IVPB collaborated with the California Department of Public Health (CDPH) OSH which continues to provide technical assistance to education and health stakeholders through the email address SafeSchoolsTeam@cdph.ca.gov. The Office of School Health (OSH) also hosted 40+ office hours webinar meetings that fit this description. Office hours attendees average between 200 – 400 each week and include SBHCs, school nurses, LHJs, CBOs, county offices of education, and local education agencies. School health topics have included the CYBHI all-payer fee schedule, wellness coaches, school-based immunization, COVID-19 and communicable disease guidance and policies, school healthcare billing, behavioral health, overdose prevention, and other key school health and SBHC topics.

ACTIVITY 1/3

Title	#1: School-Based Health Center Coordination
Summary	By June 2024, Program will improve coordination statewide by convening four (4) School-Based Health Center Statewide Collaborative Workgroup (Workgroup) meetings.
Description	Between 07/2023 and 06/2024, the School-Based Health Center Statewide Collaborative Workgroup will be convened quarterly by CDPH's IVPB staff. The Workgroup membership comprised of representatives from CDPH, CDE, MCAH, MHSOAC, DHCS and the School-Based Health Center Alliance among others, will be invited to quarterly (4) meetings during the project's 12-month timeframe.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	IVPB coordinated and transferred knowledge and contacts to the new Office of School Health (OSH) who are in the process of working with stakeholders including the California School-based Health Alliance (CSHA)to re-launch the workgroup. However, the OSH team convened their "office hours" webinar meetings that served to provide outreach to similar stakeholders. Office hours attendees average between 200 – 400 individuals each week and include SBHCs, school nurses, LHJs, CBOs, county offices of education, and local education agencies. Since the OSH are reimagining the workgroup, no specific meetings of this new iteration have been convened yet. Per OSH, the first convening will occur in Summer 2024, after June 30, 2024.

ACTIVITY 2/3

Title	#2: Assess on-going needs of SBHCs
Summary	Between 07/2023 and 06/2024 Program will review findings from two (2) existing needs assessments and available data among California's SBHCs to identify areas of technical assistance needs.
Description	CDPH, with the support of the SBHC Workgroup, will continue to analyze existing needs assessments, surveys, and available data related to SBHCs. The results will be collected by CDPH staff and shared back with the Workgroup. CDPH and the Workgroup will then identify SBHC gaps and technical assistance needs and share back the findings with the field.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	All SBHC-related TA requests were handled by the new Office of School Health staff for the remainder of the grant period. Their team had outreach to the CSHA to determine CDPH TA needs through the remainder of the grant period.

ACTIVITY 3/3

Title	#3: Provide technical assistance to SBHCs and their partners (e.g., LHJs, CBOs, FQHCs, etc.)
Summary	Between 07/2023 and 06/2024, IVPB staff will provide at least three (3) technical assistance events to California's SBHCs, LHJs, CBOs, County Departments of Education or FQHC's on topics identified from the needs assessments and or the available data.
Description	CDPH will provide at least three (3) technical assistance events (e.g., webinars, presentations, fact sheets, etc.) to California's SBHCs and their partners on topics identified in the needs assessment work which may include: increasing enrollments of eligible students in Medi-Cal and suicide prevention. Technical assistance events will likely be in the form of webinars during the 12-month project year but may include in-person presentations if conditions allow.

Question	Program Input
Activity Final Status	MET

Summary of Outcome	The new Office of School Health (OSH) hosted over 42 office hours webinars that would fit this description. Office hours attendees averaged over 200 individuals weekly and include SBHCs, school nurses, LHJs, CBOs, county offices of education, and local education agencies. School health topics have included wellness coaches, school-based immunization, COVID-19 and communicable disease guidance and policies, school healthcare billing, behavioral health, overdose prevention, and other key school health and SBHC topics.

SMART OBJECTIVE 2/5

Title of Program Smart Objective	FFY 2023 #2 Increase Capacity for Local Childhood Unintentional Injury Prevention Programs
Program SMART Objective	Between 07/2023 and 06/2024, Program will conduct at least fifty-four (54) technical assistance activities for the childhood unintentional injury prevention community and Kids' Plates grantees to increase knowledge, best practice programs, and partnership efforts across California.
Item to be measured	Technical assistance opportunities including emails, phone calls, meetings, or webinars.
Unit to be measured	The number of technical assistance and webinars.
Baseline Value	0
Interim Target Value	27
Final Target Value	54

Question	Program Input
Final amount achieved	69
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Between 01/2024 and 06/2024, Program provided/participated in forty-one (41) activities to support childhood unintentional injury prevention to the California community including Kids' Plates grantees, local public health departments, advocates, and non-profits.

One-paragraph description of results towards this Program SMART Objective	Between 01/2024 and 06/2024, Program provided/participated in forty-one (41) activities to support childhood unintentional injury prevention to the California community including Kids' Plates grantees, local public health departments, advocates, and non-profits. This included 35 technical assistance activities with Kids' Plates and other childhood unintentional injury prevention advocates/organizations, 1 website update, and 5 webinars.

ACTIVITY 1/3

Title	#1: Website Development
Summary	Between 07/2023 and 06/2024, Program will update and maintain one (1) Kids' Plates website on the CDPH website to provide unintentional childhood injury research and resources.
Description	Program staff will maintain one (1) web page on the CDPH website on unintentional childhood injury prevention topics and resources for use by Kids' Plates programs, local entities, and the public. The website provides information to professionals and the public on program development, coalition building, and topic-specific technical information for agencies who are addressing childhood unintentional injury risks and prevention education and outreach to local communities. The website will be updated every six (6) months.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	Program has updated the Kids' Plates website on the CDPH website to provide unintentional childhood injury prevention research and resources. The website provides information to professionals and the public.

ACTIVITY 2/3

Title	#2: Quarterly Webinars
Summary	Between 07/2023 and 06/2024, Program will facilitate four (4) childhood unintentional injury prevention webinars to Kids' Plates grantees.

Description	CDPH program staff will coordinate four (4) webinars total (one each quarter) on unintentional childhood injury prevention topics to local public health departments, the Kids' Plates grantees, and the California unintentional childhood injury prevention community. The webinars will support local program interventions to provide current injury data, research, and innovative prevention efforts to promote and expand partnerships across the state.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program coordinated five (5) webinars on unintentional childhood injury prevention to local public health departments, the Kids' Plates grantees, and the California unintentional injury prevention community. The webinar planned for the second quarter mentioned in the interim report, was postponed and held in January still focused on the National Digital Check Form in collaboration with the coordinators of that program to the California Highway Patrol (CHP). If CHP implements this form, then a full quarter of the state child passenger safety (CPS) inspection stations will have electronic data on CPS use and misuse. Data that is otherwise not currently captured. In February 2024, a CPS presentation was provided to Impact Teen Drivers (ITD) by Program and Riverside County Public health to train presenters on CPS for all ages between 0-16 years. This information was then incorporated into the three curriculums that were being updated by ITD for their national programs for elementary, middle, and high school students. In March, Program coordinated a webinar that hosted Jim DeCarli, PhD, who presented his recently published CPS Behavioral Skills Training research as a more effective way to reduce misuse and maintain correct use of child passenger restraint systems. In June 2024, three (3) webinars were held. One webinar was for the California Department of Education through the CDPH Office of School Health to inform local programs on CPS and teen driver programs. Another webinar was held by Program to support CPS Technicians who will expire their certification in the next six month to provide guidance and steps on how to meet their recertification needs. Program was a part of another webinar conducted by the national Consumer Product Safety Commission (CPSC) and provided information on the CDPH pilot project on Drowning Prevention.

ACTIVITY 3/3

Title	#3: Technical Assistance to Kids' Plates Grantees
Summary	Between 07/2023 and 06/2024, Program will provide fifty total (50) technical assistance activities for Kids' Plates grantees for program development and childhood unintentional injury prevention expertise to enhance and maintain program interventions and activities.
Description	Between 07/2023 and 06/2024, Program will provide fifty total (50) technical assistance activities for Kids' Plates grantees for program development and childhood unintentional injury prevention expertise to enhance and maintain program interventions and activities.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program provided another thirty-five (35) TA activities for Kids' Plates grantees and other childhood unintentional injury prevention advocates in California for a total of sixty (60) TA activities. The TA topics ranged from child passenger safety, to drowning, to bicycle and pedestrian safety, and finally poisoning prevention. Those that requested TA were either seasoned childhood injury preventionists with specific questions or those newer to the field who required extensive technical assistance on their topic of need. Program staff successfully completed all workplan deliverables for this fiscal year.

SMART OBJECTIVE 3/5

Title of Program Smart Objective	FFY 2023 #3 Increase Capacity for Older Adult Unintentional Injury Prevention Program-Healthy Aging
Program SMART Objective	Between 07/2023 and 06/2024, Healthy Aging Initiative (HAI) will provide at least forty-five (45) activities to support healthy aging across California Department of Public Health and partner organizations.
Item to be measured	Technical Assistance Activities
Unit to be measured	Number of Activities Provided
Baseline Value	0
Interim Target Value	20
Final Target Value	45

Question	Program Input
Final amount achieved	97
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Between 07/2023 and 6/2024, Healthy Aging Initiative (HAI) provided/participated in ninety-seven (97) activities to support healthy aging across California Department of Public Health and partner organizations.
One-paragraph description of results towards this Program SMART Objective	Between 07/2023 and 6/2024, HAI staff, on behalf of CDPH, coordinated and drafted mid-year California Master Plan for Aging (MPA) initiative updates, participated in meetings, activities, and relationship building opportunities around the MPA to maintain and strengthen relationships with internal and external aging partners. HAI staff participated in multiple Age-Friendly Public Health trainings and TA opportunities to maintain CDPH's Age-Friendly Public Health System (AFPHS) designation status as well as completed the 5th annual Healthy Aging California Convening in coordination with the California State University, Sacramento. Additionally, HAI has provided TA and support to thirty (30) partners/members of the public. HAI successfully completed all workplan deliverables for this fiscal year.

ACTIVITY 1/3

Title	#1: California's Master Plan for Aging (MPA)
Summary	Between 07/2023 and 06/2024, HAI will support implementation of the California MPA by strengthening the relationships with internal and external healthy aging partners through coordination and participation in at least twenty-five (25) related meetings.
Description	Between 07/2023 and 06/2024, HAI staff will strengthen relationships with healthy aging partners through collaboration with the California Department of Aging, California Department of Public Health's Office of Suicide Prevention and Alzheimer's Disease Program staff, as well as fall prevention partners in California. HAI will compile and complete all MPA related reporting requirements and co-create the annual Older Adult Suicide in California data brief with CDPH's Office of Suicide Prevention.

Question	Program Input
Activity Final Status	*MET*

Summary of Outcome	Between 07/2023 and 6/2024, HAI staff participated in forty-eight (48) meetings, activities, and relationship building opportunities around the California MPA to maintain and strengthen relationships with internal and external aging partners. HAI has built strong relationships with our local public health and state agency partners around healthy aging. HAI has had great response from partners when it comes to collaboration and follow-up on asks and continues to build upon the strong partnerships made.

ACTIVITY 2/3

Title	#2: Age-Friendly Public Health System
Summary	Between 07/2023 and 06/2024, HAI staff will provide at least ten (10) coordination and outreach activities to key stakeholders, in collaboration with the Trust for America's Health, on Age-Friendly Public Health System activities.
Description	Between 07/2023 and 06/2024, HAI staff will provide coordination and outreach to key stakeholders, in collaboration with the Trust for America's Health, on Age-Friendly Public Health System activities. This will include convening state and local public health leaders to 1) strategize and share best practices around older adult and caregiver health; and 2) provide educational resources with an emphasis on Age-Friendly Public Health Systems.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	HAI staff participated in nineteen (19) activities between 07/2023 and 6/2024, supporting the maintenance of CDPH's AFPHS designation including attending AFPHS quarterly calls, trainings, etc. Through this work HAI has been able to maintain, on behalf of CDPH, the AFPHS Exemplar recognition status and further build upon the work required for the AFPHS program process. HAI also furthered CDPH's AFPHS work by hosting the 5th annual Healthy Aging California Convening, which gathered over 200 aging network stakeholders. The Convening had a data focus highlighting older adults in California, including data on morbidity and mortality, metrics from the California Department of Aging's (CDA) Master Plan for Aging (MPA) dashboard, and topic specific data on Alzheimer's disease/related dementias and traumatic brain injury. Additionally, HAI continues to find ways to further the AFPHS work, including building out partnerships with other relevant agencies and departments.

ACTIVITY 3/3

Title	#3: Technical Assistance
Summary	Between 07/2023 and 06/2024, HAI staff will provide ten (10) technical assistance consultations to advise state agencies, Local Health Jurisdictions (LHJ), community agencies, or members of the public on healthy aging related issues.
Description	Between 07/2023 and 06/2024, HAI staff will provide technical assistance consultations to state agencies, LHJs, community agencies, or members of the public to enable sharing of best practices and healthy aging related resources. CDPH will also serve as the license holder and technical assistance provider for the evidence-based fall prevention program "Stepping On."

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	HAI staff have completed thirty (30) TA activities between 07/2023 and 6/2024, including technical assistance consultations to advise county agencies, community-based organizations, and members of the public on healthy aging resources. HAI, on behalf of CDPH, continued to be a license holder in California for the "Stepping On" falls prevention program. A great success this year was that HAI supported two (2) of our "Stepping On" contractors to become certified Master Trainers, greatly increasing the capacity for Californians to receive the "Stepping On" program. Additionally, HAI has participated in the NCOA quarterly Falls Prevention calls and provided information about CA programming and resources to partners across the country. HAI was also able to support and coordinate the Suicide Prevention in Older Adults data brief process, including collaboration with CDA and their behavioral health team.

SMART OBJECTIVE 4/5

Title of Program Smart Objective	FFY 2023 #4 Reduce Serious and Fatal Injuries that Result from Motor Vehicle Traffic Collisions
Program SMART Objective	Between 07/2023 and 06/2024, Program will increase access to its injury surveillance data by making recent motor vehicle traffic (MVT) crash, medical outcomes, and fatality data available via creation of one (1) data product/resource and provision/completion of at least six (6) related technical assistance (TA) activities.
Item to be measured	Resources produced; TA activities

Unit to be measured	Number of resources produced; number of TA activities provided
Baseline Value	0
Interim Target Value	3
Final Target Value	7

Question	*Program Input*
Final amount achieved	7
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Program produced and disseminated one (1) data product showcasing emerging trends in e-bike injuries and completed six (6) TA activities involving the provision of motor vehicle traffic (MVT) crash injury data to traffic safety stakeholders.
One-paragraph description of results towards this Program SMART Objective	Program produced and disseminated one (1) data product showcasing emerging trends in e-bike injuries. This data product included a webinar and corresponding slides. Program also completed six (6) TA activities involving the provision of MVT crash injury data and analysis to traffic safety stakeholders including, SafeKids of Sonoma County, the Los Angeles County Department of Public Health, the California Office of Traffic Safety, and others.

ACTIVITY 1/3

Title	#1: Linking crash data with medical outcomes to make connections between injury & crash risk factors
Summary	Between 7/1/2023 and 6/30/2024, CMOD staff will contract with the University of Southern California's Children's Data Network (CDN) for the development of a probabilistic data linkage methodology, as well as support for the CMOD Research Scientists in using this method to link crash data with medical outcomes data for one (1) year.
Description	Probabilistic Data Linkage: California Crash Medical Outcomes Data (CMOD) Project is proposing to contract with the University of Southern California's Children's Data Network (CDN). The data scientists at CDN would develop a replicable probabilistic data linkage method using Chimera, and then support the CMOD Research Scientists in using this method to link crash data with medical outcomes data. This will allow program staff to look at the relationship between those outcomes and various risk factors and crash characteristics.

Question	Program Input
Activity Final Status	*CANCELLED*
If CANCELLED: Please provide a one-sentence explanation	Program pursued various pathways to contract with the vendor, but none could accommodate the PHHSBG timeline, so this activity was canceled.

ACTIVITY 2/3

Title	#2: Data Brief on traffic patterns, crashes, and medical outcomes
Summary	Between 07/2023 and 06/2024, Program will analyze data on traffic patterns, crashes, and medical outcomes and develop one (1) data brief to share relevant results.
Description	Between 07/2023 and 06/2024, Program will have analyzed data on traffic patterns, rates of crashes, and medical outcomes to identify a topic of focus and outline results to highlight within a data brief. One data brief describing these findings will be produced.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program worked with the Active Transportation Safety Program to produce statistics on emerging trends in e-bike injuries. These statistics were presented during an April 3, 2024, Webinar, "Rolling Out E-bikes with a Safe Systems Approach." The data were made available to the webinar audience and other stakeholders online as part of the presentation slide deck.

ACTIVITY 3/3

Title	#3: Technical assistance (TA) to support use of crash and medical outcomes data
Summary	Between 07/2023 and 06/2024, Program will provide at least six (6) Technical Assistance activities to relevant entities focused on use of crash and medical outcomes data for injury prevention purposes.

Description	Between 07/2023 and 06/2024, Program will complete at least six (6) TA activities focused on use of crash and medical outcomes data for injury prevention purposes. TA activities may include participation in calls/meetings, responses to queries, and/or presentations made to various groups. TA audiences include stakeholders, data partners, local health jurisdictions, and others working to prevent injury and death that may result from motor vehicle traffic collisions.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program provided six (6) MVT crash injury data TA activities during this period. The first two (2) TA activities involved providing data on child passenger injury severity in relation to restraint use, one for SafeKids Sonoma County and one (1) for the American Academy of Pediatrics Orange County Chapter. The third TA activity involved providing an overview of recent MVT injury trends for the CDPH Office of Policy and Planning's State of Public Health Report. The fourth TA activity involved providing data on young driver vehicle occupant injuries to the CA Coalition for Children's Safety and Health. The fifth TA activity involved providing guidance on identifying street racing-related injuries to the Los Angeles County Department of Public Health. Finally, the sixth TA activity involved providing guidance to the CA Office of Traffic Safety on how to identify e-bike injuries from state hospital and emergency department discharge data.

SMART OBJECTIVE 5/5

Title of Program Smart Objective	FFY 2023 #5 Statewide General Injury Surveillance System
Program SMART Objective	By Between 07/2023 and 06/2024, Program will conduct one (1) statewide general injury surveillance system by (a) developing state-level injury death, hospitalization, and emergency department visit datasets for the 2022 calendar year, (b) making the new injury data publicly available on its EpiCenter online injury surveillance data dashboard, and (c) analyzing the new injury data to inform at least three injury prevention activities.
Item to be measured	Most recent year of death, hospital, and ED visit data available on EpiCenter
Unit to be measured	Surveillance system
Baseline Value	1
Interim Target Value	0

Final Target Value	1

Question	Program Input
Final amount achieved	1
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Program created calendar year 2022 statewide data for injury-related deaths, hospitalizations, and ED visits, uploaded the 2022 injury data the EpiCenter online injury surveillance data dashboard, and analyzed these data to support three (3) injury surveillance and prevention efforts.
One-paragraph description of results towards this Program SMART Objective	Program created calendar year 2022 statewide data for injury-related deaths, hospitalizations, and ED visits. Program uploaded the 2022 injury data the EpiCenter online injury surveillance data dashboard. Program also analyzed these data to support the following three (3) injury surveillance and prevention efforts: (1) a presentation on Traumatic Brain Injury (TBI) among older adults as part of a CDPH Healthy Aging Initiative convening; (2) the injury chapter of the 2024 California State of Public Health Report; and (3) an update to the California Firearm Injury Dashboard.

ACTIVITY 1/3

Title	#1: Develop State Injury Data
Summary	Between 07/2023 and 06/2024, Program will develop three (3) state injury datasets from the most recently available state death, hospital, and emergency department (ED) visit data.
Description	IVPB will maintain its data use agreement with the CDPH Center for Health Statistics and Informatics (CHSI) to continue receiving annual files for California deaths, hospital discharges, and emergency department visits from state partners. By June 30, 2024, IVPB will obtain these data sets for calendar year 2022. Also, by June 30, 2024, IVPB research staff will process these data according to guidance produced by the CDC's National Center for Injury Prevention and Control (NCIPC) to identify, classify, and extract injury-related deaths, hospitalizations, and ED visits.

Question	Program Input
Activity Final Status	*MET*

Summary of Outcome	This activity is complete. Program received state-level death, hospitalization, and emergency department visit datasets for the 2022 calendar year through an ongoing data use agreement with CDPH's Center for Health Statistics and Informatics. The latest guidance from CDC's National Center for Injury Prevention and Control (NCIPC) was applied to identify, classify, and extract injuries from these source data. The resulting death, hospitalization, and ED visit injury data are now being used for surveillance, evaluation, and other analyses.

ACTIVITY 2/3

Title	#2: Make State Injury Data Accessible to the Public
Summary	Between 07/2023 and 06/2024, Program will make three (3) calendar year 2022 state injury datasets accessible to the public through its online data dashboard and direct request.
Description	IVPB maintains EpiCenter, an online injury surveillance data dashboard (https://skylab4.cdph.ca.gov/epicenter/). Between 07/2023 and 06/2024, IVPB will update EpiCenter to include calendar year 2022 injury-related deaths, hospitalizations, and ED visits for the state. EpiCenter makes injury data insights quick and easy through customizable visualizations, enabling users to identify risk and protective factors and trends in injury and violence and help inform interventions. EpiCenter also allows users to build custom injury data tables and download them in Excel format. If/when the data available through EpiCenter do not meet user's needs, IVPB will create and share custom injury data tables by request and within the limits of Agency data de-identification guidelines (see DMP for details). Finally, EpiCenter contains an extensive documentation section to facilitate appropriate interpretation of the injury data. IVPB will update this documentation as appropriate to accommodate any changes in the calendar year 2022 data.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program created calendar year 2022 statewide data for injury-related deaths, hospitalizations, and ED visits and uploaded them to the EpiCenter online injury surveillance data dashboard. EpiCenter was also updated to include more recent population data to facilitate injury rate calculations. Documentation was also updated to reflect the new data. EpiCenter currently has injury data from 2016 to 2022 and averages about seventy-five (75) users per week.

ACTIVITY 3/3

Title	#3: Analyze State Injury Data to Inform Prevention
Summary	Between 07/2023 and 06/2024, Program will analyze three (3) calendar year 2022 state injury datasets to inform at least three (3) of its injury prevention activities.
Description	IVPB uses a data-driven and evidence-based approach to injury prevention. State death, hospitalization, and ED visit injury data are fundamental to this approach. Between 07/2023 and 06/2024, IVPB will analyze calendar year 2022 state injury datasets to inform at least three of its injury prevention activities. Activities include, but are not limited to, the tracking of general injury surveillance indicators, internal strategic planning, analysis of proposed injury prevention legislation, and various population and/or cause-specific injury prevention programs (e.g., childhood injury prevention, pedestrian safety). For all analyses, methods will be documented and communicated to ensure appropriate interpretation of results.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	Program created calendar year 2022 statewide data for injury-related deaths, hospitalizations, and ED visits. Program epidemiology staff analyzed these data to support the following three (3) injury surveillance and prevention efforts: (1) a presentation on Traumatic Brain Injury (TBI) among older adults as part of a CDPH Healthy Aging Initiative convening; (2) the injury chapter of the 2024 California State of Public Health Report; and (3) an update to the California Firearm Injury Dashboard.

Public Health Accreditation

PROGRAM SUMMARY

Program Name	FFY 2023 Public Health Accreditation
Program Goal	Program will increase California's local health department capacity to pursue, achieve, and sustain national public health accreditation, contributing to optimal public health services and improved health outcomes for Californians.
Healthy People 2030 Objective	PHI-02 Increase the proportion of local public health agencies that are accredited
Recipient Health Objective	Between 10/01/2021-09/30/2026, Program will increase the amount of training and technical assistance (TA) provided to local public health agencies seeking accreditation by 20%.
Total Program Allocation	$52,736

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2023 #1 Increase the Proportion of Local Public Health Agencies that are Accredited
Program SMART Objective	Between 07/1/2023 and 6/30/2024 PHA program will provide accreditation-related training and technical assistance to at least three (3) Local Health Departments (LHDs) seeking Public Health Accreditation Board (PHAB) accreditation or reaccreditation.
Item to be measured	Number of LHDs that receive technical assistance
Unit to be measured	Number of LHDs
Baseline Value	0
Interim Target Value	1
Final Target Value	3

Question	Program Input
Final amount achieved	14
Smart Objective Final Status	*MET*

One-sentence summary of results towards this Program SMART Objective	The PHA program provided 17 focused accreditation-readiness contracted trainings and technical assistance (TA) to a total of 14 local health departments, including 10 programs that received workforce development training and TA, and 7 programs that received performance management training and TA (3 programs received both workforce development and performance management training and TA).
One-paragraph description of results towards this Program SMART Objective	The PHA program provided 17 accreditation-readiness contracted training and technical assistance to 14 local health departments, which far exceeded the final target. Additionally, PHA worked with a vendor to deliver a series of 12 professional and personal development webinars to staff at all LHDs; over 2000 staff from 54 local health departments attended and participated in these webinars. There were no significant challenges or barriers other than time, as PHA received additional block grant funding in early 2024 that had to be spent quickly. Program successes were due to this increased funding, which allowed us to leverage existing departmental workforce contracts to provide expanded training opportunities to LHDs and hire several interns to do extensive outreach to all 61 California Local Health Departments regarding their accreditation-related training needs.

ACTIVITY 1/1

Title	#1: Provide Accreditation-related Technical Assistance and/or Training
Summary	Between 07/01/2023 and 06/30/2024, Program will provide accreditation-readiness TA and/or training to three (3) local health departments that are preparing for PHAB accreditation or reaccreditation.
Description	TA and training will support accreditation-related activities, including Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) development and alignment, training, networking, PHAB document selection, and may include workforce development, quality improvement, strategic planning, health equity, and/or performance management-related training and/or technical assistance.

Question	*Program Input*
Activity Final Status	*MET*

Summary of Outcome	The PHA program used block grant funding to provide 17 accreditation-readiness contracted trainings and technical assistance to 14 local health departments. This included 10 LHDs that received workforce development training and technical assistance and 7 LHDs that received performance management training and technical assistance (3 programs received both workforce development and performance management training and TA). PHA prioritized small local health departments for this training and TA. Of the 10 LHDs that received workforce development training, 5 serve counties with a population under 50,000, 3 serve counties with a population under 100,000, and 2 serve counties with a population under 250,000. Additionally, 3 of the 7 LHDs that received performance management training serve counties with a population under 50,000, and 3 serve counties with a population under 500,000. Additionally, PHA worked with the vendor that provided workforce development training to deliver a series of 12 professional and personal development webinars to staff at all LHDs. Over 2000 staff from 54 local health departments attended participated in these webinars, which were held January through June 2024. There were no significant program challenges or barriers other than time, as PHA received an additional share of block grant funding in early 2024 that had to be spent quickly. Program successes were due to this increased funding, which allowed us to leverage existing departmental contracts to provide expanded training opportunities to LHDs and hire several interns to do extensive outreach to all 61 LHDs to help identify accreditation-related training needs and schedule targeted assistance. These interns also provided technical assistance for the professional development webinars, as well as the PHA's monthly Accreditation Coordinator meetings and its collaborative CDPH-LHD Accreditation SharePoint. Increased funding in future years will allow the PHA to continue to expand our training, technical assistance, and other support to all LHDs pursuing accreditation and reaccreditation, as well as PHAB Pathways recognition. During FFY 2023-2024, four California local health departments (3 counties, 1 city) achieved reaccreditation and several others reported that they have made significant progress toward initial accreditation or reaccreditation.

Rape Prevention Program

PROGRAM SUMMARY

Program Name	FFY 2023 Rape Prevention Program
Program Goal	Stop first-time adolescent perpetration and victimization of sex offenses by implementing evidence-informed sex offense (rape) prevention strategies.
Healthy People 2030 Objective	IVP-17 Reduce adolescent sexual violence by anyone
Recipient Health Objective	Between July 1, 2023, and June 30, 2024, Program will implement 11 local prevention projects using community/societal-level prevention strategies by local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators to create environmental and community changes.
Total Program Allocation	$825,408

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2023 #1 Community/Societal-level Prevention Strategies
Program SMART Objective	Between July 1, 2023, and June 30, 2024, Program will implement 11 local prevention projects using community/societal-level prevention strategies by RCCs that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators in order to create environmental and community changes.
Item to be measured	Number of local projects implemented
Unit to be measured	number
Baseline Value	0
Interim Target Value	11
Final Target Value	11

Question	Program Input
Final amount achieved	11
Smart Objective Final Status	*MET*

One-sentence summary of results towards this Program SMART Objective	Program implemented 11 local prevention projects to create community-level change.
One-paragraph description of results towards this Program SMART Objective	Program implemented 11 local prevention projects to address community and societal levels of the social ecological model through community mobilization and school sexual violence prevention policies, aiming to change social norms against sexual violence through campaigns, actions, and policies.to the long-term nature of the outcomes.

ACTIVITY 1/2

Title	#1: Fund Comprehensive Community-based Projects
Summary	Between July 1, 2023, and June 30, 2024, Program will provide funding for eight (8) local comprehensive community-based projects using a community mobilization strategy in order to image change at the community/societal level.
Description	Between July 1, 2023, and June 30, 2024, Program will fund eight (8) local comprehensive community- based projects using a community mobilization strategy. Through June 2024, Program, and partners (UCSD and VALORUS) will provide training and technical assistance to the 8 local projects in order to promote social norm change and create protective environments in neighborhoods. Program will meet monthly with partners to coordinate program implementation and evaluation of state sexual violence prevention efforts.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program funded eight (8) local community mobilization projects using the Close to Home approach to impact community/societal-level change. These projects recruited and engaged youth and adult organizing teams to implement the four phases of the Close to Home community mobilization strategy: Assess, Talk, Build, and Act. The projects focused on promoting community connectedness, partnerships, and leadership through activities like community mapping, surveys, events, and art campaigns, all aimed at preventing violence. ValorUS provided technical assistance to the local projects through their completion of the funding cycle.

Title	#2: Fund Comprehensive School-based Projects
Summary	Between July 1, 2023, and June 30, 2024, Program will fund three (3) school-based projects using a strategy of healthy relationships, gender equity, or active bystander intervention in order to have an impact on community/societal-level change.
Description	Between July 1, 2023, and June 30, 2024, Program will fund 3 comprehensive school-based projects that use a strategy of healthy relationships, gender equity, or active bystander intervention in order to impact community/societal-level change. The Program and its partners (UC San Diego and VALORUS) will provide training and technical assistance to 3 local projects in order to create protective environments in schools through climate and policy change. The Program will meet monthly with its partners to coordinate program implementation and evaluation of state sexual violence prevention efforts.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	Program funded three (3) comprehensive school-based projects using strategies (i.e., healthy relationships, gender equity, active bystander intervention) to impact community/societal level change. Using CDPH-approved, evidence-based, and evidence-informed curricula, local projects provided programming for students and youth leadership teams. Additionally, local projects actively worked with school administration, stakeholders, and students to develop or revise a sexual violence prevention policy intended to be implemented at the end of the project. With the support of the youth leadership team, local projects conducted school-wide activities that engaged the entire school community. ValorUS provided technical assistance to the local projects through their completion of the funding cycle.

Surveillance Sampling of Leafy Greens

PROGAM SUMMARY

Program Name	FFY 2023 Surveillance Sampling of Leafy Greens
Program Goal	The goal of this program is to reduce the incidence of foodborne illness and prevent consumer exposure to leafy greens that may be contaminated with Listeria monocytogenes.
Healthy People 2030 Objective	FS-D04 Reduce outbreaks of Shiga toxin-producing E. coli, Campylobacter, Listeria, and Salmonella infections linked to leafy greens
Recipient Health Objective	Reduce the incidence of illness caused by *Listeria monocytogenes* from ingestion of contaminated U.S. grown produce, through effective surveillance of high-risk food commodities and prompt interdiction to remove contaminated foods from commerce once identified.
Total Program Allocation	$175,787

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2023 #1 Implement a *Listeria monocytogenes* testing program in U.S. grown leafy greens
Program SMART Objective	Between 7/1/2023 and 6/30/2024, Program will implement one (1) *Listeria monocytogenes* testing program in U.S. grown leafy greens.
Item to be measured	Number of samples collected and tested
Unit to be measured	Count
Baseline Value	0
Interim Target Value	150
Final Target Value	300

Question	*Program Input*
Final amount achieved	300
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Program staff have completed 100% of the required sampling and testing of leafy greens in the sampling period.

One-paragraph description of results towards this Program SMART Objective	Program staff have completed 100% of the required sampling and testing of leafy greens in the sampling period. Consistent communication and staff supervision ensured success with meeting the activity objective.

ACTIVITY 1/3

Title	#1: Collect Samples of Leafy Greens
Summary	Between 7/1/2023 and 6/30/2024, FDB staff will collect 300 samples of leafy greens from grocery stores in California.
Description	Between 7/1/2022 and 6/30/2023, Program will collect 300 samples of leafy greens from grocery stores in California.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	FDB staff met the objective of collecting 300 samples of leafy greens from grocery stores in California.

ACTIVITY 2/3

Title	#2: Test leafy green samples for *Listeria monocytogenes*
Summary	Between 7/1/2023 and 6/30/2024, Food and Drug Laboratory Branch (FDLB) staff will test 300 samples of leafy greens for *Listeria monocytogenes*.
Description	Between 7/1/2023 and 6/30/2024, FDLB staff will test 300 samples of leafy greens for *Listeria monocytogenes*. All testing will be completed at FDLB in Richmond, CA.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	FDLB staff met the objective of testing 300 samples for *Listeria monocytogenes*.

Title	#3: Conduct Regulatory Follow-Up
Summary	Between 7/1/2023 and 6/30/2024, FDB staff will complete necessary regulatory follow-up pending any positive findings.
Description	Between 7/1/2023 and 6/30/2024, FDB staff will complete necessary regulatory follow-up pending any positive findings. This may include recalls, market withdrawals, inspections, or investigations. This regulatory follow-up will ensure that any adulterated leafy greens in the marketplace are removed and will reduce the chance of illness in consumers.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	FDB and FDLB staff met the objective of collecting and testing 300 samples for *Listeria monocytogenes*. All samples collected and tested were reported as "Not Detected" for *Listeria*. Regulatory follow-up was not required.

The Office of Policy and Planning

PROGARM SUMMARY

Program Name	FFY 2023 the Office of Policy and Planning
Program Goal	Program will use the State Health Assessment and State Health Improvement Plan (SHA/SHIP) process to strengthen public health capacity to address inequities.
Healthy People 2030 Objective	PHI-04 Increase the proportion of state and territorial jurisdictions that have a health improvement plan
Recipient Health Objective	Between 07/01/2023 and 06/30/2024, the Office of Policy & Planning (OPP) will strengthen the primary prevention focus and cross-program alignment of California's state and community health improvement plans. OPP initiatives will support movement of population health improvement efforts further upstream through multisector and interdisciplinary initiatives, including strategies for more proactive and effective CDPH response to public health issues, and supporting development and alignment of community health improvement plans. The focus of these efforts will include enhanced data, messaging and policy approaches incorporating social determinants of health, regional disparities, and performance analytics.
Total Program Allocation	$849,378

SMART OBJECTIVE 1/3

Title of Program Smart Objective	FFY 2023 #1 Conduct a Comprehensive State Health Assessment
Program SMART Objective	Between 7/01/2023 and 6/30/2024, Program will conduct two (2) activities to enhance the State Health Assessment (SHA).
Item to be measured	Activities implemented to enhance and conduct the SHA/SHIP
Unit to be measured	Activity
Baseline Value	0
Interim Target Value	1
Final Target Value	2

Question	Program Input
Final amount achieved	2
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Program has conducted two (2) activities to enhance the State Health Assessment (SHA).
One-paragraph description of results towards this Program SMART Objective	Program updated a core set of mortality and inpatient hospital discharge and ED utilization indicators in the 2024 SHA Core Module report. Program also presented selected topics including the legislatively mandated State of Public Health report and social determinants of mortality outcomes to internal and external audiences to inform and enhance the SHA process.

ACTIVITY 1/2

Title	#1: Conduct and Enhance the Annual SHA
Summary	Between 7/01/2023 and 6/30/2024, Program will conduct two (2) activities to enhance the State Health Assessment (SHA).
Description	Conduct the annual SHA. Enhance the SHA by refining and improving the California Community Burden of Disease (CCB) condition grouping mapping system. The system maps ICD-10 death codes to meaningful groups for public health action and forms a backbone of CCB and the SHA Core Module. The mapping system will be enhanced by collaboration, review, and input from clinical partners, experts in the ICD-10 death coding process, and SHA stakeholders.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program enhanced population-based assessment by improving geographic granularity of mortality and acute care utilization (i.e., inpatient hospitalizations and ED visits) data to make three city jurisdictions' data available. Program also continued to update SHA priority measures including social determinants online dashboards on Let's Get Healthy California.

ACTIVITY 2/2

Title	#2: Conduct a Data Analytics Project (Disparities, Hidden Populations, Issues of Concern)
Summary	Between 7/01/2023 and 6/30/2024, Program will conduct two (2) activities to enhance the State Health Assessment (SHA).
Description	Conduct analyses of the differences in mortality by community rurality status and include such data in the SHA Core Module. Engage with rural local health jurisdictions and other stakeholders to understand and plan to address their needs regarding rural mortality and morbidity data.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program enhanced population data provision by making 3 city jurisdictions' population denominator data available (upon request). Program also partnered with CDPH Office of Health Equity to develop a draft resource guide ('Decision Aid') on operationalizing health equity and data equity, including drafting guiding principles and recommendations on data collection and reporting across dimensions on which to ensure equity.

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2023 #2 Foster Shared Implementation by Facilitating Strategic Alignment and Integrated Planning
Program SMART Objective	Between 7/01/2023 and 6/30/2024, Program will conduct two (2) activities to foster shared implementation by facilitating strategic alignment and integrated planning.
Item to be measured	Activities implemented to enhance and conduct the SHA/SHIP
Unit to be measured	Activity
Baseline Value	0
Interim Target Value	1
Final Target Value	2

Question	Program Input
Final amount achieved	2
Smart Objective Final Status	*MET*

One-sentence summary of results towards this Program SMART Objective	Program conducted two (2) activities to foster shared implementation by facilitating strategic alignment and integrated planning.
One-paragraph description of results towards this Program SMART Objective	OPP continue to meet with Stewards to support the relaunch of the state health improvement plan (SHIP), including incorporating equity considerations into the target-setting methodology and expanding the Steward partnership. OPP built on the previously published State Health Equity Plan (SHEP) Framework by partnering with state and local programs to identify and align equity-focused strategies under the shared Framework.

ACTIVITY 1/2

Title	#1: Shared Action Plans to Address Key Public Health Priorities
Summary	Between 07/2023 and 06/2024, Program will implement two (2) shared action plans to address key public health priorities.
Description	Work collaboratively with state and local partners to support execution, alignment, and integration of collective impact activities as part of the shared equity strategy and implementation plan under the SHIP. Facilitate strategic alignment opportunities with key CDPH initiatives, such as the strategic plan and equity technical assistance activities. Conduct ongoing engagement to highlight and integrate lessons learned and promising practices in ongoing action planning.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	OPP worked in collaboration with state and local programs to identify and align equity-focused strategies and actions under the shared State Health Equity Plan (SHEP) Framework. In a continuation to extensive local and community engagement, the OPP team identified and trained 20 Coordinators across 18 Centers/Divisions/Offices (CDOs). The OPP team provided resources, office hours, and technical assistance to the coordinators as they implemented feedback collection, using a range of approaches, across public health programs. This engagement led to the submission of 20 completed feedback tools across the CDOs to continue to inform the statewide shared action plans.

Title	#2: Enhance the SHIP to Center Equity and Align Around Shared Priorities and Measurement
Summary	Between 07/2023 and 06/2024, Program will conduct one (1) SHIP enhancement activity to center equity and align shared priorities.
Description	Enhance the SHIP to reflect new and modified topic areas, update indicator baseline and target values, complete an annual data update to track progress toward shared priorities, and implement strategies to center equity in the framework. Work collaboratively with partners to integrate with other related strategic initiatives and link population results and indicators with shared strategies and performance metrics to monitor impact of key efforts.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	OPP established a new target-setting methodology, which incorporates equity considerations into the way 10-year targets are set for SHIP indicators. The team has applied this new methodology to create new targets for over 20 indicators. OPP has incorporated new data sources and expanded the Steward partnerships to include a wider range of cross-sector organizations (i.e., housing, etc.).

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FFY 2023 #3 Support Collective Action Around Shared Public Health Priorities
Program SMART Objective	Between 07/01/2023 and 6/30/2024, Program will conduct two (2) activities to support collective action.
Item to be measured	Activities implemented to enhance and conduct the SHA/SHIP
Unit to be measured	Activity
Baseline Value	0
Interim Target Value	1
Final Target Value	2

Question	Program Input
Final amount achieved	2
Smart Objective Final Status	*MET*

One-sentence summary of results towards this Program SMART Objective	Program coordinated four (4) initiatives to support collective action.
One-paragraph description of results towards this Program SMART Objective	Program convened over 50 CDPH programs through ongoing collaborative initiatives to build alignment and collective action around behavioral health prevention, violence prevention, climate change action, and health equity.

ACTIVITY 1/2

Title	#1: Address Cross-Cutting Priorities Through Department-Wide Initiatives
Summary	Between 07/2023 and 06/2024, Program will facilitate one (1) collective action initiative, engaging internal, interdepartmental, and multisector partners.
Description	Collaborate with at minimum five internal CDPH partners to identify priorities and align messages to build collective impact around emerging public health issues related to behavioral health prevention, climate change, and violence prevention.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	Program spearheaded collaborative strategic planning for upstream behavioral health prevention, leading to the development of a draft prevention framework. Program engaged partners and the community to pinpoint opportunities for policy, systems, and environmental changes related to behavioral health, violence prevention, and health equity. Program disseminated the State of Public Health Report and provided testimony, emphasizing trends in population health, prevention strategies, and the need for multisector collaboration to address social determinants of health.

Title	#2: Facilitate Engagement and Capacity-Building Projects with Local Health Departments
Summary	Between 07/2023 and 06/2024, Program will implement one (1) engagement initiative with Local Health Jurisdictions (LHJs) – including providing tools, training, and technical assistance – to advance strategies and policy approaches.
Description	Conduct outreach and experience sharing to advance health equity and strengthen public health infrastructure with Local Health Departments. Collaborate to offer peer-learning opportunities for LHJs and provide resources through technical assistance to increase number of LHJs developing CHA/CHIP and/or achieving accreditation status with Public Health Accreditation Board.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program continues to work with the Regional Public Health Office (RPHO) to assess the status, capacity, and technical assistance needs of Local Health Jurisdictions (LHJs). Program also partnered with the Office of Health Equity to support to launch of the third annual organizational assessment for equity infrastructure to inform ongoing TA support activities. Program continues to engage with LHJs around the strategies use and coordination of public health infrastructure resources. Program also worked with RPHO and CA Department of Health Care Services to develop guidance and draft a scope for comprehensive TA that will support partnership and alignment between LHJs and Managed Care Plans (MCPs) and provided a presentation at the recent California Accreditation Coordinators Collaborative about TA and resources available to support the ongoing development, enhancement, and update of local CHA/CHIPs.

Toxicological Outbreaks Program

PROGRAM SUMMARY

Program Name	FFY 2023 Toxicological Outbreaks Program
Program Goal	Improve identification of and response to outbreaks with a common toxicological source to reduce emergency department visits, hospitalizations, and deaths in California by the end of FY 23-24.
Healthy People 2030 Objective	IVP-04 Reduce emergency department visits for nonfatal unintentional injuries
Recipient Health Objective	Reduce statewide morbidity and mortality associated with exposure to toxic substances by building capacity for CDPH and LHJs to identify and respond to toxicological outbreaks in an effective, coordinated, and timely manner.
Total Program Allocation	$109,867

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2023 #1 Build Toxicological Outbreak Surveillance & Response Data Related Capabilities
Program SMART Objective	Between 07/2023 and 6/2024, Program will develop three (3) data-related capabilities to facilitate data collection, data analysis, data management, and data sharing.
Item to be measured	Activity with stakeholders to build capacity to identify and respond to toxicological outbreaks
Unit to be measured	Activity
Baseline Value	0
Interim Target Value	2
Final Target Value	3

Question	Program Input
Final amount achieved	2
Smart Objective Final Status	*NOT MET*
If NOT MET: What are the key factors that contributed to the target not being met?	Currently, the department is modernizing its data management, surveillance, and sharing infrastructure. The Information Technology Services Department and Center for Health Statistics and Informatics are leading the effort with assistance from personal department wide.

If NOT MET: What are you planning to do to get the program back on target to meet your final target?	Since the department's modernization effort began in March 2023, TOP has been an active participant and will remain involved to achieve an efficient surveillance and data consolidation and management system for TOP (and the department).
One-sentence summary of results towards this Program SMART Objective	TOP acquired two (2) data capabilities that will streamline data collection and analysis and continues to work towards acquiring an additional (1) capability to provide efficient data management.
One-paragraph description of results towards this Program SMART Objective	TOP acquired two (2) data capabilities that will allow Program secure data exchange with healthcare facilities, safe collection of outbreak-related information, and efficient data analysis. TOP is reliant on the department to acquire its additional (1) data storage and management capability. Program will continue to participate in the department-wide ongoing effort to upgrade and modernize its data storage and management system.

ACTIVITY 1/3

Title	#1: Acquire Data Collection Tool
Summary	From 7/1/2023 to 12/31/2023 RS II will acquire one (1) data collection tool that enables complex survey design and provides a centralized database.
Description	Program currently uses Microsoft forms to develop surveys and exports collected data to excel for analysis and storage. This approach is inefficient and impacts the program's ability to identify and respond to toxicological outbreaks in a timely manner.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	TOP acquired the data collection tool, REDCap. Program has successfully utilized this tool as a case finding, discovery, and investigation tool.

ACTIVITY 2/3

Title	#2: Acquire and Configure Data Management System
Summary	From 7/1/2023 to 12/31/2023, RS II will acquire, develop, and implement one (1) data management system to store, centralize, and analyze data.

Description	Program currently uses Excel to store data. In the current method, data must first be located and then read into analytical programs, which is time consuming and cumbersome. The new data management system would store data centrally and therefore provide a more efficient and effective method to access data for analysis and reporting.

Question	Program Input
Activity Final Status	*NOT MET*
Summary of Outcome	The department is progressing to modernize its current data and storage management system. TOP is participating in this effort. Given that the scale of the initiative is department wide, the effort will take time until serviceable for TOP.

ACTIVITY 3/3

Title	#3: Process to Acquire and Exchange Medical Data Electronic Exchange Mechanism
Summary	From 1/1/2024 to 6/31/2024, the RS II will develop and implement one (1) medical data electronic exchange system, a process by which medical data can be electronically exchanged between the program and other parties (medical providers, internal partners, external partners).
Description	Program currently collects medical data related to potential toxicological outbreaks by rudimentary methods, such as fax and email. These cumbersome methods create logistical issues that impact the program's ability to identify cases and respond to toxicological outbreaks in a timely manner.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Program acquired access to CalREDIE, a mechanism for secure electronic exchange of medical and health data. TOP's non-infectious illness condition allows for safe facilitation of electronic medical data between Program and health facilities during outbreaks.

Tuberculosis Free CA

PROGRAM SUMMARY

Program Name	FFY 2023 Tuberculosis Free CA
Program Goal	The goal of our program is to identify and treat those with LTBI in order to prevent cases of TB disease in California.
Healthy People 2030 Objective	IID-17 Reduce tuberculosis cases
Recipient Health Objective	Approximately 80% of California's annual tuberculosis (TB) cases arise from untreated latent TB infection (LTBI). TB disease is preventable through the diagnosis and treatment of LTBI, however, persons with LTBI are often unaware of their infection and do not seek treatment. The TB Free California Program provides technical assistance to >90% of local public health programs and community healthcare clinics that request assistance with LTBI care, education, and quality improvement projects. Activities include measurement of LTBI testing and treatment at clinic sites, patient education for high-risk populations with a goal of reducing TB health disparities based on race and ethnicity, and provider training and consultation for LTBI care. By treating LTBI, we will avert morbidity, mortality, and healthcare costs associated with TB disease and improve health equity related to TB outcomes. Our aim is to reduce the California TB case rate over a five-year performance period.
Total Program Allocation	$585,958

SMART OBJECTIVE 1/3

Title of Program Smart Objective	FFY 2023 #1 Measure and Analyze Data on LTBI Test Positivity and Treatment Practices
Program SMART Objective	Between 07/2023 and 06/2024, Program will support analysis of TB laboratory data in at least two (2) local health departments to understand local LTBI test positivity and treatment practices.
Item to be measured	Persons with positive TB testing who receive appropriate follow-up and treatment
Unit to be measured	Number of persons
Baseline Value	50
Interim Target Value	100
Final Target Value	300

Question	Program Input
Final amount achieved	710
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	We provided technical support to ten (10) LHDs with this objective, of which at least two (2) successfully analyzed their TB laboratory data and offered appropriate follow up and/or treatment to more than 710 persons with positive TB testing. This exceeds our target of assisting two LHDs.
One-paragraph description of results towards this Program SMART Objective	We provided technical support to ten (10) LHDs, of which at least two (2) successfully analyzed their TB laboratory data and offered appropriate follow up and/or treatment to more than 710 persons with positive TB testing. As a result of this work, the LHDs were able to identify key areas amenable to intervention and tailor their interventions. These LHDs have addressed newly identified obstacles through specific outreach to providers who either did not offer LTBI treatment to patients diagnosed with LTBI or whose patients had a low treatment completion rate. They educated providers on LTBI treatment best practices, created tailored educational resources using TB Free CA's provider education materials, and distributed these resources. One of these LHDs is also engaged in piloting CalCONNECT for TB's LTBI functionality as a continuation of this work.

ACTIVITY 1/2

Title	#1: Technical assistance to LHDs in managing & analyzing electronic lab records for TB infections
Summary	Between 07/2023 and 06/2024, Program will assist with electronic lab data by creating standardized data collection tools, helping prioritize patient/provider outreach, and/or performing analysis and construction of LTBI Care Cascades in at least two (2) local health departments.

Description	As of 2022, local health departments in California have access to all results of interferon gamma release assay (IGRA), a test for TB infection, through electronic lab reporting (ELR). This ELR data can be used for direct public health action, however many local health departments lack capacity to manage and act on ELR data. Between 07/2023 and 06/2024, Program will assist with ELR data by creating standardized data collection tools, helping prioritize patient/provider outreach, and/or supporting analysis, creation of LTBI Care Cascades and dissemination of results in at least two (2) local health departments. Analyses may support health education for particular communities or identification of providers who have high proportion of positive tests and pursue further collaboration. Program Epidemiologist is primarily responsible for this activity.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	We provided technical assistance to ten (10) local health departments, which exceeds our target of two (2) local health jurisdictions. We will continue to support San Joaquin and Merced LHD in sustaining their IGRA ELR-based LTBI surveillance programs. We are closely working with Merced LHD in piloting CalCONNECT for TB, a newly developed platform for LTBI case management and IGRA ELR based follow-up as the next phase of their IGRA ELR LTBI project. We have also consulted with Solano and Riverside LHDs about their interest in adopting CalCONNECT for TB to support their positive IGRA ELR follow-up activities. We provided additional consult and technical assistance to Solano, Humboldt, Butte, Sutter, and Los Angeles LHDs for IGRA ELR data analysis, positive IGRA ELR follow-up, and data management support. We plan to support San Joaquin's adoption of the CalCONNECT platform for LTBI case management in the coming fiscal year as well.

ACTIVITY 2/2

Title	#2: Support Healthcare Clinics in Measuring LTBI Testing and Treatment
Summary	Between 07/2023 and 06/2024, Program will assist with data collection, management, and analysis at clinics with two (2) key metrics regarding LTBI testing and treatment.

Description	Between 07/2023 and 06/2024, Program will assist with data collection, management, and analysis at clinics with metrics including: 1) proportion of at-risk population receiving testing for LTBI, and 2) proportion persons who test positive for TB infection who are prescribed LTBI treatment, at a minimum of one (1) community clinic site. We will provide technical assistance to clinics through direct consultation, provision of data management tools and templates with modifiable data fields, and analysis of collected data. Program Epidemiologist is primarily responsible for this activity.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	We supported the following four (4) community clinic sites: North East Medical Services (NEMS), Children Hospital Oakland (CHO), University Health Services at UC Berkeley (UHS) and Southland Community Clinic. We assisted with data collection, management, and analysis at the four (4) community clinics listed above with metrics including:
	1) proportion of at-risk population receiving testing for LTBI, and 2) proportion persons who test positive for TB infection who are prescribed LTBI treatment. We provided technical assistance to the four (4) community clinics through direct consultation, provision of data management tools and templates with modifiable data fields, and analysis of collected data.

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2023 #2 Engage Communities at Higher Risk for TB and Their Providers
Program SMART Objective	Between 07/2023 and 06/2024, Program will partner with at least five (5) community clinics, community-based organizations (CBOs), or professional organizations serving patients at higher risk of TB infection to provide TB health education materials or community health worker training, in order to reach communities at higher risk and reduce TB health disparities.
Item to be measured	Number of community organizations providing TB health education outreach in California.
Unit to be measured	Number of organizations
Baseline Value	0
Interim Target Value	2
Final Target Value	5

Question	Program Input
Final amount achieved	14
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	TB Free California engaged with 14 organizations that serve populations at higher risk of TB to distribute materials or integrate TB prevention education into outreach efforts.
One-paragraph description of results towards this Program SMART Objective	TB Free California engaged with fourteen (14) organizations that serve populations at higher risk of TB to distribute materials or integrate TB prevention education into outreach efforts. In addition to the five (5) partners introduced in the mid-year report, we also initiated or continued engagement with nine (9) other CBOs and organizations, including Association of Asian Pacific Community Health Organizations (AAPCHO), TB Elimination Alliance (TEA), Mission Neighborhood Health Center (San Francisco), San Ysidro Health (San Diego), and at least five (5) local health jurisdictions which requested educational materials from us (and who helped us review translations).

ACTIVITY 1/4

Title	#1: Community Health Worker curriculum to community health centers & community-based organizations
Summary	Between 7/2023 and 6/2024, Program will increase awareness of LTBI as a health issue among populations at higher risk for TB by distributing the CHW training curriculum and providing training to at least two (2) community health centers or community-based organizations.
Description	Between 7/2023 and 6/2024, Program Health Educator will provide CHW curriculum and training to at least two (2) community health centers or community-based organizations. Program Health Educator will use previously created curriculum for training CHWs on TB prevention, including topics such as: TB 101 (including overview of populations at higher risk for TB), LTBI testing and treatment, and common misinformation/ stigma about TB. TB prevention messaging to patients and patient education materials will be included in the curriculum. Program Health Educator is primarily responsible for this activity.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	Modified specifically for the CDPH Office of Refugee Health (ORH). This training was held virtually on two different mornings in the same week, and although it was conducted virtually, it still was highly interactive as we modified the facilitation aspects to allow for group discussions and other participatory activities. Participants included 27 refugee resettlement patient navigators and case managers in California who work for organizations contracted with the CDPH Office of Refugee Health. The full curriculum was implemented for the Mission Neighborhood Health Center (MNHC), a federally-qualified health center in San Francisco. CHWs from MNHC participated as did others from other Bay Area community clinics and community-based organizations (total of 12 participants). These CHWs work with clients to help them manage their chronic diseases. After participating in the TB prevention course, they are now trained in TB prevention 101, can administer TB self-risk assessments and have learned how to talk with their clients about the topic of TB and how the disease can be prevented – an important skill as TB can be a stigmatizing topic among different populations.

ACTIVITY 2/4

Title	#2: TB prevention education in clinics & CBOs that serve populations at higher risk of TB
Summary	Between 7/2023 and 6/2024, Program will partner with community-based organizations (CBOs) to distribute culturally and linguistically appropriate TB education materials and/or include TB prevention education in outreach efforts.
Description	Between 7/2023 and 6/2024, Program will partner with at least five (5) community organizations to distribute culturally and linguistically appropriate TB education materials and/or include TB prevention education in outreach efforts. Program will provide health education materials and technical assistance in planning outreach activities, in order reach communities at higher risk of TB infection and reduce TB health disparities. Program Health Educator, in collaboration with the corresponding local TB program, is primarily responsible for this activity.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	TB Free California engaged with fourteen (14) organizations that serve populations at higher risk of TB to distribute materials or integrate TB prevention education into outreach efforts. In addition to the five (5) partners introduced in the mid-year report, we also initiated or continued engagement with nine (9) other CBOs and organizations, including Association of Asian Pacific Community Health Organizations (AAPCHO), TB Elimination Alliance (TEA), Mission Neighborhood Health Center (San Francisco), San Ysidro Health (San Diego), and at least five (5) local health jurisdictions which requested educational materials from us (and who helped us review translations).

ACTIVITY 3/4

Title	#3: Share best practices in TB prevention by creating and convening a community of practice
Summary	Between 7/2023 and 6/2024, Program will recognize and share best practices in TB prevention with community clinics and community-based organizations by convening one (1) regional community of practice, with a minimum of two (2) annual meetings.
Description	Between 7/2023 and 6/2024, Program will identify and share best practices in TB prevention on topics including patient and provider engagement, education and outreach strategies, quality improvement projects and/or clinic-level interventions throughout California by convening one (1) local or regional community of practice, with a minimum of two (2) annual meetings. Community clinics and community-based organizations will be invited to the meetings and have the opportunity to share their experience with TB prevention activities. Program Health Educator, in collaboration with the corresponding local TB program, is primarily responsible for this activity.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	TB Free CA developed a new forum titled, "Bay Area TB Prevention Community of Practice" (CoP) to help Federally Qualified Health Centers (FQHC) and other clinics in the six-county region initiate and/or scale-up TB prevention activities. The goal is to identify and share lessons learned for increasing provider and health system engagement to facilitate improved TB prevention strategies and outcomes. TB Free CA formed a planning committee (PC), composed of the TB controllers and other leadership from the six (6) counties; together TB Free and the PC developed an agenda for each forum that included guest speaker TB prevention experts who showcased their projects and shared lessons learned. We held two CoP forums that were designed to provide the basics of TB prevention, e.g., how to assess clinic readiness to embark on these new activities; setting up an LTBI clinic within an FQHC; and sharing educational resources available to clinics and health systems. There were (seventy-three) 73 participants in the first CoP forum on 3/4/24, and (fifty-three) 53 participants in the second CoP forum on 5/31/24. The meetings were highly interactive, with much discussion time allotted. TB Free CA received excellent feedback from participants in both forums.

ACTIVITY 4/4

Title	#4: Maintain a centralized web location for provider and patient materials on latent TB infection
Summary	Between 07/2023 and 06/2024, Program will maintain a centralized web location for providers and patients to access materials on latent TB infection.
Description	Program will maintain a centralized web location for patients and providers to access materials on LTBI. Program will revise and update content as needed and upload new materials and resources as they are developed. Program Health Educator and Project Specialist are primarily responsible for this activity.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	The TB Free California website was revised and updated on 02/2024. The provider resource page on the TB Free CA website was redesigned to a more organized format and now has not only TB Free CA materials posted, but links to other documents that clinicians and other providers will find useful in their work. In addition, the TB testing page on the website, geared to communities at higher risk for TB and the general public, and written in a literacy level appropriate for the general population was re-written and posted for easy access. It is currently being translated into additional languages which will be posted as well once completed.

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FFY 2023 #3 LTBI Training, Clinical Reference Materials, & Clinical Consultation to Medical Providers
Program SMART Objective	Between 07/2023 and 06/2024, Program will provide technical assistance in the form of training, clinical reference materials, or clinical consultation to at least ten (10) medical providers or clinics who request our assistance.
Item to be measured	Number of clinics or provider groups that receive training or consultation
Unit to be measured	Number
Baseline Value	6
Interim Target Value	4
Final Target Value	10

Question	Program Input
Final amount achieved	84
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	Since the interim report, we provided clinical training to five (5) additional provider groups and clinical consultation on LTBI/TB medical care to fifty-two (52) additional healthcare providers totaling fifty-seven (57) clinics or providers.

One-paragraph description of results towards this Program SMART Objective	Since the interim report, we have continued to exceed our goal and provided clinical training and clinical consultation on LTBI/TB medical care to fifty-two (52) additional healthcare providers from. Demand for clinical training and support has increased this fiscal year. We will continue to offer trainings that are virtual or in-person and reflects the needs and priorities of the requesting providers and clinical groups. We offered CME and nursing CE units as an added incentive to providers.

ACTIVITY 1/3

Title	#1: Develop a Revised Risk Assessment Tool for Medical Providers
Summary	Between 07/2023 and 06/2024, Program will develop one (1) reference tool for medical providers regarding risk-based screening for TB infection in California patients.
Description	Between 07/2023 and 06/2024, Program will work develop one (1) new provider resource regarding risk assessment for TB infection in California patients. Informed by California epidemiologic data and experiences of working with partner clinics, Program will revise existing California TB Risk Assessment (last updated in 2018) and develop a concise tool to help identify TB infection in asymptomatic patients with known risk factors for infection. Program Clinician will be primarily responsible for this activity.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	We have developed one (1) new provider resource regarding adult risk assessment for TB infection in California patients. This risk assessment is designed to test patients at highest risk in a primary care setting. The risk assessment was revised and published.

ACTIVITY 2/3

Title	#2: Conduct Training on LTBI Best Practices and Guidelines
Summary	Between 07/2023 and 06/2024, Program will work in collaboration with local TB control programs, clinics, and civil surgeon groups to execute six (6) trainings on LTBI testing and treatment.

Description	Between 07/2023 and 06/2024, Program will work in collaboration with local TB control programs, clinics, and civil surgeon groups to execute a minimum of six (6) trainings on LTBI testing and treatment. Trainings will be completed at each site once or twice annually, depending on specific needs of site. Trainings will emphasize best practices for providers and will target providers who serve high- risk populations and patients at most risk for progression. Particular emphasis will be placed on use of interferon gamma release assay (IGRA) for non-U.S. born patients, and use of short-course regimens, including 12-dose once-weekly isoniazid-rifapentine or four months of rifampin, for LTBI treatment. Program Clinician is primarily responsible for this activity.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	We have provided clinical training to eleven (11) provider groups in FY23-24. We provided clinical training to six (6) provider groups in the first half of FY23-24 and five (5) provider groups in the second half of FY23-24. The need for clinical training has increased significantly following the COVID-19 pandemic and associated staff turnover. We continue to focus on evidence-based practices, are training MDs, DOs, nurses, and mid-level providers, and offer free virtual trainings to enable access so that busy medical providers can attend.

Title	#3: Expert Consultation to at least 10 Medical Providers who Request Support Regarding LTBI Care
Summary	Between 07/2023 and 06/2024, Program will provide clinical consultation and subject matter expertise on testing and treatment of TB infection for at least ten (10) medical providers in community and institutional settings.
Description	Between 07/2023 and 06/2024, Program will provide clinical consultation and subject matter expertise on testing and treatment of TB infection for healthcare providers in community and institutional settings; our goal is to provide support to at least ten (10) clinics and/or providers that request consultation. Common consultation topics include interpretation of discordant tests for TB infection, work-up of TB disease prior to starting LTBI therapy, addressing drug interactions with LTBI medications, and accounting for partially completed LTBI therapy. Program will disseminate clinical algorithms, protocols, fact sheets, and workflow modifications developed by TB Free California to enable clinics to implement screening, testing, and treatment of patients with LTBI. Examples of current clinical tools can be found on the TB Free California website. Program Clinician is primarily responsible for this activity.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	We have provided clinical training to six (6) provider groups, and clinical consultation to twenty-one (21) healthcare providers in community and institutional settings in the first half of FY23, totaling twenty-seven (27) clinics or providers that have received clinical guidance. Since the interim report, we provided clinical training to five (5) additional provider groups and clinical consultation on LTBI/TB medical care to fifty-two (52) additional healthcare providers totaling fifty-seven (57) clinics or providers. In total, we provided expert consultation to eighty-four (84) provider groups and healthcare providers.

Workforce Development: Preventive Medicine Residency (PMR) and CA Epidemiologic Investigation Service (Cal-EIS) Fellowship

PROGRAM SUMMARY

Program Name	FFY 2023 PMR and Cal-EIS
Program Goal	The California Department of Public Health (CDPH) will conduct PH professional training through the PMR and Cal-EIS to develop the PH workforce pipeline and graduate diverse qualified physicians and epidemiologists to be employed in California PH agencies.
Healthy People 2030 Objective	PHI-R02 Expand public health pipeline programs that include service or experiential learning
Recipient Health Objective	Between 07/2023 and 6/30/2024, program will increase the public health (PH) workforce by graduating at least 8 trainees from the Preventive Medicine Residency (PMR) or the California Epidemiologic Investigation Service (Cal-EIS), to become qualified PH physicians and epidemiologists who contribute to and/or lead efforts to improve the health of Californians.
Total Program Allocation	$605,053

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2023 #1 Increase # trainees to achieve preventive medicine/public health/epidemiology competency
Program SMART Objective	Between 07/2023 and 06/2024, Program will increase the number of trainees who, over the course of their training period, have satisfactorily achieved American College of Preventive Medicine (ACPM) competencies or Council of State and Territorial Epidemiologists (CSTE) competencies in state or local PH agency programs and/or completing academic coursework, from 122 residents and 228 fellows (350 total) to at least 123 residents and 235 fellows (358 total).
Item to be measured	Number of residents and fellows achieving competencies
Unit to be measured	number
Baseline Value	350
Interim Target Value	350
Final Target Value	358

Question	Program Input
Final amount achieved	389
Smart Objective Final Status	*MET*
One-sentence summary of results towards this Program SMART Objective	The training programs have successfully trained a total of 389 PH physicians and epidemiologists; during this period the program trained 2 Residents and 25 Fellows.
One-paragraph description of results towards this Program SMART Objective	The primary factor contributing to the successful training/graduation of Residents and Fellows is the growing number of state and local public health programs that value the workforce pipeline and are directing expertise and resources to support experiential learning and exposure to public health careers.

ACTIVITY 1/3

Title	#1: Recruit and Interview Applicants for PMR and Cal EIS Positions
Summary	Between 07/2023 and 6/2023, the Program Director, PMR Coordinator and Cal-EIS Coordinator are responsible for the recruiting, interviewing, and selecting the top applicants, who are then offered placement sites in the PMR and Cal-EIS programs beginning 07/2023; program will recruit and interview at least five (5) PMR applicants and fourteen (14) Cal-EIS applicants.
Description	Between 07/2023 and 06/2024, program will recruit and interview at least five (5) PMR applicants and fourteen (14) Cal-EIS applicants. The recruitment process includes distributing PMR and Cal-EIS information to schools of PH, residency programs, local health agencies and posting on various websites, such as FREIDA Online, Electronic Residency Application Service and PH Employment Connection. The competitive selection process includes review of applications by the PMR and Cal EIS Advisory Committees and their recommendation of top candidates to interview, followed by interviews and choice of top candidates to offer a position in the PMR and Cal-EIS programs.

Question	Program Input
Activity Final Status	*MET*
Summary of Outcome	PMR interviewed 5 applicants and placed and trained 2 Residents. Cal-EIS interviewed 38 applicants and placed and trained 25 Fellows. The 27 trainees achieved their relevant CSTE and ACPM/ACGME competencies.

Title	#2: Develop and Implement PH Practice Curriculum
Summary	Between 07/2023 and 06/2023, the Cal-EIS Coordinator schedules presenters from CDPH, local health departments and universities to educate the residents and fellows; these PH/Preventive Medicine Seminars take place between 07/2022 and 06/2023; program will conduct at least 15 PH/Preventive Medicine Seminars for residents and fellows.
Description	Between 07/2023 and 06/2024, program will conduct at least 15 PH/Preventive Medicine Seminars for residents and fellows. These bi-monthly seminars address ACGME Milestones and ACPM/CSTE competencies and provide residents and fellows with knowledge, insights and resources that prepare them to enter the PH workforce.

Question	*Program Input*
Activity Final Status	*MET*
Summary of Outcome	Program conducted 16 PH/preventive medicine seminars for residents and fellows. One of the seminar speakers was CDPH Director and State Public Health Officer, Dr. Tomás Aragón. Dr. Aragon presented on "Leadership is Getting Results in a Way that Inspires Trust".

ACTIVITY 3/3

Title	#3: Place Residents and Fellows in a PH Training Experience
Summary	Between 07/2023 and 06/2024, experienced preceptors will mentor and guide residents and fellows to meet competencies through applied state and local PH experiences, providing training needed to develop California's PH workforce. Program will train at least 8 individuals in the relevant competencies.
Description	Between 07/2023 and 06/2024, program will train at least 8 individuals in the relevant competencies. Experienced preceptors will mentor and guide residents and fellows to meet competencies through applied state and local PH experiences, providing training needed to develop California's PH workforce.

Question	Program Input
Activity Final Status	MET
Summary of Outcome	PMRP/Cal-EIS trained 27 individuals, supporting 2 Residents and 25 Fellows who achieved relevant competencies. PMRP and Cal-EIS Preceptors guide training and provide mentorship at the local health departments and state programs.