

**Preventive Health & Health Services Block Grant (PHHSBG)
Public Hearing
Thursday, June 23, 2016 – 1:00 P.M. – 2:00 P.M.
1616 Capitol Avenue
American River Conference Room, Sacramento, CA 95814
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California Department of Public Health (CDPH) Attendees

Anita Butler, Acting Public Hearing Officer
Hector Garcia, PHHSBG Coordinator

Members of the Public

Christina Hildebrand, A Voice for Choice
Jeffery Jaxen, Independent Journalist
Terry Roark, National Vaccine Information Center

Introduction

The meeting opened at 1:05 p.m.

Opening remarks were presented by Hearing Officer Anita Butler. Ms. Butler gave a brief summary of the Preventive Health and Health Services Block Grant (PHHSBG); and explained that the purpose of the Public Hearing is to present the PHHSBG State Plan for Federal Fiscal Year (FFY) 2016 and to take public comments on the FFY 2016 State Plan.

Public Hearing

Ms. Anita Butler called the Public Hearing for the PHHSBG to order. She introduced the presentation of the FFY 2016 State Plan, which is California's application for PHHSBG funding.

Ms. Butler opened the Public Hearing. She stated CDC distributes PHHSBG funds to states to support public health infrastructure and address emerging public health issues. Grant activities align with Healthy People 2020 Objectives. CDPH and the Emergency Medical Services Authority (EMSA) conduct the programs and activities for California. CDC awarded FFY 2016 funds to CDPH in the amount of \$10,542,099. The Grant and Project Term is October 1, 2015 through September 30, 2017. California plans to expend these funds in State Fiscal Year 16/17, which is July 1, 2016 – June 30, 2017.

Ms. Butler stated the Public Hearing was noticed in the California Register on June 3, 2016. The FFY 2016 State Plan, Program Descriptions, and supporting documentation were posted on the CDPH website. A hard copy was available at the CDPH guard desk located at 1616 Capitol Avenue, Sacramento, CA 95814.

Ms. Butler indicated CDPH considered the proceedings to be quasi-legislative hearings. As such, witnesses presenting testimony at the hearing would not be sworn in nor would we engage in cross-examination of witnesses. We would take under submission all written and oral statements submitted or made during the hearing. Additionally, the record for this hearing would be open until 5:00p.m., June 24, 2016, in order to receive additional relevant information or comments in writing from interested parties. Submit comments to cpcb@cdph.ca.gov. Ms. Butler stated everyone wishing to make a statement would be given an opportunity to do so after each program description was read. Persons wishing to speak should clearly state and spell their name and identify their organization or affiliation, if

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they prefer. She reminded callers to speak slowly to ensure the court reporter obtained accurate information.

Ms. Butler asked if members of the public were in attendance. Members of the public did not attend in person. However, three people attended by phone. Terry Roark and Christina Hildebrand identified themselves, spelled their names, and identified their organizations. Jeffery Jaxen joined the call later and identified himself by first name, along with his profession. Ms. Butler welcomed the attendees and stated the transcript and all exhibits presented in the hearing would be included in the record of these proceedings.

Ms. Butler introduced Hector Garcia, PHHSBG Coordinator, and Phyllis Mank, Court Reporter.

Ms. Butler indicated Mr. Garcia would give an overview of the FFY 2016 State Plan, which includes the FFY 2016 PHHSBG programs and the respective funding levels. She stated Mr. Garcia would request public comments after he read each program description.

FFY 2016 PHHSBG Programs

Mr. Garcia presented the FFY 2016 PHHSBG programs included in the FFY 2016 State Plan; he requested public comments after each program description was read.

1. **CDPH - Rape Prevention Program receives \$832,969** as a set-aside allocation. This program supports local sexual violence prevention projects being implemented by 33 of California's rape crisis centers, including eight My Strength Clubs in local high schools. These clubs address the social norms that tolerate negative behaviors toward women and encourage young men to be leaders in the movement to prevent sexual violence.
 - There were no questions or comments on this program.
2. **EMSA – Receives 30 percent or \$2,621,465** of California's PHHSBG allocation annually after the rape prevention set-aside and the PHHSBG Administration are reduced from the total award. EMSA conducts emergency medical services for children, trauma and quality improvement programs in California. EMSA's programs include: The Emergency Medical Dispatch Program, Emergency Medical Services Communications, EMS for Children, EMS Health Information Exchange, EMS Partnership for Injury Prevention and Public Education, EMS Poison Control System, EMS Prehospital Data and Information Services and Quality Improvement Program, EMS ST-segment Elevation Myocardial Infarction (STEMI) and Stroke Systems, EMS Systems Planning and Development and EMS Trauma Care Systems.
3. **Accountable Communities for Health Pilot - \$240,000** to support the development of an assessment tool to evaluate the current landscape and identify Accountable Communities for Health (ACH) or similar types of projects that support the nexus of population health, health insurance coverage and clinical health care in California. The evaluation would focus on the

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structure and functioning of an ACH "Backbone Organization" and the funding mechanisms of a Wellness Trust that supports population health innovations (and is also a key concept in the California Wellness Plan). The data gathered from the evaluation would be used to: (1) develop toolkits for ACH sites and Wellness Trusts, (2) support scaling up of existing or establishing new ACH sites and (3) development of a Health Care Cooperative Extension Service "Regional Hub." The toolkit focusing on the Wellness Trusts could also be leveraged for the development of a State level wellness Trust that supports a network of County level Wellness Trusts. All toolkits and best practices would be shared at a public health focused convening during year two of the funding period.

- Mr. Jaxen made the following statement and asked a few questions: Under the Accountable Communities Pilot Program, there's mention of a fusion center that shares primary immunization information to assess community program activeness. He was curious if CDPH's Fusion Center in ACH also included the Santa Barbara Immunization Pilot Programs that are being announced in California schools to collect data on children's immunizations? What kind of immunization information are they collecting (because sharing children's immunization is a big violation)? A lot of California parents are going through a legal status right now through the Family Educational Rights and Privacy Act (FERPA), and he was wondering if the fusion center would be sharing immunization status of school children?
 - Ms. Hildebrand reiterated there's a Santa Barbara Health Department Pilot Program that is collecting immunization information. Is that program within the ACH Pilot?
 - Ms. Butler didn't know the answers to his questions. Ms. Butler will share the answers with the group and post them on CDPH's website.
4. **Let's Get Healthy Website and Dashboard - \$300,000** to lead the development and maintenance of the Let's Get Healthy California Website and Dashboard (LGHCWD) on behalf of the California Health and Human Services Agency (CHHS). This project involves coordinating with multiple departments under CHHS, including gathering external data and working with innovative partners. Let's Get Healthy California is the State Health Improvement Plan towards making California the healthiest state in the nation by 2022.
- Ms. Roark recalled hearing that the LGHCWD would include external data sources. She wanted to know what the external data sources are because only state agencies were listed in the External Primary Strategic Partnerships Section of the State Plan. Ms. Roark's specific questions were: What are the external data that will be imported into this platform? What are the sources of the external data? Will the California Department of Social Services provide data for the Let's Get Healthy Website?
 - Ms. Butler said the Primary Strategic Partnerships Section includes entities we would be partnering with and working with. However, the data may be coming from other sources. Ms. Butler will share the response with the group and post it online.

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- Ms. Roark indicated there are many citizens in California that are extremely concerned about private information being shared without their knowledge. And so, depending upon where they're gathering these new external sources of data, we'll want to make sure that proper requests and authorizations are granted before that information is integrated into this new platform.
 - Ms. Butler responded by saying the CDPH adheres to all Health Insurance Portability and Accountability Act (HIPPA) policies; CDPH would not share personal information without receiving prior approval.
 - Ms. Roark said it's a little more complicated than just HIPPA because there are also other federal policies like FERPA and other privacy laws in the State of California regarding children.
 - Ms. Butler reiterated she would obtain the responses to Ms. Roark's questions and share them with the meeting attendees and post them online.
5. **California Active Communities and the CA Senior Falls Project: Older Adult Falls Prevention Program - \$590,841** to fund activities that address physical inactivity and its associated injuries, chronic diseases and disabilities, including mobility and fall prevention programs for older Californians; and that foster environmental and policy changed strategies that increase opportunities for safe everyday physical activity.
- There were no questions or comments on this program.
6. **Community Water Fluoridation Initiative - \$263,813** funds activities to increase the number of California citizens with access to fluoridated drinking water. For many years, California ranked near the bottom in the nation in terms of state populations with access to fluoridation. This initiative aims to reduce oral health disparities among Californians.
- Ms. Hildebrand asked: where do the funds get distributed to (individual cities or water districts)?
 - Ms. Butler indicated the funding supports one state level position and a contract, and both of those entities provide technical assistance to the districts and the communities who want to become fluoridated.
 - Mr. Jaxsen asked if there's public information about the company who fluoridated the water. There have been some questions about it coming from sources that aren't particularly very clean and there is actually more than fluoride being added

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when states analyze this.

- Ms. Butler indicated she'd check with the subject matter expert because these funds pay for technical assistance for those communities who would like to be fluoridated. It doesn't pay for the water to be fluoridated.
 - Ms. Roark asked: What is the budget for the state employee whose job is being created with some of these funds?
 - Ms. Butler responded by clarifying the position isn't new, the total budget is \$263,813, of which the contract amount is about \$70,000. Ms. Butler wasn't exactly sure how much is associated with the state position, but the classification is a Health Program Specialist I position; the budget information will be shared with the group and posted online.
 - Ms. Roark said she found it interesting the agenda is to promote the use of fluoridation considering many communities and citizens have worked with their local water suppliers and they're actively in the process of removing fluoridation from their water supply; and that we're going to spend over \$250,000 to assist communities to add fluoridation.
7. **California Health Alert Network Support (CAHAN) - \$375,000** to fund the official alerting and notification system for state and local public health and funds 100 percent of CAHAN system costs. This system allows information sharing about urgent public health incidents with federal, state, and local officials, practitioners, clinicians, and other public health and medical stakeholders.
- Ms. Roark asked: Was this an existing program that we have and is it a continuance of something that's already in place or is this introducing another new structure?
 - Ms. Butler responded by saying all of the programs that discussed during the Public Hearing were funded last year as well. There were no new programs in the FFY 2016 State Plan. This approach is in alignment with the PHHSBG Advisory Committee who recommended that we fund programs for at least three years because it usually takes a year or so to start up and realize outcomes.
 - Ms. Hildebrand asked: are we going into the second year of the three-year cycle?
 - Ms. Butler's response was yes.
 - Ms. Hildebrand asked: will the programs be evaluated, re-evaluated, and possibly changed next year?
 - Ms. Butler said the Advisory Committee provides funding recommendations annually and the Director's Office decides how the PHHSBG funds will be allocated.

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The programs, activities, and funding levels are written into the State Plan and the public is given an opportunity to respond during the Public Hearing. All programs will be evaluated this year and a determination will be made as to whether or not those programs will receive continued funding.

- Ms. Hildebrand asked: What happens with the comments the public made during this Public Hearing? If they were to say they're very much against a certain program, what would CDPH do with that input?
- Ms. Butler stated the Department is taking public comments on the State Plan. Members of the public have the right to submit verbal or written comments. If they completely disapprove of a program, at this point, it's a little too late to change it because we have to submit the State Plan by July 1st in order to receive our funding. However, CDPH is starting this process a lot sooner next year and, in fact, we're planning to have a meeting in September to talk about what programs ultimately will go in the State Plan for 2017. Ms. Butler offered to make the meeting attendees aware of the next meeting because that will be an Advisory Committee meeting in which the public is always welcome to attend.
- Ms. Roark and Ms. Hildebrand were appreciative of direct communications on all the meetings.
- Ms. Butler mentioned Public Hearings are announced in the California Regulatory Notice Register to give members of the public ample time to prepare for those meetings. Ms. Butler told the meeting attendees they were welcomed to submit comments or questions regarding the next State Plan to CDPH's attention prior to the Public Hearing.
- Ms. Hildebrand said her organization found about the PHHSBG Advisory Committee Meeting and Public Hearing late in the game, possibly because they weren't looking in the right places. She felt there are other organizations within California that fall in different areas that would find this information helpful, would be interested in participating in the meetings, and would like to give their input. She wondered if there's a way CDPH could publicize the meetings better so that more organizations can be involved in it.
- Ms. Butler indicated all meeting information is posted on CDPH's website. Public Hearings are always announced in the California Regulatory Notice and online. Ms. Butler asked Ms. Hildebrand to suggest other ways to announce the meetings. Ms. Hildebrand didn't have any suggestions offhand but planned to share ideas with Ms. Butler in the future. Ms. Butler said she would speak to her team to identify other avenues.

8. California Wellness Plan Implementation (CWPI) – Program A, including CDPH

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commitments made at “P21, Advancing Prevention in the 21st Century” – **\$330,000** to fund state level coordination capacity, including continued facilitated meetings with partners to advance the chronic disease prevention agenda.

- Ms. Roark asked: Is immunization included in this plan?
 - Ms. Butler responded by saying her understanding was the funds will be used to collaborate with other internal and external partners to support state level monitoring, communication policy, and coordination.
 - Ms. Roark’s follow up question was: will funds be spent to determine if the programs and different facets of our state structure are able to effectively communicate with one another or not?
 - Ms. Butler responded by saying the purpose of the funding is to advance the chronic disease prevention agenda with internal and external stakeholders (i.e. the California Conference of Local Health Officers (CCLHO) and the County Health Executives Associate of California (CHEAC).
9. **Cardiovascular Disease Prevention Program (CDPP) - \$524,819** funds measures to reduce premature death and disability from the most deadly and costly healthcare problems, heart disease and stroke. CDPP program interventions directly address public health objectives for heart disease, stroke, heart failure, high blood pressure, high cholesterol, and other vascular-related disorders.
- There were no questions or comments on this program.
10. **Commodity-Specific Surveillance: Food and Drug Branch (FDB) - \$160,000** to reinstitute the surveillance sampling of high- risk foods that could be potentially contaminated with bacterial pathogens. Over the last decade, there have been numerous outbreaks and product recalls due to bacterial contamination in high-risk food commodities. Re-implementing the surveillance sampling, especially with today’s advanced lab testing technology, will facilitate the identification of contaminated food items before they cause an outbreak and reduce the incidence of food borne illnesses. According to CDC, one in six Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of food-borne diseases each year. FDB proposes collecting approximately 600 high-risk food items per year for the next three years and submitting them to FDLB for microbial evaluation. Contaminated foods that are identified through lab evaluation will be embargoed and FDB will work with the responsible firms including out of state food processors; to recall the products from the marketplace and work with the impacted firms to ensure corrective actions are taken to prevent future contamination.
- Ms. Roark asked: Were the statistics quoted in this summary based on U.S. statistics as far as how many people get sick, hospitalized or die? Since these funds

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are being spent in California, do we have the statistics that are just for California in the full detail on this particular program?

- Ms. Butler said she would ask program staff to share the California statistics, if they exist. Ms. Butler will share the information with the group and post it online.
- Why does it not include food items that are imported from other countries and only foods that are transported across state lines? In other words: is there a different plan for out of country food products?
- Ms. Butler responded by saying PHHSBG funds are being used to evaluate food products distributed by out of state food processors. However, this funding is a small portion of FBD's budget. Ms. Butler will share the answers to Ms. Roark's questions with the group and post it online.

11. HIV: Re-engagement in HIV Care and Partner Services Using HIV Surveillance Data: \$375,000 to fund the third to fifth highest prevalence counties (San Diego, Alameda and Orange) and replicate the Los Angeles and San Francisco County Programs. These programs use HIV surveillance data to offer partner services to all persons newly diagnosed with HIV and assist people with HIV who have fallen out of care to re-engage in HIV care.

- There were no questions or comments on this program.

12. Office of Quality Performance and Accreditation - \$193,483 to local and/or tribal public health agencies accreditation readiness technical assistance to increase agency capacity to apply for and achieve national public health accreditation.

- Ms. Roark asked: Are we spending these funds to make sure certain agencies have the assistance they need to apply for federal accreditation and perhaps federal funds?
- Mr. Garcia responded yes but clarified the funds are being spent to assist agencies with applying for national public health accreditation.
- Mr. Roark asked: When they are accredited, then they receive federal funds; or no?
- Ms. Butler stated she believed it depended on the state. The answer will be different for each state and/or tribal organization. CDPH is paying for state staff to provide technical assistance to those entities who would like to have public health accreditation on the national level.
- Ms. Roark replied: Once they have the public health accreditation, it would seem logical that they are then qualified to receive federal funds. That would be the purpose of wanting the accreditation, correct?

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- Ms. Butler said that was her understanding, but wasn't sure if federal funds are available to all of the entities that we are trying to assist. Ms. Butler will share the response with the group, and post it online.
13. **The Nutrition Education and Obesity Prevention Branch - \$468,039** to advance evidence-based and evidence-informed obesity prevention across the state. Projects include support for improved nutrition such as increased fruit and vegetable consumption and reduced sodium intake and increased physical activity in local communities, schools, early care and education sites, work sites and at CDPH.
- There were no questions or comments on this program.
14. **Office of Health Equity (OHE), including the Health Equity Assessment - \$491,689** is used to provide the key leadership role to reduce health and mental health disparities in California and conduct a Health Equity Assessment to fund state level capacity to assess health equity within CDPH Programs.
- There were no questions or comments on this program.
15. **The Prescription Drug Overdose Surveillance Program** has provided strong leadership, developed a multi-agency coalition and created a road map for intervention to address the opioid overdose problem. The \$150,000 allocation will allow CDPH to build and sustain the necessary surveillance infrastructure compile, prepare and analyze our internal data sources on the health consequences of prescription drug use, misuse and overdose, to work with our external data partners to link data sources. Example - California Department of Justice's Prescription Drug Monitoring Program, CURES, and prepares actionable information for our state agency partners and local health departments.
- There were no questions or comments on this program
16. **Preventive Medicine Residency Program (PMRP)/California Epidemiologic Investigation Service (Cal-EIS) Fellowship Program \$534,600** funds training of California-trained, board certified public health physicians. PMRP achieves this through recruiting promising residents and providing them with appropriate training and skills directly within local health departments or state public health programs. It also trains entry level epidemiologists within local and state public health programs.
- There were no questions or comments on this program.
17. **Receptor Binding Assay (RBA) for Paralytic Shellfish Poisoning (PSP) Control - \$206,250** to develop the RBA as a humane alternative to the Mouse Bioassay, MBA, for detection of paralytic shellfish poisoning, PSP, toxins. Funding will be used to a conduct a three-year pilot study of RBA implementation for PSP toxin testing in California shellfish. This

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pilot study will include systematic validation work and submission of applications to the Interstate Shellfish Sanitation Conference, ISSC, to achieve regulatory cognizance and approval of the RBA.

- There were no questions or comments on this program.

18. **Safe and Active Communities Branch - \$309,919** to fund programs that (1) support data enhancements of its web-based data query system, EpiCenter, California Injury Data on-line located at epicenter.cdph.ca.gov and provide technical assistance sessions to delve further into community-level injury data, link to program development guidance materials and refer to potential funding sources. (2) increase local access to data on traffic-related injuries from the Crash Medical Outcomes Data, CMOD project. (3) increase access to child passenger safety seat misuse data. And (4) analyze the prevalence and impact of Adverse Childhood Experiences, ACE.

- There were no questions or comments on this program.

19. **Select Agents and Biosafety Program - Microbial Diseases Laboratory Branch/\$150,000** to fund state-level capacity to maintain the only California high containment Tier 1, public health laboratory for comprehensive testing of bio-threat agents, such as those that cause anthrax, botulism, and plague.

- Ms. Roark asked: Does this mean that it wasn't until this particular plan was put into place last year that the State of California didn't already have a Tier 1 lab? Did the State of California already have a Tier 1 lab?
- Ms. Butler responded: These funds support state staff working in the lab; the lab already exists.
- Ms. Roark then asked: How many Tier 1 labs do we have in the State of California?
- Ms. Butler didn't know for sure but offered to find out, share the results with the group, and post the response online.

20. **Valley Fever - Microbial Diseases Laboratory Branch: The Enhanced Laboratory Capacity to address Valley Fever Program - \$340,800** to fund state-level capacity to address drug resistance, assist local communicable disease response to the outbreaks and restore testing for fungal infections such as Valley Fever.

- Ms. Roark asked if anyone knew if funds are being used to identify the cause of Valley Fever since it is pretty much a California issue.
- Ms. Butler said she wasn't sure and will ask the program to clarify if California is spending any funds to identify the cause of Valley Fever; and to identify the funding

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source if the answer is yes. Ms. Butler will share the results with the group and post them online.

21. **California Wellness Plan Implementation – Program B - Building Health Economics Capacity - \$112,500** funds activities to increase the capacity of economic assessment of public health interventions at the California Department of Public Health. This includes identifying methods and tools and conducting an economic evaluation of public health interventions to determine effective ways to prevent and reduce disease in California.

- Ms. Hildebrand asked: Is immunization included in this plan?
- Ms. Butler will seek clarification from program staff, share the results with Ms. Hildebrand and the rest of the meeting attendees, and post the results online.

Additional Information:

Ms. Butler summarized each question and asked the members of the public to confirm or clarify.

Ms. Roark wanted clarification as to whether or not these programs should be spending \$10.8M.

Ms. Butler clarified the FFY 2016 award amount is \$10,542,099, of which \$832,969 is a set-aside for the Rape Prevention Program. Based on federal legislation, those funds can only be used for that purpose.

Ms. Roark asked if the State has latitude on how to expend these funds aside from the earmarked set-aside or are there more requirements as to how the State allocates these funds from the federal government.

Ms. Butler said the only other amount that gets reduced from the total is the cost to administer the program. States can expend 10% of the base allocation, per federal statute. The remaining balance is split between CDPH and EMSA, with CDPH receiving 70% and EMSA receiving 30%. Once those dollars are split, it's up to the Advisory Committee, public, and the Department to decide what programs to fund. We seek recommendations from the Advisory Committee, comments from the public, and the Director's Office makes the final decision.

Ms. Roark asked: If (in September 2016) there will be a review of the existing programs that were initially funded for three years beginning in 2015 to see which programs are meeting their goals and will continue to receive funds for the third year.

Ms. Butler responded that the State of California has received PHHSBG funds over 20 years. Several of these programs mentioned today were funded for longer than three years. The three-year mark began in State Fiscal Year 14/15 when the PHHSBG doubled from the previous allocation. At that time in 14/15 CDPH had a Public Hearing and accepted proposals from the public on how the dollars should be spent. CDPH talked with the Advisory Committee to get their recommendations, and then the

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Director's Office decided how to spend the funds. CDPH takes everything into consideration and then the final decision is made. But the public always has an opportunity to comment on the final decision. The Advisory Committee is also an integral part of the process. In September, the purpose of coming together early is to decide whether or not the programs that are in the existing State Plan will continue to be funded next year. If the answer is yes, that might be year five for some programs, but it might be year three for others.

Ms. Roark asked: If we recalled why there was such a substantial increase of the federal funding in 2014? What was the purpose for it? How did we achieve the increase of our federal grant? What were the goals?

Ms. Butler replied that prior to FFY 2014 the PHHSBG was in its own line item in the federal budget. In 2014, it was moved from its own line item into to the Affordable Care Act Prevention and Public Health Fund. As a result of that, not only was it moved, but the dollars increased. About ten to 15 years ago California's allocation was around ten million, but it was reduced to approximately five million over the years because the federal budget wasn't robust. From the perspective of CDPH, the increase restored the funding to it we was many years ago.

Ms. Roark asked: With that restoration of those prior year resources, the new PHHSBG came with set-asides for specific things, limitations on the administrative percentage that the State could keep built into the general funds to do these things, and what other requirements did the federal government place with the funding that we're currently receiving? Were there any other requirements (i.e., you must or you cannot include, you have to reach certain goals?

Ms. Butler indicated the PHHSBG requirements have never changed. There has always been a set-aside and CDPH has always been allowed to charge ten percent of the base allocation for administrative costs. In terms of what CDPH does with the PHHSBG funds, each state and territory can determine how funds are spent. So it's really flexible. The only caveat is that the activities and the objectives must align with the Healthy People 2020 Objectives. At this point we're at Healthy People 2020, but back then it was Healthy People 2000 or Healthy People 2010. The requirements haven't really changed. In FFY 2014 the dollars increased.

Ms. Roark indicated some mentioned a new year (2035) being attached to the goals during the 6/22/15 Advisory Committee Meeting. She requested more information about it.

Ms. Butler stated CDPH's current Director, Dr. Karen Smith, has a Public Health 2035 Vision, and what Dr. Caroline Peck was referring to was Dr. Smith's vision and that she would present that at the September 2016 Advisory Committee Meeting.

Ms. Roark asked said California is going above and beyond the Healthy People 2020 and she has a proposal for a 2035, so does that mean that California is now going to be setting a new standard beyond the Healthy People 2020?

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Ms. Butler wasn't sure, but believes that the Healthy People 2020 Objectives and the Public Health 2035 Initiative were different because CDC identifies the Healy People 2020 Objectives. Dr. Smith's vision is where will CDPH be in 2035 and how do we get there?

Ms. Roark said her understanding is that California has already exceeded the Healthy People 2020 in relationship to the immunization rates of children.

Ms. Butler stated she didn't have those statistics handy, but that's another reason why she believed the Director's Office goals of achieving Public Health 2035 is different from the Healthy People 2020 objectives. CDPH must adhere to Healthy People 2020 Objectives if we spend these PHHSBG funds. The way to achieve Public Health 2035 at the state level could be achieved by using multiple fund sources.

Ms. Roark asked: Is this 2035 plan something that other states are looking to California as a model, for example, or are other states also working on a 2035 plan?

Ms. Butler said she was not certain, but offered to ask the Director's Office to provide clarification. Ms. Butler invited members of the public to attend the Advisory Committee meeting that will be scheduled for September 2016 because at that time the Director plans to identify her goals and take feedback from the Advisory Committee and public.

Ms. Roark asked if the feedback from the public occur before motions to approve or will the public session occur after the motions to approve take place, such as the way that this structure was done on this particular set of meetings. The public comment was the day after it was presented, approved, and adopted. She requested the process be reversed to ensure the Public Hearing occurs before the Advisory Committee motions to approve the State Plan.

Ms. Butler stated the meeting in September is actually occurring a lot earlier than would normally occur. CDPH typically has the first Advisory Committee meeting in spring to talk about how the new funds will be spent, and there's another Advisory Committee meeting to get approval of the State Plan (at the same time we have a Public Hearing). That is the past process. In some years CDPH has had two Public Hearings, one in the spring and one closer to the summer. Moving forward in September will be the first opportunity for both the Advisory Committee as well as the public to weigh in on how the funds should be expended. Bear in mind that at that time CDPH may not know the exact amount of the FFY 2017 Allocation. CDPH will be using a hypothetical amount. There will be a meeting in September to talk about how everyone feels the dollars should be spent, and then another in early spring once there is an actual amount. And once that dollar amount is identified; the public will have yet another opportunity to voice their concerns or ask questions about the State Plan.

Ms. Roark asked that the Public Hearing meetings happen prior to the Advisory Committee Meeting in which the Advisory Committee votes to approve the State Plan.

Ms. Butler reiterated CDPH will definitely change the order of the dates and have the Public Hearing prior to the Advisory Committee Meeting to share the public's comments with the Advisory Committee

**Preventive Health & Health Services Block Grant (PHHSBG)
Public Hearing
Thursday, June 23, 2016 – 1:00 P.M. – 2:00 P.M.
1616 Capitol Avenue
American River Conference Room, Sacramento, CA 95814
Summary of Court Reporter Minutes**

DOCUMENT #4

as well. Ms. Butler reminded the attendees to attend Advisory Committee Meetings as well because there is always an opportunity for public comment on every agenda item that is on the Advisory Committee Agenda.

Ms. Hildebrand thanked CDPH for all of the information that we shared. She said it was obvious we put a lot of effort into compiling the paperwork.

Ms. Roark thanked CDPH for our efforts and service to the people of California and for making the Public Hearing an available opportunity to dialogue.

Ms. Butler thanked everyone for attending the meeting and reiterated CDPH will invite them to future Advisory Committee Meetings and Public Hearings. The public should feel free to forward the invitation to other people or organizations who may be interested in attending future meetings.

Adjourn

Ms. Butler asked if there were additional comments. Hearing none, she reiterated that further comments would be accepted by email (at cddb@cdph.ca.gov) until 5:00 p.m. on June 24, 2016.

The meeting adjourned at 2:40 p.m.