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PREVENTIVE HEALTH AND HEALTH SERVICES
BLOCK GRANT -- FUNDED PROGRAMS
FEDERAL FISCAL YEAR (FFY) 2016

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REPORTER'S TRANSCRIPT OF PROCEEDINGS

THURSDAY, JUNE 23, 2016

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Held at:

1616 Capitol Avenue
Sacramento, California

Reported by: PHYLLIS MANK, CSR No. 5093

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APPEARANCES

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ANITA BUTLER, Acting Public Hearing Officer

HECTOR, GARCIA, Block Grant Coordinator

1 SACRAMENTO, CALIFORNIA

2 THURSDAY, JUNE 23, 2016

3 ---oOo---

4 MS. BUTLER: I am Anita Butler of the California
5 Department of Public Health, hereby referred to as CDPH.
6 Welcome to the Preventive Health and Health Services
7 Block Grant public hearing. I will be acting as the
8 Public Hearing Officer for the Preventive Health and
9 Health Services Block Grant, hereby referred to as block
10 grant. Please remember to mute your phone until you're
11 ready to speak.

12 In 1981, Congress authorized the Block Grant to
13 its 61 grantees, including all 50 states, the District of
14 Columbia, two American Indian tribes and eight U.S.
15 territories. The Centers for Disease Control and
16 Prevention funds the Block Grant to support public health
17 infrastructure and addresses public health emerging
18 issues. Grant activities align with the Healthy People
19 2020 Objectives. CDPH and the Emergency Medical Services
20 Authority conduct the programs and activities in
21 California.

22 CDC awarded Federal Fiscal Year 2016 Block Grant
23 funds to CDPH in the amount of \$10,542,099. The Grant
24 and Project Term is October 1st, 2015 through September
25 30th, 2017. California plans to expend these funds in

1 State Fiscal Year 16/17 which will begin July 1st, 2016
2 and end June 30, 2017.

3 Under the provision of Public Law 102-531, Title
4 XIX, Part A, Block Grant, this is the time and place set
5 for the presentation of the Block Grant's Federal Fiscal
6 Year 2016 State Plan, California's application for Block
7 Grant funding. After the presentation, CDPH will accept
8 public statements, arguments and contentions, orally or
9 in writing, for or against the Federal Fiscal Year 2016
10 State Plan.

11 The State Plan, Program Descriptions, and
12 supporting documentation were posted on CDHP's website
13 and a hard copy was placed at the security desk located
14 at 1616 Capitol Avenue, Sacramento, California. Notice
15 of this Public Hearing has been previously published in
16 the California Register on June 3rd, 2016.

17 CDHP considers these proceedings to be
18 quasi-legislative hearings. As such, witnesses
19 presenting testimony at this hearing will not be sworn
20 in, nor will we engage in cross-examination of witnesses.
21 We will take under submission all written and oral
22 statements submitted or made during this hearing.
23 Additionally, the record for this hearing will be open
24 until 5:00 p.m. tomorrow, June 24th, 2016, in order to
25 receive additional relevant information or comments in

1 writing from interested parties. Submit additional
2 comments to CDCB@cdhp.ca.gov. Again, that e-mail address
3 is CDCB@cdhp.ca.gov.

4 Everyone wishing to make a statement will be
5 given an opportunity to do so after each program
6 description is read. Individuals will be allowed five
7 minutes for their comments and/or questions. Additional
8 time may be requested subject to approval by the Public
9 Hearing Officer. Persons wishing to speak should have
10 completed a Public Hearing Registration Card. However,
11 please indicate that you'd like to make a comment and you
12 will be allowed to do so. Please clearly state and spell
13 your name and identify, if you prefer. A certified
14 shorthand reporter will record the entire proceeding.
15 Remember to speak slowly to ensure the court reporter
16 obtains accurate information.

17 Are there any members of the public on the
18 phone? Would you like to state your name and your
19 organization?

20 MS. HILDEBRAND: Christina Hildebrand with A
21 Voice for Choice.

22 MS. ROARK: Terry Roark. I'm with the National
23 Vaccine Information Center. I'm also on the call
24 today.

25 MS. BUTLER: Terry, can you spell your name for

1 us, please.

2 MS. ROARK: That's the National Vaccine
3 Information Center.

4 MS. BUTLER: Christina, would you mind spelling
5 your name for us as well.

6 MS. HILDEBRAND: It is Christina,
7 C-h-r-i-s-t-i-n-a, H-i-l-d-e-b-r-a-n-d.

8 MS. BUTLER: Thank you, ladies. Welcome.

9 The transcript and all exhibits and evidence in
10 the hearing will be included in the record of these
11 proceedings. With me here is Hector Garcia, Block Grant
12 Coordinator, and Phyllis Mank, court reporter.

13 Mr. Garcia will give an overview of the funding
14 and present the Federal Fiscal Year 2016 Block Grant
15 programs. He will request public comments after he reads
16 each program's description.

17 I'll turn it over to you, Hector.

18 MR. GARCIA: I'd like the record to reflect that
19 there are no members of the public present physically in
20 this room, but we do have two individuals who have called
21 in and they have already identified themselves.

22 MS. BUTLER: One other thing. The documents
23 that we are referring to are located on our internet, so
24 if you'd like to reference those while Hector is
25 reviewing the program descriptions, I'd be happy to share

1 the e-mail or the website address with you. I'm going
2 to -- I'll pull it up on the screen so you can see it as
3 we're talking. I'll give it back over to you.

4 MR. GARCIA: This is Hector Garcia. I'm going
5 to proceed to describe each program that comprises the
6 proposed State Plan and the amount of money that will be
7 expended during the fiscal year.

8 The first one, No. 1, the Rape Prevention
9 Program, receives \$832,969 as a set-aside allocation.
10 This program supports local sexual violence prevention
11 projects being implemented by 33 of California's rape
12 crisis centers, including eight My Strength Clubs in
13 local high schools. These clubs address the social norms
14 that tolerate negative behaviors toward women and
15 encourage young men to be leaders in the movement to
16 prevent sexual violence.

17 That is my description of the program. Do I
18 have any questions? Okay. It's on the screen for you to
19 see. So if you are connected to us, you can actually see
20 the program description.

21 Since I do not have any questions, I will move
22 on to the next program and that is No. 2. The Emergency
23 Medical Services Authority, also known as EMSA, receives
24 30 percent or \$2,621,465 of California's Block Grant
25 allocation annually after the rape prevention set-aside

1 and the Block Grant Administration are reduced from the
2 total award. It currently funds California's Emergency
3 Medical Services Authority. EMSA conducts emergency
4 medical services for children, trauma and quality
5 improvement programs in California. EMSA's programs
6 include: The Emergency Medical Dispatch Program,
7 Emergency Medical Services Communications, EMS for
8 Children, EMS Health Information Exchange, EMS
9 Partnership for Injury Prevention and Public Education,
10 EMS Poison Control System, EMS Prehospital Data and
11 Information Services and Quality Improvement Program, EMS
12 STEMI and Stroke Systems, EMS Systems Planning and
13 Development and EMS Trauma Care Systems.

14 Do I have any questions?

15 MS. BUTLER: If you wouldn't mind -- since there
16 are two people on the line, if you have a comment, would
17 you mind saying your name so that the court reporter
18 knows who is speaking.

19 MS. HILDEBRAND: I'm not going to say no or take
20 myself off mute each time because I'm in a noisy place,
21 so if you don't hear anything from me, you can assume I
22 have no comments.

23 MS. BUTLER: Understood. Thank you so much for
24 clarifying.

25 MR. GARCIA: With that being said, we're going

1 to move to the third item, and that is Accountable
2 Communities for Health Pilot Program. \$240,000 to
3 support the development of an assessment tool to evaluate
4 the current landscape and identify Accountable
5 Communities for Health or similar types of projects that
6 support the nexus of population health, health insurance
7 coverage and clinical care in California. The evaluation
8 would focus on the structure and functioning of an ACH
9 "Backbone Organization" and the funding mechanisms of a
10 Wellness Trust that supports population health
11 innovations and is also a key concept in the California
12 Wellness Plan. The data gathered from the evaluation
13 would be used to: (1) Develop toolkits for ACH sites and
14 Wellness Trusts, (2) support scaling up of existing or
15 establishing new ACH sites and (3) development of a
16 Health Care Cooperative Extension Service "Regional Hub."
17 The toolkit focusing on the Wellness Trusts could also be
18 leveraged for the development of a State level Wellness
19 Trust that supports a network of County level Wellness
20 Trusts. All toolkits and best practices would be shared
21 at a public health focused convening during year two of
22 the funding period.

23 Do I have any questions about this program?
24 Well, then I'm going to move on to No. 4, Let's Get
25 Healthy California Website and Dashboard. \$300,000 to

1 lead the development and maintenance of the Let's Get
2 Healthy California Website and Dashboard on behalf of the
3 California Health and Human Services Agency. This
4 project involves coordinating with multiple departments
5 under CHHS, including gathering external data and working
6 with innovative partners. Let's Get Healthy California
7 is the State Health Improvement Plan towards making
8 California the healthiest state in the nation by 2022.

9 Do I have any questions about this program?

10 MS. ROARK: This is Terry Roark. What are the
11 external data that will be imported into this new
12 platform for 300 grand? What are the sources of the
13 external data?

14 MS. BUTLER: Hi, Terry. Your question is, what
15 are the sources of the external data?

16 MS. ROARK: Yes.

17 MS. BUTLER: Give me one second. I need to
18 reference the actual State Plan because what Hector is
19 referring to is the summary. So the State Plan is
20 Document No. 5, which is also posted on-line. So just
21 give me a second and let me see if that is specified in
22 there.

23 MS. ROARK: Thank you.

24 MS. BUTLER: Taking a quick look at it, Terry, I
25 don't see where it talks about the source of the data.

1 But if you -- are you on-line right now? I'm sorry,
2 Terry, are you there?

3 MS. ROARK: Sorry. I had put the mute button
4 on. I apologize. I had it printing out and it stopped,
5 and now I am looking for -- can you put the document
6 number into the chat box real quick for me, please?

7 MS. BUTLER: There you go.

8 MS. ROARK: Thank you so much.

9 MS. BUTLER: While we're taking some time to get
10 to that document, did someone else join the call that
11 would like to identify themselves by name and/or
12 affiliation?

13 MR. JEFFREY: Yes. I'm Jeffery. I'm an
14 independent journalist.

15 MS. BUTLER: Can you spell your name?

16 MR. JEFFEREY: J-e-f-f-e-r-y.

17 MS. BUTLER: You're an independent journalist?

18 MR. JEFFEREY: Correct. I cover California
19 health topics.

20 MS. BUTLER: Well, welcome to the Preventive
21 Health and Health Services Block Grant public hearing.

22 MR. JEFFEREY: Thank you very much.

23 MS. BUTLER: Terry, have you had a chance to
24 pull up the State Plan?

25 MS. ROARK: I do have the Document No. 5, yes.

1 MS. BUTLER: So if you reference page ten is
2 where the Accountable Communities for Health Pilot
3 Program is identified, and what you'll notice there is
4 the information is itemized into different sections. So
5 the first is the State Program Strategy, the next is the
6 Health Priority and then the third paragraph is the role
7 of the Block Grant funds. So, basically, that's what
8 these funds would be used for.

9 MS. ROARK: So the external data sources would
10 include the California Health and Human Services Agency,
11 Department of Health Care Services, the California
12 Endowment, Department of Social Services and Kaiser
13 Permanente? Do I understand that correctly?

14 MS. BUTLER: I'm actually looking for that
15 because I don't see that in this document, but give me
16 one second. Let me look for it.

17 MS. ROARK: It's on the same page ten.

18 MS. BUTLER: That is correct.

19 MS. ROARK: And it discusses the primary
20 strategic partnership.

21 MS. BUTLER: That is correct.

22 MS. ROARK: So the Department of Social Services
23 would now be providing data into this new Let's Get
24 Healthy website where we're supposed to spend 300,000 to
25 develop?

1 MS. BUTLER: Okay. So I think -- let me take a
2 step back. I think I heard you say Let's Get Healthy.
3 That is a little different from what Hector was referring
4 to in the Accountable Communities. So the Accountable
5 Communities for Health Pilot Program, that is the
6 \$240,000 -- I'm sorry. Were we talking about Let's Get
7 Healthy? I'm sorry. I apologize. I had given you the
8 wrong page because on page ten that's Accountable
9 Communities for Health. What we should be looking at is
10 Let's Get Healthy California.

11 MS. ROARK: Let's find that page then. Thank
12 you, Anita, for clarifying.

13 MS. BUTLER: No problem. I apologize. I
14 thought we were on the other one. So the page you want
15 to scroll to is page 87.

16 MS. ROARK: Okay. I'm almost there. So the
17 partnership -- I'm on page 87 now. Thank you. So I
18 guess I'm just looking for clarification. The Let's Get
19 Healthy Dashboard and Website, where there's 300,000
20 allocated to develop and improve this strategic partner
21 section there, where it talks about the external column,
22 those are considered external data sources? Because I
23 recall hearing that this new website would include
24 external data sources, and I would like to know what the
25 external data sources are because these are all just more

1 California agencies.

2 MS. BUTLER: Let me clarify. Under Primary
3 Strategic Partnerships, those are the entities in which
4 we would be partnering with and working with. That does
5 not necessarily mean that that's where all the data will
6 come from. So what I'll have to do is get your question
7 and respond to you via e-mail and post that response
8 on-line so that anyone else who might be interested can
9 get the response. And there are two other folks on the
10 line right now, and I'd be happy to share the response
11 with them as well.

12 MR. ROARK: Thank you.

13 MS. BUTLER: So let me just clarify that I have
14 your question correct. The question is, what are the
15 external data sources?

16 MS. ROARK: Yes. Where are they extracting the
17 data? What are their sources for this new platform where
18 everything is integrated?

19 MS. BUTLER: Okay.

20 MS. ROARK: We have many citizens in California
21 that are extremely concerned about private information
22 being shared without their knowledge. And so, depending
23 upon where they're gathering these new external sources
24 of data, we'll want to make sure that proper requests and
25 authorizations are granted before that information is

1 integrated into this new platform.

2 MS. BUTLER: Understood. I would just share
3 with you that the California Department of Public Health
4 adheres to all HIPPA policies, so we definitely would not
5 share personal information without receiving prior
6 approval.

7 MS. ROARK: Right. There are also other federal
8 policies like FERPA and so forth and there are also
9 privacy laws in the State of California regarding
10 children. So it's a little more complicated than just
11 HIPPA.

12 MS. BUTLER: Understood. I will get an answer
13 to your question and e-mail it to you all. I'll get your
14 e-mail addresses after this conversation and I will also
15 post the response on-line.

16 MS. ROARK: Thank you so much, Anita. I
17 appreciate your help.

18 MS. BUTLER: No problem. Were there any other
19 questions before we move to the next program?

20 MS. HILDEBRAND: I have a question. When you
21 said it would be posted -- the answers to the questions
22 would be posted on the website, will they be posted on
23 the same website where the documents are?

24 MS. BUTLER: In the exact same place.

25 MS. HILDEBRAND: Thank you so much. I

1 appreciate that.

2 MS. BUTLER: So, Hector, I'll turn it back over
3 to you.

4 MR. GARCIA: We're going to move down to program
5 No. 5, the California Active Communities Program and the
6 California Senior Falls Project. It will receive
7 \$590,841. It will fund activities that address physical
8 inactivity and its associated injuries, chronic diseases
9 and disabilities, including mobility and fall prevention
10 programs for older Californians and that foster
11 environmental and policy change strategies that increase
12 opportunities for safe everyday physical activity. The
13 Senior Injury Prevention Project funds evidence-based
14 strategies to prevent senior falls, including project
15 evaluation, in collaboration with other state entities.

16 Do we have any questions about this program?

17 MS. ROARK: I'm sorry, Hector. I'm trying to
18 follow along with the document as you reference each one.
19 Would it be possible for you to identify which document
20 and which page that the detailed information is?

21 MR. GARCIA: Sure. I'm referencing Document No.
22 6 that is entitled, Preventive Health and Health Services
23 Block Grant Funded Programs Federal Fiscal Year 2016 that
24 is on the website as Document No. 6 and I am on page two.

25 MS. ROARK: Thank you.

1 MR. GARCIA: We just finished No. 5, and I'm
2 going to move on to number six. We're still on page two.
3 The California Community Water Fluoridation Initiative.
4 \$263,813 funds activities to increase the number of
5 California citizens with access to fluoridated drinking
6 water. For many years, California ranked near the bottom
7 in the nation in terms of state populations with access
8 to fluoridation. This initiative aims to reduce oral
9 health disparities among Californians.

10 That completes this description of activities.
11 Do you have any questions or comments concerning water
12 fluoridation in California?

13 MS. HILDEBRAND: I have a question for you. I,
14 unfortunately, am not on-line, so if it is in the
15 document, I can go back and look at the document this
16 afternoon, so let me know that. From the perspective of
17 that funding, does that go to individual city funding or
18 water districts? Where does that funding go to?

19 MS. BUTLER: The funding actually supports one
20 state level position and a contract, and both of those
21 entities provide technical assistance to the districts
22 and the communities who want to to become fluoridated.

23 MS. HILDEBRAND: Thank you so much.

24 MR. JEFFEREY: In that initiative, is there a
25 line of information where the fluoride actually comes

1 from? There's been some questions about it coming from
2 sources that aren't particularly very clean and there is
3 actually more than fluoride being added when states
4 analyze this. I guess my question is, is there a source
5 of where the fluoride is coming from?

6 MS. BUTLER: I would think the answer is yes,
7 but my subject matter expert is not in the room. I could
8 definitely get a response to that question as well and
9 get back to you because the State Plan, which is what
10 we're discussing today, basically talks about how the
11 funds will be used, but I do not believe it gets into
12 that level of detail.

13 MR. JEFFEREY: Okay. Thank you.

14 MS. BUTLER: So I would like to rephrase your
15 question to make sure that I have it correctly. The
16 basic questions is, where does the fluoridation come
17 from?

18 MR. JEFFEREY: I was wondering whether it was
19 publicly available to find out also with this initiative
20 where the money was going as far as the companies are
21 concerned and how it was a monitoring program and also
22 money for the program to add that to the water for
23 citizens that wanted it. I was wondering if in that
24 program or in the tracking curve, also, the companies
25 that supplied it for the actual whole ingredients list.

1 MS. BUTLER: So if I hear you correctly, you're
2 wondering if there's public information about the company
3 who fluoridated the water?

4 MR. JEFFEREY: Correct. Yeah. Exactly.

5 MS. BUTLER: So I will have to check with my
6 subject matter expert on that because these funds don't
7 pay for the water to be fluoridated. It just pays for
8 technical assistance for those communities who would like
9 to be fluoridated.

10 MR. JEFFEREY: Okay. Thank you very much.

11 MS. BUTLER: Sure.

12 MS. ROARK: This is Terry. I have a quick
13 follow-up on this fluoridation topic. Does this new
14 person whose job is being created with some of these
15 funds, what was the budget for that staff member?

16 MS. BUTLER: Let me clarify a couple things.
17 The first is this was not necessarily a new position.
18 This funding is basically year two funding. And when you
19 say, how much does it cost for that particular person,
20 the actual budget is 263,813 and that is just the total
21 budget. The contract amount is about \$70,000, and
22 there's another contract, I believe, for meeting
23 facilitation. So the position itself is a state position
24 and it's a Health Program Specialist 1. I do not have
25 the actual cost for that position in front of me, but I

1 would be happy to share it with you.

2 MS. ROARK: Thank you, Anita. I appreciate
3 that. Clearly, the agenda here is to promote the use of
4 fluoridation, and I find that interesting considering
5 many communities, the citizens have worked with their
6 local water suppliers and are actively in the process of
7 removing fluoridation from their water supply. So I find
8 it interesting that we're going to spend over \$250,000 to
9 assist communities to add fluoridation. Thank you.
10 Interesting to learn.

11 MS. BUTLER: Are there any other questions
12 before Hector moves on to the next program?

13 MR. GARCIA: Okay. This is Hector Garcia. I'll
14 move on to the next one. No. 7, the California Health
15 Alert Network Support. \$375,000 to fund the official
16 alerting and notification system for state and local
17 health and funds 100 percent of CAHAN system costs. This
18 system allows information sharing about urgent public
19 health incidents with federal, state and local officials,
20 practitioners, clinicians and other public health and
21 medical stakeholders.

22 That's it. Do we have any questions about this
23 program?

24 MS. ROARK: Is this an existing program that we
25 have and is it a continuance of something that's already

1 in place or is this introducing another new structure
2 here?

3 MS. BUTLER: All of the programs that we are
4 discussing today are programs that were funded last year
5 as well. So there are no new programs in this particular
6 State Plan.

7 MS. ROARK: So this is a repeat of what's
8 already in position?

9 MS. BUTLER: That is correct.

10 MS. ROARK: Thank you.

11 MS. BUTLER: I'd also like to mention that that
12 approach is in alignment with our Block Grant Advisory
13 Committee who recommended that we fund programs for at
14 least three years because it usually takes a year or so
15 to get going and to see outcomes.

16 MS. ROARK: Okay. Thank you.

17 MR. GARCIA: Do I have any other questions?

18 MS. HILDEBRAND: Just to follow up on that, so
19 in that three year cycle, is this the second year we're
20 going into?

21 MS. BUTLER: That is correct.

22 MS. HILDEBRAND: I think you mentioned yesterday
23 so then next year the programs will get re-evaluated or
24 evaluated and possibly changed?

25 MS. BUTLER: So, basically, the process every

1 single year is that all programs are evaluated, and what
2 I mean by that is we go to the Advisory Committee to get
3 their recommendations on how the Block Grant dollars
4 should be spent, and the Director's Office then decides
5 how to spend the funds, and all of that information is
6 put in the State Plan and the public is then given an
7 opportunity to respond. So that's why we have the public
8 hearing. So we always have at least one public hearing
9 annually in which anyone from the public could voice
10 their opinion on any of these programs.

11 In terms of what we discussed yesterday, all of
12 the programs who have been funded will be evaluated and a
13 determination will be made as to whether or not those
14 programs will receive their third year funding, or if
15 they will only ultimately receive just two years of
16 funding. Because although the Advisory Committee
17 recommends that programs be funded for three years, the
18 whole process means that we put everything on the table
19 and discuss where we should go and the vision of the
20 department as well as we take input put from the public
21 and we get Advisory Committee recommendations.

22 MS. HILDEBRAND: To clarify on that, based on
23 our comments today -- what happens with our comments
24 today? If we were to say we're very much against a
25 certain program, how does that input become -- what do

1 you do with that input, I guess?

2 MS. BUTLER: So in terms of what we're talking
3 about today is, we are taking your comments on the State
4 Plan. You have the right to verbal comments as well as
5 you can submit something in writing. Based on that, if
6 you completely disapprove of a program, at this point
7 with the State Plan that we have, it's a little too late
8 to change it because we have to submit the State Plan by
9 July 1st in order to receive our funding.

10 However, we are starting this process a lot
11 sooner next year and, in fact, we're planning to have a
12 meeting in September to talk about what programs
13 ultimately will go in the State Plan for 2017. If you'd
14 like, I can make sure you all are made aware of the next
15 meeting because that will be an Advisory Committee
16 meeting in which the public is always welcome to attend.

17 MS. HILDEBRAND: Yes, that would be great.
18 Thank you.

19 MS. ROARK: Thank you so much. Hector has my
20 direct e-mail, so I would be most appreciative of direct
21 communications on all the meetings. Thank you so much.

22 MS. BUTLER: You're welcome. I will be happy to
23 take the e-mail addresses for the other attendees so
24 that, when we respond to all the questions, you'll have
25 that and we'll keep you on our list to notify you of all

1 the upcoming meetings.

2 The other thing I wanted to mention is all the
3 public hearings are identified or announced in the Public
4 Register. So we try to give you ample time to prepare
5 for those meetings. And the State Plan in its entirety
6 this year is about 140 pages. So if there is something
7 in the next State Plan that you're interested in, feel
8 free to bring that to our attention even before the
9 public hearing.

10 MS. HILDEBRAND: Thank you.

11 MS. ROARK: Thank you.

12 MS. BUTLER: Okay. Hector, I'll turn it back
13 over to you.

14 MR. GARCIA: No. 8, California Wellness Plan
15 Implementation, CWPI, Program, including CDPH commitments
16 made at P21, Advancing Prevention in the 21st Century.
17 \$330,000 to fund state level coordination capacity,
18 including continued facilitated meetings with partners to
19 advance the chronic disease prevention agenda. These
20 funds will also support economic analysis capacity in the
21 department and surveillance questions associated with the
22 California Wellness Plan.

23 That's all we have on this program. Do we have
24 any questions about this program?

25 MS. ROARK: If I understand correctly, this is

1 connected with immunizations on this plan?

2 MS. BUTLER: Not that I'm aware of. Let me
3 check the actual State Plan. The State Plan, again, is
4 Document 5. The California Wellness Plan Program A
5 begins on page 23. Based on what I can see here, these
6 dollars are used to collaborate with other internal and
7 external partners to basically support state level
8 monitoring, communication policy and coordination
9 capacity. And the whole purpose is to advance chronic
10 disease prevention. So I don't see anything specific to
11 immunization on here.

12 MS. ROARK: So this is a chunk of money that's
13 being spent to determine if the programs and different
14 facets of our state structure are able to effectively
15 communicate with one another or not?

16 MS. BUTLER: No. I would say the purpose is to
17 advance the chronic disease prevention agenda. One of
18 the things that we did with other funding, not the Block
19 Grant funding, but we had an Advancing Prevention in the
20 21st Century meeting. It's effectively known as P21.
21 And at that time CCLHO and CHEAC, which are a couple of
22 our primary partners, as well as local health departments
23 came together to talk about how to advance the chronic
24 disease prevention agenda. So that's the purpose of
25 these dollars is to move us forward with chronic disease

1 prevention.

2 MS. ROARK: Thank you, Anita.

3 MS. BUTLER: Were there any other questions
4 before we move to the next program? I'll turn it back
5 over to Hector.

6 MR. GARCIA: Program No. 9, the Cardiovascular
7 Disease Prevention Program. \$524,819 funds measures to
8 reduce premature death and disabilities from the most
9 deadly and costly health care problems, heart disease and
10 stroke. CDPD program interventions directly address
11 public health objectives for heart disease, stroke, heart
12 failure, high blood pressure, high cholesterol and other
13 vascular related disorders.

14 That is it for No. 9. Do we have any questions
15 concerning No. 9?

16 If not, I'll move on to No. 10.

17 Commodity-Specific Surveillance: Food and Drug Branch.
18 160,000 to reinstitute the surveillance sampling of
19 high-risk foods that could be potentially contaminated
20 with bacterial pathogens. Over the last decade, there
21 have been numerous outbreaks and product recalls due to
22 bacterial contamination in high-risk food commodities.
23 Re-implementing the surveillance sampling, especially
24 with today's advanced lab testing technology, will
25 facilitate the identification of contaminated food items

1 before they cause an outbreak and reduce the incidence of
2 food borne illnesses. According to CDC, one in six
3 Americans, or 48 million people, get sick, 128,000 are
4 hospitalized and 3,000 die of food borne diseases each
5 year. FDB proposes collecting approximately 600
6 high-risk food items per year for the next three years
7 and submitting them to FDLB for microbial evaluation.
8 Contaminated foods that are identified through lab
9 evaluation will be embargoed and FDB will work with the
10 responsible firms, including out of state food
11 processors, to recall the products from the marketplace
12 and work with the impacted firms to ensure corrective
13 actions are taken to prevent future contamination.

14 Any questions about No. 10?

15 MS. ROARK: I just want to make sure I
16 understand. Were the statistics quoted in this summary
17 are based on U.S. statistics as far as how many people
18 get sick, hospitalized or die? Since these funds are
19 being spent in California, do we have the statistics that
20 are just for California in the full detail on this
21 particular program? And, secondly, why does it not
22 include food items that are imported from other countries
23 and only foods that are transported across state lines?

24 MS. BUTLER: Can you repeat the second half of
25 your question?

1 MS. ROARK: This plan -- in looking at this, it
2 discusses that it would be responsible for including out
3 of state food processors. It doesn't specifically
4 identify out of country food processors. So it appears
5 to me that this would have some ramifications regarding
6 food items that are transported across state lines, but
7 it doesn't specify food products that are imported from
8 other countries. Is there a different plan for out of
9 country food products?

10 MS. BUTLER: What I would say to that, Terry, is
11 these dollars are being used for the purpose that's only
12 identified in the State Plan. However, this is a very
13 small portion of that branch's budget. So I could
14 definitely check with the Food and Drug Branch to see if
15 they have funding going to out of country imported food;
16 and if so, how much that is. Because this is a very
17 small amount of money, and I think what they were trying
18 to do was focus on the types of foods that are identified
19 in the State Plan, which would wouldn't run the gamut of
20 out of country.

21 MS. ROARK: I understand that part. Thank you,
22 Anita. I just find it kind of odd that we're quoting
23 national statistics on hospitalizations, state
24 statistics, and there's no -- we're mixing national
25 statistics and we're excluding food products that are

1 imported from other countries in this. I would like some
2 more clarity on it down the road. Thank you.

3 MS. BUTLER: Sure. Just to answer your question
4 about the state statistics, I will definitely check with
5 the Food and Drug Branch to gather that information as
6 well.

7 MS. ROARK: Thank you so much.

8 MR. GARCIA: Do we have any more questions on
9 No. 10?

10 Well, then, I'll move on to No. 11, HIV,
11 Re-Engagement in HIV Care and Partner Services Using HIV
12 Surveillance Data. \$375,000 to fund the third to fifth
13 highest prevalence counties, San Diego, Alameda and
14 Orange, and replicate the Los Angeles and San Francisco
15 County programs. These programs use HIV surveillance
16 data to offer partner services to all persons newly
17 diagnosed with HIV and assist people with HIV who have
18 fallen out of care to re-engage in HIV care.

19 Do I have some questions about this program? If
20 not, I'll move on to No. 12. No. 12, the Office of
21 Quality Performance and Accreditation. \$193,483 to local
22 and/or tribal public health agencies accreditation
23 readiness technical assistance to increase agency
24 capacity to apply for and achieve national public health
25 accreditation.

1 Do I have a question about No. 12?

2 MS. ROARK: I just want to make sure I
3 understand this one, Hector. Spend \$193,000 to make sure
4 that certain agencies have the assistance that they need
5 to apply for federal accreditation and I'm surmising
6 perhaps federal funds?

7 MR. GARCIA: Yes.

8 MS. ROARK: So we're going to spend \$193,000 to
9 help agencies tap into federal funds?

10 MR. GARCIA: Not federal funds. To apply for
11 national public health accreditation.

12 MS. ROARK: When they are accredited, then they
13 receive federal funds or no?

14 MS. BUTLER: I think it would depend on the
15 state. I think the answer will be different for each
16 state and/or tribe or tribal organization. I believe
17 what we're doing here is we're paying for state staff to
18 provide technical assistance to those entities who would
19 like to have public health accreditation on the national
20 level.

21 MS. ROARK: Right. And once they have the
22 public accreditation, it would seem logical that they are
23 then qualified to receive federal funds. That would be
24 the purpose of wanting the accreditation, correct?

25 MS. BUTLER: Yes, that is my understanding.

1 However, I'm not sure that federal funds are available
2 for all of the entities that we are trying to assist.

3 MS. ROARK: Okay. Thank you.

4 MR. GARCIA: Any more questions?

5 MS. BUTLER: Terry, let me just say that I can
6 contact our Office of Quality Performance and
7 Accreditation and ask a follow-up question if you'd like
8 me to.

9 MS. ROARK: Yes, I would. I would appreciate
10 clarity on it.

11 MS. BUTLER: So basically the question is, once
12 the entities become -- receive their accreditation, are
13 they applying for and receiving federal dollars?

14 MS. ROARK: Yes.

15 MS. BUTLER: Okay. Thank you.

16 MR. GARCIA: Any more questions? Well, I'm
17 going to move on to No. 13, and that's the Nutrition
18 Education and Obesity Prevention Branch. \$468,039 to
19 advance evidence-based and evidence-informed obesity
20 prevention across the state. Projects include support
21 for improved nutrition such as increased fruit and
22 vegetable consumption and reduced sodium intake and
23 increased physical activity in local communities,
24 schools, early care and education sites, work sites and
25 at CDPH.

1 Any questions about No. 13? Having no
2 questions, I will move on to No. 14, the Office of Health
3 Equity, OHE, Including the Health Equity Assessment.
4 \$491,689 is used to provide the key leadership role to
5 reduce health and mental health disparities in California
6 and conduct a Health Equity Assessment to fund state
7 level capacity to assess health equity within CDHP
8 programs.

9 Do we have any questions about No. 14? Any
10 comments about No. 14? Then let's move on to No. 15, the
11 Prescription Drug Surveillance Program has provided
12 strong leadership, developed a multi-agency coalition and
13 created a road map for intervention to address the opioid
14 overdose problem. The \$150,000 allocation will allow
15 CDHP to build and sustain the necessary surveillance
16 infrastructure compile, prepare and analyze our internal
17 data sources on the health consequences of prescription
18 drug use, misuse and overdose, to work with our external
19 data partners to link data sources. Example, California
20 Department of Justice's Prescription Drug Monitoring
21 Program, CURES, and prepare actionable information for
22 our state agency partners and local health departments.

23 Do I have any questions on No. 15? Since I
24 don't hear any questions or I haven't received any
25 comments, I'm going to move on to No. 16. Number 16, the

1 Preventive Medicine Residency Program, PMRP, Cal EIS
2 Fellowship. \$534,600 funds training of
3 California-trained, board certified public health
4 physicians. PMRP achieves this through recruiting
5 promising residents and providing them with appropriate
6 training and skills directly within local health
7 departments or state public health programs. It also
8 trains entry level epidemiologists within local and state
9 public health programs.

10 That's No. 16. Do I have any comments or
11 questions about No. 16? No. 17, Receptor Binding Assay,
12 RBA, Monitoring. \$206,250 to develop the RBA as a humane
13 alternative to the Mouse Bioassay, MBA, for detection of
14 paralytic shellfish poisoning, PSP, toxins. Funding will
15 be used to a conduct a three-year pilot study of RBA
16 implementation for PSP toxin testing in California
17 shellfish. This pilot study will include systematic
18 validation work and submission of applications to the
19 Interstate Shellfish Sanitation Conference, ISSC, to
20 achieve regulatory cognizance and approval of the RBA.

21 Questions or comments about No. 17? I have not
22 received any comments or questions about No. 17, so I'll
23 move on to No. 18, the Safe and Active Communities
24 Branch. \$309,919 to fund programs that (1) support data
25 enhancements of its web-based data query system,

1 EpiCenter, California Injury Data on-line located at
2 epicenter.cdph.ca.gov and provide technical assistance
3 sessions to delve further into community-level injury
4 data, link to program development guidance materials and
5 refer to potential funding sources. (2) increase local
6 access to data on traffic-related injuries from the Crash
7 Medical Outcomes Data, CMOD, project. (3) increase
8 access to child passenger safety seat misuse data. And
9 (4) analyze the prevalence and impact of Adverse
10 Childhood Experiences, ACE.

11 That finishes No. 18. Do I have any questions
12 or comments about No. 18? No. 19, the Select Agent and
13 Biosafety Program. 150,000 to fund state-level capacity
14 to maintain the only California Tier 1 public health
15 laboratory that handles bio-threat agents, such as those
16 that cause anthrax, botulism and plague.

17 That finishes No. 19. If you have any comments
18 or questions, we are ready to answer those questions.

19 MS. ROARK: I have a question on that. Where is
20 the detail data in the Document No. 5?

21 MR. GARCIA: You mean in the State Plan?

22 MS. ROARK: Yes.

23 MS. BUTLER: I'm sorry. Was that the Select
24 Agent Biosafety?

25 MR. GARCIA: Yes.

1 MS. BUTLER: So that would be on page 92.

2 MR. GARCIA: Did you hear that? That's page 92.

3 MS. ROARK: Yes, I heard that. I'm scrolling.

4 Does this mean that it wasn't until this particular plan
5 was put into place last year that the State of California
6 didn't already have a Tier 1 lab?

7 MS. BUTLER: I'm sorry. Repeat your question.

8 Did the State of California already have a Tier 1 lab?

9 Yes, they did. This \$150,000, I believe, supports staff
10 who worked in the lab. The lab already exists, though.

11 MS. ROARK: How many Tier 1 labs do we have in
12 the State of California?

13 MS. BUTLER: I do not know the answer to that
14 question, but I'd be happy to get it for you.

15 MS. ROARK: Thank you.

16 MS. BUTLER: Are there any other questions
17 before we move on to the next.

18 MR. GARCIA: To No. 20. Well, I don't hear any
19 more questions. I'm going to move on to number 20. It's
20 the Enhanced Laboratory Capacity to Address Valley Fever
21 Program. \$340,800 to fund state-level capacity to
22 address drug resistance, assist local communicable
23 disease response to the outbreaks and restore testing for
24 fungal infections such as Valley Fever.

25 Do we have any comments or questions about No.

1 20?

2 MS. ROARK: Does anyone know if there are any
3 funds being used to identify the cause of Valley Fever
4 since it is pretty much a California issue?

5 MS. BUTLER: I don't know the answer to that
6 question because it is very likely that this program's
7 other funding pays for that. This looks like they are
8 trying to restore the testing for it. But I'd be happy
9 to double-check. So the basic question is, are we
10 spending any dollars to identify the cause?

11 MS. ROARK: Correct.

12 MR. GARCIA: That is other dollars besides this,
13 right?

14 MS. ROARK: I'm sorry. Were you talking to me,
15 Hector?

16 MR. GARCIA: Yes, I am.

17 MS. ROARK: I didn't hear what you said. I'm
18 sorry.

19 MR. GARCIA: I just wanted to clarify that your
20 question is, other than this money, is California
21 spending any other money in support of Valley Fever
22 research?

23 MS. ROARK: Specifically the cause of Valley
24 Fever.

25 MS. BUTLER: Right. Okay.

1 MR. GARCIA: We'll find out for you.

2 MS. ROARK: Thank you.

3 MR. GARCIA: Any other questions? Okay. I'm
4 going to move down to program No. 21, Building Health
5 Economics Capacity. \$112,500 funds activities to
6 increase the capacity of economic assessment of public
7 health interventions at the California Department of
8 Public Health. This includes identifying methods and
9 tools and conducting an economic evaluation of public
10 health interventions to determine effective ways to
11 prevent and reduce disease in California.

12 Any questions on this program? Any comments?

13 MS. HILDEBRAND: Again, I'm not on the details
14 page, but are immunizations included in that?

15 MS. BUTLER: So the health economic assessment
16 is just now getting started. We haven't done anything
17 yet. But I could definitely check with the program to
18 see what is on their -- the top of their list because my
19 understanding is this assessment will be done of our
20 entire department, which would include immunizations.
21 But I'm just not sure --

22 MS. HILDEBRAND: It's an assessment of the
23 entire department?

24 MS. BUTLER: So it's \$112,500 to fund those
25 types of activities. What I would imagine is the

1 Director's Office has a very specific list of things they
2 would like them to assess first, second and third. So
3 there are priorities. I'd have to check to see where IZ
4 is on that list in terms of this \$112,000.

5 MR. GARCIA: That completes our discussion of
6 the 21 separate programs. Are there any other questions
7 or comments that, after reflection, you may have that
8 you'd like to bring up at this time?

9 MR. JEFFEREY: I have a quick one. Under the
10 Accountable Communities Pilot Program, there's mention of
11 a fusion center that shares primary -- basically
12 immunization information to assess community program
13 activeness. I was curious if that fusion center in the
14 Accountability Pilot Program also included the Santa
15 Barbara Immunization Pilot Programs that are being
16 announced in California schools to collect data on
17 children's immunizations?

18 MS. BUTLER: I only heard part of your question.
19 Can you repeat it?

20 MR. JEFFEREY: The Accountable Health Pilot
21 Program that was on sheet No. 5, page 10, there's mention
22 of a fusion center to collect immunization information.
23 What kind of immunization information are they
24 collecting? Because sharing children's immunization is a
25 big violation. There are a lot of California parents

1 that are going this -- through a legal status right now
2 through FERPA, and I was wondering if the fusion center
3 that would be set up would be sharing immunization status
4 of school children?

5 MS. BUTLER: I do not know the answer to that
6 question. I'd be happy to find out, and I will get back
7 to you on that.

8 MR. JEFFEREY: Thank you.

9 MS. HILDEBRAND: Could you clarify which number
10 out of the 20 you went down the fusion center comes
11 under?

12 MR. JEFFEREY: It was actually on the page --
13 pdf No. 5, page ten.

14 MS. HILDEBRAND: Thank you.

15 MS. BUTLER: Basically, I was wanting to say
16 that the name of that particular program is the
17 Accountable Communities for Health Pilot Program.

18 MS. ROARK: It's No. 3 on the Document 6.

19 MS. BUTLER: So I just wanted to make sure that
20 I've captured all of the questions that I will do some
21 research on and get back to you all on. I will take a
22 moment to just rephrase them and please -- I'll stop
23 after I finish, and please tell me if I've captured the
24 correct question or if you would like to revise it or ask
25 a different question.

1 So the first question I had was, what is the
2 source of the external data or what are the external data
3 sources for the information that we post on the Let's Get
4 Healthy website?

5 And then the other question is, how much of the
6 fluoridation dollars fund of state position and are we
7 aware of the company who fluoridated water recently?
8 And, Jefferey, on that one, was there a specific county
9 that you were referring to? You just basically said,
10 where did the fluoridated water come from, but do you
11 recall what water district that was in?

12 MR. JEFFEREY: I guess my question would be just
13 if there's one company that supplies all of California or
14 if it's different companies supplies the fluoridation for
15 the water TO each county.

16 MS. HILDEBRAND: I don't know if I can interject
17 and give my comments. Just from research, each county
18 has their own supply -- gets their own supply of fluoride
19 and so they come from different places and different
20 types of fluoride are used in different counties and
21 cities.

22 MR. JEFFEREY: Thank you.

23 MS. BUTLER: Then another question that we have
24 was, do we have statistics for California rather than the
25 national statistics in terms of the Food and Drug Branch?

1 And why doesn't it identify out of country food
2 processors?

3 In terms of accreditation, are accredited
4 entities applying for and receiving federal dollars after
5 they receive technical assistance from our department?

6 In terms of the labs, how many Tier 1 labs do we
7 have in the State of California? Are we spending dollars
8 other than the Block Grant to identify the cause of
9 Valley Fever? Is immunization included in the Health
10 Economic Assessment and what kind of immunization
11 information are we collecting for kids for the fusion
12 center, if any? And are we sharing IZ information for
13 children?

14 MS. HILDEBRAND: I think the follow-up question
15 to that is, is -- there's a pilot program put on by the
16 Santa Barbara Health Department that is collecting
17 immunization information and is that under this program?

18 MS. BUTLER: I will go back and double-check. I
19 believe the answer is no because these dollars fund a
20 couple of positions or part of those positions, like 50
21 percent or 25 percent. But I will definitely go back and
22 seek further clarification.

23 MS. HILDEBRAND: Thank you.

24 MS. BUTLER: Did I capture everyone's questions
25 accurately or should we revise them in any way? Were

1 there any additional questions now that we've talked
2 about all the programs?

3 MS. ROARK: I just want to make a quick comment
4 and clarify that I understand that these programs
5 basically should be spending \$10.8 million; is that
6 correct?

7 MS. BUTLER: So the actual award amount for
8 Federal Fiscal Year 2016 is 10.5 million, \$10,542,099.
9 The way that breaks down is there is \$832,969 set aside
10 for the Rape Prevention Program. So based on federal
11 legislation, those funds can only be used for that
12 purpose.

13 MS. ROARK: So those are dog-eared and the rest
14 the State has latitude on how they spend this money or
15 are there more requirements as to how the State allocates
16 these funds from the federal -- they're given the money,
17 so are they telling us how we have to use it?

18 MS. BUTLER: No -- to answer your first
19 question, the only other amount that gets reduced from
20 the total is the cost to administer the program which,
21 based on federal statute, is ten percent of the base
22 award, which is the total minus the set aside. So that's
23 the only other thing that comes off the top.

24 Then with that remaining balance, it is split 70
25 percent to the California Department of Public Health,

1 and the remaining 30 percent goes to the Emergency
2 Medical Services Authority. Once those dollar amounts
3 are split, then it's up to the Advisory Committee, the
4 public and the department to decide where the dollars go.
5 So, in other words, we seek recommendations from the
6 public, we seek recommendations from the Advisory
7 Committee and then the Director's Office makes the
8 ultimate decision.

9 MS. ROARK: Okay. Thank you for helping me
10 understand how it all connects. So in September, if I'm
11 getting this -- and please correct me because I'm
12 struggling to get up to speed with you guys -- in
13 September there will be a review of the existing programs
14 that were funded initially for a three-year period
15 beginning in 2015 and this -- at the end of this year
16 we'll be doing an evaluation to see which programs are
17 meeting their goals and will continue to receive funds
18 for the third year; is that accurate?

19 MS. BUTLER: That's pretty accurate. So,
20 basically, the State of California has received Block
21 Grant dollars for over 20 years. So there are several of
22 these programs that we mentioned today who were funded
23 for longer than three years. The three-year mark comes
24 in -- in State Fiscal Year 14/15, the Block Grant doubled
25 from the previous allocation. So at that time in 14/15

1 we had a public hearing. We accepted proposals from the
2 public on how the dollars should be spent, we talked with
3 the Advisory Committee to get their recommendations, and
4 then the Director's Office decided how to spend the
5 dollars. So we take everything into consideration and
6 then the final decision is made. But the final decision
7 is always vetted through the public as well as the
8 Advisory Committee.

9 So in September, the purpose of coming together
10 early is to decide whether or not the programs that are
11 in the existing State Plan will continue to be funded
12 next year. If the answer is yes, that might be year five
13 for some programs, but it might be year three for others.

14 MS. ROARK: Okay. As a quick follow-up to your
15 comment, do you recall why there was such a substantial
16 increase of the federal funding in 2014? What was the
17 purpose for -- how did we achieve the increase of our
18 federal grant? What were the goals?

19 MS. BUTLER: So prior to Federal Fiscal Year
20 2014, the Block Grant sat in its own line item in the
21 federal budget. In 2014, it was moved from its own line
22 item over to the Affordable Care Act. And as a result of
23 that, not only was it moved, but the dollars increased.

24 But I will say that about ten to 15 years ago
25 California's allocation was around ten million, but over

1 the years, because the federal budget wasn't the best, it
2 was reduced to about five million. And from our
3 perspective, it was sort of restoring us to where we were
4 many, many years ago.

5 MS. ROARK: Okay. And then with that
6 restoration of those prior year resources, the new Block
7 Grant came with set-asides for specific things,
8 limitations on the administrative percentage that the
9 State could keep built into the general funds to do these
10 things, and what other requirements did the federal
11 government place with the fundings that we're currently
12 receiving? Was there any other, you must include, you
13 cannot include, you have to reach certain goals?

14 Yesterday in the teleconference there was a
15 comment made by someone, and I don't recall who it was, I
16 apologize, and there was a reference made to some sort of
17 a goal that was attached to the year 2035. Can you
18 elaborate? What is that about?

19 MS. BUTLER: So in terms of the Block Grant
20 requirements, they have never changed. So since day one
21 there has always been a set-aside, and we have always
22 been allowed to charge ten percent of the base allocation
23 for administrative costs. So that did not change in
24 2014. That remained the same.

25 In terms of the Block Grant -- in terms of what

1 we do with the Block Grant funds, the purpose of the
2 funds for any state or territory who receives them is
3 it's up to the state to determine how those funds are
4 spent. So it's really flexible. The only caveat is that
5 the activities and the objectives must align with the
6 Healthy People priorities. And at this point we're at
7 Healthy People 2020, but back then it was like Healthy
8 People 2000 or Healthy People 2010. So in terms of the
9 requirements, those haven't really changed. It's just
10 that in 2014 the dollars increased.

11 MS. ROARK: Okay. So the goals are still
12 Healthy People 2020 with the federal dollars --

13 MS. BUTLER: Correct.

14 MS. ROARK: -- at this point in time? But
15 someone made mention of a new year being attached to the
16 goals and they mentioned 2035. I'd like to get more --
17 what is that about? I hadn't heard that before.

18 MS. BUTLER: Understood. So our current
19 director, Dr. Karen Smith, has a Public Health 2035
20 Vision, and what Dr. Carolyn Peck was referring to was
21 Dr. Smith's vision and that she would present that at the
22 September 2016 meeting.

23 MS. ROARK: So California is going above and
24 beyond the Healthy People 2020 and she has a proposal for
25 a 2035, so does that mean that California is now going to

1 be setting a new standard beyond the Healthy People 2020?

2 MS. BUTLER: I really believe they're different
3 because the Healthy People 2020 are objectives that CDC
4 identifies. I believe what Dr. Smith is doing is, where
5 will the California Department of Public Health be in
6 2035 and how do we get there? So it's our department's
7 goal to get to Public Health 2035, not necessarily the
8 Healthy People 2020 objectives. Because, if I'm not
9 mistaken, the Healthy People 2030 objectives are -- will
10 be released very soon by CDC. So I don't believe that
11 those are similar. I think it's two different paths.

12 MS. ROARK: It's my understanding that
13 California has already exceeded the Healthy People 2020
14 in relationship to the immunization rates of children.

15 MS. BUTLER: I don't have those statistics
16 handy, but I would say is that's another reason why I
17 believe that the Director's Office goals of achieving
18 something in 2035 -- Public Health 2035 and what does
19 that look like, that is completely different from the
20 Healthy People 2020 objectives. The Healthy People 2020
21 objectives, we must adhere to those if we spend these
22 Block Grant dollars. How we get to Public Health 2035 at
23 the state level could be achieved by using multiple fund
24 sources.

25 MS. ROARK: Is this 2035 plan something that

1 other states are looking to California as a model, for
2 example, or are other states also working on a 2035 plan?

3 MS. BUTLER: I am not certain, but what I would
4 say is I can certainly ask the Director's Office to
5 provide some clarification on that. And I would also
6 invite you to attend the Advisory Committee meeting that
7 will be scheduled for September of this year because at
8 that time the Director plans to identify her goals,
9 identify the plan and take feedback from not only the
10 Advisory Committee but the public as well.

11 MS. ROARK: Okay. Will the feedback from the
12 public happen before anything is -- motions to approve or
13 will the public session be again after the motions to
14 approve take place, such as the way that this structure
15 was done on this particular set of meetings. The public
16 comment was the day after it was presented, approved and
17 adopted. I'm requesting that the process be switched up
18 and we have an opportunity for public hearing prior to
19 the Advisory Committee motioning to adopt. Is that
20 possible?

21 MS. BUTLER: Absolutely. The meeting in
22 September is actually occurring a lot earlier than we
23 would normally have a meeting. So, in other words, we
24 typically have the first Advisory Committee meeting in
25 spring to talk about how the new funds will be spent, and

1 then we have another Advisory Committee meeting to get
2 approval of the State Plan, and at the same time we have
3 a public hearing. That has always been how we've done it
4 it in the past. In some years we've had two public
5 hearings, one in the spring and one closer to the summer.

6 Moving forward in September, that will be the
7 first opportunity for both the Advisory Committee as well
8 as the public to weigh in on how the funds should be
9 spent. But we have to bear in mind that at that time we
10 may not know exactly how much the 2017 allocation from
11 the federal government will be. So we will be using
12 hypotheticals.

13 So we'll meet in September to talk about how
14 everyone feels the dollars should be spent, and then we
15 will convene in early spring once we have an actual
16 amount. And once that dollar amount is identified, then
17 you will have yet another opportunity to voice your
18 concerns or ask questions about the State Plan. So in
19 the next process the public as well as the Advisory
20 Committee will have three opportunities to provide
21 recommendations.

22 MS. ROARK: Okay. What I'm asking for
23 respectfully and requesting is that the meetings for
24 public comment happen prior to the committee making a
25 motion to approve the plan so that the public opportunity

1 comes before, not after, the program is approved by the
2 Advisory Committee.

3 MS. BUTLER: Understood. We will definitely
4 change the order of the dates and have the public hearing
5 sooner and earlier than the Advisory Committee because
6 what we'd like to do is share your comments with the
7 Advisory Committee as well. And just so that you're
8 aware, you are welcome to attend not only the public
9 hearing but the Advisory Committee meetings as well.

10 MS. ROARK: Thank you so much, Anita. I
11 appreciate your help.

12 MS. BUTLER: No problem. In terms of the
13 Advisory Committee meetings, there is always an
14 opportunity for public comment on every single agenda
15 item that is on the Advisory Committee agenda.

16 MS. ROARK: That's great.

17 MS. BUTLER: Are there any other questions or
18 comments?

19 MS. HILDEBRAND: I just wanted to make one last
20 comment. I just want to thank you for all of the
21 information that you shared. It's obvious you've gone to
22 a lot of effort to put all of the paperwork together. I
23 appreciate that.

24 I would say one other piece is, I think I found
25 out -- or our organization found out about this set of

1 hearings late in the game. Maybe it's because we were
2 not looking in the right places. But I feel like there
3 are other organizations out there that would be
4 interested in this information and interested in
5 participating in the meetings. I wonder if there's a way
6 that the department can sort of make it more available or
7 sort of publicize it better so that more organizations
8 can be involved in it. I think there are other
9 organizations within California that fall in different
10 areas that would find this information helpful and would
11 also like to have some kind -- would like to give their
12 input.

13 MS. BUTLER: Thank you. At this time we have
14 all our information posted on our website. For the
15 public hearing, there's always an announcement in the
16 Public Register. Are there any other ways in which we
17 could -- that you could suggest us announcing this?

18 MS. HILDERBRAND: There aren't offhand. I'll
19 think about it, too, as to where I would go. I think
20 once you stumble upon it, it's obvious that, yes, that's
21 where it should be. But until you do stumble upon it,
22 it's not obvious. I'll have a think about that as well.
23 I feel like -- I don't know the answer. I feel like it
24 was more a stumbling upon than a watching out. Maybe it
25 was also to say the words Block Grant don't really mean

1 anything substantive. They do if you know what it is.
2 But without that, it's not something that somebody
3 immediately goes, oh, yeah, that's federal funding for
4 these types of issues, we should be up and listening to
5 what's going on with that. I don't have an answer for
6 that for you. If I think of something, I will let you
7 know. I just wanted to share that.

8 MS. BUTLER: Thank you so much. I appreciate
9 it. What I'll do is go back and chat with my team to see
10 if there are some other venues or maybe we could publish
11 it in a newsletter or something. I'd be happy to do
12 that.

13 MS. ROARK: The newsletter is a good idea to
14 reach people that are subscribed to it. I stumbled on
15 this because I was reviewing the Register. But,
16 honestly, it's very time-consuming and cumbersome because
17 it includes so many different -- it includes all the
18 departments, not just health. So it just would be great,
19 as Christina has suggested -- that's a great
20 suggestion -- if there was a way that people who are
21 interested and have thoughts and concerns about an
22 individual department within the state, that they could
23 get the information that pertains to them without having
24 to read through a weekly Register that is the entire
25 goings-on for all the departments.

1 MS. BUTLER: Understood. The other thing I
2 wanted to mention was she said the words Block Grant
3 really don't mean anything, and I understand what she
4 means by that because there are several different types
5 of Block Grants. So we have -- I want to make sure that
6 I clarify this is specific to the Preventive Health and
7 Health Services Block Grant.

8 MS. HILDEBRAND: I understand that. In looking
9 through -- again, similar to Terry, it was going through
10 the Register and knowing that we're interested in public
11 health that was sort of where you look through. But just
12 seeing Public Health Block Grant doesn't necessarily
13 mean, oh, this is federal funding. The words aren't
14 self-evident in what it pertains to. That's not your
15 fault. That's what it's called. I just wanted to -- if
16 there was a place where it was easier to find and also a
17 little bit more description or information would be
18 great.

19 MS. BUTLER: Okay. No problem at all. My
20 understanding is Hector has Terry's e-mail address.
21 Christina, may I get your e-mail address and, Jefferey,
22 yours so that once I get answers to these questions I can
23 e-mail you directly and also post it on-line. If you'd
24 like me just to post it on-line, that's fine as well, but
25 I thought I'd respond to each of you directly.

1 MR. JEFFEREY: Can I do the e-mail address in
2 the chat room?

3 MS. BUTLER: If you could put it in the chat
4 room and I can make sure I received it, then I won't need
5 it verbally.

6 MR. JEFFEREY: Let me do that right now.

7 MS. HILDEBRAND: I believe Hector has mine as
8 well. It's christina@avoiceforchoice.org.

9 MS. BUTLER: Terry, can you give me your e-mail
10 as well?

11 MS. ROARK: It's in the chat and Jefferey's is
12 in the chat as well because when you log in that's
13 required. Hector has it. And mine is
14 terrymbic.ca.gmail.com. I can also be reached at MCIB
15 Advocacy portal, and that e-mail is -- I forget what that
16 is. I can provide that to you and follow-up by e-mail.

17 MS. BUTLER: Great. If you all would like to
18 submit written comments, I would encourage you to submit
19 them to our e-mail, which is CDCB@cdph.ca.gov. If you
20 want to submit written comments specific to the State
21 Plan, the deadline in which to do that is tomorrow by
22 5:00 p.m.

23 MS. HILDEBRAND: To clarify, our public comments
24 today aren't going to affect this committee or what's
25 going to happen with this Block Grant because it's

1 already been approved, right?

2 MS. BUTLER: It has been approved, yes, but we
3 are still interested in your comments because even though
4 whatever your comments are, we could potentially take
5 that into consideration in the next round, right, because
6 if there's something that's glaring that you would like
7 to make a comment on, we would like to be made aware of
8 that.

9 MS. ROARK: To confirm, you have a court
10 reporter in the room so the conversation today, the
11 questions and comments that were made, are officially on
12 the record already; is that correct?

13 MS. BUTLER: That is correct.

14 MS. BUTLER: The opportunity for you to provide
15 additional comments or to reiterate the comments you've
16 already made, it gives you an opportunity to say
17 something that you may not have felt comfortable saying.

18 MS. ROARK: Or to clarify, review all the
19 information again in case there's something that we
20 forgot to discuss.

21 MS. BUTLER: Absolutely.

22 MS. ROARK: Thank you, Anita.

23 MS. BUTLER: You're welcome. Okay. So I have
24 Jefferey's e-mail address, I have Terry's e-mail address
25 as well as Christina's. You all have the e-mail address

1 if you'd like to submit written comments, and the court
2 reporter has taken notes on everything we've discussed.
3 Are there any other comments that you'd like to say
4 before we adjourn?

5 MS. ROARK: I don't have any additional
6 comments. I just want to thank you for your efforts and
7 your service to the people of California and thank you
8 for making this opportunity available for us to open the
9 conversation.

10 MS. BUTLER: You're welcome. We'll be sure to
11 include you all on the invitation list when we send out
12 or announce the next Advisory Committee meeting and the
13 public hearings. If there are other people that you are
14 personally aware of, I would invite you to forward the
15 invite to those people as well.

16 Thank you so much and enjoy the rest of your
17 afternoon.

18 (Proceedings concluded at 2:40 p.m.)
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REPORTER'S CERTIFICATE

STATE OF CALIFORNIA)
) ss.
COUNTY OF SACRAMENTO)

I, PHYLLIS MANK, CSR, hereby certify that I was
duly appointed and qualified to take the foregoing
matter;

That acting as such reporter, I took down in
stenotype notes the testimony given and proceedings had;

That I thereafter transcribed said shorthand
notes into typewritten longhand, the above and foregoing
pages being a full, true and correct transcription of the
testimony given and proceedings had.

PHYLLIS MANK, CSR No. 5093