CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

ADVISORY COMMITTEE MEETING

REPORTER'S TRANSCRIPT OF PROCEEDINGS

WEDNESDAY, MAY 10, 2017

1:06 P.M.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

1616 CAPITOL AVENUE

KING CONFERENCE ROOM

SACRAMENTO, CALIFORNIA

Reported by: Kathryn S. Swank, CSR 13061, RPR

APPEARANCES

COMMITTEE MEMBERS:

CAROLINE PECK, M.D., Chairperson

WES ALLES, PhD, Co-Chairperson (via teleconference)

REBEKAH KHARRAZI, M.P.H., C.P.H. (via teleconference)

CHRISTY ADAMS, R.N., B.S.N., M.P.H. (via teleconference)

STEPHEN McCURDY, M.D., M.P.H. (via teleconference)

WILMA WOOTEN, M.D., M.P.H. (via teleconference)

OTHERS IN ATTENDANCE:

Monica Morales

Karen Smith

Damien DaRosa

Michael Needham

Angela Wise

Anita Butler

Greg Oliva

Kama Brockmann

Nancy Bagnato

Francisco Michel

Don Carter

Mary Rodgers

Laurel Cima-Coates

Matthew Herreid

APPEARANCES CONTINUED

OTHERS IN ATTENDANCE:

Jami Chan

Esther Jones

Pam Shipley

Karissa Andersen

Hector Garcia

Becca Parks

Kurt Snipes

James Regan

Jim Greene

Michael Yellin

OTHERS APPEARING TELEPHONICALLY:

Josh Byer

Elizabeth Dullard

Leslie Stribling

Barbara Materna

Connie Walker

Chad Crain

Tom McGinnis

Meredith Lee

Claudia Crist

Linda Gutierrez

APPEARANCES CONTINUED

OTHERS APPEARING TELEPHONICALLY:

Jessica Nunez de Ybarra

Sandy Kwong

Julie Nagasako

Aimee Sisson

---o0o---

INDEX

---o0o---

WEDNESDAY, MAY 10, 2017, 1:06 P.M.

SACRAMENTO, CALIFORNIA

---o0o---

CO-CHAIRPERSON ALLES: So hi, everybody. This is Wes Alles. I've chaired this committee for probably 15 years, and oftentimes, when we have a two-hour time frame, we don't go that long. Depending on the amount of discussion today, it's conceivable this could last two hours. It's also possible that it won't. But that would depend on how much participation the committee and the public makes.

And I would say that the preference would be that we have lots of input, because, ultimately, we will be asked to make a motion and approve the state plan. And the more discussion we have about that, the more confident we'll be that our vote will be a good vote.

So I want to welcome everybody, and thank you for your time and the commitment that you have to public health and to the betterment of the people of California. And actually, even beyond that, to the benefit of the people of the United States, because often things related to medicine and public health initiate in California.

And I wanted to just go through the agenda with you to talk a little bit about the purposes. You

received the materials probably late yesterday and I don't -- I don't know how much you were able to get through by today. But with the presentations and the people who are making those presentations, I think we'll be well-educated on the issues.

So one of the purposes of the meeting today is to approve the minutes from September 12th. That's a requirement.

The next thing is to learn more about the -- an update on the state plan, and Caroline will provide that.

The third thing is to provide input on the prioritization. We spent a lot of time in the last committee meeting focused on the prioritization of those established something in, like, 2011, and discussed whether we should change them, and, if so, what that would look like. And there is a document within your package that speaks to the priorities.

Also, we'll hear about the block grant recommendation for funding, and Hector will make that presentation. I should have mentioned that Becca will do the results of the prioritization.

And then, ultimately, the last item is to consider approval and comment and recommendations about the state plan.

For those of you who haven't been on the committee, or haven't attended before, I would say, consider it to be important but somewhat informal. If you have something you would like to say, don't hesitate to jump on in, and we prefer conversation. So if somebody makes a comment, somebody wants to address that comment, that will enrich the conversation that we have. And I will do my best to kind of guide through the agenda.

In the materials, you received note that there was a yellow box somewhere about -- somewhere below or next to the title of handouts or the material that was sent. And I want to go through those in just a moment.

But what we will do is, when we go to particular -- well -- number to look at -- (unreportable garbled voice due to telephonic audio problems.)

Becca, can you get that echo out of there again?

MS. PARKS: I apologize. I don't believe it's on our end because nothing changed.

CO-CHAIRPERSON ALLES: So in any case, the agenda the Item D2. The committee members -- and most of the committee has been on the committee for a long time. It is Item D1, and I want to remind you that the call -- the conversation will be recorded by a court

reporter, and that produces the minutes that you have seen as one of the things -- part of the package that was mailed to you, e-mailed to you. And that it's helpful if you would state your name before you ask a question or make a comment so that the reporter could attribute that to the correct person.

The -- there is always a roll call to see who is here, and I think that would be a good time now.

Becca, do you -- do you have the list? Or do you want me to go through that from the first handout here?

MS. PARKS: I have the list, and I'm willing to do the roll call.

CO-CHAIRPERSON ALLES: Great. Thank you.

MS. PARKS: All right. AC members: Rebekah Kharrazi?

COMMITTEE MEMBER KHARRAZI: Present.

MS. PARKS: Thank you.

Christy Adams?

COMMITTEE MEMBER ADAMS: Present.

MS. PARKS: Wes Alles?

(No response.)

MS. PARKS: Paul Glassman?

(No response.)

MS. PARKS: Stephen McCurdy?

COMMITTEE MEMBER McCURDY: Yes, I'm here. Thank you.

MS. PARKS: Caroline Peck?

(No response.)

MS. PARKS: Vicki Pinette?

(No response.)

MS. PARKS: Vicki Pinette?

(No response.)

MS. PARKS: Dan Spiess?

CO-CHAIRPERSON ALLES: Spiess.

MS. PARKS: Dan Spiess? Sorry about that.

(No response.)

MS. PARKS: Sam Stratton?

(No response.)

MS. PARKS: Wilma Wooten?

(No response.)

MS. PARKS: Nathan Wong?

(No response.)

MS. PARKS: Moving on to others in the room, non-AC members. Would you please introduce yourselves, starting from my right in the corner.

MS. MORALES: Hello there. This is Monica Morales, deputy director for the Chronic Disease section.

DR. SMITH: Karen Smith. I'm the director of

the California Department of Public Health.

MS. PARKS: And as a reminder, as you are introducing yourself, the court reporter will be recording these names. So please speak clearly and distinctly.

MR. DaROSA: Damien DaRosa for the Food and Drug Branch.

MR. NEEDHAM: Mike Needham with the Food and Drug Branch.

MR. YELLIN: Michael Yellin (phonetic), Food and Drug Branch.

MS. BUTLER: Anita Butler, Center for Chronic Disease Prevention and Health Promotion.

MR. OLIVA: Greg Oliva, Center for Chronic Disease Prevention and Health Promotion.

MS. BROCKMANN: Kama Brockmann, Office of AIDS.

MS. BAGNATO: Nancy Bagnato, Safe and Active Communities Branch.

MR. MICHEL: Francisco Michel, Safe and Active Communities Branch.

MR. CARTER: Donald Carter, Information Services Technology Division.

MS. RODGERS: Mary Rodgers, Chronic Disease Control Branch.

MS. CIMA-COATES: Laurel Cima-Coates,

Chronic Disease Control Branch.

MR. HERREID: Matt Herreid, Block Grant Fiscal.

MS. CHAN: Jami Chan, Chronic Disease Control Branch.

MS. JONES: Esther Jones, Chronic Disease Control Branch.

MS. SHIPLEY: Pam Shipley, Safe and Active Communities Branch.

MS. ANDERSON: Karissa Anderson, Safe and Active Communities Branch.

MR. GARCIA: Hector Garcia, the Block Grant Program.

MS. PARKS: Becca Parks, Block Grant Program.

MR. SNIPES: Kurt Snipes, Chronic Disease Surveillance and Research Branch.

MR. REGAN: James Regan, Center for Health Statistics and Informatics.

MR. GREENE: Jim Greene, Center for Health Statistics and Informatics.

MS. PARKS: And lastly, the court reporter.

THE REPORTER: Kathryn Swank.

MS. PARKS: Thank you.

And on the webinar, may I ask you to identify yourself, please, if you did not -- well, of course you didn't say anything. May I ask you to identify

yourself, please, on the webinar.

MS. DULLARD: Elizabeth Dullard, (phonetic) -- (unintelligible) Control Branch.

MS. STRIBLING: Leslie Stribling, Office of Quality Performance and Accreditation.

MS. MATERNA: Barbara Materna, Occupational Health Branch.

MS. WALKER: Connie Walker, Division of Radiation Safety and Environmental Management.

MR. CRAIN: Chad Crain, Drinking Water and Safety Laboratory Branch.

MS. LEE: Meredith Lee -- (unreportable cross-talk) --

MR. McGINNIS: Tom McGinnis --

MS. PARKS: Could the last two persons repeat themselves, please -- I believe that we're having an issue with people talking over -- just because we have to have the court reporter record their names.

The last person we heard was Connie [sic] and then Chad.

COMMITTEE MEMBER McCURDY: Tom McGinnis from the EMS Authority.

MS. LEE: Meredith Lee from Office of Health Equity.

MR. BYER: Josh Byer, Kaiser Permanente.

MS. CRIST: Claudia Crist, CDPH -- the Director's Office.

MS. GUTIERREZ: Linda Gutierrez with the Nutrition, Education, and Obesity Prevention Branch.

MS. NUNEZ DE YBARRA: Jessica Nunez de Ybarra, Chronic Disease Control Branch, CDPH.

MS. KWONG: Sandy Kwong, Chronic Disease Surveillance and Research Branch.

MS. NAGASAKO: Julie Nagasako, Fusion Center.

MS. SISSON: Aimee Sisson, Chronic Disease Control Branch.

CO-CHAIRPERSON ALLES: Anybody else?

(No response.)

MS. PARKS: Is there anyone else on the phone, webinar, or in the room, who has not previously identified themselves?

Thank you.

CO-CHAIRPERSON ALLES: Did somebody just join a moment ago?

(No response.)

CO-CHAIRPERSON ALLES: Okay. Is there any member of the public who is either in the room or on the webinar or on the GoToMeeting? The reason I ask that is, for each of the sections that we're going to have

discussion on, we provide opportunity for members of the public to speak, to comment, to ask questions or clarification. And we have had meetings where we've had people from the public who would like to do that.

So is there anybody from the public on right now?

(No response.)

CO-CHAIRPERSON ALLES: Okay. Thank you.

Well, what I would like to do, then, is to move to the review and discussion of the minutes. This document was 19 pages long. And I know that you have received the information, not very many hours ago. What I did was go through and highlight some areas, just to give you a sense of the kinds of discussion that took place. I think it's instructive to other people who are on the call today, who have not attended one of these meetings, to get a sense of the kind of conversations that are had.

So first of all, we heard presentations by CDPH Director Karen Smith, Susan Fanelli, Brandon Nunes, and Claudia Crist. And I'm going to give -- share some of that information that they provided.

First person speaking is Dr. Karen Smith, the director. And she reflected on department activities. Then touched on some of the drivers of change in the

world of public health. And she talked about taking into consideration where we can intervene in things like poverty, homelessness, poor educational attainment, and social determinants of health, especially in the area of chronic disease; and kind of presented that as a -- an additional paradigm that public health needs to be moving into. So what appears to be somewhat of a vacuum in that space.

She mentioned that our population is changing and growing. More people, more diverse, and an older population and when chronic disease is involved, by implication, that's a problem as you get an older population.

Increase the focus on the community as the level where intervention to improve health and upstream determinant can be most effective.

She mentioned that health care reform hasn't just impacted the health care system, but it's also impacted public health. Physicians, clinics, hospitals are being directed to work more with their constituents, in the communities in which they reside, and to take more responsibility for public and population health.

She mentioned that one of the biggest barriers to change is that our limited funding is categorical and disease-specific, and that there needs to be a greater

attention -- industry-greater attention paid to working collaboratively across programs. And, in fact, that was one of the conceived benefits when the block grant was first approved many years ago.

She mentioned that, with public health, we're talking about creating a strategic plan. Put all of these amazing CDPH people's work -- at minds to work on things like, what is public health in this new paradigm? We say "the department." What does that mean? What kind of people are going to be working with and for us? What tools are going to be available? And I think, by implication, again, what tools do we need to create, in order to be able to make our assessment? And what kind of work will we actually be doing in the future?

And in a way, that sets up the entirety of the strategic plan -- the state plan, I should say, that you are going to hear more about in a little bit from Caroline.

Now, some of the key principles that she focused on, we need to be more collaborative, transformative, and transparent. We need to focus on health equity. We have to focus on outcomes and be able to articulate so that we can demonstrate values that were benefiting people -- that are benefiting people because of public health. We need to bring that

leading-edge science-based practice into the communities. We need to ultimately decrease dependence. (Unreportable garbled voice due to telephonic audio problems.)

THE REPORTER: I can't hear him.

MS. PARKS: Dr. Alles, I apologize for the interruption, but I believe someone on the phone has just joined. And please put your phone on mute. It's causing an echo; we're unable to hear you.

Thank you.

CO-CHAIRPERSON ALLES: Okay. Thank you for that.

She did mention Let's Get Healthy California as a new initiative that the department is very happy about.

And then I'm going to move -- and then she also mentioned the Fusion Center.

And that brings us up to the next speaker, then, with Susan Fanelli, and she talked about the Fusion Center. She sees it as a kickstart for changes that are intended to bring people together across the 200-plus CDPH programs with distinct and with categorical funding. And she mentioned that this enables us to look at business differently, kind of outside of the silo.

How do we look at things like systems of prevention, rather than specific -- only specific programs? What role do social determinants play? And what kind of return on investment are we getting for the public health dollars that are spent? And how do we align public health with health care and with community-based organizations, essentially nonprofit organizations?

I'm going to -- she focused a little bit on, Let's Get Healthy California, and if you are not familiar with that program, I encourage you to take a look at that online.

Then we had a presentation by Brandon Nunes, and it was on the funding history of the block grant. I would just characterize it by saying, when we first started, we had a lot more money, and each year, it either stayed the same or went down. And there were years where we needed to actually cut percentages from programs, and we could only do that for a period of time whereby, if we continued to cut percents, it would negatively impact the work of many departments. And so the decision was made to then cut programs, and a couple years, we needed to do that.

Their funding was restored to larger and larger levels, and I think where we are now is somewhere close

to where the funding was when the committee first became active. And we're looking at about $10.5 million for fiscal year 2017.

I wanted to point out, most of you know Don Lyman (phonetic), and he made an interesting statement in one of our meetings, that the reason why the block grant gets cut every year is that nobody ever died from chronic disease. And after a brief pause, like I just did, he said, but of course, they die of heart disease, cancer, and diabetes, stroke, and many other chronic diseases.

The issue is that, for every public health statistic, there is a face, there is a person, there is a family behind it. But the legislators don't see that. They see rates and ratios and trends. And it gets easy, without faces, being attached to the (unintelligible; telephonic background noise.)

And then the final speaker was Claudia Crist, and she talked about seven out of ten deaths, according to CDC, are related to chronic disease, or caused by chronic disease. There are probably more that are related as an underlying factor. And that 86 percent of the annual costs, health care costs, come from chronic disease.

She, too, talked about social determinants and

said that the priorities must align around Healthy People 2020 objectives, and that's been part of our value since we began the committee.

She wanted to highlight a few of the funding -- funded -- the block grant-funded projects, and she talked about Accountable Communities for Health; Let's Get Healthy California; the Fusion Center; California Wellness Plan; providing public health accreditation to 55 public health agencies; workforce development; California EIS Program, which is Epidemiologic Investigation Service; she is proud of the building of partnerships that was occurring and will continue.

And so that gives you a brief summary that -- that's my best effort at 19 pages in a couple of minutes.

I wonder if anybody who was -- is on the committee, first of all, would like to comment on something that wasn't mentioned, or, perhaps, wanted to clarify something that was mentioned.

(No response.)

CO-CHAIRPERSON ALLES: Okay.

Is there any member of the public? And I suppose that would include the people who are in the room, there, who are not on the committee. Are -- is there any question you would like to ask? Would you

like to make a comment relative to the essence of what was discussed during that last meeting?

(No response.)

CO-CHAIRPERSON ALLES: Okay. Hearing no member of the public, then, I will ask for a movement -- a move and a second, I should say, to approve the minutes of the September 12 Advisory Committee.

May I have a motion, please?

COMMITTEE MEMBER ADAMS: This is Christy Adams. I move to approve the minutes.

CO-CHAIRPERSON ALLES: Thank you, Christy.

Second?

CHAIRPERSON PECK: This is Caroline Peck. I move to second the minutes.

CO-CHAIRPERSON ALLES: Hi, Caroline. So we have a first and second.

All in favor of approval of the minutes, please signify by saying "aye."

(Ayes.)

CO-CHAIRPERSON ALLES: Are there any nays?

(No response.)

CO-CHAIRPERSON ALLES: Are there any abstentions?

(No response.)

CO-CHAIRPERSON ALLES: Okay. Thank you.

So the next document that we will be looking at, then, a little bit out of order, I think. But it's timely -- I'm mixing and matching here. Caroline, welcome. And I've done a welcome to the group. I thought that, perhaps, you would like a moment just to welcome them also.

CHAIRPERSON PECK: Yes. This is Caroline Peck.

Thank you, Wes, and thank you to each one of our advisory committee members who joined us. We really appreciate your participation on this committee.

And I also want to thank all of the program staff who are here and -- including the ones who run the -- who do the grants management for the block grant. And I also want to welcome our director, Dr. Smith, and our new deputy director for the Center for Chronic Disease, Monica Morales.

So I don't know if either of you would like to say a few words.

DR. SMITH: I just say -- this is Karen Smith. I just wanted to thank you all, again, for your continued service. But even more for actually engaging in the -- I know difficult -- and probably not in this group, but in some groups -- contentious conversation around how to prioritize funding. This is obviously really -- it's always important. It's especially

important now, as we're looking toward a very uncertain fiscal future. So the fact that you did that for us, that you actually indulged us in coming down from, probably, more priorities than we could possible have wrapped our brains around to five and some principles for action. I really appreciate the work and I recognize how challenging that must have been.

So thank you for that.

CHAIRPERSON PECK: Thank you so much, Karen.

I do want to take this opportunity to tell you a little bit about our new deputy director. I know the department and Dr. Smith has been looking for a new leader for at least a year. And Monica has a master's in public administration and comes to us as -- from Nevada, where she was a chronic disease director there. So we're really excited to have her on board, and she will be one of the people in our chain of command, overseeing the block grant.

So Monica, any words?

MS. MORALES: Very excited to be here. I just want to also say that I actually started with the Fusion Center. I was there for a few months. And you probably saw a little bit of my name or the work that we were doing just previously to this post.

So very excited to be here. I'm familiar with

the block grant. So it's just a good opportunity for me to highlight the amazing work that California is doing, when I talk to my folks in Nevada. So glad to be here.

CHAIRPERSON PECK: Thank you so much.

Well, why don't I move into the -- the items that I prepared to speak to you about today.

And -- and basically, I will just go over, briefly, the -- what the budget looks like for federal fiscal year 2017. There was an omnibus budget that was passed.

Then I will -- there's not much to say about the federal fiscal year '18 budget. I think, you know, Congress is basically working on it, you know, right now.

And the last thing I will talk about is the Healthy People 2020 program, which used to be our grants management team, and I will talk a little bit about why we made that a program now.

So I have great news to report for the federal fiscal year '17 budget. The block grant was flat-funded. And we were a little bit concerned about how it was all going to shake out. As you know, the President had zeroed out the budget, but, again, like it has happened in previous years, it was restored by Congress. And the additional piece that we were a bit

worried about was that the block grant had been put into the Prevention and Public Health Fund, which was a part of the Affordable Care act. So in the federal fiscal year '17 budget, they transferred the block grant back into the regular CDC budget, and they did that with a number of the other chronic disease programs as well.

I am not exactly sure what that means, but the fact that we still have support for the block grant, it's flat-funded, it is very encouraging, and this is what will fund our program through fiscal year 17/18.

Okay. The -- as part of our site visit, which the advisory committee came and participated in briefly -- so thank you for that -- the -- we -- it came about that we needed to do an audit every year. So we have now undergone our first audit by the California State Auditor. And we had a few findings, but nothing that is insurmountable. And we were reminded that we have a 10 percent administrative cost limit, and we were -- we almost were -- came in under the 10 percent limit; we were about $60,000 over. And so we were very pleased that we almost -- we almost perfectly complied.

And the -- as a result of the audit, it came out that rather than considering our grants management team as administration, they really were a program, because they were managing the block grant program.

So for this next state plan, that you will be voting on later, you will notice that we now have added the Healthy People 2020 program, and this is going to be our grants management program, plus we're adding some additional activities to this program, basically quality improvement and evaluation.

CDC is embarking on an effort to incorporate evaluation as part of the block grant. They have been giving presentations to everyone across the United States for about the past year, and we would like to incorporate this into our California program as well.

So the staff is, you know, basically the same people that you -- you know, have heard from before or have worked with: Anita Butler, Becca Parks, Hector Garcia, Matthew Herreid, and we will be looking for a new individual to oversee the evaluation or quality improvement component.

The reason CDC wanted to do this evaluation effort is because they report to Congress, and Congress is interested in the outcomes of the block grant, and it was recommended that they develop a plan to measure progress and impact and also communicate the current accomplishments.

(Telephonic noise.)

CHAIRPERSON PECK: Can someone please put their

phone on mute?

Thank you very much.

So the program evaluation from CDC is really to determine the value and impact of the block grant. And their approach was to do some exploratory analyses, some rapid assessment, and develop some indicators and measures for priority outcomes.

The first step that they have done, and that they have shared with us, is a logic model. And they are working on their evaluation framework and are working on coming up with four measures. Those have not been released yet, but they really want to make it easy for all of the states to describe the accomplishments and outcomes and those can then be shared with Congress.

So I -- the CDC logic model has goals and objectives. And the goals are to, you know, really decrease health disparities, premature death and disability, improve health equity; they also would like to improve the capacity of the public health system to respond to emerging public health threats; and to improve the performance and accountability of public health agencies.

Now, I believe that these are the types of things that we've been working towards before, but they are formalizing the structure of how they talk about the

block grant right now.

The objectives are to decrease gaps in funding for critical public health programs, services, and activities; increase the efficiency and effectiveness of public health programs, services, and activities; and reduce preventable health risk factors.

So they have a number of strategies to achieve these goals and objectives: The first is to provide flexible funding to address priority public health needs;

To identify public health gaps and priorities in collaboration with partners;

To collaboratively address unfunded or underfunded public health programs, services, and activities;

To enhance public health agency ability to deliver essential services;

To institutionalize the use of performance management and quality improvement;

To invest in evidence-based interventions and promising practices;

And to support and strengthen linkages across the public health systems.

So here, on this slide, is just a copy of the logic model, just what I just had gone over but in a

one-page version.

So because of that CDC directive is why we decided to focus on evaluation in quality improvement for this new program and this grants management team.

We already do some program evaluation, as you all know, because the programs give us the results of, you know, what they have done over the year, and we collate it into the Program Outcomes Report.

Dr. Smith really recommended that we add some additional things to this Program Outcomes Report, such as an impact statement. And so, yes, we may have objectives that are SMART -- so specific, measurable, actionable, and tied-down, I believe -- did I miss one? And realistic. Thank you. But also, we need a statement from programs telling about what it really means, and those are the types of statements that we can use to communicate the value of the block grant.

So that's one change that we will incorporate into our Program Outcomes report.

And then anything else that comes from the CDC, from their evaluation team, we will also incorporate in.

Other things that our programs do that we're very proud of are the success stories. We got a success story from every program last year. Thank you all. And a number of those were forwarded to the National

Association of Chronic Disease Directors and to CDC for their use in communicating to Congress about the value of this program.

Our programs are -- our new Healthy People 2020 program will also be working on communication of these outcomes and impacts, and they are going to develop a multilevel strategy -- you know, website and other mechanisms of really sharing the value of the block grant across California and to people that could be helpful for us in advocating for the block grant.

(Telephonic noise.)

CHAIRPERSON PECK: Can someone please put their phone on mute?

MS. PARKS: It sounds like someone is driving. If you could, please check your phones and put them on mute. We would appreciate it.

CHAIRPERSON PECK: Thank you very much.

So as part of being a program, the -- you know, you need to identify public health objective in Healthy People 2020. And so we have selected -- there's a quality improvement objective that our grants management team will be using. So they will be doing some quality improvement processes for the block grant. They will either use the Plan-Do-Study-Act model or another model, and the program outcomes report will guide the focus for

the quality improvement project that they will do annually.

Okay. And I think I am done. If anyone has any questions, please feel free to ask.

(No response.)

CHAIRPERSON PECK: I will now turn it over to Becca Parks.

Oh, go ahead.

CO-CHAIRPERSON ALLES: I'm just going to say, if you have printed -- or if you have in front of you the attachments that were sent, the material that Caroline spoke to is in D9. So I think it was much better to listen to her and just listen, and not be distracted by the sequence of lists and trying to find the right list as to what she was talking about.

But I would encourage you to reflect on the quality improvement. That was basically an important thing for the CDC; it's an important matter for the Director's Office; and it should be an important matter for everyone who is on the call today.

And so with that, then, if you want to follow along, Becca Parks -- the item there is D4, the attachment is D4. And it's results of the committee's prioritization of funding criteria.

And again, as she's speaking, if something

strikes you, write it down so that when she's finished, we can have an opportunity for both questions or comment from the committee, but also from the public.

So Becca, thank you.

COMMITTEE MEMBER KHARRAZI: Wes -- Wes, this is Rebekah Kharrazi.

If I can just jump in, in response to Caroline's presentation, very quickly?

CO-CHAIRPERSON ALLES: Sure.

COMMITTEE MEMBER KHARRAZI: I just wanted to express my support for all of the efforts relating to evaluation and quality improvement.

A lot of my work at Prevention Institute is focused at the federal level. And one of the challenges that we come up against when we're advocating for prevention funding, in particular, is, there isn't that sort of looping back to talk about the successes and to -- you know, there's obviously a lot of challenge in this work when we deal with the population level, to have stories that connect with -- with legislators, people making the decisions about how funding is going to be made.

So I just wanted to -- to share that and just express that I think it's really wonderful that the program is trying to move in this direction, and I -- I

highly support that.

CHAIRPERSON PECK: Thank you so much, Rachel [sic]. And we'll make sure that your Prevention Institute and you are one of the people who get the results of -- of this work so that we can help as you go to D.C. So thank you for your efforts on that, in prevention, for California.

CO-CHAIRPERSON ALLES: Okay. Becca, do you want to cover the prioritization?

MS. PARKS: Yes, certainly.

So the AC prioritization of funding criteria was created via SurveyMonkey. So the reason document 4, if you are following along, is titled "SurveyMonkey At A Glance" is because we developed it via SurveyMonkey. We sent out two different e-mail requests to the AC members, and you can see dates and times there and how we distributed them.

When we received the responses, we analyzed them to determine the top five selections. This was a multimodal analysis with various persons and various technologies involved.

The top five selections of the respondents became the 2017 future AC funding criteria. And that is at the bottom of page 1 there, and that is the size of the condition/problem; the condition severity; the

equity in health status; the cost of the condition; and that programs engage communities at the local level.

Now, the 2014 AC principles of allocation are included on page 2. I will not read them. But those principles and the attendant philosophies will be kept in mind for future block grant decision making also.

That was it. Thank you.

CO-CHAIRPERSON ALLES: Okay. Thank you.

So the history of this is that a number of years ago we decided that we should create some priorities and then make our decisions relative to allocations based on those priorities. And obviously -- I think Caroline already mentioned this -- that 14 is probably too many. You can't possibly consider and weigh the value when they are -- when there are -- when there are -- the number five is a good number, and it enables variability as you start to consider the different programs and how much funding should go to each.

And in our last meeting, we talked quite a bit about the priorities. I would say that, in my assessment of it, the committee was not wedded to the 14 and, perhaps, welcomed a shorter number. But what we didn't want to do was to lose the essence of the importance that even those things that are not listed

here are -- somehow will come up in conversation and that that would legitimize the conversation around that.

And so, for instance, one of -- one of them that did not appear on this list of five is that money from the block grant would not be taken from the block grant in order to be used for other programs. So that's not one of the five.

If it -- if there was a conversation that -- about taking money from the grant and moving it outside, it would be legitimate, then, for somebody to say, well, it's not a current priority, but it certainly was a priority at one time. Does that priority still hold? And it would cause the issue to be discussed, and however that discussion turned out, then, would be -- would -- that would be the decision.

Karen, I wanted to see if you or other members of your staff would like to comment on the priorities as they now exist?

DR. SMITH: No. I have only just had a chance to look it over, and I really haven't had a chance to think about it much.

But certainly, on my -- my first glance, they seem like very, very reasonable priorities. They are a little bit broader than -- in terms of the priorities themselves, they are sort of more, like, workman-like

priorities than we're using, but I think they complement the internal prioritization and provide an important perspective as we walk through the process of figuring out where the money ought to go in the future.

CO-CHAIRPERSON ALLES: Thank you.

Caroline, did you want to comment?

CHAIRPERSON PECK: Oh, well, I just appreciate that the advisory committee members weighed in and helped give us a little bit more guidance for moving forward. And, you know, we did go through a new prioritization process in the department this year, that worked well. And I think that these new 5 ones will be helpful to the team that goes through it next year.

So thank you.

CO-CHAIRPERSON ALLES: Okay. Is there a member of the committee that would like to comment on the prioritization as it stands now?

(No response.)

CO-CHAIRPERSON ALLES: Is there a member of the public -- did somebody want to --

COMMITTEE MEMBER KHARRAZI: Sorry, Wes. I'm a little bit slow with the mute button.

This is Rebekah Kharrazi again.

You know, I think -- again, going back to my, just, personal experience about having to advocate for

funding of this nature, and particularly from Prevention Institute's perspective, which is that we work really hard to try to move away from the siloing of funds to specific diseases. And we actually did hear a lot about that from -- from Dr. Smith last time about, you know, a collaborative nature that she's trying to encourage the department to move into. And, you know, obviously there's a lot of common risk factors and causes of a lot of outcomes that are -- that are of high severity and large problems in California.

So just wanted to sort of note that as we, you know, apply the criteria to -- to this year's plan, because I -- I do really think that we want to make sure that we're look -- we're stepping back a little bit from the -- the siloing, the -- I think it was described as categorical funding, and to take advantage of this opportunity to really support, you know, cross-cutting efforts.

CO-CHAIRPERSON ALLES: Okay. Thank you.

Somebody else want to make a comment? Ask a question, perhaps?

MR. CARTER: Yes. This is Donald Carter.

I have a question. Relative to the funding criteria, are there some specific scientific models that are being utilized to determine the metrics associated

with the criteria itself, in terms of precedence?

There are several things. There are -- size of the problem, condition, the condition severity, cost of the condition, seem to be similarly related. I was wondering, is there a federal or a scientific model that is being applied to make the determinations of the size of these problems, the severity, and how to contrast that against other program areas?

CHAIRPERSON PECK: I can respond. This is Caroline.

Yeah. I don't know about a scientific model, but, traditionally, we look at the data that's published, you know, maybe some of the reports that we release, you know, from an epidemiologic standpoint. And -- and, you know, the cost -- we're really trying to get into publishing more reports on costs to various different things. But -- so that data may not be exactly to where -- like, burden of disease, severity of disease, is, in terms of the data that's available.

But yeah, I would say it's traditionally epidemiology data that we look at, for at least the size of the problem and condition.

CO-CHAIRPERSON ALLES: This is Wes again.

I think, if there were something like that, it would be CDC that would probably come up with a formula

or some sort of algorithm to be able to produce the score. And my sense of it is that the nature of the block grant is such that it wants to give more autonomy to both the state and the local level.

And so it's probably -- well, some would say that it's a good thing that there isn't a single algorithm, and that each state, if you were to look at their priorities, assuming the states were to have identified them -- but if you were looking at their priorities, the people in that state came up with the priorities, and they probably will have created a more sensitive index or algorithm than what would come from one that was developed in Washington.

And if you were to carry that the next step out, if there was -- if there were funds that were delivered from the state to the county, that the county would, similarly, prefer to make decisions relative to proportion of funds that are given, based on, perhaps, these criteria, but, perhaps, their needs vary by virtue of some social or demographic characteristic, where they would want the ability to -- (telephonic noise -- unreportable talking) -- of the criteria, but, at the same time, better serve their community by moving a little money from this program to that one.

Now, I don't know. I could be speaking out of

turn there. But it seems to me that as you get closer to the delivery of the program, there needs to be more sensitivity to the reality of what exists in that community.

CHAIRPERSON PECK: Yeah. I would agree. And Dr. Smith is going to --

DR. SMITH: One, I would agree with that. But also, there are really sort of mundane criteria, as well, that are difficult to put into that kind of an algorithm. Things like, well, if -- if we take this funding, we can -- into this category, we can leverage X additional dollars from some other category.

So it's really -- and that can be really impactful. So it gets, rapidly, to the point where there isn't a really convenient algorithm that can incorporate some of the most important factors, because there's a combination of the societal importance factors and, quite frankly, sometimes business administration-type stuff. So it can get really confusing.

CHAIRPERSON PECK: Thank you.

And Monica, did you have a comment?

MS. MORALES: Dr. Alles really kind of addressed it. But -- and I would also add that we have Healthy People 2020 that has had a lot of literature, a

lot of science behind it. It's not a metrics, per se, but there's definitely some science behind those goals and priorities.

CO-CHAIRPERSON ALLES: And I would like to say -- go ahead, please.

COMMITTEE MEMBER WOOTEN: This is Wilma Wooten from San Diego.

I just wanted to comment that I'm very happy to see that equity is one of the five criteria identified by (unreportable garbled voice due to telephonic audio problems) -- as well as programs that engage the community at the local level. Again -- (unreportable garbled voice due to telephonic audio problems) --

THE REPORTER: I can't understand her.

(Chairperson Peck handed the court reporter a hand-written note to clarify Ms. Wooten's unreportable comments: "Wilma Wooten was happy that equity and engagement of communities at the local level were included in the priorities.")

CO-CHAIRPERSON ALLES: Thank you, Wilma.

Someone else?

(No response.)

CO-CHAIRPERSON ALLES: Okay. I would like to

add a little addendum to the five criteria, which is, even when we had 14 criteria, we understood that sometimes there is a necessity on -- to vary the application in extraordinary circumstances. And that, so, for instance, if there was a drastic cut, and a program was entirely going to be wiped out, that if there were funds available, and it wouldn't harm another program, that the director, the executives within the department, and, perhaps, even with conversation from department heads and program leads, would have flexibility, that it would be understood that the committee is blinded to a lot of the day-to-day circumstance; and that if a department had only one employee and they took a small cut, but that employee was earning more than what we were going to be giving, and the program was going to leave, the director, or someone within the organization, should be empowered with the ability to make decisions that would create flexibility and, through that, better outcomes in the delivery of the programs.

One more chance for the public. Does anybody want to make a comment?

(No response.)

CO-CHAIRPERSON ALLES: Okay. So the next speaker, then, is Hector Garcia. And if you go to D5,

that's the presentation of the programs.

And Hector, I'm going to turn it over to you.

MR. GARCIA: Thank you, Wes.

I am Hector Garcia, block grant coordinator, and I will be presenting the federal fiscal year 2017 block grant programs.

The state plan program descriptions and supporting documentation were shared with the advisory committee, posted on CDPH's website, and a hard copy was placed at the security desk located at 1616 Capitol Avenue, Sacramento, California. Notice of this meeting was published in the California Registrar on April 21st, 2017.

The Preventive Health and Health Services Block Grant programs went through a vigorous internal funding proposal process this year, including consulting with center directors and obtaining approvals from the CDPH director's office in developing the federal fiscal year 2017 state plan.

California's federal fiscal year 2017 award is $10,600,069. CDPH and the Emergency Medical Services Authority split the award 70/30, respectively, after the rape prevention set aside was reduced from the total award.

California plans to expend these funds in state

fiscal year '17/'18, which is July 1st, 2017, through June 30th, 2018.

The following is a list of the federal fiscal year 2017 block grant programs that are identified in document 6, which was posted online prior to this meeting.

The first program is the Rape Prevention Program. This program approaches sexual violence from a public health perspective by building the capacity of California's 65 local rape crisis centers.

The funding level is $832,969.

The next program is the California Behavioral Risk Factor Surveillance System Program. The BRFSS is a California-specific surveillance system that surveys adults on self-reported health behaviors. An annual BRFSS report is published, continuous use of which allows analysis of trends over time.

It is funded in the amount of $400,000.

Does anybody have any questions about this program or its funding?

COMMITTEE MEMBER KHARRAZI: Yeah. This is Rebekah Kharrazi again.

I did have a question about BRFSS, and I see that it's actually new for this cycle.

I'm curious -- I'm assuming that funding --

that other funding for this program got eliminated. Can someone explain what happened here?

MR. SNIPES: Sure. This is Kurt Snipes of Chronic Disease and Research Branch. It's one of the programs in my branch.

It's more, the cost for doing telephone surveys has risen dramatically, and in order to keep the cost per question as low as possible, and plus, some programs did drop out, notably -- I will back up and say, notably, one -- one department program doing the adult tobacco survey found another venue to do their survey. That was a big chunk of overall support that we use to the call center. But in order to keep the cost per question at a reasonable amount, so all programs didn't pull out, we asked for block grant funds.

COMMITTEE MEMBER KHARRAZI: Okay. Thanks.

Is the intention that funds, from whatever the regular source is for this, would be sought in the future? Or do you anticipate that support will be needed from the block grant?

MR. SNIPES: I would anticipate, support would be needed from wherever it can be found. This is a national chronic program, supporting telephone surveys. The program is actively -- excuse me -- looking at other, less costly survey methodologies to collect the

same information.

The problem is, we are bound by the -- what's the word? The criteria that CDC gives us in terms of how to -- how the surveys are to be conducted. And then, of course, the federal money continues to decline as well. So -- so we probably will be back.

COMMITTEE MEMBER KHARRAZI: Okay. Thank you very much.

CO-CHAIRPERSON ALLES: Rebekah, was a part of your question, was some other program -- was money taken from another program to be able to create this fund?

COMMITTEE MEMBER KHARRAZI: You know, the reason I'm sort of raising these questions is, you know, BRFSS is incredibly important, and I see it as a program that should be funded, you know, under traditional funds for CDPH. And so it's concerning that, you know, the block grant would need to be used for something that I -- I feel like, you know -- if the block grant doesn't exist in a year or two, you know, it jeopardizes, potentially, BRFSS program.

So that was sort of where I was coming from with this, and, obviously, I'm thrilled that the block grant can offset some of the challenges that the program is having, of course.

CO-CHAIRPERSON ALLES: Okay. Anybody else want

to comment on this?

(No response.)

CO-CHAIRPERSON ALLES: Hector, go ahead and proceed, then.

MR. GARCIA: Okay. Thank you, Wes.

The next program is the California Wellness Plan implementation. CWP is California's Chronic Disease Prevention and Health Promotion Plan, with the overarching goal of equity in health and wellbeing.

It is funded in the amount of $440,000.

And does anybody have any questions about this program?

(No response.)

MR. GARCIA: If not, let's get on to the next program, and that is Cardiovascular Disease Prevention Program. This program supports a statewide cardiovascular disease alliance, Healthy Hearts California, which coordinates statewide heart disease control and prevention efforts.

And it is funded in the amount of $424,654.

Any questions?

(No response.)

MR. GARCIA: Well, then, let's move on.

Commodity-Specific Surveillance: Food and Drug Program. The goal of this program is to collect and

evaluate samples of food products that are known to be susceptible to microbial contamination and initiate efforts to remove adulterated items from the marketplace.

It is funded in the amount of $200,000.

Any questions?

(No response.)

MR. GARCIA: Let's go on to the next program: Ecosystem of Data Sharing, CDPH Interoperability Initiative. This program provides the infrastructure for data sharing within CDPH's registries and other data systems and with external stakeholders.

It is funded in the amount of $214,291.

Anybody have any comments or questions?

COMMITTEE MEMBER KHARRAZI: This is Rebekah. Kharrazi.

I think this is a great use of funds, and I'm really glad to see this type of innovation for us to implement.

MR. GARCIA: Any other comments?

(No response.)

MR. GARCIA: Well, then let's move on to the next funded program. And that's Emergency Medical Dispatch Program/EMS Communications. This program will improve statewide training standards and provide

uniformity through guidelines, improve public care, and maximize efficiency of 911 systems.

It is funded at $102,452.

Any questions?

(No response.)

MR. GARCIA: Next program: EMS for Children. This program will implement fully institutionalized EMS for Children in California by continuing to incorporate statewide compliance with national performance measures and the collection of statewide data.

And it is funded in the amount of $135,541.

Any questions?

(No response.)

MR. GARCIA: Then let's move on to EMS Health Information Exchange. This program will improve access to rapid specialized prehospital emergency medical services, statewide.

And it is funded in the amount of $401,321.

Any questions? Any comments?

(No response.)

MR. GARCIA: Then let's move on to EMS Partnership for Injury Prevention and Public Education. This program will maintain continuous EMS participation in statewide injury prevention and public education initiatives, programs, and policies.

And it is funded in the amount of $90,256.

Do we have any questions about this program?

(No response.)

MR. GARCIA: Then let's move on to the next one.

EMS Poison Control System. This program supports California's Poison Control System, one of the largest single providers of poison control services in the United States, and the sole provider of poison control services for California.

It is funded at $120,432.

Any questions?

(No response.)

MR. GARCIA: Let's go on to EMS Prehospital Data and Information Services and Quality Improvement Program. This program increases specialized prehospital EMS data submissions into the state EMS database system and unites components under a single data warehouse.

And it is funded to the tune of $262,996.

Any questions?

(No response.)

MR. GARCIA: Let's go on to the next one.

EMS STEMI and Stroke Systems. This program reduces premature deaths and disabilities from heart disease and stroke through improved cardiovascular

health detection and treatment during medical emergencies.

And it is funded in the amount of $340,918.

Do we have any questions?

COMMITTEE MEMBER WOOTEN: Wilma Wooten from San Diego.

This program and the one before it is prehospital data admission services. How does it trickle down to the local level, or is it just to -- (unreportable garbled voice due to telephonic audio problems).

MR. McGINNIS: So this is Tom McGinnis from the EMS Authority. And assistant division chief that oversees this program. I can -- I will try to give you a nickel's worth of information on that.

So basically, when it comes to things with stroke and STEMI, and especially the data, we engage these programs with our state partners. So for stroke and STEMI specifically, the partners who engage in this provision of care for cardiac patients and stroke patients, to include stroke centers, prehospital care providers, and local governmental entities, help us operate those programs.

The data program is probably one of our biggest successes in something that we're probably the most

proud of in the most recent years. We were actually the first state in the nation to be compliant with the new EMS data standard, that gives us better information about the condition of patients and what's happening with them in the field.

We engage all 1400 EMS service providers in the state, which comes to about a hundred thousand EMS practitioners, and we provide information from our data system to our local governmental entities and to our service providers and practitioners on what's happening in the system. It helps us look at trends. It helps us look at different things that are taking place in our system to ensure quality.

The newer system, that we're so happy with, is also giving us a some pretty good pre-surveillance information. We just started this in January of this year, and, so far, the preliminary information is looking really good.

I'm actually sitting in L.A. County, where, just yesterday, I was looking at data, and the weather down here is a little goofy. We were actually able to look at field responses taking place yesterday, in the morning -- this was yesterday afternoon, but the responses were yesterday morning -- where, had there been a trend out in the beach area, of people with cold

injuries, which was actually happening, the city fire department, would be able to staff extra resources to prepare for a response. That's how sophisticated our data system is actually getting.

So -- and I could go on about this for hours, so I apologize.

But in a nutshell, the most fundamental piece of your question is, is this tied down to the local -- the information given to locals? Absolutely. All the way down to the practitioner level, and we will be also opening a public access portal on our website, probably in the next year; so the public will actually be able to kind of look at aggregate-style data on what's happening with our EMS system.

MR. GARCIA: Well, if there's no more questions, let's move on to the next program.

That's EMS Trauma Care Systems. This program reduces morbidity and mortality, resulting from injury in California by providing continued oversight of the statewide trauma system.

It is funded in the amount of $210,276.

Any questions?

(No response.)

MR. GARCIA: Well, then let's move on to Health In All Policies. This program facilitates the

California health in All Policies Task Force, provides consultation to nonhealth agencies to integrate health and equity into their policies, programs, and procedures, and builds CDPH and local health department capacity.

It is funded in the amount of $592,748.

Any questions?

(No response.)

MR. GARCIA: We'll move on to Healthy People 2020 program. This program supports the overall efforts of the block grant program by enhancing accountability and transparency through measuring progress and impact of funded programs through quality improvement initiatives as well as communicating current accomplishments.

It will be funded in the amount of $676,000.

Does anybody have any questions about this new program?

(No response.)

MR. GARCIA: If you have no questions, I will move on to the next program, which is Intentional and Unintentional Injury Prevention. This program seeks to maintain injury prevention and control as a core public health function and ensure flexibility and capacity to address emerging cross-sector issues, such as the opioid

overdose epidemic, marijuana-impaired driving, E-cigarette poisoning, etc.

And it will be funded in the amount of $884,629.

Any questions?

(No response.)

MR. GARCIA: Well, let's move on to the next program, which is the Obesity Prevention for Californians. This program fosters the development of healthy communities through the creation, adoption, and/or implementation of evidence-based policies, practices, and/or resources that support and advance community changes at both the state and local levels.

It is funded in the amount of $300,000.

Does anybody have any questions?

(No response.)

MR. GARCIA: If not, let's move on to the next one, which is Partnering to Reduce Preventable Nonfatal Work-Related Injuries. This program establishes a new ongoing core capacity to reduce the impacts of preventable, nonfatal work-related injuries through public awareness campaigns and other interventions tailored to specific worker populations in high-injury risk jobs -- industries.

It is funded in the amount of $170,000.

Do we have any questions about this new program?

(No response.)

MR. GARCIA: Well, then let's move on to Preventive Medicine Residency Program. This program -- PMR and Cal-EIS programs are the key workforce pipeline for hard-to-fill epidemiology positions in California state and local public health agencies. Trainees perform data and policy analysis, provide disease outbreak and emergency preparedness response, community needs assessments and planning, clinical prevention medicine, systems quality improvement, etc.

And it is funded in the amount of $565,278.

Do we have any questions about this program?

(No response.)

MR. GARCIA: We'll move on to Public Health Accreditation. As part of the requirements to maintain CDPH's national accreditation, via the Public Health Accreditation Board, this program will make accreditation-related technical assistance available to California's local and tribal public health agencies and oversee internal departmental efforts.

And it is funded in the amount of $30,000.

Does anybody have any questions about this program?

Well, then, this takes us down to --

COMMITTEE MEMBER WOOTEN: Wilma Wooten, San Diego. Sorry. I was on mute.

It seems to me that that's the amount allocated here. I'm not sure how much technical assistance you can provide for $30,000. So my comment is that -- I'm not certain that the allocation made here is enough.

CHAIRPERSON PECK: Wilma, this is Caroline. And I'm not sure if -- yes. Kim is on the phone, so she can speak to it as well.

But I think that the program will continue but funded with some other dollars as well. And the $30,000 is specific for mini grants to either counties or tribal agencies to help them pay for some fees for accreditation.

MS. STRIBLING: Yes, this is Leslie Stribling, accreditation coordinator for CDPH.

And previously, we were funded at a higher level, much of which is going to personnel expenses, but the personnel costs are being moved to another funding source. We are going to continue the technical assistance to the local health departments. It will just be funded in a different way.

And in terms of the $30,000 allocation, I'm in process of designing a mini grant program which will --

the local health departments will be able to apply for, to advance their accreditation ratings.

MR. GARCIA: Do we have any other questions?

Then let's move on to Public Health 2035 Capacity-Building Activities. This program builds cross-sectoral external relations, strategic development, and community engagement that move forward CDPH's State Health Improvement Plan in support of the public health 2035 framework.

And it is funded in the amount of $776,370.

Any questions?

(No response.)

MR. GARCIA: Well, let's move on to Receptor Binding Assay for Paralytic Shellfish Poisoning Control. This program will reduce the incidence of paralytic shellfish poisoning illness in consumers through laboratory detection monitoring of shellfish from California shellfish growing areas and coastal waters.

And the funding amount is $275,000.

Any questions?

(No response.)

MR. GARCIA: We have another program, TB Free California. This program promotes prevention strategies to reduce tuberculosis disease among high risk populations in California, including screening all

foreign-born residents for TB and for those who test positive, ensuring treatment.

It is funded in the amount of $600,000.

Any questions?

(No response.)

COMMITTEE MEMBER WOOTEN: Not a question. Just a suggestion. I'm not sure how modifiable any of the program are --

MS. PARKS: Could you identify yourself, please?

COMMITTEE MEMBER WOOTEN: Pardon?

MS. PARKS: Could you please identify yourself when you speak, for the court reporter?

COMMITTEE MEMBER WOOTEN: Wilma Wooten, San Diego.

So my comment is that I would like to suggest, if at all possible, to include, under the program description, some type of a statewide campaign to promote the LTBI issue, to increase the awareness from (unreportable garbled voice due to telephonic audio problems) inception, how we can collaboratively address that statewide.

CHAIRPERSON PECK: Thank you so much, Wilma.

This is Caroline.

I will pass that along.

And I just want to clarify as well that these block grant funds are actually not allowed to be used for clinical services.

So just so you know, if you are confused and thought this money was going to pay for actual screening services, it will not. It's more -- it will be for public health approaches.

COMMITTEE MEMBER WOOTEN: I'm not confused.

CHAIRPERSON PECK: Okay. Okay.

COMMITTEE MEMBER WOOTEN: I was looking at treatment and prevention, for advertising and educating providers, that the whole LTBI issue, I think, is important to help with the long-term outcome of (unreportable garbled voice due to telephonic audio problems) --

CHAIRPERSON PECK: Oh, yeah, yeah. Absolutely. Yeah. My comment was not related --

COMMITTEE MEMBER WOOTEN: I'm not suggesting treatment. What I am suggesting is that a coordinated statewide campaign to educate individuals as well as (unreportable garbled voice due to telephonic audio problems.)

CO-CHAIRPERSON ALLES: Thank you, Wilma. Yes.

And my comment had nothing to do with what your comment was. I just read it and thought --

COMMITTEE MEMBER WOOTEN: Okay.

CHAIRPERSON PECK: Yeah. And we will definitely pass that comment along to Dr. Salves (phonetic). So thank you for that.

COMMITTEE MEMBER WOOTEN: Great. Thank you.

MR. GARCIA: Do we have any other comments or questions?

(No response.)

MR. GARCIA: Then let me move on to the next and final program, and that is using HIV surveillance data to prevent HIV transmission. This program matches people living with HIV, with their reported labs, to determine if they are receiving timely HIV care and treatment.

And the amount of funding is $500,000.

Do we have any questions?

COMMITTEE MEMBER WOOTEN: Wilma Wooten, San Diego.

No questions. Just very excited that this is one of the programs. So thank you.

CO-CHAIRPERSON ALLES: And this is Wes.

I wanted to ask -- obviously this takes a great deal of time to go through program by program, to give the opportunity to the advisory committee to ask questions and maybe make comments, as has been done a

few times here.

I wonder, Caroline, is there also a reason for doing it this way, in this public meeting, for -- is another reason for doing it here, that the public has an opportunity to comment? And are there any other reasons why it is being done?

So, for instance, is it a policy or a requirement of the funds that it be done in this way?

CHAIRPERSON PECK: Wes, yeah -- this is Caroline. As far as I know, there's no requirement, but we want to be as transparent as possible, and we want to allow, not just the advisory committee but also the members of the public to make any comments about how this money is being allocated. So I think, just in the spirit of transparency, is why we're doing it.

CO-CHAIRPERSON ALLES: Okay. Well, that's a good -- a good reason to do that.

So let me ask, is there anybody else, as a member of the public, and that would include other people in the room, who are participating on the call, who are not on the committee, if you would like to make a comment or ask a question.

(No response.)

CO-CHAIRPERSON ALLES: Okay. Hector, you must have done a great job.

(Laughter.)

MR. GARCIA: Thank you, Wes.

CO-CHAIRPERSON ALLES: Thank you very much.

COMMITTEE MEMBER KHARRAZI: Wes, this is Rebekah Kharrazi again. Can you hear me?

CO-CHAIRPERSON ALLES: Sure, yeah.

COMMITTEE MEMBER KHARRAZI: Sorry. I got dropped for a little bit there and I didn't get the opportunity to express my support for one program in particular, which is Health In All Policies.

I see, from one of the documents that was sent, that there's -- there's actually an increase of about a hundred thousand dollars going into this next cycle, and I just wanted to express the support for that, as it appears from the outcomes report that it was a particularly successful program, and I'm looking forward to seeing it continue in a strong way.

CO-CHAIRPERSON ALLES: And thank you for that comment.

So now we're at a place where we need to ultimately take a vote. And I wanted to give a couple of people maybe to -- an opportunity to comment before the vote, and we will start that with Dr. Smith.

CHAIRPERSON PECK: Dr. Smith, unfortunately, was called away to another meeting.

CO-CHAIRPERSON ALLES: Okay. How about Monica, then?

CHAIRPERSON PECK: Monica, would you like to make any comments?

MS. MORALES: No, thank you.

CO-CHAIRPERSON ALLES: All right. Caroline?

CHAIRPERSON PECK: Yes, I will make a comment actually.

And I would say that I think that a lot of work went into -- you know, throughout the department, the programs who submitted proposals, the grant management team who put together all the documentation and came up with a process to bring it to the deputy directors of the department, to really think about all these proposals together and come to a decision and recommendation that they made to the director, who then supported those decisions.

And so I would say that I think a lot of great minds have put effort into coming up with these programs and the levels which they are funded. And I'm so glad to hear the comments from the advisory committee, you know, supporting certain programs, because that's very helpful to us, to hear.

So I -- you know, I guess I'm a little biased, but I would recommend approval of the state plan because

I think it's -- has a very broad swath of objectives that it addresses, and all of these will be good programs for California.

CO-CHAIRPERSON ALLES: Yeah. That's well said, Caroline.

It always impresses me, the amount of deliverable through public health, and an example -- a comment was made about, what can you do for $30,000? And it's a legitimate -- it's a legitimate question to ask.

And I know -- I think it was Wilma that asked that question, and I know that Wilma understands, in public health, a lot of things happen for -- a lot of good things happen for a little bit of money. And I don't want this to sound gratuitous, but I think that the public health, at all levels throughout the United States, but, in particular, in California, we get great bang for the buck and we often talk about moving things upstream. And if you look at the breadth of programs that have been presented here, that have been given money through the block grant, it does have an impact on clinical costs and on people's lives, in not only longevity, but in quality of life.

So I want to say thank you to all the people who are on the call, who have devoted their career, or a

part of it, to public health. It's a -- it's a worthy mission.

So I will say one more thing before we take the vote. At one point in the committee, the question was asked, what's the quorum? And I'm mindful that the -- there were not of lot of folks who were on the call today. It's not usually the case, but today it was. And say that we decided, at that time, that it's an advisory committee. And the department has the opportunity to hear, from the members who are participating, and we would make a recommendation, if that's the case, among the people who are here, when we have low numbers in the past, more or less as a -- more as a courtesy, we have invited them to cast a vote after the phone call ends.

And Caroline, are you still okay following up in that way?

CHAIRPERSON PECK: Yes. But maybe we could take a vote, and then just confirm with the members who weren't able to, to come. Would that be okay with you, Wes?

CO-CHAIRPERSON ALLES: Oh, yeah. I absolutely wanted to take a vote.

And I think that there would be argument that the department ought to expect that this vote would be

official from the committee, that the -- it's more of a courtesy and we want to get either comments for why people chose to vote against acceptance of the plan, or to get acknowledgment that the people who are here and voted made a good choice in their vote by approving it.

So I will ask for the members of the committee for a motion and a second. And then we will take a vote, similar to what we did for the minutes.

So a motion, please?

COMMITTEE MEMBER KHARRAZI: This is Rebekah Kharrazi.

I move that we accept the state fiscal year 2017/2018 plan.

CO-CHAIRPERSON ALLES: Okay.

COMMITTEE MEMBER WOOTEN: Wilma Wooten, San Diego.

Second.

CO-CHAIRPERSON ALLES: Thank you, Wilma, for doing that.

All in favor of accepting the plan as it was presented to us, signify "aye."

(Ayes.)

CO-CHAIRPERSON ALLES: Okay. Are there any nays among us?

(No response.)

CO-CHAIRPERSON ALLES: Any abstentions?

(No response.)

CO-CHAIRPERSON ALLES: So the committee who was here, and participated and who voted, it was unanimous. I think that ought to characterize the vote for the committee. But I would ask that it be followed up again, just to get a vote and a comment as to why, from those who are on the committee, who weren't able to participate or who dropped off.

CHAIRPERSON PECK: We can certainly do that.

CO-CHAIRPERSON ALLES: Okay. So I wanted to thank everybody, again, for the time and the effort that you put into this. And, again, to the folks who are employees of the department itself, thank you for the work you do every day.

CHAIRPERSON PECK: Thank you so much, Wes.

CO-CHAIRPERSON ALLES: So with that -- with that, we will adjourn the meeting.

CHAIRPERSON PECK: Thank you so much. Bye-bye.

CO-CHAIRPERSON ALLES: Okay. Bye.

(Proceedings concluded at 2:38 p.m.)

---o0o---

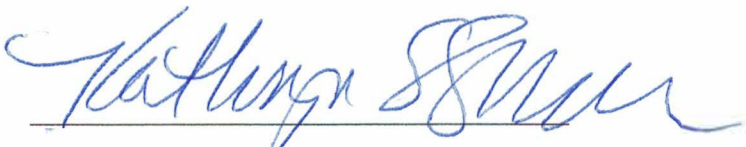
CERTIFICATE OF REPORTER

I, KATHRYN S. SWANK, a Certified Shorthand Reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing meeting was reported in shorthand by me, Kathryn S. Swank, a Certified Shorthand Reporter of the State of California, and thereafter transcribed into typewriting.

I further certify that I am not of counsel or attorney for any of the parties to said meeting nor in any way interested in the outcome of said meeting.

IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of May 2017.



KATHRYN S. SWANK, CSR, RPR
Certified Shorthand Reporter
License No. 13061