

Preventive Health and Health Services Block Grant FFY 2017 - Program Outcomes Report - Draft D8

		Detailed Objective Outcomes ~address all <i>requirements</i> in col. A, but be very brief~	Objective Outcome 6-30-18	Impact to California (Value Statement) ~use laymen's terms~
California Behavioral Risk Factor Surveillance System Program		HP 2020 Objective: PHI-7 National Data for Healthy People 2020 Objectives	Funded FFYs: 2017 - (new)	SFY 17/18 Spend Rate: __ tbd __
Objective 1: Maintain statewide collection and analysis of BRFSS data				
Between 07/2017 and 06/2018, PHSRP staff will conduct one California Behavioral Risk Factor Survey to obtain 3,000 completed surveys.	12/31/17:	Met. Conducted one California Behavioral Risk Factor Survey. The 2018 BRFSS survey data will be used by public health programs for program planning, evaluating programs, establishing program priorities, developing interventions and policies, assessing trends, and targeting population groups.		
	6/30/18:			
Activity 1: Collect BRFSS data. Between 07/2017 and 06/2018, Sandy Kwong, State Coordinator for the California Behavioral Risk Factor Survey, will work with one contractor to collect CA BRFSS data that meets or exceeds CDC guidelines.	12/31/17:	Met. Worked with one contractor to collect CA BRFSS data that meets or exceeds CDC guidelines. High-quality data for research will optimize the knowledge and use of health information of the adult population of California.		
	6/30/18:			
Activity 2: Provide data sets to BRFSS users. Between 07/2017 and 06/2018, CA BRFSS Program staff will: (1) provide one data sets to 13 BRFSS users for analysis, program planning, evaluation, and resource-allocation activities; and (2) monitor collection of high-quality data and its dissemination in a timely manner by PHSRP through biweekly meetings on progress for data collections, quarterly submissions to CDC, and preparation of one data set for California state programs.	12/31/17:	Met. Provided one data set to 13 BRFSS users for analysis, program planning, evaluation, and resource-allocation activities; and monitored collection of high-quality data and its dissemination in a timely manner by Public Health Survey Research Program (PHSRP) through biweekly meetings on progress for data collections, quarterly submissions to CDC, and preparation of one data set for California state programs.		
	6/30/18:			
Activity 3: Analyze BRFSS data. Between 07/2017 and 06/2018, CA BRFSS Program staff will develop a method to create 58 county-level estimates for California, using an SAS software program developed for small-area estimation.	12/31/17:	Met. Developed a method to create 58 county-level estimates for California, using an SAS software program developed for small-area estimation. County-level estimates will allow for public health programs to use BRFSS data for program planning, evaluating programs, establishing program priorities, developing specific interventions and policies, assessing trends, and targeting relevant population groups at the county-specific level.		
	6/30/18:			
Activity 4: Conduct quarterly BRFSS users' meetings. Between 07/2017 and 06/2018, CA BRFSS Program staff will hold quarterly meetings to inform 13 program partners of changes to survey or methods, data collection progress, and data management, and planning and development of a 2018 questionnaire.	12/31/17:	Met. Held four meetings to inform 13 program partners of changes to survey or methods, data collection progress, and data management, and planning and development of a 2018 questionnaire.		
	6/30/18:			
California Wellness Plan Implementation		HP 2020 Objective: PHI-15 Health Improvement Plans	Funded FFYs: 2014 - (ongoing)	SFY 17/18 Spend Rate: __ tbd __
Objective 1: Improve chronic-disease surveillance beyond stroke and cancer registries.				
Between 07/2017 and 06/2018, CWPI staff will conduct four meetings and attend partner meetings to: (1) promote CWPI in collaboration with partners committed to improving chronic disease surveillance; (2) discuss best practices; and (3) convene a work group for pilot projects.	12/31/17:	Met. Conducted 76 meetings to: (1) promote CWPI in collaboration with partners committed to improving chronic disease surveillance; (2) discuss best practices; and (3) convene a work group for pilot projects.		
	6/30/18:			
Activity 1: Update "The Burden of Chronic Disease and Injury-California" Report. Between 07/2017 and 06/2018, CWPI staff will update one report. The Burden of Chronic Disease and Injury-California:	12/31/17:	Not Met. Did not update the most recent version of the publication: "Burden of Chronic Disease and Injury".		
	6/30/18:			
Activity 2: Convene statewide work group to conduct pilot studies for diabetes surveillance. Between 07/2017 and 06/2018, CWPI staff will collaborate with partners to obtain and analyze laboratory and electronic health-record data to develop and	12/31/17:	Met. Collaborated with Quest Diagnostics to obtain and analyze laboratory and electronic health-record data to develop and implement one pilot project.		

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implement one pilot proof-of-concept project to assess the frequency, distribution, and quality of care of patients with diabetes and those at risk of diabetes (pre-diabetics) by evaluating Quest Diagnostics hemoglobin A1c laboratory results.	6/30/18:			
Activity 3: Assist with coordination of the CDPH Epidemiology Steering Committee. Between 07/2017 and 06/2018, CWPI staff will plan quarterly steering committee meetings and the quarterly Epidemiologists' Forum.	12/31/17:	Met. Planned five steering committee meetings and four forums.		
	6/30/18:			
Objective 2: Maintain Chronic-Disease Prevention Coalition to promote evidence-based practice.				
Between 07/2017 and 06/2018, CWPI staff will conduct four meetings and attend partner meetings to promote CWPI in collaboration with partners committed to utilizing evidence-based chronic disease-prevention practices that have a measurable impact on population health, patient experience, and health care cost.	12/31/17:	Met. Conducted 76 meetings to promote CWPI in utilizing evidence-based chronic disease-prevention practices that have a measurable impact on population health, patient experience, and health care cost.		
	6/30/18:			
Activity 1: Convene CWP Goal 2: Optimal Health Systems Linked with Community Prevention Work Group. Between 07/2017 and 06/2018, CWPI staff will engage more than ten internal and external partners and stakeholders to take steps to prevent, diagnose, treat, and control chronic disease by promoting seven interventions.	12/31/17:	Met. Engaged 20 partners and stakeholders to take steps to prevent, diagnose, treat, and control chronic disease by promoting seven interventions.		
	6/30/18:			
Activity 2. Promote best practices, training, and collaboration. Between 07/2017 and 06/2018, CWPI staff will maintain two mechanisms for communication (e.g., listserv, website) of CWPI progress and opportunities for internal and external collaboration to promote and utilize best practices to prevent, treat, and control chronic disease, and promote use of measures such as return on investment and cost of prevention.	12/31/17:	Met. Maintained three mechanisms for communication (e.g., listserv, website) documenting both progress and opportunities for collaboration to promote best practices to prevent, treat, and control chronic disease, and promote use of measures such as return on investment and cost of prevention.		
	6/30/18:			
Activity 3. Participate in partner conferences and meetings. Between 07/2017 and 06/2018, CWPI staff will provide guidance in CWPI to partners attending six conferences/meetings, to ensure collective impact in prevention, diagnosis, treatment, and control of chronic disease.	12/31/17:	Met. Provided guidance to partners to ensure collective impact in prevention, diagnosis, treatment, and control of chronic disease.		
	6/30/18:			
Objective 3: Monitor California Wellness Plan Implementation.				
Between 07/2017 and 06/2018, CWPI staff will maintain one process for providing progress on CWP Goals, including all 266 CWP Objectives, to inform partner chronic disease-prevention priorities and planning efforts, with a focus on health equity and well-being.	12/31/17:	Met. Advanced the process for approving the California Wellness Plan Progress Report.		
	6/30/18:			

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Activity 1. Update and maintain online CWP Data Reference Guide. Between 07/2017 and 06/2018, CWPI staff will maintain one CWP Data Reference Guide on the California Health and Human Services Open Data Portal by ensuring that data is accurate and current every year.	12/31/17: Met. Maintained one CWP Data Reference Guide on the California Health and Human Services Open Data Portal by ensuring that data is accurate and current every year.			
	6/30/18:			
Cardiovascular Disease Prevention Program		HP 2020 Objective: HDS-2 Coronary Heart Disease Deaths	Funded FFYs: 2014 - (ongoing) SFY 17/18 Spend Rate: __ tbd __	
Objective1: Provide subject-matter expertise and guidance relating to CVD.				
Between 07/2017 and 06/2018, CDPP staff will provide webinars to at least 20 HHC members. Webinars will provide information on emerging public health issues	12/31/17: Met. Provided webinars to 239 Healthy Hearts California (HHC) members. These webinars provided information on emerging public health issues to the HHC members.			
	6/30/18:			
Activity 1. Maintain statewide CVD alliance. Between 07/2017 and 06/2018, CDPP staff will maintain one HHC alliance, created to coordinate statewide stroke and heart disease control and prevention efforts. HHC provides support, technical assistance, resources, best practices, and a statewide forum for discussion relating to undiagnosed hypertension, hypertension, prediabetes, diabetes self-management, obesity, nutrition, and physical activity	12/31/17: Met. Maintained one HHC alliance, that coordinates statewide stroke and heart disease control and prevention efforts. Through this alliance, HHC provided technical assistance, resources, and a statewide forum for discussions relating to hypertension, prediabetes, diabetes obesity, nutrition, and physical activity. .			
	6/30/18:			
2. Host quarterly HHC Meetings. Between 07/2017 and 06/2018, CDPP staff will host and facilitate quarterly meetings via HHC. Meetings/webinars will provide support and information on emerging public health issues, such as the implementation of health systems interventions to improve the delivery and use of clinical and other preventive services through implementation of quality-improvement processes through electronic health records, health information exchange, team-based care, and strategic use of health systems quality measure data, resulting in improved health outcomes.	12/31/17: Met. Four meetings were held. These meetings provided a forum for a discussion on emerging public health issues and the implementation of health intervention through implementation of quality-improvement processes.			
	6/30/18:			
3. Conduct HHC annual evaluation and report. Between 07/2017 and 06/2018, CDPP staff will conduct one evaluation per year to track statewide and local activities, partnerships, coordination, and synergy among HHC membership. Evaluation results will be published in an annual report.	12/31/17: Met. Conducted one evaluation to track statewide and local activities among HHC membership. The evaluation results were published in an Annual Report.			
	6/30/18:			
4. Collect and analyze data on sodium awareness. Between 07/2017 and 06/2018, CDPP staff will purchase one question from California BRFSS to measure awareness of reducing sodium intake, to help prevent and control hypertension.	12/31/17: Met. Purchased one question from California BRFSS to measure awareness of reducing sodium intake, to help prevent and control hypertension.			
	6/30/18:			
Commodity-Specific Surveillance: Food and Drug Program		HP 2020 Objective: FS-2 Outbreak-Associated Infections Associated with Food Commodity Groups	Funded FFYs: 2015 - (ongoing) SFY 17/18 Spend Rate: __ tbd __	
Objective 1: Increase analysis of food commodities for microbial contamination.				
Between 07/2017 and 06/2018, FDB and Food and Drug Laboratory Branch (FDLB) staff will collect 850 samples of high-risk food commodities known to be susceptible to microbial contamination.	12/31/17: Not Met. Collected 775 samples of high-risk food commodities known to be susceptible to microbial contamination. Investigated the distribution of adulterated foods and took the necessary steps to ensure removal from commerce, decrease consumer exposure to contaminated foods, and reduced the risk of contracting food-borne illness.			
	6/30/18:			

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	6/30/18:			
1. Collect and evaluate high-risk food commodities for microbial contamination. Between 07/2017 and 06/2018, FDB and FDLB staff will collect and analyze approximately 850 samples of food commodities for microbial contamination. Microbial analysis will be conducted to isolate and serotype pathogens. Pulsed-field Gel Electrophoresis (PFGE) and/or Whole Genome Sequencing (WGS) may also be conducted on isolates to determine if they are linked to any reported illnesses.	12/31/17:	Met. Collected and analyzed 775 samples of food commodities for microbial contamination. Microbial analysis was conducted to isolate and serotype pathogens. Pulsed field Gel Electrophoresis (PFGE) and/or Whole Genome Sequencing (WGS) was also conducted on isolates to determine if they were linked to any reported illnesses.		
	6/30/18:			
2. Investigate processors to determine source and distribution of contaminated foods. Between 07/2017 and 06/2018, FDB staff will investigate all firms involved in the manufacture and distribution of foods identified with bacterial contamination, to determine the likely source of the contaminant and the distribution of the contaminated food(s) to ensure removal from commerce.	12/31/17:	Not Met. Collected 775 food samples including 395 ready-to-eat dips (salsa, spinach dip, hummus, etc.), 255 spices, and 125 powdered beverage mixes. The ready-to-eat dips were tested for Listeria monocytogenes and the spices and powdered beverage mixes were tested for Salmonella. FDLB reported all samples to date were negative for pathogens. Due to the negative findings FDB has not initiated any investigations of associated food manufacturers.		
	6/30/18:			
Ecosystem of Data Sharing/CDPH Interoperability Initiative		HP 2020 Objective: HC/HIT-11 Users of Health Information Technology	Funded FFYs: 2017 (new) SFY 17/18 Spend Rate: <u> </u> tbd <u> </u>	
Objective 1: Manage EODS system development and implementation activities.				
Between 07/2017 and 06/2018, EODS staff will develop one SOA-compliant messaging interface for the EODS initiative. EODS staff will also manage the research and evaluation of data virtualization technologies for adoption by the EODS initiative and CDPH.	12/31/17:	Not Met. Did not Develop a SOA-compliant messaging interface for the EODS initiative and did not manage the research and evaluation of data virtualization technologies.		
	6/30/18:			
1. Manage EODS system support and administrative functions. Between 07/2017 and 06/2018, EODS staff will provide managerial oversight of at least eight EODS-related system-development activities, including vendor management, technical requirements definition, system-configuration definition, service-level establishment, coordination with the Information Technology Services Division, and coordination with EODS program and project managers. This state oversight is required for the successful coordination and delivery of complex EODS service capabilities to the health-care community.	12/31/17:	Not Met. Provided managerial oversight of only four EODS-related system-development activities, including vendor management, technical requirements definition, system-configuration definition, service-level establishment, coordination with the Information Technology Services Division, and coordination with EODS program and project managers.		
	6/30/18:			
Health in All Policies		HP 2020 Objective: PA-15 Built Environment Policies	Funded FFYs: 2017 (new) SFY 17/18 Spend Rate: <u> </u> tbd <u> </u>	
Objective 1: Build public health capacity to promote and implement health equity.				
Between 07/2017 and 06/2018, OHE staff will conduct eight meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.	12/31/17:	Met. Conducted 11 meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.		
	6/30/18:			

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1. Build CDPH capacity to promote health and racial equity. Between 07/2017 and 06/2018, OHE staff will provide trainings or consultations to at least five CDPH programs or offices to: (1) build CDPH staffs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) understand and address the social determinants of health, including the built and social environment.	12/31/17:	Met. Provided trainings or consultations to six CDPH programs or offices to: (1) build CDPH staffs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) understand and address the social determinants of health, including the built and social environment.		
	6/30/18:			
2. Build LHD capacity to promote health and racial equity. Between 07/2017 and 06/2018, OHE staff will provide trainings or TA to at least three LHDs to: (1) build LHDs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) increase understanding of and address the social determinants of health, including the built and social environment.	12/31/17:	Met. Provided trainings or TA to four LHDs to: (1) build LHDs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) increase understanding of and address the social determinants of health, including the built and social environment		
	6/30/18:			
Objective 2: Conduct a public health and equity consultation.				
Between 07/2017 and 06/2018, OHE staff will conduct ten health and equity consultations to non-health agencies and departments to increase the capacity of staff from non-health agencies to understand the social determinants of health and health equity, including the built environment, and how their work can impact health equity.	12/31/17:	Met. Conducted 11 health and equity consultations to non-health agencies and departments to increase the capacity of staff from non-health agencies to understand the social determinants of health and health equity, including the built environment, and how their work can impact health equity.		
	6/30/18:			
1. Conduct health and equity consultations. Between 07/2017 and 06/2018, OHE staff, as health-equity experts, will work with staff from at least ten non-health agencies to help inform them about the social determinants of health, including the built and social environment and health equity.	12/31/17:	Met. Worked with staff from 15 non-health agencies to provide training on the social determinants of health, including the built and social environment and health equity.		
	6/30/18:			
Objective 3: Increase collaboration and integration of health and equity considerations.				
Between 07/2017 and 06/2018, OHE staff will implement ten health and equity considerations into non-health department policies, programs, or practices to impact the social determinants of health, including the built environment.	12/31/17:	Met. Implemented 10 health and equity considerations into non-health department policies, programs, or practices to impact the social determinants of health, including the built environment.		
	6/30/18:			
1. Increase health and equity considerations in non-health department grants. Between 07/2017 and 06/2018, through the Health in All Policies Task Force, OHE staff will partner with at least ten non-health agencies and departments to integrate health and equity consideration in at least four grants, such as the Caltrans Active Transportation Program Grant, the Strategic Growth Council's (SGC's) Affordable Housing and Sustainable Communities Grant program, the SGC's Transformative Climate Communities Grants, and the Natural Resources Urban Greening Grant Program.	9/30/17:	Met. Partnered with 10 non-health agencies and departments to integrate health and equity consideration in 4 grants, such as the Caltrans Active Transportation Program Grant, the Strategic Growth Council's (SGC's) Affordable Housing and Sustainable Communities Grant program, the SGC's Transformative Climate Communities Grants, and the Natural Resources Urban Greening Grant Program.		
	6/30/18:			
2. Increase health and equity considerations in non-health department guidance. Between 07/2017 and 06/2018, OHE staff, through the Health in All Policies Task Force, will partner with at least five non-health agencies and departments to integrate health and equity considerations in at least three guidance	12/31/17:	Met. Partnered with seven non-health agencies and departments to integrate health and equity considerations in 7 guidance documents (such as the Department of Education's Title V Guidelines, the Office of Planning and Research's General Plan Guidelines), and other guidance documents that impact the social determinants of health, including the built environment.		
	6/30/18:			

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documents (such as the Department of Education's Title V Guidelines, the 3. Develop Health in All Policies Action Plans Between 07/2017 and 06/2018, OHE staff, in partnership with the Health in All Policies Task Force, will develop three new multi-agency action plans that include commitments for more than ten departments, agencies, and offices to engage in cross-sectoral actions.	6/30/18:			
	12/31/17:	Met. Developed two multi-agency action plans that included commitments for 14 departments, agencies, and offices to engage in cross-sectoral actions.		
	6/30/18:			
Healthy People 2020 Program				
HP 2020 Objective: PHI-16 Public Health Agency Quality Improvement Program			Funded FFYs: 2017 (new) SFY 17/18 Spend Rate: __ tbd __	
Objective 1: Communicate Program Outcomes.				
Between 07/2017 and 06/2018, HPP 2020 staff will implement two communication strategies, to highlight the success of the PHHSBG-funded programs.	12/31/17:	Not Met. Implemented only one communication strategy, highlighting the success of PHHSBG-funded programs.		
	6/30/18:			
1. Publish Program Outcomes Report online. Between 07/2017 and 06/2018, HPP 2020 staff will publish one Program Outcomes Report on the CDPH website, to disseminate information to the public.	12/31/17:	Not Met. The Program Outcomes Report has been completed, but has not been posted online.		
	6/30/18:			
2. Distribute Program Outcomes Report to stakeholders. Between 07/2017 and 06/2018, HPP 2020 staff will distribute the Program Outcomes Report to at least ten stakeholders to disseminate information directly to stakeholders.	12/31/17:	Not Met. The Program Outcomes Report has not been disseminated to any stakeholders.		
	6/30/18:			
3. Publish Program Success Stories online. Between 07/2017 and 06/2018, HPP 2020 staff will publish at least ten success stories on the CDPH website, to disseminate information to the public.	12/31/17:	Not Met. Have not published any Success Stories on the CDPH website.		
	6/30/18:			
Objective 2: Develop and institute a QI process to improve PHHSBG Program Outcomes.				
1. Develop QI process. Between 07/2017 and 06/2018, HPP 2020 staff will: (1) review at least two QI methodology models and best practices; and (2) develop one QI process with procedures and timeline, to contribute to PHHSBG program evaluation.	12/31/17:	Not Met. Did not start the process of reviewing at least two QI methodology models and best practices, nor was the process of developing one QI process with procedures and timeline initiated.		
	6/30/18:			
2. Perform QI analysis of PHHSBG Program. Between 07/2017 and 06/2018, HPP 2020 staff will analyze one Program Outcomes Report. For programs that did not achieve objectives, at least one will be identified for a QI analysis, using the developed QI process to contribute to PHHSBG program evaluation and summarize the QI analysis.	12/31/17:	Not Met. Did not analyze one Program Outcomes Report. No program was identified for a QI analysis.		
	6/30/18:			
3. Assist PHHSBG program staff on QI process. Between 07/2017 and 06/2018, HPP 2020 staff will: (1) provide at least one TTA to PHHSBG program staff via e-mail, phone, or other communications, as appropriate; and (2) conduct at least one QI meeting to ensure QI process is understood.	12/31/17:	Not Met. No TTA was provided to PHHSBG program staff on QI process.		
	6/30/18:			
Objective 3: Track and report PHHSBG Program Outcomes to document progress and impact.				

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1. Collect Outcomes information from PHHSBG programs. Between 07/2017 and 06/2018, HPP 2020 staff will collect and document PHHSBG program outcomes once from all 26 funded programs, to assemble data for QI analyses.	12/31/17:	Met. Developed one report on Program Outcomes, to support PHHSBG program evaluation through analysis of met and unmet deliverables.		
	6/30/18:			
2. Develop a report on program outcomes. Between 07/2017 and 06/2018, HPP 2020 staff will write one comprehensive summary report, to document progress and impact.	12/31/17:	Met. Wrote a comprehensive summary report, to document progress and impact.		
	6/30/18:			
3. Provide TTA to staff submitting program outcomes information. Between 07/2017 and 06/2018, HPP 2020 staff will: (1) provide at least four ad hoc TTAs to PHHSBG program staff via e-mail, phone, and other communications as appropriate; and (2) conduct at least one TTA meeting for no less than 25% of PHHSBG-funded programs, to ensure continuous QI for PHHSBG programs.	12/31/17:	Met. Provided four ad hoc TTAs to PHHSBG program staff via e-mail, phone, and other communications as appropriate; and conducted 1 TTA meeting for 25% of PHHSBG-funded programs, to ensure continuous QI for		
	6/30/18:			
Intentional and Unintentional Injury Prevention				
HP 2020 Objective: IVP-1 Total Injury			Funded FFYs: 2017 (new) SFY 17/18 Spend Rate: <u> tbd </u>	
Objective 1: Increase availability of data on the spectrum of injuries and violence in California.				
Between 07/2017 and 06/2018, SACB Crash Medical Outcomes Data Project staff will provide update and maintain California injury and violence data to one EpiCenter online query-based website, using the most recent emergency department, hospital discharge, and death data available, to ensure 24/7 access to injury data.	12/31/17:	Met. Provided updated injury and violence surveillance data and technical assistance to 100 state and local injury prevention partners, the media and the general public.		
	6/30/18:			
1. Conduct EpiCenter TA consultations. Between 07/2017 and 06/2018, SACB staff will conduct 50 direct TA consultations regarding the use of EpiCenter and general injury and violence surveillance to injury-prevention partners, media, and the general public, to demonstrate the value of EpiCenter data for local planning and activities.	12/31/17:	Met. Conducted 100 direct Technical Assistance consultations regarding the use of EpiCenter and general injury and violence surveillance to injury-prevention partners, media, and the general public, to demonstrate the value of EpiCenter data for local planning and activities.		
	6/30/18:			
2. Convert data to the ICD-10-CM coding system. Between 07/2017 and 06/2018, SACB staff will convert two years of data for non-fatal injury surveillance causes and other variables to the ICD-10-CM coding system for data received on or after October 1, 2015, to ensure accuracy of injury data and identify and explain (dis)continuities.	12/31/17:	Not Met. Did not converted any data for non-fatal injury surveillance causes and other variables to the ICD-10-CM coding system.		
	6/30/18:			
Objective 2: Increase available data and information on ACEs.				
Between 07/2017 and 06/2018, SACB staff will publish one fact sheet on ACEs, based on data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) ACEs module, to make available updated ACEs data for state and local policy and program actions.	12/31/17:	Met. published three fact sheets on ACEs, based on data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) ACEs module, to make available updated ACEs data for state and local policy and program actions.		
	6/30/18:			

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1. Fund ACEs questions. Between 07/2017 and 06/2018, SACB staff will fund a set of eight questions on ACEs on the FY 17/18 BRFSS questionnaire, to create ongoing trend lines for ACEs composite scores across time and space.	12/31/17:	Met. Funded a set of eight questions on ACEs on the FY 17/18 BRFSS questionnaire, to create ongoing trend lines for ACEs composite scores across time and space.		
	6/30/18:			
2. Clean and prepare the 2015 BRFSS ACEs module data. Between 07/2017 and 06/2018, SACB staff will clean and prepare one 2015 BRFSS ACEs module data set, and conduct descriptive and multivariate analyses, to prepare the data for translation into actionable information.	12/31/17:	Met. Cleaned and prepared one 2015 BRFSS ACEs module data set, and conducted descriptive and multivariate analyses, to prepare the data for translation into actionable information.		
	6/30/18:			
3. Develop a fact sheet. Between 07/2017 and 06/2018, SACB staff will develop one fact sheet based on data from the 2015 BRFSS ACEs module, to make available to partners and the general public updated ACEs data for state and local policy and program actions.	12/31/17:	Met. Developed two fact sheet based on data from the 2015 BRFSS ACEs module, to make available to partners and the general public updated ACEs data for state and local policy and program actions.		
	6/30/18:			
Objective 3: Increase capacity to implement evidence-based, older-adult, fall-prevention programs.				
Between 07/2017 and 06/2018, SACB staff will conduct five planning and TA activities (e.g., in-person meetings and program consultations) for health care organizations and local entities, to support implementation of evidence-based, older-adult, fall-prevention programs.	12/31/17:	Not Met. Conducted only three planning and Technical Assistance activities for health care organizations and local entities, to support implementation of evidence-based, older-adult, fall-prevention programs.		
	6/30/18:			
1. Develop an action plan to integrate STEADI into a health care system. Between 07/2017 and 06/2018, SACB Older-Adult Fall-Prevention staff will develop one action plan to integrate STEADI screenings into one health care system's work-flow procedures and increase its practice of fall risk assessment.	12/31/17:	Not Met. Did not develop an action plan to integrate STEADI screenings into health care system's work-flow procedures.		
	6/30/18:			
2. Contribute expertise to California State Falls Coalition meetings. Between 07/2017 and 06/2018, SACB staff will contribute expertise to three meetings of the California State Falls Coalition, whose mission is to prevent falls in older adults by reducing fall risk, injuries, and hospitalizations associated with falls.	12/31/17:	Not Met. Contributed expertise to only one meetings of the California State Falls Coalition, whose mission is to prevent falls in older adults by reducing fall risk, injuries, and hospitalizations associated with falls.		
	6/30/18:			

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3. Conduct TA on fall-prevention programs and resources. Between 07/2017 and 06/2018, SACB staff will conduct 20 TA consultations to advise LHDs, community agencies, health care professionals, or members of the public, via telephone or e-mail, on availability of fall-prevention programs and resources.	12/31/17: Met. Conducted 22 Technical Assistance consultations to advise Local Health Departments, community agencies, health care professionals, or members of the public, via telephone or e-mail.	6/30/18:		
4. Support local or regional informational activities. Between 07/2017 and 06/2018, SACB staff will fund one local or regional activity that provides information on fall-prevention best practices, programs, and resources to LHDs, community agencies, or health care professionals.	12/31/17: Not Met. Did not fund any local or regional activity that provides information on fall-prevention best practices, programs, and resources to LHDs, community agencies, or health care professionals.	6/30/18:		
5. Research ongoing grants and funding partnerships. Between 07/2017 and 06/2018, SACB staff will research two funding opportunities, including grants and funding partnerships, to support local agencies in implementing evidence-based fall-prevention programs (e.g., Stepping On and Tai Chi: Moving for Better Balance).	12/31/17: Not Met. Researched only one funding opportunity, to support local agencies in implementing evidence-based fall-prevention programs (e.g., Stepping On and Tai Chi: Moving for Better Balance).	6/30/18:		
Objective 4: Increase capacity to implement unintentional childhood injury-prevention programs.				
Between 07/2017 and 06/2018, SACB staff will conduct five TA and training activities (e.g., webinars, quarterly e-mails), to build the capacity of Kids' Plates Program grantees and local entities to implement and evaluate evidence-based unintentional childhood injury-prevention programs.	12/31/17: Not Met. Did not conduct any Technical Assistance and training activities, to build the capacity of Kids' Plates Program grantees and local entities to implement and evaluate evidence-based unintentional childhood injury-prevention programs.	6/30/18:		
1. Conduct webinars on unintentional childhood injury-prevention topics. Between 07/2017 and 06/2018, SACB staff will conduct five webinars on unintentional childhood injury-prevention topics, to educate Kids' Plates grantees, injury-prevention coalitions, local health departments (LHDs), and advocates on the risks to the public and intervention strategies to address these risks.	12/31/17: Not Met. Did not conduct Webinars on unintentional childhood injury-prevention topics, to educate Kids' Plates grantees, injury-prevention coalitions, local health departments (LHDs), and advocates on the risks to the public and intervention strategies to address these risks.	6/30/18:		
2. Develop and distribute quarterly e-mail updates. Between 07/2017 and 06/2018, SACB staff will develop and distribute quarterly e-mail updates on unintentional childhood injury-prevention topics to Kids' Plates Program grantees and interested parties, to provide information on research, resources, and educational opportunities.	12/31/17: Not Met. Did not develop quarterly updates on childhood injury prevention topics.	6/30/18:		
3. Develop and maintain a web page on the CDPH website. Between 07/2017 and 06/2018, SACB staff will develop and maintain one web page on the CDPH website on unintentional childhood injury-prevention topics	12/31/17: Met. Developed and maintained one Web Page on the CDPH website on unintentional childhood injury-prevention topics and resources.			

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and resources, for use by Kids' Plates Program grantees and other interested parties.	6/30/18:			
4. Conduct regional meetings. Between 07/2017 and 06/2018, SACB staff will conduct two regional meetings with Kids' Plates Program grantees and interested parties to share best practices and resources on the implementation of their local programs, to increase effectiveness of unintentional childhood injury-prevention, evidence-based programs.	12/31/17:	Not Met. Conducted no regional meetings with Kids' Plates Program grantees and interested parties.		
	6/30/18:			
5. Conduct TA consultations. Between 07/2017 and 06/2018, SACB staff will conduct 50 TA consultations with Kids' Plates Program grantees and interested parties, via telephone or e-mail, on available unintentional childhood injury-prevention best practices, evidence-based programs, and resources, to increase program effectiveness at the local level.	12/31/17:	Not Met. Conducted only 25 Technical Assistance consultations with Kids' Plates Program grantees and interested parties.		
	6/30/18:			
Objective 5: Increase data capacity of LHDs or other traffic-safety partners.				
Between 07/2017 and 06/2018, SACB Crash Medical Outcomes Data Project staff will conduct at least six TA and training activities to build the capacity of LHDs and other traffic-safety partners to expand data-centric efforts to reduce traffic crashes and injuries.	12/31/17:	Met. Conducted six Technical Assistance and training activities to build the capacity of Local Health Departments and other traffic-safety partners to expand data-centric efforts to reduce traffic crashes and injuries.		
	6/30/18:			
1. Conduct trainings or webinars. Between 07/2017 and 06/2018, SACB staff will conduct two trainings or webinars on increasing availability and use of actionable traffic-safety data for LHDs or traffic-safety partners.	12/31/17:	Met. Conducted three trainings or webinars on increasing availability and use of actionable traffic-safety data for LHDs or traffic-safety partners.		
	6/30/18:			
2. Conduct TA for LHDs. Between 07/2017 and 06/2018, SACB staff will conduct two in-depth TA and data-support consultations for LHDs on traffic-injury problems and prevention approaches.	12/31/17:	Met. Conducted two in-depth Technical Assistance and data-support consultations for Local Health Departments on traffic-injury problems and prevention approaches.		
	6/30/18:			
3. Conduct TA for traffic-safety partners. Between 07/2017 and 06/2018, SACB staff will conduct two in-depth TA and data-support consultations for traffic-safety partners (e.g., Emergency Medical Services Authority), to improve data quality, completeness, and timeliness.	12/31/17:	Met. Conducted two in-depth Technical Assistance and data-support consultations for traffic-safety partners (e.g., Emergency Medical Services Authority), to improve data quality, completeness, and timeliness.		
	6/30/18:			

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Services Authority), to improve data quality, completeness, and timeliness.		6/30/18:		
Obesity Prevention for Californians		HP 2020 Objective: NWS-10 Obesity in Children and Adolescents	Funded FFYs: 2017 (new) SFY 17/18 Spend Rate: <u> </u> tbd <u> </u>	
Objective 1: Advance education and prevention policy.				
Between 07/2017 and 06/2018, NEOPB staff will maintain at least ten educational opportunities, resources, and TA on evidence-based and evidence-informed strategies to at least ten partners statewide to support the advancement of nutrition education and obesity-prevention policy, systems, and environmental (PSE) changes to reduce the incidence of obesity and chronic disease in California.	12/31/17:	Not Met. Provided only seven webinars and trainings to partners statewide.		
	6/30/18:			
1. Develop policy-inventory infrastructure. Between 07/2017 and 06/2018, NEOPB staff will create one online infrastructure of existing organizational and legislative policies related to obesity prevention, nutrition, and physical activity among local California jurisdictions.	12/31/17:	Not Met. Did not create any online infrastructure of existing organizational and legislative policies related to obesity prevention, nutrition, and physical activity among local California jurisdictions.		
	6/30/18:			
2. Collect and analyze statewide data for policy recommendations. Between 07/2017 and 06/2018, NEOPB staff will purchase more than 70 assessment/survey questions to focus on sugar-sweetened beverage consumption, school health, and the California Fit Business Kit.	12/31/17:	Not Met. Did not purchase the 70 assessment/ survey questions.		
	6/30/18:			
Objective 2: Coordinate healthy eating, physical activity, and food-security activities with partners.				
Between 07/2017 and 06/2018, NEOPB staff will maintain at least five partnerships with internal and external partners to coordinate state and local efforts in the priority focus areas of food and beverages, physical activity, and food security, to reduce the prevalence of obesity in California.	12/31/17:	Met. Maintained five partnerships with internal and external partners to coordinate state and local efforts in the priority focus areas of food and beverages, physical activity, and food security, to reduce the prevalence of obesity in California.		
	6/30/18:			
1. Develop relationships with nontraditional partners. Between 07/2017 and 06/2018, NEOPB staff will work with one partner, Google Government Division, to identify social media influencers/celebrities that have adopted key messages related to obesity prevention, including: (1) limiting unhealthy foods and beverages; (2) promoting healthy eating; and (3) promoting physical activity.	12/31/17:	Not Met. Worked with one partner to identify social media influencers/celebrities that have adopted key messages related to obesity prevention.		
	6/30/18:			
2. Promote physical activity in early childhood and school settings. Between 07/2017 and 06/2018, NEOPB staff will: (1) provide policy-related and programmatic technical assistance (TA) on physical-activity promotion efforts to	12/31/17:	Not Met. Did not provide technical assistance to five schools relating to promoting physical activity.		
	6/30/18:			

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five to ten early childhood, school, and after-school settings. This will include adults within the context of supporting youth activity; and (2) provide TA, best practices, and guidance in safe and active transportation through PSE change strategies.	6/30/18:			
3. Plan the Childhood Obesity Conference. Between 07/2017 and 06/2018, NEOPB staff will continue to plan and coordinate one biennial conference with long-standing partners: The California Endowment, Kaiser Permanente, University of California Nutrition Policy Institute, and the California Department of Education, to implement this highly visible, nationally recognized conference.	12/31/17:	Met. Planned and coordinated one biennial conference with long-standing partners.		
	6/30/18:			
Partnering to Reduce Preventable Nonfatal Work-Related Injuries				
HP 2020 Objective: OSH-2 Nonfatal Work-Related Injuries			Funded FFYs: 2017 (new) SFY 17/18 Spend Rate: <u> tbd </u>	
Objective 1: Identify hazards in industries at high risk of serious work-related injuries.				
Between 07/2017 and 06/2018, OHB staff will identify five industries and perform worksite investigations to assess injury hazards and make recommendations for prevention that can be disseminated to employers and employees to prevent similar incidents.	12/31/17:	Not Met. Did not identify any industries, nor were worksite investigations performed to assess injury hazards and to make recommendations to employers and employees to prevent similar incidents.		
	6/30/18:			
1. Review and select industries for investigation. Between 07/2017 and 06/2018, OHB staff will use the BLS SOII and other data sources (such as workers-compensation claims data), to select five industries with high rates and/or numbers of cases of lost-time work-related injuries for targeting worksite investigations.	12/31/17:	Not Met. Did not select five industries with high rates and/or numbers of cases of lost-time work-related injuries for targeting worksite investigations.		
	6/30/18:			
2. Conduct worksite investigations. Between 07/2017 and 06/2018, OHB staff will conduct five worksite investigations (one per selected high-risk industry) that involve meeting with employers, workers, witnesses, and health and safety professionals at the worksites where injuries have occurred; assessing workplace injury hazards and control measures; reviewing written safety and training materials; obtaining related documents on equipment design; and producing an investigation report containing at least three prevention recommendations per investigation that will be shared with employers and employees.	12/31/17:	Not Met. Did not conduct any worksite investigations.		
	6/30/18:			
Objective 2: Implement interventions to reduce injuries in selected high-risk industries.				
Between 07/2017 and 06/2018, OHB staff will identify five industry-specific educational interventions aimed at reducing serious work-related injuries by working with partners to develop and disseminate best practices and prevention recommendations.	12/31/17:	Not Met. Did not identify any industry-specific educational interventions aimed at reducing serious work-related injuries.		
	6/30/18:			
1. Identify partner organizations for each selected high-risk industry. Between 07/2017 and 06/2018, OHB staff will identify at least five trade associations, labor unions, worker advocacy organizations, government agencies, and others with access to and/or knowledge of the selected high-risk industries willing to partner on development and implementation of interventions aimed at reducing injuries.	12/31/17:	Not Met. Identified only four trade associations, labor unions, worker advocacy organizations, and government agencies with access to and/or knowledge of the selected high-risk industries willing to partner on development and implementation of interventions aimed at reducing injuries.		
	6/30/18:			

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2. Convene industry stakeholders. Between 07/2017 and 06/2018, OHB staff will convene at least five meetings and/or phone calls with industry partners/stakeholders, to obtain technical input and review of prevention recommendations, share industry best practices and recommendations for prevention, and plan for educational interventions in selected high-risk industries.	12/31/17: Not Met. Did not convene any meetings and/or phone calls with industry partners/stakeholders, to obtain technical input and review of prevention recommendations, share industry best practices and recommendations for prevention, and plan for educational interventions in selected high-risk industries.	6/30/18:		
3. Provide educational webinars and trainings. Between 07/2017 and 06/2018, OHB staff will work with partners to host five injury-prevention webinars designed for employers in the selected high-risk industries and will provide five on-site trainings for workers at the worksites where injury investigations were conducted. Educational activities will share case studies of injury incidents and preventable risk factors, industry best practices, and practical and feasible methods for preventing future incidents.	12/31/17: Not Met. Did not host any webinars designed for employers in the selected high-risk industries and provided no on-site trainings for workers at the worksites where injury investigations were conducted.	6/30/18:		
4. Participate in industry meetings and other educational venues. Between 07/2017 and 06/2018, OHB staff will participate in up to five industry meetings and other educational venues, as available, to continue to provide technical consultation and scientific expertise on best practices to prevent serious work-related injuries within selected high-risk industries.	12/31/17: Not Met. Did not participate in any industry meetings or other educational venues, to continue to provide technical consultation and scientific expertise on best practices to prevent serious work-related injuries.	6/30/18:		

Preventive Medicine Residency Program *HP 2020 Objective: PHI-1 Competencies for Public Health Professionals* *Funded FFYs: ≤2009 - (ongoing) SFY 17/18 Spend Rate: __tbd__*

Objective 1: Increase the number of trainees who gain Preventive Medicine and Applied Epidemiology competencies.

Between 07/2017 and 06/2018, PMRP/Cal-EIS staff will increase the number of trainees who, over the course of their training period, have satisfactorily achieved moderate or high competency in American College of Preventive Medicine (ACPM)/ACGME or CSTE competencies, by working in local or state public health agency programs or community-based settings and/or completing academic coursework, from 114 Residents and 157 Fellows to 175.	12/31/17: Met. Increased the number of trainees who have satisfactorily achieved moderate or high competency in American College of Preventive Medicine (ACPM)/ACGME or CSTE competencies, by working in local or state public health agency programs or community-based settings and/or completing academic coursework, from 114 Residents and 157 Fellows to 175.	6/30/18:		
1. Recruit and interview applicants for PMRP and Cal EIS Fellowships. Between 07/2017 and 06/2018, PMRP/Cal-EIS staff will recruit and interview at least six PMRP applicants and 26 Cal-EIS applicants. The competitive recruitment and selection process includes distributing PMRP and Cal-EIS information to schools of public health, residency programs, and LHDs; and posting on various websites, such as FREIDA Online, Electronic Residency Application Service (ERAS), and Public Health Employment Connection. Applications from this pool will be reviewed by the PMRP and Cal-EIS Advisory Committees, and top candidates will be selected for interview.	12/31/17: Met. Recruited and interviewed 8 PMRP applicants and 26 Cal-EIS applicants.	6/30/18:		
2. Place trainees for a public health training experience. Between 07/2017 and 06/2018, PMRP/Cal-EIS staff will train at least 15 individuals (at least 12 Cal-EIS trainees to achieve CSTE competencies and at least three Residents to meet ACPM/ACGME competencies). Experienced preceptors mentor and guide trainees to meet competencies through applied state and local public health experiences, training required for the State's public health workforce.	12/31/17: Met. Trained 21 individuals 18 Cal-EIS trainees to achieve CSTE competencies and 3 Residents to meet ACPM/ACGME competencies.	6/30/18:		
3. Develop and implement public health practice curriculum. Between 07/2017 and 06/2018, PMRP/Cal-EIS staff will conduct at least 14	12/31/17: Met. Conducted 18 public health/preventive-medicine (PM) seminars for PMRP and Cal-EIS trainees. These bimonthly PM seminars address ACPM/ACGME or CSTE competencies and provide trainees with insights and resources on			

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public health/preventive-medicine (PM) seminars for PMRP and Cal-EIS trainees. These bimonthly PM seminars address ACPM/ACGME or CSTE competencies and provide trainees with insights and resources on public health practice, epidemiologic investigation procedures, and other processes that prepare trainees to enter the public health workforce.		6/30/18:		
Public Health 2035 Capacity-Building Activities		HP 2020 Objective: PHI-15 Health Improvement Plans	Funded FFYs: 2017 (new) SFY 17/18 Spend Rate: __tbd__	
Objective 1: Build capacity within CDPH to conduct health-economic evaluations.				
Between 07/2017 and 06/2018, Dr. Michael Samuel, the FC Senior Data Scientist, will develop one CDPH Economic-Analysis Plan that includes: (1) purpose/background section; (2) prioritization process for conducting CDPH Economic Analyses; and (3) resource tool kit.		12/31/17: Met. Developed one CDPH Economic-Analysis Plan that includes: (1) purpose/background section; (2) prioritization process for conducting CDPH Economic Analyses; and (3) resource tool kit.		
		6/30/18:		
1. Convene the Health-Economics Think Tank. Between 07/2017 and 06/2018, Dr. Samuel will continue to convene the bimonthly Health-Economics Think Tank, founded in September 2016, to maximize expertise and resources within CDPH with an overarching goal of innovating the measures by which CDPH traditionally evaluates public health and health care systems. The Think Tank will identify internal capacity and resources and catalogue best practices and methods.		12/31/17: Met. Convened the bimonthly Health-Economics Think Tank, to maximize expertise and resources within CDPH with an overarching goal of innovating the measures by which CDPH traditionally evaluates public health and health care systems. The Think Tank identified internal capacity and resources and catalogued best practices and methods.		
		6/30/18:		
2. Develop economic-evaluation best practices and supporting tools. Between 07/2017 and 06/2018, Dr. Samuel will collaborate with the Think Tank to identify and develop best-practice tools and data for public health economic analyses, including the use of epidemiological data and population health outcomes and measures of health equity, social determinants, and other health and non-health related factors.		12/31/17: Met. Collaborated with the Think Tank to identify and develop best-practice tools and data for public health economic analyses, including the use of epidemiological data and population health outcomes and measures of health equity, social determinants, and other health and non-health related factors.		
Identification of tools and data will include assessment of and focus on "place-based" programs and impact. The tools will include one readiness assessment and one comprehensive literature review—an interactive web application that can monitor the cost of indicators.		6/30/18:		
3. Develop a Public Health Economic-Analysis Framework for CDPH. Between 07/2017 and 06/2018, Dr. Samuel will collaborate with the Think Tank to design one Public Health Economic-Analysis Framework/Plan, to ensure that economic evaluation becomes a valued tool throughout CDPH, to be used systematically in policy and program decision-making and resource allocation. This framework will be used by staff specializing in economic analysis to conduct economic evaluations (e.g., cost benefit, return on investment, cost utility) on a wide range of CDPH interventions and programs.		12/31/17: Met. Collaborated with Think Tank, resulting in the design of one Public Health Economic-Analysis Framework/Plan, to ensure that economic evaluation becomes a valued tool throughout CDPH.		
		6/30/18:		
Objective 2: Establish proactive leadership on emerging issues.				
Between 07/2017 and 06/2018, FC staff will develop one "Emerging Issues" Toolkit for statewide implementation. No framework to guide health departments through the process of swiftly and proactively addressing emerging issues exists. A proactive, rather than reactive, approach can prevent future harm and financial waste.		12/31/17: Met. Developed an "Emerging Issues" Toolkit for statewide implementation. No framework to guide health departments through the process of swiftly and proactively addressing emerging issues exists. A proactive, rather than reactive, approach can prevent future harm and financial waste.		
The Toolkit will: (1) be based on the experience of two emerging-issue pilot projects implemented within the department (opioid overdose prevention and violence prevention); (2) outline the steps in the CDPH Emerging Issue				

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Process, including frameworks, templates, and resources to support each step; and (3) be tested through an internal pilot process. Once finalized, FC staff will host internal-development trainings on the Toolkit. Effectiveness will be measured: (1) via participant/stakeholder surveys; and (2) over subsequent years, through successful implementation of the Toolkit.	6/30/18:			
1. Develop an Emerging Issues Toolkit. Between 07/2017 and 06/2018, FC staff will collaborate with extenders in the Information Technology Services Division (ITSD) on design and configuration of one Toolkit as a digital resource accessible through the SharePoint platform. Developing this Toolkit will: (1) document lessons learned and provide a roadmap for two project teams addressing future topics; and (2) assemble useful tools to support expanded department engagement in proactively and effectively addressing emerging issues.	12/31/17:	Met. Collaborated with extenders in the Information Technology Services Division (ITSD) on design and configuration of one Toolkit as a digital resource accessible through the SharePoint platform. Developing this Toolkit: (1) documented lessons learned and provide a roadmap for 6 project teams addressing future topics; and (2) assembled useful tools to support expanded department engagement in proactively and effectively addressing emerging issues.		
	6/30/18:			
2. Pilot the Emerging Issues Toolkit. Between 07/2017 and 06/2018, FC staff will: (1) identify one internal project team to pilot the initial draft of the Toolkit on an identified issue; and (2) work with the project team to apply one emerging-issue process using the Toolkit. Throughout implementation, and at the end of the initial assessment process, team members will be asked to: (1) provide feedback on the process steps and resources; and (2) document lessons learned from the pilot implementation and incorporate feedback into one revised Toolkit prior to wider dissemination.	12/31/17:	Met. Identified six internal project teams to pilot the initial draft of the Toolkit on an identified issue, either for the assessment or implementation phase of a project; (2) worked with the project team to apply six emerging-issue process using the Toolkit, targeted to the project team's stage of activity.		
	6/30/18:			
3. Provide training on the Toolkit. Between 07/2017 and 06/2018, FC staff will provide two training sessions on the Emerging Issue Toolkit, one for internal CDPH audiences and one for local health-jurisdiction partners. General trainings may be provided via group meeting and/or webinar. Applied trainings and technical assistance (TA) may also be provided for project teams implementing the process for specific issues. All trainees will be asked to provide feedback on opportunities to improve the materials and format or add to the suite of resources available. By establishing the Toolkit in a digital format, continuous feedback can be used to increase the relevance and effectiveness of these tools for use by public health programs.	12/31/17:	Met. Provided five training sessions on the Emerging Issue Toolkit, three were for internal CDPH audiences and two were for local health-jurisdiction partners. General trainings were provided via group meeting and/or webinar. Applied trainings and technical assistance (TA) were also provided for project teams implementing the process for specific issues.		
	6/30/18:			
Objective 3: Increase cross-sector and cross-center collaboration around shared priorities.				
Between 07/2017 and 06/2018, FC staff will conduct two enhancement activities to support the LGHC initiative focused on the website and engagement plan to: (1) expand alignment with community needs and existing efforts; (2) increase engagement with stakeholders; and (3) continue sustainment over the next five years.	12/31/17:	Met. Conducted two enhancement activities that support the Lets Get Healthy California initiative focused on the website and engagement plan to: (1) expand alignment with community needs and existing efforts; (2) increase engagement with stakeholders; and (3) continue sustainment over the next five years.		
	6/30/18:			

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1. Maintain and update the LGHC website and dashboard. Between 07/2017 and 06/2018, FC staff will continue to oversee the ongoing maintenance and hosting of one LGHC website and interactive dashboard, which serves as a dynamic repository of indicator data, change strategies, and success stories. Updates will include: (1) data and major content upgrades; and (2) new data indicators and interactive tools.	12/31/17:	Met. Continued to oversee the maintenance and hosting of one LGHC website and interactive dashboard, which serves as a dynamic repository of indicator data, change strategies, and success stories.		
This work is driven by collaborations across teams comprised of subject-matter experts from state government, vendors, and nonprofit foundations/associations.	6/30/18:			
2. Implement a strategic LGHC community-engagement plan. Between 07/2017 and 06/2018, FC staff will: (1) develop and implement one community-engagement plan to promote and track local and state efforts highlighted within the LGHC framework; (2) incorporate feedback from partners, such as the LGHC Innovation Challenge applicants, the planning committee for the 2017 Innovation Conference; (3) identify priority indicators that could benefit from enhanced collaboration; and (4) find meaningful ways of interacting with internal and external audiences to advance LGHC and the PH 2035 framework.	9/30/17:	Met. Developed and implemented one community-engagement plan to promote and track local and state efforts highlighted within the LGHC framework. We then incorporated feedback from partners and identified priority indicators that could benefit from enhanced collaboration. Found meaningful ways of interacting with internal and external audiences to advance LGHC and the PH 2035 framework.		
	6/30/18:			
Objective 4: Prepare workforce for evolving role of public health.				
Between 07/2017 and 06/2018, FC staff will implement three workforce-engagement strategies and TA to empower employees to embrace CDPH's PH 2035 framework and the U.S. Department of Health and Human Services (DHHS) Public Health 3.0 vision, which calls on public health departments to embrace their role as strategists and encourages leadership to create a center housed within the department dedicated specifically to: (1) external relations; (2) internal cross-sector collaboration; (3) strategic development; and (4) community engagement.	12/31/17:	Met. Implemented three workforce-engagement strategies and Technical Assistance to empower employees to embrace CDPH's PH 2035 framework and the U.S. Department of Health and Human Services (DHHS) Public Health 3.0 vision, which calls on public health departments to embrace their role as strategists and encourages leadership to create a center housed within the department dedicated specifically to: (1) external relations; (2) internal cross-sector collaboration; (3) strategic development; and (4) community engagement.		
As an early adopter of this model, CDPH in 2015 created FC, which serves as an innovative hub to explore, research, and implement department-wide strategies to empower employees to embrace the evolving role of public health. FC staff will measure the effectiveness of these strategies by: (1) tracking how often resources are accessed via the CDPH Intranet; (2) participation in events; (3) staff surveys; and (4) direct input from program directors and external partners.	6/30/18:			
1. Create a PH 2035 communications and engagement plan. Between 07/2017 and 06/2018, FC staff will develop one communications and engagement plan to align the FC workforce with the LGHC and PH 2035 framework. The plan will target internal public health staff and encourage them to engage with PH 2035 resources. These resources will encourage staff to adopt new, innovative approaches to business and program management.	12/31/17:	Met. Developed 1 communications and engagement plan to align the FC workforce with the LGHC and PH 2035 framework.		
	6/30/18:			
2. Develop PH 2035 resources. Between 07/2017 and 06/2018, FC staff will: (1) develop new modes of communicating and engaging with staff regarding the four pillars of PH 2035: evaluation, strategic partnerships, workforce, and leadership; and (2) create quarterly newsletters, podcasts, and learning sessions sharing real-world examples illustrative of PH 2035 core principles	12/31/17:	Met. Developed new modes of communicating and engaging with staff regarding the 4 pillars of PH 2035: evaluation, strategic partnerships, workforce, and leadership; and (2) created 1 newsletters, 2 podcasts, and 5 learning sessions sharing real-world examples illustrative of PH 2035 core principles.		

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6/30/18: This communications platform will encourage staff to: (1) explore new ways of operating teams and programs; and (2) provide tools and resources.				
3. Coordinate town halls and podcasts with leadership. Between 07/2017 and 06/2018, FC staff will facilitate two town halls and two podcasts with CDPH and California Health and Human Services Agency leadership to keep staff apprised of important Affordable Care Act legislative changes and activities that impact their personal and program-level work, allowing them to make the necessary policy, program, and budget decisions for projects and programs.	12/31/17:	Met. Facilitated 3 town halls and 2 podcasts with CDPH and California Health and Human Services Agency leadership to keep staff apprised of important Affordable Care Act legislative changes and activities that impact their personal and program-level work, allowing them to make the necessary policy, program, and budget decisions for projects and programs.		
	6/30/18:			
4. Provide Accountable Communities for Health with TA. Between 07/2017 and 06/2018, FC staff will provide TA, as needed, to one California Accountable Communities for Health Initiative (CACHI), such as evaluation and data-sharing guidance. CACHI is innovating the way community and clinical services can strengthen partnerships to address the social determinants of health. FC staff will meet quarterly with CACHI to provide input and feedback on the initiative and activities within pilot Accountable Communities for Health sites.	12/31/17:	Met. Provided TA, as needed, to 3 California Accountable Communities for Health Initiative (CACHI), such as evaluation and data-sharing guidance. CACHI is innovating the way community and clinical services can strengthen partnerships to address the social determinants of health. FC staff met 4 times with CACHI to provide input and feedback on the initiative and activities within pilot Accountable Communities for Health sites.		
	6/30/18:			
Public Health Accreditation HP 2020 Objective: PHI-17 Accredited Public Health Agencies Funded FFYs: 2017 (new) SFY 17/18 Spend Rate: <u> tbd </u>				
Objective 1: Provide financial assistance.				
Between 07/2017 and 06/2018, OQPA Public Health Accreditation program staff will provide financial assistance to increase accreditation readiness to at least one local and/or tribal public health agency, to improve capacity to prepare for national public health accreditation.	12/31/17:	Not Met. Did not provided financial assistance to any tribal, or any public health agency to improve capacity to prepare for national public health accreditation.		
	6/30/18:			
1. Establish and administer a mini-grant program. Between 07/2017 and 06/2018, OQPA Public Health Accreditation program staff will establish one CDPH Public Health Accreditation Mini-Grant Program for California's local and/or tribal public health agencies to apply for accreditation readiness financial assistance. A mini-grant may be used to support development of accreditation-related activities, such as community health assessment and improvement planning, workforce development, QI, strategic planning, and/or performance management.	12/31/17:	Not Met. Did not establish a Public Health Accreditation Mini-Grant Program for California's local and/or tribal public health agencies.		
	6/30/18:			
Rape Prevention Program HP 2020 Objective: IVP-40 Sexual Violence (Rape Prevention) Funded FFYs: ≤2009 - 2017 (ongoing) SFY 17/18 Spend Rate: <u> tbd </u>				
Objective 1: Address the community and/or societal levels of the social-ecological model.				
Between 07/2017 and 06/2018, SACB staff will increase the number of local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators that address the community	12/31/17:	Met. Increased the number of local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators.		

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and/or societal level of the social-ecological model (SEM) from two [RPE Annual Data Report, 2015–16] to four.	6/30/18:			
1. Assess sexual-violence risk and protective factors that RCCs address. Between 07/2017 and 06/2018, Rape Prevention staff will conduct assessments with six RCCs to determine to what extent they are implementing sexual-offense prevention programs addressing community- and/or societal-level risk and protective factors.	12/31/17:	Met. Conducted assessments with six RCCs to determine to what extent they are implementing sexual-offense prevention programs addressing community- and/or societal-level risk and protective factors.		
	6/30/18:			
2. Increase knowledge and skills of RCCs to utilize a public health approach. Between 07/2017 and 06/2018, Rape Prevention staff will conduct a minimum of four educational activities to enhance the knowledge and skills of staff from six RCCs to conduct sexual-offense (rape) prevention programs that address the community and/or societal levels of the SEM.	12/31/17:	Met. Conducted four educational activities to enhance the knowledge and skills of staff from 6 RCCs to conduct sexual-offense (rape) prevention programs.		
	6/30/18:			
3. Fund sexual-offense prevention programs. Between 07/2017 and 06/2018, Rape Prevention Program staff will fund six local RCCs to conduct sexual-offense prevention programs that address the community and/or societal levels of the SEM.	12/31/17:	Met. Funded 6 local RCCs to conduct sexual-offense prevention programs that address the community and/or societal levels of the SEM.		
	6/30/18:			
Receptor Binding Assay for Paralytic Shellfish Poisoning Control <i>HP 2020 Objective: EH-22 Monitoring Diseases Caused by Exposure to Environmental Hazards</i> <i>Funded FFYs: ≤2015 - (ongoing) SFY 17/18 Spend Rate: __tbd__</i>				
Objective 1: Create a template for the use of the RBA for routine regulatory testing in California.				
Between 07/2017 and 06/2018, RBA for PSP Control staff will develop one framework and template for use of the RBA for regulatory testing in California. This will consist of complete SOPs for all procedures as well as procedures to determine the suitability of the reagents, and data characterizing RBA method performance. The greater sensitivity and higher throughput of the RBA compared to the MBA has the potential to reduce risk of illness due to food-borne intoxication.	12/31/17:	Not Met. Did not develop one framework and template for use of the RBA for regulatory testing in California.		
	6/30/18:			
1. Develop RBA SOPs for determination of PSP toxins in oysters. Between 07/2017 and 06/2018, RBA for PSP Control staff will generate one detailed SOPs document for the determination of PSP toxins in oysters using the RBA. This document will finalize improvements to the testing protocol and incorporate best practices for quality control and results reporting as required by the Interstate Shellfish Sanitation Conference (ISSC) for regulatory testing of commercial shellfish. These will include: (1) starting extract dilutions; (2) trigger	12/31/17:	Not Met. Did not generate a detailed SOPs document for the determination of PSP toxins in oysters using the RBA.		

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levels for subsequent dilutions; and (3) retesting and quality controls required. Specifications and acceptance checklist protocol for the tritiated-STX (3H-STX) will be included. These parameters must include: (1) hillslope; (2) IC50; (3) percent recovery of 3 nM STX cold spike; and (4) percent recovery of QC80 tissue spike.	6/30/18:			
2. Test all shellfish samples submitted to CDPH using the RBA. Between 07/2017 and 06/2018, RBA for PSP Control staff will analyze all shellfish samples received by CDPH for PSP-toxin testing by the RBA and the MBA for one calendar year. It is necessary to test samples with both methods to establish that the results generated from the two tests are comparable. This side-by-side testing needs to be conducted for a full year to characterize method performance in varying environmental conditions.	12/31/17:	Met. Analyzed all shellfish samples received by CDPH for PSP-toxin testing by the RBA and the MBA for one calendar year.		
Samples will be pre-screened using a qualitative immuno-test; only positive samples will be tested by RBA and MBA. This testing will establish whether the sample-processing and data-analysis time required for the RBA allow for timely results reporting (important for public safety and commercial interests).	6/30/18:			
Through all of 2016, 150 positive samples were collected. These samples have been extracted and are currently stored at -20°C				
3. Analyze archived shellfish samples from historic blooms and various locations. Between 07/2017 and 06/2018, RBA for PSP Control staff will analyze 255 archived (collected since August 2009) shellfish samples for STX equivalence by RBA.	12/31/17:	Met. Analyzed 21 archived shellfish samples for STX equivalence by RBA.		
It is necessary to analyze samples from historic blooms to: (1) establish that the results provided by the two assays are similar; and (2) demonstrate that the RBA is as protective of public health as the MBA before adopting the new method for surveillance. Bloom species and toxin profiles may differ.	6/30/18:			
4. Develop an alternative RBA analysis. Between 07/2017 and 06/2018, RBA for PSP Control staff will develop one novel STX testing method based on the RBA with liquid chromatography-mass spectrometry (LC-MS detection) and using a 15N-labeled STX substrate rather than 3H-STX. This alternative method would be a usable alternative should the 3H-STX ligand not be available commercially, as staff has experienced recently.	9/30/17:	Not Met. Did not develop any novel STX testing method based on the RBA with liquid chromatography-mass spectrometry (LC-MS detection) and using a 15N-labeled STX substrate rather than 3H-STX.		
	6/30/18:			
5. Determine performance characteristics of the MBA for STX in shellfish. Between 07/2017 and 06/2018, RBA for PSP Control staff will determine the detection limit and accuracy of one assay, the MBA, for STX in shellfish samples spiked with known amounts of STX.	12/31/17:			
	6/30/18:			

TB-Free California **HP 2020 Objective: IID-29 TB** **Funded FFYs: 2017 (new) SFY 17/18 Spend Rate: tbd**

Objective 1: Aid public- and private-sector programs to identify and engage high-risk patients.

Between 07/2017 and 06/2018, TB-Free California staff will provide training and guidance to improve the practice of engaging high-risk patients in testing and treatment for latent TB infection to 50 health care providers who see at-risk patients in large community and institutionally based settings.	12/31/17:	Met. Provided training and guidance to improve the practice of engaging high-risk patients in testing and treatment for latent TB infection to 80 health care providers who see at-risk patients in large community and institutionally based settings.		
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	<p align="center">Detailed Objective Outcomes ~address all <i>requirements</i> in col. A, but be very brief~</p>		<p align="center">Objective Outcome 6-30-18</p>	<p align="center">Impact to California (Value Statement) ~use laymen's terms~</p>
<p>patients in large community and institutionally based settings.</p>	6/30/18:			
<p>1. Train community and institutional health care providers. Between 07/2017 and 06/2018, TB-Free California staff will develop and provide six trainings and 12 consultations on testing and treatment of TB infection and TB prevention strategies for at least 50 health care providers in community and institutionally based settings to build capacity for identifying, assessing, and treating populations at risk.</p>	12/31/17:	Not Met. Did not develop and provided six trainings and 12 consultations on testing and treatment of TB infection and TB prevention strategies in the manner described in the State Plan.		
	6/30/18:			
<p>Objective 2: Create new latent TB infection reporting metrics for measuring program performance.</p>				
<p>Between 07/2017 and 06/2018, TB-Free California staff will develop two latent TB infection reporting metrics to measure program performance on latent TB infection testing and treatment.</p>	12/31/17:	Met. Developed two latent TB infection reporting metrics to measure program performance on latent TB infection testing and treatment.		
	6/30/18:			
<p>1. Develop a template for reports on latent TB infection testing and treatment. Between 07/2017 and 06/2018, TB-Free California staff will develop at least one template, process, and procedure for generating reports to track progress on latent TB testing and treatment conducted in public health and other health care settings.</p>	12/31/17:	Not Met. Developed one template, process, and procedure for generating reports to track progress on latent TB testing and treatment conducted in public health and other health care settings.		
	6/30/18:			
<p>Objective 3: Develop a latent TB infection testing and treatment guideline document.</p>				
<p>Between 07/2017 and 06/2018, TB-Free California staff will develop one guideline on testing and treatment for latent TB infection for providers. Providers do not have protocols for treating infection, only treating disease. The guideline should be incorporated into the standards of practice for all health care providers that see patients at risk for TB disease.</p>	12/31/17:	Met. Developed one guideline on testing and treatment for latent TB infection for providers. Providers do not have protocols for treating infection, only treating disease.		
	6/30/18:			
<p>1. Determine standards and procedures for identifying and treating latent TB infection. Between 07/2017 and 06/2018, TB-Free California staff will work with the California TB Controllers Association to identify best practices for assessing, screening, and treating people with latent TB infection who are likely to progress to TB disease if untreated. The information will be incorporated into one guideline document to be used to guide practices of providers in public-sector and private-sector health care settings.</p>	12/31/17:	Met. Developed 1 guideline on testing and treatment for latent TB infection for providers. Providers do not have protocols for treating infection, only treating disease.		
	6/30/18:			
<p>Objective 4: Develop tools on latent TB infection testing and treatment.</p>				
<p>Between 07/2017 and 06/2018, TB-Free California staff will develop at least two education tools: at least one patient-education tool and at least one community-education tool on latent TB infection to health care providers of populations at increased risk for progression of TB infection to TB disease throughout California.</p>	12/31/17:	Met. Developed 1 education tools: at least one patient-education tool and at least one community-education tool on latent TB infection to health care providers of populations at increased risk for progression of TB infection to TB disease throughout California.		

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Increased risk for progression of TB infection to TB disease throughout California.	6/30/18:			
1. Determine appropriate latent TB infection and TB disease education messages and methods. Between 07/2017 and 06/2018, the TB-Free California Training and Communications Coordinator will develop at least two culturally and linguistically appropriate educational print materials and electronic media for at least 50 providers' use with patients and communities at risk for latent TB infection and TB disease.	12/31/17:	Not Met. Worked with the California TB Controllers Association to identify best practices for assessing, screening, and treating people with latent TB infection who are likely to progress to TB disease if untreated.		
	6/30/18:			
2. Disseminate community-education tools. Between 07/2017 and 06/2018, the TB-Free California Training and Communications Coordinator will work with local health department (LHD) staff and staff of community-based programs to disseminate at least two tools to at least 100 providers seeing clients at risk for TB disease.	12/31/17:	Not Met. Did not develop at least two culturally and linguistically appropriate educational print materials and electronic media for at least 50 providers' use with patients and communities at risk for latent TB infection and TB disease.		
	6/30/18:			
Objective 5: Train LHD staff on latent TB infection practices.				
Between 07/2017 and 06/2018, TB-Free California staff will conduct six trainings for staff from 30 LHDs to promote the adoption of recommended practices for screening, testing, and treatment of latent TB infection.	12/31/17:	Not Met. Did not Conduct the six trainings for staff from 30 LHDs to promote the adoption of recommended practices for screening, testing, and treatment of latent TB infection.		
	6/30/18:			
1. Assess training needs. Between 07/2017 and 06/2018, TB-Free California staff will assess practice deficits among at least 60 LHD staff. The assessment will: (1) ensure that training is targeted to meet specific LHD personnel needs; and (2) address ways to reach specific populations in their jurisdictions.	12/31/17:	Not Met. Did not will assess practice deficits among at least 60 LHD staff. The assessment will: (1) ensure that training is targeted to meet specific LHD personnel needs; and (2) address ways to reach specific populations in their		
	6/30/18:			
Using HIV Surveillance Data to Prevent HIV Transmission HP 2020 Objective: HIV-1 HIV Diagnoses			Funded FFYs: 2017 - (new) SFY 17/18 Spend Rate: <u> tbd </u>	
Objective 1: Establish Alameda County-specific priority populations for linkage to care.				
Between 07/2017 and 06/2018, the Alameda OA contractor will establish at least four Alameda County-specific populations with HIV that will be prioritized for linkage-to-care (LTC) activities.	12/31/17:	Not Met. Did not establish any specific populations with HIV that will be prioritized for linkage-to-care (LTC) activities.		
	6/30/18:			
1. Evaluate Alameda laboratory and HIV surveillance data. Between 07/2017 and 06/2018, the Alameda OA contractor will evaluate Alameda laboratory and HIV surveillance data to determine at least four demographic populations that should be prioritized for LTC activities.	12/31/17:	Not Met. Did not evaluate Alameda laboratory and HIV surveillance data to determine at least four demographic populations that should be prioritized for LTC activities.		
	6/30/18:			
2. Develop protocols for LTC staff to use for priority populations. Between 07/2017 and 06/2018, the Alameda OA contractor will develop at least	12/31/17:	Not Met. Did not develop any protocols for HIV LTC staff to assist in prioritizing populations for LTC activities.		

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two protocols for HIV LTC staff to assist in prioritizing populations for LTC activities.	6/30/18:			
Objective 2: Evaluate Orange County LTC and Partner-Services Activities.				
Between 07/2017 and 06/2018, the Orange County OA contractor will evaluate at least 14 reports that will provide Quality Improvement (QI) and Quality Assurance (QA) information to outreach, LTC and partner-services staff, and the Division Manager of Disease Control and Epidemiology in Orange County.	12/31/17:	Met. Evaluated 14 reports that will provide Quality Improvement (QI) and Quality Assurance (QA) information to outreach, LTC and partner-services staff, and the Division Manager of Disease Control and Epidemiology in Orange County.		
	6/30/18:			
1. Establish reporting policies and procedures for integration of electronic health records and HIV Between 07/2017 and 06/2018, the Orange County OA contractor will consult with six Orange County Information Technology staff to integrate newly implemented electronic health records (EHRs) and HIV surveillance data to provide biannual reports for the outreach and LTC teams.	12/31/17:	Met. consult with six Orange County Information Technology staff to integrate newly implemented electronic health records (EHRs) and HIV surveillance data to provide biannual reports for the outreach and LTC teams.		
	6/30/18:			
2. Develop reports using QI/QA database to provide LTC information. Between 07/2017 and 06/2018, the Orange County OA contractor will provide monthly (12) reports identifying patients who are newly diagnosed with HIV or previously diagnosed but not in HIV care to assist the LTC team in determining the most appropriate LTC intervention.	12/31/17:	Met. Provided monthly (12) reports identifying patients who are newly diagnosed with HIV or previously diagnosed but not in HIV care to assist the LTC team in determining the most appropriate LTC intervention.		
	6/30/18:			
Objective 3: Interview patients to provide LTC and partner-services elicitation in San Diego.				
Between 07/2017 and 06/2018, the San Diego OA contractor will conduct 100 interviews with people co-infected with non-virally suppressed HIV and gonorrhea (GC) to provide LTC, ascertain appropriate GC treatment, and elicit information about sex or needle-sharing partners.	12/31/17:	Met. Conducted 113 interviews with people co-infected with non-virally suppressed HIV and gonorrhea (GC) to provide LTC, ascertain appropriate GC treatment, and elicit information about sex or needle-sharing partners.		
	6/30/18:			
1. Identify those co-infected with HIV and GC. Between 07/2017 and 06/2018, the San Diego OA contractor will assess 1,500 records reported to the Electronic Laboratory Reporting System (ELR) and the Enhanced HIV/AIDS Reporting System (eHARS) surveillance data to identify people who have been recently diagnosed with GC who have non-virally suppressed HIV.	12/31/17:	Met. Assessed 1,500 records reported to the Electronic Laboratory Reporting System (ELR) and the Enhanced HIV/AIDS Reporting System (eHARS) surveillance data to identify people who have been recently diagnosed with GC who have non-virally suppressed HIV.		
	6/30/18:			
2. Conduct interviews with identified patients. Between 07/2017 and 06/2018, the San Diego OA contractor will: (1) contact 300 identified patients and determine if they are in HIV care and receiving appropriate GC treatment, and discuss the reasons for their non-viral suppression; and (2) elicit identifying information about their sex and/or needle-sharing partners that can allow for anonymous third-party notification.	12/31/17:	Met. Successfully accomplished the following: (1) contacted 300 identified patients and determine if they are in HIV care and receiving appropriate GC treatment, and discuss the reasons for their non-viral suppression; and (2) elicited identifying information about their sex and/or needle-sharing partners that can allow for anonymous third-party notification.		
	6/30/18:			
Objective 4: Provide individual mentorship to State Disease Investigators.				
Between 07/2017 and 06/2018, the STD Control OA contractor will implement one statewide individual mentoring program for State Disease Investigators, to increase the proportion of people living with HIV/AIDS who are in continuous care.	12/31/17:	Met. Implemented 1 statewide individual mentoring program for State Disease Investigators, to increase the proportion of people living with HIV/AIDS who are in continuous care.		
	6/30/18:			

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1. Investigate capacity of State Disease Investigators. Between 07/2017 and 06/2018, the STD Control OA contractor will investigate the training and skill level of ten State Disease Investigators to provide linkage to HIV care and pre-exposure prophylaxis (PrEP) education, to determine their mentoring needs.	12/31/17: Met. Investigated the training and skill level of ten State Disease Investigators to provide linkage to HIV care and pre-exposure prophylaxis (PrEP) education, to determine their mentoring needs.			
	6/30/18:			
2. Develop a one-on-one training program for State Disease Investigators. Between 07/2017 and 06/2018, the STD Control OA contractor will develop and provide a program to meet individual training and skill-building needs of six State Disease Investigators.	12/31/17: Met. Developed and provided a program to meet individual training and skill-building needs of six State Disease Investigators.			
	6/30/18:			
Emergency Medical Dispatch Program/EMS Communications				
HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)			Funded FFYs: ≤2009 - (ongoing) SFY 17/18 Spend Rate: <u> tbd </u>	
Objective 1: Continue review of EMS Communications Manual.				
Between 07/2017 and 06/2018, EMSA staff will review one "Statewide EMS Operations and Communications Resource Manual" to determine the need for addition/deletion of information. Revisions will improve interoperability of communications among EMS agencies and public-safety responders.	12/31/17: Met. Reviewed one "Statewide EMS Operations and Communications Resource Manual" to determine the need for addition/deletion of information. Revisions will improve interoperability of communications among EMS agencies and public-safety responders.			
	6/30/18:			
1. Update manual. Between 07/2017 and 06/2018, EMSA staff will revise one "Statewide EMS Operations and Communications Resource Manual" by implementing suggested addition/deletion of content, to improve access to information that enables interoperability of communications systems among responders to crash sites.	12/31/17: Not Met. Did not revised the "Statewide EMS Operations and Communications Resource Manual" by implementing suggested addition/deletion of content, to improve access to information that enables interoperability of communications systems among responders to crash sites.			
	6/30/18:			
Objective 2: Maintain active partnerships with key EMS communication stakeholder groups.				
Between 07/2017 and 06/2018, EMSA staff will increase the percent of participation in key EMS communications stakeholder association groups that represent EMSA in California EMS communications operations from 30% to 70%.	12/31/17: Not Met. Did not increase the percent of participation in key EMS communications stakeholder association groups that represent EMSA in California EMS communications from 30% to 38.			
	6/30/18:			
1. Attend 9-1-1 Advisory Board meetings. Between 07/2017 and 06/2018, EMSA staff will participate in at least three 9-1-1 Advisory Board meetings to: (1) develop relationships with key EMS communication stakeholders; (2) receive up-to-date 9-1-1 service information; and (3) ensure statewide coordination of efficient pre-hospital medical responses.	12/31/17: Not Met. Did not participate in the three 9-1-1 Advisory Board meetings to develop relationships with key EMS communication stakeholders.			
	6/30/18:			
2. Attend stakeholder meetings Between 07/2017 and 06/2018, EMSA staff will attend two Northern California Chapter of the Association of Public-Safety Communications Officials (NAPCO) meetings, to develop relationships with key communication stakeholders and provide EMS-related information in NAPCO activities.	12/31/17: Not Met. Did not attend two Northern California Chapter of the Association of Public-Safety Communications Officials (NAPCO) meetings.			
	6/30/18:			
Objective 3: Respond to frequency-use requests.				

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Between 07/2017 and 06/2018, EMSA staff will review 100% of medical-frequency requests, to ensure the requester is an appropriate entity to use a medical frequency, and that the frequency is consistent with EMS bandwidth use and medical in nature (such as MedNet and Hospital Administrative Radio), to verify whether a support letter should be provided.	12/31/17:	Met. Reviewed 100% of medical-frequency requests, to ensure the requester is an appropriate entity to use a medical frequency, and that the frequency is consistent with EMS bandwidth use and medical in nature, to verify whether a support letter should be provided.		
	6/30/18:			
1. Write frequency-use letters. Between 07/2017 and 06/2018, EMSA staff will review and respond to 100% of the requests for frequency use, to ensure use is appropriate and related to emergency medical services.	12/31/17:	Met. Reviewed and responded to 100% of the requests for frequency use, to ensure use is appropriate and related to emergency medical services.		
	6/30/18:			
EMS For Children HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS) Funded FFYs: ≤2009 - (ongoing) SFY 17/18 Spend Rate: <u> tbd </u>				
Objective 1: Continue development of EMSC regulations.				
Between 07/2017 and 06/2018, EMSA staff will develop one set of updated draft regulations for the EMSC program to the Office of Administrative Law (OAL) to initiate the rulemaking process. EMSC regulations have been drafted to provide the LEMSAs and other local facilities with minimum requirements to establish and maintain EMSC program(s). The draft regulations are under EMSA management review. Upon management approval, the next steps in initiating the rulemaking process will be taken.	12/31/17:	Not Met. Did not develop any updated draft regulations for the EMSC program for submission to the Office of Administrative Law (OAL) to initiate the rulemaking process.		
	6/30/18:			
1. Submit one Rulemaking File for EMSC regulations. Between 07/2017 and 06/2018, EMSA staff will submit: (1) one Std 400, Notice of Proposed Rulemaking; (2) one Initial Statement of Reasons (ISOR); and (3) one draft regulation to OAL. The ISOR is the primary rulemaking document that satisfies the necessity standard in the rulemaking process.	12/31/17:	Not Met. Did not submit the Notice of Proposed Rulemaking, the Initial Statement of Reasons (ISOR), nor was the draft regulation submitted to OAL.		
	6/30/18:			
2. Obtain approval of draft EMSC regulations. Between 07/2017 and 06/2018, EMSC staff will present for approval one set of final draft regulations to the: (1) Emergency Medical Services Administrators' Association of California; and (2) Commission on EMS.	12/31/17:	Not Met. The OAL did not approve the proposed regulations.		
	6/30/18:			
Objective 2: Establish EMSC TAC subcommittees.				
Between 07/2017 and 06/2018, EMSA staff will develop six subcommittees to oversee essential EMSC tasks, such as: (1) reviewing and restructuring the EMSC technical advisory committee (TAC) and mission statement; (2) updating EMSC guidelines; and (3) determining the most appropriate treatment options for pediatric patients in the field.	12/31/17:	Met. Developed six subcommittees to oversee essential EMSC tasks, such as reviewing and restructuring the EMSC technical advisory committee (TAC) and mission statement; updating EMSC guidelines; and determining the most appropriate treatment options for pediatric patients in the field.		
	6/30/18:			
1. Coordinate Work Group meetings. Between 07/2017 and 06/2018, EMSA staff will schedule at least two conference calls with each newly identified EMSC subcommittee to discuss necessary activities for implementation. Conference calls will identify tasks and requirements for each established subcommittee. The newly established subcommittees will ensure that California's EMSC stays in the forefront of pediatric care.	12/31/17:	Met. Scheduled two conference calls with newly identified EMSC subcommittee to discuss necessary activities for implementation. Conference calls identified tasks and requirements for each established subcommittee. The newly established subcommittees will ensure that California's EMSC stays in the forefront of pediatric care.		
	6/30/18:			

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EMS Health Information Exchange		HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)	Funded FFYs: 2014 - (ongoing) SFY 17/18 Spend Rate: <u> tbd </u>	
Objective1: Provide leadership and coordination of HIE.				
Between 07/2017 and 06/2018, EMSA staff will provide TA and support to 100% LEMSAs that request assistance in areas associated with HIE system developments and operations, to improve statewide EMS patient care.	12/31/17:	Met. Provided TA and support to 100% LEMSAs that request assistance in areas associated with HIE system developments and operations, to improve statewide EMS patient care.		
	6/30/18:			
1. Participate in teleconferences. Between 07/2017 and 06/2018, EMSA staff will attend at least six teleconference calls with the Office of the National Coordinator for Health IT (ONC), the California Association of Health Information Exchanges, the California Office of Health Information Integrity, and/or other participating EMS entities. These teleconferences provide a forum for discussion of HIE designs and sharing of successes and program implementation issues for states that are operating HIE programs under an ONC grant.	12/31/17:	Met. Attended six teleconference calls with the Office of the National Coordinator for Health IT (ONC), the California Association of Health Information Exchanges, the California Office of Health Information Integrity, and/or other participating EMS entities		
	6/30/18:			
2. Participate in HIE workshop. Between 07/2017 and 06/2018, EMSA staff will organize and host at least one event to share LEMSAs HIE successes to: (1) inform EMS partners how best to use HIE to improve patient care; and (2) measure that improved care.	12/31/17:	Met. Organized and hosted one event to share LEMSAs HIE successes to inform EMS partners how best to use HIE to improve patient care; and measure that improved care.		
	6/30/18:			
EMS Partnership for Injury Prevention and Public Education		HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)	Funded FFYs: ≤2009 - (ongoing) SFY 17/18 Spend Rate: <u> tbd </u>	
Objective 1: Continue to maintain EMSA injury- and illness-prevention web page.				
Between 07/2017 and 06/2018, EMSA staff will provide ongoing maintenance to one injury- and illness-prevention web page on the EMSA website on a quarterly basis. The web page links: (1) provide sources for education and for EMS partners; and (2) promote injury prevention in the EMS community.	12/31/17:	Met. Provided ongoing maintenance to one injury- and illness-prevention web page on the EMSA website on a quarterly basis. The web page links: (1) provide sources for education and for EMS partners; and (2) promote injury prevention in the EMS community.		
	6/30/18:			
1. Verify functionality of website links. Between 07/2017 and 06/2018, EMSA staff will check 55 links for connectivity and correct links in need of updating, to ensure access to and accuracy of injury- and illness-prevention data.	12/31/17:	Met. Checked 55 links for connectivity and correct links in need of updating, to ensure access to and accuracy of injury- and illness-prevention data.		
	6/30/18:			
2. Inquire with trauma partner organizations. Between 07/2017 and 06/2018, EMSA staff will collaborate with one Trauma Managers Association, five California Trauma Regions. and the 27 LEMSAs that have trauma centers, to add any new programs to the website as information becomes available.	12/31/17:	Met. Collaborated with one Trauma Managers Association, five California Trauma Regions. and the 27 LEMSAs that have trauma centers, to add any new programs to the website as information becomes available.		
	6/30/18:			
Objective 2: Continue to maintain trauma system public-information web page.				
Between 07/2017 and 06/2018, EMSA staff will provide ongoing maintenance on to one trauma-system public-information page on the EMSA website, to make sure injury prevention-related information is available and current.	12/31/17:	Met. Provide ongoing maintenance on to one trauma-system public-information page on the EMSA website, to make sure injury prevention-related information is available and current.		
	6/30/18:			

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	Detailed Objective Outcomes <i>~address all requirements in col. A, but be very brief~</i>		Objective Outcome 6-30-18	Impact to California (Value Statement) <i>~use laymen's terms~</i>
1. Update trauma system public-information web page. Between 07/2017 and 06/2018, EMSA staff will review one EMSA trauma system public-information web page on a quarterly basis and update information, to maximize accuracy and usability of web-page content.	12/31/17: Met. Reviewed one EMSA trauma system public-information web page on a quarterly basis and update information, to maximize accuracy and usability of web-page content.			
	6/30/18:			
EMS Poison Control System				
HP 2020 Objective: HO IVP-9 Poisoning Deaths			Funded FFYs: ≤2009 - (ongoing) SFY 17/18 Spend Rate: __tbd__	
Objective 1: Provide program oversight.				
Between 07/2017 and 06/2018, EMSA staff will provide oversight to one poison-control system provider, the California Poison Control System (CPCS), to promote rapid and effective telephone emergency advice service to 300,000 Californians exposed to poisons.	12/31/17: Met. Provided oversight to one poison-control system provider, the California Poison Control System (CPCS), to promote rapid and effective telephone emergency advice service to 300,000 Californians exposed to poisons.			
	6/30/18:			
1. Review quarterly activity reports. Between 07/2017 and 06/2018, EMS staff will review four activity reports per quarter from one poison control service provider, CPCS, to verify that the work performed is consistent with the contractual scope of work.	12/31/17: Met. Reviewed four activity reports per quarter from one poison control service provider, CPCS, to verify that the work performed is consistent with the contractual scope of work.			
	6/30/18:			
2. Develop a Request for Information. Between 07/2017 and 06/2018, EMS staff will develop one Request for Information, to identify potential service providers interested in serving as the provider of poison control services for the entire State of California.	12/31/17: Met. Developed one Request for Information, to identify potential service providers interested in serving as the provider of poison control services for the entire State of California.			
	6/30/18:			
3. Develop a Request for Offer. Between 07/2017 and 06/2018, EMS staff will develop one Request for Offer, to identify one California Multiple Award Schedules contractor interested in performing a comprehensive program and fiscal evaluation of the CPCS provider.	12/31/17: Met. Developed one Request for Offer, to identify one California Multiple Award Schedules contractor interested in performing a comprehensive program and fiscal evaluation of the CPCS provider.			
	6/30/18:			
4. Conduct site visits. Between 07/2017 and 06/2018, EMS staff will conduct two site visits at two poison control centers within California, to verify that the work performed is consistent with regulations and the contractual scope of work.	12/31/17: Met. Conducted two site visits at two poison control centers within California, to verify that the work performed is consistent with regulations and the contractual scope of work.			
	6/30/18:			
EMS Prehospital Data and Information Services and Quality Improvement Program				
HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)			Funded FFYs: ≤2009 - (ongoing) SFY 17/18 Spend Rate: __tbd__	
Objective 1: Continue to increase the quality and availability of EMS data.				
Between 07/2017 and 06/2018, EMSA staff will develop three EMS annual and Trauma data reports that show frequencies for specific data elements (e.g., cause of injury, type of service) specific to a particular area or county (e.g., number of calls; proportion that are 9 1 1 calls). Data, to be published on the EMSA website, will help develop a state baseline and track what data are successfully moving from the LEMSAs to CEMSIS.	12/31/17: Met. Developed three EMS annual and Trauma data reports that show frequencies for specific data elements (e.g., cause of injury, type of service) specific to a particular area or county (e.g., number of calls; proportion that are 9 1 1 calls). Data, to be published on the EMSA website, will help develop a state baseline and track what data are successfully moving from the LEMSAs to CEMSIS.			
	6/30/18:			
1. Analyze CEMSIS database data. Between 07/2017 and 06/2018, EMSA staff will analyze 100% of a selected data set submitted by LEMSAs to the CEMSIS database, to ensure accurate, efficient evaluation of critical data submitted for successful QI and QA data reporting.	12/31/17: Met. Analyzed 100% of a selected data set submitted by LEMSAs to the CEMSIS database, to ensure accurate, efficient evaluation of critical data submitted for successful QI and QA data reporting.			
	6/30/18:			
2. Publish EMS data reports. Between 07/2017 and 06/2018, EMSA staff will publish at least three EMS data	12/31/17: Not Met. Did not publish three EMS data reports for distribution via the EMSA website, to make the data available to promote public trust and quality patient care.			

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	Detailed Objective Outcomes <i>~address all requirements in col. A, but be very brief~</i>		Objective Outcome 6-30-18	Impact to California (Value Statement) <i>~use laymen's terms~</i>
reports for distribution via the EMSA website, to make the data available to promote public trust and quality patient care.	6/30/18:			
Objective 2: Continue to lead and coordinate Core Measure reporting.				
Between 07/2017 and 06/2018, EMSA staff will provide TA to 100% of the LEMSAs that request assistance with Core Measure reporting, to ensure effective use of data used to prepare Core Measure reports regarding selected clinical measures.	12/31/17:	Met. Provided TA to 100% of the LEMSAs that request assistance with Core Measure reporting, to ensure effective use of data used to prepare Core Measure reports regarding selected clinical measures.		
	6/30/18:			
1. Facilitate Core Measure Taskforce. Between 07/2017 and 06/2018, EMSA staff will facilitate at least two Core Measure Taskforce meetings to prepare the Core Measures book and review Core Measure reports, to ensure that measures are written accurately and appropriately by inclusion of EMS stakeholders and experts.	12/31/17:	Met. Facilitated two Core Measure Taskforce meetings to prepare the Core Measures book and review Core Measure reports, to ensure that measures are written accurately and appropriately by inclusion of EMS stakeholders and experts.		
	6/30/18:			
2. Develop annual summary report. Between 07/2017 and 06/2018, EMSA staff will develop one summary report of all LEMSA Core Measure data submitted and a map of one Core Measure of reported values, to provide data to the public and EMS stakeholders.	12/31/17:	Met. Developed one summary report of all LEMSA Core Measure data submitted and a map of one Core Measure of reported values, to provide data to the public and EMS stakeholders.		
	6/30/18:			
Between 07/2017 and 06/2018, EMSA staff will develop one summary report of all LEMSA Core Measure data submitted over a multi-year period. This report is the only available mechanism for obtaining statewide data on 17 clinical measures because the CEMISIS data system is limited by a variety of data systems, ranging from differing electronic systems to pen-and-paper systems.	12/31/17:	Met. Developed one summary report of all LEMSA Core Measure data submitted over a multi-year period. This report is the only available mechanism for obtaining statewide data on 17 clinical measures because the CEMISIS data system is limited by a variety of data systems, ranging from differing electronic systems to pen-and-paper systems.		
	6/30/18:			
Objective 3: Coordinate EMS plan QI submissions.				
Between 07/2017 and 06/2018, EMSA staff will provide TA to 100% of LEMSAs that submit their EMS plans, to ensure that QI compliance requirements are met.	12/31/17:	Met. Provide TA to 100% of LEMSAs that submit their EMS plans, to ensure that QI compliance requirements are met.		
	6/30/18:			
1. Coordinate QI Plan submissions. Between 07/2017 and 06/2018, EMSA staff will contact each of the 33 LEMSA administrators, either by electronic or telephone communication, to request their QI plan submittal at least three months prior to their plan due date, to support timely Plan submission and evaluation.	12/31/17:	Met. Contact each of the 33 LEMSA administrators, either by electronic or telephone communication, to request their QI plan submittal at least three months prior to their plan due date, to support timely Plan submission and evaluation.		
	6/30/18:			
2. Review LEMSA QI Plans. Between 07/2017 and 06/2018, EMSA staff will review at least five submitted QI Plans from the LEMSAs, to assist them in meeting the compliance requirements of California EMS regulations, standards, and guidelines.	12/31/17:	Met. Reviewed at least five submitted QI Plans from the LEMSAs, to assist them in meeting the compliance requirements of California EMS regulations, standards, and guidelines.		
	6/30/18:			
3. Maintain activity log for QI plan submissions. Between 07/2017 and 06/2018, EMSA staff will maintain one administrative QI Plan activity log, identifying submission and approval dates.	12/31/17:	Met. Maintain one administrative QI Plan activity log, identifying submission and approval dates.		

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		Detailed Objective Outcomes ~address all <i>requirements</i> in col. A, but be very brief~	Objective Outcome 6-30-18	Impact to California (Value Statement) ~use laymen's terms~
	6/30/18:			
EMS STEMI and Stroke Systems		HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)	Funded FFYs: 2014 - (ongoing) SFY 17/18 Spend Rate: <u> tbd </u>	
Objective 1: Continue development of STEMI and Stroke Critical-Care System regulations.				
Between 07/2017 and 06/2018, EMSA staff will develop two sets of updated draft regulations, one for the Stroke Critical-Care System and one for the STEMI Critical-Care System, to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI and Stroke Critical-Care Systems throughout California. Draft regulations were initially submitted to OAL in December 2016 (rulemaking is a 12-month process).	12/31/17:	Met. Developed two sets of updated draft regulations, one for the Stroke Critical-Care System and one for the STEMI Critical-Care System, to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI and Stroke Critical-Care Systems throughout California.		
	6/30/18:			
1. Resubmit STEMI Critical-Care System regulations. Between 07/2017 and 06/2018, EMSA staff will: (1) provide one final draft of the STEMI Critical-Care System regulations to the STEMI Regulations Work Group; and (2) make the necessary revisions to the draft regulations before resubmission to OAL.	12/31/17:	Met. Provided one draft of the STEMI Critical-Care System regulations to the STEMI Regulations Work Group; and made the necessary revisions to the draft regulations before resubmission to OAL.		
	6/30/18:			
2. Resubmit Stroke Critical-Care System regulations. Between 07/2017 and 06/2018, EMSA staff will: (1) provide one final draft of the Stroke Critical-Care System regulations to the Stroke Regulations Work Group for review; and (2) make the necessary revisions to the draft regulations before resubmission to OAL.	12/31/17:	Met. Provided one draft of the Stroke Critical-Care System regulations to the Stroke Regulations Work Group for review; and made the necessary revisions to the draft regulations before resubmission to OAL.		
	6/30/18:			
Objective 2: Develop STEMI TAC.				
Between 07/2017 and 06/2018, EMSA staff will establish one TAC to serve as subject-matter experts to advise EMSA on identifying and meeting the program goal of supporting optimum patient outcomes during medical emergencies.	12/31/17:	Not Met. Did not establish a Technical Advisory Committee (TAC).		
	6/30/18:			
1. Develop STEMI TAC. Between 07/2017 and 06/2018, EMSA staff will: (1) mail a letter of request for volunteers to serve on STEMI TAC to 11 STEMI program constituents, requesting a letter of interest and CV if interested in serving on the TAC; (2) review letters of interest and CVs; and (3) choose STEMI TAC members based on subject-matter knowledge and experience.	12/31/17:	Not Met. (Did not mail a letter of request for volunteers to serve on STEMI TAC to any STEMI program constituents. Neither did we review any letters of interest and CVs in order to choose a STEMI TAC member based on subject-		
	6/30/18:			
2. Plan and facilitate STEMI TAC meetings. Between 07/2017 and 06/2018, EMSA staff will: (1) develop a schedule of at least two meetings at the EMSA HQ; (2) facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and (3) facilitate vision and work plan/issues for the TAC to focus on.	12/31/17:	Not Met. Did not develop a schedule of at least two meetings at the EMSA HQ; to facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and facilitate vision and work plan/issues for the TAC to focus on.		
	6/30/18:			
Objective 3: Develop Stroke TAC.				
Between 07/2017 and 06/2018, EMSA staff will establish one EMSA staff will establish one TAC to serve as advisory subject matter experts to EMSA, to help identify and meet program goals of supporting optimum patient outcomes during medical emergencies.	12/31/17:	Not Met. Did not establish a TAC to serve as advisory subject matter experts to EMSA, to help identify and meet program goals of supporting optimum patient outcomes during medical emergencies.		
	6/30/18:			

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	Detailed Objective Outcomes <i>~address all requirements in col. A, but be very brief~</i>		Objective Outcome 6-30-18	Impact to California (Value Statement) <i>~use laymen's terms~</i>
1. Develop a Stroke Program TAC. Between 07/2017 and 06/2018, EMSA staff will: (1) mail a letter of request for volunteers to serve on Stroke TAC to ten Stroke program constituents, requesting a letter of interest and CV if interested in serving on the TAC; (2) review letters of interest and CVs; and (3) choose Stroke TAC members based on subject-matter knowledge and experience.	12/31/17:	Not Met. Did not Mail a letter of request for volunteers to serve on Stroke TAC to any Stroke program constituents, requesting a letter of interest and CV if interested in serving on the TAC. Did not review any letters of interest; and did not choose a Stroke TAC member based on subject-matter knowledge and experience.		
	6/30/18:			
2. Plan and facilitate Stroke TAC meetings. Between 07/2017 and 06/2018, EMSA staff will: (1) schedule at least two meetings or conference calls at EMSA HQ; (2) facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and (3) facilitate vision and work plan/issues for the TAC to focus on.	12/31/17:	Not Met. Did not schedule any meetings or conference calls at EMSA HQ. Nor did we facilitate discussions of the TAC's mission, purpose, parameters, and meeting rules; and facilitate vision and work plan/issues for the TAC to focus on.		
	6/30/18:			
Objective 4: Host State STEMI and Stroke Critical-Care Systems Forums.				
Between 07/2017 and 06/2018, EMSA staff will conduct two one-day Forums, one in Northern California and one in Southern California, to provide education on clinical and system aspects of STEMI and Stroke care, and to improve and implement STEMI and Stroke Critical-Care Systems in California.	12/31/17:	Not Met. Did not conduct any Forums to provide education on clinical and system aspects of STEMI and Stroke care, and to improve and implement STEMI and Stroke Critical-Care Systems in California.		
	6/30/18:			
1. Develop pre-Forum documents. Between 07/2017 and 06/2018, EMSA staff will create two "save the date" postcards, one for each STEMI and Stroke Critical-Care Systems Forum, to be distributed to LEMSAs, hospitals, and physicians in California. Postcards will also be posted to the EMSA website.	12/31/17:	Not Met. Did not create any "save the date" postcards to be distributed to LEMSAs, hospitals, and physicians in California. None of these Postcards were posted to the EMSA website.		
	6/30/18:			
2. Create an online registration portal for each STEMI and Stroke Forum. Between 07/2017 and 06/2018, EMSA staff will create one Eventbrite registration portal, to include the ability to register and pay for sponsorship online.	12/31/17:	Not Met. Did not create the Eventbrite registration portal.		
	6/30/18:			
EMS Systems Planning and Development		HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)	Funded FFYs: 2014 - (ongoing) SFY 17/18 Spend Rate: <u> tbd </u>	
Objective 1: Provide oversight and TA to counties.				
Between 07/2017 and 06/2018, EMSA staff will provide oversight and TA to 100% of the counties required to submit Maddy EMS Fund Reports, assisting with adherence to California EMS statutes for optimum EMS patient care.	12/31/17:	Met. Provided oversight and Technical Assistance (TA) to 100% of the counties required to submit Maddy EMS Fund Reports.		
	6/30/18:			
1. Coordinate Maddy EMS Fund report submissions. Between 07/2017 and 06/2018, EMSA staff will coordinate submission of Maddy EMS Fund reports for a minimum of six counties. Coordination will be directed to county directors, supporting timely report submissions.	12/31/17:	Not Met. Did not coordinate the submission of Maddy EMS Fund reports for a minimum of six counties.		
	6/30/18:			
Objective 2: Provide oversight and TA to LEMSAs with transportation plans.				
Between 07/2017 and 06/2018, EMSA staff will provide oversight and TA to 100% of EMS providers regarding transportation services assistance associated with the LEMSAs' EMS Plans.	12/31/17:	Met. Provided oversight and TA to 100% of EMS providers regarding transportation services assistance associated with the LEMSAs' EMS Plans.		
	6/30/18:			

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	Detailed Objective Outcomes <i>~address all requirements in col. A, but be very brief~</i>		Objective Outcome 6-30-18	Impact to California (Value Statement) <i>~use laymen's terms~</i>
1. Review LEMSA transportation service request for proposal. Between 07/2017 and 06/2018, EMSA staff will review and assist in the development of at least two LEMSA requests for proposal for emergency ambulance services regarding prospective exclusive operating areas. Collaboration promotes successful, competitive bidding for local emergency ambulance services that ensure ideal patient care during an emergency.	12/31/17:	Met. Reviewed and assisted in the development of four LEMSA requests for proposal for emergency ambulance services regarding prospective exclusive operating areas.		
	6/30/18:			
2. Inspect California National Guard rescue helicopter medical supplies. Between 07/2017 and 06/2018, EMSA staff will coordinate the inspection of one bag of Advanced Life Support auxiliary helicopter medical equipment, to ensure compliance with state and local standards. California National Guard helicopter medical equipment is located at Mather Field in Sacramento, California. Aircraft medical supply inspections support successful EMS transportation services within California.	12/31/17:	Met. Coordinated the inspection of one bag of Advanced Life Support auxiliary helicopter medical equipment, to ensure compliance with state and local standards.		
	6/30/18:			
3. Assess LEMSA EMS Transportation Plan appeal hearing documentation. Between 07/2017 and 06/2018, EMSA staff will research transportation documents, history of EMS exclusive and non-exclusive operating zones, provider company sales, and EMS plans in preparation for appeal hearings filed with the Office of Administrative Hearings.	12/31/17:	Met. Researched three transportation documents, history of EMS exclusive and non-exclusive operating zones, provider company sales, and three EMS plans in preparation for three appeal hearings filed with the Office of Administrative Hearings.		
	6/30/18:			
Objective 3: Provide oversight and TA to LEMSAs.				
Between 07/2017 and 06/2018, EMSA staff will provide oversight and TA to 100% of the LEMSAs required to submit EMS Plans or Annual Plan updates, assisting with adherence to California EMS statutes and EMSA guidelines for optimum EMS patient care.	12/31/17:	Met. Provided oversight and TA to 100% of the LEMSAs required to submit EMS Plans or Annual Plan updates, assisting with adherence to California EMS statutes and EMSA guidelines for optimum EMS patient care.		
	6/30/18:			
1. Coordinate EMS Plan submissions Between 07/2017 and 06/2018, EMSA staff will coordinate submission of EMS Plans for a minimum of six LEMSAs. Coordination will be directed to LEMSA administrators, supporting timely plan submissions.	12/31/17:	Met. Coordinated submission of EMS Plans for 29 LEMSAs. Coordination was directed to LEMSA administrators, supporting timely plan submissions.		
	6/30/18:			
2. Record EMS Plan submissions and collaborate with EMSA staff. Between 07/2017 and 06/2018, EMSA staff will update one internal tracking log to show receipt of EMS Plans or Updates and all collaboration with other EMSA staff, to ensure effective oversight of the Plan-review process for timely, comprehensive Plan development and plan approvals.	12/31/17:	Met. Updated one internal tracking log to show receipt of EMS Plans or Updates to ensure effective oversight of the Plan-review process for timely, comprehensive Plan development and plan approvals.		
	6/30/18:			
3. Update EMSA website. Between 07/2017 and 06/2018, EMSA staff will post fully reviewed EMS Plans and Plan Updates to one EMSA EMS Systems Planning website. Posting promotes effective injury-prevention EMS strategies, ensures public trust, and promotes high-quality patient care across California.	12/31/17:	Met. Posted reviewed EMS Plans and Plan Updates to 17 EMSA EMS Systems Planning website.		
	6/30/18:			
4. Review quarterly activity reports. Between 07/2017 and 06/2018, EMSA staff will review four quarterly reports per quarter from each of the six multi-county EMS agencies, to verify that the work performed is consistent with the contractual scope of work.	12/31/17:	Met. Reviewed four quarterly reports per quarter from each of the 6 multi-county EMS agencies, to verify that the work performed was consistent with the contractual scope of work.		
	6/30/18:			
5. Revise EMS Plan submission process. Between 07/2017 and 06/2018, EMSA staff will revise the EMS Plan submission	12/31/17:	Met. Revised the EMS Plan submission process and developed one automated system for 33 LEMSAs to electronically submit their EMS Plans.		
	6/30/18:			

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	<p align="center">Detailed Objective Outcomes ~address all <i>requirements</i> in col. A, but be very brief~</p>		<p align="center">Objective Outcome 6-30-18</p>	<p align="center">Impact to California (Value Statement) ~use laymen's terms~</p>
<p>process and will develop one automated system for the 33 LEMSAs to electronically submit their EMS Plans. Use of the automated system will enable LEMSA and EMSA staff to increase efficiencies, analyze and cross-reference data, and generate reports.</p>	6/30/18:			
<p>EMS Trauma Care Systems HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS) Funded FFYs: ≤2009 - (ongoing) SFY 17/18 Spend Rate: <u> tbd </u></p>				
<p>Objective 1: Restart revision of trauma regulations.</p>				
<p>Between 07/2017 and 06/2018, EMSA staff will develop one draft revision of trauma regulations that incorporates suggestions for trauma system requirements in California.</p>	12/31/17:	Not Met. Did not develop a revision of trauma regulations that incorporates suggestions for trauma system requirements in California.		
	6/30/18:			
<p>1. Establish Task Force to provide recommended revisions to trauma regulations. Between 07/2017 and 06/2018, EMSA staff will contact at least 33 LEMSAs and 78 trauma centers to select Trauma Regulations Revision Committee members, to draft trauma system requirements.</p>	12/31/17:	Not Met. Did not complete the process of selecting Trauma Regulations Revision Committee members, that are required to draft regulations.		
	6/30/18:			
<p>2. Schedule meetings and conference calls. Between 07/2017 and 06/2018, EMSA staff will: (1) determine availability of Trauma Regulations Revision Committee members to attend at least two meetings and two conference calls; and (2) create a one-year calendar.</p>	12/31/17:	Not Met. Did not arrange for Committee Members to attend meetings, conference calls or to create a one year calendar.		
	6/30/18:			
<p>3. Draft revised trauma regulations. Between 07/2017 and 06/2018, EMSA staff will review all suggested revisions from the Trauma Regulations Revision Committee and will provide at least two revised drafts to committee members.</p>	12/31/17:	Not Met. Did not review any revisions from the Trauma Regulations Revision Committee and did not provide any revised drafts to committee members.		
	6/30/18:			
<p>4. Review trauma regulation drafts. Between 07/2017 and 06/2018, EMSA staff will: (1) review at least two revised trauma regulations with EMS Systems Division administration and Executive Division; and (2) make recommended revisions.</p>	12/31/17:	Not Met. Did not review any revised trauma regulations with EMS Systems Division administration and Executive Division; and did not make any recommendations.		
	6/30/18:			