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TELECONFERENCE MEETING  
STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT  
ADVISORY COMMITTEE

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
KINGS RIVER CONFERENCE ROOM  
1616 CAPITOL AVENUE  
SACRAMENTO, CALIFORNIA

TUESDAY, APRIL 23, 2019  
2:14 P.M.

JAMES F. PETERS, CSR  
CERTIFIED SHORTHAND REPORTER  
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ADVISORY COMMITTEE MEMBERS:

- Caroline Peck, M.D., Chair
- Wes Alles, Ph.D., Co-Chair (via teleconference)
- Christy Adams, R.N., B.S.N., M.P.H. (via teleconference)
- Paul Glassman, D.D.S., M.A., M.B.A. (via teleconference)
- Vicki Pinette (via teleconference)
- Dan Spiess (via teleconference)
- Samuel Stratton, M.D., M.P.H. (via teleconference)
- Nathan Wong, Ph.D. (via teleconference)

STAFF:

- Anita Butler, PHHSBG Coordinator
- Matthew Herreid, PHHSBG Fiscal Lead
- Rebecca Horne, PHHSBG Evaluation
- Cha Xiong, PHHSBG Unit Chief

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25 f o r t h e A d v i s o r y C o m m i t t e e .

1 Caroline, I know you always like to say a warm  
2 welcome, so I'm going to give it back to you for a moment.

3 CHAIRPERSON PECK: Okay. And so thank you, Wes.  
4 And I just want to again say thank you to all of our  
5 members of the Advisory Committee, including you Wes, for  
6 your commitment to this work and you help to the  
7 Department in, you know, making sure that the money is  
8 being used like you said, Wes, for the best of the people  
9 of California.

10 Thank you.

11 CO-CHAIRPERSON ALLES: So the -- there was a --  
12 there were two more recent documents that were sent. They  
13 were revised. It was Document 2 and Document 7. So if  
14 you printed yours a week ago or so, when we get to  
15 Document 2, it's the agenda, you might want to work from  
16 a -- your computer screen, because Anita has provided the  
17 revised document. And then the Document 7 is the -- let's  
18 see which one that is --

19 PHHSBG EVALUATOR HORNE: Allocations table.

20 CO-CHAIRPERSON ALLES: Well, Document 7 and  
21 whatever that is.

22 CHAIRPERSON PECK: Yes.

23 PHHSBG EVALUATOR HORNE: It's the allocations  
24 table.

25 CO-CHAIRPERSON ALLES: I have these things paper

1 clipped. And some paper clipped held another document.

2 In any case, I'm going to move forward here.

3 The first item of business is to do a roll call  
4 for the AC members. And Matt Herreid will do the roll  
5 call. I want to point out that there are 10 members, not  
6 11. Somehow, the number 4 didn't make it onto the sheet,  
7 and so it shows we have 11. But the 10 Advisory Committee  
8 members, many of you have been on the Committee for some  
9 time. And I think that really speaks to the issue of  
10 efficiency and effectiveness, because we have historical  
11 memory of why decisions were made, what conversations were  
12 about, and how to do the business of an advisory committee  
13 working hand-in-hand with the two agencies who are in the  
14 room today.

15 So, Matt, would you like to take the roll,  
16 please.

17 PHHSBG FISCAL LEAD HERREID: Certainly.

18 Christy Adams?

19 ADVISORY COMMITTEE MEMBER ADAMS: Here.

20 PHHSBG FISCAL LEAD HERREID: Wes Alles?

21 CO-CHAIRPERSON ALLES: Here.

22 PHHSBG FISCAL LEAD HERREID: Paul Glassman?

23 ADVISORY COMMITTEE MEMBER GLASSMAN: Here.

24 PHHSBG FISCAL LEAD HERREID: Stephen McCurdy?

25 Stephen McCurdy?

1 All right. Dr. Caroline Peck?

2 CHAIRPERSON PECK: Here.

3 PHHSBG FISCAL LEAD HERREID: Vicki Pinette?

4 ADVISORY COMMITTEE MEMBER PINETTE: I'm on.

5 PHHSBG FISCAL LEAD HERREID: Dan Spiess?

6 ADVISORY COMMITTEE MEMBER SPIESS: Here.

7 PHHSBG FISCAL LEAD HERREID: Samuel Stratton?

8 ADVISORY COMMITTEE MEMBER STRATTON: Here.

9 PHHSBG FISCAL LEAD HERREID: Wilma Wooten?

10 Nathan Wong?

11 CHAIRPERSON PECK: And Nathan I believe has a  
12 conflict, yeah.

13 CO-CHAIRPERSON ALLES: Nathan sent an email  
14 indicating he may be able to join us a little bit late  
15 today.

16 And then I'd like to know also who on the CDPH  
17 staff is in attendance, and if there's anybody from EMSA,  
18 either attending by phone or in the room, please let us  
19 know. And do you have a way of doing that smoothly, Anita  
20 for your staff?

21 PHHSBG SECTION CHIEF BUTLER: Yes. Yes. We will  
22 start with the young lady to my right.

23 MS. SALAZAR ISLAS: Maria Salazar Islas, Office  
24 of AIDS.

25 PHHSBG SECTION CHIEF BUTLER: I'm sorry. Can you

1 repeat that so the court reporter can get it on  
2 transcript.

3 MS. SALAZAR ISLAS: Maria Salazar Islas, Office  
4 AIDS.

5 PHHSBG UNIT CHIEF XIONG: Cha Xiong, Black Grant  
6 Unit Chief.

7 PHHSBG SECTION CHIEF BUTLER: Anita Butler?

8 CO-CHAIRPERSON ALLES: You're going to need to  
9 speak up just a bit.

10 PHHSBG UNIT CHIEF XIONG: Cha Xiong, Block Grant  
11 Unit Chief.

12 PHHSBG SECTION CHIEF BUTLER: Anita Butler,  
13 Chronic Disease Control Branch.

14 PHHSBG EVALUATOR HORNE: Rebecca Horne, Block  
15 Grant.

16 PHHSBG FISCAL LEAD HERREID: Matt Herreid, Block  
17 Grant.

18 MS. CHINN: Sheila Chinn, Nutrition, Education,  
19 and Obesity Prevention.

20 PHHSBG SECTION CHIEF BUTLER: That is everyone in  
21 the room, Wes.

22 CO-CHAIRPERSON ALLES: Okay.

23 PHHSBG SECTION CHIEF BUTLER: Would you like to  
24 check to see if there's anyone else on the phone?

25 CO-CHAIRPERSON ALLES: Yes. Anybody from CDPH or



1 EMSA on the phone?

2 Is there any member of the public who's on the  
3 phone?

4 MS. O'BRIEN: Hello. This is Lori O'Brien. I'm  
5 from EMSA.

6 CO-CHAIRPERSON ALLES: Oh. Hi, Lori. Welcome.

7 MS. O'BRIEN: Hi.

8 CO-CHAIRPERSON ALLES: Any member of the public?

9 Okay. Well, let's see, I want to indicate that  
10 CDPH has two new members for the administration team.  
11 Rebecca Horne and Cha Xiong. Rebecca Horne is the Block  
12 Grant Evaluator and Continuous Quality Improvement  
13 Coordinator. She will ultimately lead the project for all  
14 administrative and programmatic deliverables.

15 And the second person is Cha Xiong. And she's  
16 the Block Grant Unit Chief. She directs and oversees the  
17 block grant administrative and fiscal deliverables.

18 And so I'm going to give each of them a chance  
19 just to say a few words about their background or whatever  
20 they would like us to know about them.

21 And, Rebecca, I'll begin with you.

22 ADVISORY COMMITTEE MEMBER GLASSMAN: Wes, can I  
23 just ask -- this is - hi - Paul Glassman. There seems  
24 like a lot static and some buzzing noise. I'm not sure if  
25 maybe someone is in an automobile with the -- or

1 something, but it makes it a little hard to hear at times.

2 CO-CHAIRPERSON ALLES: All right. Okay.

3 Rebecca.

4 PHHSBG EVALUATOR HORNE: Okay. Thank you, Dr.  
5 Alles. Yes, I was asked to say a few words about myself  
6 and experience

7 CO-CHAIRPERSON ALLES: Rebecca, you need to  
8 probably get a little close to the microphone.

9 PHHSBG EVALUATOR HORNE: Is this better, Wes?

10 CO-CHAIRPERSON ALLES: Yes.

11 PHHSBG EVALUATOR HORNE: Wonderful.

12 All right. So thank you. I have been working in  
13 public health for a number of years now. And I just want  
14 to say that I'm so glad to be part of this block grant  
15 team. It's a pleasure working with the team and a  
16 pleasure with -- working with all of the members.

17 I have a master's degree in public health from  
18 the UCLA School of Public Health. And I concentrated in  
19 community health sciences there. I'm delighted to apply  
20 my experience and training here. And I look forward to  
21 working with all of you. Thank you so much for your  
22 commitment to the Preventive Health and Health Services  
23 Block Grant. We couldn't do it without you.

24 CO-CHAIRPERSON ALLES: Well, Rebecca, thank you.  
25 And we couldn't do it without people like you as well.

1 And I hope you have a long career at CDPH.

2 PHHSBG EVALUATOR HORNE: That's kind of you.  
3 Thank you.

4 CO-CHAIRPERSON ALLES: Cha.

5 PHHSBG UNIT CHIEF XIONG: Hi. I'm Cha Xiong.  
6 And I've been with the Department of Public Health since  
7 August of 2018.

8 I'm fairly new to the State, but I have tons of  
9 experience in grant management. I started off in  
10 nonprofit, and I have a public and -- sorry. I have a  
11 master's in public administration. Yeah, and I'm just --  
12 I'm just happy to be here.

13 CO-CHAIRPERSON ALLES: Thank you. And similar to  
14 you hopefully a long and successful career with CDPH or  
15 somewhere in public health.

16 Okay. I want to go through the documents very  
17 quickly to make sure that you have all of them. The first  
18 one is the Advisory Committee members. The second one is  
19 the agenda. That's one of the two that has been revised  
20 slightly. The third one is a summary of the court  
21 reporter minutes. And a little bit later in the meeting,  
22 we will be voting on accepting or revising these minutes.

23 Later on, document D8 is the transcript of the  
24 reporters's -- court reporter's work. And those were all  
25 the words that were said in that meeting. We're actually

1 doing a vote on the summary of the minutes. And I will go  
2 through those very quickly a little bit later.

3 Document 4 is the Block Grant Program output  
4 report. This was 48 pages long. This is a very important  
5 document we implemented some years ago - maybe 10 years  
6 ago or so - the idea of each coordinator for the Program  
7 would create smart goals. I don't know if we called them  
8 smart goals at that time, but goals that understood that  
9 they could be measured.

10 And so in one of the columns, there's a detailed  
11 objective outcome and that's the middle column. And then  
12 if you go to the far right, there's an impact to  
13 California, or said in a different way, a value statement.  
14 And in some cases, we -- we do use this information,  
15 particularly that last column, if we're having a hard time  
16 making a choice between one program or another, looking at  
17 what the outcomes have been. It's also helpful for  
18 another purpose, that sometimes the outcomes weren't  
19 achieved, but it gives the opportunity to talk about why.

20 In one case I recall there was a specific percent  
21 that was identified and they missed the percent by I think  
22 2 percentage points, and then they offered a reason as to  
23 why that happened.

24 So Document 5, which will be presented by Anita a  
25 little bit later, has to do with the criteria for the

1 grant funding. And we will be taking a vote on whether to  
2 modify this list or to approve it as a continuing document  
3 and set of principles.

4 D6 is the program descriptions with the proposed  
5 funding level. And I think Anita is also doing that one.  
6 That also could be Matt. I'm not quite remembering that.

7 D7 I did find is the State fiscal year '19 and  
8 '20 allocations.

9 And then D8 is the court reporter's transcript.

10 So I'll find my way back onto the agenda here.  
11 The meeting materials is the summary of the report. And  
12 what I wanted to do was to just go through very quickly  
13 with you the advise -- it was indicated there were seven  
14 Advisory Committee members present, two Advisory Committee  
15 members were not present. It identified the Block Grant  
16 team. There were four. All four of those are on the  
17 call -- oh, sorry, Hector is not feeling well. He's not  
18 on the call today.

19 There were 34 programs representatives who  
20 participated in the meeting. There was one public  
21 attendee and that was the court reporter. We discussed  
22 the Block Grant funded programs. Hector went through all  
23 of the program descriptions and the awards.

24 Then there was an ask of whether there were --  
25 was public comment, and there were no public comments.

1 There was a note that the Healthy People 2020 objectives  
2 were an important part of guiding the programs and the  
3 objectives for the State of California. It also indicated  
4 a reminder to everybody that the funds are split from the  
5 grant monies, 70 percent going to CDPH and 30 percent to  
6 EMSA.

7 The Advisory Committee discussion took place on  
8 the State plan. There was only one issue that was  
9 discussed. It was discussed briefly. Dr. Wooten asked if  
10 the programs and funding under discussion were the same as  
11 those discussed during the May 4th meeting and why a  
12 second vote was being solicited. Anita answered that the  
13 CDC requires two Advisory Committee meetings, the first to  
14 discuss the funding allocations and the second is to  
15 obtain State plan approval from the Advisory Committee.

16 There was approval of the minutes of May 4th,  
17 2018.

18 Then Caroline went over the federal omnibus  
19 budget passed for fiscal 2018 and the CDPH Healthy People  
20 2020 program. Some additional materials that she went --  
21 that she covered. And then we took a vote and the minutes  
22 were approved.

23 Let's see here. So I want to move to agenda  
24 item -- there were no actions in that first agenda item.  
25 The second agenda item does have an action item. This is

1 discussion and approval of the June 5th, 2018 meeting  
2 minutes. And I would ask you to go to D3 as the document  
3 that will guide this discussion.

4 And let's see, I think I went through the minutes  
5 of the -- of the meeting. If there were anymore detailed  
6 level comments or questions, I would entertain them now,  
7 and then I'll ask if there are any public comments.

8 Does anybody from the Committee want to make a  
9 comment to the minutes from the meeting?

10 Okay. Is there a member of the public who has  
11 joined us, either in the room or by phone?

12 Okay. That being the case then, I would ask for  
13 a motion and a second to approve the minutes from the June  
14 5th meeting.

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

17 CO-CHAIRPERSON ALLES: Thank you.

18 ADVISORY COMMITTEE MEMBER SPIESS: I'll second.  
19 This is Dan Spiess.

20 CO-CHAIRPERSON ALLES: Hi, Dan. Thank you.

21 We have a motion and a second.

22 Is there any further conversation or discussion,  
23 questions?

24 Okay. All those in favor, signify by saying aye?

25 (Ayes.)

1 CO-CHAIRPERSON ALLES: Are there any nays?

2 Is there anybody abstaining?

3 Okay. So the minutes have been approved by the  
4 Committee unanimously.

5 We move on to the next agenda item, which is the  
6 item number 3, federal fiscal year final program outcomes  
7 report. And I would ask you to go to document number 4.  
8 And Rebecca will present a brief overview of the Fiscal  
9 '17 -- Federal Fiscal 17 Outcomes Report.

10 PHHSBG EVALUATOR HORNE: Thank you, dr. Alles.  
11 Yes, I'm very pleased to share with you the Program  
12 Outcomes Report for federal fiscal year 2017. It covers  
13 the work period from July 1st, 2017 through June 30th,  
14 2018. The report captures the outcomes of program's  
15 approved objectives and activities from the State plan.

16 And I'm happy to announce that the programs did  
17 very well. The programs met the large majority of their  
18 stated objectives and activities.

19 Specifically, programs met or exceeded 46 out of  
20 the 56 total objectives from the State plan. Of the  
21 remaining 10, 5 were partially completed, so only 5 out of  
22 the 56 were unmet.

23 For the activities, programs met or exceeded 121  
24 out of the 145 total activities from the approved State  
25 plan. Of the remaining 24, 10 were partially met, so only



1 14 out of 145 were unmet.

2 So overall, this is a really good outcome, and we  
3 appreciate the hard work that all of our programs are  
4 doing on behalf of California.

5 CO-CHAIRPERSON ALLES: Is there a member of the  
6 public, if one has joined -- I guess I should ask it that  
7 way. Is there a member of the public who has joined?

8 And I keep asking, because we do want our  
9 Committee to have a bright light shined on transparency  
10 and on issues that people may have. So as we go forward,  
11 I'll continue to ask that question.

12 Hearing no member of the public making comment.

13 I'll ask the Advisory Committee if you wanted to  
14 ask Rebecca any question pertaining to those projects or  
15 programs that were not completely successful that were  
16 presented in that Document 4?

17 ADVISORY COMMITTEE MEMBER SPIESS: No questions  
18 here. Thank you.

19 CO-CHAIRPERSON ALLES: Al right. Let me move on  
20 then. That was not an action item, and neither is the  
21 next one, which is Agenda Item 4, Federal Fiscal Year  
22 2019-20 Update. Caroline will present that.

23 CHAIRPERSON PECK: Thank you, Wes.

24 Well, we got our --

25 CO-CHAIRPERSON ALLES: Hello?

1 CHAIRPERSON PECK: Hello?

2 CO-CHAIRPERSON ALLES: Yeah, you're good.

3 CHAIRPERSON PECK: Okay. Fabulous. So we did  
4 get our preliminary allocation from the CDC for the  
5 federal fiscal year allocation. And it was \$800,000 less  
6 than the prior year. And the funding goes up and down.  
7 You know, sometimes it's 30,000, 60,000, but this year it  
8 happened to be 80,000 -- or 800,000. But we are not in a  
9 bad situation, because we've had savings over the past  
10 couple of years that we will -- you know, that we can  
11 supplement the allocations from this federal fiscal career  
12 20-19 allocation.

13 So is there any questions about that?

14 CO-CHAIRPERSON ALLES: Is there a member of the  
15 public who has joined?

16 The Committee, anybody want to ask Caroline a  
17 question?

18 CHAIRPERSON PECK: Who just had a question?

19 ADVISORY COMMITTEE MEMBER: This is Dan Spiess.  
20 Should we be looking at Attachment D7?

21 CHAIRPERSON PECK: Yes. I can go over D7, if  
22 you'd like.

23 ADVISORY COMMITTEE MEMBER SPIESS: I just wanted  
24 to make sure that I understood the math that goes into the  
25 rape prevention and Emergency Medical Services?

1 CHAIRPERSON PECK: Okay. Very good. At the top  
2 of sheet D7, in blue are the programs that are within the  
3 California Department of Public Health. And we break it  
4 down by each center within the Department.

5 Below that is the rape prevention set-aside, so  
6 that doesn't change from year to year. That's a fixed  
7 amount based on the California population. Underneath  
8 that is the Emergency Medical Services Authority  
9 allocation. And the very bottom in green is the total.

10 So on the third column over, it talks about the  
11 State fiscal year -- it would be the 19-20 State plan.  
12 And California uses the federal fiscal year 2019 funds for  
13 that -- for the work that we will do in State fiscal year  
14 19-20. The fourth column shows the allocations that were  
15 given out to these programs last year, state fiscal year  
16 18-19.

17 So as you can see, there have been some  
18 adjustments. But, in general, the amounts have decreased  
19 from State fiscal career 18-19 to State fiscal year 19-20,  
20 with the exception of the California Behavioral Risk  
21 Factor Surveillance System. And the rape prevention  
22 set-aside is constant. And the EMSA allocation is  
23 lowered, as is the overall CDPH allocation.

24 But due to savings that we've had from prior year  
25 funds, what the programs will actually receive in State

1 fiscal year '18 -- 19-20 -- or, I'm sorry, 19-20 will be  
2 the same as State fiscal year 18-19, but we just have to  
3 put the lower amounts in the State plan, because we have  
4 to adhere to the allocation that CDC has given us.

5           ADVISORY COMMITTEE MEMBER SPIESS: Thank you. It  
6 looked like EMSA was at 25 percent of the overall total.  
7 Is that -- and somehow it seemed to me that 30 percent was  
8 the amount towards EMSA. But with the rollover amount,  
9 that will take it to the 30 percent, is that correct?

10           PHHSBG SECTION CHIEF BUTLER: Hi, Dan. This is  
11 Anita. The difference that you're seeing is because EMSA  
12 pays its fair share of the cost to administer the grant.  
13 So all the CDPH programs and EMSA contribute to the  
14 administrative costs.

15           ADVISORY COMMITTEE MEMBER SPIESS: Okay. Thank  
16 you.

17           CHAIRPERSON PECK: Yeah. But I think EMSA will  
18 be made whole. All their programs will be made whole. So  
19 for the purposes of the State plan, the total -- the very  
20 bottom total in column 3, \$10,615,610, that is the total  
21 that we give -- that we submit to CDC. But what the  
22 programs will actually end up receiving is in the fourth  
23 column, the total of \$11,413,381. And of that, EMSA will  
24 get the same amount that they got last year, which is  
25 \$2,961,617.

1 CO-CHAIRPERSON ALLES: And given that CDPH it's  
2 same concept, it's made whole --

3 CHAIRPERSON PECK: Yeah.

4 CO-CHAIRPERSON ALLES: -- if it was 30 percent  
5 last year, then that would mean it was 30 percent this  
6 year. It could be off by a percent perhaps. I don't -- I  
7 don't know how strict that 30 percent is, but it should be  
8 the same as last year.

9 CHAIRPERSON PECK: That's correct. And remember,  
10 the 70 percent and 30 percent is after we've taken off the  
11 rape prevention set-aside, because that is a set-aside  
12 from the federal government. And then what's left then is  
13 split 70 and 30. And then the administrative cost for  
14 each program, including rape set-side, are then taken off.  
15 And we'd be happy to --

16 ADVISORY COMMITTEE MEMBER WONG: Hi. This is  
17 Nathan Wong. I just wanted to let you know I just joined  
18 the call a little while ago. Sorry, I'm late. I was  
19 double booked.

20 CHAIRPERSON PECK: Welcome, Nathan.

21 CO-CHAIRPERSON ALLES: Thank you, Nathan.  
22 Welcome.

23 ADVISORY COMMITTEE MEMBER WONG: Thank you.

24 CHAIRPERSON PECK: So again, we'd be happy to, if  
25 it's still -- you know, you're not satisfied, we'd be

1 happy to have a special call with you, and show you our  
2 documents how we work out the numbers, if you --

3           ADVISORY COMMITTEE MEMBER SPIESS: I believe I  
4 understand it now, and I appreciate the explanation.

5           CHAIRPERSON PECK: Okay. Yeah. We highly value  
6 our EMSA partners and we treat them the same way we treat  
7 ourselves.

8           ADVISORY COMMITTEE MEMBER SPIESS: Thank you.

9           CHAIRPERSON PECK: Are there any other --

10          CO-CHAIRPERSON ALLES: Any other questions?

11          CHAIRPERSON PECK: Yeah, on federal fiscal year  
12 19? Because if not, I can go on to federal fiscal year  
13 20.

14          CO-CHAIRPERSON ALLES: Okay.

15          CHAIRPERSON PECK: Okay. So similar to prior  
16 years, the President's budget has zeroed out the  
17 Preventive Health and Health Services Block Grant, which  
18 is a line item in the CDC budget. But this has happened  
19 now for the past 10 years. We do have very strong support  
20 in Congress from both Houses, from both the Democrat and  
21 the Republican parties. So I believe that it will be  
22 restored, and that the funding will come through when the  
23 budget is signed, you know, later on this year or next  
24 year.

25                 But we do have enough money to fund programs

1 through State fiscal year 19-20. We're in a similar  
2 situation that we've been in for the past few years.

3 CO-CHAIRPERSON ALLES: Anybody want to ask a  
4 question relative to fiscal year 20?

5 Okay. Caroline, anything else you want to add?

6 CHAIRPERSON PECK: No, that's all for me.

7 CO-CHAIRPERSON ALLES: We'll move on to agenda  
8 item number 5. There are actually a number of items to be  
9 discussed here. This regards the block grant funding.  
10 And the first person will be Anita, and she'll review the  
11 previously approved Principles of Allocation. It's  
12 document 5.

13 And I want to just make a comment, so that it's  
14 in the court reporter's transcript, that this has been  
15 something that was unique when CDC audited our program,  
16 normal audit. They try to rotate around to the different  
17 states. They were impressed with the idea that we have a  
18 template that we had created that had specific and well  
19 thought out items that would help us determine funding.

20 And so, Anita, would you like to present that  
21 document?

22 PHHSBG SECTION CHIEF BUTLER: Yes, Wes. Thank  
23 you so much.

24 So as you mentioned, these were principles that  
25 the Advisory Committee developed in 2014. And since then,

1 we review them to ensure that they are still accurate. If  
2 they are, you all approve them. And if changes need to be  
3 made, we revise them at this time.

4           So the very first one -- and these are not in any  
5 particular order. And again, we're looking at document  
6 number 5. The first one is emphasize primary and  
7 secondary prevention programs; secondary prevention  
8 includes prevention of future injury among the injured  
9 population; next is fund each program for at least 3  
10 years; do not transfer monies out of the Preventive Health  
11 and Health Services Block Grant; prioritize using these  
12 criteria; condition severity; size of the problem or  
13 condition; equity in health status; community concern;  
14 program engage communities at the local level; the cost of  
15 the condition; cost effectiveness of interventions;  
16 concordance with Healthy People objectives; other  
17 resources available to address the conditions; performance  
18 on program metrics; the needs of EMSA should be  
19 considered; innovation in areas for which there are few  
20 proven interventions; ability to cross sectors and  
21 disciplines; leverage of other funds; impact of  
22 terminating program; appropriate balance between  
23 infrastructure versus program services; history and  
24 longevity of program; reconfiguration/modification of  
25 program.



1           That was the total of the 2014 Advisory Committee  
2 Principles for Allocation. And, Wes, I will turn it back  
3 over to you.

4           CO-CHAIRPERSON ALLES: Okay. Thank you.

5           So our task here, as the Advisory Committee, is  
6 to suggest revisions to the Principles of Allocation or to  
7 approve them. And if revisions are made, then we would  
8 utilize the revised principles in the allocation for State  
9 fiscal year 20-21. So it wouldn't affect the upcoming  
10 budget.

11           And let me ask is there any member of the public  
12 who would like to make comment?

13           And what about the Advisor Committee?

14           ADVISORY COMMITTEE MEMBER WONG: Yeah, this is  
15 Nathan, Wes. I'm just wondering -- you know, most of  
16 these make sense. The question that I have is the one on  
17 the needs of EMSA should be considered. Can there be  
18 further clarification on that? It seems like that's for  
19 one specific program.

20           CO-CHAIRPERSON ALLES: Well, it has to do with  
21 the distribution of the -- of the funds. And they're  
22 currently 70 percent CDPH and 30 percent for EMSA. I  
23 think that that probably is something that's relatively  
24 fixed. And maybe, Caroline, you could speak to that in  
25 just a moment.

1           But I think it was -- because there's a larger  
2 amount and the smaller amount, it was a statement of  
3 wanting to make sure that the smaller funded group would  
4 be treated as reasonably as one could expect by  
5 considering what Caroline said just a few minutes ago that  
6 we are all one.

7           So, Caroline, I'll let you further that.

8           CHAIRPERSON PECK: Yes. And the reason behind  
9 the 70/30 split between CDPH and EMSA was for historical  
10 reasons. And I think when the block grant was put  
11 together, you know, 30 years ago, there was a number of  
12 different programs, some of which were CDPH programs, and  
13 some of which were EMSA programs. So we just looked -- or  
14 I wasn't there then, but they looked at what the  
15 distribution of those programs were. And so it's just  
16 been a historical 30 percent, you know, from that initial  
17 time when the different funding streams were combined at  
18 CDC.

19           CO-CHAIRPERSON ALLES: Dan, would you like to  
20 speak to that?

21           ADVISORY COMMITTEE MEMBER SPIESS: I tried to  
22 recall the conversation that went into that being placed  
23 as one of the criteria that -- I'm not resurrecting the  
24 specifics of it at this point in time.

25           CO-CHAIRPERSON ALLES: Nathan, does that help?

1           ADVISORY COMMITTEE MEMBER WONG: Yeah. No, I  
2 think I understand. I guess it's -- you know, what we're  
3 saying is we're earmarking 30 percent of the funds and for  
4 actually EMSA. And I guess I would just question, you  
5 know, if that's -- you know, if that's fair to all the  
6 other groups where we're not earmarking a specific, you  
7 know, percentage to the other programs. I can understand  
8 EMSA is a large -- you know, the largest. So maybe you're  
9 saying no more than 30 percent would be allocated to them,  
10 and that might be the intention

11           But, no, I just wanted to raise that issue  
12 just -- you know, I just raise that question. I don't  
13 know if I have a strong opinion one way or the other.

14           CO-CHAIRPERSON ALLES: Okay. Well, just to add  
15 the -- it's more than a program. It is a statewide very  
16 large program of coordinated efforts. And so it's not  
17 equivalent in a way to any of the specific projects within  
18 CDPH. And the -- there is an expectation that monies will  
19 come from the block grant to EMSA. And as Caroline said,  
20 it was 30 percent at the time, and it's still 30 percent.  
21 We use that as our measure.

22           But it's not a fair -- it's not fair to say that  
23 EMSA would be similar to one of the projects related to  
24 any of the projects that are listed on that total list of  
25 CDPH.

1           So if you want to make a motion that you would  
2 like to change that, we could have conversation about  
3 that. I don't want to shut off your concern.

4           ADVISORY COMMITTEE MEMBER WONG: Yeah. No, I  
5 appreciate that. I don't think I'm ready to make a motion  
6 to change that. I guess I was just questioning it, you  
7 know, because it does seem like we're earmarking a certain  
8 amount for that program, and it's not that program  
9 specifically. So I would just raise that question for  
10 people to think about.

11           I guess EMSA has always relied on the block grant  
12 funding as its main source of support, right? You know,  
13 because I guess technically it's more emergency medical  
14 services rather than prevention, but I guess historically  
15 the funds have always come out of this block grant, right?

16           CHAIRPERSON PECK: That is correct, Nathan. And  
17 I believe it is about 50 percent of that department's  
18 budget. And they use it to fund seven programs, is  
19 that --

20           PHHSBG SECTION CHIEF BUTLER: Eight programs.

21           CHAIRPERSON PECK: Okay. Nine this year and  
22 eight next year?

23           PHHSBG EVALUATOR HORNE: Right. Programs within  
24 EMSA.

25           CHAIRPERSON PECK: Is that helpful?

1           ADVISORY COMMITTEE MEMBER WONG: Yeah. No, I can  
2 see the list of the eight programs here.

3           Okay. Well, I appreciate your response and, you  
4 know, your thoughts regarding all that.

5           CO-CHAIRPERSON ALLES: Thank you, Nathan. Thank  
6 you for asking.

7           Does anybody else on the Committee want to ask a  
8 question or make a comment?

9           Okay. So I don't know that we need a form --  
10 this is not a formal action item. I would suggest that we  
11 continue to use the same principles going forward into the  
12 fiscal 20-21. And if anybody has an objection to that,  
13 let me know before we move off of this. If I don't hear  
14 any, then Caroline, I think we can indicate that we should  
15 go forward, in a similar fashion.

16           Last time going once.

17           Going twice.

18           Okay. Now, Cha, will provide an overview of  
19 California's fiscal year '19 allocation.

20           PHHSBG UNIT CHIEF XIONG: Okay. So I'm going to  
21 go over the D7 document.

22           CO-CHAIRPERSON ALLES: If you could speak up a  
23 bit too, or get closer.

24           PHHSBG UNIT CHIEF XIONG: Yes. So now I'm going  
25 over the document labeled D7, which is the State fiscal

1 year 19-20 allocations. As you can see, the blue is all  
2 CDPH programs, with the rape prevention set-aside on its  
3 own, because that allocation amount will stay the same.

4 Yellow is all of EMSA's programs. And then at  
5 the very bottom is our total. We anticipate a total award  
6 amount of 10 thousand 615 -- \$10,615,610. And CD -- the  
7 CDPH Directorate proposes to fund existing programs who  
8 desire funding of the total. CDPH will receive  
9 \$7,929,573, including the \$832,969 that's set aside for  
10 the Rape Prevention Program

11 CDPH proposes to fund 16 programs instead of the  
12 existing 17. The Receptor Binding Assay Program was  
13 completed and no longer requests funding. CDPH proposes  
14 to spread the \$275,000 savings equally across the  
15 remaining 16 programs. This excludes the rape prevention  
16 set-aside.

17 EMSA will receive \$2,686,037. EMSA proposes to  
18 fund eight programs instead of nine, as they withdrew the  
19 Health Information Exchange Program, because they received  
20 alternative non-block grant funding to support those  
21 efforts. EMSA proposes to spread the savings of \$451,302  
22 equally cross its remaining eight programs.

23 CO-CHAIRPERSON ALLES: Okay. Thank you, Cha.

24 I want to make the point that block grant funding  
25 depends on transparency, and integrity in applying those

1 funds that have been provided by the State and federal  
2 government. And it's really laudable that the funds went  
3 down by 7 percent, and yet they were made whole by  
4 carryover funds.

5           And in addition, there were two programs, one in  
6 each CDPH and one in EMSA, where a program ended up not  
7 being funded. And that enabled the money then to be  
8 channeled to other programs. And we generally, as an  
9 Advisory Committee, do not really have a say in how that  
10 money is being spent in the sense that we give flexibility  
11 to both programs on the basis that, first of all, it's not  
12 a lot of money; but secondly, that the departments --  
13 these two organizations are much more aware of programs  
14 that maybe could benefit from another \$25,000 or another  
15 \$60,000, or if additional money came into a program that  
16 was unexpected, maybe they wouldn't get any money.

17           But the Department would know that. We would  
18 have no knowledge of that, and we feel that a better  
19 decision can be made by the directors of these programs.

20           Caroline, would you like to add anything to that?

21           CHAIRPERSON PECK: Yes, I would. Thank you, Wes.

22           I just want to sort of commend the programs who  
23 had a project, they implemented it, and then -- and they  
24 used that block grant as seed money and were able to apply  
25 for and bring in additional funds from, you know, the

1 federal government or the State government to continue the  
2 work, because then that money can be used to support other  
3 new programs or emerging issues.

4 So, kudos, to EMSA for bringing in additional  
5 funds for Health Information Exchange and for Dr. Mark  
6 Starr who finished doing the Receptor Binding Assay  
7 Project, that they've now incorporated into their regular  
8 laboratory work.

9 CO-CHAIRPERSON ALLES: Thank you.

10 Are there any public comments?

11 Any conversation from the Advisory Committee?

12 Okay. Then we will move on to agenda item number  
13 6, which is the federal fiscal year 2019 proposed  
14 programs. And Matt Herreid will present the programs  
15 within CDPH and EMSA. This is D6.

16 PHHSBG FISCAL LEAD HERREID: Greetings, Doctor.  
17 I'll be referring to Attachment D6, the program  
18 description listing.

19 The first program, Rape Prevention Program. This  
20 program approaches sexual violence from a public health  
21 perspective in which norms and community play a role  
22 beyond the traditional role played by police and the  
23 courts. The proposed funding level is \$832,969.

24 Next, California Behavioral Risk Factor  
25 Surveillance System. The BRFSS is a California specific



1 surveillance system that surveys adults 18 years and older  
2 on self-reported health behaviors. The proposed funding  
3 level is \$738,587.

4 The next program California Wellness Plan  
5 Implementation. CWP is California's Chronic Disease  
6 Prevention and Health Promotion Plan. The overarching  
7 goal of CWP is equity in health and well-being. The  
8 proposed funding level is \$406,223.

9 The next program Cardiovascular Disease  
10 Prevention Program. This program supports a statewide  
11 cardiovascular disease alliance, Healthy Hearts of  
12 California, which coordinates statewide heart disease  
13 control and prevention efforts. The proposed funding  
14 level is \$392,055.

15 The next program Commodity-Specific Surveillance:  
16 Food and Drug Program. The goal of this program is to  
17 collect surveillance samples of high-risk food products.  
18 The proposed funding level is \$184,647.

19 Next, Ecosystem of Data Sharing/CDPH  
20 Interoperability Initiative. This program provides the  
21 infrastructure for data sharing within CDPH's registries  
22 in other data systems and with external stakeholders. The  
23 proposed funding level is \$197,841.

24 Next, Emergency Medical Dispatch Program/EMS  
25 Communications. This program will provide statewide

1 training standards and provide uniformity through  
2 guidelines and improved interoperability, communications  
3 among EMS agencies, and public safety responders. The  
4 proposed funding level is \$203,748.

5           Next, EMS for Children. This program will  
6 implement fully institutionalized emergency medical  
7 services for children in California. The proposed funding  
8 level is \$121,486.

9           Next, EMS Partnership for Injury Prevention and  
10 Public Education. This program will maintain continuous  
11 emergency medical services participation in statewide  
12 injury-prevention and public-education initiatives,  
13 programs, and policies by collaborating with local EMS  
14 agencies and stakeholders. The proposed funding level is  
15 \$93,557.

16           Next program, EMS Poison Control System. This  
17 program supports California's Poison Control System, one  
18 of the largest single providers of poison control services  
19 in the United States, and the sole provider of poison  
20 control services for California. The proposed funding  
21 level is \$94,856.

22           The next program, EMS Pre-Hospital Data and  
23 Information Services and Quality Improvement Program.  
24 This program increases specialized pre-hospital EMS data  
25 submissions into the State EMS database system and unites

1 components under a single data warehouse. The proposed  
2 funding level is \$994,368.

3 The next program, EMS STEMI and Stroke Systems.  
4 This program reduces premature deaths and disabilities  
5 from heart disease and stroke through improved  
6 cardiovascular health detection and treatment during  
7 medical emergencies. The proposed funding level is  
8 \$190,174.

9 The next program, EMS Systems Planning and  
10 Development. This program increases quality patient care  
11 outcomes through 33 local Emergency Medical Services  
12 agencies throughout California. The proposed funding  
13 level \$791,464.

14 The next program, EMS Trauma Care Systems. This  
15 program reduces morbidity and mortality resulting from  
16 injury in California by providing continued oversight of  
17 the statewide trauma system. The proposed funding level,  
18 \$196,384.

19 The next program, Health in All Policies. This  
20 program facilitates the California Health in All Policies  
21 Task Force, provides consult -- consultation to non-health  
22 agencies to integrate health and equity into their  
23 policies, programs and procedures, and builds CDPH and  
24 local health department capacity to promote health equity.  
25 The proposed funding level \$547,245.

1           Next program, Healthy People 2020 Program. This  
2 program supports the overall efforts of the Block Grant by  
3 enhancing the accountability and transparency of the block  
4 grant through measuring progress and impact of funded  
5 programs through quality improvement initiatives, as well  
6 as communicating current accomplishments. The proposed  
7 funding level \$820,491.

8           The next program, Intentional and Unintentional  
9 Injury Prevention. This program seeks to maintain injury  
10 prevention and control as a core public health function.  
11 The proposed funding level is \$909,042.

12           The next program, Obesity Prevention for  
13 Californians. This program fosters the development of  
14 healthy communities through the creation, adoption, and/or  
15 implementation of evidence-based policies, practices,  
16 and/or resources. The proposed funding level \$276,970.

17           The next program, Partnering to Reduce  
18 Preventable Nonfatal Work-Related Injuries. This program  
19 establishes a new ongoing core capacity to reduce the  
20 impacts of preventable, nonfatal, work-related injuries  
21 through public awareness campaigns, education/outreach  
22 projects, and other interventions. The proposed funding  
23 level \$156,950.

24           The next program, Preventive Medicine Residency  
25 Program, Cal-EIS. PMR and Cal-EIS programs are the key

1 workforce pipeline for hard-to-fill epidemiology positions  
2 in California State and local public health agencies. The  
3 proposed funding level \$521,884.

4           The next program, Public Health Accreditation.  
5 To maintain the Department's accreditation status, this  
6 program will make accreditation related technical  
7 assistance available to California's local and tribal  
8 public health agencies and oversee internal departmental  
9 efforts to maintain compliance. The proposed funding  
10 level \$27,697.

11           The next program, public health 2035 capacity  
12 building activities. This program moves forward CDPH's  
13 State Health Improvement Plan by enhancing CDPH capacity  
14 in cross-cutting departmental collaboration and proactive  
15 response to changing conditions in support of the Public  
16 Health 2035 framework. The proposed funding level is  
17 \$947,579.

18           The next program TB Free California. This  
19 program promotes prevention strategies to reduce  
20 tuberculosis disease among high-risk populations in  
21 California. The proposed funding level, \$553,940.

22           And the last program, Using HIV Surveillance data  
23 to prevent HIV transmission. This program matches people  
24 living with HIV with their reported labs to determine if  
25 they are receiving timely HIV care and treatment. The

1 proposed funding level \$415,455.

2 That completes the list.

3 CO-CHAIRPERSON ALLES: Okay. Matt, I'm going to  
4 ask you another question in just a moment. But I want to  
5 make sure that this gets on the record that the Committee  
6 members received six pages of documents related to this  
7 D6. And it described all of the programs and the funding  
8 amount that Matt just read to us. I know it seems awkward  
9 to have somebody read what we already have -- we have  
10 received. The purpose of receiving it in digital format  
11 with some time was that we would be able to go through  
12 that in detail and be able to ask specific questions. The  
13 purpose of asking Matt to read the information on those  
14 six pages was that we would have it recorded, and it would  
15 be a documentable part of what the Committee received.

16 So, now, Matt, what I'm going to ask is could you  
17 summarize the policy, so that we can get that on the  
18 record?

19 PHHSBG FISCAL LEAD HERREID: Certainly. If the  
20 block grant allocation increases, CDPH and EMSA have the  
21 discretion to allocate it to programs that, in their  
22 assessment, should receive the funds without the need to  
23 held a formal AC meeting. The formula funding will remain  
24 70/30 for CDPH and EMSA respectively. The increase will  
25 support activities that comply with CDC's Healthy People

1 2020 objectives and are included in the AC-approved State  
2 plan.

3           For example, if CDC awards an additional  
4 \$100,000, CDPH will have the discretion of warding \$70,000  
5 to CDPH and \$30,000 to EMSA. Under this policy, each  
6 department has the discretion, within the approved State  
7 plan to allocate additional funding as the department  
8 believes it is appropriate under the circumstances.

9           CO-CHAIRPERSON ALLES: Thank you very much.

10           So let me ask, is there any member of the public  
11 who has joined us?

12           All right. This is an opportunity then for the  
13 Advisory Committee. You've had the materials and the same  
14 detail that Matt read them. Is there anything that you  
15 would like to present as a question, or a concern, or a  
16 recommendation?

17           ADVISORY COMMITTEE MEMBER WONG: This is Nathan  
18 again. I guess I'm the sole -- one of the sole voices  
19 providing comments for the record here. I just -- given  
20 that the size and scope of the problem is one of the major  
21 criteria, I would just ask that this Committee, you know,  
22 consider maybe more carefully some of those disease  
23 conditions and programs that affect a fairly large  
24 proportion of the California population. So, you know, in  
25 terms of -- such as cardiovascular disease prevention,

1 obesity prevention. These programs traditionally have not  
2 gotten as much funding as some of the programs that are  
3 below that. I don't want to pick on any specific  
4 programs. But there are some that while, you know,  
5 they're important conditions, you know, affect a  
6 relatively -- a much smaller percentage of the population.

7           So I would just kind of raise that question. And  
8 it would be good to try to understand how some of these  
9 criteria are factored into allocations. I know that --  
10 that historically, you know, that the funding has remained  
11 about the same for many of these programs, so  
12 year-to-year, we don't see a lot of change. But some of  
13 these do represent significant disease conditions, yet I  
14 see their funding is oftentimes less than programs that  
15 are affecting fewer people.

16           I would just mention that as a comment for  
17 consideration.

18           CO-CHAIRPERSON ALLES: Thank you, Nathan.

19           A couple of points to that is that it also -- the  
20 criteria also take a look at the cost of programs. I  
21 takes a look at other sources of funding. And let me give  
22 you an example. Smoking, it has not been a priority for  
23 us, because in California, there are many sources of  
24 funding for smoking.

25           Another matter had to do with the severity of the



1 conditions, and cost to the people of the state. There's  
2 a variety of things that all play in. And then in our  
3 discussions, we ask people to rank for themselves the --  
4 each program. And they get ranked on a kind of an average  
5 basis.

6           If there are 20 programs and the program is  
7 consistently number 20, they're going to get less money in  
8 if they're funded at all perhaps. That -- it's not --  
9 it's not just a matter of the number of people who are  
10 affected. That is one of the criteria. But all of those  
11 criteria we all have to make kind of a decision trying to  
12 make the best decision with lots of determinants, lots of  
13 metrics that are contributing to how we feel about the  
14 funding for that specific program, so -- but I do note --  
15 and again, it will be in the court reporter's  
16 documentation that you raised the concern about that, and  
17 specific again to heart disease.

18           ADVISORY COMMITTEE MEMBER WONG: Yeah. No, I can  
19 certainly appreciate that complexity. Yeah, I mean  
20 there's a big long list of criteria. And I'm -- it's not  
21 an easy task, so I -- you know, I just wanted to make that  
22 comment. But, yeah, I totally understand what you're  
23 saying.

24           CO-CHAIRPERSON ALLES: Thank you, Nathan for  
25 bringing that up. Are there other comments?

1 CHAIRPERSON PECK: I have a comment, Wes. This  
2 is Caroline.

3 CO-CHAIRPERSON ALLES: Go ahead.

4 CHAIRPERSON PECK: Yeah. I would just say that  
5 the Director decided that this year she didn't want to go  
6 through the competitive funding proposal process. But  
7 it's possible that next year there would be a competitive  
8 funding proposal process. So I think it's the Advisory  
9 Committee --

10 Go ahead.

11 CO-CHAIRPERSON ALLES: No, go ahead.

12 Was part of that the decision based on one of the  
13 criteria is that we would like to see programs funded --  
14 that programs that are funded be funded for at least three  
15 years --

16 CHAIRPERSON PECK: Yes.

17 CO-CHAIRPERSON ALLES: -- so that they can get  
18 some traction?

19 CHAIRPERSON PECK: Yes. And I would say if the  
20 advisor committee collectively feels strongly that  
21 something like cardiovascular disease should be funded,  
22 that you can certainly make that recommendation, you know,  
23 for the next fund -- the next time we have a competitive  
24 funding proposal process.

25 CO-CHAIRPERSON ALLES: So hearing no further

1 comment, I did want to say that in prior years, CDC has  
2 increased California's allocation after the Advisory  
3 Committee approved the funding allocation. Just a timing  
4 matter. And if California receives an increase, then the  
5 proposal that I'm going to ask -- this is an action item.  
6 The proposal is that the Advisory Committee would give  
7 CDPH and EMSA maximum flexibility to allocate the funds --  
8 the added funds without requiring additional Advisory  
9 Committee meeting or approval.

10 And I wonder if anybody has a contrary opinion to  
11 that?

12 Hearing none. Then I would like a motion, and  
13 second, and a vote that if additional funds are allocated  
14 from CDC, that we give maximum flexibility to CDPH and  
15 EMSA to allocate without requiring additional approval  
16 from the Advisory Committee. May I have a motion and  
17 second on that?

18 CHAIRPERSON PECK: This is Caroline --

19 ADVISORY COMMITTEE MEMBER WONG: Yeah. I'll make  
20 the motion to approve that.

21 CO-CHAIRPERSON ALLES: Thank you, nathan.

22 ADVISORY COMMITTEE MEMBER GLASSMAN: Paul  
23 Glassman. I'll second.

24 CO-CHAIRPERSON ALLES: Thank you, Paul.

25 All those in favor of that proposal please -- or

1 that action item, please signify by saying aye?

2 (Ayes.)

3 CO-CHAIRPERSON ALLES: Any nays?

4 Any abstain?

5 Okay. It was approved unanimously then by the  
6 Committee.

7 We're coming up on the end here. We're up to  
8 Agenda Item number 7. And Anita will give a brief  
9 overview of the next steps, where do we go from here?

10 PHHSBG SECTION CHIEF BUTLER: Thank you.

11 CO-CHAIRPERSON ALLES: The administration team is  
12 working with CDPH and EMSA to finalize the fiscal '19  
13 State plan. So Anita, I'm going to turn it back to you.

14 PHHSBG SECTION CHIEF BUTLER: Yes. And after I  
15 do the next steps, Wes, would you mind going back to the  
16 action item to approve the proposed federal fiscal year  
17 2019 programs and funding allocations, simply because we  
18 have to get on record the Advisory Committee approval.

19 CO-CHAIRPERSON ALLES: Yeah. Thank you so much  
20 for doing that. What happens, that was at the top of the  
21 page for the previous discussion that we had. And I was  
22 looking at that, and then did some extemporaneous shifting  
23 of conversation thinking that we were going to be voting  
24 on the action items that we just voted on. So, yeah, I'll  
25 go back to that.

1 PHHSBG SECTION CHIEF BUTLER: Okay. Perfect.

2 So in terms of our next steps, the Block Grant  
3 administration team is working with both CDPH and EMSA  
4 programs to finalize the federal fiscal year 2019 State  
5 plan. The team will share it with the public in advance  
6 of the May 30th, 2019 public hearing. CDPH will allow  
7 members of the public to ask questions or suggest  
8 revisions. The team will share public comments with the  
9 Advisory Committee in advance of the June 4th, 2019  
10 Advisory committee meeting. And the team will also share  
11 the State plan with the Advisory Committee for review in  
12 advance of that final meeting, which will be on June 4th,  
13 2019.

14 Please review it in advance of the meeting, as  
15 this approach will give us ample time to discuss any  
16 issues, recommendations, or questions during the meeting.

17 After we receive --

18 CO-CHAIRPERSON ALLES: Thank you, Anita.

19 PHHSBG SECTION CHIEF BUTLER: After we receive  
20 advisory Committee approval of the State plan, the team  
21 will submit it to CDC by the July 1st deadline and we  
22 anticipate receiving the notice of award from CDC in  
23 August of 2019.

24 Thank you.

25 CO-CHAIRPERSON ALLES: Are there any questions

1 that you would like to ask Anita?

2 Okay. This is not an action item, so I will go  
3 back then to our discussion on the matter of the action  
4 item that's at the very top of page 4. And it's approval  
5 of the proposed fiscal -- federal fiscal year 2019  
6 programs and funding allocations. This was the  
7 information that was contained in document 6 that was read  
8 by Matt Herreid. And I asked for public comments. There  
9 were none. I can ask again. Is there any comment that  
10 you would like to make or question on -- among the  
11 Advisory Committee?

12 If not, then again, I would like a motion, and a  
13 second, and vote on approval of that proposal.

14 ADVISORY COMMITTEE MEMBER ADAMS: This is Christy  
15 Adams. I make a motion to approve.

16 CO-CHAIRPERSON ALLES: Thank you, Christy.

17 Is there a second?

18 ADVISORY COMMITTEE MEMBER SPIESS: Second. This  
19 is Dan.

20 CHAIRPERSON PECK: Thank you, Dan.

21 CO-CHAIRPERSON ALLES: Any further conversation  
22 on that?

23 Hearing none.

24 Then those in favor please signify by saying aye?

25 (Ayes.)

1 CHAIRPERSON PECK: Any nays?

2 Did somebody say a nay or --

3 (Laughter.)

4 CHAIRPERSON PECK: I sneezed. I apologize.

5 (Laughter.)

6 CO-CHAIRPERSON ALLES: Okay. Glad we clarified.

7 And so then, I will indicate that the action item  
8 has been approved by the Advisory Committee, again a  
9 unanimous vote.

10 And now we go to the last item on the agenda,  
11 which is a request for any additional comment that you may  
12 have to share with everybody else on the phone.

13 Okay. Hearing none.

14 Then I would like to get a notion, and a second,  
15 and a vote to adjourn the meeting. And the time on it is  
16 3:25 I suppose.

17 May I get a --

18 CHAIRPERSON PECK: I so move.

19 ADVISORY COMMITTEE MEMBER WONG: I'll second it.

20 CO-CHAIRPERSON ALLES: Thank you, Nathan.

21 All those in favor aye?

22 (Ayes.)

23 CO-CHAIRPERSON ALLES: Any nays?

24 Okay. You don't want to stay on longer okay.

25 And any abstentions?

1           So the motion then carries and we adjourn the  
2 meeting. Caroline, anything, in final that you want to  
3 say to the group?

4           CHAIRPERSON PECK: Just again, our heartfelt  
5 thanks both to every member of the Committee, and Wes, for  
6 just -- for your support, for your commitment to this  
7 Committee. We really appreciate it.

8           Thank you.

9           CO-CHAIRPERSON ALLES: Thank you, everybody.

10          ADVISORY COMMITTEE MEMBER WONG: Thank you, all.  
11 Thank you, Wes.

12          CHAIRPERSON PECK: Thank you, Wes.

13          CO-CHAIRPERSON ALLES: Meeting is adjourned.  
14          (Thereupon the PHHSBG meeting adjourned  
15          at 3:25 p.m.)

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## C E R T I F I C A T E O F R E P O R T E R

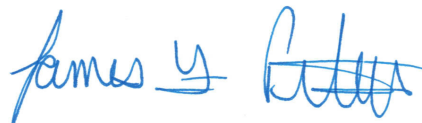
I, JAMES F. PETERS, a Certified Shorthand Reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing PHHSBG meeting was reported in shorthand by me, James F. Peters, a Certified Shorthand Reporter of the State of California.

That the said proceedings was taken before me, in shorthand writing, and was thereafter transcribed, under my direction, by computer-assisted transcription.

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

IN WITNESS WHEREOF, I have hereunto set my hand this 24th day of April, 2019.



JAMES F. PETERS, CSR  
Certified Shorthand Reporter  
License No. 10063