

D3
**CDPH Preventive Health & Health Services Block Grant (PHHSBG) Funding
Proposal Process (FPP) for FFY 2024 and Forward**

BACKGROUND

- PHHSBG is federal funding awarded annually from the Centers for Disease Control & Prevention (CDC); CA receives approximately \$10.5M annually
- Program Objectives must be aligned with the U.S. Department of Health and Human Services' (HHS) [Healthy People \(HP\) Initiatives](#), which are updated every decade
 - Current iteration is Healthy People 2030 Objectives
 - Next iteration of these Initiatives will begin in 2031
- Last FPP was conducted for Federal Fiscal Year (FFY) 2020. Existing CDPH Programs have been funded since FFY 2020 (State Fiscal Year (SFY) 2020 – 2021)

CDC Aims for the PHHSBG

Use Funding to:

- Address emerging health issues and gaps
- Decrease premature death and disabilities by focusing on the leading preventable risk factors
- Work to achieve health equity and eliminate health disparities by addressing the social determinants of health
- Support local programs to achieve healthy communities
- Establish data and surveillance systems to monitor the health status of targeted populations

Achieve Goals by:

- Using evidence-based methods and interventions
- Reducing risk factors, such as poor nutritional choices, smoking, and the lack of physical activity
- Establishing policy, social, and environmental changes
- Leveraging other funds
- Continuing to monitor and re-evaluate funded programs

PROPOSAL

Conduct CDPH PHHSBG FPP every five FFYs

- Rationale: Conducting a FPP every five FFYs will allow sufficient program planning and continuity for all CDPH funded programs.
- Approved programs would be funded for five FFYs, beginning with FFY 2024

- All funded programs are subject to an annual Quality Improvement evaluation conducted by PHHSBG Administration Team (see Roles of PHHSBG Administration Team below for additional information)
- Emergency Medical Services Authority (EMSA) has its own funding process, but EMSA will need to also submit a funding application to CDPH and/or the Advisory Committee during each FPP

FPP in FFY 2024	FPP in FFY 2029	FPP in FFY 2034	FPP in FFY 2039	FPP in FFY 2044	FPP in FFY 2049
FFY 2024 (SFY 2024-25)	FFY 2029 (SFY 2029-30)	FFY 2034 (SFY 2034-35)	FFY 2039 (SFY 2039-40)	FFY 2044 (SFY 2044-45)	FFY 2049 (SFY 2049-50)
FFY 2025 (SFY 2025-26)	FFY 2030 (SFY 2030-31)	FFY 2035 (SFY 2035-36)	FFY 2040 (SFY 2040-41)	FFY 2045 (SFY 2045-46)	FFY 2050 (SFY 2050-51)
FFY 2026 (SFY 2026-27)	*FFY 2031 (SFY 2031-32)	FFY 2036 (SFY 2036-37)	*FFY 2041 (SFY 2041-42)	FFY 2046 (SFY 2046-47)	*FFY 2051 (SFY 2051-52)
FFY 2027 (SFY 2027-28)	FFY 2032 (SFY 2032-33)	FFY 2037 (SFY 2037-38)	FFY 2042 (SFY 2042-43)	FFY 2047 (SFY 2047-48)	FFY 2052 (SFY 2052-53)
FFY 2028 (SFY 2028-29)	FFY 2033 (SFY 2033-34)	FFY 2038 (SFY 2038-39)	FFY 2043 (SFY 2043-44)	FFY 2048 (SFY 2048-49)	FFY 2053 (SFY 2053-54)

***Next iteration of Healthy People Initiatives**

Roles and Responsibilities of Key Stakeholders:

The key stakeholders of the PHHSBG are responsible for ensuring each PHHSBG grant award addresses emerging public health needs in California.

Priority Focus for all stakeholders –

- Align with Department’s mission, vision, and goals
- Align with the California State Health Improvement Plan
- Align with AC’s Principles for Allocation, which are:
 - Size of Problem/Condition
 - Cost-effectiveness of interventions
 - Health Equity

- Linkage with Strategic Goals of California and Healthy People
- Engagement of Communities at the Local Level
- Impact of Termination
- Advisory Committee (AC) members –
 - The PHHSBG Advisory Committee consists of dynamic public health leaders and professionals throughout California. Each member was recommended and chosen by past and present PHHSBG Principal Investigators (PI) and outgoing AC members.
 - Role of AC members: full authority to review, rank, and recommend the final programs to the CDPH Directorate to fund for five years
- Assistant Public Health Officer –
 - Represent the Director’s Office on Advisory Committee – provide insights related to CDPH’s mission, vision, and goals
 - Recommendation: Assistant Public Health Officer, Dr. Rita Nguyen
- Office of Policy Planning (OPP) Deputy Director –
 - Reviews and ensures that PHHSBG application guideline, scoring, and ranking process aligns with CDPH’s policy and best practices.
- PHHSBG Principal Investigator –
 - Serve as Advisory Committee Chair
 - Provides programmatic and fiscal oversight to Admin Team
 - Ensures all programmatic deliverables are submitted timely to CDC
 - Ensures all PHHSBG awards are expended fully and appropriately
- CDPH Director or designee –
 - Final approval for CDPH Programs to be funded per AC members’ recommendations

Roles and Responsibilities of all Programs awarded PHHSBG:

- Adhere to all criteria as stated on each Program’s Memorandum of Understanding (MOU)
- New Programs (First Year Receiving PHHSBG) must meet:
 - Minimum 75% allocation spent
 - Minimum 75% objectives completed
 - Minimum 75% activities completed
- Existing Programs (Received PHHSBG 1+ years) must meet:
 - Minimum 90% allocation spent
 - Minimum 90% objectives completed
 - Minimum 90% activities completed

ROLE OF PHHSBG ADMINISTRATION TEAM

Admin team is the steward of the PHHSBG funds. Our goal is to ensure all PHHSBG-funded programs:

- Align their Program Objectives with Healthy People Initiatives and all new iterations released every decade
- Align their Program Objectives with the Department’s priorities and AC's Principles for Allocation

- Complete all programmatic and fiscal deliverables
- Utilize their awarded allocation timely and appropriately
- Provide year-end Objectives and Key Results (OKRs) reports to management and AC to review

Admin Team can recommend annually:

- Status quo with proportional increase/decrease in funding due to CDC allocation
- Program elimination of underperforming programs based on program performance and/or spending rate as stated under “Roles and Responsibilities of all Programs awarded PHHSBG” -
 - All funded Programs are subject to annual Quality Improvement (QI) Review – year end work plan completion and spending rate.
 - Underperforming programs may be identified based on annual QI review from PHHSBG Admin Team
 - Underperforming programs have the subsequent SFY to correct & improve
 - Programs that do not spend 100% of their allocation may receive a lower allocation amount the following year- i.e., a Program that spent 75% of its current year’s allocation may receive 75% of its current allocation the following year
 - If an underperforming program is eliminated due to inability of correcting and improving performance, their program’s base allocation will be redirected to existing PHHSBG funded programs at the discretion of the PHHSBG PI in consultation with OPP
 - Admin Team will provide all recommendations to AC to review and approve prior to DO approval.
 - If programs spend 50% or below two years in a row, they may be eliminated from PHHSBG

*PI can continue to redirect funds through an internal Special Projects process as savings are realized.