

Preventive Health and Health Services Block Grant: FFY 2022 Final Annual Progress Report

Reporting Period: July 1, 2022 – June 30, 2023
Version Date: 9/15/2023

Contents

Advancing Climate Change & Health Programs at LHDs, tribes & within CDPH.....	3
California Asylum Seeker Health Surveillance and Linkage to Care	17
CA Behavioral Risk Factor Surveillance System (BRFSS) Program	26
Cardiovascular Disease Prevention Program	32
Emergency Medical Services (EMS) Prehospital Data and Information Services and Quality Improvement Program.....	45
Emergency Medical Services (EMS) Systems Operations, Planning, and Specialty Care	51
Health in All Policies	77
Healthy People 2030 Program.....	82
Injury Prevention Program	89
Public Health Accreditation.....	110
Rape Prevention Program	115
Surveillance Sampling of Leafy Greens for Shiga Toxin-Producing <i>E. coli</i>	121
The Office of Strategic Development & External Relations, Fusion Center	125
Toxicological Outbreaks Program.....	136
Tuberculosis Free CA	141
Workforce Development: Preventive Medicine Residency (PMR) and CA Epidemiologic Investigation Service (Cal-EIS) Fellowship	154

Advancing Climate Change & Health Programs at LHDs, tribes & within CDPH

PROGRAM SUMMARY

Program Goal	Support CDPH programs, local health departments, and Tribes to prevent and reduce the health impacts of climate change.
Healthy People 2030 Objective	EH-D02 Reduce diseases and deaths related to heat
Recipient Health Objective	Between July 1, 2022 and June 30, 2023, Program will provide support and expertise to state, local, and tribal health programs to plan to prevent and reduce health impacts of climate change through their health programs, plans, policies, and communications.
Total Program Allocation	\$544,064

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	Yes
If the answer is YES , please select one or more of the following:	<p>We blended Block Grant funding with funding from other sources</p> <p>We gained increased buy-in or leadership support for the program</p> <p>Other: We also receive funds from the Centers for Disease Control & Prevention Climate and Health Program, and from State funds, for related but not identical work.</p>
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	Yes

<p>If YES, please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products</p>	<p>We held a meeting of the Public Health Workgroup of the California Climate Action Team (CAT-PHWG) on “Tribal Health and Climate Planning” on September 22, 2022. A meeting agenda, recording, and resources shared are available here on this website. On July 14, 2022, we presented at the 2022 Tribal Climate and Health Adaptation Summit and presented at the National Environmental Health Association’s (NEHA) Preparedness Committee Webinar.</p>
---	--

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
<p>Did you provide support (monetary or non-monetary) to any local agencies or organizations?</p>	<p>Yes</p>
<p>Partner Name(s)</p>	<p>Redwood Valley Rancheria, Mono Lake Kootzaduka’a Tribe, Tule River Tribe; the California Rural Indian Health Board (CRIHB); and the health departments of San Diego County, San Bernardino County, and Sutter County.</p>
<p>Partner Type</p>	<p>Local Health Department If other, please specify: Three Tribes, one Tribal health board; and three local health departments</p>
<p>Type of Support</p>	<p>Technical Assistance If other, please specify: And familiarity with data tools/resources</p>

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
<p>What were the key challenges or barriers to success that you experienced to date in this program this year?</p>	<p>A key challenge this year continues to be difficulty hiring staff, partly due to State agencies’ limitations in offering competitive salaries to highly qualified candidates and partly due to the lack of Human Resources staff capacity. Another challenge or barrier encountered was a lack of capacity in Tribal health department staff to engage in an additional activity – climate and health-related planning – on top of their existing workloads.</p>

What strategies did you use to address those challenges or barriers?	Program has clarified starting salary language in position announcements and intensively promotes the position through many list-serves, newsletters and personal contacts. Program is also seeking system improvements such as more transparency regarding why seemingly qualified candidates are not deemed to meet minimum qualifications by Human Resources, and an end to the de-facto policy of denying requests to start exceptionally qualified candidates above the minimum or base salary step.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Yes
What did you learn about the innovative approaches or promising practices you used?	There is significant interest among California Native American Tribes and Tribal organizations in planning to address the health impacts of climate change, as well as interest in accessing State grants that are available to support climate-related planning and project implementation. California Tribes are on the front lines experiencing the health impacts of climate change now, but Tribal staff often feel overwhelmed by the number of unfamiliar resources increasingly being made available.
<i>(Optional)</i> Did you share your findings from the promising practice used?	We shared our findings and gave Tribal partners a platform to present their own conclusions during a Tribal climate and health planning focused working group meeting held in September.
<i>(Optional)</i> If YES , how did you share your findings? Please provide links or citations.	A recording of the event is posted on our webpage .

FINAL REPORT

Question	Program Input
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	YES

<p>If YES, Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?</p>	<p>We co-developed a survey on Tribal Experiences and Priorities with the Miwok Tribe of the El Dorado Rancheria, a small California Tribe. The survey assesses Tribal members' experiences, concerns, and priorities related to climate change and health and is currently being administered to Tribal members.</p> <p>On June 27, 2023, we hosted a Tribal Climate and Health Funding Fair at which California Tribes had the opportunity to speak directly with various California State agencies about opportunities for Tribes to receive funding and technical assistance.</p> <p>On September 22, 2022, we held a meeting of the Public Health Workgroup of the California Climate Action Team (CAT-PHWG) on "Tribal Health and Climate Planning." A meeting agenda, recording, and resources shared are available on our website.</p> <p>On July 14, 2022, we presented at the 2022 Tribal Climate and Health Adaptation Summit.</p> <p>On July 14, 2022, we presented at the National Environmental Health Association's (NEHA) Preparedness Committee Webinar.</p>
<p>Did you share your final findings from the promising practice used?</p>	<p>YES</p>
<p>If YES, how did you share your final findings? Please provide links or citations.</p>	<p>We shared our findings and gave Tribal partners a platform to present their own conclusions during a Tribal climate and health planning focused working group meeting held in September. A recording of the event is posted on our webpage.</p>
<p>Has the partner information changed?</p>	<p>YES</p>
<p>If YES, Please list additional Non-Monetary Partners, if needed</p>	<p>Local Health Departments: Los Angeles County, City of Pasadena, Mono County, Del Norte County, Glenn County, Humboldt County, Lake County, Lassen County, Mendocino County, Modoc County, Shasta County, Siskiyou County, Tehama County, and Trinity County. Tribes: Pala Band of Mission Indians and the Miwok Tribe of the El Dorado Rancheria.</p>

SMART OBJECTIVE 1/3

Title of Program Smart Objective	FFY 2022 #1 Support CDPH Programs to Address Climate Change and Health
Program SMART Objective	Between 07/2022 and 06/2023, Program will increase the number of CDPH programs that incorporate climate change considerations into their health programs, plans, policies, or communications from 12 to 15.
Item to be measured	Programs that incorporate climate change considerations into their health programs, plan, etc.
Unit to be measured	number
Baseline Value	12
Interim Target Value	13
Final Target Value	15

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	15
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Program has collaborated with 15 other CDPH programs to support them in incorporating climate change considerations into their programs, plans, policies, and communications.
One-paragraph description of results towards this Program SMART Objective	Recruitment for a dedicated program staff person for this objective is in process. Despite this challenge, in-kind program staff provided technical assistance to 15 other CDPH and CalHHS centers and programs to support them in addressing climate change through their program plans, policies, and communications. For instance, Program provided guidance on extreme heat to be integrated into plans and communications to CDPH's Occupational Health Branch, Regional Public Health Office, and Center for Health Care Quality.

ACTIVITY 1/3

Title	Host Cross-CDPH Climate Change Collaboration Meetings
Summary	Between 07/2022 and 06/2023, Program will meet at least three (3) times with interested staff from across CDPH to collaboratively assess needs for support, plan and coordinate activities, and share resources addressing climate change.
Description	Between 07/1/2022 and 06/30/2023, the Health Program Manager I will meet at least three (3) times with interested staff from across CDPH to collaboratively assess needs for support, plan and coordinate activities, and share resources addressing climate change.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	While recruitment for this position is in process, Program conducted more than eleven (11) meetings with CDPH programs, including: two (2) meetings of the Public Health Workgroup of the California Climate Action Team; four (4) cross-CDPH planning meetings to develop new extreme heat guidance resources for schools and local health departments; four (4) planning meetings with the syndromic surveillance program; one (1) meeting with the CDPH Center for Preparedness and Response regarding supporting local health departments in addressing climate-related emergency preparedness.

ACTIVITY 2/3

Title	Provide Data and Vulnerability Assessment Tool Assistance to CDPH Programs
Summary	Between 07/2022 and 06/2023, Program will provide technical assistance to at least four (4) CDPH programs or staff regarding the utilization of data sources and tools that address climate and health vulnerability and social determinants of health (e.g., Climate Change and Health Vulnerability Indicators and Healthy Places Index) in prioritizing resources or program planning.

Description	Between 07/1/2022 and 06/30/2023, the Health Program Manager I will be responsible to provide technical assistance to at least four (4) CDPH programs or staff regarding the utilization of data sources and tools that address climate and health vulnerability and social determinants of health (e.g., Climate Change and Health Vulnerability Indicators and Healthy Places Index) in prioritizing resources or program planning.
--------------------	---

FINAL ACTIVITY OUTCOME

<i>Question</i>	<i>Program Input</i>
Activity Final Status	<i>MET</i>
Summary of Outcome	Program staff provided technical assistance on the utilization of data sources and tools to four (4) CDPH programs: The Environmental Health Investigations Branch to do a heat-related mortality data analysis; the COVID response team on using data for heat-related illness tracking; the Health Equity Research and Statistics Section on indicators for the next demographic report; and the Center for Preparedness and Response on the National Weather Service HeatRisk Tool.

ACTIVITY 3/3

Title	Provide Technical Assistance to CDPH Programs
Summary	Between 07/2022 and 06/2023, Program will provide technical assistance to at least 15 CDPH programs regarding climate change in the forms of communications, fact sheets, health warnings, and program objectives.
Description	Between 07/1/2022 and 06/30/2023, The Health Program Manager I will be responsible to provide technical assistance to at least 15 CDPH programs to integrate climate change messages, metrics, and considerations into program communications, fact sheets, health warnings, and program objectives.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	In-kind and program staff provided technical assistance to at least fifteen (15) other CDPH programs: Emergency Preparedness Office; Office of Communications; COVID-19 Local Coordination Team; Safe Schools for All; Center for Family Health; Center for Environmental Health; Indoor Air Quality task force; Environmental Health Investigations Branch; Injury and Violence Prevention Branch; California Conference of Local Health Officers; Office of Legislative and Governmental Affairs; Director's Office; Occupational Health Branch; Regional Public Health Office; Center for Health Care Quality.

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2022 #2 Support LHD Programs to Address Climate Change and Health
Program SMART Objective	Between 07/2022 and 06/2023, Program will increase the number of LHDs that incorporate climate change considerations into their health programs, plans, policies, or communications from 3 to 6.
Item to be measured	LHDs that incorporate climate change considerations into their health programs, plan, policies, etc.
Unit to be measured	number
Baseline Value	3
Interim Target Value	4
Final Target Value	6

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	18
Smart Objective Final Status	<i>MET</i>

One-sentence summary of results towards this Program SMART Objective	Even though the recruitment for this position failed and is currently in process again, existing and in-kind program staff met with and provided technical assistance to 18 local health departments across the state to address the health impacts of climate change.
One-paragraph description of results towards this Program SMART Objective	Recruitment for a specific staff person dedicated to this objective failed and was re-started. However, existing in-kind program staff collaborated with and provided technical assistance to eighteen (18) local health departments—including those in northern, southern, and central California, and small rural as well as large urban health departments—to support in incorporating climate change considerations into their health programs, plans, policies, and communications.

ACTIVITY 1/2

Title	Support LHDs to Conduct Environmental Scans
Summary	Between 07/2022 and 06/2023, Program will provide technical assistance to at least two (2) LHDs to conduct environmental scans of local climate change planning activities, possible partners, gaps, and opportunities.
Description	Between 07/01/2022 and 06/30/2023, the Health Program Specialist I will provide technical assistance to at least two (2) LHDs to conduct environmental scans of local climate change planning activities, possible partners, gaps, and opportunities.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	While the staff person for this activity was not yet successfully hired, existing program staff met with and provided technical assistance to four (4) new health departments: the San Diego, Sutter, Mendocino, and San Bernardino County health departments. Meetings included reviews of existing and upcoming opportunities to apply for state funding sources that can support local climate change planning and regional partnerships.

ACTIVITY 2/2

Title	Support Local Health Departments to Assess Climate and Health Vulnerability Data
Summary	Between 07/01/2022 and 06/30/2023, Program will provide technical assistance to at least two (2) LHDs to utilize data tools and local knowledge to assess local vulnerability to the health impacts of climate change.
Description	Between 07/01/2022 and 06/30/2023, the Health Program Specialist I will provide technical assistance to at least two (2) LHDs to utilize data tools and local knowledge to assess local vulnerability to the health impacts of climate change.

FINAL ACTIVITY OUTCOME

<i>Question</i>	<i>Program Input</i>
Activity Final Status	<i>MET</i>
Summary of Outcome	While the staff person for this activity was not successfully hired, existing program staff met with and provided technical assistance to utilize data tools and local knowledge to thirteen (13) health departments: San Bernardino County, Mono County, and (through the Rural Association of Northern California Health Officers) Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Tehama, and Trinity Counties. The meetings included reviewing CDPH's Climate Change and Health Vulnerability Indicators their associated interactive data visualization tool.

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FFY 2022 #3 Support Tribes to Address Climate Change and Health
Program SMART Objective	Between 07/2022 and 06/2023, Program will provide technical assistance and work with Tribal partners to increase the number of California Tribes or Tribal health programs that incorporate climate change considerations into their health programs, plans, policies, and/or communications from two (2) to four (4). Alternatively, California Tribes or Tribal Health Programs may incorporate health equity considerations into climate change or environmental programs, plans, policies, and/or communications.
Item to be measured	Incorporation of climate change considerations into Tribes/Tribal Health Programs
Unit to be measured	number
Baseline Value	2

Interim Target Value	3
Final Target Value	4

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	5
Smart Objective Final Status	<i>MET</i>
Distance from Target [Number]	0
One-sentence summary of results towards this Program SMART Objective	Program's Tribal Climate Change Program and Policy Specialist provided technical assistance and work with five (5) Tribes: Redwood Valley Rancheria, Mono Lake Kootzaduka'a Tribe, Tule River Rancheria, Pala Band of Mission Indians and the Miwok Tribe of the El Dorado Rancheria on integrating health equity considerations and climate change/environmental programs, plans, and communications.
One-paragraph description of results towards this Program SMART Objective	In the prior FFY, Program hired and onboarded a new staff person to serve as Tribal Climate Change Program and Policy Specialist. This year, the Program has engaged with five different California Tribes from across the State who are interested in receiving technical assistance with integrating climate change and health into their programs, plans, policies, and communications. Technical assistance includes work with the Miwok Tribe of the El Dorado Rancheria on a survey to assess Tribal members' experiences, concerns, and priorities related to climate change and health.

ACTIVITY 1/3

Title	Technical assistance to Tribes to integrate climate change considerations
Summary	Between 07/2022 and 06/2023, the Tribal Program Specialist will assist two (2) additional Tribes or Tribal health programs to integrate climate change considerations into their plans and programs, and/or to incorporate health considerations into climate change programs, plans, policies, and/or communications.
Description	Between 07/2022 and 06/2023, the Tribal Program Specialist will assist two (2) additional Tribes or Tribal health programs on integrating considerations related to minimizing the health impacts of climate change into new or existing plans and programs, and/or to incorporate health considerations into climate change programs, plans, policies, and/or communications. The Tribal Program Specialist will assist Tribes in utilizing data tools, making data requests, and integrating local knowledge to assess Tribal communities' vulnerability to the health impacts of climate change, and to respond and prevent harms to health. Relevant plans might include comprehensive community plans, climate vulnerability assessments, climate adaptation plans, Tribal or Local Hazard Mitigation Plans (HMPs), or Community Health Improvement Plans (CHIPs).

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	The Tribal Climate Change Program and Policy Specialist ("Tribal Program Specialist") continued to provide technical assistance to the Redwood Valley Rancheria and Mono Lake Kootzaduka'a Tribe on incorporating health equity considerations into climate change vulnerability assessments and action plans. The Tribal Program Specialist also engaged Tule River Rancheria's Health Officer on coordinating with the Tribe's Environmental Department to begin climate-related planning and with the Miwok Tribe of the El Dorado Rancheria to develop a survey on climate-health priorities.

ACTIVITY 2/3

Title	Initiate a Community of Practice for Tribes or Tribal health organizations
Summary	Between 07/2022 and 06/2023, the Tribal Program Specialist will initiate and facilitate a Community of Practice for at least two (2) Tribes or Tribal health organizations to receive technical assistance, peer support, and share resources and tools to integrate climate change into health planning, and health into climate change planning.
Description	Between 07/2022 and 06/2023, the Tribal Program Specialist will initiate and facilitate a Community of Practice for at least two (2) Tribes or Tribal health organizations to receive technical assistance, peer support, and share resources and tools to integrate climate change into health planning, and health into climate change planning. The Community of Practice will convene via virtual meetings, calls, and/or an email list-serv. It will be convened at least three times during the year. Deliverables will include the distribution/participant list, agendas and notes from Community of Practice meetings or events, and any new climate and health planning resources generated by the Tribal Program Specialist for the Community of Practice such as a directory of relevant state and federal grant opportunities.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	A national Community of Practice including twelve California Tribes has been initiated by a Program partner organization, the Tribal Climate Health Project. Since November 2022, this partner has been hosting monthly training sessions. Program's Tribal Program Specialist is participating in the Community of Practice, giving presentations sharing resources on climate and health planning at two of those training sessions. Program will offer interested California Tribal participants the opportunity to join a new regional Community of Practice in January 2024.

ACTIVITY 3/3

Title	Hold a Public Health Workgroup public meeting on strategies
Summary	By June 30, 2023, the Tribal Program Specialist will help organize one (1) Public Health Workgroup public meeting on strategies Tribes can use to prevent and prepare for the health impacts of climate change.
Description	By June 30, 2023, the Tribal Program Specialist will help organize one (1) Public Health Workgroup public meeting (a subgroup of the California Climate Action Team) on strategies Tribes can use to prevent and prepare for the health impacts of climate change. Tools and templates will be showcased, as will the work of Tribes who have already addressed the health impacts of climate change. This will be at least a two-hour meeting, with virtual participation provided. The meeting will be recorded and will provide closed captioning and/or American Sign Language interpretation to provide accessibility.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program held a meeting of the Public Health Workgroup of the California Climate Action Team (CAT-PHWG) on Tribal Health and Climate Planning on September 22, 2022. Workgroup meetings are open to the public. More than 80 stakeholders including multiple Tribes joined this session. A meeting agenda, recording, and resources shared by speakers are available on our website.

California Asylum Seeker Health Surveillance and Linkage to Care

PROGRAM SUMMARY

Program Name	FFY 2022 California Asylum Seeker Health Surveillance and Linkage to Care
Program Goal	Increase linkage to care and improve surveillance for asylum seekers to monitor infectious conditions and reduce disease transmission.
Healthy People 2030 Objective	AHS-04 Reduce the proportion of people who can't get medical care when they need it
Recipient Health Objective	Between July 1, 2022 and June 30, 2023, Program will seek to reduce the number of asylum seekers unable to obtain or delayed in obtaining medical care, screen for medical needs and provide a referral to a primary care provider; and evaluate asylum seekers for health insurance eligibility and assist with enrollment when eligible.
Total Program Allocation	\$207,429

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	No
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
<i>Did you provide support (monetary or non-monetary) to any local agencies or organizations?</i>	Yes
<i>Partner Name:</i>	San Francisco Department of Health
<i>Partner Type</i>	Local Health Department

<i>Type of Funding Mechanism Used</i>	Grant
<i>Funded Amount</i>	\$226,000
<i>Purpose of Funds (e.g. to host an event, given as a grant):</i>	Grant for program

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	The program was moved to San Francisco Department of Health and required approval from the Board of Supervisors (BOS). This was approved in October 2022. The requirement for BOS approval delayed hiring.
What strategies did you use to address those challenges or barriers?	Board of Supervisors approved the program and staff were hired for the program
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	YES
If YES , Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?	There is a report that is pending completion of medical screening data collection.
Did you share your final findings from the promising practice used?	NO

Has the partner information changed?	NO
--------------------------------------	----

SMART OBJECTIVE 1/3

Title of Program Smart Objective	FFY 2022 #1 Active Disease Surveillance of Asylum Seekers in California
Program SMART Objective	July 1, 2022 and June 30, 2023, Program will collect 150 cases of asylum seeker health screening data including infectious diseases, immunizations and general demographic and health data indicators.
Item to be measured	Asylum seeker health data and linkage to healthcare and insurance
Unit to be measured	Individual health screening data
Baseline Value	0
Interim Target Value	50
Final Target Value	150

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	118
Smart Objective Final Status	<i>NOT MET</i>
If NOT MET: What are the key factors that contributed to the target not being met?	Program was approved by San Francisco BOS in 12/2022 and San Francisco DOH hired staff who started 4/2023. SF is currently actively engaged in reaching asylees and collecting screening data on infectious diseases, immunizations and general demographic data and documenting insurance enrollment.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	CDPH ORH has been in regular contact with the program regarding challenges in implementation which were a result of county administrative delays. Program has been actively engaged in collecting screening data since April 2023.
One-sentence summary of results towards this Program SMART Objective	Program has screened 43 individuals and 75 are pending completion for a total reached of 118 of the 150 cases of asylum seeker health screening data.

One-paragraph description of results towards this Program SMART Objective	Program has screened 43 individuals and 75 are pending completion for a total reached of 118 of the 150 cases of asylum seeker health screening data. While there was an initial delay due to BOS approval of the program and hiring, the program is fully staffed and actively engaged in collecting data. Those pending are scheduled for health screening data collection for infectious diseases and immunizations.
--	---

ACTIVITY 1/2

Title	Asylum Seeker Active Surveillance
Summary	Between 07/2022 and 06/2023, the ORH will provide technical assistance to LHJs to conduct active surveillance of approximately 150 asylum seekers annually for the monitoring and detection of infectious diseases and mental health conditions.
Description	Between 07/2022 and 06/2023, the ORH will provide technical assistance to LHJs to conduct active surveillance of approximately 150 asylum seekers annually for the monitoring and detection of infectious diseases and mental health conditions. This will include collection of specimen and health data, processing of labs, and review and analysis of health and laboratory data. Data collection may also include follow-up to collect health data from primary or specialty care providers where patients have been linked to health services by LHJs. Patient health data will then be entered into the ASHS database for asylum seekers where it will be accessible for program monitoring and disease surveillance reporting.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	ORH has provided technical assistance to San Francisco County to conduct active surveillance of asylum seekers. 118 cases of patient health data was entered into the ASHS database for asylum seekers for program monitoring and surveillance. While the program encountered administrative delays, active engagement with county leadership has facilitated program initiation and the program has been successful in reaching asylum seekers for health screening data collection, enrollment in healthcare insurance and linkage to primary care.

ACTIVITY 2/2

Title	Maintain Health Data Collection
Summary	Between 07/2022 and 06/2023, Program will review data in the asylum seeker health surveillance system database (ASHS database) quarterly (4 times annually) for completeness and accuracy. Data is used to capture surveillance data and reports of infectious diseases of public health concern and mental health conditions among asylum seekers, and monitoring referrals for linkage to health care.
Description	Patient health data will be entered into the ASHS database for asylum seekers by local health jurisdictions and reviewed for completeness and accuracy. The ASHS database is used to capturing surveillance data and reports of infectious diseases of public health concern and mental health conditions among asylum seekers, and monitoring referrals for linkage to health care. Surveillance reports will be developed annually for distribution to local healthcare providers and public health.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program reviewed data in the asylum seeker health surveillance system database (ASHS database) quarterly (4 times annually) for completeness and accuracy.

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2022 #2 Analyze and Publish Asylum Seeker Surveillance Data
Program SMART Objective	Between July 1, 2022 and June 30, 2023, Program will analyze one (1) sample of asylum seeker health data and publish prevalence estimates.
Item to be measured	Report on asylum seeker health data published for distribution
Unit to be measured	1 report completed
Baseline Value	1
Interim Target Value	0
Final Target Value	1

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	0
Smart Objective Final Status	<i>NOT MET</i>
If NOT MET: What are the key factors that contributed to the target not being met?	San Francisco encountered administrative delays. Currently there are 43 records of data and 75 pending completion.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	When the 75 pending cases are completed, program will finalize analysis of the full 118 cases of health screening data and publish prevalence estimates.
One-sentence summary of results towards this Program SMART Objective	Program analyzed one sample of the asylum seeker health data with 43 cases of health screening data. A final report is pending medical screening completion for 75 individuals for prevalence estimates.
One-paragraph description of results towards this Program SMART Objective	Program analyzed one sample of the asylum seeker health data with 43 cases of health screening data. A final report is pending medical screening completion for 75 individuals for prevalence estimates. One of the barriers is that the number of cases is small (n=43), however the program is actively engaged in completing health screening for remainder of individuals (n=75) to provide more robust analysis of the total 118 health screening records. While the San Francisco program encountered administrative delays, the program has been successful in reaching asylum seekers for health screening data collection.

ACTIVITY 1/2

Title	Surveillance Data Analysis
Summary	Between 07/2022 and 06/2023, Program will analyze annual data from 150 asylum seekers collected from the ASHS database to identify disease prevalence and trends among asylum seekers in California.
Description	Program will analyze data collected from ASHS database for asylum seekers to identify disease prevalence and trends and mental health conditions among newly arriving asylum seekers in California.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	Program analyzed annual data from 43 asylum seekers collected from the ASHS database to identify disease prevalence and trends among asylum seekers in California. Upon completion of the 75 cases pending collection, program will analyze final dataset.

ACTIVITY 2/2

Title	Report Production
Summary	Between 07/2022 and 06/2023, Program will produce one (1) report summarizing disease prevalence and trends among asylum seekers in Southern California.
Description	Program utilizes analysis of data collected from the ASHS database for asylum seekers to identify disease prevalence and trends and mental health conditions among newly arriving asylum seekers in California to produce one (1) report for distribution to healthcare providers and public health agencies.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	Program analyzed final from 43 individuals collected from the ASHS database for asylum seekers to identify disease prevalence and trends and mental health conditions among newly arriving asylum seekers in California and is pending completion of receipt of 75 individual patient data to finalize production of one (1) report.

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FFY 2022 #3 Facilitate Linkage to Health Services for Asylum Seekers
Program SMART Objective	Between 07/2022 and 06/2023, Program will provide health case management to 150 asylum seekers residing in California.
Item to be measured	Number of asylum seekers in program
Unit to be measured	number
Baseline Value	0

Interim Target Value	50
Final Target Value	150

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	118
Smart Objective Final Status	<i>NOT MET</i>
If NOT MET: What are the key factors that contributed to the target not being met?	Program encountered administrative delays for program initiation and staff hiring.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	Program is currently actively engaged in providing health case management. 100% of individuals who have entered the program receive health case management.
One-sentence summary of results towards this Program SMART Objective	Program provided health case management to 118 of 150 asylum seekers residing in California.
One-paragraph description of results towards this Program SMART Objective	Program provided health case management to 118 of 150 asylum seekers residing in California. While program encountered administrative delays for program initiation and staff hiring. Program is currently actively engaged in providing health case management to 100% who are in the program.

ACTIVITY 1/2

Title	Linkage to Health Services
Summary	Between 07/2022 and 06/2023, LHJ programs will provide one-on-one case management services for linkage to healthcare to 150 asylum seekers.
Description	Between 07/2022 and 06/2023, LHJ program will provide one-on-one case management services to 150 asylum seekers to ensure patient linkage to Medi-Cal and healthcare services for those who are age- eligible (under the age of 26) and referrals to low cost FQHCs or other health coverage for those outside of eligibility.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	Program completed one-on-one case management services to 43 asylum seekers which included enrollment in Medi-Cal and referrals for healthcare services, 75 are pending completion of one-on-one case management services. While many individuals sought TB screening and immunizations for requirements of parole, this program assisted them in enrolling in Medi-Cal and CalFresh, updating vaccines, including those needed for children's school enrollment and provided referrals for medical and mental health treatment services. As some individuals were identified as victims of torture, further referrals were provided for forensic health assessments and legal services

ACTIVITY 2/2

Title	Continuity of Healthcare
Summary	Between 07/2022 and 06/2023, LHJ program will provide case management for 150 referrals to health providers for asylum seekers in California.
Description	Between 07/2022 and 06/2023, LHJ program will provide case management for 150 referrals to health providers for asylum seekers in California.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	Program completed one-on-one case management services to 43 asylum seekers which included enrollment in Medi-Cal and referrals for healthcare services, 75 are pending completion of case management services. While many individuals sought TB screening and immunizations for requirements of parole, this program assisted them in enrolling in Medi-Cal and CalFresh, updating vaccines, including those needed for children's school enrollment and provided referrals for medical and mental health treatment services. As some individuals were identified as victims of torture, further referrals were provided for forensic health assessments and legal services.

CA Behavioral Risk Factor Surveillance System (BRFSS) Program

PROGRAM SUMMARY

Program Name	FFY 2022 CA Behavioral Risk Factor Surveillance System (BRFSS) Program
Program Goal	Collect and disseminate high quality statewide BRFSS data for CDC and CDPH programs.
Healthy People 2030 Objective	PHI-R06 Enhance the use and capabilities of informatics in public health
Recipient Health Objective	From 10/01/2020 to 10/01/2025, enhance the use of California BRFSS data in health decision making.
Total Program Allocation	\$254,891

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	Yes
If the answer is YES , please select one or more of the following:	We blended Block Grant funding with funding from other sources If other support was received, please specify: CDC
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No
If YES , please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products	The PHHS Block Grant funding supported the continuous administering of the BRFSS survey and processing of the data. CDC funding, which has decreased in recent years, and support from State programs by adding program-specific questions is not sufficient for a complete year of data collection.

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	No

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	Delay in contract approval to the new partner caused a late start with collection. Transitioning to the new survey collection partner and departure of prior partner's staff has also caused delay for state processing of prior year's collected data.
What strategies did you use to address those challenges or barriers?	The delay in data collection was due to administrative barriers at the contract level. The importance of expediting the execution of the contract was communicated regularly. Handling transfer of data, documentation, and programs in advance with the prior collection partner have helped reduce processing delays.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices (skip to Objectives/Activities)

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	YES
If YES , Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?	CA BRFSS data were collected, and data sets were created and distributed. Factsheets on BRFSS data were created. Information on obtaining CA BRFSS data and accessing factsheets can be found on CA BRFSS website .

Did you share your final findings from the promising practice used?	<i>NO</i>
Has the partner information changed?	<i>NO</i>

SMART OBJECTIVE 1/2

Title of Program Smart Objective	FFY 2022 #1 Maintain Statewide Collection and Analysis of BRFSS Data
Program SMART Objective	From July 1, 2022 to June 30, 2022, Program will manage the integration of processes and services to the newly identified data collection partner to collect at least 8,000 BRFSS surveys.
Item to be measured	Completed surveys
Unit to be measured	number of surveys
Baseline Value	0
Interim Target Value	4000
Final Target Value	8000

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	6,508
Smart Objective Final Status	<i>NOT MET</i>
If NOT MET: What are the key factors that contributed to the target not being met?	The delay in data collection was due to administrative barriers at the contract level. Contract was not executed at beginning of calendar year and impacted the start of data collection until mid-May.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	To ensure timely approval and execution of contract, program will begin CDPH contract process earlier than the recommend time period. Program will develop timeline with description of task to be completed, due dates for each task, and the responsible parties. Program will communicate regularly and propose weekly meetings on progress.
One-sentence summary of results towards this Program SMART Objective	The program collected 6,508 total surveys for the calendar year 2022.

One-paragraph description of results towards this Program SMART Objective	The program collected 6,508 total surveys. The PHS Block Grant funding ensured continuous data collection and processing of data. Due to administrative delays for the contract execution, data collection did not begin until mid-year, and final objective was not met.
--	---

ACTIVITY 1/2

Title	Maintain Statewide Collection of BRFSS Data
Summary	Program will oversee and coordinate the overall operations of the collection of CA BRFSS data that meets required CDC guidelines and include the timely submission of data to CDC quarterly for a total of eight (8) submissions from July 1, 2022 to June 30, 2023.
Description	Between 07/2022 and 06/2023, Program will oversee and coordinate the overall operations of the collection of CA BRFSS survey data that meets required CDC guidelines and include the timely submission of data to CDC. Program monitors data collection and quarterly submission to CDC for a total of eight (8) submissions.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	The program made a total of 4 submissions to CDC.

ACTIVITY 2/2

Title	Provide Data to BRFSS Users
Summary	Program will provide one (1) CA BRFSS data sets to external and internal BRFSS data users from July 1, 2022 to June 30, 2023.
Description	Program will provide one (1) CA BRFSS data set to external and internal BRFSS data users by September 1, 2022.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	BRFSS data for 2021 were collected, processed, and distributed to internal and external partners. With the change in survey collection agency, processing of final dataset was performed by program but successfully completed and distributed.

SMART OBJECTIVE 2/2

Title of Program Smart Objective	FFY 2022 #2 Analyze BRFSS Data
Program SMART Objective	Between 07/2022 and 06/2023, Program will analyze one (1) set of core questions on the annual BRFSS survey.
Item to be measured	Dashboard deployment.
Unit to be measured	Deployment of analytical dashboard
Baseline Value	1
Interim Target Value	0
Final Target Value	1

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	1
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Program analyzed one (1) set of core questions on the annual BRFSS survey and deployed it on the California BRFSS analytical dashboard.
One-paragraph description of results towards this Program SMART Objective	CDSRB created a California BRFSS dashboard with prepared data and updated with additional year of data. The dashboard allows users to obtain a quick overview of data through plots and tables from an interactive user-defined selection of BRFSS core questions.

ACTIVITY 1/2

Title	Analyze BRFSS Data
Summary	Program will analyze data from four (4) core questions of the BRFSS and make available to public and programs through dashboard from July 1, 2022 to June 30, 2023.
Description	Between 07/2022 and 06/2023, Program will analyze data collected from four (4) core questions on the annual BRFSS survey and produce a dashboard to display health risk behaviors of California's adult population.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	Dashboard was successfully developed. However, implementation of changes and modifications are not completed. Program currently in the process of hiring new research scientist to complete changes and modifications.

ACTIVITY 2/2

Title	Produce Four Factsheets
Summary	Between July 1, 2022 and June 30, 2023, Program will, upon completion of analysis, produce four (4) factsheets.
Description	Between 07/2022 and 06/2023, Program will upon completion of analysis, produce four (4) factsheets highlighting four health risk behaviors.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Four (4) factsheets have been produced. Topics cover Excess Alcohol Use, Breast Cancer Screening in California, Disparities in Breast Cancer Screening, and Adverse Childhood Experiences. Factsheets can be accessed on website .

Cardiovascular Disease Prevention Program

PROGRAM SUMMARY

Program Name	FFY 2022 Cardiovascular Disease Prevention Program
Program Goal	Increase blood pressure control in adults with hypertension, to reduce deaths from coronary artery disease, and to reduce the risk of stroke recurrence in post-stroke patients to decrease hospitalizations and deaths from stroke.
Healthy People 2030 Objective	HDS-05 Increase control of high blood pressure in adults
Recipient Health Objective	From 10/01/2020 to 10/01/2023, hypertension control will be increased by 5% from 58% to 63%, thereby reducing morbidity and mortality associated with coronary heart disease and stroke in California.
Total Program Allocation	\$748,662

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	No
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	Yes, non-monetary support
Partner Name(s)	Desert Regional Medical Center (DRMC) University of Southern California (USC)'s California Right Meds Collaborative Vision y Compromiso (VyC)

Partner Type	Local Organization If other, please specify: DRMC: Hospital USC's Right Meds Collaborative: Local Organization VyC: Local Organization
Type of Support	Technical Assistance

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	The ongoing COVID-19 pandemic has forced several shifts in our work approaches including a) the elimination of onsite work and in-person meetings and moving to a fully remote work environment, b) adapting when staff are redirected for COVID-related efforts, and c) navigating ongoing pandemic "fatigue." Additionally, specific to the Comprehensive Medication Management (CMM) Pilot, implementation was delayed due to delays in approvals of the Institutional Review Board (IRB) applications by the Office for Human Research Protections. However, as of 11/2022 all IRB applications have been approved. Additional delays occurred because of delays with finalizing reimbursement protocols with the Inland Empire Health Plan (IEHP) Board of Supervisors. Nonetheless, the CMM Pilot Subcommittee continued to troubleshoot issues and forge ahead towards implementation.
What strategies did you use to address those challenges or barriers?	CDPP hired a program lead in 08/2022, which filled a position that had been vacant for several months. CDPP also collaborated with a number of partnering agencies including: the American Heart Association (AHA), Centers for Disease Control and Prevention (CDC) 1815 (Prevention Forward Program) and CDC 1817-funded partners (Los Angeles, Fresno, and San Diego local health departments), the University of Southern California's California Right Meds Collaborative, and University of California Berkeley's Right Care Initiative to support heart disease and stroke prevention, treatment, and education. To support the update of the California Master Plan for Heart Disease and Stroke Prevention and Treatment (2007-2015), CDPP recruited and partnered with William J. Bommer, MD, FACP, FACC as the Task Force Chair to assist in the plan update. Dr. Bommer assisted with planning and coordinating the Master Plan update, facilitated Quarterly Task Force Meetings, and provided subject matter expertise, among other supportive roles and tasks.

If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Yes
What did you learn about the innovative approaches or promising practices you used?	Specific to the CMM Pilot Project, we learned about the extended timelines for Institutional Review Board (IRB) applications to be approved and the difficulty in getting approvals from a managed care organization to cover the expenses of the CMM Pilot.

FINAL REPORT

Question	Program Input
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	YES
If YES , Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?	A Comprehensive Medication Management (CMM) Webinar was held June 14, 2023, that highlighted the current CMM pilot in Riverside County. The two (2)-hour webinar featured presentations from partners that outlined the design, implementation, learnings, and in-progress results of the pilot to nearly one hundred (100) attendees.
Did you share your final findings from the promising practice used?	YES
If YES , how did you share your final findings? Please provide links or citations.	CSUS Webpage
Has the partner information changed?	NO

SMART OBJECTIVE 1/3

Title of Program Smart Objective	FFY 2022 #1 Improve Post-Stroke Patient Care Through CMM for Hypertension Control
Program SMART Objective	Between 07/2022 and 06/2023, increase hypertension control and reduce stroke recurrence through CMM in approximately 60% (18 people) of post-stroke adults discharged from hospital care.

Item to be measured	Number of post-stroke patients referred to CMM with blood pressure under control after 90 days
Unit to be measured	Number of post-stroke patients referred
Baseline Value	0
Interim Target Value	12
Final Target Value	18

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	32
Smart Objective Final Status	<i>NOT MET</i>
If NOT MET: What are the key factors that contributed to the target not being met?	The project implementation was delayed due to significant delays in Institutional Review Board (IRB) approvals, and then delays in reimbursement approval. The pilot project launched on February 6, 2023, and the IEHP Board approved reimbursement from March 2023 onward for this project.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	Now that the pilot has launched, patients are successfully being assessed and recruited to the program. The recruitment target of thirty (30) patients has been met and exceeded as thirty two (32) patients have been recruited and are being followed. Now time is simply needed to collect 30-day, 60-day, and 90-day data on those patients, of which the target is to have 19 of the 32 patients referred to CMM have their blood pressure under control after 90 days.
One-sentence summary of results towards this Program SMART Objective	The pilot project started recruiting patients as of February and the CDPP Lead facilitated biweekly meetings to track progress.
One-paragraph description of results towards this Program SMART Objective	This project successfully partnered with the IEHP for reimbursement. CDPP is closely monitoring the progress including patient recruitment with the partnership of DRMC and USC.

ACTIVITY 1/3

Title	Implement Hospital CMM Referral System for Post-Stroke Patients Upon Discharge
Summary	Between 07/2022 and 06/2023, CDPP will collaborate with one (1) hospital and one (1) health plan in Riverside County for post-stroke patients to be referred by hospital or health plan case managers to CMM for care provided by a team comprised of an attending physician, stroke coordinators, community pharmacist, and CHWs.
Description	CDPP staff, with support from CSUS contract staff, will convene CA CMM pilot project subcommittee meetings to discuss the implementation of the CMM pilot project in Riverside County that utilizes CMM and technical assistance to implement coordination of team-based care for post stroke patients. CMM- based patient care team, including an attending physician, stroke coordinators, community pharmacist, and CHWs, will be responsible for this activity. The deliverable for this activity will be a document outlining the process and workflow of CMM referral to improve control of hypertension in post-stroke patients. The clinician-stroke coordinator-pharmacist-CHW patient care team will enroll post-stroke patients at DRMC to receive CMM-based care and follow-up to control hypertension and prevent further cerebrovascular events, expenses for which will be reimbursed by IEHP The deliverable will be a document providing detail of CMM team-based care provided to the post-stroke patients, including patient progress and clinical outcomes regarding hypertension control. The time frame for this activity is between 07/2022 and 06/2023.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	CDPP held thirteen (13) planning meetings with CMM pilot project partners between 01/01/2023–06/30/2023 to discuss and track progress of the CMM pilot, which officially launched on 02/06/2023. The CMM pilot project partners included Desert Regional Medical Center (DRMC) {hospital} and Inland Empire Health Plan (IEHP) {health plan}, both of which reside in Riverside County. CDPP, in collaboration with DRMC and IEHP have developed an outline of the workflow for a post-stroke patient referred to the CMM pilot.

ACTIVITY 2/3

Title	Incorporate/Integrate CHWs in the CMM Patient Care Team
Summary	Between 07/2022 and 06/2023, CDPP will collaborate with Vision y Compromiso, an organization that specializes in CHW/promotores, develop one (1) report defining the roles and justifying the responsibilities of CHWs in the CMM care team.
Description	Program will collaborate with Vision y Compromiso, an organization that specializes in CHW/promotores, to develop one (1) report defining the roles and justifying the responsibilities of CHWs in the CMM care team. The deliverable for this activity will be one (1) document defining the roles and providing the justification of CHWs responsibilities as CMM patient care team members and will be written by the CDPP staff with support from CSUS. The time frame for this activity will be between 07/22 and 06/23.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	CDPP primarily collaborated with Vision y Compromiso (VyC) via biweekly CMM Pilot Subcommittee Meetings. CDPP and VyC also collaborated when VyC participated in reviewing and providing feedback on the now-finalized Community Health Worker (CHW) factsheet. Additionally, VyC presented on the role and value of Community Health Workers at the 06/14/2023 CMM Webinar.

ACTIVITY 3/3

Title	CMM Implementation Workgroup Meetings
Summary	Between 07/2022 and 06/2023, CDPP staff will convene a total of four (4) meetings of the CMM Implementation Workgroup. They will be held quarterly to share best practices on CMM implementation and solicit technical assistance from the experts on the Workgroup.

Description	CDPP staff will convene a total of four (4) meetings of the CMM Implementation Workgroup. They will be held quarterly to share best practices on CMM implementation and solicit technical assistance from the experts on the Workgroup. CDPP staff, with support from CSUS contractor, will plan and conduct one (1) virtual meeting/webinar prior to June 2023. CDPP staff will develop minutes from each meeting, and resources will be shared via stakeholder email distribution listservs. The timeframe is one (1) meeting quarterly.
--------------------	--

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/01/2022 and 06/30/2023, CDPP convened a total of four (4) CMM Implementation Workgroup Meetings (on 07/29/2022, 10/28/2022, 01/27/2023, and 04/28/2023) to share CMM implementation best practices and solicit technical assistance from the experts on the Workgroup. Additionally, CDPP staff, with support from CSUS contractor, convened one (1) CMM Webinar that summarized the findings and learnings from the CMM Pilot Project.

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2022 #2 Develop and Conduct Webinars in Collaboration with Healthy Hearts California (HHC)
Program SMART Objective	Between 07/2022 and 06/2023, CDPP will coordinate with the AHA co-chair and HHC to develop and conduct two (2) webinars presenting best practices protocols, team-based care models, and improvements in Health Information Technology for improved management of cardiovascular disease statewide.
Item to be measured	Webinars
Unit to be measured	number
Baseline Value	0
Interim Target Value	1
Final Target Value	2

FINAL OBJECTIVE OUTCOME

Question	Program Input
-----------------	----------------------

Final amount achieved [Number]	2
Smart Objective Final Status	<i>MET</i>
Distance from Target [Number]	0
One-sentence summary of results towards this Program SMART Objective	CDPP hosted two (2) Healthy Hearts California (HHC) webinars on 10/11/2022 and 04/18/2023.
One-paragraph description of results towards this Program SMART Objective	CDPP, in partnership with the American Heart Association (AHA) Co-Chair, hosted two (2) HHC webinars. The first webinar held on 10/11/2022 focused on the connection between cardiovascular disease (CVD) and diabetes. The second webinar on 04/18/2023 focused on women's general and maternal cardiovascular health. Both webinars included presentations from several subject matter experts on new and emerging CVD-related practices and policies. One (1) challenge experienced was a last-minute cancellation from a speaker for the 04/18/2023 webinar.

ACTIVITY 1/4

Title	Develop and Conduct Two Webinars on Best Practice Protocols on CVD Prevention and Management
Summary	Between 07/2022 and 06/2023, Program will develop and conduct two (2) webinars in coordination with HHC on best practices protocols and utilization of: 1) Health Information Technology and Health Information Exchange at the health care/clinical systems level for improvement of cardiovascular health, and 2) team-based care models including CMM for improved and effective treatment, management, and control of hypertension.
Description	CDPP will develop and present two (2) webinars in coordination with HHC for HHC participants, state-contracted cardiovascular disease partners, and state and local organizations on best practices protocols and utilization of team-based care models, including CMM, to support effective treatment, management, and control of hypertension. CDPP staff will develop and conduct these webinars between 07/2022 and 06/2023.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	CDPP hosted two (2) Healthy Hearts California (HHC) webinars on 10/11/2022 and 04/18/2023. CDPP in partnership with AHA secured subject matter expert presenters for both webinars that included epidemiologists, governmental relations representatives, and medical doctors. The average of individuals who registered for the webinars was forty seven (47).

ACTIVITY 2/4

Title	Update HHC Membership Packet to Incorporate Updated Goals & Links to CVD Data & Health Resources
Summary	Between 07/2022 and 06/2023, CDPP will update one (1) HHC new membership packet to ensure that the goals align with Healthy People (HP) 2030.
Description	CDPP will update one (1) HHC new membership packet to ensure that links to relevant CVD health resources and fact sheets and CVD prevalence are listed and that the goals align with HP 2030. CDPP will update the membership packet between 07/2022 and 06/2023.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	HHC membership packet was updated on 05/26/2023 to ensure the listed links to the relevant CVD health resources worked properly. The packet was also updated to align goals with Healthy People 2030.

ACTIVITY 3/4

Title	Create CDPP Webpage on CDPH Website
Summary	Between 07/2022 and 06/2023, Program will create one (1) CDPP webpage on CDPH website and include information on each state plan objective and links to CVD and stroke resources.

Description	By summer 2023, program will create one (1) CDPP webpage on the CDPH website, helping to increase public awareness of CVD and stroke through providing resources and information. The CDPP webpage will also provide resources to health professionals. The deliverable is the CDPP webpage.
--------------------	--

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	A dedicated CDPP webpage was developed and posted to the California Department of Public Health (CDPH) website and was last updated on 06/02/2023. The webpage includes the program's background as well as an overview of the program's three objectives. The page may be viewed at: CDPP (ca.gov) .

ACTIVITY 4/4

Title	Promote CVD and Stroke Awareness through Educational Campaign using social media channels
Summary	Between 07/2022 and 06/2023, CDPP will develop four (4) social media messages for CDPH social media channels to increase public awareness of CVD and stroke through promotion of health resources.
Description	Between 07/2022 and 06/2023, CDPP will develop four (4) social media messages for CDPH social media channels to increase public awareness of CVD and stroke through promotion of health resources. The deliverable is one social media message per quarter.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	CDPP did not develop and distribute a social media message. However, CDPP did regularly communicate and engage with the HHC members to share a variety of CVD-related information. Communications include: COVID-19 treatment info from CDPH (sent 12/15/22), Right Care Initiative webinar on reducing disparities (sent 02/06/23), Department of Health Care Access and Information listening sessions (sent 02/23/23), funding opportunities (03/21/23), target Blood Pressure virtual symposium (sent 05/09/23), and Comprehensive Medication Management (CMM) Webinar (sent 06/01/23)

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FFY 2022 #3 California Cardiovascular Disease and Stroke Prevention and Treatment Master Plan Update
Program SMART Objective	Between 07/2022 and 06/2023, CDPP will coordinate with subject matter experts by conducting at least two (2) quarterly steering committee meetings to update the California Heart Disease and Stroke Prevention and Treatment Master Plan (2007-2015).
Item to be measured	Committee meetings
Unit to be measured	Number of committee meetings
Baseline Value	0
Interim Target Value	1
Final Target Value	2

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	4
Smart Objective Final Status	<i>MET</i>
Distance from Target [Number]	0

One-sentence summary of results towards this Program SMART Objective	CDPP hosted four (4) quarterly steering committee meetings regarding the update of the California’s Master Plan for Heart Disease and Stroke Prevention and Treatment (2007-2015)
One-paragraph description of results towards this Program SMART Objective	CDPP exceeded the original goal of conducting at least two (2) quarterly steering committee meetings between 07/2022 and 06/2023, as four (4) quarterly meetings were conducted in that period (on 08/17/2022, 11/16/2022, 02/15/2023 and 05/17/2023). These quarterly meetings are open to the public and provide updates on the current review and revision of the California’s Master Plan for Heart Disease and Stroke Prevention and Treatment (2007-2015) as well as highlight new advancements and research in cardiovascular health. The quarterly steering committee meetings are facilitated by the Task Force Chair, William J. Bommer, MD, FACP, FACC and attended by CDPH staff, members of the public, partners, and the Task Force. The Task Force has grown from twenty (20) to thirty-two (32) Members and Advisors, which include elite subject matter experts in a variety of fields who have provided valuable feedback and recommendations on updating California’s Master Plan for Heart Disease and Stroke Prevention and Treatment (2007-2015)

ACTIVITY 1/2

Title	Convene CVD Master Plan Steering Committee Meetings
Summary	Between 7/2022 and 6/2023, Program staff will plan, organize, and hold at least two (2) strategic planning meetings to bring together cardiovascular health partners, stakeholders, and medical and health professionals to review and assess the original CVD Master Plan for needed updates.
Description	By spring 2023, CDPP staff, with support from CSUS, will plan and convene at least two (2) steering committee meetings for cardiovascular health partners, medical professionals, and public health stakeholders (steering committee chair identified and steering committee formed in FY 2021-2022) to review and discuss the original CVD Master Plan, assign roles and responsibilities, determine approach objectives, and schedule milestone timeline meetings for updating the CVD Master Plan. The deliverables for this activity will be determined and distributed to stakeholders with a detailed account of the proceedings of the above convening (meeting minutes).

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	CDPP hosted two (2) quarterly steering committee meetings during this reporting period (on 02/15/2023 and 05/17/2023) regarding the update of the California's Master Plan for Heart Disease and Stroke Prevention and Treatment (2007-2015).

ACTIVITY 2/2

Title	Finalize CVD Master Plan Revisions
Summary	Between 07/2022 and 06/2023, CDPP staff, with support from the CVD Action Plan Steering Committee, will finalize changes to one (1) Master Plan objectives, goals, recommendations, and data.
Description	By summer 2023, CDPP staff and the CVD Master Plan Steering Committee will finalize the CA Master Plan including the nine Master Plan goals, objectives, recommendations, and data. The deliverable for this activity is the updated CVD Master Plan.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>CANCELLED</i>
If CANCELLED: Please provide a one-sentence explanation	CDPP has met with Chronic Disease Control Branch Leadership who has advised, via feedback from California Department of Public Health Leadership, that the updated Plan must be significantly more prevention-focused and considerably more succinct in length compared to the previous Plan; therefore, CDPP, with support of a contracted professional plan writer, is adjusting course from the previous plan and will take a new approach.

Emergency Medical Services (EMS) Prehospital Data and Information Services and Quality Improvement Program

PROGRAM SUMMARY

Program Name	FFY 2022 EMS Prehospital Data and Information Services and Quality Improvement Program
Program Goal	The program goal is to have all 34 LEMSAs submitting the Core Quality Measures
Healthy People 2030 Objective	HC/HIT-D06 Increase the proportion of hospitals with access to necessary electronic information
Recipient Health Objective	Between 07/2022 and 06/2023, Emergency Medical Services Authority (EMSA) will maintain one Emergency Medical Services (EMS) Prehospital Data and Information Services and Quality Improvement Program by providing statewide collection and analysis of patient-level EMS data from emergency medical services systems and quality improvement measuring and patient care assessments based on 911 call volume indicated in EMS Plan submissions.
Total Program Allocation	\$1,087,082

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	No
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	No

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	There are no key challenges or barriers to success experienced so far. Program is continuously engaged with LEMSAs and all activities are progressing as expected.
What strategies did you use to address those challenges or barriers?	Internal processes in place and clear communication with LEMSAs have resulted in no continuing problems.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	YES
If YES, Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?	2021 Annual EMS Report Trauma EMS Data Linkage Initiative Report
Did you share your final findings from the promising practice used?	YES
If YES, how did you share your final findings? Please provide links or citations.	Published on the EMSA website 2021 Annual EMS Report Trauma EMS Data Linkage Initiative Report
Has the partner information changed?	NO

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2022 #1 EMS Prehospital Data and Information Services and Quality Improvement
Program SMART Objective	Between 07/2022 and 06/2023, Program will increase accurate representation of EMS data for all LEMSAs that voluntarily submit data into CEMSIS which will unite the EMS system under a single data warehouse, fostering analyses on patient-care outcomes, public health system services, compliance with California state and federal EMS service laws, and provide measurable quality improvement resources to LEMSAs. Data submitted into CEMSIS will be analyzed and shared with LEMSAs to increase transparency. Program will provide technical assistance and outreach to the LEMSAs to encourage participation in CEMSIS while increasing transparency with a target of 165 engagements among the 34 LEMSAs.
Item to be measured	TA, outreach, and engagement with LEMSAs regarding data submissions into CEMSIS
Unit to be measured	Number of Email engagements with each LEMSA
Baseline Value	0
Interim Target Value	66
Final Target Value	165

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	190
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Between 07/2022 and 06/2023, programs have provided 190 TA, outreach and engagements with local Emergency Medical Services Authorities (LEMSAs) regarding data submissions into the California Emergency Medical Services Information System (CEMSIS).
One-paragraph description of results towards this Program SMART Objective	Program staff have been continuously engaging with LEMSAs through their programs regarding data submissions into CEMSIS. The Core Quality Measures program, the CEMSIS demonstration project and the Data Matching program have been progressing. Program staff managed to complete projects with three vacant positions at the end of the grant period.

ACTIVITY 1/5

Title	Develop the Core Quality Measures Process Manual
Summary	Between 07/2022 and 06/2023, Program will develop one (1) Core Quality Measures Process Manual.
Description	Between 07/2022 and 06/2023, Program will develop one (1) Core Quality Measures Process Manual to include the lifecycle of measure adoption and re-specification; the approach to research and testing of measures; the project objectives, approach, deliverables, and approvals process; and all other relevant components of the project such as reporting and evaluating data results.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 6/2023, Program developed one (1) Core Quality Measures Process Manual. The manual was published on February 14, 2023 and sent to 34 LEMSAs via email. Revisions and further development to improve the manual is an ongoing process.

ACTIVITY 2/5

Title	Develop the Annual Core Quality Measures Report
Summary	Between 07/2022 and 06/2023, Program will produce one (1) Annual Core Quality Measures Report based on analyzing 100% of the aggregated data provided by LEMSAs to show the current status of statewide EMS QI measurement.
Description	Between 07/2022 and 06/2023, Program will develop one (1) summary report of all LEMSA Core Quality Measures data submitted for the previous calendar year to present data to the public and EMS stakeholders. If appropriate, the report will be published on the EMSA website.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program developed one summary report of all LEMSA Core Quality Measures data submitted for the previous calendar year to provide data to the public and EMS stakeholders. EMSA staff is currently in the process of publishing the 2023 Annual Core Quality Measures Report for CY 2022 data.

ACTIVITY 3/5

Title	Publish One EMS Data Report
Summary	Between 07/2022 and 06/2023, Program will produce one (1) Annual EMS Report based on analyzing 100% of the NEMSIS/CEMSIS data set to show the current status of the EMS System.
Description	Between 07/2022 and 06/2023, Program Staff will compile and analyze 100% of one (1) EMS data set submitted by LEMSAs into the CEMSIS database and develop the annual CY 2021 EMS Report which will be published to the EMSA website by the 6/2023 deadline.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, With limited staffing, program finished and published the CY 2021 EMS Annual Data Report on June 30, 2023.

ACTIVITY 4/5

Title	Send out LEMSA CEMSIS Letters
Summary	Between 07/2022 and 06/2023, Program will analyze EMS data for each LEMSA and provide a letter that outlines the previous year's data submission, providers and anticipated based on LEMSA's EMS Plans. Each LEMSA will receive a letter for a total of 34 letters.
Description	Program Staff will compile and analyze 100% of the EMS data set submitted by LEMSAs into the CEMSIS database and develop 34 individual LEMSA CEMSIS letters.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 6/2023, Program successfully developed 33 data letters to be sent to all LEMSAs that submitted data. The data letters were sent to the LEMSAs on December 21, 2022. One LEMSA did not receive a data letter because the LEMSA was newly formed, and not yet required to submit data.

ACTIVITY 5/5

Title	Data Matching Analysis Report
Summary	Between 07/2022 and 06/2023, Program will publish one (1) Data Matching and Geocoding Report on the EMSA Website.
Description	Between 07/2022 and 06/2023, Program staff will publish one (1) report on EMSA's website detailing the successes and outcomes of matching EMS data with outside data sources.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, with limited staffing, Program completed and published the Trauma Data Matching Report with GIS maps on June 30, 2023.

Emergency Medical Services (EMS) Systems Operations, Planning, and Specialty Care

PROGRAM SUMMARY

Program Name	FFY 2022 Emergency Medical Services (EMS) Systems Operations, Planning, and Specialty Care
Program Goal	Conduct assessment of California's 34 local EMS systems in order to coordinate EMS activities based on community needs for the effective and efficient delivery of EMS services, ensuring no person is unable to obtain or delayed in obtaining medical care.
Healthy People 2030 Objective	AHS-04 Reduce the proportion of people who can't get medical care when they need it
Recipient Health Objective	Between 07/2022 and 06/2023, The Emergency Medical Services Authority (EMSA) will maintain one EMS Systems Division Operations and provide statewide coordination and leadership to Local EMS Agencies (LEMSAs) for the planning, development, and implementation of local EMS systems to determine the need for additional EMS, coordination of EMS, and effectiveness of EMS, assisting with adherence to California EMS statutes and regulations for optimum patient care. EMS Systems Division staff provide state leadership, oversight, and regulation to ensure the best quality of care is available, reducing the proportion of persons who are unable to obtain or delayed in obtaining necessary medical care in an emergency.
Total Program Allocation	\$1,305,218

GAINING ADDITIONAL SUPPORT

Question	Program Input
Did your program use Block Grant funds to leverage additional funds?	No
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	Yes

If YES , please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products	2022 Virtual State Trauma Summit 25 th EMS for Children Virtual Education Forum
---	---

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	No

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	A key challenge has been a vacancy of the EMS Plans Coordinator position.
What strategies did you use to address those challenges or barriers?	EMSA is in the process of hiring new staff to fill the vacant position. In the meantime, staff have been cross-training and management has stepped in to maintain the program and complete the activities and objectives.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	NO

Did you share your final findings from the promising practice used?	<i>NO</i>
Has the partner information changed?	<i>NO</i>

SMART OBJECTIVE 1/7

Title of Program Smart Objective	FFY 2022 #1 Maintain the EMS for Children Program
Program SMART Objective	Between 07/2022 and 06/2023, Program will maintain one (1) EMS for Children (EMSC) program providing statewide coordination and leadership by implementing regulations regarding specialized medical care for children with acute illness or injuries and providing guidance for EMSC program implementation at the LEMSA level. Program will provide technical assistance and advisory service to LEMSAs wishing to implement an EMSC program. Using the California EMS Data Information System data to establish quality-improvement measures, EMSA will evaluate additional needs for LEMSAs to enhance their EMSC programs. Review of at least six (6) EMS Plans will be conducted to ensure compliance with EMSC regulations to provide continuity and conformity of EMSC programs throughout California.
Item to be measured	EMS Plan review of EMSC and pediatric care components
Unit to be measured	Number of EMS Plans
Baseline Value	0
Interim Target Value	3
Final Target Value	6

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	<i>22</i>
Smart Objective Final Status	<i>MET</i>

One-sentence summary of results towards this Program SMART Objective	Between 07/2022 and 06/2023, Program maintained one EMS for Children (EMSC) program providing statewide coordination and leadership by implementing regulations regarding specialized medical care for children with acute illness or injuries and providing guidance for EMSC program implementation at the LEMSA level and reviewed the pediatric components of 20 EMS Plans and two (2) EMSC plans.
One-paragraph description of results towards this Program SMART Objective	Between 07/2022 and 06/2023, Program maintained one EMS for Children (EMSC) program providing statewide coordination and leadership by implementing regulations regarding specialized medical care for children with acute illness or injuries and providing guidance for EMSC program implementation at the LEMSA level. Program reviewed 20 EMS Plans for pediatric components, and two (2) full EMSC plans. Additionally, the 25 th Annual EMSC Educational Forum was held November 3, 2022 and was a success with over 500 participants in attendance. Challenges included the vacancy of the EMSC Coordinator position. This challenge was successfully overcome by assigning EMS Plan review and technical assistance to other staff.

ACTIVITY 1/3

Title	Host Educational Forum
Summary	Between 07/2022 and 06/2023, Program will provide education on trends in emergency medical care of pediatric patients by conducting one (1) California EMSC Educational Forum.
Description	Between 07/2022 and 06/2023, Program will conduct one California EMSC Educational Forum to provide educational opportunities for EMS and hospital providers related to medical treatment of pediatric patients.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	The forum took place on November 3, 2022. Program worked with pediatric liaison nurses (PdLN) to conduct this forum. The EMSC program solicited speakers, developed a flyer and has been the point of contact for the forum. PdLN hosted the virtual forum and ran the necessary background tasks.

ACTIVITY 2/3

Title	Provide Technical assistance to EMSC Programs
Summary	Between 07/2022 and 06/2023, Program will provide technical assistance to at least four (4) EMSC programs who have and are developing EMSC plans.
Description	Between 07/2022 and 06/2023, Program will provide technical assistance to at least four LEMSAs with EMSC program implementation in their jurisdiction. Technical assistance will be provided by email, phone, and resources on the EMSA website.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program has met with three (3) LEMSAs to assist in the development of their EMSC plans. Program has also reviewed and approved two (2) LEMSA EMSC plan renewals. Challenges to meeting this activity was a vacancy of the EMSC Coordinator position, as well as the voluntary nature of participation in the EMSC program.

ACTIVITY 3/3

Title	Review EMS Plans
Summary	Between 07/2022 and 06/2023, Program will review of at least six (6) EMS Plans to ensure compliance with EMSC regulations to provide continuity and conformity of EMSC programs throughout California.
Description	Between 07/2022 and 06/2023, Program will review of at least six (6) EMS Plans to ensure compliance with EMSC regulations to provide continuity and conformity of EMSC programs throughout California.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program has reviewed 22 EMS plans for compliance with EMSC regulations. Challenges included the vacancy of the EMSC Coordinator position. This challenge was successfully overcome by assigning EMS Plan review and technical assistance to other staff.

SMART OBJECTIVE 2/7

Title of Program Smart Objective	FFY 2022 #2 Proactively Maintain and Support One EMS Trauma Care System Program
Program SMART Objective	Between 07/2022 and 06/2023, Program will maintain one (1) EMS Trauma Care System Program by reviewing and approving local trauma system plans to provide statewide leadership for the planning, development, and implementation of a state trauma plan that incorporates 34 LEMSA county/region trauma plans and is informed by CEMSIS-Trauma Registry data submissions from 80 trauma centers. EMSA anticipates ten (10) trauma plan status updates during this time period.
Item to be measured	EMS Trauma Care System Programs
Unit to be measured	Number of trauma plan status updates reviewed from LEMSAs to include submission of trauma data
Baseline Value	0
Interim Target Value	5
Final Target Value	10

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	57
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Between 07/2022 and 06/2023, Program maintained one (1) EMS Trauma System Program by reviewing and approving 57 local trauma system plan updates, overseeing the submission of CEMSIS-Trauma data of 79 trauma centers.
One-paragraph description of results towards this Program SMART Objective	This objective has been met. Program maintained one (1) EMS Trauma System Program by reviewing and approving 57 local trauma system plan updates, overseeing the submission of CEMSIS-Trauma data from 79 trauma centers. Program reviews trauma plan updates as they are submitted and continues to oversee and coordinate CEMSIS-trauma data submissions.

ACTIVITY 1/4

Title	Review and Analyze Trauma Plan Status Updates (TSSRs).
Summary	Between 07/2022 and 06/2023, Program will review and analyze at least ten (10) LEMSA Trauma Plan Status Updates submitted to EMSA.
Description	Between 7/2022 and 6/2023, Program will analyze a minimum of ten (10) trauma plan status updates submitted to EMSA. Program will provide LEMSAs with feedback of analysis as part of EMS plan submission approvals/denials.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>Met</i>
Summary of Outcome	This objective was met. Between 7/2022 and 6/2023, Program analyzed 57 trauma plan status updates submitted to EMSA. Program provided LEMSAs with feedback of analysis as part of EMS plan submission approvals/denials.

ACTIVITY 2/4

Title	Collection of Trauma Registry Data
Summary	Between 07/2022 and 06/2023, Program will provide oversight of one (1) trauma registry data collection.
Description	Between 07/2022 and 06/2023, Program will oversee and coordinate the overall data collection of one (1) trauma registry into CEMSIIS-Trauma from at least 57 trauma centers.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program provided oversight and coordination of data collection into the CEMSIIS trauma registry, with participation from 71 trauma centers. A total of 40,193 trauma incidents were submitted by 71 trauma centers for the time period of 07/2022 - 03/2023. Data for 04/2023 - 06/2023 is not yet available.

ACTIVITY 3/4

Title	Develop and Host a Virtual Trauma Summit Program
Summary	Between 07/2022 and 06/2023, Program will create and host a one-day (1), virtual Trauma Summit.
Description	Between 07/2022 and 06/2023, Program will create a one-day (1) virtual Trauma Summit program with 4.5 hours of educational sessions and will seek subject matter guidance from the State Trauma Advisory Committee. EMSA staff host the event and coordinate with an accredited institution to provide Continuing Education (CEs) hours to eligible attendees.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program successfully created and hosted a one-day, 4.5-hour virtual Trauma Summit on October 6, 2022. This event was accredited for 3.5 hours of Continuing Education (CE) hours and attended by 650 trauma professionals.

ACTIVITY 4/4

Title	Strengthen State Trauma System Development
Summary	Between 07/2022 and 06/2023, Program will facilitate four (4) quarterly meetings with State Trauma Advisory Committee meetings to promote the development of the state trauma system with trauma stakeholders.
Description	Between 07/2022 and 06/2023, Program will facilitate four (4) quarterly meetings with State Trauma Advisory Committee members to continue in the development and implementation of the state trauma system.

FINAL ACTIVITY OUTCOME

Activity Final Status	<i>NOT MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program facilitated three State Trauma Advisory Committee meetings. Dates for meetings were October 6, 2022, November 8, 2022, and June 28, 2023. A key challenge was a vacancy of the EMS Trauma Coordinator position. The strategy to overcome this challenge was to hire a new EMS Trauma Coordinator. The position was filled in June of 2023.

SMART OBJECTIVE 3/7

Title of Program Smart Objective	FFY 2022 #3 Maintain EMS Partnership for Injury Prevention and Public Education
Program SMART Objective	Between 07/2022 and 06/2023, Program will maintain one (1) EMS Partnership for Injury Prevention and Public Information program by providing statewide coordination and leadership for the planning, development and implementation of Illness and Injury Prevention resources for California EMS partners within the EMS community. Inclusion of an EMS role in statewide prevention and public-education initiatives, programs, and policies will be used to evaluate the success of the overall program goal of ensuring the recognition of EMS as a vital partner in prevention and public- education activities. Prevention resources will be maintained on the Illness and Injury Prevention website, which is expected to receive 60 unique page views.
Item to be measured	Usage of Injury Prevention and Public Information resources established by EMSA
Unit to be measured	Number of EMS Injury Prevention and Public Information program webpage visits
Baseline Value	0
Interim Target Value	30
Final Target Value	60

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	73
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Between 07/2022 and 06/2023, Program maintained one (1) EMS Partnership for Injury Prevention and Public Information program through the maintenance of Injury Prevention and Public Information resources established by EMSA.
One-paragraph description of results towards this Program SMART Objective	Between 07/2022 and 06/2023, Program successfully maintained the EMS Partnership for Injury Prevention and Public Information program. Sixty-three (63) website links have been checked to provide education and awareness for injury prevention strategies and best practices. A total of nine (9) outdated website links were removed from the webpage, and 17 new website links were added. The webpage received 73 page views during this time period.

ACTIVITY 1/2

Title	Maintain EMS Partnership for Injury Prevention and Public Information Program webpage
Summary	Between 07/2022 and 06/2023, Program will maintain one (1) injury and illness-prevention web page on the EMSA website.
Description	Between 07/2022 and 06/2023, Program will maintain one (1) illness and injury prevention web page that will provide sources for education and promote injury prevention in the EMS community. On a quarterly basis, Program will review sixty-four links to ensure they are accessible, updated, and working.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program is successfully maintaining one (1) injury and illness-prevention web page on EMSA's website. Program has provided quarterly reviews of links to ensure they are accessible, updated, and working. A total of nine (9) outdated website links were removed from the webpage, and 17 new website links were added.

ACTIVITY 2/2

Title	Attend Trauma Managers Association of California (TMAC) General Membership meetings
Summary	Between 07/2022 and 06/2023, Program will attend three (3) General Membership Meetings.
Description	Between 07/2022 and 06/2023, Program will attend three (3) TMAC General meetings to provide leadership in the coordination of injury prevention activities at the local and regional level.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	Program attended one (1) TMAC General meeting to provide leadership in the coordination of injury prevention activities at the local and regional level. A key challenge has been a vacancy of the EMS Trauma Coordinator position. As of 06/2023, Program has filled the EMS Trauma Coordinator vacancy and anticipates meeting this objective going forward.

SMART OBJECTIVE 4/7

Title of Program Smart Objective	FFY 2022 #4 Maintain and Support One STEMI Critical Care System Program Statewide
Program SMART Objective	Between 07/2022 and 06/2023, EMSA Program will maintain one (1) EMS STEMI program by providing leadership for the implementation of the state STEMI regulations. Program will also provide statewide coordination and support to entities developing STEMI Critical-Care Systems, and those that have the system in place, through education and technical support to improve and increase the level of care for STEMI patients in California. Program will provide technical assistance to encourage LEMSAs without an existing STEMI Critical Care System to create one and become part of the system statewide and provide leadership to the LEMSAs with existing systems to improve the system based on the newest technology and evidence-based studies, on aspects of both clinical and system management to provide the highest level of care for STEMI patients. At least 45 stakeholder engagements will be conducted in the form of annual plan reviews, technical assistance emails, phone calls, meetings, and educational events.
Item to be measured	TA in interpretation of regulations, annual plan review, & other guidance provided to LEMSAs, etc.
Unit to be measured	Number of stakeholder engagements in the form of plan reviews, technical assistance emails, etc.
Baseline Value	0
Interim Target Value	20
Final Target Value	45

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	80
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Between 07/2022 and 06/2023, EMSA Program maintained one (1) STEMI program by providing leadership for the implementation of the state STEMI regulations and providing statewide coordination and support to LEMSAs developing new STEMI Critical Care Systems, and to those that have existing systems in place.
One-paragraph description of results towards this Program SMART Objective	Between 07/2022 and 06/2023, EMSA Program maintained one (1) STEMI program by providing leadership for the implementation of the state STEMI regulations and providing statewide coordination and support to LEMSAs developing new STEMI Critical Care Systems, and to those that have existing systems in place. At least 80 stakeholder engagements were conducted in the form of annual plan reviews, technical assistance emails, phone calls, and meetings.

ACTIVITY 1/3

Title	Provide Education on Current Trends for Optimal STEMI care
Summary	Between 07/2022 and 06/2023, California Emergency Medical Services Authority will conduct one (1) State STEMI Summit.
Description	Between 07/2022 and 06/2023, Program will conduct one (1) state STEMI Summit to educate Cardiologists, STEMI nurses, hospital registrars, paramedics, EMTs and administration staff on clinical and system aspects of care for STEMI patients with the newest and outcome report and study, to increase the level of care in California.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>CANCELLED</i>
If CANCELLED: Please provide a one-sentence explanation	The STEMI Summit was cancelled due staffing and timing issues.

ACTIVITY 2/3

Title	Facilitate and Coordinate Technical Advisory Committee (TAC) Meetings
Summary	Between 07/2022 and 06/2023, the TAC meets in a regular basis to advise EMSA Director and the STEMI program on all aspects of the specialty care systems. Program staff facilitate and coordinate at least four (4) virtual meetings.
Description	Between 07/2022 and 06/2023, Program staff facilitate and coordinate at least four (4) virtual meetings each year to discuss the status of the state specialty care systems, receiving advice from the TAC to increase the level of care and improve the system for STEMI patients in California. This committee also has sub committees that meet separately as needed to plan the annual educational summit and related activities. The TAC also develops plans to improve the State STEMI data collection system to create QI activities at the state level in the future, which will be facilitated and organized by the EMSA program staff.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program staff facilitated four (4) TAC meetings to discuss the status of STEMI specialty care systems, plan submissions, system evaluations, and STEMI Data statewide.

ACTIVITY 3/3

Title	Review and Analyze STEMI Critical Care System Annual Plan
Summary	Between 07/2022 and 06/2023, Program will analyze a minimum of six (6) STEMI Critical Care System Annual Plans submissions from LEMSAs.
Description	Between 07/2022 and 06/2023, Program will analyze a minimum of six (6) STEMI Critical Care System Annual Plans submitted to EMSA. Program will provide LEMSAs with feedback of analysis as part of EMS plan submission approvals/denials.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program analyzed 14 STEMI Critical Care System Annual Plans submitted to EMSA as well as 20 EMS Plans with STEMI and specialty care center components.

SMART OBJECTIVE 5/7

Title of Program Smart Objective	FFY 2022 #5 Maintain and Support One Stroke Critical Care System Program Statewide
Program SMART Objective	Between 07/2022 and 06/2023, EMSA Program will maintain one (1) EMS Stroke program by providing leadership for the implementation of the state Stroke regulations. Program will also provide statewide coordination and support to entities developing Stroke Critical-Care Systems, and those that have the system in place, through education and technical support to improve and increase the level of care for Stroke patients in California. Program will provide technical assistance to encourage LEMSAs without an existing Stroke Critical Care System to create one and become part of the system statewide and provide leadership to the LEMSAs with existing systems to improve the system based on the newest technology and evidence-based studies, on aspects of both clinical and system management to provide the highest level of care for Stroke patients. At least 45 stakeholder engagements will be conducted in the form of annual plan reviews, technical assistance emails, phone calls, meetings, and educational events.
Item to be measured	TA in interpretation of regulations, annual plan review, and other guidance provided to LEMSAs, etc.
Unit to be measured	Number of stakeholder engagements in the form of plan reviews, technical assistance emails, etc.
Baseline Value	0
Interim Target Value	20
Final Target Value	45

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	80
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Between 07/2022 and 06/2023, Program maintained one (1) Stroke program and provided 80 stakeholder engagements conducted in the form of annual plan reviews, technical assistance emails, phone calls, and meetings.
One-paragraph description of results towards this Program SMART Objective	Between 07/2022 and 06/2023, Program successfully maintained the Stroke program statewide, by providing technical assistance to the LEMSAs, and by reviewing plans and assessing specialty care centers and hospitals through 80 stakeholder engagements. Challenges with staffing and timing limited the ability to host educational events.

ACTIVITY 1/3

Title	Provide education on Current Trends for Optimal Stroke care
Summary	Between 07/2022 and 06/2023, Program will conduct one (1) State Stroke Summit.
Description	Between 07/2022 and 06/2023, Program will conduct one (1) state Stroke Summit to educate Neurologists, stroke nurses, hospital registrars, paramedics, EMTs and administration staff on clinical and system aspects of care for Stroke patients, to increase the level of care in California.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>CANCELLED</i>
If CANCELLED: Please provide a one-sentence explanation	The Stroke Summit was cancelled due staffing and timing issues.

ACTIVITY 2/3

Title	Facilitate and Coordinate Technical Advisory Committee (TAC) Meetings
Summary	Between 07/2022 and 06/2023, Program staff will facilitate and coordinate at least four (4) virtual meetings each year to discuss the status of the state specialty care systems, receiving advice from the TAC to increase the level of care and improve the system for Stroke patients in California.
Description	Program staff will facilitate and coordinate at least 4 virtual meetings each year to discuss the status of the state specialty care systems, receiving advice from the TAC to increase the level of care and improve the system for Stroke patients in California. This committee also has sub committees that meet separately as needed to plan the annual educational summit and related activities. The TAC also develops plans to improve the State Stroke data collection system to create QI activities at the state level in the future, which will be facilitated and organized by the EMSA program staff.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program staff facilitated four (4) TAC meetings to discuss the status of the specialty care systems for Stroke, plan submissions, system evaluations, and stroke data statewide.

ACTIVITY 3/3

Title	Review and Analyze Stroke Critical Care System Annual Plans
Summary	Between 07/2022 and 06/2023, Program will analyze a minimum of five (5) Stroke Critical Care System Annual Plans submitted to EMSA.
Description	Between 07/2022 and 06/2023, Program will analyze a minimum of five (5) Stroke Critical Care System Annual Plans submitted to EMSA. Program will provide LEMSAs with feedback of analysis as part of EMS plan submission approvals/denials.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program analyzed 13 Stroke Critical Care System Annual Plans submitted by LEMSAs as well as 20 EMS Plans with stroke components and Specialty Care Centers.

SMART OBJECTIVE 6/7

Title of Program Smart Objective	FFY 2022 #6 Provide Oversight to California Poison Control Service (CPCS)
Program SMART Objective	Between 07/2022 and 06/2023, EMSA Program will provide oversight to one (1) CPCS required to provide poison control services to 100% of Californians for the prevention of unnecessary ambulance transports and emergency department visits through coordination and monitoring of activities, in accordance with statutory and regulatory authorities, and contractual requirements. Program will conduct assessments of one CPCS in order to monitor poison control service activities provided to Californians. Program will review four (4) quarterly reports to ensure compliance with state standards for poison control services and contractual scope of work.
Item to be measured	Compliance with contractual requirements as reported in Quarterly reports received from CPCS
Unit to be measured	Quarterly reports
Baseline Value	0
Interim Target Value	2
Final Target Value	4

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	2
Smart Objective Final Status	<i>NOT MET</i>
If NOT MET: What are the key factors that contributed to the target not being met?	The key factor that contributed to this target not being met was the limiting nature the general term “Quarterly Reports.” The objective could not be marked MET because “quarterly reporting” had been changed contractually to one (1) annual report going forward for FY 2022-2023. Additionally, this “annual report” refers only to data collection, call center staffing and work hours and tasks. There are multiple reports due throughout the fiscal year that are maintained by CPCS and reviewed by Program in the areas of staff qualifications, specialty consultant agreements, procedures and succession plans, protocols and guidelines, customer service improvement processes, and quality assurance.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	Program will continue to provide oversight to CPCS to ensure statutory and contractual obligations are met, which includes review of contract deliverable reports in seven (7) categories, in addition to the one (1) annual report. Program confirmed poison control services are provided to Californians through the 24-hour poison control hotline and through community education and outreach.
One-sentence summary of results towards this Program SMART Objective	Program provided oversight to one (1) CPCS required to provide poison control services to 100% of Californians as part of an ongoing and continuous oversight process and reviewed two (2) reports consisting of one quarterly report and one annual report, and seven (7) additional deliverable reports outlined in the Contract.
One-paragraph description of results towards this Program SMART Objective	Program will continue to provide oversight to CPCS to ensure statutory and contractual obligations are met, which includes review of contract deliverable reports in seven (7) categories, in addition to the one (1) annual report. Program confirmed poison control services are provided to Californians through the 24-hour poison control hotline and through community education and outreach.

ACTIVITY 1/1

Title	Collect and Review Quarterly Report Submissions
Summary	Between 07/2022 and 06/2023, Program will provide oversight to one (1) CPCS required to submit quarterly reports through coordination and technical assistance of quarterly report submissions with the CPCS Business Director, in accordance with statutory and regulatory authorities and contractual requirements.
Description	Between 07/2022 and 06/2023, the EMS Authority's EMS Plans Coordinator is responsible for monitoring the CPCS through coordination and review of contractually required quarterly reports.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>CANCELLED</i>
If CANCELLED: Please provide a one-sentence explanation	The year-end annual report is due from CPCS in 07/2023, and thus will not be received in time to meet the target for this grant period.

SMART OBJECTIVE 7/7

Title of Program Smart Objective	FFY 2022 #7 Maintain EMS Systems Planning and Oversight to LEMSAs
Program SMART Objective	Between 07/2022 and 06/2023, Program will provide oversight to 34 LEMSAs required to submit annual EMS plans through coordination of EMS plan submission by LEMSA Administrators, technical assistance, and EMS plan determinations, in accordance with statutory and regulatory authorities. Program will review at least six (6) EMS plans.
Item to be measured	EMS Plans
Unit to be measured	One plan per LEMSA
Baseline Value	0
Interim Target Value	4
Final Target Value	6

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	70
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Between 07/2022 and 06/2023, Program provided oversight to 27 LEMSAs, and coordinated the submission of 70 EMS Plans, developed 13 plan determinations covering 39 EMS Plans, and provided technical assistance to 27 LEMSA Administrators on EMS plan development.
One-paragraph description of results towards this Program SMART Objective	Between 07/2022 and 06/2023, Program provided oversight and coordinated the submission of 70 EMS Plans from 27 LEMSAs, developed 13 plan determinations covering 39 EMS plans, and has provided 98 instances of technical assistance to 27 LEMSA Administrators on EMS plan development. One strategy for success was to allow LEMSAs to catch up on delinquent EMS Plans by grouping multiple plan years to submit concurrently. This has been a successful way to significantly increase the number of LEMSAs with current EMS Plans.

ACTIVITY 1/8

Title	Collect EMS Plan Submissions
Summary	Between 07/2022 and 06/2023, Program will provide oversight to 100% of LEMSAs required to submit annual EMS plans through coordination of EMS plan submission with LEMSA Administrators, technical assistance, and EMS plan determinations, in accordance with statutory and regulatory authorities.
Description	Between 07/2022 and 06/2023, Program is responsible for providing coordination, technical assistance, and developing annual EMS plan determinations to LEMSA Administrators.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 16/2023, Program has received 70 EMS Plans from 27 LEMSAs. There were 13 plan determinations covering 39 EMS plans made during this period. One strategy for success was to allow LEMSAs to catch up on delinquent EMS Plans by submitting multiple years under one plan. This has been a successful way to bring a significant number of LEMSAs current on their EMS Plans.

ACTIVITY 2/8

Title	Track and Monitor EMS Plans
Summary	Between 07/2022 and 06/2023, Program will provide coordination of receipt of EMS plan submissions from LEMSA Administrators, assignment of EMS plan reviews to EMS Authority subject matter experts, and overall tracking and monitoring of EMS plan review from receipt to decision to approve or deny. Program will track and monitor by updating one (1) internal work-flow management application.
Description	Between 07/2022 and 06/2023, Program will keep current and update one (1) internal work-flow management application to reflect EMS plan activity, including receipt of EMS plans, status of active EMS plans within the EMS Authority, plan outcomes, coordination with LEMSA Administrators and staff, and collaboration with EMSA staff on EMS plan review, to ensure effective oversight of the internal EMS plan review process for timely, comprehensive, and effective plan development and decisions.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program maintained one work-flow management application through Monday.com to manage and monitor EMS plan workflow within EMSA and document communication and collaboration with EMSA staff and LEMSAs.

ACTIVITY 3/8

Title	Collect and Review Quarterly Report Submissions
Summary	Between 07/2022 and 06/2023, Program will provide coordination and technical assistance to six (6) multicounty LEMSA Administrators.
Description	Between 07/2022 and 06/2023, Program will provide oversight to six (6) multicounty LEMSAs required to submit quarterly reports through coordination and technical assistance of quarterly report submissions, in accordance with statutory and contractual authorities.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program provided oversight to six (6) multicounty LEMSAs required to submit quarterly reports. Six (6) reports were received and reviewed, one from each multi-county LEMSA for the 4 th quarter of 2021-2022, and six (6) reports were received and reviewed, one from each Multi-County LEMSA for the 1 st , 2 nd , and 3 rd quarters of 2022-2023 for a total of 24 reports.

ACTIVITY 4/8

Title	Review forms submitted as the transportation component of the EMS Plans
Summary	Between 07/2022 and 06/2023, Program will review all transportation components (Ambulance Zone Summary Form(s) and Table 8 Resource Directory(s)) for approval and maintain Exclusive Operating Area (EOA) and EMS Responder spreadsheets. EMSA anticipates six (6) EMS Plans with associated transportation components will be submitted for review during this time period.
Description	Between 7/2022 and 6/2023, Program will review and approve or deny the transportation components of an EMS Plan based on statute, regulation, and case law. The date is then tracked in a "transportation data spreadsheet". EMSA anticipates six (6) EMS Plans with associated transportation components will be submitted for review during this time period.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program has reviewed Transportation Components for 70 EMS Plans from 27 LEMSAs. There were 13 plan determinations covering 39 EMS Plans made during this period. One strategy for success was to allow LEMSAs to catch up on delinquent EMS Plans by submitting multiple years under one plan. This has been a successful way to bring a significant number of LEMSAs current on their EMS Plans.

ACTIVITY 5/8

Title	Maintain LEMSA competitive process transportation service log
Summary	Between 07/2022 and 06/2023, Program will update one (1) internal service log to track contract start and end dates of the competitive processes.
Description	Between 07/2022 and 06/2023, Program will maintain one (1) competitive process transportation log through a continuous update with each EMS Plan and competitive process approval/ denial. Log will be used monthly for formal LEMSA notification of status of exclusive rights.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program maintained one (1) competitive process transportation log through a continuous update with each EMS Plan and competitive process approval/denial. Using Monday.com has drastically helped the log and tracking process through all task components from start to finish. The program has approved four (4) of the seven (7) submitted competitive proposals.

ACTIVITY 6/8

Title	Review LEMSA transportation competitive processes
Summary	Between 07/2022 and 06/2023, Program will review at least one (1) competitive process, regarding EOAs for transportation, as they come in.
Description	Between 07/2022 and 06/2023, Program will review at least one LEMSA competitive process for emergency ambulance services, regarding prospective EOAs and discuss any changes needed to approve the competitive process. EMSA's collaboration with LEMSAs promotes successful competitive bidding for local ambulance services, which in turn assures patient care during an emergency.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between 07/2022 and 06/2023, Program reviewed seven (7) LEMSA competitive process for emergency ambulance services, regarding prospective EOAs. Program has approved four (4) of the seven (7) submitted competitive proposals. Using Monday.com has helped the log and tracking process through all task components from start to finish. A highlighted success has been persistence from staff with communication and follow-up for LEMSA delay in the process.

ACTIVITY 7/8

Title	Assess LEMSA EMS Plan transportation component appeal hearing documents
Summary	Between 07/2022 and 06/2023, Program will review historical documentation for at least one (1) EMS Plan appeal hearing.
Description	Between 07/2022 and 06/2023, Program will research one (1) LEMSA appeal by reviewing submitted transportation documents, researching and investigating history of EMS EOAs and Non-EOAs, provider company sales, and EMS Plans to prepare for hearings. Hearings are filed with the Office of Administrative Hearings and program staff provide hearing testimony as Subject Matter Experts.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>CANCELLED</i>
If CANCELLED: Please provide a one-sentence explanation	Daily response and historical tracking is ongoing by the transportation program for any appeals or hearings that may arise.

ACTIVITY 8/8

Title	Provide Technical Assistance
Summary	Between 07/2022 and 06/2023, Program will answer at least 20 requests for technical assistance with EMS transportation issues via email, phone calls, and face-to-face inquiries.
Description	Program will provide assistance in all areas related to EMS ambulance transportation for all requests received. Requests are received from LEMSAs, the general public, EMS Providers, and other state agencies through email, phone calls, zoom calls, and face-to-face meetings. While it is impossible to know how many requests for assistance will be received, based on previous years it is anticipated that there will be at least 20 instances of technical assistance provided.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program has received 120 technical assistance emails, and phone calls regarding transportation questions and clarifications. Using Zoom and Microsoft Teams, 35 meetings with LEMSA's have taken place for clarification and technical assistance. Brief and clear communication about discrepancies has led to a huge success for the transportation program regarding all Technical Assistance inquires.

Health in All Policies

PROGRAM SUMMARY

Program Name	FFY 2022 Health in All Policies
Program Goal	Increase effectiveness and/or efficiency of public health programs and departments by advancing equity in policies and procedures.
Healthy People 2030 Objective	PHI-R07 Explore quality improvement as a way to increase efficiency and effectiveness in health departments
Recipient Health Objective	Between 07/2022 and 6/2023, Program staff will (1) embed health and equity into at least 10 California programs, policies, and processes that impact the social determinants of health, such as land use, active transportation, transit-oriented affordable housing development, social welfare, natural resources, and environmental pollution; (2) maintain or build new partnerships with at least 10 state-level departments, agencies, and programs to achieve this objective.
Total Program Allocation	\$520,988

GAINING ADDITIOANL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	No
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	No

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	Accelerating equity into Department programs requires enhanced coordination and alignment which may present challenges.
What strategies did you use to address those challenges or barriers?	The Director of CDPH has begun a lean transformation of CDPH known as “Becoming the Best at Getting Better”. Among other areas, this includes transforming CDPH to Becoming a learning, healing, and impactful organization through lean management, trauma informed practices, and equity, anti-racism, and health equity. This organizational transformation has positioned our program on a path towards success.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Yes
What did you learn about the innovative approaches or promising practices you used?	CDPH has launched a cross-Departmental initiative, HEART (healing, equity for all, anti-racism, and trauma responsive transformation) to embed equity across the Department’s policies, procedures, and practices. HEART is being deployed department wide through Hoshin Kanri, a lean method for ensuring that an organization’s strategic goals drive process and action at every level within that organization. This has helped remove silos and optimized department-wide initiatives and activities to advance equity.

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	YES

<p>If YES, Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?</p>	<p>The HEART team hosted a facilitated group discussion process designed to advance and deepen conversations about race/ethnicity and racism called “Can We Chat” (Conversations about History, Awareness, and Transformation). The Can We CHAT program was a noteworthy success by bringing together over 600 CDPH employees across offices, centers, and divisions. Nearly 90% of participants reported an increase in their competence in addressing racism in the workplace. The PHHS Block Grant funds also supported Trauma Responsive trainings throughout the department. As of June 2023, 1,255 CDPH staff have participated in these trainings. In addition, the PHHS Block Grant supported Equity, Diversity, and Inclusion trainings. In 2023, 309 CDPH staff and supervisors attended this training.</p>
<p>Did you share your final findings from the promising practice used?</p>	<p><i>YES</i></p>
<p>If YES, how did you share your final findings? Please provide links or citations.</p>	<p>HEART</p>
<p>Has the partner information changed?</p>	<p><i>NO</i></p>

SMART OBJECTIVE 1/1

<p>Title of Program Smart Objective</p>	<p>FFY 2022 #1 Build Public Health Capacity to Implement Equity in Policies, Systems, and Environment</p>
<p>Program SMART Objective</p>	<p>Between July 1, 2022 to June 30, 2023, Program will conduct (8) 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 racial and health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.</p>
<p>Item to be measured</p>	<p>Trainings, presentations, and consultations provided to local health departments & partners in CDPH</p>
<p>Unit to be measured</p>	<p>number</p>
<p>Baseline Value</p>	<p>0</p>
<p>Interim Target Value</p>	<p>4</p>
<p>Final Target Value</p>	<p>8</p>

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	71
Smart Objective Final Status	<i>MET</i>
Distance from Target [Number]	0
One-sentence summary of results towards this Program SMART Objective	Program has hosted and participated in 15 health equity liaison meetings 22 equity trainings, and 34 TA sessions to increase the capacity of public health staff to promote racial and health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment. There has been a total amount achieved of 71 programs.
One-paragraph description of results towards this Program SMART Objective	Program staff successfully coordinated ongoing meetings with Health Equity Liaisons to support the Director's strategic plan to Become a Healing Organization. In addition, program staff worked with the liaisons to help support the development of the Healing and Race Equity Survey. Finally, Program Staff supported a strategic planning retreat with the Health Equity Liaisons to define future work. There has been a total amount achieved of 71 programs.

ACTIVITY 1/2

Title	CDPH Equity Capacity
Summary	Between 07/2022 and 06/2023, Program will build CDPH capacity to promote equity in Policies, Systems, and Environment by providing two (2) trainings or consultations to at least five CDPH programs or offices.
Description	Between July 1, 2022 and June 30, 2023, Program will provide two (2) 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/or (3) understand and address the social determinants of health, including the built and social environment.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program staff successfully worked with the Human Resources Department to implement Equity, Diversity and Inclusion trainings. This included 17 equity trainings and 7 health equity liaisons meetings with Centers for Infection Diseases, Healthy Communities, Environmental Health, Family Health, and Center for Preparedness & Response. One of the challenges for these trainings is that they are not mandatory for staff. Also, program staff worked closely with Health Equity Liaisons to identify strategies for change throughout the department.

ACTIVITY 2/2

Title	LHD Equity Capacity
Summary	Between 07/2022 and 06/2023, Program will build LHD capacity to promote equity in Policies, Systems, and Environment by providing trainings or technical assistance to at least three (3) LHDs.
Description	Between July 1, 2021 and June 30, 2022, Program will provide trainings or technical assistance to at least three (3) LHDs to: (1) build LHDs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and/or (3) increase understanding of and address the social determinants of health, including the built and social environment.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	At least seven (7) LHD's received technical assistance from Program Staff on how to implement a Health in All Policies approach through the sharing of the department's strategic plan for Becoming a Healing Organization and documents/work product that support that plan.

Healthy People 2030 Program

PROGRAM SUMMARY

Program Name	FFY 2022 Healthy People 2030 Program
Program Goal	The goal of this program is to enhance the accountability and transparency of the PHHSBG through the HPP 2030 by measuring progress and impact of funded programs, as we communicate current accomplishments.
Healthy People 2030 Objective	PHI-R07 Explore quality improvement as a way to increase efficiency and effectiveness in health departments
Recipient Health Objective	Between 07/2022 and 06/2023, the Healthy People Program (HPP) 2030 will implement one quality improvement (QI) process, using the CDC evaluation framework and the Plan Do Check Act (PDCA) QI model, to increase efficiency and effectiveness of the Preventive Health and Health Services Block Grant (PHHSBG)-funded programs.
Total Program Allocation	\$735,033

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	No

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	No

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	The Healthy People 2030 Program (HPP 2030) has experienced high turnover in key leadership positions that directly impacted the workload of current HPP 2030 staff.
What strategies did you use to address those challenges or barriers?	The HPP 2030 Program staff collectively worked together to complete each program deliverable while senior leadership filled the voids of vacant PHHSBG leadership positions.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	<i>NO</i>
Did you share your final findings from the promising practice used?	<i>NO</i>
Has the partner information changed?	<i>NO</i>

SMART OBJECTIVE 1/2

Title of Program Smart Objective	FFY 2022 #1 Provide Programmatic and Fiscal Support to PHHSBG Funded Programs
Program SMART Objective	Between 07/2022 and 06/2023, Program will provide continuous program and fiscal support, evaluation, and quality improvement opportunities to PHHSBG-funded programs by conducting at least four (4) training webinars.
Item to be measured	Webinars
Unit to be measured	number
Baseline Value	0

Interim Target Value	1
Final Target Value	4

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	8
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	The HPP 2030 Program successfully provided eight training and technical assistance webinars to all PHHSBG funded programs.
One-paragraph description of results towards this Program SMART Objective	As a result of the educational webinars and ongoing technical assistance provided, all PHHSBG funded programs were able to successfully complete their annual deliverables timely.

ACTIVITY 1/4

Title	Perform QI Analysis of PHHSBG-Funded Programs
Summary	Between 07/2022 and 06/2023, HPP 2030 will analyze two PHHSBG (2) progress reports to determine which program requires QI intervention most.
Description	07/2022 and 06/2023, Program will analyze the PHHSBG FFY 2021 APR and Final APR, which includes reviewing and analyzing all PHHSBG-funded Programs' met or unmet objectives and activities. For Programs that did not achieve their objectives and activities, HPP 2030 program staff will identify at least one Program for a QI analysis, utilizing the PDCA Model.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	The HPP 2030 Program lead analyzed two PHHSBG (2) progress reports and successfully developed selection criteria and analyzed each programs' objectives and activities to determine which program requires further QI intervention based on their completed objectives and activities for FFY 2021. Our team met with the candidate program on December 16, 2022 to discuss their final outcomes from FFY 2021.

ACTIVITY 2/4

Title	Assist One PHHSBG-Funded Program on QI Process
Summary	Between 07/2022 and 06/2023, Program will provide at least one (1) QI training webinar to one PHHSBG-funded program.
Description	Between 07/2022 and 06/2023, Program will provide at least one QI training webinar to one (1) PHHSBG-funded program via virtual meetings. Additionally, Program will ensure quality improvement objectives are met by identifying key barriers program experienced in the past fiscal year and elicit potential alternatives to mitigate or avoid these barriers moving forward.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	The HPP 2030 Team met with the CA Asylum Seeker Team on December 16, 2022 to provide an overview of our team's QI process and selection criteria. We collaboratively discussed CA Asylum Seeker Team's FFY 2021 outcomes, brainstormed possible barriers for their unmet objectives, and ultimately elicited responses from the CA Asylum Seekers' Chief for QI ideas in the future. As a result, we recommended geographic expansions and expanding services to other types of populations in order to have access to more asylum seeker cases.

ACTIVITY 3/4

Title	Provide Training Webinar on Monthly Expenditure Reporting
Summary	Between 07/2022 and 06/2023, Program will provide one (1) training webinar to all PHHSBG-funded programs to assist all programs in monitoring and tracking their monthly Block Grant expenditures.
Description	Between 07/2022 and 06/2023, Program will provide one (1) training webinar to assist all PHHSBG- funded programs in tracking their monthly Block Grant expenditures. The training consists of how to track monthly expenditures utilizing the Fi\$Cal Online Reporting Environment, project planned expenses and corrections, and tracking specific program spending.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Due to significant changes to PHHSBG fiscal process being established, instead of having one training, at least 14 individual TA sessions was provided rather than just one training webinar.

ACTIVITY 4/4

Title	Provide Training Webinars on Annual Programmatic and Fiscal Deliverables
Summary	Between 07/2022 and 06/2023, Program will provide at least two (2) training webinars to all PHHSBG- funded programs to assist all programs to successfully complete their annual programmatic and fiscal deliverables per CDC requirements.
Description	Between 07/2022 and 06/2023, Program will provide at least two (2) training webinars to assist all PHHSBG-funded programs to successfully complete their annual programmatic and fiscal deliverables per CDC requirements. The webinars will focus on developing each program's Work Plan, APR, Final APR, and year-end closeout process.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	The HPP 2030 Program successfully provided two webinars to assist all PHHSBG funded programs in completing their programmatic and fiscal deliverables. Additionally, our team provided over 100 technical assistance correspondence both verbally and in writing to all funded programs. As a result, all funded programs were able to successfully complete their annual deliverables timely and accurately.

SMART OBJECTIVE 2/2

Title of Program Smart Objective	FFY 2022 #2 Effectively Communicate Program Outcomes and Success
Program SMART Objective	Between 07/2022 and 06/2023, Program will implement two (2) communication strategies to highlight the outcomes and successes of the PHHSBG-funded programs
Item to be measured	Communication strategies
Unit to be measured	number

Baseline Value	0
Interim Target Value	1
Final Target Value	2

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	2
Smart Objective Final Status	<i>NOT MET</i>
If NOT MET: What are the key factors that contributed to the target not being met?	Delays in making success stories ADA compliant.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	Program is working with internal web team to post success stories by August 2023.
One-sentence summary of results towards this Program SMART Objective	The HPP 2030 Program successfully developed at least two communication strategies to communicate program successes to all stakeholders.
One-paragraph description of results towards this Program SMART Objective	The HPP 2030 Program successfully developed at least two communication strategies to communicate program successes to all stakeholders. The program outcomes report and success stories will be published on our Department's PHHSBG webpage.

ACTIVITY 1/2

Title	Share FFY 2021 Final APR with Internal and External Stakeholders
Summary	Between 07/2022 and 06/2023, Program will share one (1) FFY 2021 Final APR with all internal and external stakeholders.
Description	Between 07/2022 and 06/2023, Program will share one (1) FFY 2021 Final APR with all internal and external stakeholders via email and/or virtual webinars to highlight all program statuses and outcomes for FFY 2021.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program shared the FFY 2021 Final APR with stakeholders via email. Program will collaborate with the California State University, Sacramento and the CDPH web team to convert the FFY 2021 Final APR to meet ADA standards to post our Department's PHHSBG webpage.

ACTIVITY 2/2

Title	Share Program Success with Internal and External Stakeholders
Summary	Between 07/2022 and 06/2023, Program will share at least one (1) program success with all internal and external stakeholders.
Description	Between 07/2022 and 06/2023, Program will publish at least one (1) program success onto the CDPH PHHSBG webpage.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	The HPP 2030 Program Lead and Specialist have successfully collected, reviewed, and finalized all funded programs' FFY 2021 Success Stories. The sharing of the Success Stories is pending the Americans with Disabilities Act (ADA) compliance, which is work that will be outsourced to the California State University, Sacramento to ensure the document meets ADA compliance and standards before sharing with stakeholders.

Injury Prevention Program

PROGRAM SUMMARY

Program Name	FFY 2022 Injury Prevention Program
Program Goal	Decrease injuries in California by supporting development of data-informed, evidence-based prevention policies, practices, and programs at state and local levels.
Healthy People 2030 Objective	IVP-01 Reduce fatal injuries
Recipient Health Objective	Between 07/2022 and 06/2023, Program will strive to reduce by 5% the crude rate of total, unintentional, and intentional injury deaths in California from the current 2020 rates (62.0, 44.7 and 15.9 per 100,000 California residents, respectively).
Total Program Allocation	\$997,267

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	Yes
If the answer is YES , please select one or more of the following:	We blended Block Grant funding with funding from other sources
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	Yes
If YES , please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products	Between 07/2022 and 12/2022, staff finalized two data briefs on motor vehicle collision injuries. The first examines young motor vehicle occupant injuries by sex and region. The second examines drug-involved motor vehicle collision fatalities among drivers, pedestrians, and bicyclists. Both data briefs are available on our Crash Medical Outcomes Data website .

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	No

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	Data availability timelines were one challenge, in particular the ACEs data would not be available until late in the first half of this year (October 2022).
What strategies did you use to address those challenges or barriers?	In the meantime, the IVPB ACEs team diligently met with stakeholders, developed a report outline in advance, and worked to be able to provide funding to KidsData for the data posting and webinar.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Yes
What did you learn about the innovative approaches or promising practices you used?	In two injury areas we used new, promising approaches. First, in our transportation-related data project, we have increased tracking and reporting efforts with the CHP on e-scooter injuries. E-scooters (and other electrified conveyances not including bicycles) are part of a growing segment called “micromobility” devices. With the rise in popularity of micromobility devices, there is also a rise in injuries that must be tracked to identify how and where injuries occur and how best to tailor interventions to prevent them. Secondly, IVPB is using a new partnership with our Safe Schools for All colleagues to boost outreach and promotion of our School-based Health Center resources.
<i>(Optional)</i> Did you share your findings from the promising practice used?	We are working with CHP on modifying reporting forms to include e-scooters and will likely share this innovation with others in the traffic safety and enforcement communities in the future.

FINAL REPORT

Question	Program Input
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	YES
If YES , Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?	Staff co-authored an article published in the peer-review journal <i>Injury Prevention</i> titled, "Burden of fatal drowning in California, 2005–2019" (http://dx.doi.org/10.1136/ip-2023-044862). Staff co-authored a report titled, " <i>Adverse and Positive Childhood Experiences Data Report: Behavioral Risk Factor Surveillance System (BFRSS), 2015-2021: An Overview of Adverse and Positive Childhood Experiences in California.</i> " The report will be posted on the EfC Initiative's website
Did you share your final findings from the promising practice used?	YES
If YES , how did you share your final findings? Please provide links or citations.	" <i>Adverse and Positive Childhood Experiences Data Report: Behavioral Risk Factor Surveillance System (BFRSS), 2015-2021: An Overview of Adverse and Positive Childhood Experiences in California.</i> " The report will be posted on the EfC Initiative's website
Has the partner information changed?	NO

SMART OBJECTIVE 1/6

Title of Program Smart Objective	FFY 2022 #1 Preventing ACEs in California
Program SMART Objective	By June 30, 2023, Program will increase availability of data and information on Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) by engaging with internal and external partners to develop and disseminate one (1) data report or presentation and one (1) publication and update one (1) dashboard on KidsData.
Item to be measured	Publications, data briefs, and presentations
Unit to be measured	Number of publications, data briefs, and presentations
Baseline Value	0
Interim Target Value	1
Final Target Value	3

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	1
Smart Objective Final Status	<i>NOT MET</i>
If NOT MET: What are the key factors that contributed to the target not being met?	In kind funding from IVPB's Essentials for Childhood Initiative were not available; therefore, the planned data posting and webinar for PACEs stakeholders, was not possible.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	IVPB reached out to CDPH's Block Grant Team to share about the need to revise ACE activities.
One-sentence summary of results towards this Program SMART Objective	A report was developed for PACEs stakeholders titled, <i>"Adverse and Positive Childhood Experiences Data Report: Behavioral Risk Factor Surveillance System (BFRSS), 2015-2021: An Overview of Adverse and Positive Childhood Experiences in California."</i>
One-paragraph description of results towards this Program SMART Objective	IVPB cleaned and analyzed PACEs data, drafted a report, and engaged PACEs stakeholders in the report review, and finalized a report using BRFSS PACEs data. Barriers to completion of this activity resulted from in-kind funding not being available as planned which required Program to amend their proposed workplan to remove the data posting and webinar.

ACTIVITY 1/3

Title	Foster Collaboration to Prevent Childhood Adversity
Summary	Between 07/2022 and 06/2023, Program will partner with a minimum of ten (10) internal and external stakeholders to increase access to, analyze, and publish data and information on childhood adversity and PCEs.
Description	Between 07/2022 and 06/2023, program will work with a minimum of ten (10) internal and external partners to strengthen data sources on childhood adversity. This also involves partnering with others to improve access to the data sources and surveys, and strengthen expertise to analyze, interpret, and disseminate the data.

FINAL ACTIVITY OUTCOME

<i>Question</i>	<i>Program Input</i>
Activity Final Status	<i>MET</i>
Summary of Outcome	Throughout the reporting period, Program convened and facilitated the Essentials for Childhood (EfC) Initiative Data Subcommittee, comprised of 30 individuals, to partner to improve access to data sources and surveys and strengthen expertise to analyze, interpret, and disseminate data

ACTIVITY 2/3

Title	Disseminate Childhood Adversity Data
Summary	Between 07/2022 and 06/2023, Program will meet with partners at least two (2) times to plan activities and efforts necessary to analyze and disseminate data on KidsData.
Description	Between 07/2022 and 06/2023, program will work with staff from KidsData, a program of Population Reference Bureau (PRB), to add or update at least one relevant data set to inform prevention strategies and policies. The web-based data platform promotes the health and wellbeing of children in California by providing an easy-to-use resource that offers high quality, wide ranging, local data to those who work on behalf of children. KidsData aims to raise the visibility of key issues affecting California's children and families and to make it easy for leaders and policymakers to use data in assessing community needs, setting priorities, tracking progress, making program and policy decisions, preparing grant proposals and reports, and other work.

FINAL ACTIVITY OUTCOME

<i>Question</i>	<i>Program Input</i>
Activity Final Status	<i>CANCELLED</i>
If CANCELLED: Please provide a one-sentence explanation	It was not possible to post and disseminate the data set on KidsData when funding from the Essentials for Childhood Initiative become unavailable.

ACTIVITY 3/3

Title	Disseminate Childhood Adversity Data
Summary	Between 07/2022 and 06/2023, Program will publish or facilitate two reports or presentations on ACEs or PCEs in California.
Description	Between 07/2022 and 06/2023, program will publish or facilitate two data reports or presentations on ACEs or PCEs in California utilizing 2021 Behavioral Risk Factor Surveillance System (BRFSS) ACEs and PCEs modules and/or other ACEs/PCEs data. Program will engage partners in the analysis, review, and approval process for the publications.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	A report was developed utilizing 2015, 2107, 2019, and 2021 ACEs and PCEs data and PACEs stakeholders were engaged in review. Funding for the webinar for PACE stakeholders was not available and therefore a webinar was not held as initially planned.

SMART OBJECTIVE 2/6

Title of Program Smart Objective	FFY 2022 #2 Increase Capacity for Local Childhood Unintentional Injury Prevention Programs
Program SMART Objective	By June 30, 2023, program will conduct at least fifty-five (55) technical assistance activities for the childhood unintentional injury prevention community and Kids' Plates grantees to increase knowledge, best practice programs, and partnership efforts across California.
Item to be measured	Technical assistance opportunities including emails, phone calls, meetings or webinars
Unit to be measured	The number of technical assistance and webinars
Baseline Value	0
Interim Target Value	27
Final Target Value	55

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	62
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Program staff completed a total of 62 technical assistance resource opportunities to unintentional childhood injury prevention programs statewide.
One-paragraph description of results towards this Program SMART Objective	A total of 62 technical resources were provided to childhood unintentional injury prevention programs statewide. Most general technical resources were provided via email through announcements about funding, research, various topic related webinars, publications, policy changes and best practices. Specific technical assistance is provided one-on-one with phone calls, Zoom meetings, with follow up resources provided. Website update and webinars are offered for statewide professional and public use.

ACTIVITY 1/3

Title	Website Development
Summary	Between 07/2022 and 06/2023, Program will update and maintain one (1) Kids' Plates website on the CDPH website to provide unintentional childhood injury research and resources.
Description	Program staff will maintain one (1) web page on the CDPH website on unintentional childhood injury prevention topics and resources for use by Kids' Plates programs, local entities, and the public. The website provides information to professionals and the public on program development, coalition building, and topic-specific technical information for agencies who are addressing childhood unintentional injury risks and prevention education and outreach to local communities. The website will be updated every six (6) months.

FINAL ACTIVITY OUTCOME

<i>Question</i>	<i>Program Input</i>
Activity Final Status	<i>MET</i>
Summary of Outcome	The Kids' Plates website provides unintentional childhood injury prevention information and in the second part of this funding cycle was able to release a funding announcement for community-based organizations, local public health departments and advocates, to apply for two-year grants for local interventions. The website offers ongoing access to research, resources, and funding opportunities.

ACTIVITY 2/3

Title	Quarterly Webinars
Summary	Between 07/2022 and 06/2023, Program will facilitate four (4) childhood unintentional injury prevention webinars to Kids' Plates grantees.
Description	CDPH program staff will coordinate four (4) webinars total (one each quarter) on unintentional childhood injury prevention topics to local public health departments, the Kids' Plates grantees, and the California unintentional childhood injury prevention community. The webinars will support local program interventions to provide current injury data, research, and innovative prevention efforts to promote and expand partnerships across the state.

FINAL ACTIVITY OUTCOME

<i>Question</i>	<i>Program Input</i>
Activity Final Status	<i>MET</i>

Summary of Outcome	<p>CDPH program staff coordinated two (2) webinars (one in each quarter) showcasing the success of the seven Kids' Plates grantees to the California childhood unintentional injury community. Both webinars provided a forum for each grantee to highlight the successes, challenges, and outcomes to their two-year Kids' Plates grants. The first webinar reported on activities in Solano, Yolo, and Los Angeles counties in the topic areas of teen driving, child passenger safety, and Safe Routes 2 School. The second webinar reported on activities in Orange, Butte/Glenn, Monterey/Santa Cruz, and Tulare, counties in the topic area areas of drowning prevention, in-home safety, child passenger safety, pedestrian/bike safety, and Safe Routes 2 School. This overall reporting provided not only a showcasing of successful programs, but even more ideas for other communities to consider for future programs throughout the state.</p>
---------------------------	---

ACTIVITY 3/3

Title	Technical Assistance to Kids' Plates Grantees
Summary	<p>Between 07/2022 and 06/2023, Program will provide fifty total (50) technical assistance activities for Kids' Plates grantees for program development and childhood unintentional injury prevention expertise to enhance and maintain program interventions and activities.</p>
Description	<p>CDPH program staff will provide a total of fifty (50) individual technical assistance activities for the Kids' Plates grantees (7 grantees) to ensure deliverables for their unintentional injury prevention interventions are met. Technical assistance will include virtual meetings, emails and/or phone calls. Grantees are local public health departments, Safe Kids Chapters/Coalitions and/or other non-profit organizations working on the topics of drowning prevention, vehicle occupant safety, gun safety, sports safety, poisoning prevention, fall prevention, bicycle and pedestrian safety. At least twelve technical assistance opportunities will be provided quarterly.</p>

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	A total of 56 technical assistance opportunities were conducted during the grant cycle. This last six months, 23 technical assistance opportunities were completed by CDPH program staff. Of the seven Kids' Plates grantees, each grantee was met with once quarterly for a total of 14. CDPH program staff provided another nine technical assistance opportunities to non-Kids' Plates grantees in California.

SMART OBJECTIVE 3/6

Title of Program Smart Objective	FFY 2022 #3 Healthy Aging Initiative
Program SMART Objective	By June 30, 2023, Healthy Aging Initiative will provide at least thirty-one (31) technical assistance activities to support healthy aging across California Department of Public Health and partner organizations.
Item to be measured	Technical Assistance Activities
Unit to be measured	Number of Activities Provided
Baseline Value	0
Interim Target Value	10
Final Target Value	31

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	75
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	By June 30, 2023, Healthy Aging Initiative provided seventy-five (75) technical assistance activities to support healthy aging across California Department of Public Health and partner organizations.

One-paragraph description of results towards this Program SMART Objective	The Healthy Aging Initiative (HAI) exceeded their expected number of completed TA activities. HAI hosted their fourth annual Healthy Aging California Convening on May 19, 2023. This was HAI's most successful event to date with over 130 participants from a variety of agencies and organizations. HAI continued to grow their topic knowledge and partnerships by attending 55 stakeholder and partner meetings, which helped to advance HAI's goals and objectives for California during the 2022-2023 fiscal year. Additionally, HAI completed a total of 19 successful TA consultations ranging from supporting local health departments, providing assistance with Stepping On, and responding to requests from the California Department of Aging, etc., which enabled HAI to stay updated and connected with current events and activities within our aging network.
--	---

ACTIVITY 1/3

Title	Convene Healthy Aging Stakeholders
Summary	Between 07/2022 and 06/2023, Program will coordinate one (1) virtual convening with state and local public health leaders to: 1) strategize and share best practices around older adult and caregiver health; and 2) provide educational resources with an emphasis on health equity.
Description	Building upon past grant efforts, the Healthy Aging Initiative staff will plan and coordinate one (1) virtual convening for state and local public health leaders by June 30, 2023. The convening(s) will highlight leaders in the aging field who will present their work in older adult and caregiver health with the goal of engaging statewide stakeholders (participants) in proactive discussion.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	The Healthy Aging Initiative hosted their fourth annual Healthy Aging California Convening on May 19, 2023. This was HAI's most successful event to date with over 130 participants from a variety of agencies and organizations. The theme for this event was focused on Age-Friendly Public Health and our keynote came from CDPH's Crisis Preparedness and Response and the Governor's Office of Emergency Services.

ACTIVITY 2/3

Title	Expand Partnerships With Healthy Aging Stakeholders
Summary	Between 07/2022 and 06/2023, Healthy Aging Initiative will strengthen the relationships with a minimum of 10 internal and external healthy aging partners by coordinating/ participating in at least twenty-five (25) related meetings.
Description	Between 07/2022 and 06/2023, Healthy Aging Initiative staff will strengthen a minimum of 10 internal and external relationships with healthy aging partners through Healthy Aging Workgroup meetings (internal staff engagement) and externally by collaborating with the California Department of Aging and the California Healthier Living Coalition.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	HAI attended fifty-five (55) stakeholder and partner meetings which furthered our relationships and knowledge. This helped to advance HAI's goals and objectives for California during the 2022-2023 fiscal year.

ACTIVITY 3/3

Title	Conduct Technical Assistance on Healthy Aging Programs and Resources
Summary	Between 07/2022 and 06/2023, program will provide five (5) technical assistance consultations to advise state agencies, LHJs, community agencies, or members of the public, and via telephone/e-mail.
Description	Between 07/2022 and 06/2023, Healthy Aging Initiative staff will provide technical assistance consultations to state agencies, Local Health Jurisdictions (LHJ), community agencies, or members of the public to enable sharing of best practices and healthy aging related resources. CDPH will also serve as the license holder and technical assistance provider for the evidence-based fall prevention program "Stepping On."

FINAL ACTIVITY OUTCOME

<i>Question</i>	<i>Program Input</i>
Activity Final Status	<i>MET</i>
Summary of Outcome	HAI completed a total of 19 successful TA consultations ranging from supporting local health departments, providing assistance with Stepping On, and responding to requests from the California Department of Aging, etc. Additionally, our annual Convening has broadened our network and led to more connections and opportunities for TA across the state.

SMART OBJECTIVE 4/6

Title of Program Smart Objective	FFY 2022 #4 Reduce Serious and Fatal Injuries that Result from Motor Vehicle Traffic Collisions
Program SMART Objective	By June 30, 2023, program will increase access to its injury surveillance data by making recent motor vehicle traffic (MVT) crash, medical outcomes, and fatality data available via creation of one (1) data product/resource and provision/completion of at least six (6) related technical assistance (TA) activities.
Item to be measured	Resources produced; technical assistance (TA) activities
Unit to be measured	Number of resources produced; number of TA activities provided
Baseline Value	0
Interim Target Value	4
Final Target Value	7

FINAL OBJECTIVE OUTCOME

<i>Question</i>	<i>Program Input</i>
Final amount achieved [Number]	7
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Program increased access to its injury surveillance data by making recent motor vehicle traffic (MVT) crash, medical outcomes, and fatality data available via creation of one (1) data product/resource and provision of six (6) related technical assistance (TA) activities.

One-paragraph description of results towards this Program SMART Objective	<p>Program increased access to its injury surveillance data by making recent motor vehicle traffic (MVT) crash, medical outcomes, and fatality data available via creation of one (1) data product/resource focused on young motor vehicle occupant traffic crashes, which was posted to our website and disseminated to partners. Between 07/2022 and 6/2023, staff provided technical data support (more than six TA activities) to our traffic safety partners. (1) We discussed the reporting of E-Scooter injuries by the CHP Allied Agencies on the CHP 555 form and reviewed data collected on E-Scooter injuries so far. (2) Staff also provided technical assistance and support at the California Teen Safe Driving Coalition (CATSDC) meeting where we discussed our findings in our young motor vehicle occupant data brief in our 10/2022 meeting. (3) Staff responded to a data request from SafetyBeltSafe USA for data on children less than 16 years old who were killed in a car crash in CA while traveling in a vehicle driven by an impaired driver. (4) CMOD provided the latest available data from FARS to our partners in the Substance Use and Addiction Prevention Branch to support efforts to prevent use of substances while driving. (5) Staff Met with VOSP staff to discuss the availability of traffic safety data that would be useful to their program. A final data source was identified. (6) Staff responded to a request from Sonoma County Transportation Authority regarding the use of the EpiCenter online data query for information on traffic fatalities and injuries to complement their reports for their Vision Zero program. (7) Staff met with staff from the Los Angeles Department of Public Health regarding data for their traffic safety programs, especially in the area of speeding/street racing. CMOD staff provided information and technical assistance on FARS data, as well as a referral to CHP for additional information using SWITRS data.</p>
--	---

ACTIVITY 1/2

Title	Data Brief on traffic patterns, crashes, and medical outcomes
Summary	Between 07/2022 and 06/2023, Program will analyze data on traffic patterns, crashes, and medical outcomes and develop one (1) data brief to share relevant results.
Description	By June 30, 2023, program will have analyzed data on traffic patterns, rates of crashes, and medical outcomes to identify a topic of focus and outline results to highlight within one (1) data brief. One data brief describing these findings will be produced.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	One data brief on young motor vehicle traffic crashes was produced, posted online, and disseminated to our traffic safety partners.

ACTIVITY 2/2

Title	Technical assistance (TA) to support use of crash and medical outcomes data
Summary	Between 07/2022 and 06/2023, Program will provide at least (6) TA activities to relevant entities focused on use of crash and medical outcomes data for injury prevention purposes.
Description	By June 30, 2023, program will complete at least six (6) TA activities focused on use of crash and medical outcomes data for injury prevention purposes. TA activities may include participation in calls/meetings, responses to queries, and/or presentations made to various groups. TA audiences include stakeholders, data partners, local health jurisdictions, and others working to prevent injury and death that may result from motor vehicle traffic crashes.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>

Summary of Outcome	Between 07/2022 and 6/2023, staff provided technical data support (more than six TA activities) to our traffic safety partners. (1) We discussed the reporting of E-Scooter injuries by the CHP Allied Agencies on the CHP 555 form and reviewed data collected on E-Scooter injuries so far. (2) Staff also provided technical assistance and support at the CATSDC meeting where we discussed our findings in our young motor vehicle occupant data brief in our 10/2022 meeting. (3) Staff responded to a data request from SafetyBeltSafe USA for data on children less than 16 years old who were killed in a car crash in CA while traveling in a vehicle driven by an impaired driver. (4) CMOD provided the latest available data from FARS to our partners in the Substance Use and Addiction Prevention Branch to support efforts to prevent use of substances while driving. (5) Staff Met with VOSP staff to discuss the availability of traffic safety data that would be useful to their program. A final data source was identified. (6) Staff responded to a request from Sonoma County Transportation Authority regarding the use of the EpiCenter online data query for information on traffic fatalities and injuries to complement their reports for their Vision Zero program. (7) Staff met with staff from the Los Angeles Department of Public Health regarding data for their traffic safety programs, especially in the area of speeding/street racing. CMOD staff provided information and technical assistance on FARS data, as well as a referral to CHP for additional information using SWITRS data.
---------------------------	---

SMART OBJECTIVE 5/6

Title of Program Smart Objective	FFY 2022 #5 Update and Expand EpiCenter
Program SMART Objective	By June 30, 2023, IVPB will Increase accessibility of timely statewide injury surveillance data by updating its EpiCenter online injury surveillance dashboard to include the most recent death, hospital, and emergency department injury surveillance data. Furthermore, by June 30, 2023, IVPB will expand upon EpiCenter by publishing a similar online data dashboard on the specific topic of firearm injuries. These updates are intended to increase EpiCenter usage, resulting in an average of 36 data queries per day.
Item to be measured	IVPB online data dashboard data queries
Unit to be measured	Total data queries per day
Baseline Value	30
Interim Target Value	33

Final Target Value	36
---------------------------	----

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	63
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Between 07/2022 and 06/2023, IVPB updated its EpiCenter online injury surveillance dashboard with the most recent injury surveillance data and published a firearm injury data dashboard and daily usage are averaging 63 data queries per day.
One-paragraph description of results towards this Program SMART Objective	Between 07/2022 and 06/2023, IVPB updated its EpiCenter online injury surveillance dashboard to include calendar year 2021 death, hospital, and emergency department injury surveillance data. IVPB also published an online data dashboard on firearm injuries. IVPB's injury data dashboards are currently able to track daily usage and are averaging 63 data queries per day.

ACTIVITY 1/2

Title	Update EpiCenter Data
Summary	Between 07/2022 and 06/2023, Program will process and upload to EpiCenter the most recently available injury data from three (3) injury data sources: death, hospital, and emergency department visits.
Description	IVPB receives annual files for California deaths, hospital visits, and emergency department visits from state partners. By June 30, 2023, IVPB research staff will process these data to classify and extract injury-related deaths, hospitalizations, and ED visits. IVPB will then make the processed data available for query on its EpiCenter website.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	IVPB obtained and processed the latest annual (calendar year 2021) state files of deaths, hospitalizations, and emergency department visits to identify and classify injuries. These injury data are now online on IVPB's EpiCenter injury surveillance dashboard where the public easily query and visualize injury trends and risk factors in California.

ACTIVITY 2/2

Title	Firearm injury prevention data dashboard
Summary	Between 07/2022 and 06/2023, Program will publish one (1) online data dashboard on the topic of firearm injury prevention.
Description	By June 30, 2023, IVPB staff will publish one (1) online firearm injury prevention data dashboard. The dashboard design will be based on the newly redesigned EpiCenter, which allows users to interactively query and visualize general injury surveillance data. The firearm injury prevention dashboard will focus on firearm injuries and risk and protective factors. It will utilize multiple relevant data sources, including state death, hospital discharge, emergency department visit, and Behavioral Risk Factor Surveillance System (BRFSS) data. In addition to data insight tools, the dashboard will feature content and resources on effective measures to prevent firearm injuries. The dashboard will be developed with input from CDPH's Violence Prevention Initiative (VPI) and include links to relevant VPI resources.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	IVPB staff developed and published the "California Firearm Injury Dashboard". The dashboard allows users to select and visualize firearm injury data by year, intent, severity, age, sex, county, and other factors. The dashboard was developed with input from internal and external firearm injury prevention stakeholders.

SMART OBJECTIVE 6/6

Title of Program Smart Objective	FFY 2022 #6 School-Based Health Centers Support
Program SMART Objective	June 30, 2023, IVPB will provide at least six (6) statewide technical assistance events that educate public health and student health stakeholders on the benefits School Based Health Centers have for improving student health.
Item to be measured	Technical assistance (TA) activities and workgroup meetings
Unit to be measured	Number of technical assistance (TA) activities
Baseline Value	0
Interim Target Value	3
Final Target Value	6

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	6
Smart Objective Final Status	<i>MET</i>
Distance from Target [Number]	0
One-sentence summary of results towards this Program SMART Objective	SBHC Staff facilitated (2) two Workgroup meetings, (2) two technical assistance events with internal CDPH partners, and (2) two additional statewide collaborative Workgroup meetings.
One-paragraph description of results towards this Program SMART Objective	SBHC Staff facilitated (2) two additional statewide collaborative Workgroup meeting between 1/1/2023 and June 30, 2023; the meetings were held on February 16, 2023 and June 28, 2023 respectively. SBHC Staff have also prioritized the CDPH Safe Schools for All initiative partnership to expand efforts to educate LHJs, CBOs and LEAs about the benefits that SBHC have on the mental, physical and academic outcomes on school-aged children. Staff have maintained the on-going partnership with the CA School-Based Health Alliance. IVPB staff are also in the process of hiring additional SBHC staff to support efforts in the coming year.

ACTIVITY 1/3

Title	School-Based Health Center Coordination
Summary	Between 07/2022 and 06/2023, Program will improve coordination statewide by convening quarterly (4) meetings of the School Based Health Center Workgroup (Workgroup) comprised of representatives from CDPH, CDE, MCAH, MHSOAC, DHCS and the School-Based Health Center Alliance.
Description	In the FFY 2022, the School-Based Health Center Program Statewide Collaborative Workgroup will be convened quarterly by CDPH's IVPB staff. The Workgroup membership will be invited to quarterly (4) meetings during the project's 12-month timeframe.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	SBHC Program Staff has facilitated (4) four Workgroup meeting on August 17, 2022, October 19, 2022, February 16, 2023, and June 28, 2023. Attendance was robust and the conversation lively and purposeful at each meeting.

ACTIVITY 2/3

Title	Assess on-going needs of SBHCs
Summary	Between 07/2022 and 06/2023 Program will meet semi-annually (2) with internally and external partners to review findings from existing and new needs assessments, and available data, among California's SBHCs to identify areas of technical assistance needs.
Description	CDPH, with the support of the SBHC Workgroup, will continue to analyze existing and new needs assessments surveys semi-annually (2) and available data related to SBHCs. The results will be collected by CDPH staff and shared back with the Workgroup. CDPH and the Workgroup will then identify SBHC gaps and technical assistance needs and share back the findings with the field.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	In October 2022, SHBC Staff facilitated a needs assessment survey with School-Based Health Centers in California. The results of this needs assessment survey are being used to prioritize CDPH resources and technical assistance events that will be facilitated in early 2023. The TA needs were also discussed with CDPH's Safe Schools for All team to help guide future meeting topics as well as in meetings with the Alliance to assess shared needs for SBHC TA. The needs assessment results were reviewed with the Workgroup at least twice during the year.

ACTIVITY 3/3

Title	Provide technical assistance to SBHCs and their partners (e.g., LHJs, CBOs, FQHCs, etc.)
Summary	Between 07/2022 and 06/2023, Program will provide at least two (2) technical assistance events to California's SBHCs, LHJs, CBOs, County Departments of Education or FQHC's on topics identified from the needs assessments and or the available data.
Description	Program will provide at least two (2) technical assistance events (e.g., webinars, presentations, fact sheets, etc.) to California's SBHCs and their partners on topics identified in the needs assessment which may include: increasing enrollments of eligible students in Medi-Cal and suicide prevention. Technical assistance events will be in the form of webinars during the 12-month project year due to continued concerns raised by the COVID-19 pandemic.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Between July 1, 2022, and December 31, 2022, SBHC staff completed (2) two technical assistance events. SBHC Program Staff have also partnered with the Safe Schools for All initiative to provide (4) four additional statewide technical assistance events before June 30, 2023. The Safe Schools for All initiative facilitates weekly technical assistance webinars with LHJs, CBOs, and LEAs who serve California School-aged children. Their webinars are attended by more than 150 people each week.

Public Health Accreditation

PROGRAM SUMMARY

Program Name	FFY 2022 Public Health Accreditation
Program Goal	Program will increase California's local and tribal agency capacity to pursue, achieve, and sustain national public health accreditation, contributing to optimal public health services and improved health outcomes for Californians.
Healthy People 2030 Objective	PHI-02 Increase the proportion of local public health agencies that are accredited
Recipient Health Objective	Between 10/01/2021-09/30/2026, Program will increase the amount of training and technical assistance (TA) provided to local public health agencies seeking accreditation by 20%.
Total Program Allocation	\$52,736

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	No
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	Yes, non-monetary support
Partner Name(s)	Alameda County Health Department, Nevada County Health Department
Partner Type	Local Health Department
Type of Support	Technical Assistance

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	We have been successful so far but would be able to greatly expand the scope of our accreditation-related training and technical assistance to more Local Health Departments with a larger budget. A larger budget would allow us to hire more staff and add funding strips to existing CDPH contracts to provide assistance to LHDs currently pursuing accreditation or reaccreditation.
What strategies did you use to address those challenges or barriers?	N/A
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	NO
Did you share your final findings from the promising practice used?	NO
Has the partner information changed?	YES
If YES , Please list additional Non-Monetary Partners, if needed	Tulare County Public Health Department, Solano County Public Health Department, El Dorado County Public Health Department, Monterey County Health Department, Marin County Department of Health and Human Services, Stanislaus County Public Health- HSA Department, and the City of Long Beach Health and Human Services Department.

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2022 #1 Increase the proportion of local public health agencies that are accredited
Program SMART Objective	From 07/1/2022 to 6/30/2023 program will provide accreditation- related training and technical assistance to at least three (3) Local Health Jurisdictions (LHJs) seeking Public Health Accreditation Board (PHAB) accreditation.
Item to be measured	Number of LHJs who receive TA
Unit to be measured	Number of LHJs
Baseline Value	0
Interim Target Value	1
Final Target Value	3

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	9
Smart Objective Final Status	<i>MET</i>
Distance from Target [Number]	0
One-sentence summary of results towards this Program SMART Objective	The PHA program provided accreditation-related workforce development technical assistance via contracted vendor to two (2) local health departments in July and August 2022 using Block Grant funding. The PHA program also provided accreditation-related performance management (Results Based Accountability-RBA) training and technical training to seven (7) local health departments in June 2023 using PHHSBG funding. Nine (9) total local health departments received focused training and technical assistance in FY 2022-2023.

<p>One-paragraph description of results towards this Program SMART Objective</p>	<p>The PHA program had many successes in FY 2022-2023. The program expanded the California Accreditation Coordinators Collaborative for networking and information sharing, funded two interns who created a collaborative SharePoint site for local health department accreditation coordinators, and provided accreditation-related targeted training and technical assistance to nine individual local health departments. The PHA provided targeted workforce development training and technical assistance to program teams at two local health departments and provided targeted performance management (RBA) training and technical assistance to seven local health departments. This training and TA helped to increase the accreditation and reaccreditation readiness of these nine departments. The PHA also funded six (6) workforce development training webinars open to all staff from any California local health department pursuing accreditation or reaccreditation. These webinars are not included in totals above because they were open to any interested staff, not targeted trainings for individual health departments.</p> <p>The challenges and barriers encountered by the PHA relate entirely to the relatively small allocation of block grant funding to the program. There is a very high demand among local health departments for ongoing training, technical assistance, and other program support from the PHA in support of accreditation, and the program is currently unable to fulfill more than a small percentage of requests, nor can it fund any permanent state positions to help provide ongoing assistance to local health departments, or to help provide support for CDPH accreditation and reaccreditation.</p>
---	---

ACTIVITY 1/1

Title	Accreditation-related Technical Assistance (TA)
Summary	Between 07/2022 and 06/2023, Program will provide accreditation-related TA to three (3) local and/or tribal public health agencies to improve capacity to prepare for national public health accreditation.
Description	Between 07/2022 and 06/2023, Program will provide accreditation-readiness TA and/or training to three Local Health Jurisdictions that are preparing for PHAB accreditation or re-accreditation. TA and training will support accreditation-related activities, including Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) development and alignment, training, networking, PHAB document selection, and may include workforce development, quality improvement, strategic planning, equity training, and/or performance management training and TA.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	The PHA program met and exceeded the annual target for this activity. The PHA program provided workforce development technical assistance to two local health departments and provided performance management training and technical assistance to seven local health departments for a total of 9. This training and TA helped to increase the accreditation and reaccreditation readiness of these nine local health departments. The PHA also funded six (6) workforce development training webinars open to all staff from any California local health department pursuing accreditation or reaccreditation. The challenges and barriers encountered by the PHA program relate to the relatively small allocation of block grant funding to the program. There is a very high demand among locals for training, technical assistance, and other program support from the PHA program in support of accreditation, and the program is currently unable to fulfill more than a small percentage of requests.

Rape Prevention Program

PROGRAM SUMMARY

Program Name	FFY 2022 Rape Prevention Program
Program Goal	Stop first-time adolescent perpetration and victimization of sex offenses by implementing evidence-informed sex offense (rape) prevention strategies.
Healthy People 2030 Objective	IVP-17 Reduce adolescent sexual violence by anyone
Recipient Health Objective	Between July 1, 2022, and June 30, 2023, program will implement 12 local prevention projects using community/societal-level prevention strategies by local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators to create environmental and community changes.
Total Program Allocation	\$742,867

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	Yes
If the answer is YES , please select one or more of the following:	We blended Block Grant funding with funding from other sources
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	Yes, monetary support

Partner Name:	Alliance for Community Transformations (Formerly Mountain Crisis Services); Antelope Valley Domestic Violence Council AKA Valley Oasis; Center for Community Solutions Center for the Pacific-Asian Family, Inc.; Community Beyond Violence (Formerly Domestic Violence and Sexual Assault Coalition); Community Solutions for Children Families and Individuals; East Los Angeles Women's Center; Peace Over Violence (Formerly LACAAW); Rape Trauma Services: A Center for Healing & Violence Prevention; Lumina Alliance (RISE San Luis Obispo County) (Formerly Sexual Assault Recovery & Prevention Center of San Luis Obispo); The University Corporation DBA Strength United; YWCA of Silicon Valley
Partner Type	Local Organization
Type of Funding Mechanism Used	Grant
Funded Amount	686,105
Purpose of Funds (e.g., to host an event, given as a grant):	Grant

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	As a result of COVID-19, CDPH has noticed that several rape crisis centers are struggling with hiring hard to fill positions and experience high staff turnover rates, which has impacted the effectiveness of the projects and the relationships with community members and partners. Despite the staff attrition, grantees are doing their best to implement their program activities. CDPH is working with their technical assistance provider to find innovative ways to address these challenges within organizations.

What strategies did you use to address those challenges or barriers?	CDPH has a contract with VALORUS, a national organization committed to advancing equity and ending sexual violence, to provide training and technical assistance (TA). With their support, they have been able to provide grantees training and technical assistance (TA) to address challenges that they come across in their work. CDPH has asked VALORUS to take special consideration in developing TA spaces (e.g., communities of practice for supervisors) that can center on how organizations can support their staff and prevention work.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices

FINAL REPORT

Question	Program Input
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	NO
Did you share your final findings from the promising practice used?	NO
Has the partner information changed?	NO

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2022 #1 Community/Societal-level Prevention Strategies
Program SMART Objective	Between July 1, 2022, and June 30, 2023, Program will implement 12 local prevention projects using community/societal-level prevention strategies by RCCs that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators to create environmental and community changes.
Item to be measured	Number of local projects implemented - 12
Unit to be measured	12

Baseline Value	0
Interim Target Value	12
Final Target Value	12

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	12
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Program implemented 12 local prevention projects to create community-level change.
One-paragraph description of results towards this Program SMART Objective	All 12 RCCs implemented programs that addressed the community and/or societal levels of the social ecological model using strategies of community mobilization or school sexual violence prevention policy. The RCCs worked towards campaigns, actions, or policies to change social norms against sexual violence. While the RCCs built their capacity in these community/societal level strategies, the outcomes are long-term and challenging to measure progress on a yearly basis.

ACTIVITY 1/2

Title	Fund Comprehensive Community-based Projects
Summary	Between 07/2022 and 06/2023, Program will fund 8 local comprehensive community-based projects using a community mobilization strategy to impact community/societal-level change.
Description	Between July 1, 2022, and June 30, 2023, Program will fund 8 local comprehensive community-based projects using a community mobilization strategy through June 2023 to impact community/societal-level change. Program and partners (UCSD and VALORUS) will provide training and technical assistance to 8 local projects to promote social norm change and create protective environments in neighborhoods. Program will meet monthly with partners to coordinate program implementation and evaluation of state sexual violence prevention efforts.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program funded eight (8) local community mobilization projects using the Close to Home (C2H) approach to impact community/societal-level change. Local projects recruited and engaged youth and adult organizing teams to implement the four phases of the Close to Home community mobilization strategy (Assess, Talk, Build, and Act). Several projects promoted community connectedness, partnerships, and leadership, through various activities such as community mapping, community surveys, community events, and art campaigns to prevent violence.

ACTIVITY 2/2

Title	Fund Comprehensive School-based Projects
Summary	Between 07/2022 and 06/2023, Program will fund four (4) comprehensive school-based projects using a strategy of healthy relationships, gender equity, or active bystander intervention to impact community/societal-level change.
Description	Between July 1, 2022, and June 30, 2023, Program will fund four (4) comprehensive school-based projects using a strategy of healthy relationships, gender equity, or active bystander intervention to impact community/societal-level change. Program and partners (UCSD and VALORUS) will provide training and technical assistance to 4 local projects to create protective environments in schools through climate and policy change. Program will meet monthly with partners to coordinate program implementation and evaluation of state sexual violence prevention efforts.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	<p>Program funded four (4) comprehensive school-based projects using strategies of healthy relationships, gender equity, or active bystander intervention to impact community/societal level change. Using CDPH approved, evidence-based and evidence-informed curricula, local projects provided programming for students and youth leadership teams. Additionally, local projects actively worked with school administration, stakeholders, and students to develop or revise a sexual violence prevention policy intended to be implemented at the end of the project. With the support of the youth leadership team, local projects conducted school-wide activities that engaged the entire school community. One project (Antelope Valley Domestic Violence Council AKA Valley Oasis) terminated early on 1/31/23 due to lack of staff capacity. However, the program partners, continue to offer training and technical assistance.</p>

Surveillance Sampling of Leafy Greens for Shiga Toxin-Producing *E. coli*

PROGAM SUMMARY

Program Name	FFY 2022 Surveillance Sampling of Leafy Greens for Shiga Toxin- Producing <i>E. coli</i>
Program Goal	The goal of this program is to reduce the incidence of foodborne illness and prevent consumer exposure to leafy greens that may be contaminated with shiga toxin-producing <i>E. coli</i> .
Healthy People 2030 Objective	FS-D04 Reduce outbreaks of Shiga toxin-producing <i>E. coli</i> , <i>Campylobacter</i> , <i>Listeria</i> , and <i>Salmonella</i> infections linked to leafy greens
Recipient Health Objective	Reduce the incidence of illness caused by shiga toxin-producing <i>E. coli</i> from ingestion of contaminated U.S. grown produce, through effective surveillance of high-risk food commodities and prompt interdiction to remove contaminated foods from commerce once identified.
Total Program Allocation	\$175,787

GAINING ADDITIONAL SUPPORT

Question	Program Input
Did your program use Block Grant funds to leverage additional funds?	No
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No

LOCAL SUPPORT

Question	Program Input
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	No

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	Communication between all parties is always challenging. A lack of communication could result in samples being collected but not tested, resulting in a waste of resources.
What strategies did you use to address those challenges or barriers?	Communication between management, sampling staff, and laboratory staff was initiated early and is maintained with weekly update meetings. Sampling staff are communicating daily with laboratory staff during sampling events.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	NO
Did you share your final findings from the promising practice used?	NO
Has the partner information changed?	NO

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2022 #1 Implement a Shiga Toxin-Producing E. Coli Testing Program in U.S. Grown Leafy Greens
Program SMART Objective	Between 7/1/2022 and 6/30/2023, Program will collect 300 samples of U.S. grown leafy greens and test the lettuce for shiga toxin-producing E. coli.
Item to be measured	Number of samples collected and tested
Unit to be measured	Count
Baseline Value	0

Interim Target Value	150
Final Target Value	300

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	304
Smart Objective Final Status	<i>MET</i>
Distance from Target [Number]	0
One-sentence summary of results towards this Program SMART Objective	Program staff completed 100% (300) of the required sampling and testing of leafy greens in the sampling period.
One-paragraph description of results towards this Program SMART Objective	Program staff completed 100% (300) of the required sampling and testing of leafy greens in the sampling period. Staff planned and communicated well to ensure that the objective of 300 samples collected and tested was achieved.

ACTIVITY 1/3

Title	Collect Samples of Leafy Greens
Summary	Between 07/2021 and 06/2022, FDB staff will collect 300 samples of leafy greens from grocery stores in California.
Description	Between 7/1/2022 and 6/30/2023, Program will collect 300 samples of leafy greens from grocery stores in California.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program staff completed 100% (300) of the required sampling of leafy greens in the sampling period. Staff planned and communicated well to ensure that the objective of 300 samples collected was achieved.

ACTIVITY 2/3

Title	Test Leafy Green Samples for Shiga Toxin-Producing E. Coli
Summary	Between 7/1/2022 and 6/30/2023, Program will test 300 samples of leafy greens for shiga toxin- producing E. coli.
Description	Between 7/1/2022 and 6/30/2023, FDLB staff will test 300 samples of leafy greens for shiga toxin- producing E. coli. All testing will be completed at FDLB in Richmond, CA.

FINAL ACTIVITY OUTCOME

<i>Question</i>	<i>Program Input</i>
Activity Final Status	<i>MET</i>
Summary of Outcome	Program staff completed 100% (300) of the required testing of leafy greens in the sampling period. Staff planned and communicated well to ensure that the objective of 300 samples tested was achieved.

ACTIVITY 3/3

Title	Conduct Regulatory Follow-Up
Summary	Between 7/1/2022 and 6/30/2023, Program will conduct at least one (1) regulatory follow-up pending positive laboratory findings.
Description	Between 7/1/2022 and 6/30/2023, FDB staff will complete at least one (1) regulatory follow-up pending positive findings. This may include recalls, market withdrawals, inspections, or investigations. This regulatory follow-up will ensure that any adulterated leafy greens in the marketplace are removed and will reduce the chance of illness in consumers.

FINAL ACTIVITY OUTCOME

<i>Question</i>	<i>Program Input</i>
Activity Final Status	<i>MET</i>
Summary of Outcome	Program staff collected and tested 304 samples of leafy greens for E. coli. All samples collected and tested were reported as “Not Detected” for E. coli. Regulatory follow-up was not required.

The Office of Strategic Development & External Relations, Fusion Center

PROGRAM SUMMARY

Program Name	FFY 2022 The Office of Strategic Development & External Relations, Fusion Center
Program Goal	Program will use the State Health Assessment and State Health Improvement Plan (SHA/SHIP) process to strengthen public health capacity to address inequities.
Healthy People 2030 Objective	PHI-04 Increase the proportion of state and territorial jurisdictions that have a health improvement plan
Recipient Health Objective	Between 07/01/2022 and 06/30/2023 the Fusion Center will strengthen the primary prevention focus and cross-program alignment of California's state and community health improvement plans. Fusion Center initiatives will support movement of population health improvement efforts further upstream through multisector and interdisciplinary initiatives, including strategies for more proactive and effective CDPH response to public health issues, and supporting development and alignment of community health improvement plans. The focus of these efforts will include enhanced data, messaging, planning and policy approaches incorporating social determinants of health, regional disparities, and performance analytics.
Total Program Allocation	\$849,378

GAINING ADDITIONAL SUPPORT

Question	Program Input
Did your program use Block Grant funds to leverage additional funds?	Yes
If the answer is YES , please select one or more of the following:	<p>We blended Block Grant funding with funding from other sources</p> <p>Block Grant funds were leveraged with resources from other organizations to contribute to jurisdiction-wide priority</p>

Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	Yes
If YES , please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products	COVID-19 Health Equity Playbook COVID-19 2021 Excess Mortality Data Brief State Health Assessment (SHA) Core Module Update Let's Get Healthy California Website Enhancements Data Dashboard on Aging enhancements State Health Equity Plan (SHEP) Framework CCB enhancements and updates

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	No

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	The primary issue encountered is the ongoing necessity for wide-scale input to support planning for the current and future needs for population health, reflective of the complexity of the dynamic post-pandemic period. The Fusion Center team continues to respond by applying state health assessment and improvement strategies to this unique environment, particularly with a focus on impacts to equity, incorporating input to be implemented in this new context.

<p>What strategies did you use to address those challenges or barriers?</p>	<p>One key strategy for success in the development and implementation of the state health assessment and improvement plan (SHA/SHIP) is the engagement of stakeholders representing a variety of partners, populations, health, and community organizations. This multifaceted analytic and planning process had been used to identify priority topics for tracking and action. This year in the continuing context of the pandemic, issues of equity (already core to the SHA/SHIP) continues to be an even more prominent area of focus.</p>
<p>If you used innovative approaches/promising practices in this program, did they meet your criteria for success?</p>	<p>Yes</p>
<p>What did you learn about the innovative approaches or promising practices you used?</p>	<p>For approaches in comprehensive assessment- enhancing and updating data from various areas, including qualitative and quantitative. For integrated planning we are weaving existing efforts together, aligning around shared priorities and strategies; and for collective action we are collaborating to provide Technical Assistance for local health jurisdictions (LHJs), creating opportunities for community engagement, and coordinating inter and intra-dept partnerships. For promising practices - partnerships with internal and external stakeholders were leveraged to engage input and participation in shaping equity strategy as well as to continue to advance progress on ongoing population health priorities such as updating and enhancing the SHEP as an integrated equity strategy of the SHIP, and enhanced data strategies to reflect the needs of hidden populations. New topics and metrics were identified to enhance the Let's Get Healthy California (LGHC) framework for the next stage of the SHIP.</p>

FINAL REPORT

Question	Program Input
<p>Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?</p>	<p>YES</p>

<p>If YES, Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?</p>	<p>COVID-19 Health Equity Playbook; COVID-19 2021 Excess Mortality Data Brief; State Health Assessment (SHA) Core Module Update; Let's Get Healthy California Website Enhancements; and Data Dashboard on Aging enhancements; State Health Equity Plan (SHEP) Framework; Social Determinants of Health (SDoH) linkage spreadsheet; AB 1726 Data Disaggregation Brief; CCB enhancements and updates</p>
<p>Did you share your final findings from the promising practice used?</p>	<p>YES</p>
<p>If YES, how did you share your final findings? Please provide links or citations.</p>	<p>COVID-19 Health Equity Playbook; COVID-19 2021 Excess Mortality Data Brief; State Health Assessment (SHA) Core Module Update; Let's Get Healthy California Website Enhancements and SHA/SHIP Story Pages; and Data Dashboard on Aging enhancements; State Health Equity Plan (SHEP) Framework; Social Determinants of Health (SDoH) linkage spreadsheet; AB 1726 Data Disaggregation Brief; CCB enhancements and updates</p>
<p>Has the partner information changed?</p>	<p>NO</p>

SMART OBJECTIVE 1/3

<p>Title of Program Smart Objective</p>	<p>FFY 2022 #1 Conduct a Comprehensive State Health Assessment</p>
<p>Program SMART Objective</p>	<p>Between 7/01/2022 and 6/30/2023, Program will conduct two (2) activities to enhance the State Health Assessment (SHA).</p>
<p>Item to be measured</p>	<p>Activities implemented to enhance and conduct the SHA/SHIP</p>
<p>Unit to be measured</p>	<p>Activity</p>
<p>Baseline Value</p>	<p>0</p>
<p>Interim Target Value</p>	<p>1</p>
<p>Final Target Value</p>	<p>2</p>

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	2
Smart Objective Final Status	<i>MET</i>
Distance from Target [Number]	0
One-sentence summary of results towards this Program SMART Objective	Program conducted two (2) activities to enhance the State Health Assessment SHA/SHIP process; increasing data quality and strengthening disparities analysis.
One-paragraph description of results towards this Program SMART Objective	Program greatly enhanced multiple data systems for collecting, analyzing, and sharing information, resulting in improvement to multiple components of the SHA, and specifically more rapid production of the SHA Core Module, with higher quality and expanded content, including burden of disease assessment among special populations. Furthermore, Program has incorporated carefully curated social determinants data into tools a result of ongoing detailed and collaborative analyses. Program is also leading the CDPH/LHJ Population Task Force comprised of 40+ subject matter experts for the purpose of developing recommendations and resources for population denominator data standards.

ACTIVITY 1/2

Title	Conduct and Enhance the Annual SHA
Summary	Between 7/01/2022 and 6/30/2023, Program will conduct two (2) activities to enhance the State Health Assessment (SHA).
Description	Conduct the SHA based on standard sets of inputs and measures. enhance documentation of systems for collecting, integrating, analyzing, and sharing information on health outcomes, social determinants of health (SDoH), population characteristics, and other data to improve assessment of burden of disease among special populations, including among veterans and immigrants; and to strengthen systems for compilation of Hospital Discharge and Emergency Department data for rapid burden assessment.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program conducted two (2) activities to enhance the State Health Assessment (SHA). Program produced 2023 State and Local Health Jurisdiction (LHJ) Assessment Core Modules (CM). LHJ versions provide detailed information for all 61 California LHJs for Community Health Assessments. Program: 1) enhanced the CM development process, 2) enhanced groupings of ICD-10 death codes into public health-level conditions; 3) produced code for mortality among immigrants (based on country of birth), 4) implemented additional standards and data quality checks for extracting SDOH data, and 5) began enhancements for Hospital Discharge and ED data.

ACTIVITY 2/2

Title	Conduct a Data Analytics Project (Disparities, Hidden Populations, Issues of Concern)
Summary	Between 7/01/2022 and 6/30/2023, Program will conduct two (2) activities to enhance the State Health Assessment (SHA).
Description	Conduct targeted analyses based on SHA findings including SDoH-informed Cause of Death Analysis, a Mental/Behavioral Health Data Brief, and an assessment around impacts and issues of race/ethnic disaggregation and tabulation based on different approaches. Continue assessing data quality with various population data sources and collaborating with partners to evaluate policy considerations and develop recommendations for standards.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program conducted two (2) activities to enhance the State Health Assessment (SHA). Program continues SDOH-informed Cause of Death Analysis by testing various SDOH measures, developing statistical models, and more. Program added mental/behavioral and race/ethnic disaggregation data to the SHA CM and shared these data with LHJ partners. Program continues to assess population data quality and collaborate with partners by leading the CDPH/LHJ Population Task Force. Activities include developing standard code and documentation for retrieving different types of population data, producing more research briefs, and enhancing catalog of data sources.

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2022 #2 Foster shared implementation by facilitating strategic alignment and integrated planning
Program SMART Objective	Between 7/01/2022 and 6/30/2023, Program will conduct two (2) activities to foster shared implementation by facilitating strategic alignment and integrated planning.
Item to be measured	Activities implemented to enhance and conduct the SHA/SHIP
Unit to be measured	Activity
Baseline Value	0
Interim Target Value	1
Final Target Value	2

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	2
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Program conducted two (2) activities to foster shared implementation by facilitating strategic alignment and integrated planning. Although this objective has been met, program continues to engage in alignment of integrated planning activities to enhance the SHA/SHIP process.
One-paragraph description of results towards this Program SMART Objective	Program conducted two (2) activities to foster shared implementation by facilitating strategic alignment and integrated planning. Program has completed annual indicator updates for the baseline, current value, target, and dashboards. Established the State Health Equity Plan (SHEP) Preliminary Framework as an equity strategy within the SHIP. Collaborated to engage stakeholder feedback. Reviewed national frameworks (i.e. Healthy People 2030), and developed/updated communications tools (i.e. webpage) to message a statewide equity strategy and linkage to SHIP. Although this objective has been met, program continues to engage in alignment of integrated planning activities to enhance the SHA/SHIP process.

ACTIVITY 1/2

Title	Define shared priorities and measure progress in population health and health inequities
Summary	Between 07/2022 and 06/2023, Program will foster one (1) shared implementation by facilitating strategic alignment and integrated planning.
Description	Complete one annual indicator data update process and publish a '10-Year Review Summary'; evaluate and adopt key metrics and publish dashboards for targeted new and/or modified indicators to measure progress on shared priorities in the SHIP; publish updated baselines and targets for indicators in the SHIP framework; and conduct research, develop, and/or adopt an equity target-setting methodology.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program fostered one (1) shared implementation by facilitating strategic alignment and integrated planning. Program is processing annual updates of baseline, current value, target, and dashboard data for 49 indicators of the SHIP and 10-year SHIP review. Program developed a systematic progress tracking methodology for indicators, adopted Healthy People 2030's target setting process for the relaunch, and is developing methods to incorporate equity considerations in the target setting process. Program also researched potential metrics to capture spatial inequality as well as disparities in indicators.

ACTIVITY 2/2

Title	Unifying actions across the state to address shared priorities
Summary	Between 07/2022 and 06/2023, Program will foster one (1) shared implementation process of the State Health Equity Plan (SHEP) with LGHC.
Description	The Fusion Center will foster one shared implementation process of the State Health Equity Plan (SHEP), as an integrated component of Let's Get Healthy California (LGHC) - the SHIP to unify actions that advance progress in shared priorities by facilitating strategic alignment on targeted programmatic activities in key areas including, but not limited to prevention and health promotion strategies; surrounding mental and behavioral health and improving accessibility in the built environment.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program fostered one (1) shared implementation process of the State Health Equity Plan (SHEP) with LGHC. Two Results-Based Accountability (RBA) trainings built state/local capacity on principles to support selection of shared priorities and application of RBA to SHEP. Stakeholder feedback (over 30 meetings and a survey) was obtained to discuss state/local priorities and investments and inform measurable goals and shared direction to strengthen equity infrastructure. Based on evaluation of consolidated feedback and LGHC indicator alignment with SHEP, preliminary SHIP-SHEP indicators were identified.

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FFY #3 Support Collective Action Around Shared Public Health Priorities
Program SMART Objective	Between 07/01/2022 and 6/30/2023, Program will conduct two (2) activities to support collective action.
Item to be measured	Activities implemented to enhance and conduct the SHA/SHIP
Unit to be measured	Activity
Baseline Value	0
Interim Target Value	1
Final Target Value	2

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	2
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Program conducted two (2) activities to support collective action.

One-paragraph description of results towards this Program SMART Objective	<p>Program conducted two (2) activities to support collective action. To support collective action around shared public health priorities, Program facilitated four collective action efforts with 20 internal partners and provided local health departments technical assistance and support through three engagement initiatives. Collective action on public health priorities during this period focused on behavioral health, climate change, violence prevention, and advancing health equity. While this objective has been met, Program continues to enhance and update collective action activities around shared public health priorities.</p>
--	---

ACTIVITY 1/2

Title	Address Cross-Cutting Priorities Through Department-Wide Initiatives
Summary	Between 07/2022 and 06/2023, Program will facilitate one (1) collective action initiative, engaging internal, interdepartmental, and multisector partners.
Description	Collaborate with one internal partner to identify priorities and align messages on emerging issues efforts related to behavioral health prevention strategies such as CDPH Overdose Prevention Group and the Substance Use Disorder (SUD) Workgroup Prevention team. Facilitate efforts to engage Health Equity Liaisons in informing the State Health Improvement Plan process. Support implementation of the Violence Prevention Initiative.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	<p>Program collaborated with 20 internal partners to build collective action around four public health priorities emerging from the SHA and SHIP. These efforts strengthened the public health role and population impact in behavioral health, violence prevention, and climate change and extreme heat. Program led development of strategic communications on collective action strategies that were shared with the Legislature, including the annual State of Public Health address and a fact sheet on behavioral health.</p>

ACTIVITY 2/2

Title	Facilitate Engagement and Capacity-Building Projects with Local Health Departments
Summary	Between 07/2022 and 06/2023, Program will implement one (1) engagement initiative with Local Health Departments – including providing tools, training, and technical assistance – to advance strategies and policy approaches.
Description	Facilitate and provide technical assistance to LHJs to develop and implement the SHEP; continue to review and refine LHJs Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) metrics with Strategic Plans for measures dedicated to the Public Health Infrastructure Initiative funding; collaborate to offer peer-learning opportunities for LHJs, and provide resources through the Health Equity Playbook to inform ongoing efforts focused on equitable recovery.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program strengthened capacity of over 50 LHJs through technical assistance responses to data requests, webinars and training, and investments in local equity infrastructure. Program continues to engage LHJs regarding the SHEP, convening multiple partners through the Health Equity Workgroup for collective action and alignment to inform resources, best practices, and strategies to prioritize in the SHEP. The SHEP will incorporate and elevate best practices found in the Health Equity Playbook.

Toxicological Outbreaks Program

PROGRAM SUMMARY

Program Name	FFY 2022 Toxicological Outbreaks Program
Program Goal	Reduce statewide morbidity and mortality associated with exposure to toxic substances by building capacity for CDPH and local jurisdictions to identify and respond to toxicological outbreaks.
Healthy People 2030 Objective	IVP-02 Reduce emergency department visits for nonfatal injuries
Recipient Health Objective	Improve the detection and reporting ability of outbreaks with a common toxicological source to reduce preventable morbidity, mortality, emergency department visits, and hospitalizations in California by the end of FY 23-24.
Total Program Allocation	\$109,867

GAINING ADDITIONAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did your program use Block Grant funds to leverage additional funds?	Yes
If the answer is YES , please select one or more of the following:	We received in-kind support from another source (e.g., resources, staffing)
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	No

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	Working with ITSD to prioritize Toxicological Outbreaks Program (TOP) in a timely manner in the context of COVID-19 response continues to be a challenge in building data management infrastructure for TOP to efficiently and effectively identify and respond to toxicological outbreaks.
What strategies did you use to address those challenges or barriers?	TOP is attempting to leverage the data systems implemented for COVID-19 response for TOP use cases. Maintaining relationship with and involving leadership has been a key strategy in gaining ITSD's collaboration as well.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	<i>NO</i>
Did you share your final findings from the promising practice used?	<i>NO</i>
Has the partner information changed?	<i>NO</i>

SMART OBJECTIVE 1/1

Title of Program Smart Objective	FFY 2022 #1 Build Partnerships to Conduct Toxicological Outbreak Surveillance, Response, & Exercises
Program SMART Objective	Between 07/2022 and 06/2023, Program will provide technical assistance by conducting at least five (5) meetings or collaborative activities with internal and external data partners, especially local health jurisdictions, to ensure efficient and secure data sharing and data management for identifying and responding to toxicological outbreaks. Program will also implement at least one (1) functional or tabletop toxicological outbreak exercise including local emergency management and environmental and/or public health agencies.
Item to be measured	Activity with LHDs to identify and report toxicological outbreaks
Unit to be measured	Activity
Baseline Value	0
Interim Target Value	3
Final Target Value	5

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	35
Smart Objective Final Status	<i>NOT MET</i>
If NOT MET: What are the key factors that contributed to the target not being met?	While the program has made significant strides to meet the objective, lack of staff was the primary factor that contributed to the target not being met.
If NOT MET: What are you planning to do to get the program back on target to meet your final target?	Currently, the program is actively engaged in tabletop exercise discussions with key personnel. Program staff will participate in tabletop exercises in order to understand important elements.
One-sentence summary of results towards this Program SMART Objective	Program conducted two collaborative activities and 33 meetings with internal and external partners focused on developing methods and implementing infrastructure to respond to toxicological outbreaks efficiently and effectively; program continues these efforts.

One-paragraph description of results towards this Program SMART Objective	Program conducted two collaborative activities and 33 meetings with internal and external partners. TOP has been working with ITSD to find software and data management systems to conduct rapid surveys and simultaneously manage qualitative and quantitative data. TOP has also been working with the California Reportable Disease Information Exchange (CaREDIE) to create a surveillance protocol to capture non-infectious diseases at the local health jurisdictional level.
--	--

ACTIVITY 1/2

Title	Toxicological Outbreak Exercise
Summary	Between 07/2022 and 06/2023, Program will implement one (1) toxicological outbreak exercise for use by local emergency managers and public health officials.
Description	Tabletop and functional exercises with local health departments typically involve an infectious disease outbreak scenario (e.g., anthrax). There have been few examples of toxicological outbreak exercises, and therefore correspondingly little opportunity for local jurisdictions to prepare for a toxicological outbreak. The purpose of this activity is to, in collaboration with CDPH's Emergency Preparedness Office, implement a Homeland Security Exercise and Evaluation Program (HSEEP) compliant toxicological outbreak exercise designed by the Toxicological Outbreak Program for use by local jurisdictions to improve their preparedness for response to an actual outbreak. One exercise will be conducted by the end of FY 22-23 with one local health jurisdiction.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>NOT MET</i>
Summary of Outcome	TOP met with CDPH's Center for Preparedness and Response to discuss tabletop exercise options and hired a Health Program Specialist to assist with facilitating the exercise's development. Administrative barriers are causing delays in meeting this objective. TOP's Research Scientist (RS) left the program in December 2022 and internal departmental challenges have complicated TOP's progress to fill the vacant position. Unable to onboard the RS II, necessary tasks have been absorbed by other TOP team members, which further delays the program from meeting the objective.

ACTIVITY 2/2

Title	Toxicological Outbreak Response Information Sharing System
Summary	Between 07/2022 and 06/2023, Program will maintain one (1) toxicological outbreak information sharing system with internal and external partners including CDPH emergency management, environmental investigations, injury control, substance abuse prevention, information technology, and laboratory staff to maintain internal framework and procedures for conducting toxicological outbreak investigations.
Description	In the past fiscal year, CDPH has established a main point of contact for toxicological outbreak investigations. The toxicological outbreaks program opened channels of communication with multiple partners to establish data sharing including Center for Health Statistics and Informatics, Environmental Health Laboratory Branch, Food and Drug Branch, Food and Drug Laboratory Branch, Information Technology Services Division, Injury and Violence Prevention Branch, Substance Abuse Prevention Branch, California Poison Control Center, CDC. We will maintain information sharing for scope and division of labor among participating CDPH programs, identify efficient methods of data sharing, and establish procedures for coordinately conducting toxicological outbreak investigations. Program contacts will meet at least once quarterly during FY 22-23. At end of fiscal year, the program will produce documentation of information sharing procedures.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	TOP established and maintains its program email inbox and successfully receives potential outbreak notifications and communicates with multiple partners. Program continues to pursue obtaining a centralized data storage and management system for efficient data sharing and reporting. Program hired a Toxicologist to assist in developing a guidance protocol outlining procedures for conducting toxicological outbreak investigations.

Tuberculosis Free CA

PROGRAM SUMMARY

Program Name	FFY 2022 Tuberculosis Free CA
Program Goal	The goal of our program is to identify and treat those with LTBI in order to prevent cases of TB disease in California.
Healthy People 2030 Objective	IID-17 Reduce tuberculosis cases
Recipient Health Objective	Approximately 80% of California’s annual tuberculosis (TB) cases arise from untreated latent TB infection (LTBI). TB disease is preventable through the diagnosis and treatment of LTBI, however, persons with LTBI are often unaware of their infection and do not seek treatment. The TB Free California Program provides technical assistance to >90% of local public health programs and community healthcare clinics that request assistance with LTBI care, education, and quality improvement projects. Activities include measurement of LTBI testing and treatment at clinic sites, patient education for high-risk populations with a goal of reducing TB health disparities based on race and ethnicity, and provider training and consultation for LTBI care. By treating LTBI, we will avert morbidity, mortality, and healthcare costs associated with TB disease and improve health equity related to TB outcomes. Our aim is to reduce the California TB case rate over a five-year performance period.
Total Program Allocation	\$527,362

GAINING ADDITIONAL SUPPORT

Question	Program Input
Did your program use Block Grant funds to leverage additional funds?	No
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	Yes

If YES , please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products	We published a TB prevention guidebook which we disseminated electronically via a pdf version or by mail via printed hard copies.
---	---

LOCAL SUPPORT

Question	Program Input
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	Yes, non-monetary support
Partner Name(s)	Merced County Department of Public Health, Imperial County Public Health Department, San Joaquin County Public Health Services
Partner Type	Local Health Department
Type of Support	Technical Assistance

KEY CHALLENGES

Question	Program Input
What were the key challenges or barriers to success that you experienced to date in this program this year?	As reported last year, a continued significant challenge was ongoing disruption in clinics from the demands and limitations around COVID-19. A few of our partner sites were able to shift back to focus more on TB prevention, whereas some of our clinical sites are now facing reporting challenges around COVID-19 immunization requirements that continue to slow TB prevention efforts. Sites are also experiencing unprecedented staff turnover.
What strategies did you use to address those challenges or barriers?	We have been able to maintain LTBI quality improvement projects within existing clinic partners through regular follow-up meetings. We have also leveraged COVID-19 resources and public/provider interface to help create new opportunities for promoting LTBI testing and treatment. We have produced materials to help providers engage patients using public understanding of COVID-19 to explain TB infection and the need for testing and treatment. We have used our TB prevention guidebook as a resource to bring new partners up to speed.

If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Yes
What did you learn about the innovative approaches or promising practices you used?	Providers were excited to use opportunities around COVID-19 to apply new public understanding to LTBI discussions. We also learned that we filled a knowledge gap by sharing best practices related to the LTBI care cascade and recommended CDC guidelines and linkage to resources.
<i>(Optional)</i> Did you share your findings from the promising practice used?	Yes
<i>(Optional)</i> If YES , how did you share your findings? Please provide links or citations.	We shared our findings via a TB prevention guidebook available both electronically via a pdf version and printed hard copies.

FINAL REPORT

Question	Program Input
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	YES
If YES , Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?	Rifamycin Drug-drug Interaction Guide for Primary Care Community health worker (CHW) TB Prevention Training
Did you share your final findings from the promising practice used?	YES
If YES , how did you share your final findings? Please provide links or citations.	Rifamycin Drug-Drug interaction guide was published online on December 31, 2022. It was shared with several email listservs of medical providers. We presented the curriculum at a CHW TB Prevention pilot training in Santa Clara, CA on 5/20/2023. This event was a full day, in-person training with 16 participants that work with multiple health centers in Santa Clara County.

Has the partner information changed?	NO
--------------------------------------	----

SMART OBJECTIVE 1/3

Title of Program Smart Objective	FFY 2022 #1 Measure and Analyze Data on LTBI Testing and Treatment Practices in Community Clinics
Program SMART Objective	Between 07/2022 and 06/2023, Program will measure and analyze two (2) metrics including: proportion of at-risk population receiving testing for LTBI, and proportion of persons who test positive for TB infection prescribed LTBI treatment, at a minimum of two (2) community clinic sites providing primary care in California to high- risk populations. Program will support testing and patient follow- up of at least 8,500 at-risk persons at >2 clinical sites.
Item to be measured	Persons at-risk receiving testing
Unit to be measured	Number of persons tested
Baseline Value	7104
Interim Target Value	4000
Final Target Value	8500

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	9,142
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Program worked with three (3) clinics towards measuring two (2) metrics, including: proportion of at-risk population receiving testing for LTBI, and proportion of persons who test positive for TB infection prescribed LTBI treatment. Program has supported testing and patient follow- up of 9,142 at-risk persons at >2 clinical sites.

One-paragraph description of results towards this Program SMART Objective	<p>We are assisting three (3) clinics in using or revising tracking tools to measure LTBI care practices. We meet regularly with our partners to ensure continued engagement and interest in measuring and monitoring their LTBI care cascade. We are providing analytic support to clinics and advising on construction of LTBI care cascade. This information helps us understand existing LTBI care practices across the state. TB Free has developed and is currently pilot testing a standard data collection tool for clinics to use to monitor their LTBI care cascade.</p>
--	--

ACTIVITY 1/2

Title	Support Community Clinics in Measuring LTBI Testing and Treatment
Summary	Between 07/2022 and 06/2023, Program will assist with data collection, management, and analysis at clinics with two (2) key metrics regarding LTBI testing and treatment.
Description	Between 07/2022 and 06/2023, Program will assist with data collection, management, and analysis at clinics with metrics including: 1) proportion of at-risk population receiving testing for LTBI, and 2) proportion persons who test positive for TB infection who are prescribed LTBI treatment, at a minimum of two (2) community clinic sites. We will provide technical assistance to clinics through direct consultation, provision of data management tools and templates with modifiable data fields, and analysis of collected data. By 6/2022, we will have estimates of two (2) metrics at each clinic site. Program Epidemiologist is primarily responsible for this activity.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	<p>We have successfully developed and are currently pilot testing a standard data collection tool at three (3) clinics to help them track their testing and treatment practices. The tools include a Microsoft Excel file for clinics to track their LTBI patients, and a second data visualization file for clinics to graph their own LTBI care cascades. We are also helping clinics with analysis of their LTBI data, identifying points of attrition and opportunities for improvement.</p> <p>Challenges include change in leadership and staff turnover at our partner clinics. We continue to foster relationships and support clinics during staff transitions.</p>

ACTIVITY 2/2

Title	Virtual Learning Collaborative on the TB Prevention Guidebook for Primary Care Clinics
Summary	Between 07/2022 and 06/2023, Program will disseminate The TB Prevention Guidebook to clinics and health systems serving populations at higher risk for TB and convene one (1) virtual learning collaborative.
Description	The Guidebook (which was produced in FY21) includes stepwise instructions on how to assess clinic population risk, increase LTBI testing and treatment, measure the LTBI care cascade and improve outcomes. Program will 1) disseminate the Guidebook to current partners and other community health centers in the state; and 2) convene at least one (1) virtual learning collaborative (LC) that provides technical assistance/training on how to develop, measure and evaluate a care cascade (using the framework presented in the Guidebook). The LCs will also provide a forum for Guidebook users to share their best practices and recommendations to colleagues. Program Epidemiologist is primarily responsible for this activity.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>

Summary of Outcome	We convened one (1) statewide virtual learning collaborative with CMEs on March 10, 2023; this was a successful interactive event with 160 participants from health centers across California. We gave four (4) additional presentations on the TB Prevention guidebook and LTBI care cascade this fiscal year to other audiences. For FY 22 -23 we distributed a total of 184 printed hardcopies of the TB Prevention Guidebook, including 87 copies to participants who attended trainings such as the statewide virtual learning collaborative.
---------------------------	--

SMART OBJECTIVE 2/3

Title of Program Smart Objective	FFY 2022 #2 Produce Training and Education Materials Designed for Populations at Higher Risk for TB
Program SMART Objective	Between 07/2022 and 06/2023, Program will increase awareness of LTBI as a health issue among populations at higher risk for TB by creating and pilot testing a TB prevention one (1) curriculum for non-licensed health workers in community health centers and other organizations.
Item to be measured	Number of pilot-tested curricula
Unit to be measured	Number
Baseline Value	0
Interim Target Value	0
Final Target Value	1

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	1
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	Program has completed the development of one (1) TB prevention curriculum for community health workers (CHWs) to increase awareness of LTBI as a health issue among populations at higher risk for TB.

One-paragraph description of results towards this Program SMART Objective	<p>The curriculum was successfully piloted in Santa Clara, CA on May 20, 2023, and it was attended by sixteen (16) participants. Minimal barriers to producing the curriculum were experienced; the largest challenge was ensuring adequate time for all advisory committee members to review the curriculum. The training evaluation summary showed overall strong quantitative ratings and very good comments (e.g., 100% of participants stated all the information presented in the training was “easy to understand”).</p>
--	---

ACTIVITY 1/2

Title	Create and pilot test a TB prevention curriculum
Summary	Between 7/1/2022 and 6/30/23, Program will increase awareness of LTBI as a health issue among populations at higher risk for TB by creating and pilot testing a TB prevention curriculum for non- licensed health workers in community health centers and other organizations with at least two (2) CHW and/or CBO partners.
Description	Between 7/1/2022 and 6/30/23, Program will increase awareness of LTBI as a health issue among populations at higher risk for TB by creating and pilot testing a TB prevention curriculum for non- licensed health workers in community health centers and other organizations with at least two (2) CHW and/or CBO partners.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>

Summary of Outcome	<p>Program has completed the development of a TB prevention curriculum for community health workers (CHWs) to increase awareness of LTBI as a health issue among populations at higher risk for TB.</p> <p>The pilot training was conducted in May 2023 with sixteen (16) CHWs in Santa Clara County who are members of a CHW consortium overseen by the CBO Asian Americans for Community Involvement (AACI). The training participants completed a detailed evaluation form; overall, excellent quantitative ratings and qualitative comments on the training were provided by participants. Pre- and post-tests were administered to measure increase in knowledge of each participant. For each question, knowledge increased by at least 57% and as high as 700% (for one question related to TB risk factors).</p> <p>After the pilot training was completed, edits were made to the curriculum based on feedback from the participants and the trainers. Final packaging includes four (4) Microsoft Powerpoint slide decks, participant handouts and a comprehensive Facilitator’s Guide for trainers.</p>
---------------------------	--

ACTIVITY 2/2

Title	Produce and disseminate a TB prevention brochure for immigration status adjustors
Summary	Between 07/2022 and 06/2023, Program will produce and disseminate a TB prevention brochure for immigration status adjustors in at least two (2) languages (in English plus one other language).
Description	Program Health Educator will collaborate with other health education staff from California local TB programs and other state/federal agencies to create a TB prevention education brochure specifically for status adjustors. After pilot-testing and finalizing the piece, it will be translated into at least one additional language and pilot tested with the appropriate populations. Both brochures will then be printed and distributed to civil surgeons throughout California. Program Health Educator is primarily responsible for this activity.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	MET

Summary of Outcome	An educational brochure for immigration status adjusters was produced and is available digitally. We consulted with subject matter experts at the State TB Control Branch, members of a civil surgeon Community of Practice group and others from local TB programs in California to get their input. The brochure was produced in English and three versions in English exist: one for a local TB program, one for dissemination from the State TB Control Branch, and a generic version which can be modified by clinics or local TB programs. The brochure was produced in English and in simplified Chinese and is now available to local health departments. Additional versions in Spanish and Vietnamese are currently being produced.
---------------------------	---

SMART OBJECTIVE 3/3

Title of Program Smart Objective	FFY 2022 #3 Provide LTBI Training, Provider Education Materials, and Clinical Consultation
Program SMART Objective	Between 07/2022 and 06/2023, Program will provide technical assistance in the form of training, provider education materials, or clinical consultation to at least six (6) of programs who request our assistance.
Item to be measured	Number of clinics or provider groups that receive training or consultation
Unit to be measured	number
Baseline Value	0
Interim Target Value	4
Final Target Value	6

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	10
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	We have exceeded our goal and provided clinical training on LTBI/TB medical care to ten (10) provider groups, and clinical consultation to twenty-eight (28) healthcare providers in community and institutional settings between 07/2022 and 06/2023.

One-paragraph description of results towards this Program SMART Objective	We provided clinical training to ten (10) provider groups, and clinical consultation to twenty-eight (28) healthcare providers in community and institutional settings between 07/2022 and 06/2023. Demand for clinical training and support has increased this fiscal year. We will continue to offer trainings that are virtual or in-person and reflects the needs and priorities of the requesting providers and clinical groups. We offered CME and nursing CE units as an added incentive to providers.
--	---

ACTIVITY 1/3

Title	Develop a provider education tool regarding drugs used for LTBI treatment
Summary	Between 07/2022 and 06/2023, Program will develop one (1) provider education tool regarding drugs used for LTBI treatment.
Description	Between 07/2022 and 06/2023, Program will work develop and/or review content for one (1) new provider education resource regarding medications used for LTBI therapy. This activity is building upon previous years' activities and trainings and motivated by lack of physician comfort with LTBI medications, particularly in terms of drug-drug interactions and prescribing for special populations, including pregnant women, elderly patients, and patients with medical co-morbidities. Provider education tool will take the form of either a slide deck or website that can be disseminated by local TB programs, and will focus on evidence based LTBI regimens, including 12-dose once-weekly isoniazid-rifapentine or four months of rifampin, for LTBI treatment. Program Physician is primarily responsible for this activity.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>

Summary of Outcome	Program developed one (1) provider education tool regarding drugs used for LTBI treatment. Rifampin, rifapentine, and rifabutin (known as “rifamycins”) are drugs that can be used in the treatment of tuberculosis disease and latent tuberculosis infection. Rifamycins often have the potential for drug interactions with co-administered drugs. The TB Free CA team has created a guide entitled “Rifamycin Drug-Drug Interactions: A Guide for Primary Care Providers” to clarify drug interactions between rifamycins and drugs commonly used in primary care. The content was created by a team of clinical pharmacists using a standardized search strategy and definitions, and then reviewed by a TB Free CA physician. The intended audience includes medical providers and public health personnel. The guide was posted online is 12/31/2022.
---------------------------	---

ACTIVITY 2/3

Title	Conduct Training on LTBI Best Practices and Guidelines
Summary	Between 07/2022 and 06/2023, Program will work in collaboration with local TB control programs, clinics, and civil surgeon groups to execute six (6) trainings on LTBI testing and treatment.
Description	Between 07/2022 and 06/2023, Program will work in collaboration with local TB control programs, clinics, and civil surgeon groups to execute a minimum of six (6) trainings on LTBI testing and treatment. Trainings will be completed at each site once or twice annually, depending on specific needs of site. Trainings will emphasize best practices for providers and will target providers who serve high- risk populations and patients at most risk for progression. Particular emphasis will be placed on use of interferon gamma release assay (IGRA) for non-U.S. born patients, and use of short-course regimens, including 12-dose once-weekly isoniazid-rifapentine or four months of rifampin, for LTBI treatment. Program Physician is primarily responsible for this activity.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>

Summary of Outcome	We have executed ten (10) trainings on LTBI testing and treatment. Trainings emphasized TB screening and LTBI testing and treatment practices for providers and highlighted the risks that put patients at risk for TB infection or progression to TB disease. Emphasis was placed on the use of interferon gamma release assay (IGRA) for non-U.S. born patients, and used a short-course regimens, including 12-dose once-weekly isoniazid-rifapentine or four months of rifampin, for LTBI treatment. We have also highlighted new clinical tools, including the Rifamycin Drug-Drug Interaction Guide.
---------------------------	--

ACTIVITY 3/3

Title	Provide Expert Consultation to Medical Providers who Request Support Regarding LTBI Care
Summary	Between 07/2022 and 06/2023, Program will provide clinical consultation and subject matter expertise on testing and treatment of TB infection for ten (10) healthcare providers in community and institutional settings.
Description	Between 07/2022 and 06/2023, Program will provide clinical consultation and subject matter expertise on testing and treatment of TB infection for healthcare providers in community and institutional settings; our goal is to provide support to >90% of clinics and/or providers that request consultation. Common consultation topics include interpretation of discordant tests for TB infection, work-up of TB disease prior to starting LTBI therapy, addressing drug interactions with LTBI medications, and accounting for partially completed LTBI therapy. Program will disseminate clinical algorithms, protocols, fact sheets, and workflow modifications developed by TB Free California to enable clinics to implement screening, testing, and treatment of patients with LTBI. Examples of current clinical tools can be found on the TB Free California website. Program physician is primarily responsible for this activity.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	This fiscal year, we have performed twenty-eight (28) consultations with medical providers regarding challenging questions in LTBI care, thus building capacity for LTBI care around the state.

Workforce Development: Preventive Medicine Residency (PMR) and CA Epidemiologic Investigation Service (Cal-EIS) Fellowship

PROGRAM SUMMARY

Program Name	FFY 2022 Preventive Medicine Residency (PMR) and California Epidemiologic Investigation Service (Cal EIS)
Program Goal	The California Department of Public Health (CDPH) will conduct public health (PH) professional training through the PMR and the Cal EIS to develop the PH workforce pipeline and graduate diverse qualified physicians and epidemiologists to be employed in California PH agencies.
Healthy People 2030 Objective	PHI-R02 Expand public health pipeline programs that include service or experiential learning
Recipient Health Objective	Between 07/2022 and 6/30/2023, Program will increase the PH workforce by graduating at least 14 trainees from the PMR or Cal EIS, to become qualified PH physicians and epidemiologists who contribute to and/or lead efforts to improve the health of Californians.
Total Program Allocation	\$605,053

GAINING ADDITIONAL SUPPORT

Question	Program Input
Did your program use Block Grant funds to leverage additional funds?	Yes
If the answer is YES , please select one or more of the following:	<p>We blended Block Grant funding with funding from other sources</p> <p>We received in-kind support from another source (e.g., resources, staffing)</p> <p>Block Grant funds were leveraged with resources from other organizations to contribute to jurisdiction-wide priority</p>
Were there any products (publications, conferences, etc.) that came from activities funded by PHHS Block money?	No

LOCAL SUPPORT

<i>Question</i>	<i>Program Input</i>
Did you provide support (monetary or non-monetary) to any local agencies or organizations?	Yes, non-monetary support
Partner Name(s)	Counties of Alameda, El Dorado County, Los Angeles, Marin, Mariposa, Stanislaus, Sutter, and City of Berkeley
Partner Type	Local Health Department If other, please specify:
Type of Support	Training

KEY CHALLENGES

<i>Question</i>	<i>Program Input</i>
What were the key challenges or barriers to success that you experienced to date in this program this year?	A key challenge the program experienced during this reporting period, is the loss of 1 FTE staff on leave for 6 months. The program requested a retirement annuitant to assist program staff during the staff's absence; this request was declined. Staff's workload multiplied, existing staff had to take on all program, administrative, contract, purchase/service orders and fiscal duties.
What strategies did you use to address those challenges or barriers?	Strategies used to address this challenge are Program staff continue to communicate and meet weekly to determine priorities that need to be completed.
If you used innovative approaches/promising practices in this program, did they meet your criteria for success?	Did not use Innovative/Promising practices (skip to Objectives/Activities)

FINAL REPORT

<i>Question</i>	<i>Program Input</i>
Were there any final products (publications, conferences etc.) that came from activities funded by PHHS Block Grant money?	YES

<p>If YES, Please briefly describe the products created from PHHS Block Grant funds and provide any links to access the products?</p>	<p>The following publications were created by the Preventive Medicine Residents: 1) Health System Referral Processes for Patients with Prediabetes; 2) Environmental Impact of Ambulatory Telehealth Use by a Statewide University Health System During COVID-19; and 3) Food Security, Fruit and Vegetable Intake, and Chronic Conditions among Supplemental Nutrition Assistance Program Education Participants Attending Free Food and Produce Events</p>
<p>Did you share your final findings from the promising practice used?</p>	<p>YES</p>
<p>If YES, how did you share your final findings? Please provide links or citations.</p>	<p>Josh H. Health System Referral Processes for Patients with Prediabetes. Public H Open Acc 2023, 7(1): 000230. (medwinpublishers.com)</p> <p>https://doi.org/10.1089/tmj.2022.0396</p> <p>https://doi.org/10.3390/obesities2030021</p>
<p>Has the partner information changed?</p>	<p>NO</p>

SMART OBJECTIVE 1/1

<p>Title of Program Smart Objective</p>	<p>#1: Increase # of Trainees Who Achieve Either Preventive Medicine & PH or Epidemiology Competencies</p>
<p>Program SMART Objective</p>	<p>Between 07/2022 and 06/2023, Program will increase the number of trainees who, over the course of their training period, have satisfactorily achieved American College of Preventive Medicine (ACPM) competencies or Council of State and Territorial Epidemiologists (CSTE) competencies in state or local PH agency programs and/or completing academic coursework, from 122 residents and 221 fellows (343 total) to at least 125 residents and 232 fellows (357 total).</p>
<p>Item to be measured</p>	<p>Number of residents and fellows achieving competencies</p>
<p>Unit to be measured</p>	<p>number</p>
<p>Baseline Value</p>	<p>343</p>
<p>Interim Target Value</p>	<p>343</p>
<p>Final Target Value</p>	<p>357</p>

FINAL OBJECTIVE OUTCOME

Question	Program Input
Final amount achieved [Number]	357
Smart Objective Final Status	<i>MET</i>
One-sentence summary of results towards this Program SMART Objective	The training programs have successfully trained a total of 357 PH physicians and epidemiologists; during this period the program trained 5 Residents and 9 Fellows.
One-paragraph description of results towards this Program SMART Objective	The primary factor contributing to the successful training/graduation of Residents and Fellows is the growing number of state and local public health programs that value the workforce pipeline and are directing expertise and resources to support experiential learning and exposure to public health careers.

ACTIVITY 1/3

Title	Recruit and Interview Applicants for PMR and Cal EIS Positions
Summary	Between 07/2022 and 6/2023, The Program Director, PMR Coordinator and Cal EIS Coordinator are responsible for the recruiting, interviewing, and selecting the top applicants, who are then offered placement sites in the PMR and Cal EIS programs beginning 07/2023. Program will recruit and interview at least three (3) PMR applicants and eleven (11) Cal EIS applicants.
Description	Between 07/2022 and 06/2023, program will recruit and interview at least three (3) PMR applicants and eleven (11) Cal EIS applicants. The recruitment process includes distributing PMR and Cal EIS information to schools of PH, residency programs, local health agencies and posting on various websites, such as FREIDA Online, Electronic Residency Application Service and PH Employment Connection. The competitive selection process includes review of applications by the PMR and Cal EIS Advisory Committees and their recommendation of top candidates to interview, followed by interviews and choice of top candidates to offer a position in the PMR and Cal EIS programs.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	PMR placed and trained 5 Residents while Cal-EIS placed and trained 9 Fellows. The 14 trainees achieved their relevant CSTE and ACPM/ACGME competencies.

ACTIVITY 2/3

Title	Develop and Implement PH Practice Curriculum
Summary	Between 07/2022 and 06/2023, The Cal EIS Coordinator schedules presenters from CDPH, local health departments and universities to educate the residents and fellows; these PH/Preventive Medicine Seminars take place between 07/2022 and 06/2023. Program will conduct at least 16 PH/Preventive Medicine Seminars for residents and fellows.
Description	Between 07/2022 and 06/2023, program will conduct at least 16 PH/Preventive Medicine Seminars for residents and fellows. These bi-monthly seminars address ACGME Milestones and ACPM/CSTE competencies and provide residents and fellows with knowledge, insights and resources that prepare them to enter the PH workforce.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	Program conducted 18 PH/preventive medicine seminars for residents and fellows. One of the seminar speakers was CDPH Director and State Public Health Officer, Dr. Tomás Aragón. Dr. Aragón presented on “The CDPH Way – Becoming the Best at Getting Better.”

ACTIVITY 3/3

Title	Place Residents and Fellows in a PH Training Experience
Summary	Between 07/2022 and 06/2023, experienced preceptors will mentor and guide residents and fellows to meet competencies through applied state and local PH experiences, providing training needed to develop California's PH workforce. Program will train at least 14 individuals in the relevant competencies.
Description	Between 07/2022 and 06/2023, program will train at least 14 individuals in the relevant competencies. Experienced preceptors will mentor and guide residents and fellows to meet competencies through applied state and local PH experiences, providing training needed to develop California's PH workforce.

FINAL ACTIVITY OUTCOME

Question	Program Input
Activity Final Status	<i>MET</i>
Summary of Outcome	PMRP/Cal-EIS trained 14 individuals, supporting 5 Residents and 9 Fellows who achieved relevant competencies. PMRP and Cal-EIS Preceptors guide training and provide mentorship at the local health departments and state programs.