

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 02/20)

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| Fiscal Year 2022-23 | Business Unit 4265 | Department California Department of Public Health | Priority No. |
| Budget Request Name 4265-252-BCP-2022-GB; 4265-253-BCP-2022-GB | | Program 4045 – Public and Environmental Health | Subprogram 4045010 – Healthy Communities 4045041 - Health Statistics and Informatics |

Budget Request Description

Overdose Public Awareness Campaign and Surveillance

Budget Request Summary

To respond to the overdose epidemic, the California Department of Public Health (CDPH) Center for Healthy Communities (CHC), Substance and Addiction Prevention Branch (SAPB) requests one-time funding in the amount of \$55 million from the new Opioid Settlement Fund to be established in 2022-23, with provisional language for the funds to be available until June 30, 2025. This proposal supports the formation of two new strategies to prevent and respond to opioid overdose in California: media and health communications campaigns targeted towards youth opioids education and awareness and fentanyl risk education and syndromic (rapid) surveillance using the BioSense Platform to collect and analyze data on opioid overdose trends.

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|--|---|-------------|
| Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Code Section(s) to be Added/Amended/Repealed | |
| Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i> | Department CIO | Date |

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No.

Project Approval Document:

Approval Date:

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

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|---|---------------------------|---|---------------------------|
| Prepared By Mónica Morales | Date 12/20/2021 | Reviewed By Phuong La | Date 12/21/2021 |
| Department Director Brandon Nunes | Date 12/23/2021 | Agency Secretary Julie Souliere | Date 12/27/2021 |

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE CALSTARS Dept. of Technology

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|---------------------------|---|
| PPBA Jack Zwald | Date submitted to the Legislature 1/10/2022 |
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Analysis of Problem

A. Budget Request Summary

To respond to the overdose epidemic, the California Department of Public Health (CDPH) Center for Healthy Communities (CHC), Substance and Addiction Prevention Branch (SAPB) requests one-time funding in the amount of \$55 million from the new Opioid Settlement Fund to be established in 2022-23, with provisional language for the funds to be available until June 30, 2025. This proposal supports the formation of two new strategies to prevent and respond to opioid overdose in California: media and health communications campaigns targeted towards youth opioids education and awareness and fentanyl risk education and syndromic (rapid) surveillance using the BioSense Platform to collect and analyze data on opioid overdose trends.

B. Background/History

The opioid epidemic in the United States has been described as a “triple wave epidemic” of overdose deaths. The first wave of overdose deaths, beginning in the year 2000, was due to prescription opioids. The second wave, starting in 2007, was due to increasing use of heroin. The third wave, which began slowly in 2013 and increased dramatically as years have passed, is largely driven by fentanyl and other synthetic opioids.

In California, remarkable public health progress has been made to reduce the number of overdose deaths due to prescription opioids and heroin. Unfortunately, the unpredictability of the illicit synthetic opioid market¹ shadows State efforts to slow this crisis. In California, all-drug-related overdose deaths have been increasing for the past decade mainly due to the increase in synthetic opioid-related deaths (primarily fentanyl).² Similarly, psychostimulants with abuse potential (such as methamphetamine and cocaine) have become increasingly available in the drug supply. Illicitly manufactured fentanyl, stimulant, and polydrug-related overdoses require new and innovative intervention approaches.

CDPH-SAPB aims to reduce individual, social, and environmental harm from addiction and substance use through research-driven prevention, education, and treatment. CDPH-SAPB is home to the Overdose Prevention Initiative (OPI), which addresses the complex and dynamic nature of the drug overdose epidemic through surveillance, policy, research, and prevention. The OPI works to:

- Collect emergency department, hospitalization, prescription, and death certificate data on overdoses
- Share data with the public through the [California Overdose Surveillance Dashboard](#)
- Study the circumstances surrounding overdose deaths and root causes of addiction
- Build state and local partnerships through the Statewide Overdose Safety workgroup and local overdose safety coalitions
- Establish linkages to care and harm reduction approaches to meet individuals where they are at in a whole-person approach
- Promote equity through the use of community-informed prevention strategies and policies
- Expand the use of evidence-based prescribing and treatment guidelines for providers and health systems.

These existing OPI activities are supported by 17.5 positions through a federal cooperative agreement with the Centers for Disease Control and Prevention (\$5.56M in 2021-22) and a state interagency agreement with the Department of Health Care Services (\$1.25M in 2021-22).

There are no existing Resource History or Workload History metrics applicable to the two proposed strategies in this Budget Request, as OPI does not currently conduct work in this area.

¹ Gladden, RM, Martinez, P, Seth, P. (2016). Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid–Involved Overdose Deaths — 27 States, 2013–2014. *MMWR Morb Mortal Wkly Rep*; 65:837–843.

² Source: California Overdose Surveillance Dashboard (<https://skylab.cdph.ca.gov/ODdash/>)

C. State Level Consideration

This Budget Request is consistent with CDPH's mission to advance the health and well-being of California's diverse people and communities. CDPH's Strategic Map sets forth the Department's vision, mission, and strategic direction that the Department's programs will follow to achieve the overall objective of protecting and improving public health. The goals of this Budget Request are consistent with the following goals and objectives in the 2019-2022 Public Health Strategic Map and Objectives:

- Protect the public's health:
 - Enhance California's resilience to current and emerging health threats
 - Respond effectively to health threats and emergencies
- Promote health and wellness:
 - Implement innovative prevention strategies
 - Improve State health outcomes by advancing protective measures and reducing risk
 - Elevate public awareness of key health messages
- Increase health equity:
 - Incorporate health equity into all policies, programs, and decision making
 - Engage with multi-sector partners to address policy, systems, and environmental change
- Optimize data and technology:
 - Promote an ecosystem of data sharing
 - Expand surveillance systems for evidence-based decision making

This proposal aligns with the CDPH CHC's goal of healthy and resilient communities, through leadership and partnerships that drive action to influence the determinants of health, eliminating health inequities, and achieving positive health outcomes.

This proposal also supports the California Health and Human Services Agency (CalHHS) strategic priorities of building a healthy California for all through enhanced technological infrastructure to improve care and treatment of substance use disorder and overdose and integrating health and human services by increasing the availability and awareness of prevention and treatment services for individuals with substance use disorder. The proposal is informed by CalHHS guiding principles of equity, using data to drive action, whole-person prevention and treatment, and a culture of collaborative innovation.

With respect to outcomes, CDPH currently defines and tracks statewide goals through Let's Get Healthy California (LGHC). This proposal directly supports outcomes under LGHC goal areas of Living Well (indicator: substance use), and, through improving access to substance use prevention programs, intervention, and treatment, this proposal contributes to the goal areas of Creating Healthy Communities and Redesigning the Health System.

This proposal benefits not only the health and wellbeing of Californians, but also has benefits for other state departments, including the Department of Health Care Services (DHCS). DHCS has been involved in the development of both proposed projects in this proposal and would benefit from the approval of this Budget Request through increased access to syndromic surveillance data (through BioSense) to inform treatment and increased public awareness of substance use disorder early intervention and treatment services.

D. Justification

The overdose epidemic is dynamic, complex, and rapidly changing. Despite strong progress in reducing prescription drug overdose, both State and national data show rapidly increasing rates of overdose, primarily related to fentanyl. Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. Data from the [United States Drug Enforcement Administration \(DEA\)](#) indicate that the drug supply is increasingly contaminated with illicitly manufactured fentanyl (IMF).

IMF is distributed through illegal drug markets for its heroin-like effect. It can be sold alone, or added to other drugs to make them cheaper, more powerful, and more addictive. IMF has been found in many drugs, including heroin, methamphetamine, counterfeit pills, and cocaine. According to the DEA, counterfeit pills are more lethal than ever before. The number of DEA-seized counterfeit pills with fentanyl has jumped nearly 430 percent since 2019. Lab testing finds that two out of every five counterfeit pills with fentanyl seized by the DEA contains a potentially lethal dose³.

Once rare in California, fentanyl overdose is increasingly common. In 2020, the most recent year for which full data are available, California experienced:

- **15,664** Emergency Department visits related to any opioid overdose – nearly double 2018 numbers.
- **5,502** opioid-related overdose deaths, over 70 percent of which involved fentanyl.
- **3,946** fentanyl-related overdose deaths, a 402 percent increase since 2018.
- **4,403** amphetamine-related overdose deaths, an 81 percent increase since 2018.

While data show that the overdose epidemic affects all Californians, recent trends in overdose show disparities by race, age, and gender. For example, Native Americans and Black/African Americans experience fentanyl-related overdose at rates that exceed those of Whites, Hispanics, and Asian/Pacific Islanders. Current research also points to disproportionate rates of overdose by social determinants, such as education, poverty, and access to safe and stable housing. Similarly, research demonstrates that instability increases overdose – individuals without health insurance, who were incarcerated, or living in poverty are at increased risk of fatal opioid overdose. This proposal seeks to bolster the State's response to the complex and evolving overdose epidemic through two key strategies:

1. Raise awareness of drug misuse, overdose risks, and treatment options through statewide media and health communications campaigns.
2. Improve statewide syndromic surveillance (BioSense) and reporting of overdose to inform substance abuse prevention and treatment.

While current CDPH OPI projects are complementary to the proposed strategies, there are no state or federal funds dedicated to supporting either strategy in this request. This proposal creates dedicated state funding to support evidence-based media and health communications campaigns designed to reduce risky substance use behaviors and dedicated state funds for syndromic surveillance and rapid reporting of overdose. Fully funding this proposal will create specific authority for CDPH to hire staff to support the media campaigns and improve reporting and analytics through the administration and expansion of the BioSense Platform, thereby filling unmet gaps in existing prevention, health communications programming, and surveillance, including using real-time data to strengthen early intervention and treatment options.

One of the core benefits of this proposal is the opportunity to align and advance existing state programs and build opportunities for collaboration and mutual benefit among CalHHS programs. Strategy 1 includes opportunities for CDPH to bolster current efforts of DHCS and amplify DHCS's work with the Shatterproof Atlas tool. Strategy 2 involves a multi-partner approach with collaboration between CDPH-SAPB, Center for Health Statistics and Informatics (CHSI), and Information Technology Services Division (ITSD). The rapid data dashboard resulting from Strategy 2 will be publicly available to stakeholders, including local health jurisdictions, other CalHHS departments, and the Governor's Office.

³ Source: One Pill Can Kill: Counterfeit Pills Fact Sheet (https://www.dea.gov/sites/default/files/2021-09/DEA_Fact_Sheet-Counterfeit_Pills.pdf)

Strategy 1: Raise Awareness through Media and Health Communications Campaigns

Currently, CDPH-SAPB does not have dedicated funds to support an awareness and education campaign to prevent overdose and other harms from substance use. This proposal seeks to support a comprehensive media and health communications strategy with three campaigns to educate the public about risks and consequences of drug use and to influence attitudes, social norms, and stigma around seeking support and treatment for substance use.

CDPH's CHC home to CDPH-SAPB, has experience releasing requests for proposals (RFPs) and overseeing the development of effective cultural-, linguistic-, and age-appropriate media campaigns that demonstrate creativity and drive behavioral change. Recent media campaigns from CDPH's CHC include large-scale campaigns targeting youth smoking and vaping prevention, nutrition and physical activity, and chronic disease prevention. CDPH-SAPB has experience with a long-running campaign to address problem gambling and is in the formative stages of a statewide youth cannabis prevention campaign. Historically, CDPH-SAPB's OPI have carried out targeted short-term media campaigns (e.g., to reduce prescription drug misuse); however, these campaigns have ended and CDPH-SAPB does not currently have funding to support overdose prevention media and health communications campaigns.

CDPH-SAPB will release an RFP to solicit proposals from bidders who possess strong skills, knowledge, and experience in developing and implementing strategic, statewide media campaigns; experience in effective media buy and optimal placement of messages; and experience working with health educators and subject matter experts to develop comprehensive and effective health education tool kits.

The RFP will support three separate campaigns to be implemented over three years:

1. Youth Opioid Use Prevention and Awareness

This campaign will target youth ages 16-20 to promote behavior change, reduce opioid misuse, and decrease stigma associated with seeking treatment among youth and young adults. Building upon lessons learned from the California Tobacco Control Program, the youth opioid use prevention and awareness campaign will provide clear, science-based, and judgment-free messaging to prevent youth experimentation and use. Objectives of this media campaign include educating youth about the risks and consequences of opioid use; influencing youth attitudes, social norms, and perception of opioids; and developing health education resources that can be utilized by families, educators, and local governmental and non-governmental organizations.

2. Fentanyl Education and Awareness

This campaign will target adults, ages 21-40, with messaging and educational information specific to the risks of fentanyl use and prevalence of fentanyl in other drugs. This campaign will include education and awareness of evidence-based harm reduction strategies that can reduce the risk of a fentanyl-related overdose, including the use of fentanyl test strips and use of opioid antagonists (naloxone). Objectives of this media campaign include educating Californians about the risks and consequences of intentional and unintentional fentanyl use; educating Californians on evidence-based harm reduction strategies that may decrease the risk of a fentanyl-related overdose; and developing health communication and educational resources that can be utilized by local governmental and non-governmental organizations.

3. Shatterproof Atlas

The purpose of this campaign is to raise awareness of the [Shatterproof Atlas](#) service, implemented by DHCS. The Shatterproof Atlas is a web-based, consumer-oriented resource for those in need of SUD treatment services to help locate service providers, with information on services provided, locations, quality information, and user feedback. The Atlas is in operation in several other states and DHCS is currently using federal grant funding to support its implementation in California. The media campaign would inform the public about the Atlas service and substance use treatment options available in California.

Support for Strategy 1: Five positions are required to release the RFP and oversee the development of the campaigns, including formative research, creative, media placement, and evaluation (Table 1). CDPH will use existing position authority in 2022-23, 2023-24, and 2024-25 to establish these resources. These campaigns will be competitively bid via RFP with intent to fund one contractor to complete the three campaigns. To complement the work of the Shatterproof Atlas media campaign, an interagency agreement will be made with DHCS to supplement existing federal grant funding for the ongoing operation of the Shatterproof Atlas tool in California. Additional state operational costs include standard costs. Additional information is provided in Table 2.

Strategy 2: Improve Syndromic Surveillance and Reporting of Overdose

There is currently no rapid statewide syndromic surveillance system to monitor for fentanyl and other drug-related overdoses in California. Such a system, if connected to a public-facing dashboard, will provide near real-time data on drug-related overdose to stakeholders at the state and local level to support prevention, early intervention, and linkages to treatment.

California is one of only seven states that does not use the BioSense Platform for statewide syndromic surveillance. BioSense, created and maintained by the Centers for Disease Control and Prevention (CDC)—National Syndromic Surveillance Program, is a free, secure, cloud-based computing environment available to public health agencies to conduct syndromic surveillance and analyze data on a common platform. Data are rapid and accurate; for example, emergency department data are uploaded to BioSense within 24 hours of patient encounter. In the United States, 73 percent of all emergency department visits were reported to the BioSense Platform. The platform is designed with a point-and-click interface, meaning that data within BioSense are available and accessible to a broad range of data users.

To improve overall overdose surveillance, respond more rapidly to overdose spikes, and to inform prevention and treatment, this proposal intends to establish BioSense in California specifically for non-fatal overdose and drug misuse surveillance and for overdose spike identification at the local level. Additional benefits to CalHHS include opportunities to conduct rapid, real-time surveillance of other illnesses and environmental exposures (e.g., COVID-19, influenza-like illness, hazardous algal blooms, etc.), thereby benefiting a broad range of CDPH and CalHHS programs.

CDPH-CHSI will adopt, maintain, and administer the BioSense syndromic surveillance system. CDPH-CHSI will serve as state administrator of BioSense and will work to onboard counties and facilities who are not currently using the platform. There are currently 17 counties in California that have at least one facility contributing data to BioSense. During the 3-year time period, the goal will be to onboard 10-15 new counties and increase participation in 11 counties with partial participation in BioSense.

In addition to BioSense implementation, CDPH-CHSI will work with CDPH-ITSD to conduct a feasibility study to examine the possibility of integrating the BioSense data into the CDPH Ecosystem of Data Sharing (EODS). The BioSense platform uses the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) system to analyze public health events. ESSENCE is a user-friendly, accessible, point-and-click interface that has capacity for advanced SQL query and API functionality to support the use of analytics tools like SAS Studio. CDPH-ITSD is developing a data management strategy in conjunction with CDPH-CHSI to define strategies and a roadmap for building additional data streams and data sets into EODS, of which SQL query and API functionality are included. Work will include an architectural analysis of ESSENCE capabilities to identify opportunities for leveraging both the BioSense and EODS data as part of more advanced surveillance use cases. Additionally, CDPH-CHSI will identify complementary data sets, such as EHR, First Responder, and other data that is relevant to syndromic surveillance of incidence and prevalence of opioid overdose to incorporate into EODS and create linkages to BioSense data.

CDPH-SAPB, as part of its Overdose Prevention Initiative, will develop a syndromic surveillance data dashboard that will disseminate BioSense data to overdose prevention stakeholders, including local health jurisdictions, local overdose response coalitions, and other state agencies such as DHCS.

Current data on the existing [California Overdose Surveillance Dashboard](#) are provided quarterly and bi-annually and currently have a data lag of approximately 5-9 months for fatal and non-fatal overdose data, depending on the data source. These timelines are contingent upon receipt of the final data from the data providers (i.e., CDPH Vital Statistics for fatal overdoses and the Department of Health Care Access and Information for non-fatal overdoses). With expanded syndromic surveillance through BioSense, CDPH-SAPB will provide more rapid and relevant analyses and visualizations via public-facing data dashboard, in order to provide the most up-to-date and actionable data to drive prevention activities and improve treatment outcomes.

CDPH-SAPB would also work closely with CDPH-CHSI and CDPH-ITSD to develop advanced data analytics capabilities to better understand, respond to, and prevent drug overdoses through predictive analytics. Modern data science techniques will enable CDPH-SAPB to better explore risk and protective factors associated with drug misuse and overdose. Deeper knowledge of the determinants of drug overdoses and use, in turn, will enable CDPH to identify points of intervention and craft program and policy recommendations.

This intradepartmental collaborative approach will benefit public health in two distinct ways: (1) access to rapid syndromic surveillance data directly in BioSense through the ESSENCE platform in an accessible point-and-click environment will more rapidly deliver actionable data to stakeholders through the CDPH-SAPB public-facing dashboard and (2) increasing institutional capacity and capability for advanced analytics through the integration of BioSense with the CDPH's EODS will support advanced analytics, reporting, and collaboration to strengthen the public health response to the evolving overdose crisis.

Support for Strategy 2: Nine full time equivalent positions are required to implement the BioSense program, support the integration of BioSense and EODS, and improve rapid reporting to the public via data dashboard (Table 1). CDPH will use existing position authority in 2022-23, 2023-24, and 2024-25 to establish these resources. Other state operational costs will include contractual support and computer equipment. Additional information is provided in Table 2.

Support for this Budget Request

As mentioned previously, CDPH will use existing position authority in 2022-23, 2023-24, and 2024-25 to establish 14 positions. Position classifications, locations (SAPB or CHSI), and duties are described in Table 1. A summary of resources requested over three budget years is provided in Table 2.

Table 1: Position Classifications and Duties

| Position Classification | Location (Position) | Duties |
|------------------------------------|---------------------|---|
| Health Program Manager II | SAPB (1.0) | Provides vision, strategy, and approves all media messaging. Provides high-level policy recommendations and coordinates campaigns with executive level staff and CDPH Office of Communications. Supervises staff. |
| Health Program Specialist (HPS) II | SAPB (1.0) | Lead coordination of Strategy 1, including high-level technical oversight of the youth and adult overdose campaigns, and subject matter expertise to support the development of educational materials. |
| HPS I | SAPB (1.0) | Support the media campaign through coordination of the Shatterproof Atlas campaign, engagement with stakeholders, and coordination with DHCS. |

| Position Classification | Location (Position) | Duties |
|--|----------------------------|---|
| HPS I | CHSI (2.0) | Develop training materials and provide onboarding technical assistance (TA) to BioSense counties/facilities. |
| Research Scientist (RS) III | SAPB (1.0) | Lead advanced analytics strategies and data-driven prevention recommendations; serve as program liaison to CHSI/ITSD for EODS/BioSense linkages. |
| RS II | SAPB (1.0) | Develop and implement BioSense dashboard, maintain data linkages, provide TA for local health jurisdictions and stakeholders to use data to respond to overdose. |
| RS II | CHSI (1.0) | Syndromic surveillance technical lead to support BioSense administration and EODS/BioSense linkages. |
| RS I | SAPB (1.0) | Oversee media formative research and evaluation, review and provide technical guidance on health education materials developed. |
| RS I | CHSI (1.0) | Oversee syndromic surveillance data management, quality assurance and quality control, and reporting. |
| Research Data Specialist I | CHSI (2.0) | Serve as data managers and data flow coordinators, supports routine troubleshooting of data feeds; works with HPS Is to provide technical support to BioSense counties. |
| Associate Governmental Program Analyst | SAPB (1.0) | Support media campaign RFP development and administration and overall Strategy 1 project management, including fiscal reporting. |
| Associate Governmental Program Analyst | CHSI (1.0) | BioSense policy and program analyst, responsible for data use agreement administration, meeting facilitation, and fiscal/project coordination for CHSI-led Strategy 2 activities. |

Table 2: Resources Requested, by Program and Projected Costs

| Resources Requested | 2022-23 | 2023-24 | 2024-25 |
|--|-------------------|-------------------|-------------------|
| Personnel <i>(wages, benefits, standard costs)</i> | 2,327,000 | 2,327,000 | 2,327,000 |
| Health Program Manager II (1.0) | 180,000 | 180,000 | 180,000 |
| Health Program Specialist II (1.0) | 169,000 | 169,000 | 169,000 |
| Health Program Specialist I (3.0) | 469,000 | 469,000 | 469,000 |
| Research Scientist III (Epidemiology/Biostatistics) (1.0) | 197,000 | 197,000 | 197,000 |
| Research Scientist II (Epidemiology/Biostatistics) (2.0) | 364,000 | 364,000 | 364,000 |
| Research Scientist I (Social/Behavioral Sciences) (2.0) | 337,000 | 337,000 | 337,000 |
| Research Data Specialist I (2.0) | 317,000 | 317,000 | 317,000 |
| Associate Governmental Program Analyst (2.0) | 294,000 | 294,000 | 294,000 |
| Equipment | 18,000 | 0 | 0 |
| SAPB | 6,000 | 0 | 0 |
| CHSI | 12,000 | 0 | 0 |
| Contracts | 13,257,000 | 17,372,000 | 17,372,000 |
| SAPB | | | |
| Media | 13,000,000 | 17,000,000 | 17,000,000 |
| DHCS IAA | 200,000 | 200,000 | 200,000 |
| Analytics | 57,000 | 92,000 | 92,000 |
| CHSI | | | |
| EODS/BioSense | -- | 80,000 | 80,000 |
| Grand Total | 15,602,000 | 19,699,000 | 19,699,000 |
| SAPB | 14,462,000 | 18,491,000 | 18,491,000 |
| CHSI | 1,140,000 | 1,208,000 | 1,208,000 |

Funding over the three-year period totals \$55 million, with \$50 million allocated to Strategy 1 and \$5 million allocated to Strategy 2. Fully funding this proposal allows for the funding of 14 state staff positions, with 7.0 positions in CDPH-SAPB and 7.0 positions in CDPH-CHSI. A modest equipment budget is included in FY 2022-23 to support the acquisition of computer equipment capable of advanced analytics in support of Strategy 2.

CDPH-SAPB contracts will include: competitively bid contract(s) to support the media campaigns and their evaluation; non-competitive interagency agreement with DHCS to supplement the existing Shatterproof Atlas tool; and an interagency agreement with a University of California partner or competitively bid personal services contract to support the development of analytical models relevant to public health, data science, and advanced epidemiological methodologies suited to substance use, overdose, and behavioral health. The CDPH-CHSI contract will include technical assistance support to align BioSense and EODS; CDPH-CHSI will work with CDPH-ITSD to seek out experienced and trusted partners to support this effort.

Evidence of value

Providing funding to support the two strategies within this Budget Request will result in three statewide media and health communications campaigns, the expansion and use of the BioSense Platform in California, more rapid fatal and non-fatal overdose reporting, and advanced analytics to better predict and respond to the evolving overdose crisis. As no

current funding exists for these strategies, this proposal provides an opportunity to bolster prevention, health education, and data infrastructure in the state with the potential for long-lasting benefits for public health in California.

There is clear evidence of the value of increasing awareness and improving surveillance. Health communications and disease surveillance are two of the Center for Disease Control and Prevention's (CDC) Essential Public Health Services (EPHS):

- EPHS 1: Assess and monitor population health status, factors that influence health, and community needs and assets; and
- EPHS 3: communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

The strategies outlined in this Budget Request align closely with the primary prevention, harm reduction, and evidence-based treatment goals of the recent [U.S. Department of Health And Human Services Overdose Prevention Strategy](#)⁴. The proposed strategies are also in-line with the [Principles for the Use of Funds from the Opioid Litigation](#), outlined by Johns Hopkins Bloomberg School of Public Health (JHBSPH) and endorsed by 56 medical, behavioral, and public health organizations including the American Society of Addiction Medicine, the American Medical Association, California Bridge, National Harm Reduction Coalition, American Public Health Association, and the Drug Policy Alliance. JHBSPH recommends using opioid settlement funds to supplement, rather than supplant existing funds; to spend funding over time to maximize the benefit; to support evidence-based interventions such as communications campaigns that address stigma; to build data collection capacity; and to focus on youth prevention and equity across populations.

This Budget Request addresses the priorities outlined in the 2022-23 California Budget Policy Letter, which states that the Administration's primary budget focus continues to be, among others, protecting public health and addressing issues exacerbated by the COVID-19 pandemic. Additionally, California Health and Safety Code Section 131085 provides authority to CDPH to perform activities, including the dissemination of information, related to the protection, preservation, and advancement of public health.

CDPH is the most efficient and effective state program to assume coordination of these projects. CDPH-SAPB is home to several behavioral health focused programs, including the OPI, and has experience implementing prevention and surveillance activities to respond to the evolving overdose crisis. CDPH-SAPB also has a demonstrated history of managing statewide media and social marketing campaigns and will benefit from the expertise of its sister programs in the CHC. CDPH-SAPB is supported by a team of research, evaluation, prevention, health education, and policy staff well-versed in the public health approach to behavioral health prevention and research. CDPH-CHSI is the state vital records data administrator and leads the Department in its goals to optimize data and technology to inform action and accountability. Given CHSI's leadership in vital records administration and the departmental EODS, they are uniquely qualified to serve as statewide administrator of the BioSense Platform and facilitate its connectivity to the EODS.

This proposal is timely, relevant, and essential as it addresses one of the most pressing public health issues, second only to the COVID-19 pandemic. The overdose epidemic is a true public health emergency. The current drug supply is more dangerous than ever: fentanyl is more deadly, powerful, and addictive than other substances and it is widespread within the drug supply, contaminating opioids and other substances such as methamphetamine, cocaine, and counterfeit prescription pills. While it's unclear the degree to which overall demand for illicit drugs is increasing, there is evidence that stressors related to the COVID-19 pandemic

⁴ Haffajee, RL, Sherry, TB, Dubenitz, JM, White, JO, Schwartz, D, Stoller, B, Swenson-O'Brien, AJ, Manocchio, TM, Creedon, TB, Bagalman, E. U.S. Department of Health and Human Services Overdose Prevention Strategy (Issue Brief). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 27, 2021.

may be driving some individuals to engage in riskier drug and alcohol behaviors⁵. As the COVID-19 pandemic continues, overdose must be addressed as a concurrent public health crisis and this Budget Request aims to meet this need.

This proposal utilizes evidence-based strategies to address a defined public health problem. According to the CDC, media and social marketing have been established as effective behavioral change tools for several public health issues. In recent years, the CDC, the U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and other governmental and nonprofit organizations have used media and social marketing to decrease smoking, promote breastfeeding, promote physical activity, and influence a wide variety of other preventive health behaviors. Media has enormous potential to affect health problems such as observed health disparities between members of ethnic minority and majority groups. Digital and social marketing campaigns can utilize a layered approach with traditional and social media, as well as health communication and community engagement strategies to ensure statewide reach. Media campaigns are not short-term interventions. They need to be sustained to change the knowledge, attitudes, and behaviors of the intended audiences.

Similarly, there is strong evidence to support more rapid data collection and reporting to improve intervention and prevention outcomes at the state and local level. BioSense is a proven, data-driven, and evidence-based tool hosted by the CDC. Forty-three states currently use the BioSense platform and CDC has a [repository of success stories](#) available which demonstrate its utility in responding not only to overdose, but also responding to heat-related hospitalization, hazardous algal blooms, suicide, disease outbreaks, and public health emergencies.

The recommended methodology within this proposal is based on research-tested and best practice public health strategies to affect healthy behaviors and advance the field in innovative ways. These recommendations are rooted in evidence and represent an influential and cost-effective strategy. Evidence shows that public health interventions are highly cost-saving and can increase productivity and well-being over a lifetime⁶.

If this proposal is not approved, the CDPH will be unable to raise awareness of the risks and consequences of opioids and substance use disorder and data lags will continue to hinder prevention, intervention, and treatment for substance use disorder. While some resources exist to support overdose prevention and surveillance, federal cooperative agreement funds received by CDPH are limited in both time and in scope. CDPH-SAPB does not have resources that can be used to support either strategy outlined in this Budget Request. Ultimately, if this proposal is not approved, the overdose epidemic in California is at risk of continuing unabated, contributing to ever increasing loss of life and well-being and contributing to increased burden on the health system, housing and homelessness, and social services.

E. Outcomes and Accountability

CDPH-SAPB staff will develop and implement systems to measure progress toward project goals and make mid-course corrections, if necessary. CDPH-SAPB will serve as liaison to CDPH-CHSI staff to support their efforts under Strategy 2. CDPH-SAPB contract management staff will monitor compliance of the contracts and agreements awarded. Contractors will provide information via plans, summary reports, and routine quarterly and annual progress reports.

Specific workload metrics and accountability measures are outlined in Table 3.

⁵ Schmidt, R. A., Genois, R., Jin, J., Vigo, D., Rehm, J., & Rush, B. (2021). The early impact of COVID-19 on the incidence, prevalence, and severity of alcohol use and other drugs: A systematic review. *Drug and alcohol dependence*, 228, 109065. <https://doi.org/10.1016/j.drugalcdep.2021.109065>

⁶ Ashwood JS, Briscoe B, Collins RL, et al. Investment in Social Marketing Campaign to Reduce Stigma and Discrimination Associated with Mental Illness Yields Positive Economic Benefits to California. *Rand Health Q.* 2017;6(2):5. Published 2017 Jan 13.

Table 3: Projected Outcomes

| Workload Measure | 2022-23 | 2023-24 | 2024-25 |
|---|---|---|--|
| Develop RFP and execute contract for media campaigns | -1 contract executed (SAPB – media) | NA | NA |
| Develop and execute IAAs/contracts DHCS and advanced analytics support. | -2 agreements executed (SAPB – DHCS IAA and analytics) | -1 agreement executed (CHSI – analytics) | NA |
| Strategy 1: Media Creative Development | -1 formative research report with recommendations for media development and strategy | -Develop, test, and finalize creative concepts with target audiences and summarized in 1 report | NA |
| Strategy 1: Media Placement | -1 plan for media placement, including markets and methods (social, digital, print, etc.) | -3 campaigns launched. -Quarterly and annual process metrics reports (e.g., views, placements, reach, click-through) | -3 campaigns continue with review and refresh of concepts based on data -Quarterly and annual process metrics reports (e.g., views, placements, reach, click-through) |
| Strategy 1: Health Communication and Educational Materials | NA | -5-20 health education resources developed for key target audiences | -10-20 health education resources developed for key target audiences |
| Strategy 1: Media Evaluation | -1 evaluation plan developed | -Quarterly and annual process evaluation reports, including metrics of awareness and efficacy | -Quarterly and annual process evaluation reports, including metrics of awareness and efficacy |
| Strategy 2: BioSense administration and onboarding | -Milestone: Established as BioSense State Administrator -Expand BioSense usage in at least 5 counties with partial BioSense coverage | -5-7 new counties onboarded, prioritizing counties with largest population and/or highest burden of overdose -Expand BioSense usage in remaining 6 counties with partial BioSense coverage | -5-8 new counties onboarded, prioritizing counties with largest population and/or highest burden of overdose |
| Strategy 2: BioSense/EODS integration feasibility report | -Architectural analysis of ESSENCE/EODS feasibility | -1 presentation of initial feasibility findings and recommendations | -1 comprehensive feasibility report |
| Strategy 2: BioSense Dashboard and advanced analytics | -1 proof of concept dashboard using BioSense data from existing counties | -1 public-facing dashboard linked to BioSense data -1 technical guide for users | NA |
| Strategy 2: Using Data to Drive Action | -1 summary report of stakeholder needs assessment of gaps in available data to inform prevention, intervention, and treatment | -1 pilot intervention using BioSense dashboard data to inform prevention and/or treatment | -1-2 technical functions added to dashboard to provide rapid alerts to stakeholders (e.g., overdose spike alerts) |
| Strategy 2: Advanced analytics and reporting | NA | -1-3 data briefs shared publicly via CDPH website | -2-4 data briefs shared publicly via CDPH website |

F. Analysis of All Feasible Alternatives

Alternative 1: Approve \$55,000,000 to be available until June 30, 2025 to respond to the overdose epidemic through a statewide media and health communications campaign and improved statewide syndromic surveillance.

Pros:

- Supports policy agenda by promoting public health and responding to some of the consequences of COVID-19.
- Creates an opportunity to educate and inform the public on the risks and consequences of intentional and unintentional opioid use.
- Significantly improves overdose surveillance and reporting, thereby providing more rapid and actionable data to stakeholders and the public.
- Funds an existing, proven state program and expands its reach in addressing overdose through proven prevention and surveillance strategies.
- Provides collaborative data-sharing opportunities within the CDPH and CalHHS, thereby supporting Agency data innovation and data sharing priorities.
- Utilizes evidence-based activities to address health behavior, stigma, and treatment access.
- Bolsters local and community efforts to address overdose through data and information sharing, media and messaging, and health education materials.

Cons:

- Requires special fund appropriation.

Alternative 2: Approve \$50,000,000 to be available until June 30, 2025 to respond to the overdose epidemic through a statewide media campaign and improved statewide syndromic surveillance. Under this alternative, CDPH-SAPB could not support the development of health education materials for use by parents, educators, local governments, and non-governmental organizations.

Pros:

- Requires smaller special fund appropriation.
- Supports policy agenda by promoting public health and responding to some of the consequences of COVID-19.
- Creates an opportunity to educate and inform the public on the risks and consequences of intentional and unintentional opioid use.
- Significantly improves overdose surveillance and reporting, thereby providing more rapid and actionable data to stakeholders and the public.
- Funds an existing, proven state program and expands its reach in addressing overdose through proven prevention and surveillance strategies.
- Provides collaborative data-sharing opportunities within the CalHHS, thereby supporting Agency data innovation and data sharing priorities.
- Utilizes evidence-based activities to address health behavior, stigma, and treatment access.
- Supports local and community efforts to address overdose through data and information sharing and (limited) targeted messaging.

Cons:

- Would reduce the size and scope of the media and health education campaign by limiting the number of campaigns, communication channels, reducing the size of the media buy, and/or limiting the demographic reach of the campaigns.
- Would result in smaller audience reach
- Would limit opportunities to develop health education materials and would therefore limit capacity to support local and community responses.

Alternative 3: Approve \$45,000,000 to be available until June 30, 2025 to respond to the overdose epidemic through a statewide media campaign. Under this alternative, CDPH-SAPB could not support Strategy 2 (BioSense expansion, dashboard, and advanced analytics) or the development of health education materials for use by parents, educators, local governments, and non-governmental organizations.

Pros:

- Requires smaller special fund appropriation.
- Supports a policy agenda by promoting public health and responding to some of the consequences of COVID-19.

- Creates an opportunity to educate and inform the public on the risks and consequences of intentional and unintentional opioid use.
- Funds an existing, proven state program and expands its reach in addressing overdose through proven prevention strategies.
- Utilizes evidence-based activities to address health behavior, stigma, and treatment access.
- Supports local and community efforts to address overdose through data and information sharing and (limited) targeted messaging.

Cons:

- Would reduce the size and scope of the media and health education campaign by limiting the number of campaigns, communication channels, reducing the size of the media buy, and/or limiting the demographic reach of the campaigns.
- Would result in smaller audience reach
- Would limit opportunities to develop health education materials and would therefore limit capacity to support local and community responses.
- Data on overdose will continue to lag approximately 5-9 months after deaths occur.
- No opportunity to improve overdose surveillance and drive more rapid data-driven responses to prevention, intervention, and treatment.
- Does not provide collaborative data-sharing opportunities within the CalHHS

Alternative 4: Do not approve this BCP

Pros:

- No special fund appropriation

Cons:

- No opportunity to conduct a statewide effort to educate and inform the public on opioid use and provide information on treatment.
- No opportunity for public messaging campaigns that support a healthy and thriving California for all.
- No opportunity to improve data reporting to stakeholders and drive more rapid data-driven responses to prevention, intervention, and treatment.
- No infrastructure, funding, or human resources to help slow the increasing burden of overdose on California individuals, families, and communities.

G. Implementation Plan

This proposal provides for staff and funding improve prevention and surveillance of overdose in California. CDPH staff will carry out the two proposed strategies, oversee contracts, and monitor compliance of contractors.

Table 4: Timeline and associated tasks for Year 1.

| Timeline | Tasks |
|------------------------------|---|
| July 2022 – October 2022 | <ul style="list-style-type: none"> • Initiate internal project management activities (timelines, scope, staffing, etc.) to launch projects • Complete recruitment and hiring process in state system |
| October 2022 – December 2022 | <ul style="list-style-type: none"> • Strategy 1: <ul style="list-style-type: none"> ○ Prepare media/public relations campaign Request for Proposals (RFP) ○ Secure Agency, CDPH management and Centralized Contract Solicitations Unit approvals ○ Release RFP ○ Review and evaluate RFP submissions ○ Award and execute the media/public relations contract • Strategy 2: work with CDC to become BioSense Site Administrator • Develop and execute additional IAA/contracts for support of analytics and Shatterproof Atlas tool |
| January 2023 – March 2023 | <ul style="list-style-type: none"> • Strategy 1: <ul style="list-style-type: none"> ○ Initiate formative research/segmentation study ○ Develop media placement plan, including markets and methods ○ Develop plan for media campaign evaluation • Strategy 2: |

| Timeline | Tasks |
|------------------------|---|
| | <ul style="list-style-type: none"> ○ Initiate data user needs assessment process ○ Conduct outreach to 11 counties with partial participation in BioSense to evaluate gaps and promote expansion |
| March 2023 – June 2023 | <ul style="list-style-type: none"> • Strategy 1: finalize formative research report • Strategy 2: <ul style="list-style-type: none"> ○ Finalize proof of concept dashboard ○ Finalize summary stakeholder needs assessment report with recommendations |

H. Supplemental Information

Attachment A: Workload analysis

Attachment B: Current organizational chart

Attachment C: Proposed organizational chart

I. Recommendation

Approve Alternative 1: \$55,000,000 with provisional language for the funds to be available until June 30, 2025 to respond to the overdose epidemic through a statewide media and health communications campaign and improved statewide syndromic surveillance.

BCP Fiscal Detail Sheet

BCP Title: Opioid Public Awareness Campaign

BR Name: 4265-252-BCP-2022-GB

Budget Request Summary

Operating Expenses and Equipment

| Operating Expenses and Equipment | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|---|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| 5301 - General Expense | 0 | 50,000 | 0 | 0 | 0 | 0 |
| Total Operating Expenses and Equipment | \$0 | \$50,000 | \$0 | \$0 | \$0 | \$0 |

Total Budget Request

| Total Budget Request | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|-----------------------------|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| Total Budget Request | \$0 | \$50,000 | \$0 | \$0 | \$0 | \$0 |

Fund Summary**Fund Source**

| Fund Source | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|--|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| State Operations - 3397 - Opioid Settlement Fund | 0 | 50,000 | 0 | 0 | 0 | 0 |
| Total State Operations Expenditures | \$0 | \$50,000 | \$0 | \$0 | \$0 | \$0 |
| Total All Funds | \$0 | \$50,000 | \$0 | \$0 | \$0 | \$0 |

Program Summary**Program Funding**

| Program Funding | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|-------------------------------|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| 4045010 - Healthy Communities | 0 | 50,000 | 0 | 0 | 0 | 0 |
| Total All Programs | \$0 | \$50,000 | \$0 | \$0 | \$0 | \$0 |

BCP Fiscal Detail Sheet

BCP Title: Opioid Overdose Data Collection and Analysis

BR Name: 4265-253-BCP-2022-GB

Budget Request Summary

Operating Expenses and Equipment

| Operating Expenses and Equipment | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|---|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| 5301 - General Expense | 0 | 5,000 | 0 | 0 | 0 | 0 |
| Total Operating Expenses and Equipment | \$0 | \$5,000 | \$0 | \$0 | \$0 | \$0 |

Total Budget Request

| Total Budget Request | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|-----------------------------|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| Total Budget Request | \$0 | \$5,000 | \$0 | \$0 | \$0 | \$0 |

Fund Summary

Fund Source

| Fund Source | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|--|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| State Operations - 3397 - Opioid Settlement Fund | 0 | 5,000 | 0 | 0 | 0 | 0 |
| Total State Operations Expenditures | \$0 | \$5,000 | \$0 | \$0 | \$0 | \$0 |
| Total All Funds | \$0 | \$5,000 | \$0 | \$0 | \$0 | \$0 |

Program Summary

Program Funding

| Program Funding | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|-------------------------------|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| 4045010 - Healthy Communities | 0 | 5,000 | 0 | 0 | 0 | 0 |
| Total All Programs | \$0 | \$5,000 | \$0 | \$0 | \$0 | \$0 |

**California Department of Public Health
Center for Health Statistics and Informatics
Informatics Branch - Biosurveillance
Coordination Analyst
Associate Governmental Program Analyst
1.0 Position**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|---|-----------------|----------------|--------------------|
| Develop and regularly update project budget | 4 | 50 | 200 |
| Develop and regularly update project plan | 4 | 50 | 200 |
| Facilitate project team status meetings | 20 | 3 | 60 |
| Develop and disseminate meeting materials | 20 | 3 | 60 |
| Research National Syndromic Surveillance Program (NSSP) Platform requirements and develop appropriate technical guidance documentation to ensure that participants follow syndromic surveillance messaging specifications to adhere to Public Health Information Network standards. | 20 | 5 | 100 |
| Develop an onboarding packet to include training and onboarding materials, templates, check lists, and job aids as needed in addition to the training material provided by CDC. | 3 | 20 | 60 |
| Develop a desk manual with internal policies and procedures and workflows | 5 | 30 | 150 |
| Conduct onboarding and technical guidance and training sessions with facilities and counties | 25 | 4 | 100 |
| Attend meetings to provide updates and solicit input | 40 | 3 | 120 |
| Facilitate external stakeholder meetings to gather input and provide updates and feedback | 30 | 3 | 90 |
| Attend regularly scheduled meetings and trainings with the CDC Biosense team | 60 | 3 | 180 |
| Coordinate and facilitate presentations to internal and external stakeholders | 30 | 3 | 90 |
| Lead follow up items from all meetings and ensure they are completed | 30 | 7 | 210 |
| Check and respond to more complex emails, phone calls, and correspondence. | 40 | 3 | 120 |
| Attend mandatory trainings | 10 | 2 | 20 |
| Performs other duties as required. | 20 | 2 | 40 |
| Total hours for workload projected for this classification | | | 1800 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested: | | | 1.0 |

**California Department of Public Health
Center for Health Statistics and Informatics
Informatics Branch - Biosurveillance
Health Strategist
Health Program Specialist I
2.0 Positions**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|--|------------------------|-----------------------|---------------------------|
| Provides a coordination and facilitation capacity for CDPH projects and activities surrounding statewide syndromic surveillance, which includes scheduling and facilitation of meetings with project staff, interdepartmental staff, and external stakeholders. Works with CDPH program staff in CDPH programs when receiving requests for access to syndromic surveillance systems, and provides technical assistance and coordination for California jurisdictions and facilities requesting participation in the National Syndromic Surveillance Program. | 70 | 8 | 560 |
| Facilitates request fulfillment for system access, participation information, and program information, including business use case proposals, data use agreements, and other administrative agreements required for safe and secure data sharing. | 120 | 4 | 480 |
| Participates on CDPH workgroups and county level workgroups relating to health surveillance efforts, data privacy/security efforts, and others as needed. | 40 | 16 | 640 |
| Acts as lead for coordinating the incorporation of syndromic surveillance health information into CDPH's master data management strategy and Interoperability Initiative System (IIS). Assists with developing technical documentation for automated surveillance functions and advanced/predictive analytics on syndromic surveillance data. | 18 | 20 | 360 |
| Facilitates stakeholder feedback and input on current and planned system capabilities. Provides in-depth technical assistance, conducts research, and produces reports and information on best practices associated with syndromic surveillance. | 40 | 6 | 240 |
| Coordinates activities with program leads of related data indicators and identifies opportunities for linkage and cross-analysis within the IIS in partnership with the IIS technical team. | 30 | 9 | 270 |
| Facilitates development of an implementation plan for Biosense/ESSENCE utilization across the state. Assists with planning and developing a communications strategy and framing of syndromic surveillance availability, uses, and reporting. Assists in addressing programmatic needs in syndromic surveillance data, including associated standards, policies, and procedures. | 11 | 30 | 330 |
| Provides technical assistance to California entities that have implemented or plan to implement syndromic surveillance data collection tools such as Biosense/ESSENCE. Develops educational materials and communication plans about the opportunities and successes of syndromic surveillance data in public health decision-making. | 60 | 10 | 600 |
| Performs other work related duties as required. | 40 | 3 | 120 |
| Total hours for workload projected for this classification | | | 3600 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested: | | | 2.0 |

**Center for Health Statistics and Informatics
Informatics Branch - Biosurveillance
Data Specialist
Research Data Specialist I
2.0 Position**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|--|-----------------|----------------|--------------------|
| Facilitate testing environments as needed. | 20 | 8 | 160 |
| Troubleshoot data related issues for facilities and counties. | 30 | 12 | 360 |
| Conduct user acceptance testing and user experience testing as needed. | 16 | 10 | 160 |
| Provide trainings to CDPH program partners that would be end users of the system. | 16 | 12 | 192 |
| Provide systems support as needed in the areas of data mining, avoiding false discoveries, and ensuring validity and reproducibility of results obtained from data analysis. | 20 | 8 | 160 |
| Identify critical public health data needs from stakeholders. | 20 | 5 | 100 |
| Review facility and county data, identify data quality issues. | 24 | 10 | 240 |
| Monitor and review data quality dashboard and reports to measure compliance, adherence, validity, timeliness and completeness standards. | 40 | 8 | 320 |
| Resolve data quality issues. | 16 | 10 | 160 |
| Validate file format and naming conventions, and ensure that minimum requirements for ONC, onboarding, data elements and additional criteria are met. | 20 | 8 | 160 |
| Develop policies and procedures on data queries. | 20 | 8 | 160 |
| Work with Research Scientist I (RS I) to manage and evaluate data compliance. | 20 | 20 | 400 |
| Work with RS I to develop an onboarding packet to include training and onboarding materials, templates, check lists, and job aids as needed in addition to the material provided by CDC. | 10 | 6 | 60 |
| Assist CDPH program, facilities and counties on data related issues, such as queries. | 20 | 20 | 400 |
| Attend regularly scheduled meetings and trainings with the CDC Biosense team. | 22 | 4 | 88 |
| Attend mandatory trainings. | 20 | 4 | 80 |
| Answer correspondence, emails, phone calls, etc. | 40 | 10 | 400 |
| Total hours for workload projected for this classification | | | 3600 |
| 1,800 hours = 2 Position | | | |
| Actual number of Positions requested: | | | 2.0 |

**California Department of Public Health
Center for Health Statistics and Informatics
Informatics Branch - Biosurveillance
Data Scientist
Research Scientist I
1.0 Position**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|---|------------------------|-----------------------|---------------------------|
| Facilitate testing environments as needed | 10 | 8 | 80 |
| Troubleshoot data related issues for facilities and counties | 15 | 12 | 180 |
| Conduct user acceptance testing and user experience testing as needed | 8 | 10 | 80 |
| Provide trainings to CDPH program partners that would be end users of the system | 8 | 12 | 96 |
| Provide systems support as needed in the areas of data mining, avoiding false discoveries, and ensuring validity and reproducibility of results obtained from data analysis | 10 | 8 | 80 |
| Identify critical public health data needs from stakeholders | 10 | 5 | 50 |
| Review facility and county data, identify data quality issues | 12 | 10 | 120 |
| Monitor and review data quality dashboard and reports to measure compliance, adherence, validity, timeliness and completeness standards | 20 | 8 | 160 |
| Resolve data quality issues | 8 | 10 | 80 |
| Validate file format and naming conventions, and ensure that minimum requirements for ONC, onboarding, data elements and additional criteria are met | 10 | 8 | 80 |
| Develop policies and procedures on data queries. | 10 | 8 | 80 |
| Manage and evaluate data compliance | 10 | 20 | 200 |
| Develop an onboarding packet to include training and onboarding materials, templates, check lists, and job aids as needed in addition to the material provided by CDC. | 5 | 6 | 30 |
| Assist CDPH program, facilities and counties on data related issues, such as queries. | 10 | 20 | 200 |
| Attend regularly scheduled meetings and trainings with the CDC Biosense team | 11 | 4 | 44 |
| Attend mandatory trainings | 10 | 4 | 40 |
| Answer correspondence, emails, phone calls, etc. | 20 | 10 | 200 |
| Total hours for workload projected for this classification | | | 1800 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested: | | | 1.0 |

**California Department of Public Health
Center for Health Statistics and Informatics
Informatics Branch - Biosurveillance
Data Scientist
Research Scientist II (Epidemiology/Biostatistics)
1.0 Position**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|--|------------------------|-----------------------|---------------------------|
| Plan, maintain, and retrieve information for epidemiologic and biostatistics studies on health indicators; organize and edit standard procedures related to syndromic surveillance data management; aggregate data and performs other statistical analyses by geographic units, time period, income group, race/ethnicity, and other population characteristics using advanced statistical software, geographical information systems, relational databases, and spreadsheets. | 6 | 60 | 360 |
| Document all phases of data collection, and analysis; visualize data outputs in manuals, reports or other communications as needed using presentation graphics and maps. Create geodatabases of health indicators at different geographical levels. | 6 | 25 | 150 |
| Assist with assessment of various syndromic surveillance datasets for validation and incorporation into CDPH's Interoperability Initiative System. | 6 | 10 | 60 |
| Participates on various departmental workgroups to develop data standards, assists with syndromic surveillance data management in an advisory capacity. | 5 | 15 | 75 |
| Assist with technical requirements gathering for implementation of web applications and data management tools within CDPH, including Biosense/ESSENCE. | 5 | 15 | 75 |
| Independently review scientific literature on health outcomes, healthy community environments, syndromic surveillance data, and health equity; synthesize the literature and maintain a bibliographic database. | 40 | 5 | 200 |
| Identify validated instruments for evaluation, work on the development and maintenance of the theoretical evaluation framework for incorporation of syndromic surveillance data and coordinate it with the development of evaluation and assessment materials. | 10 | 25 | 250 |
| Work closely with other research scientists, program partners, and stakeholders to plan and perform statewide statistical analyses on syndromic surveillance indicators with a focus on health equity, emergency response, chronic disease prevention, and other emerging Departmental goals as needed. | 12 | 20 | 240 |
| Provide periodic technical assistance to counties participating in Biosense/ESSENCE and other syndromic surveillance data collection efforts. | 60 | 2 | 120 |
| Develops scientific training materials and provides training for internal and external stakeholders to use standardized methods of evaluating and analyzing syndromic surveillance data, and evaluation instruments, procedures, and policies. | 6 | 20 | 120 |
| Provides guidance to research and evaluation unit staff on data collection and analysis related to evaluation issues. Provides technical scientific assistance to users of community indicators. | 10 | 6 | 60 |
| Performs other work related duties as required. | 30 | 3 | 90 |
| Total hours for workload projected for this classification | | | 1800 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested: | | | 1.0 |

**California Department of Public Health
Center for Healthy Communities – Substance and Addiction Prevention Branch
Associate Governmental Program Analyst
(1.0 Positions)**

| Activity | Number of Items | Average Hours per Item | Total Annual Hours |
|---|------------------------|-------------------------------|---------------------------|
| Serves as administrative contract manager for all contracts and procurements related to overdose media and overdose analytics strategies. Prepares, reviews, and proofreads a variety of written documents, including correspondence, requests for proposals (RFPs), contracts, contract amendments, service orders, procurement documents, reports, manuscripts, and briefs. | 15 | 36 | 540 |
| Provide project coordination support, including development of complex systems to collect metrics on progress toward deliverables and milestones. Coordinates meetings, takes meeting notes, and provides summaries of action items to attendees. | 10 | 45 | 450 |
| Assists staff with communications to stakeholders, monitoring and responding to email and phone calls, tracking communications and inquiries; responds to public records act requests and media requests; makes recommendations for administrative aspects of programmatic decisions. | 45 | 8 | 360 |
| Works closely with program managers, supervisors and professional staff to provide advice and technical assistance on procurement mechanisms, encumbrances, and expenditures; tracks vendor progress and invoicing. Recommends a plan of action to correct any erroneous postings. Reviews, analyzes, and reconciles budgets monthly. Responds to drills and requests for administrative information. | 18 | 15 | 270 |
| Provides guidance and assistance to supervisors and managers relative to varied personnel policies, standards, rules, and procedures. Provides personnel liaison support, including job posting, recruitment, interviewing, hiring, and onboarding of new employees. | 6 | 30 | 180 |
| Total hours for workload projected for this classification | | | 1,800 |
| 1,800 hours = 1 PY | | | |
| Actual number of Positions requested | | | 1.0 |

**California Department of Public Health
Center for Healthy Communities – Substance and Addiction Prevention Branch
Health Program Manager II
(1.0 Position)**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|--|------------------------|-----------------------|---------------------------|
| Provide strategic and policy direction for the Overdose Prevention and Health Communication Section in the Substance and Addiction Prevention Branch (SAPB). Exercise full management and supervisory responsibility for the success of a complex public health promotion program requiring advanced public health program knowledge of health communications, media, and behavioral change. Oversee statewide media campaign development, implementation, and evaluation. Establish and maintain messaging priorities and strategy for multiple complex, sensitive, and high-profile media campaigns. | 3 | 180 | 540 |
| Direct staff in the development of a health communications/ education component to increase awareness of and use of prevention practices related to substance misuse. Review and evaluate materials and make recommendations to management and executive level staff. Advise on program and policy implications of overdose prevention strategies and activities. | 10 | 45 | 450 |
| Serve as technical program expert to higher level management and represent the Department before legislative committees and other State agencies. Represent the Department at statewide behavioral health and health promotion workgroups, meetings, and advisory groups. Establish and maintain collaborative relationships with stakeholders in federal, state, and local agencies, projects, universities, professional societies, and the diverse disciplines of both private and public agencies. Serve as liaison to other state agencies involved in overdose prevention such as the Departments of Health Care Services, Aging, and Education. Negotiate sensitive and complex issues with public and governmental constituencies. | 12 | 30 | 360 |
| Plan, organize, and direct the work Section staff. Recruit, hire, assign work, set performance standards, establish training requirements, and conduct performance evaluations. | 5 | 54 | 270 |
| With SAPB's Program Support Unit, oversee and direct requests for proposals, procurement, and contracting; support fiscal management and administration in line with CDPH and State of California established procedures; oversee the preparation of correspondence and reports as necessary. | 6 | 30 | 180 |
| Total hours for workload projected for this classification | | | 1,800 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested | | | 1.0 |

**California Department of Public Health
Center for Healthy Communities – Substance and Addiction Prevention Branch
Health Program Specialist I
(1.0 Positions)**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|--|------------------------|-----------------------|---------------------------|
| Provides skilled technical consultation on the development and implementation of one moderate statewide media campaign encouraging access to substance use treatment. Provides high-level coordination for project meetings with vendor(s) and stakeholders, including other state agencies. Provides subject matter expertise in areas of behavioral health, health communications, and/or media. | 6 | 90 | 540 |
| Develop and maintain partnerships with state, local, and community-based behavioral and mental health stakeholders and organizations. Develop and evaluate health program standards, guidelines, policies and procedures. Lend public health expertise and facilitation skills to cross-sectional work groups for development, testing, and evaluation of health communications materials, trainings, interventions, and policies. | 6 | 90 | 540 |
| Maintains successful relationships with key stakeholders and stakeholder groups in state and nationally. Represents CDPH on advisory groups and committees, conferences and professional meetings; facilitates meetings; presents at relevant conferences, workshops and other forums for discussion. Receives and responds to inquiries from internal and external partners and stakeholders regarding the linkages among behavioral and mental health risk and resilience factors, behaviors, and health outcomes. | 12 | 30 | 360 |
| Provide web content and updates, and social media messages to ensure accurate communication of program goals and activities, resources, and materials. Ensure cultural and linguistic accessibility, including both translation and trans adaptation of materials. Work with leadership, staff, and administrators to ensure that the website and collaboration platforms are properly working and maintained. Serve as liaison to the CDPH Office of Communication to ensure standards are met. | 12 | 15 | 180 |
| Performs technical writing, including legislative bill analyses, budget change proposals, controlled correspondence and other writing, as assigned. Ensure public facing materials are accessible and ADA compliant. | 4 | 45 | 180 |
| Total hours for workload projected for this classification | | | 1,800 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested | | | 1.0 |

**California Department of Public Health
Center for Healthy Communities – Substance and Addiction Prevention Branch
Health Program Specialist II
(1.0 Positions)**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|---|------------------------|-----------------------|---------------------------|
| Provides highly skilled technical consultation on the development and implementation of two large, comprehensive, and politically sensitive statewide media campaigns targeting youth and adults at risk for opioid and other substance use. Serves as day-to-day liaison with vendor(s) and project coordinator of a comprehensive media and behavioral health communications program. Provides subject matter expertise in areas of behavioral health, health communications, and/or media. | 3 | 180 | 540 |
| Provide highly specialized technical assistance regarding evidence-informed communications strategies. Conduct needs assessments and support evaluation efforts. Provide health education and training on related issues; tailor materials to priority population; coordinate communication, outreach, and health education efforts; and assist local entities in the development of appropriate strategies to prevent overdose. | 10 | 45 | 450 |
| Assess statewide needs as well as current policies and strategies to address overdose, substance use, and addiction. Develop, coordinate, and disseminate best practices, educational materials, and evaluation efforts related to behavioral health promotion related to substance use and addiction. Provide subject matter expertise on both policy and programmatic efforts related to behavioral health and substance use and addiction. | 12 | 30 | 360 |
| Maintains productive working relationships with other programs within the Department; fosters collaboration among state agencies and among local constituencies that address prevention; leads, coordinates, and facilitates workgroups (e.g., Statewide Overdose Safety Workgroup); Develops programmatic reports for internal and external use; prepares or participates in the preparation of scientific papers issuing from SAPB; presents papers at relevant conferences, workshops and other forums for discussion. | 5 | 54 | 270 |
| Prepares Requests for Proposals (RFPs) and oversees programmatic efforts related to RFP release and contract execution. Performs technical writing that supports the program, including legislative bill analyses, budget change proposals, internal policies and procedures, controlled correspondence, and other writing, as assigned. | 6 | 30 | 180 |
| Total hours for workload projected for this classification | | | 1,800 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested | | | 1.0 |

**California Department of Public Health
Center for Healthy Communities – Substance and Addiction Prevention Branch
Research Scientist I
(1.0 Position)**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|---|-----------------|----------------|--------------------|
| Participates as a member of a multi-disciplinary high level media campaign evaluation team. Assists with the development and implementation of mixed methods formative research and evaluation plans. Participates in the collection and analysis of data from multiple data sources for the formative research and evaluation. Participates in the development of reports that outline formative research and evaluation findings along with recommendations for programmatic improvements. Provides technical consultation on implementation of the formative research and evaluation. Presents formative research and evaluation findings to Branch Leadership and stakeholders. | 4 | 150 | 600 |
| Uses statistical software (e.g., Statistical Analysis System (SAS)) and other applications to manage drug-related behavior, knowledge, attitudes, perceptions, and norms data (e.g., clean and prepare data) and conduct scientific analyses. Works collaboratively with partner scientists from multiple agencies to develop and update data use agreements. In collaboration with research scientists and public health experts, coordinates this data work with related scientific efforts to make recommendations to Branch Leadership. Ensures the scientific quality of all administrative and research reporting requirements. | 4 | 100 | 400 |
| Prepare drug-related behavior, knowledge, attitudes, perceptions, and norms data for dissemination to stakeholders to inform and educate policy makers, the public, local health departments, and local public health organizations. Assists in the preparation of reports, data briefs, and fact sheets appropriate for the CDPH website. Conduct presentations of scientific findings. Review and provide technical guidance on health education materials developed as part of the media campaign. | 4 | 100 | 400 |
| Provide scientific consultation on drug-related behavior, knowledge, attitudes, perceptions, and norms data to align scientific and programmatic goals and priorities. Provide scientific support, such as grant writing, project proposals, development of prevention programs, and reviewing applications and proposals. Participate in Branch and Center-level workgroups. | 8 | 50 | 400 |
| Total hours for workload projected for this classification | | 1800 | 1,800 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested | | | 1.0 |

**California Department of Public Health
Center for Healthy Communities – Substance and Addiction Prevention Branch
Research Scientist II
(1.0 Position)**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|--|------------------------|-----------------------|---------------------------|
| Serve as the lead Research Scientist for rapid syndromic drug overdose data from BioSense. Work collaboratively with CDPH CHSI to collect syndromic drug overdose data using BioSense. Conduct scientific studies using BioSense data to better understand, respond to, and prevent drug overdoses. Use statistical software (e.g., Statistical Analysis System [SAS] and R) and programming languages (e.g., SQL and Python) to manage, integrate, and/or link data, and conduct scientific analyses. Provide data-driven recommendations regarding potential points of intervention. | 5 | 100 | 500 |
| Develop public facing data visualizations as part of the California Overdose Surveillance Dashboard to disseminate rapid syndromic drug overdose data from BioSense. Develop alerts to identify drug overdose outbreaks using BioSense data. Provide technical assistance to local health jurisdictions, local overdose response coalitions, and stakeholders on responding to identified outbreaks. | 2 | 250 | 500 |
| Prepare drug overdose data for dissemination to stakeholders to inform and educate policy makers, the public, local health departments, and local public health organizations. Write reports, publications, data briefs, and fact sheets appropriate for the CDPH website and submission to peer-reviewed journals. Conduct presentations of scientific findings related to drug overdose. Fulfill data requests from in-house staff, the public, media, partners, and stakeholders. | 3 | 100 | 300 |
| Provide scientific leadership and technical consultation on drug overdose data to align scientific and programmatic goals and priorities. Provide technical assistance and scientific support, such as grant writing, project proposals, development of prevention programs, and reviewing applications and proposals. | 6 | 50 | 300 |
| Act as a CDPH spokesperson on the public health aspects of drug overdose at local and state meetings and conferences. Actively serve as a team member on advisory groups and scientific forums to enhance the availability, quality, sustainability, and proper interpretation of complex data. | 4 | 50 | 200 |
| Total hours for workload projected for this classification | | 1800 | 1,800 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested | | | 1.0 |

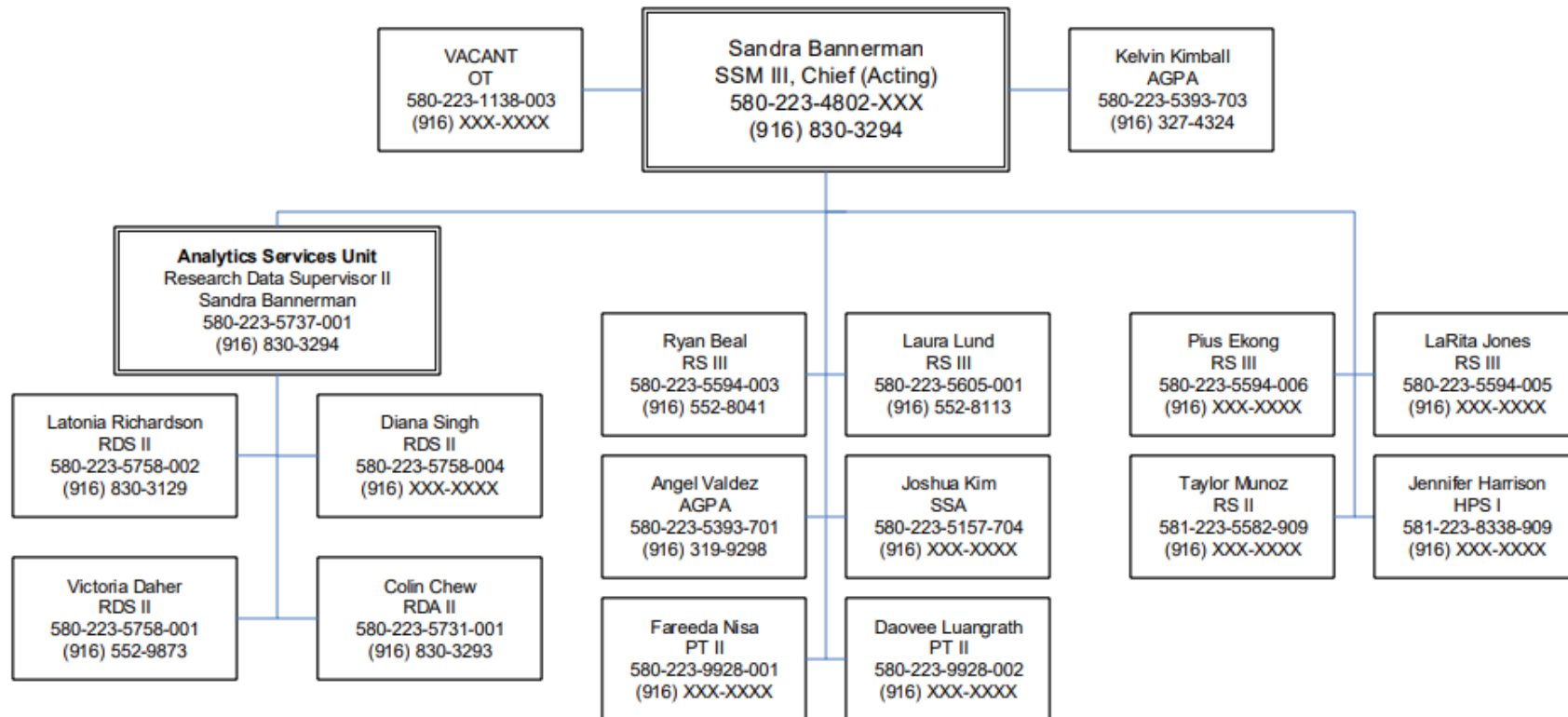
**California Department of Public Health
Center for Healthy Communities – Substance and Addiction Prevention Branch
Research Scientist III
(1.0 Position)**

| Activity | Number of Items | Hours per Item | Total Annual Hours |
|---|-----------------|----------------|--------------------|
| Serve as the lead Research Scientist for advanced data analytics. Work collaboratively with CDPH CHSI and ITSD to develop advanced data analytics capabilities. Conduct scientific studies using advanced data analytics capabilities to better understand, respond to, and prevent drug overdoses. Use modern data science techniques to better explore risk and protective factors associated with drug misuse and overdose. Use statistical software (e.g., Statistical Analysis System [SAS] and R) and programming languages (e.g., SQL and Python) to manage, integrate, and/or link data, and conduct scientific analyses. Provide data-driven recommendations regarding potential points of intervention. | 5 | 100 | 500 |
| Serve as the program liaison to CDPH CHSI and ITSD for the Ecosystem of Data Sharing and BioSense linkages. Conduct scientific studies using BioSense data on drug overdose. Provide support on data visualizations developed to disseminate BioSense data on drug overdose. | 4 | 100 | 400 |
| Prepare drug misuse and overdose data for dissemination to stakeholders to inform and educate policy makers, the public, local health departments, and local public health organizations. Write reports, publications, data briefs, and fact sheets appropriate for the CDPH website and submission to peer-reviewed journals. Conduct presentations of scientific findings related to drug misuse and overdose. Fulfill data requests from in-house staff, the public, media, partners, and stakeholders. | 4 | 100 | 400 |
| Provide scientific leadership and technical consultation on drug misuse and overdose data to align scientific and programmatic goals and priorities. Provide technical assistance and scientific support, such as grant writing, project proposals, development of prevention programs, and reviewing applications and proposals. | 6 | 50 | 300 |
| Act as a CDPH spokesperson on the public health aspects of drug misuse and overdose at local, state, and national meetings and conferences. Actively serve as a team member on advisory groups and scientific forums to enhance the availability, quality, sustainability, and proper interpretation of complex data. | 4 | 50 | 200 |
| Total hours for workload projected for this classification | | 1800 | 1,800 |
| 1,800 hours = 1 Position | | | |
| Actual number of Positions requested | | | 1.0 |



CURRENT

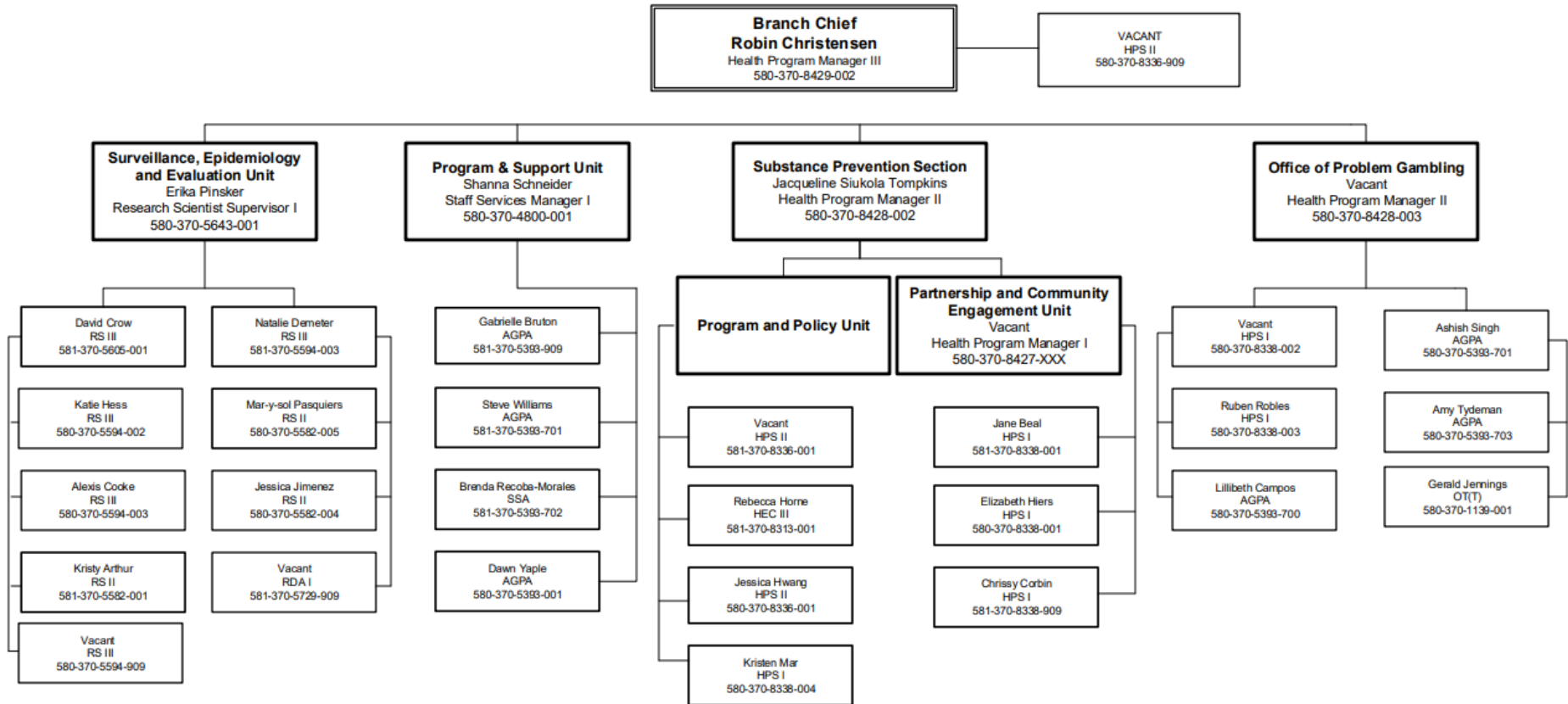
**California Department of Public Health
Center for Health Statistics and Informatics
Informatics Branch**





California Department of Public Health
Center for Healthy Communities
Substance and Addiction Prevention Branch

CURRENT

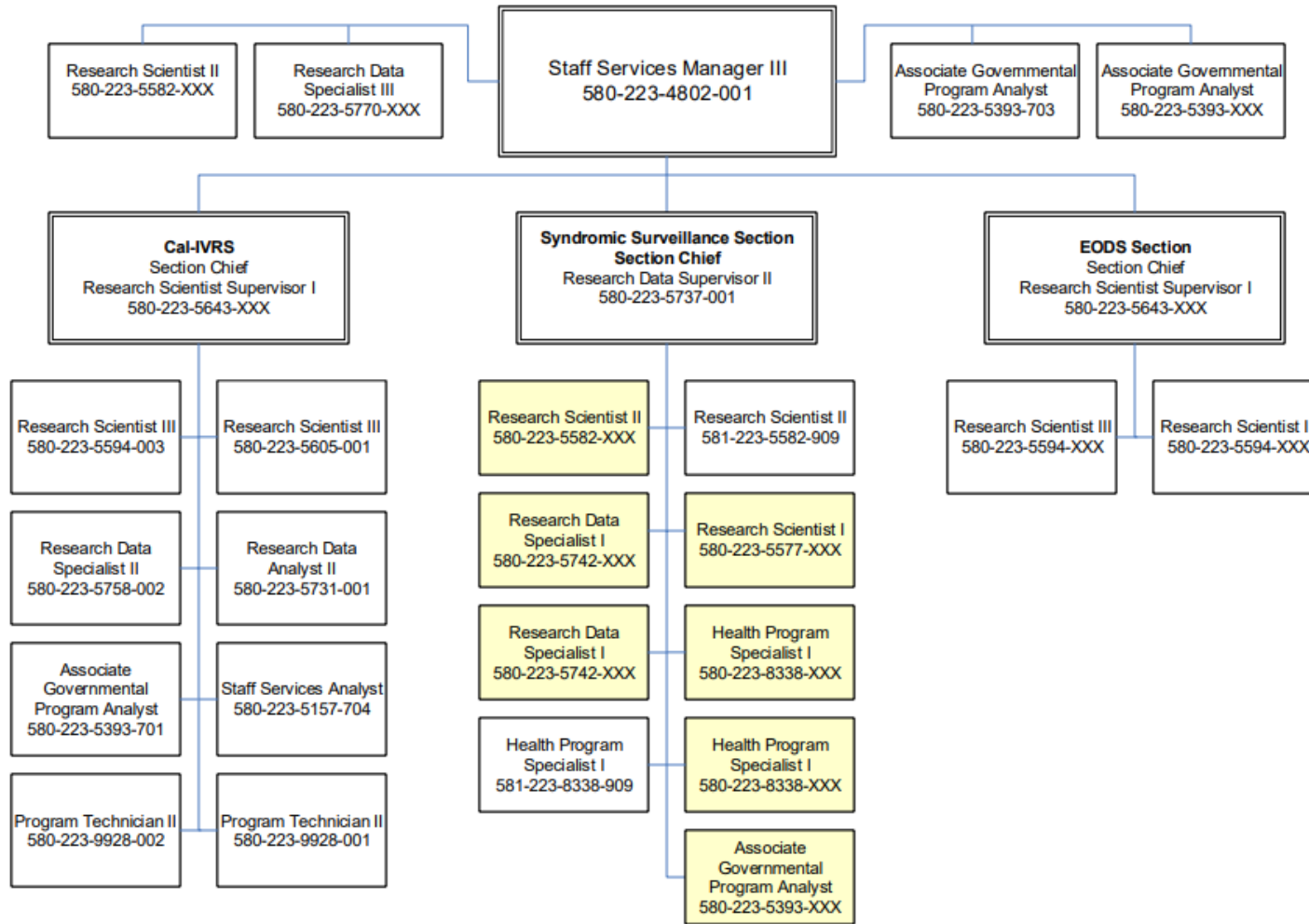


Robin Christensen 12/8/2021
Robin Christensen, Branch Chief



Proposed
7 FTE Total

California Department of Public Health
Center for Health Statistics and Informatics
Informatics Branch





Proposed PYs = 7.0

California Department of Public Health
Center for Healthy Communities
Substance and Addiction Prevention Branch

PROPOSED



Branch Chief
Robin Christensen
Health Program Manager III
580-370-8429-002

Surveillance, Epidemiology and Evaluation Unit
Erika Pinsker
Research Scientist Supervisor I
580-370-5643-001

- David Crow
RS III
581-370-5605-001
- Natalie Demeter
RS III
581-370-5594-003
- Katie Hess
RS III
580-370-5594-002
- Mar-y-sol Pasquiers
RS II
580-370-5582-005
- Alexis Cooke
RS III
580-370-5594-003
- Jessica Jimenez
RS II
580-370-5582-004
- Kristy Arthur
RS II
581-370-5582-001
- Vacant
RDA I
581-370-5729-909
- Vacant
RS III
581-370-5594-909
- Vacant
RS III
581-370-5582-xxx
- Vacant
RS III
581-370-5594-xxx

Program & Support Unit
Shanna Schneider
Staff Services Manager I
580-370-4800-001

- Gabrielle Bruton
AGPA
581-370-5393-909
- Steve Williams
AGPA
581-370-5393-701
- Brenda Recoba-Morales
SSA
581-370-5393-702
- Dawn Yaple
AGPA
580-370-5393-001

**Health Program Manager II
Substance Prevention Section**
Jacqueline Siukola Tompkins
Health Program Manager II
580-370-8428-002

Program and Policy Unit

- Vacant
HPS II
581-370-8336-001
- Rebecca Horne
HEC III
581-370-8313-001
- Jessica Hwang
HPS II
580-370-8336-001
- Kristen Mar
HPS I
580-370-8338-004

Partnership and Community Engagement Unit
Vacant
Health Program Manager I
580-370-8427-XXX

- Jane Beal
HPS I
581-370-8338-001
- Elizabeth Hiers
HPS I
580-370-8338-001
- Chrissy Corbin
HPS I
581-370-8338-909

Office of Problem Gambling
Vacant
Health Program Manager II
580-370-8428-003

- Vacant
HPS I
580-370-8338-002
- Ashish Singh
AGPA
580-370-5393-701
- Ruben Robles
HPS I
580-370-8338-003
- Amy Tydeman
AGPA
580-370-5393-703
- Lillibeth Campos
AGPA
580-370-5393-700
- Gerald Jennings
OT(T)
580-370-1139-001

Overdose Prevention and Health Communication Section
Vacant
Health Program Manager II
581-370-8428-xxx

- Vacant
HPS II
581-370-8336-xxx
- Vacant
HPS II
581-370-8336-909
- Vacant
HPS I
581-370-8338-xxx
- Vacant
APGA
581-370-5393-xxx
- Vacant
RS I
581-370-5577-xxx