Agenda for the 11:00 a.m., Tuesday, July 14, 2015
Regular Meeting of the Oklahoma State Board of Health
Posted at www.health.ok.gov
Oklahoma State Department of Health
1000 N.E. 10th Street – Room 1102
Oklahoma City, OK 73117-1299

I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES
a) Approval of Minutes for June 9, 2015 Regular Meeting

III. BEHAVIORAL HEALTH PRESENTATION
Terri L. White, M.S.W., Department of Mental Health and Substance Abuse
b) Update

IV. STRATEGIC PLAN PRESENTATION
Terry L. Cline, Ph.D., Secretary of Health and Human Services and Commissioner of Health
c) Update

V. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION
Executive Committee – Ms. Burger, Chair
Discussion and possible action on the following:
d) Update

Finance Committee – Ms. Wolfe, Chair
Discussion and possible action on the following:
e) Update

Accountability, Ethics, & Audit Committee – Dr. Alexopulos, Chair
Discussion and possible action on the following:
f) 2016 Audit Plan
g) Update

Public Health Policy Committee – Dr. Gerard, Chair
Discussion and possible action on the following:
h) Update

VI. PRESIDENT'S REPORT
Related discussion and possible action on the following:
i) Update

VII. COMMISSIONER'S REPORT
Discussion and possible action

VIII. NEW BUSINESS
Not reasonably anticipated 24 hours in advance of meeting

Terry L Cline, PhD
Commissioner of Health
Secretary of Health
and Human Services

Board of Health
Ronald Woodson, MD
President
Jenny Alexopulos, DO
Terry R Gerard, DO
Martha A Burger, MBA
Vice President
Charles W Grim, DDS, MHSA
R Murali Krishna, MD
Cris Hart-Wolfe, MBA
Secretary-Treasurer
Timothy E Starkey, MBA
Robert S Stewart, MD

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Oklahoma City, OK 73117-1299
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IX. PROPOSED EXECUTIVE SESSION

Proposed Executive Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

- OAS 2015-005
- OAS 2015-015

Possible action taken as a result of Executive Session.

X. ADJOURNMENT

Terry L Cline, PhD
Commissioner of Health
Secretary of Health and Human Services

Board of Health
Ronald Woodson, MD
President
Jenny Alexopulos, DO
Terry R Gerard, DO
Martha A Burger, MBA
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STATE BOARD OF HEALTH
Muskogee County Health Department
530 South 34th Street
Muskogee, Oklahoma 74401

Tuesday, June 9, 2015 10:00 a.m.

Dr. Ronald Woodson, President of the Oklahoma State Board of Health, called the 400th regular meeting of the Oklahoma State Board of Health to order on Tuesday, June 9, 2015 at 10:04 a.m. The final agenda was posted at 10:00 a.m. on the OSDH website on June 8, 2015, and at 10:00 a.m. at the building entrance on June 8, 2015.

ROLL CALL

Members in Attendance: Ronald Woodson, M.D., President; Cris Hart-Wolfe, Secretary-Treasurer; Terry Gerard, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.; Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.
Absent: Martha Burger, M.B.A.,Vice-President; Jenny Alexopulos, D.O.

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Senior Deputy Commissioner; Henry F. Hartsell, Jr., Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Stephen W. Ronck, Deputy Commissioner, Community & Family Health Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Matt Terry, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Director of Office of Communications; VaLauna Grissom, Secretary to the State Board of Health; Janice Hiner, Sr. Advisor to the Commissioner of Health; Felesha Scanlan.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks
Dr. Woodson called the meeting to order. He welcomed special guests in attendance.

REVIEW OF MINUTES

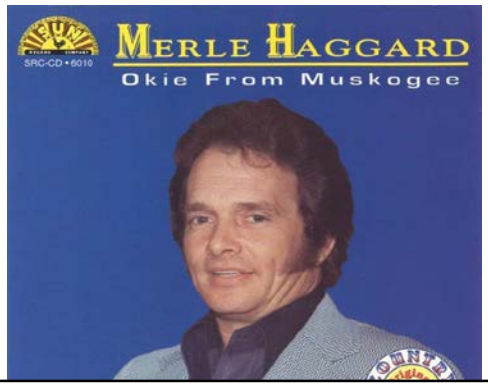
Dr. Woodson directed attention to review of the minutes of the Regular Board meeting.

Mr. Starkey moved Board approval of the minutes of the May 12, 2015, regular Board meeting, as presented. Second Ms. Wolfe. Motion carried.

AYE: Alexopulos, Burger, Grim, Gerard, Krishna, Stewart, Wolfe, Woodson
ABSENT: Alexopulos, Burger

MUSKOGEE COUNTY HEALTH DEPARTMENT PRESENTATION

Martha Alford, D'Elbie Walker, Doug Walton, Joyce Walker

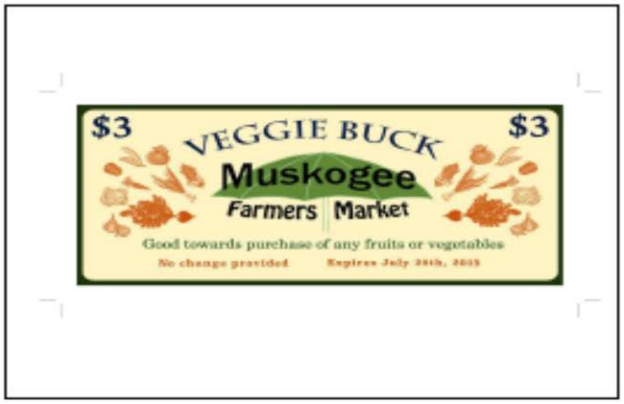


ROXY

USS BATFISH

the Castle
MUSKOGEE, OK

THE
CASTLE
ZOMBIE RUN


$3
VEGGIE BUCK
$3
Muskogee
Farmers Market
Good towards purchase of any fruits or vegetables

STOP

The presentation concluded.

CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee

Dr. Woodson reminded the Board that the next Tri-Board Joint Executive Committee Meeting would take place on June 18th at the Embassy Suites Downtown Medical Center.

Dr. Woodson provided the following update regarding retreat planning efforts:

- The retreat will take place at the Chickasaw Retreat Planning Center August 14-16, 2015. The Committee has met with retreat facilitator twice to outline the retreat objectives and agenda.
- The draft retreat agenda and presentation outlining the strategic mapping process will be provided in July to the full Board in preparation for discussion & adoption of a new 5 year strategic map at the retreat.
- There will also be a portion of the retreat agenda dedicated to Board development opportunities as well as a special speaker from the Dallas Federal Reserve Bank.
- Board members should have received a survey seeking their input and are asked to complete by 6/23/2015.

Finance Committee

Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the following SFY 2015 Finance Report and Board Brief as of May 26, 2015:

Budget and Expenditure Forecast as of May 26, 2015

- Approximately $422 million budgeted for state fiscal year 2015
- Forecasted expenditure rate of 98.17% through June 30, 2015
- "Green light" overall for the department and for each division within the department except for Public Health Infrastructure and Health Improvement Services
- Public Health Infrastructure and Health Improvement Services are in a "yellow light" status, with expenditures forecasted to spend between 90 and 95 percent.
- Both areas have improved budget performance from the May 2015 report.

The Financial Brief focused on the OSDH Revolving Funds

- The Oklahoma Legislature creates revolving funds to account for revenues collected that are intended to be expended for a special purpose
- In addition, local millage funds are displayed as revolving funds in Department budget reports
- OSDH will utilize 21 different revolving funds for State Fiscal Year 2016 (SFY16) budget
- Revolving funds account for approximately 29% of the agency budget in SFY '15
- Nearly half of the revolving fund budget is local millage used to fund county health department operations

Accountability, Ethics, & Audit Committee

The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Krishna indicated there were no known significant audit issues to report at this time. The Office of Accountability referenced case number 2014-032 for discussion during executive session.

Public Health Policy Committee

The Policy Committee met on Tuesday, June 9, 2015. The Committee reviewed the legislation recently signed by the Governor and discussed the budget agreement passed during the last week of the legislative session. Members will receive the last legislative update report around June 15th. Board members should contact Mark Newman regarding policy questions.

The next meeting of the Policy Committee will be prior to the July Board Meeting.

PRESIDENT'S REPORT

No report.

NOMINATING COMMITTEE REPORT & ELECTION OF OFFICERS 2015-2016

Dr. Krishna, Dr. Alexopulos and Dr. Stewart served on the Nominating Committee. The Committee recommended the 2014-2016 Officers as follows: President, Ronald Woodson; Vice-President, Martha Burger; and Secretary/Treasurer, Cris Hart-Wolfe.

Dr. Krishna moved Board approval to approve the Committee recommendations for President, Ronald Woodson; Vice President, Martha Burger; and Secretary-Treasurer, Cris Hart-Wolfe as presented. Second Dr. Gerard. Motion carried.

AYE: Alexopulos, Burger, Grim, Gerard, Krishna, Stewart, Wolfe, Woodson
ABSENT: Alexopulos, Burger

COMMISSIONER'S REPORT

Dr. Cline briefly mentioned his attendance at the recent OU College of Public Health Convocation event held on May 9, 2015.

Dr. Cline briefly mentioned the Jack C Montgomery VA Medical Center Annual Walk event in Tulsa on May 20th in which he spoke as well as participated in. This was the 5th annual walk. The Wellness Walk celebrated veterans and in lieu of registration fees, participants donated items to homeless veterans.

Dr. Cline briefly spoke about the NW Region Oklahoma Academy Health Forum held in May at the Autry Technology Center in Enid Ok. The Oklahoma Academy sponsors a meeting in the format of a town hall meeting. This most recent forum produced more than 150 participants, including community and business leaders, as well as recommendations to focus on government and taxes for the next town hall meeting.

Lastly, Dr. Cline highlighted the 24/7 tobacco free bill signing with Governor Fallin for tobacco free schools. The bill signing was the result of a lot of hard work behind the scenes. This means that now 100% of public and private schools are now covered under the 24/7 schools legislation.

The report concluded.

NEW BUSINESS

No new business.

PROPOSED EXECUTIVE SESSION

Ms. Wolfe moved Board approval to go into Executive Session at 10:34 AM pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

- OAS Investigation, Number 2014-032

Second Dr. Krishna. Motion carried.

AYE: Alexopulos, Burger, Grim, Gerard, Krishna, Stewart, Wolfe, Woodson
ABSENT: Alexopulos, Burger

Dr. Grim moved Board approval to move out of Executive Session. Second Mr. Starkey. Motion carried.

AYE: Alexopulos, Burger, Grim, Gerard, Krishna, Stewart, Wolfe, Woodson
ABSENT: Alexopulos, Burger

ADJOURNMENT

Dr. Krishna moved Board approval to adjourn. Second Ms. Wolfe. Motion carried.

AYE: Alexopulos, Burger, Grim, Gerard, Krishna, Stewart, Wolfe, Woodson
ABSENT: Alexopulos, Burger

The meeting adjourned at12:30pm.

Approved

_____
Ronald W. Woodson, M.D.
President, Oklahoma State Board of Health
July 14, 2015

Oklahoma's Behavioral Health Care System: ODMHSAS

Presented by
Terri White, MSW
Commissioner
Oklahoma Department of Mental Health and Substance Abuse Services

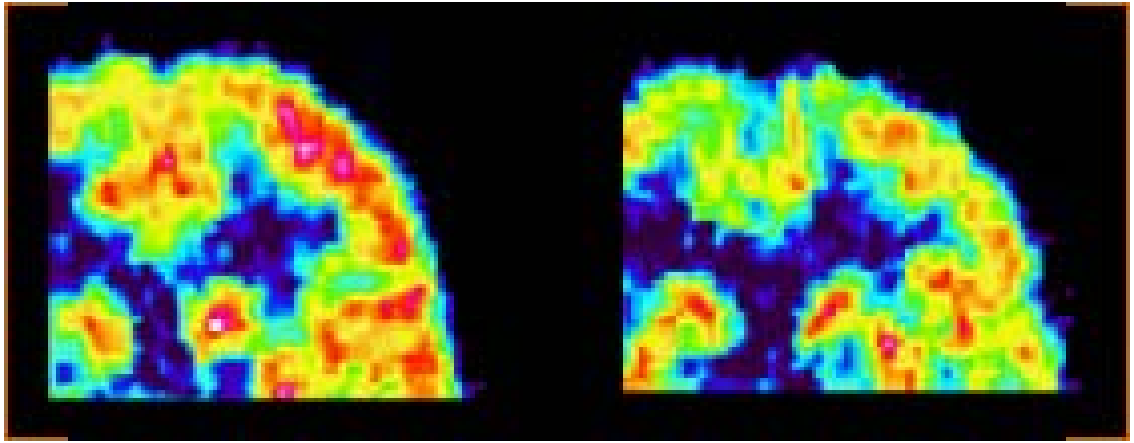
Mental Health Matters

Mental Illness and Addiction: Diseases of the Brain

Both mental illness and addiction are real medical conditions, just like diabetes, cancer and heart disease.

Mental Health Matters

Mental Illness: A Disease of the Brain

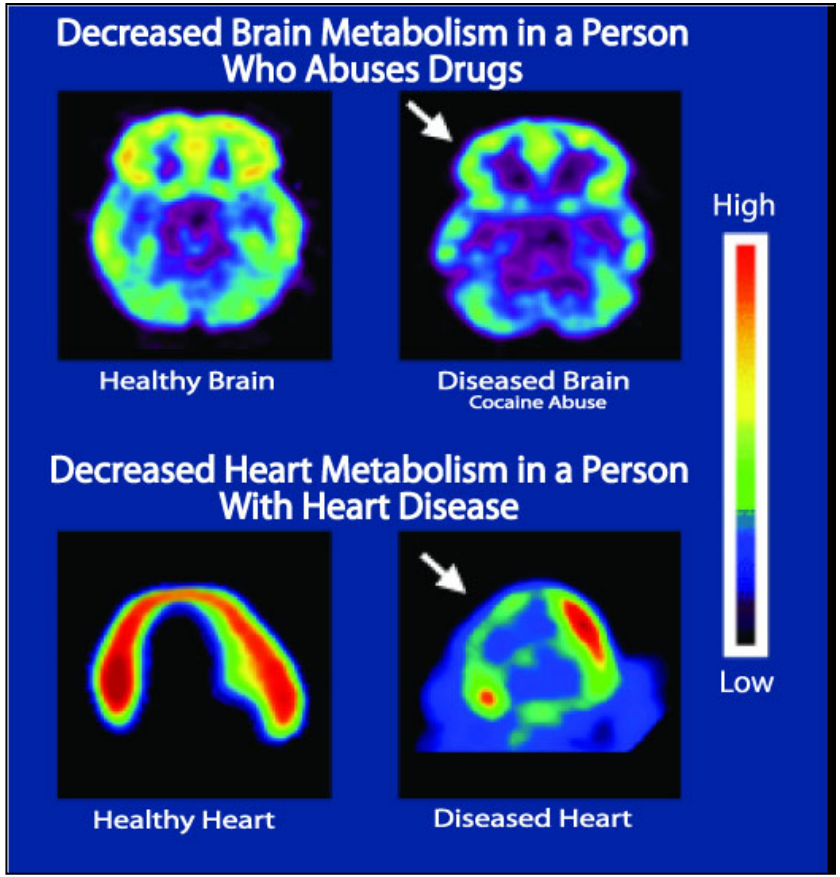


The brain scan on the left reflects normal activity; the scan on the right shows a person affected with schizophrenia.

Source: PBS.org

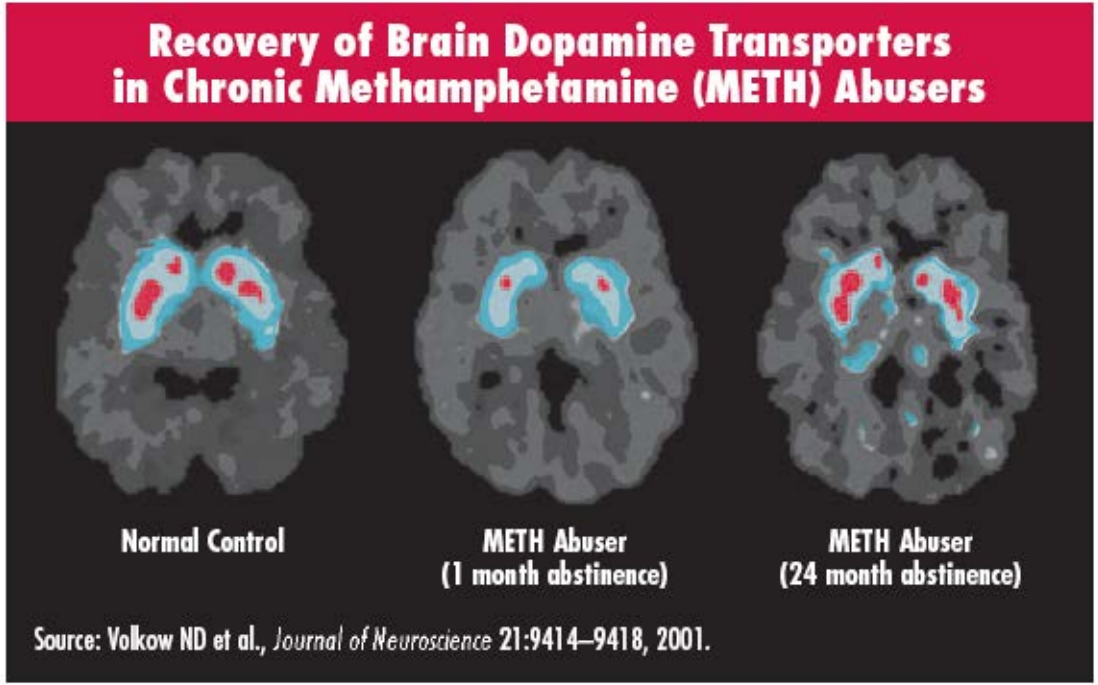
Mental Health Matters

Addiction: A Disease of the Brain



Mental Health Matters

Addiction: A Disease of the Brain



Behavioral Health in Oklahoma

Oklahoma Among the Highest Rates Nationally for Mental Illness and Substance Abuse Disorders *Behavioral Health United States, 2012 (Adults 18+)*	
Any Mental Illness	Any Substance Use Disorder
22.4%	11.9%
3rd highest among all states	2nd highest among all states

TOPIC 01

- Between 700,000 and 950,000 adult Oklahomans are in need of services; most are not receiving the care they need to fully recover from their illnesses.
- Approximately 190,000 Oklahomans received services in FY14.

Oklahoma consistently has some of the highest rates nationally for both mental illness and addiction

Mental Health Matters

ODMHSAS Overview

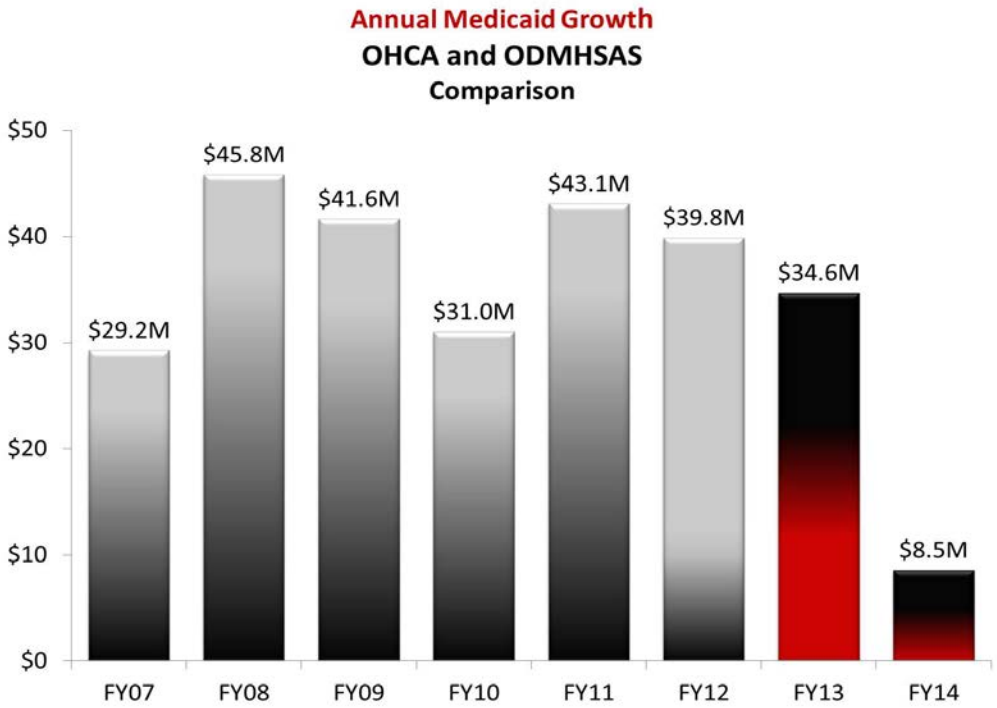
The Oklahoma Department of Mental Health and Substance Abuse Services is the state's primary behavioral health network, operating and/or contracting with mental health and addiction treatment facilities across the state. These include:

- 14 Community Mental Health Centers.
- 3 psychiatric hospitals (adult, children's, forensic)
- 3 children's crisis centers in Oklahoma City, Norman and Tulsa; and 12 adult crisis intervention centers in Ardmore, Clinton, Ft. Supply, Lawton, McAlester, Muskogee, Norman, Oklahoma City, Sapulpa and Tulsa.
- 80 alcohol and drug treatment programs, including 14 residential programs
- 17 Regional Prevention Coordinators (RPCs) serving all 77 counties
- 22 residential care homes
- More than 300 Medicaid agency providers, and 825 individual providers

Behavioral Health Transfer

Effective Medicaid Management

Medicaid Growth at 14% annually under OHCA (FY07-12)			
ODMHSAS Budget Request	FY14	FY15	FY16
(BH Medicaid Growth)	7%	5.4%	1.7%



ODMHSAS has reduced Medicaid growth every year since taking over program responsibility (1st full year beginning FY13), and by nearly 90% overall

TOPIC 01

Oklahoma Health Improvement Plan Activities

ODMHSAS and OSDH have been actively working to reduce prescription drug overdose deaths through involvement in such activities as promoting passage of the PMP, training in use of naloxone kits, and working with Gov. Mary Fallin on other elements of the State Plan to Reduce Prescription Drug Abuse, including training physicians on safe prescribing methods.

The two agencies also have collaborated on suicide prevention efforts, as well as concentrating heavily on infant/early childhood mental health programs.

ODMHSAS also has been working on other OHIP goals for some time now, and continues to strengthen programs in those areas.

TOPIC 01

Early Childhood Partnership

ODMHSAS and OSDH have partnered to house “co-leadership” positions within OSDH Child Guidance Services and ODMHSAS CMHCs to further an early childhood System of Care in Oklahoma. The partnership has 4 goals, which are to:

- Promote awareness of the significance of infant/early childhood mental health (IECMH).
- Enhance the competency of the infant/early childhood workforce to meet the needs of children birth to 8, their families and caregivers.
- Develop, enhance and expand programs for IECMH promotion, prevention, early intervention and treatment to support the well-being of children birth to 8, their families and caregivers.
- Establish infrastructure and develop policies to support the integrated Early Childhood System of Care.

TOPIC 01

Early Childhood Partnership

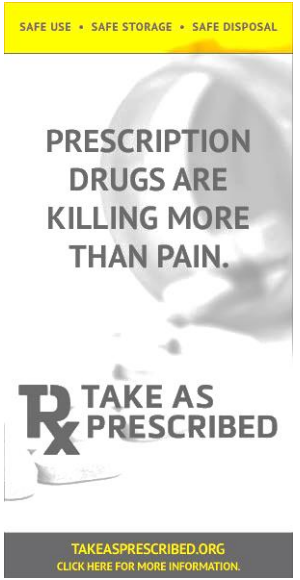
Activities within the partnership:

- State Co-leads serve as the state wellness expert and state wellness partner for SAMHSA Grant Oklahoma Project LAUNCH (Linking Actions for Unmet Needs in Child Health) implementing an Early Childhood System of Care for families with children birth to 8.
- Assure that the plan is aligned with other health and mental health plans in Oklahoma.
- Support DHS to develop screening, assessment, coordinated case planning and connection to appropriate mental health resources for children birth to 4 in foster care.
- Develop and coordinate a statewide mental health consultation network for child care facilities struggling with the social, emotional, mental health, and behavioral needs of children in their care.
- Pilot the Early Childhood Mental Health Consultation (ECMHC) practice in early head start and head start, and then support local head start grantees in developing contracts with local service providers.
- Identify workforce development needs and coordination of these efforts across the ECSOC to include mental health providers, home visitors, SoonerStart Part C, early care and education, public schools, and the judicial system.
- Current focus involves developing a plan to help current providers learn the knowledge and skills required to focus on this specialized population, to address a shortage of providers in this area.

Prescription Drug Abuse

Prescription Drug Abuse Prevention

- Statewide task force/workgroup;
- Developed Governor's strategic plan;
- Initiated policy change;
- Created a public messaging campaign;
- Statewide prevention network;
- Naloxone Initiative
  - First responder pilot effort
  - Pharmacy chains



Integration

Integrating Behavioral/ Primary Care

- Primary care and emergency room settings offer an incredible opportunity to identify mental illness and addiction, and the opportunity for early intervention. Depression and suicide risk are two areas that can be easily assessed. Substance abuse is another. We have been working to partner with health-care agencies in all these areas.
- A 2013 *SAMHSA* study indicated nearly 45% of people with a co-occurring mental illness/substance abuse disorder had visited the emergency room in the past year, compared with only 25% who had neither present. More than 30% of people with an addiction issue and 40% of those with a mental illness had visited the ER.
- Some studies also have shown that a third of those who died by suicide visited a physician in the week before they died – and 45% had visited their primary care doctor within the month. *SAMHSA*

Screening

Substance Abuse Screening: SBIRT

Screening, Brief Intervention and Referral to Treatment targets those with non-dependent substance use and provides strategies for intervention prior to the need for more extensive or specialized treatment.

- Studies have shown a 60% decrease in substance use following a single brief intervention, as well as successful referral to and participation in alcohol treatment programs, and reduction in repeat injuries and injury hospitalizations.
- The resulting reduction in alcohol misuse may reduce diseases related to alcohol abuse such as cancer, liver and heart problems, as well as public safety issues such as DUIs.

ODMHSAS is prepared to go statewide with SBIRT. For the past several years, technical assistance has been provided to medical facilities that addresses:

- Infrastructure
- Referral
- Medicaid billing issues
- Electronic medical records
- ODMHSAS hosts online CME training for providers seeking Medicaid reimbursement

Health Homes

Health Homes

ODMHSAS employed a rigorous RFP process to choose 22 qualified Health Home Providers for statewide coverage.

Programs serve both adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) with specific care management protocols tied to these co-occurring conditions:

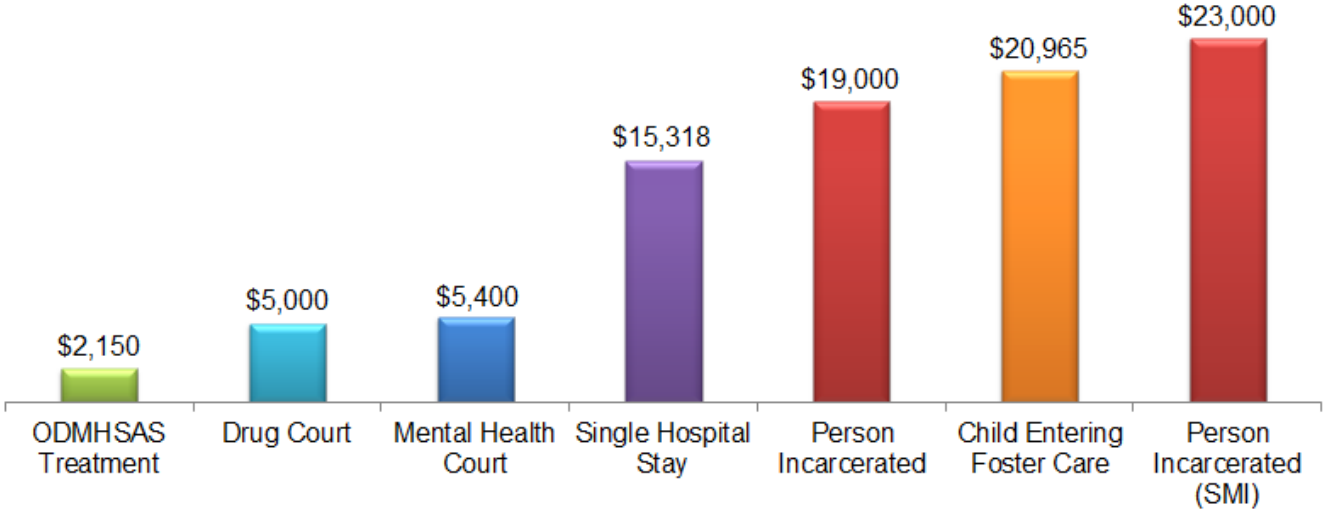
- Substance Use Disorder
- Diabetes
- Heart Disease
- BMI over 25
- Hypertension
- COPD/Asthma/Moderate Chronic Respiratory Problems
- Tobacco Use

- ODMHSAS has introduced a “Smart on Crime” proposal with interventions across the spectrum of criminal justice engagement.
- Independent studies confirmed the proposal’s merits and ability for the state to avoid millions in future costs if funded in full.
- The proposal was endorsed by numerous law enforcement and community organizations (including the 2008 Oklahoma Academy Town Hall).

ODMHSAS has proposed a “Smart on Crime” package to reduce the fiscal impact of untreated mental illness and addiction on the state’s criminal justice system and overall budget

Mental Health Matters

Compare the cost of treatment against some of the alternatives:



The cost to treat is significantly less than the cost to incarcerate or other alternatives

Conclusion

Treatment works. There is hope, and there is help.

For more information, contact me directly at (405)522-3878.

Website:
www.odmhsas.org

Facebook: www.facebook.com/ODMHSAS

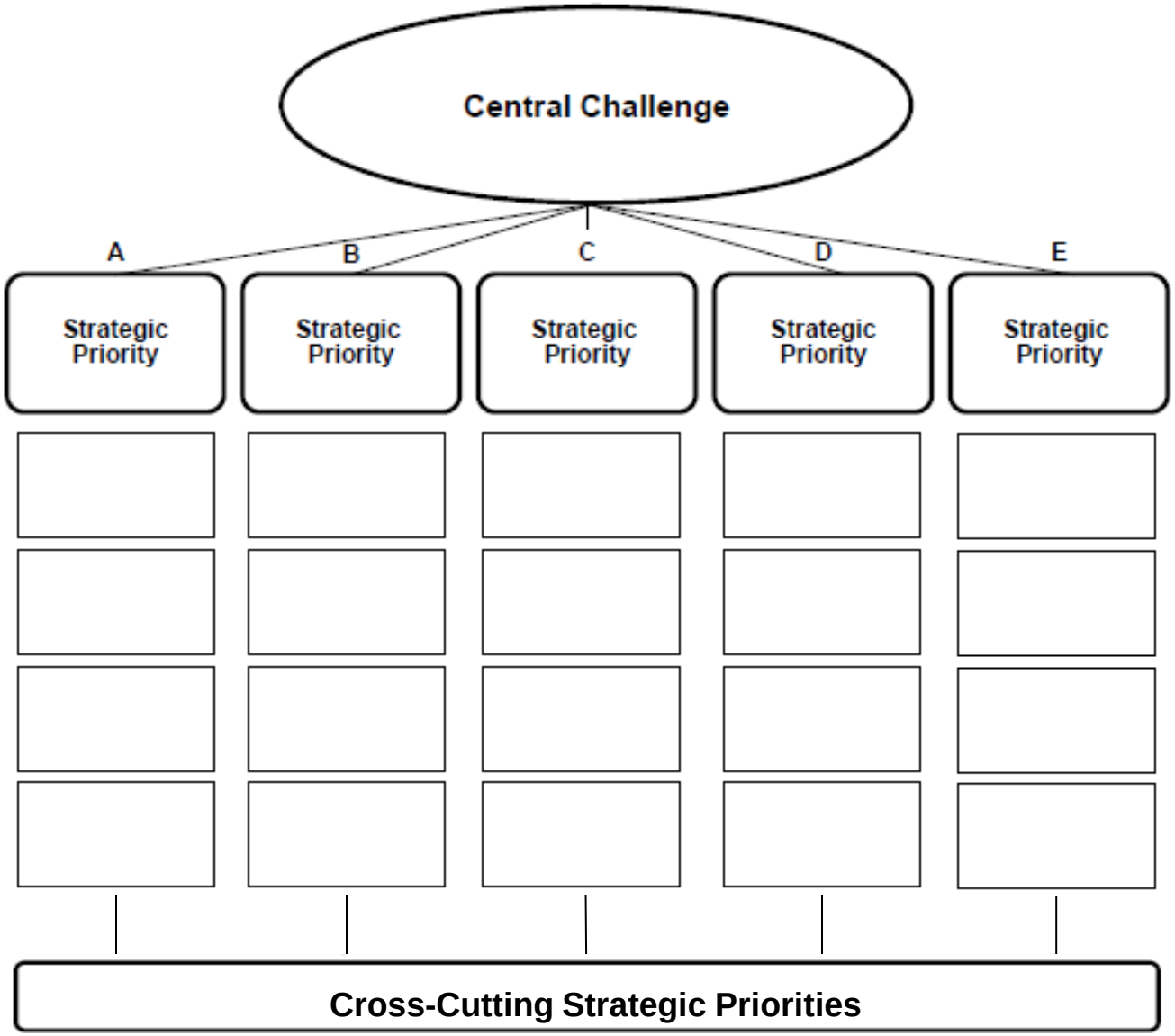
Department twitter:
@ODMHSASINFO

Commissioner White twitter:
@terriwhiteok

STRATEGIC PLAN FRAMEWORK

Oklahoma State Department of Health

Oklahoma State Department of Health
Strategic Map: 2015-2020



Oklahoma State Department of Health

Oklahoma State Department of Health
Strategic Map: 2015-2020

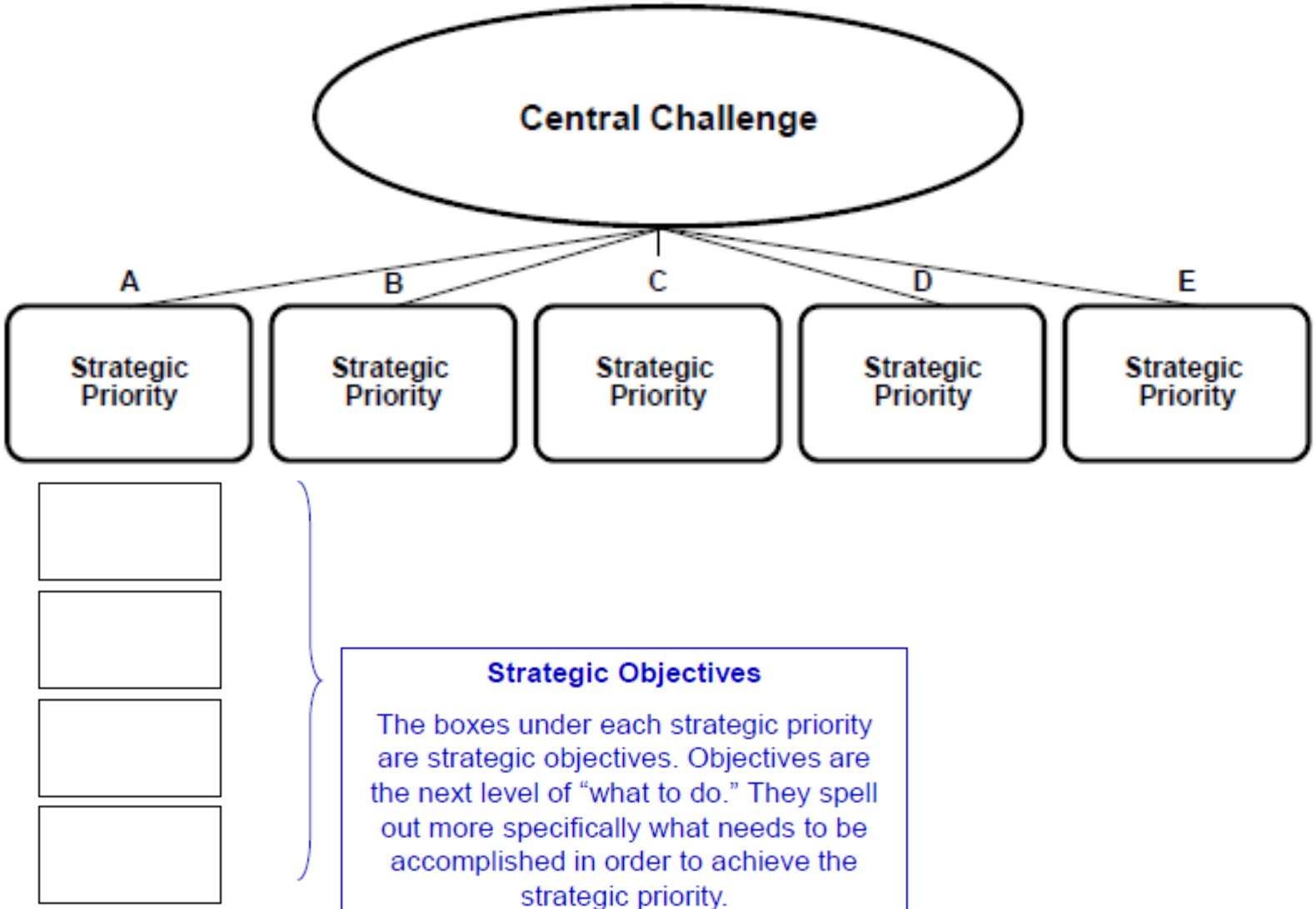
Central Challenge

Oklahoma
State
Department
of Health

Oklahoma State Department of Health
Strategic Map: 2015-2020

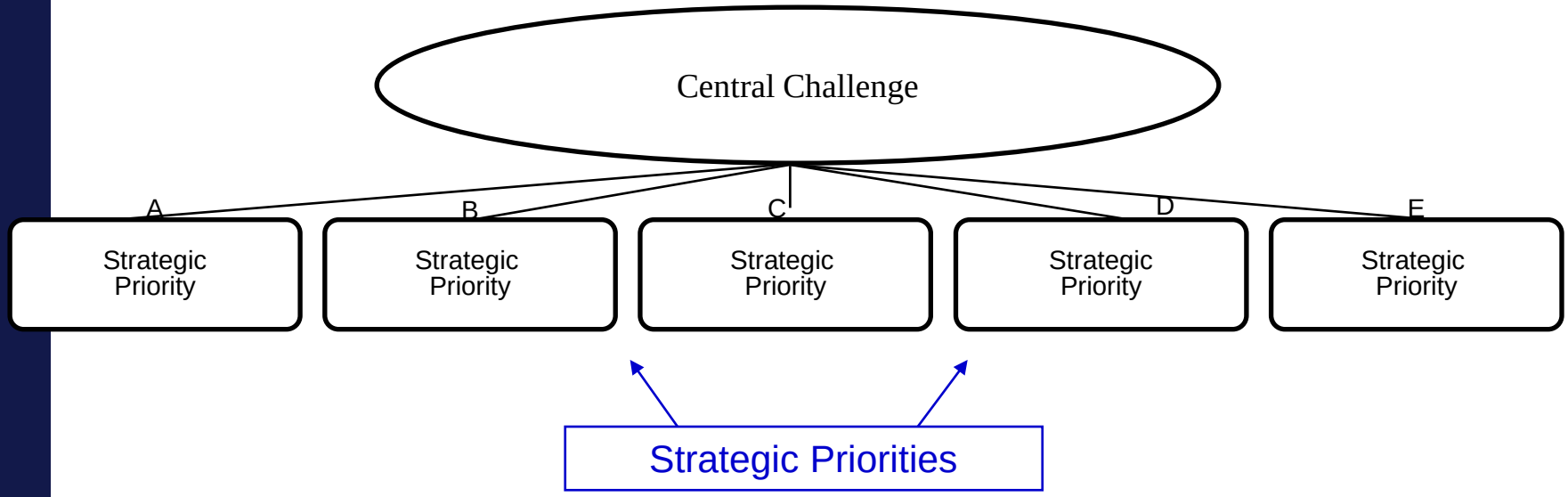
Oklahoma State Department of Health

Oklahoma State Department of Health
Strategic Map: 2015-2020



Oklahoma State Department of Health

Oklahoma State Department of Health
Strategic Map: 2015-2020

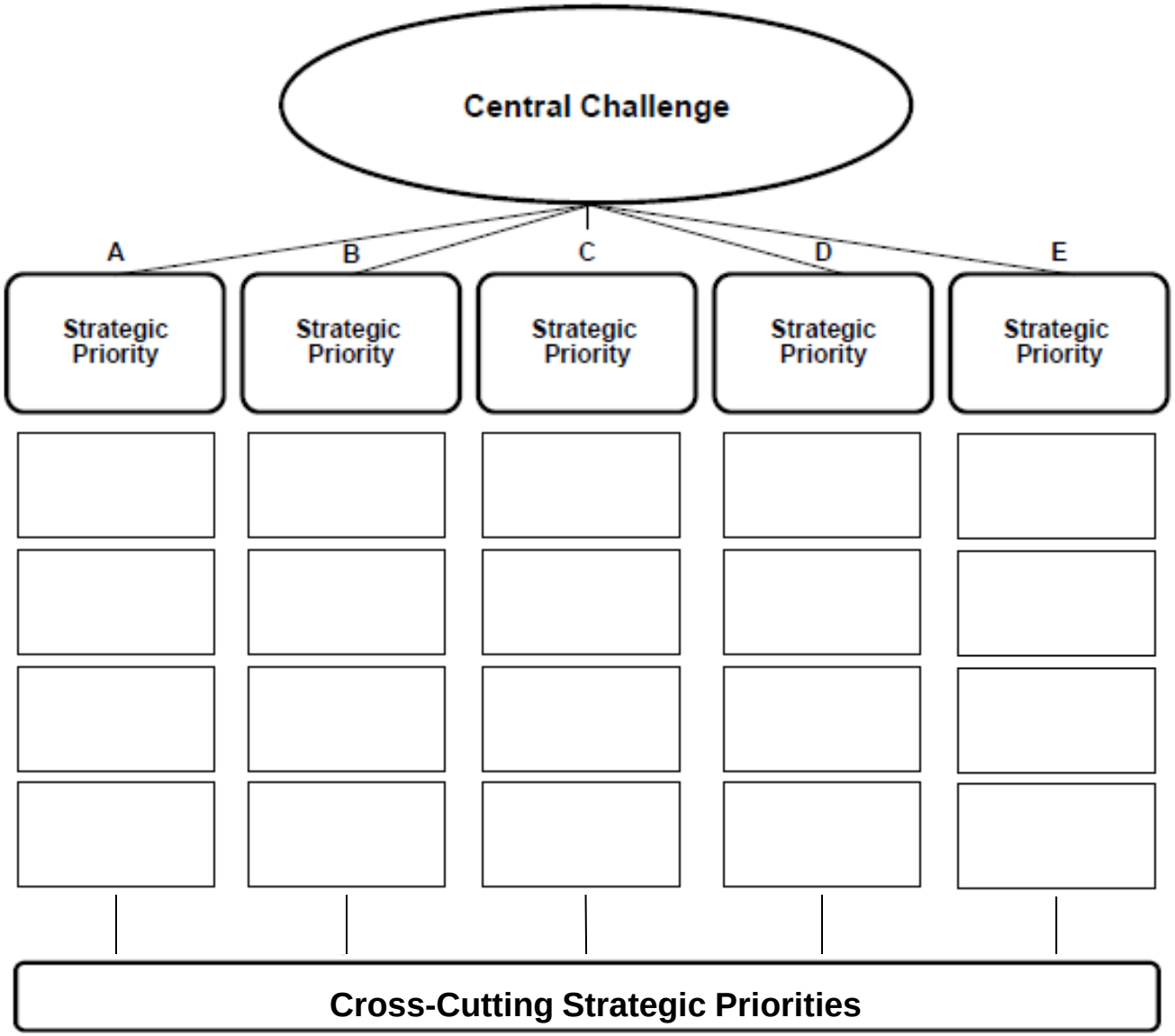


Cross-Cutting Strategic Priorities

Address the Social Determinates of Health and Increase Health Equity

Oklahoma State Department of H

Oklahoma State Department of Health
Strategic Map: 2015-2020



Oklahoma State Department of Health

Strategic Planning Timeline

Board Consideration of Strategic Planning Timeline Overview

• OSDH prepares strategic planning timeline for Board consideration	March - April 2015
• Board of Retreat Planning Committee	April 16, 2015
• OSDH Facilitated Strategic Planning Session	May 11, 2015
• Tim Fallon and Stakeholder Focus Group	May 11, 2015
• Tim Fallon and Board Retreat Planning Committee	May 11, 2015
• Tim Fallon and OSDH staff Facilitated Strategic Planning Session	May 14, 2015
• Board of Health Survey Strategic Map Input Period	May 28, 2015
• OSDH Employee Comment Period on Draft Strategic Map	June 9, 2015
• Refinement of Draft Strategic Map per Employee Comments	June 30, 2015
• Draft Strategic Map Included in Retreat Packet for Board Consideration	July 24, 2015
• Board of Health Retreat / Finalize Strategic Planning	August 14-16, 2015
• Implementation	August 2015

Oklahoma State Department of Health

Oklahoma State Department of Health
Board of Health Finance Committee Brief
July 2015

OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2015 BUDGET AND EXPENDITURE FORECAST: AS OF 6/29/2015

SUMMARY

Division	Current Budget	Expenditures	Encumbrances	Forecasted Expenditures	Surplus/(Deficit)	Performance Rate
Public Health Infrastructure	$24,963,921	$15,824,935	$3,391,843	$3,949,839	$1,797,305	92.80%
Protective Health Services	$59,974,803	$50,940,984	$4,113,256	$4,993,606	($73,043)	100.12%
Prevention & Preparedness Services	$58,025,613	$42,177,633	$10,415,063	$3,702,408	$1,730,508	97.02%
Information Technology	$7,292,390	$2,676,177	$4,483,542	$0	$132,671	98.18%
Health Improvement Services	$20,799,100	$14,967,532	$2,733,496	$1,593,504	$1,504,562	92.77%
Community & Family Health Services	$246,235,199	$188,989,510	$15,903,346	$38,612,778	$2,729,565	98.89%
Totals:	**$417,291,026**	**$315,576,771**	**$41,040,546**	**$52,852,135**	**$7,821,567**	**98.13%**

<90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%

Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2015
- Encumbrances shown as actual as of the report date
- Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- Surplus/(Deficit) is projected as of June 30, 2015

Explanation of Change

- The prior month's report showed all divisions in a "green light" status, except for Public Health Infrastructure and Health Improvement Services, which were in a "yellow light" status.
- This month, Public Health Infrastructure and Health Improvement Services remain in a "yellow light" status. All other divisions remain in a "green light" status.
- Overall the Department is forecasted to spend 98.13% of its budget, which is a reduction of .04% from the previous month.
- The Department will be able to fully expend funds that expire at the end of FY 15. Remaining funds (estimated at $7.8 million) are available to carry forward into FY 16. These funds are primarily revenue from grants that operate on a fiscal period other than the state fiscal year and must be utilized for that grant project.

Oklahoma State Department of Health
Annual Internal Audit Plan
State Fiscal Year 2016

Introduction

The annual audit plan is used as a blueprint for maximizing audit coverage, optimally using audit resources and providing the greatest benefit to Agency Management and Oklahoma taxpayers. An annual audit plan is prepared at the beginning of each fiscal year and is based on input solicited from each of the deputy commissioners and their finance officers through a comprehensive complex risk assessment approach and concerns of the Accountability, Ethics and Audit Committee of the Board of Health and the Internal Audit Staff.

A risk assessment approach was used to identify and rank the importance of all Department major activities and programs. Based on the complexity of Department operations, geographical dispersion and the current understanding of functional areas, the audit plan for fiscal year 2016 has been developed using criteria to assess risk and prioritize audit projects. Among these criteria are:

- Concerns from the Board of Health, Commissioner of Health, State Auditor's and Inspector's Office, and Internal Audit Unit
- Audits requested by Division management
- Financial risk
- Federal compliance risk
- Miscellaneous (internal control environment, potential effect on state of health, performance measures, time since last audit, etc…)
- Availability of audit resources

The Internal Audit Unit anticipates changes to the plan may become necessary if issues of greater risk arise throughout the fiscal period.

The following brief narratives discuss areas that the Internal Audit Unit will review utilizing current resources.

County Health Department Audits

The Oklahoma State Department of Health maintains 88 county health department locations in 68 counties throughout the State, which provide a variety of health services to the public. The following are estimated budget amounts as of 6/30/2015: of the $375 million Agency budget for SFY-16, the county health departments are budgeted approximately $200 million, which includes $25 million of local millage funds (county payroll reimbursement). The county health departments also have an additional $19 million of local millage funds (in addition to the $25 million) available for direct maintenance and operation expenditures. The budgeted expenditures equate to 58% of the Agency's total expenditures, indicating a significant need to continue to provide audit coverage to this area.

The Internal Audit Unit will continue striving to review county health department processes once every 3 years, with emphasis placed on compliance with Agency Policies, Federal Guidelines, Cash Receipts and Receivables, Pharmacy Inventory, (including Immunization Vaccines), Travel Reimbursement Processes, County Fixed Asset Inventory, Temporary Food License, Expenditures (LEP), Fixed Assets, Purchase Orders, Contracts and including Influenza Billing, Collection and Depositing Processes and Cell Phone testing when appropriate.

Federal Monitoring Requirements

Independent Audit Reports

The Internal Audit Staff plans to further enhance the Agency's monitoring requirements as set forth in the Federal Office of Management and Budget (OMB) Circular A-133 by continuing to ensure local governments, non-profit organizations and institutions of higher education who are contracted to perform services on behalf of OSDH using Federal funds have an Independent Audit performed. Contractors are required by contractual language to submit the Independent Audit Reporting forms to the Federal Audit Clearing house on an annual basis, if Federal expenditure thresholds are met. These audit report forms are reviewed for any findings pertaining to OSDH awards. Any findings are resolved by the Internal Audit Unit or forwarded to the appropriate program area for resolution.

The Internal Audit Unit will continue to monitor subrecipients of State and/or Federal awards as required by OMB Circular A-133.

Invoice Validation

Additionally, the Internal Audit Unit will review supporting documentation of vendor invoices as part of the overall Agency contract monitoring process. Based on a contractor risk analysis performed by the OSDH Procurement Unit, the Internal Audit Unit will request supporting documentation of paid vendor invoices for review of proper supporting documentation.

Internal Agency and Contract Audits

The Internal Audit Unit anticipates reviewing procedures, internal controls, proper use of funds and supporting documentation, compliance with Federal regulations and state statutes, proper supporting documentation for matching funds and safeguarding of assets, as applicable, for the following areas of concern:

- MIECHV grants
- Third Party Billing, Medicaid/Medicare, Insurance, etc.
- Insurance billing/write-offs/(Immunization & Family Planning)
- HPP & PHEP Cooperative Agreements
- Immunization Regular
- Immunization Service – Contract Monitoring of Vaccine Inventory
- VFC Immunization
- Unique Program Expense (UPE)

The Internal Audit Unit will review the items above as audit staff time will permit.

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT
Terry Cline, Ph.D., Commissioner
July 14, 2015

PUBLIC RELATIONS/COMMUNICATIONS

Oklahoma Academy Regional Health Forum, Oklahoma City – keynote
Drug Monitoring Initiative Symposium, Kean University, Union, NJ, - keynote
Governor Mary Fallin Wellness Walk - speaker
Jaclyn Cosgrove, Oklahoman - interview

STATE/FEDERAL AGENCIES/OFFICIAL

Governor Fallin, Steve Mullins & Denise Northup
Director Botticelli, Office of National Drug Control Policy
Terri White, Commissioner, ODMHSAS
Health & Human Services Cabinet Meeting
Nico Gomez, Executive Director, OHCA
Ed Lake, Director, OKDHS
Katie Altshuler, Governor's office

OTHERS:

Tribal Public Health Advisory Committee
Tulsa Health Department Board Meeting
Reforming States Group Health Work Group
Tri-board Joint Executive Committees Group
Ted Haynes, BCBS
PHAB Board Meeting
ASTHO Board Meeting
PHAB Finance Committee call
CDC Finance Think Tank call, chair