

**Agenda for the 10:00 a.m., Tuesday, June 9, 2015
Regular Meeting of the Oklahoma State Board of Health**

Posted at www.health.ok.gov
Muskogee County Health Department
530 South 34th Street
Muskogee, Oklahoma 74401

I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES

- a) Approval of Minutes for May 12, 2015 Regular Meeting

III. MUSKOGEE COUNTY HEALTH DEPARTMENT PRESENTATION

William R. Pierson, Acting Administrative Director, Muskogee County Health Department

- b) Update

IV. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee – Dr. Woodson, Chair

Discussion and possible action on the following:

- c) Update

Finance Committee – Ms. Wolfe, Chair

Discussion and possible action on the following:

- d) Update

Accountability, Ethics, & Audit Committee – Dr. Krishna, Chair

Discussion and possible action on the following:

- e) Update

Public Health Policy Committee – Dr. Gerard, Chair

Discussion and possible action on the following:

- f) Update

V. PRESIDENT'S REPORT

Related discussion and possible action on the following:

- g) Update

VI. NOMINATING COMMITTEE REPORT & ELECTION OF OFFICERS 2015-2016

Discussion and possible action on the following:

- h) Elect President;
i) Vice-President; and
j) Secretary/Treasurer

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*

Ronald Woodson, MD
President
Jenny Alexopoulos, DO
Terry R. Gerard, DO

Board of Health
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

1000 NE 10TH Street
Oklahoma City, OK 73117-1299
www.health.ok.gov
An Equal Opportunity Employer



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 Investigation, Number 2014-032

Possible action taken as a result of Executive Session.

X. ADJOURNMENT



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

Ronald Woodson, MD
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Board of Health
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

1000 NE 10TH Street
Oklahoma City, OK 73117-1299
www.health.ok.gov
An Equal Opportunity Employer



STATE BOARD OF HEALTH

1000 N.E. 10th

Oklahoma City, Oklahoma 73117-1299

Tuesday, May 12, 2015 11:00 a.m.

Dr. Ronald Woodson, President of the Oklahoma State Board of Health, called the 399th regular meeting of the Oklahoma State Board of Health to order on Tuesday, May 12, 2015 at 11:04 a.m. The final agenda was posted at 10:00 a.m. on the OSDH website on May 9, 2015, and at 11:00 a.m. at the building entrance on May 11, 2015.

ROLL CALL

Members in Attendance: Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Cris Hart-Wolfe, Secretary-Treasurer; Jenny Alexopoulos, 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: Terry Gerard, 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; 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, Diane Hanley, Maria Souther, Commissioner's Office.

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.

Ms. Burger moved Board approval of the minutes of the April 14, 2015, regular Board meeting, as presented. Second Dr. Krishna. Motion carried.

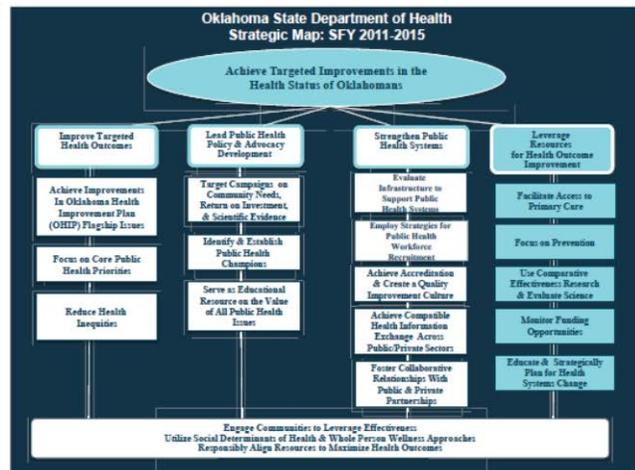
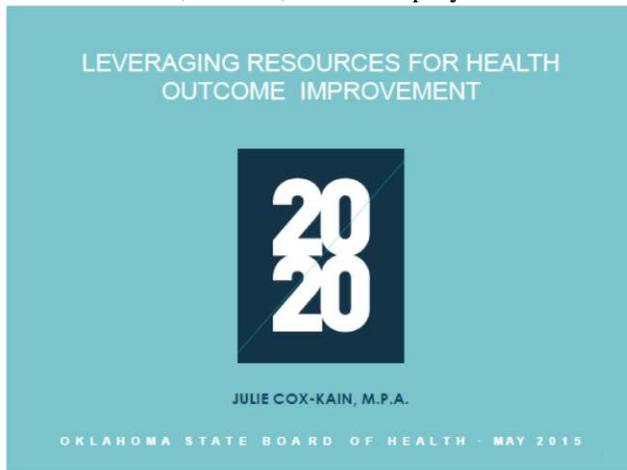
AYE: Alexopoulos, Burger, Krishna, Stewart, Wolfe, Woodson

ABSTAIN: Grim, Starkey

ABSENT: Gerard

STRATEGIC MAP UPDATE PRESENTATION

Julie Cox-Kain, M.P.A., Senior Deputy Commissioner

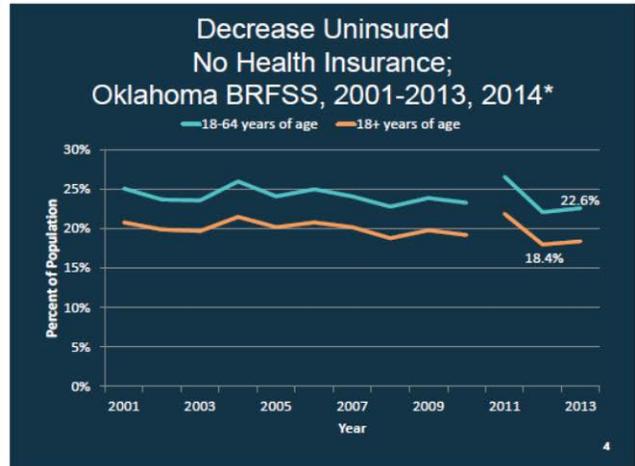


1

Leverage Resources for Health Outcome Improvement

- By 12/31/2017 decrease by 10% the rate of uninsured
- By 6/30/2017 award 90% of FQHC new start funding
- By 12/31/2018 reduce preventable hospitalization by 10%
- By 6/30/2015 influence one carrier and one health system to adopt preventive services
- By 6/30/2015 develop health plans to address specific populations
- By 6/30/2015 develop a waiver to pilot shared savings/performance based reimbursement models
- By 6/30/2014 pilot team based care initiative

OKLAHOMA HEALTH IMPROVEMENT PLAN 3



2
3
4

Decrease Uninsured 2015 Federally Facilitated Marketplace (FFM) Enrollment

| 2015 Special (Final) | 2015 Enrollment | 2014 Enrollment |
|--|--|--|
| - 126,115 | - 124,838 | - 69,221 |
| • 2014 Subsidies - 99,631 (79%) of those who selected a plan | • 2015 Subsidies - 98,622 (79%) of those who selected a plan | • 2014 Subsidies - 54,795 (79%) of those who selected a plan |
| • Average premium - \$295 per month | • Average premium - \$302 per month | • Average premium - \$277 per month |
| • Average tax credit of - \$206 per month | • Average tax credit of - \$208 per month | • Average tax credit of - \$202 per month |

OKLAHOMA HEALTH IMPROVEMENT PLAN 5

Facilitate Access to Primary Care

- 100% of new start FQHC funding committed and 88% expended in SFY 2015
- Geographic HPSA - 9 Physicians Needed
- Low Income HPSA - 90 Physicians Needed Accepting Medicaid and/or sliding fee
- Data gaps include health professionals in Tribal/IHS facilities and other federal facilities

OKLAHOMA HEALTH IMPROVEMENT PLAN 6

5
6
7

Facilitate Access to Primary Care TSET/Physician Manpower Training Commission Loan Repayment

OKLAHOMA HEALTH IMPROVEMENT PLAN 7

Facilitate Access to Primary Care NGA Health Workforce Policy Academy

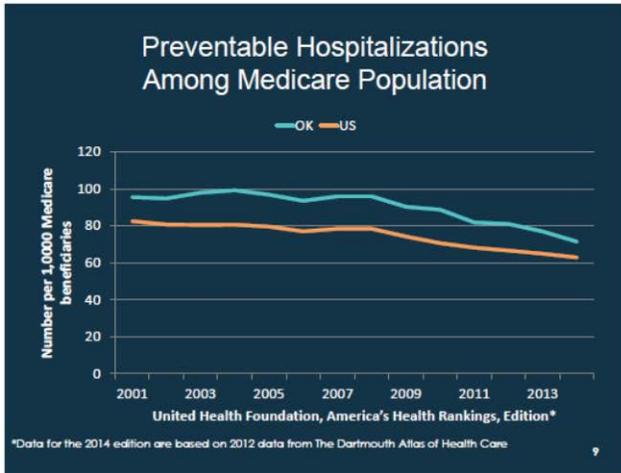
Primary Goals

- Coordination of Workforce Efforts
 - Connect to economic development
- Workforce Data Collection and Analysis
 - Multi-sourced longitudinal data collection
- Workforce Redesign
 - Plan for future of healthcare
- Pipeline, Recruitment and Retention
 - Address provider mal-distribution & HPSAs

OKLAHOMA HEALTH IMPROVEMENT PLAN 8

8
9
10
11
12
13
14
15

1



Preventive Services Medicaid Quality Improvement

- OSDH/OHCA joint Quality Improvement groups aimed at studying and implementing interventions on five health issues affecting the state:
 - Tobacco
 - Obesity
 - Hypertension/Diabetes (separate groups last year)
 - Immunization
 - Prescription Drug Abuse (Includes DMHSAS)
- SFY 2016 – Include Employee Group Insurance Division (EGID)

OKLAHOMA HEALTH IMPROVEMENT PLAN 10

2
3
4

Preventive Services Medicaid Tobacco Policy Progress

- OSDH/OHCA joint aim: improve access to tobacco cessation services by identifying barriers to treatment and removing them.
- Barriers identified: **copayments** on counseling and medications and **prior authorization** on cessation medication.
- Copayments eliminated and prior authorization removed effective Sept. 1, 2014

OKLAHOMA HEALTH IMPROVEMENT PLAN 11

Preventive Services E-Referrals to Helpline

- Through utilization of health system EMRs – automatic referrals increase access to evidence based tobacco cessation services
- OSDH is currently partnering with several organizations to provide technical assistance and training on referrals to the OTH (electronic, e-fax and paper fax)
- OSDH is also offering subcontracts to encourage this opportunity to disparately impacted populations:
 - Oklahoma Primary Care Authority (*in development*)
 - Indian Health Service (Lawton Pilot Location)
 - County Health Departments
 - Oklahoma Department of Mental Health And Substance Abuse Services
 - Oklahoma Dental Association (*in development*)
 - American Indian Health Clinic (*non-IHS, out for bid soon*)

OKLAHOMA HEALTH IMPROVEMENT PLAN 12

5
6
7

Pilot – Insure Oklahoma Sponsor's Choice Performance Based Pay & Specific Populations

- New category of Insure Oklahoma organizational sponsorship for the purchase of private insurance
- Health outcome measures correspond with SIM:
 - National Quality Forum 28 – Tobacco
 - National Quality Forum 421 & 24 - Obesity
 - National Quality Forum 729 - Diabetes
 - National Quality Forum 18 - Hypertension
- Data will be provided through the commercial insurers and their health information exchange partners
- Targeted to disparate populations

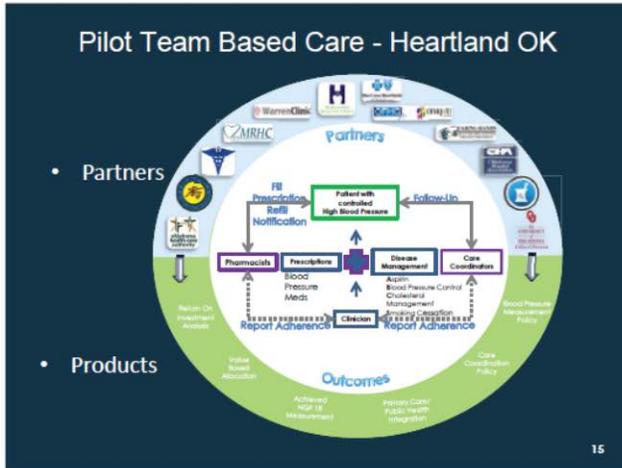
OKLAHOMA HEALTH IMPROVEMENT PLAN 13

Pilot Team Based Care - Heartland OK

- Goal Reduce the number of CVD events
- Target 5 counties (113, 237 population)
- Method Care coordination team
- Evidence Based Strategy
 - Nurse and Pharmacist Assessments protocol driven
 - Care Coordinator at County Health Department (facilitated adherence, enhanced communication)
- Design
 - Clinician ordered treatment
 - Monitor medication adherence and blood pressure between scheduled visits
 - Integrate into practice workflow with minimal interruptions

OKLAHOMA HEALTH IMPROVEMENT PLAN 14

8
9
10
11
12
13
14
15
16

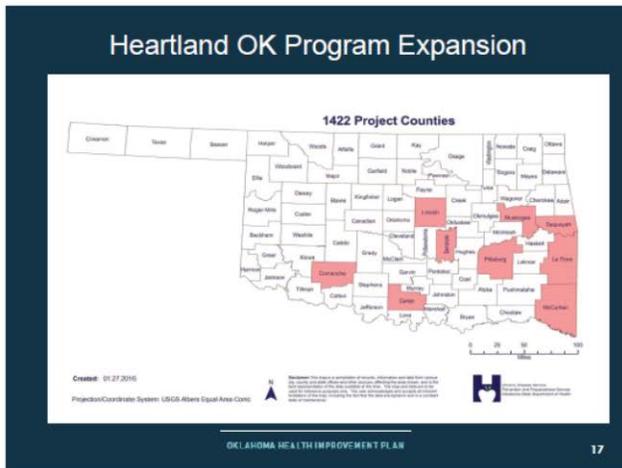


Heartland OK Success

- 25% of Heartland OK patients met NQF 18 within 90 days of enrollment
- 50% increase in number of clinics able to run an NQF 18 report
- Standardized Blood Pressure Measurement Policy
- Open dialogue and goal alignment between private and public payers
- Utilized SoonerCare (state Medicaid program) patient data for provider reverse notification
- Utilizing calculated ROI to make a business case to payers on investments in care coordination models (\$167.00 : \$1 for an estimated 45% reduction in hospital discharges for CVD events)

OKLAHOMA HEALTH IMPROVEMENT PLAN

1
2
3



State Innovation Model Design Update

- Statewide health transformation planning grant thru 1/31/16
- Scope of research & redesign broad, incorporating total health care ecosystem:
 - primary care
 - acute care
 - mental health
 - public health
- Broad set of stakeholders engaged
- Goal is to develop payment redesign for a broad set of healthcare practitioners and organizations
- Payments transitioning from fee for service and care coordination Per Member Per Month to value based design including multiple risk sharing payment initiatives

OKLAHOMA HEALTH IMPROVEMENT PLAN

4
5
6

Collaborative Improvement Efforts Population Health Measures

| Comprehensive Primary Care Pilot | State Innovation Model | Practice Transformation (DIPCOR) |
|----------------------------------|------------------------|----------------------------------|
| Blood Pressure | Blood Pressure | Aspirin |
| Breast Cancer | Diabetes | Blood Pressure |
| Cholesterol | Obesity | Cholesterol |
| Colorectal Cancer | Tobacco | Smoking |
| Depression | | |
| Diabetes | | |
| Falls Screening | | |
| Heart Failure | | |
| Influenza Immunization | | |
| Tobacco | | |

ONC Interoperability Grant (submitted)
Connecting eligible and non-eligible providers (behavioral health and long term care)

OKLAHOMA HEALTH IMPROVEMENT PLAN

QUESTIONS

OKLAHOMA HEALTH IMPROVEMENT PLAN

7
8
9

In regard to physician workforce, Dr. Krishna referenced recent Oklahoma and national literature that has focused on the explosion of stress and burnout in physicians over the last 24-36 months. Forty percent of family doctors want to retire prematurely. That is very concerning. Nationally, in general, 46.5% (almost 1 in 2) of doctors are getting burned out. They are facing unprecedented levels of pressure to perform more in less time with more accuracy and less cost. Dr. Krishna has developed a seminar to help train physicians on how to adapt to the high demands of the job. There is still a long way to go in addressing this problem in our state. Dr. Krishna commented on the shortage of primary care physicians statewide and recommended the Department address the

1
2 Dr. Woodson mentioned that there is a disproportionate amount of physicians over the age of 50. As a
3 society, we are not training enough physicians to replace those that are within 10-15 years from retirement.
4 This is going to be a critical problem in the future, 10 years from now.

5
6 Julie indicated an area of focus for this collaboration is predicting what areas to invest in most in order to
7 address both current and future health professional shortage areas in the state. Dr. Krishna recommended
8 that physician burnout be addressed at the state level through this process. Every physician saved from
9 premature retirement due to burnout is a physician created. This is an important area of focus as we see
10 shortages in almost all branches of medical practice.

11
12 In looking at the OSDH strategic map, Dr. Cline pointed out the progress we have made over the last 5 years
13 in the area of leveraging resources for health outcome improvement. Prior to this time, the work in this area
14 was almost non-existent or in silos. OSDH is now leading and taking a more active role in this area and
15 expect to see exponential health improvement as a result.

16
17 The presentation concluded.

18 19 **CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

20 **Executive Committee**

21 Dr. Woodson encouraged Board members to attend the Annual Employee of the Year Recognition Ceremony at
22 12:30 pm in Room 806 of the Health Department.

23
24 Dr. Woodson reminded Board members that the June Board meeting will take place at the Muskogee County
25 Health Department and asked members to contact VaLauna Grissom if they have not received instructions
26 for completion of the calendar year 2014 Ethics Commission statements. The deadline is May 15th.

27
28 Dr. Woodson provided a brief update to the Board regarding retreat planning efforts. The retreat planning
29 committee has conducted one call and one in person meeting with the retreat facilitator, Tim Fallon. The
30 committee has begun the process of outlining the retreat objectives and agenda. The development of a new 5
31 year strategic map will be a major focus of the retreat as the current map expires in 2015. The strategic
32 planning process will include input from key public health partners, employees of the Department and Board
33 members. Board members should expect to receive a survey seeking their input during the month of May
34 and June. The goal is to have a new strategic map ready to present to the Department following the annual
35 retreat.

36 37 **Finance Committee**

38 Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the following
39 SFY 2015 Finance Report and Board Brief as of April 24, 2015:

40 Budget and Expenditure Forecast

- 41 ○ Approximately \$424 million budgeted for state fiscal year 2015
- 42 ○ Forecasted expenditure rate of 97.75% through June 30, 2015
- 43 ○ "Green light" overall for the department and for each division within the department except for Public
44 Health Infrastructure and Health Improvement Services
- 45 ○ Public Health Infrastructure and Health Improvement Services are in a "yellow light" status, with
46 expenditures forecasted to spend between 90 and 95 percent

47
48 The Financial Brief focused on the Preventive Health and Health Services Block Grant

- 49 ○ Most grants received by OSDH are categorical grants, with programmatic restrictions on spending. As
50 a block grant, the grant can be spent on programs chosen by the OSDH
- 51 ○ For the current year, FY 2015, OSDH received \$1,420,453
- 52 ○ OSDH has developed a competitive process for allocating the funds. Public health programs are
53 encouraged to submit proposals, which are scored using weighted criteria that has been established
54 based on OHIP and the Agency strategic plan
- 55 ○ 49% of this year's grant is used to fund the Oklahoma Health Improvement Plan

- 1 ○ 26% of this year's grant is used to fund the Oklahoma Wellness program
- 2 ○ The remaining 25% of this year's grant is funding:
 - 3 ▪ Unintentional Poisoning Deaths
 - 4 ▪ Infant Motor Vehicle Safety and Education
 - 5 ▪ Sexual Assault and Rape Crisis (which is a mandate for Prevent Block Grant recipients)
 - 6 ▪ Health Communications
 - 7 ▪ Older Adult Fall Prevention & Education

9 **Accountability, Ethics, & Audit Committee**

10 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Alexopoulos indicated there were no
 11 known significant audit issues to report at this time. The Office of Accountability referenced case number 2014-
 12 032 for discussion during executive session.

14 **Public Health Policy Committee**

15 The Policy Committee met on Tuesday, May 12, 2015. Mr. Starkey indicated the Committee discussed
 16 legislative issues related to budget appropriations as well as the end of the legislative session. Of note, were
 17 important pieces of legislation progressing through the legislative process including: HB1685 is the 24/7
 18 Tobacco Free School Acts and was signed by the Governor the previous week in a special bill signing
 19 ceremony; SB 126 authorizes the Department to contract for Advance Directive Registry services; HB 1408
 20 exempts persons selling only whole, uncut fruits, vegetables and melons and/or un-cracked and unprocessed
 21 nuts from food establishment licenses; HB 1965 prohibits texting while driving; and HB 1948 pertains to the
 22 Prescription Monitoring Program.

24 House Joint Resolution 1029, the Omnibus Administrative Rules legislation, is proceeding as expected and
 25 authorizes all rules passed by the Board of Health for the current session. Bills requested by the agency
 26 during the current session were signed by the Governor. Members will continue to receive the legislative
 27 update reports each Monday until June 15th. For policy related questions, Board members should contact
 28 Mark Newman.

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

32 **PRESIDENT'S REPORT**

33 Dr. Woodson invited all to join Gov. Mary Fallin at the annual Walk for Wellness at the State Capitol
 34 Complex, May 13th, 11:30 AM, in support of Oklahoma Health and Fitness month. He informed attendees
 35 that notifications will be made later in the day if the event is rescheduled due to weather conditions.

37 Dr. Woodson recognized the State Department of Health for their focus on worksite wellness and resources
 38 offered to employees for the purpose of facilitating a healthier work environment:

- 39 • Onsite Employee Wellness/Fitness Center
- 40 • Wellness Committees
- 41 • Wellness Activities and Challenge
- 42 • Fitness Center Group Activities
- 43 • Wellness Policy
- 44 • Lunch N' Learn events for employees
- 45 • Tobacco Cessation Resources
- 46 • Online Wellness Resource Center
- 47 • Health Needs Assessment available to employees
- 48 • Employee Assistance Program

50 He commended the Department for focusing on education and engaging employees on topics like nutrition,
 51 stress management, physical fitness, and smoking. Worksite wellness programs make a considerable impact
 52 on employee health and we know that a healthier workforce can lead to higher productivity, decreased health
 53 care costs, better retention rates and higher morale among employees. Lastly, Dr. Woodson commented on
 54 the importance and impact that increased physical activity alone can have in lowering the risk for heart

1 disease, stroke, high blood pressure, and obesity, etc. He commended the Department for continuing to focus
2 resources on a healthier workforce.

3
4 The report concluded.

5 6 COMMISSIONER'S REPORT

7 Dr. Cline attended the Oklahoma City National Memorial & Museum Reception & Tour in remembrance of
8 the 20th anniversary of the bombing. Dr. Krishna presented at the reception and did a fantastic job of sharing
9 his insights. He encouraged members to visit the museum to observe new improvements like the interactive
10 displays and exhibits.

11
12 Dr. Cline briefly discussed the recent OSDH Senate Budget Hearing. This was an opportunity to educate
13 legislators about the importance of public health and the many programs that impact the lives of every
14 citizen. In the last 5 years, the OSDH has received a 19% decrease to our state appropriations. We have
15 worked to increase efficiencies, management operations, and cost savings. There is a lot of discussion
16 concerning our public health lab funding which will be necessary to pass ASTHO accreditation in the future.
17 At this time, we are still waiting to hear where we stand as far as the state budget.

18
19 Dr. Cline participated in the OU College of Public Health re-accreditation site visit. This was a great
20 opportunity to discuss the variety of partnerships that are in place. A strong partnership exists between the
21 College of Public Health and OSDH which has developed over the years. Dean Raskob appreciated our
22 participation in the site visit. It was noted that Dr. Krishna was the convocation speaker at the College of
23 Public Health in Norman. We appreciate the way he ties in the importance of public health with the
24 graduates impacting people across the globe.

25
26 Dr. Cline was invited to participate in the CDC/ASTHO Preventive Health & Health Services Block Grant
27 Think Tank. Nationally, there is a lot of discussion and exploration occurring in regard to the effectiveness
28 of this program across the country. Oklahoma is one of the few states that uses these dollars around priority
29 areas and has a methodology in place to evaluate and make decisions based on objective criteria. These
30 federal dollars are critical to the function of the health department. This was an important opportunity to
31 provide input on keeping these dollars in the federal treasury which in turn helps the state coffer.

32
33 The report concluded.

34 35 NEW BUSINESS

36 Ms. Wolfe recommended doing Laughter Yoga at the Board retreat this year. Dr. Woodson referred this request
37 to the retreat committee for consideration.

38
39 Dr. Krishna mentioned what a gold mine the Oklahoma City National Memorial and Museum is to Oklahoma
40 City. It is a beautiful symbolic expression of love, compassion, and regrowth. Oklahoma City is one of the most
41 caring cities in the world. Immediately after the bombing, people flocked to the bombing site risking their own
42 lives to help others in need. Every new employee of the Oklahoma City Thunder is required to tour the museum
43 before they start their job to set the tone of culture for this community.

44 45 PROPOSED EXECUTIVE SESSION

46 **Dr. Grim moved Board approval to go into Executive Session at 12:00 PM** pursuant to 25 O.S.
47 Section 307(B)(4) for confidential communications to discuss pending department litigation,
48 investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring,
49 appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or
50 employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of
51 information would violate confidentiality requirements of state or federal law.

- 52 • OAS Investigation, Number 2014-032

53 **Second Ms. Burger. Motion carried.**

54
55 **AYE: Alexopulos, Burger, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

1 **ABSENT: Gerard**

2
3 **Ms. Wolfe moved Board approval to move out of Executive Session. Second Dr. Krishna. Motion**
4 **carried.**

5
6 **AYE: Alexopulos, Burger, Grim, Krishna, Stewart, Wolfe, Woodson**

7 **ABSENT: Gerard, Starkey**

8
9 **ADJOURNMENT**

10 **Dr. Krishna moved Board approval to adjourn. Second Ms. Burger. Motion carried.**

11
12 **AYE: Alexopulos, Burger, Grim, Krishna, Stewart, Wolfe, Woodson**

13 **ABSENT: Gerard, Starkey**

14
15 The meeting adjourned at 3:22pm.

16
17 Approved

18
19
20
21 _____
22 Ronald W. Woodson, M.D.
23 President, Oklahoma State Board of Health
24 June 9, 2015

Welcome
to
MUSKOGEE





SRC-CD • 6010

MERLE HAGGARD

Okie From Muskogee

















the Castle

MUSKOGEE, OK





**THE
CASTLE
ZOMBIE RUN**







\$3

VEGGIE BUCK

\$3



**Muskogee
Farmers Market**

Good towards purchase of any fruits or vegetables

No change provided

Expires July 29th, 2015





















**Oklahoma State Department of Health
Board of Health Finance Committee Brief
June 2015**

**OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2015 BUDGET AND EXPENDITURE FORECAST: AS OF 5/26/2015**

SUMMARY

| <u>Division</u> | <u>Current Budget</u> | <u>Expenditures</u> | <u>Encumbrances</u> | <u>Forecasted Expenditures</u> | <u>Surplus/(Deficit)</u> | <u>Performance Rate</u> |
|------------------------------------|-----------------------|----------------------|---------------------|--------------------------------|--------------------------|-------------------------|
| Public Health Infrastructure | \$24,795,200 | \$14,062,152 | \$3,742,891 | \$5,380,856 | \$1,609,301 | 93.51% |
| Protective Health Services | \$59,424,114 | \$46,400,526 | \$4,972,393 | \$8,250,868 | (\$199,673) | 100.34% |
| Prevention & Preparedness Services | \$61,978,557 | \$36,270,358 | \$18,657,141 | \$5,224,435 | \$1,826,623 | 97.05% |
| Information Technology | \$7,292,390 | \$2,662,142 | \$4,465,704 | \$0 | \$164,544 | 97.74% |
| Health Improvement Services | \$20,642,546 | \$12,899,319 | \$3,341,125 | \$2,737,159 | \$1,664,942 | 91.93% |
| Community & Family Health Services | \$248,394,952 | \$169,683,894 | \$18,916,364 | \$57,142,291 | \$2,652,404 | 98.93% |
| Totals: | \$422,527,759 | \$281,978,391 | \$54,095,617 | \$78,735,609 | \$7,718,142 | 98.17% |

| | | | | |
|------|-----------|--------------|---------------|-------|
| <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. Both have marginally improved from the prior month, .97% and 1.37%, respectively.
- This month, all other divisions are in a "green light" status.
- This report is a tool used for the budget management process. As the end of year approaches, anticipated expenditures become more definitive. So, changes such as those seen this month are typical towards the end of the year.
- Overall the Department is forecasted to spend 98.17% of its budget, which is an increase of .42% from the previous month.
- All expenditures will be monitored closely and adjustments in spending will be made as needed to ensure optimal budget performance for the Department.

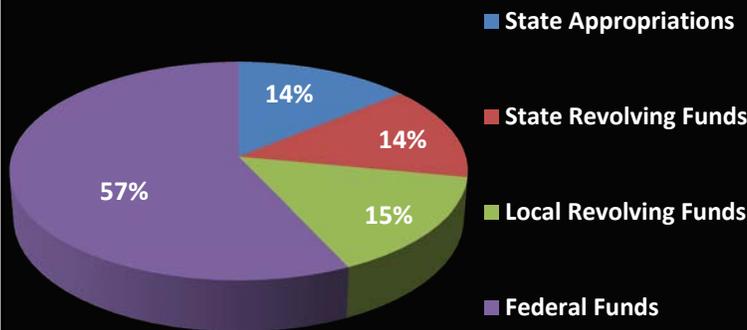
Oklahoma State Department of Health
Board of Health Finance Committee Brief
June 2015

OKLAHOMA STATE DEPARTMENT OF HEALTH REVOLVING FUNDS

What is a revolving fund?

- The Oklahoma Legislature creates revolving funds to account for revenues collected that are intended to be expended for a special purpose
- Revolving funds are created by law and codified in Oklahoma Statute
- Funds are appropriated when deposited
- By law, specific state revenues are deposited into a revolving fund
- An agency can only expend revolving funds for its intended purpose
- Revolving funds are continuing, not subject to fiscal year limitations; if the funds are not spent in the fiscal year deposited, they may be carried forward to the subsequent fiscal year but only for the originally intended purpose
- Revolving funds given to the OSDH vary widely in type of revenue, amount of revenue and purpose

OSDH FY 15 Budget by Fund Type



Diversification of Revenues

- Revolving funds are one of three fund types used by the OSDH
 - State Appropriations
 - Revolving Funds
 - Federal Funds
- Usually, activities funded from revolving funds are not impacted by reductions in State general revenue or federal contracts and grant awards
- In recent years, the Oklahoma Legislature has been looking at agency revolving funds as revenue available for appropriation for other purposes

A Look at Revolving Funds in the SFY16 Budget

- OSDH will utilize 21 different revolving funds for State Fiscal Year 2016 (SFY16) budget
- Preliminary expenditure estimates from state revolving funds of \$95.9 million for SFY16
- Expenditure levels from OSDH revolving funds range from \$315 to just under \$63 Million

Example 1: Oklahoma Lupus License Plate Revolving Fund – SFY '16 Estimated Exp. \$7,000

- Purpose: To increase lupus awareness, education, outreach, referral, research or treatment in Oklahoma
- Designated Use: To provide grants to the Lupus Foundation of Oklahoma
- Revenue Source: A portion (\$25) of fees paid for Lupus Awareness and Education license plates

Example 2: Trauma Care Assistance Revolving Fund – SFY'16 Estimated Exp. \$24 Million

- Purpose: To stabilize the State's Trauma Care system by reimbursing Trauma Care Providers for uncompensated care
- Provider Types
 - Recognized trauma facilities
 - Licensed ambulance services
 - Physicians
- Revenue Sources
 - Portion of tobacco products tax
 - Portion of motor registration fees
 - Portion of driver's license fees
 - Various criminal penalties
 - 18 sources in all

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT
Terry Cline, Ph.D., Commissioner
June 9, 2015

PUBLIC RELATIONS/COMMUNICATIONS

Leadership Edmond – speaker
7TH Annual Oklahoma Area Tribal Epidemiology Center's Public Health Conference - keynote
John R. Bozalis Children's Wellness Award Event
Dr. Stephen Cagle & Scott Mitchell, KOKC Interview
Custer County Health Department Open House – Clinton
Oklahoma Academy Regional Health Forum, Enid – keynote
Children First Graduation, Tulsa
24/7 Tobacco Free Schools, Governor's Bill Signing – speaker
DHHS Region VI & VII Tribal Consultation
Quality Team Day, Capitol
TSET Big Check, Lawton – speaker
OU College of Public Health Convocation
Tony Parasida, Sr. VP Boeing Reception at Governor's Pavilion
Bill Haisten, Tulsa World – interview
American Heart Association - Go Red for Women event - keynote
Jack C Montgomery VA Medical Center Annual Walk Event, Tulsa – speaker (& walk)

SITE VISITS

Cleveland County Health Departments, Moore & Norman
Harmon County Health Department
Jackson County Health Department
Comanche County Health Department
Cotton County Health Department
Tillman County Health Department
Kiowa County Health Department
Greer County Health Department
Custer County Health Department, Weatherford
Teen Recovery Solutions

STATE/FEDERAL AGENCIES/OFFICIAL

Judy Monroe, Deputy Director, CDC
CDC/BCBS Meeting
Steve Mullins, Governor's Office
Terri White, Commissioner, ODMHSAS

OTHERS:

Tulsa Health Department Board Meeting
Oklahoma City County Health Board Meeting
Tim Fallon & BOH Retreat Planning Committee
PHAB – Finance & Executive Committees
CDC – Finance Think Tank for the Advisory Subcommittee to the Director