



Oklahoma State Department of Health
Creating a State of Health

Oklahoma State Department of Health
State Board of Health Meeting
Tuesday, June 13, 2017 11:00 AM (CDT)
433 Fairview Ponca City Oklahoma 74601
Kay County Health Department

I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES

Approval of Minutes for May 9, 2017, Regular Meeting

III. COUNTY HEALTH DEPARTMENT PRESENTATION

Kelli D. Rader, MS, RN, Regional Director, Kay, Noble, Pawnee, and Payne County Health Departments

IV. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

A. Executive Committee - Ms. Burger, Chair

Discussion and possible action on the following: Update; Administrative Policy 1-30, Office of Accountability Systems

B. Finance Committee - Ms. Wolfe, Chair

Discussion and possible action on the following: Update

C. Accountability, Ethics, & Audit Committee - Dr. Grim, Chair

Discussion and possible action on the following: 2018 Audit Plan

D. Public Health Policy Committee - Dr. Stewart, Chair

Discussion and possible action on the following: Update

V. PRESIDENT'S REPORT

Discussion and possible action

VI. ELECTION OF OFFICERS 2017-2018

Nominating Committee – Dr. Krishna, Chair

Discussion and possible action on the following:

Elect President;

Vice-President; and

Secretary/Treasurer

VII. COMMISSIONER'S REPORT

Discussion and possible action

VIII. NEW BUSINESS

Not reasonably anticipated 24 hours in advance of meeting.

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.

Possible action taken as a result of Executive Session.

X. ADJOURNMENT

1 *See attachment A.*

2
3 **CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

4 **Executive Committee**

5 Ms. Burger provided a few reminders to Board members regarding upcoming meetings. She also provided a
6 brief overview of an open letter in favor of the cigarette tax supported by herself, Chairs from the Oklahoma
7 City-County and Tulsa City-County Boards of Health as well as the State and local Chambers.

8
9 Ms. Burger moved board approve recommendations by Executive Committee to unify Board Policy CP54
10 and OSDH Administrative Policy OAS 1-30. This will be a joint policy signed by both the Board of Health
11 President and Commissioner of Health. Second Ms. Wolfe. Motion Carried.

12
13 **AYE:** Alexopoulos, Burger, Gerard, Krishna, Stewart, Wolfe, Woodson

14 **ABSENT:** Grim, Starkey

15
16 **Finance Committee**

17 Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the
18 following SFY 2017 Finance Report and Board Brief as of April 21, 2017:

- 19 • The Agency is in "Green Light" status overall
20 ○ February's performance rating was 99.59. April's performance rating is 99.77%. A net increase
21 in performance of .81%.

22
23 Ms. Wolfe introduced the Department's new Chief Financial Officer, Mike Romero. The brief focused
24 on the Office of the Tribal Liaison and other tribal initiatives.

25
26 **Accountability, Ethics, & Audit Committee**

27 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Woodson indicated there were
28 no known significant audit issues to report. The report concluded.

29
30 **Public Health Policy Committee**

31 Dr. Stewart introduced Brian Downs as the new Director, for of the Office of State and Federal Policy.
32 Thanks to him for doing a great job. He updated the Board on the passage of HB 2372, cigarette tax, out of
33 committee with majority vote and the next stop is the House. He indicated that the Department is optimistic
34 about the Public Health Laboratory bill. Budget decisions had not yet been made. Finally, the policy
35 committee will begin review of existing Board policies for a recommendation to the Board in July for action.
36 The report concluded.

37
38 **PRESIDENT'S REPORT**

39 Ms. Burger thanked Dr. Woodson for his years of service and leadership to the Board. Regrettably, his last
40 day serving on the Board is May 31, 2017. Dr. Woodson is moving and expanding his practice to Oklahoma
41 City, which means we lose a great public health champion on the Board. Martha presented a plaque of
42 appreciation to Dr. Woodson, on behalf of the Board and Department, recognizing his service from 2010 -
43 2017 and his leadership as President 2014-2016. Dr. Woodson thanked the Board and Department and
44 indicated he has been honored to serve on the Board of Health.

1 **COMMISSIONER’S REPORT**

2 Dr. Cline echoed Ms. Burger’s comments regarding Dr. Woodson. He has earned the respect of the
3 Department and public health community. He thanked him for his efforts as President as well, given the
4 commitment behind the scenes.

5
6 Dr. Cline reemphasized the great job Brian Downs has done and has been instrumental during this really
7 challenging time. There are many changes happening at the state and federal level and we aren’t quite
8 certain of the implications yet. It is concerning as our budget is 60% federally funded

9
10 Dr. Cline highlighted recent conversations with military agencies to explore all options to create
11 efficiencies through shared spaces. Shared options for the Lab have been ruled out; however, through
12 these conversations we have learned of possible joint efficiencies around shared warehouse space.

13
14 On Monday, the 9th, the Health Department hosted 20 members of an international delegation from
15 Eurasia. Of each of the states visited, the Oklahoma State Department of Health was the only health
16 department visited. The meeting was two hours and allowed a really interesting perspective. Both Dr.
17 Hank Hartsell and Julie Cox-Kain shared a few thoughts and takeaways from the meeting. The report
18 concluded.

19
20 **NO NEW BUSINESS**

21
22 **NO EXECUTIVE SESSION**

23
24 **ADJOURNMENT**

25 Dr. Krishna moved board approval to adjourn. Second Ms. Burger. Motion Carried

26
27 **AYE:** Alexopulos, Burger, Gerard, Krishna, Stewart, Wolfe, Woodson

28 **ABSENT:** Grim, Starkey

29
30 The meeting adjourned at 12:08 p.m.

31
32 Approved

33
34 _____
35 Martha Burger
36 President, Oklahoma State Board of Health
37 June 13, 2017

IDENTIFY AND REDUCE HEALTH DISPARITIES

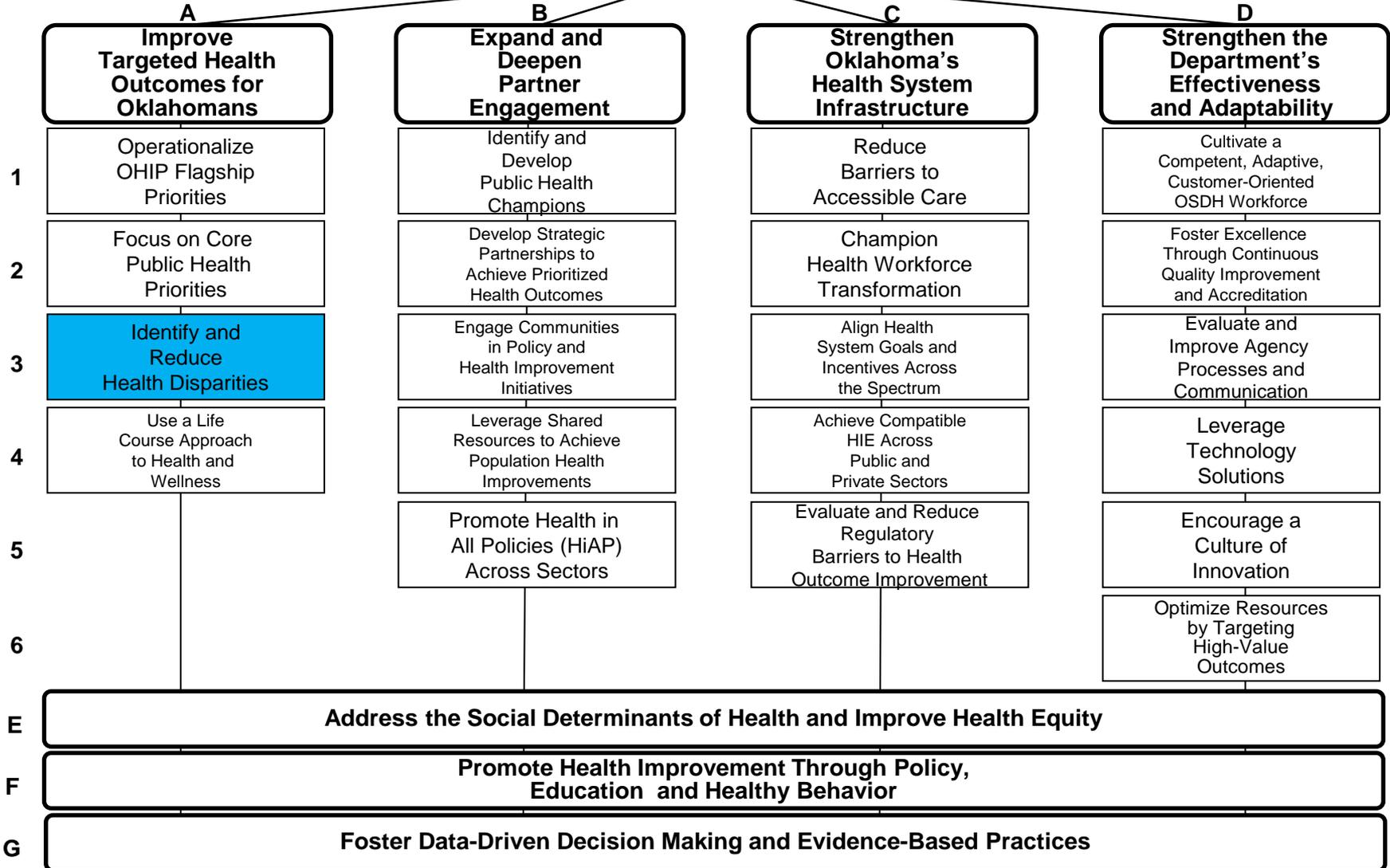
Julie Cox-Kain

Oklahoma State Board of Health Meeting

May 9, 2017

Oklahoma State Department of Health
Strategic Map: 2015-2020

Approved
08/16/15



OSDH Disparities Efforts

- Integration of disparities and health equity across strategic processes and programs
 - Strategic plan review for inclusion
 - Inclusion in state/county health assessment processes
 - Intentional engagement of minority populations and tribal partners
- Program specific interventions/outreach
 - Baby showers
 - MPOWER grants for tobacco prevention
 - Honor What is Sacred Ad Campaign

Office of the Tribal Liaison

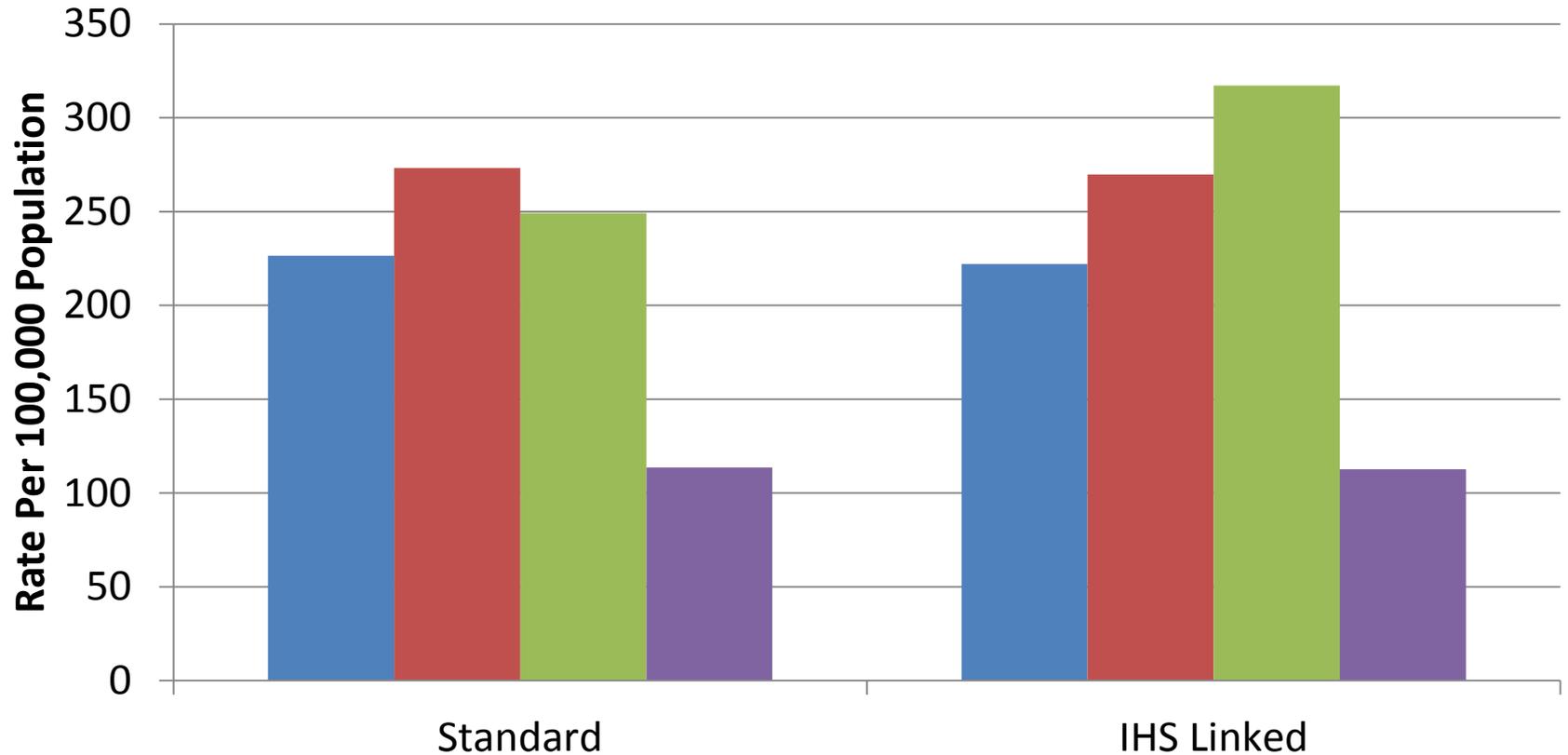
- Created in 2012 to implement OSDH policy 1-39, Tribal Consultation, and is also important due to the fact that:
 - Public Health efforts require a government-to-government collaborative process, and improvement in overall population health cannot fully occur without success in tribal health
 - 38 Federally Recognized Tribes are headquartered in Oklahoma, each with its own system of governance
 - A public health workforce that is competent in American Indian culture is crucial

Tribal Public Health Advisory Committee (TPHAC)

- Created as a result of tribal consultation during the development of the Oklahoma Health Improvement Plan 2020
- TPHAC determines the priorities for Tribal/OSDH collaboration
- American Indian Data Community of Practice (AID CoP) was established to collaboratively address data needs
 - Supported by federal block grant funding
 - Submission of grant application for additional data projects
 - 2016 data linkage to address racial misclassification (2004 – 2015)
 - Linked 17,739 additional records

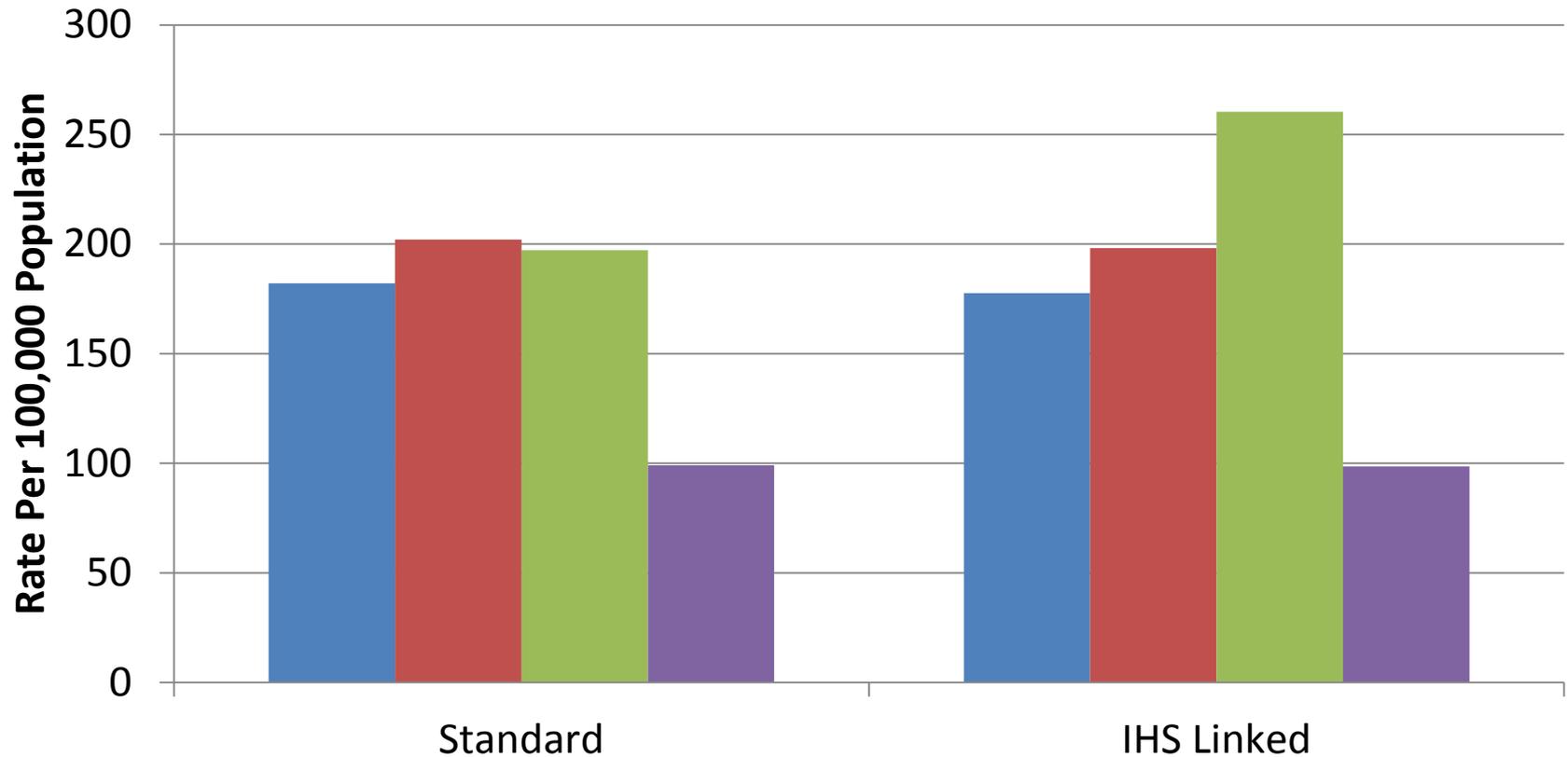
Age-Adjusted Mortality Rate, Diseases of the Heart, Oklahoma 2013-2015

White Black American Indian Asian/Pacific Islander



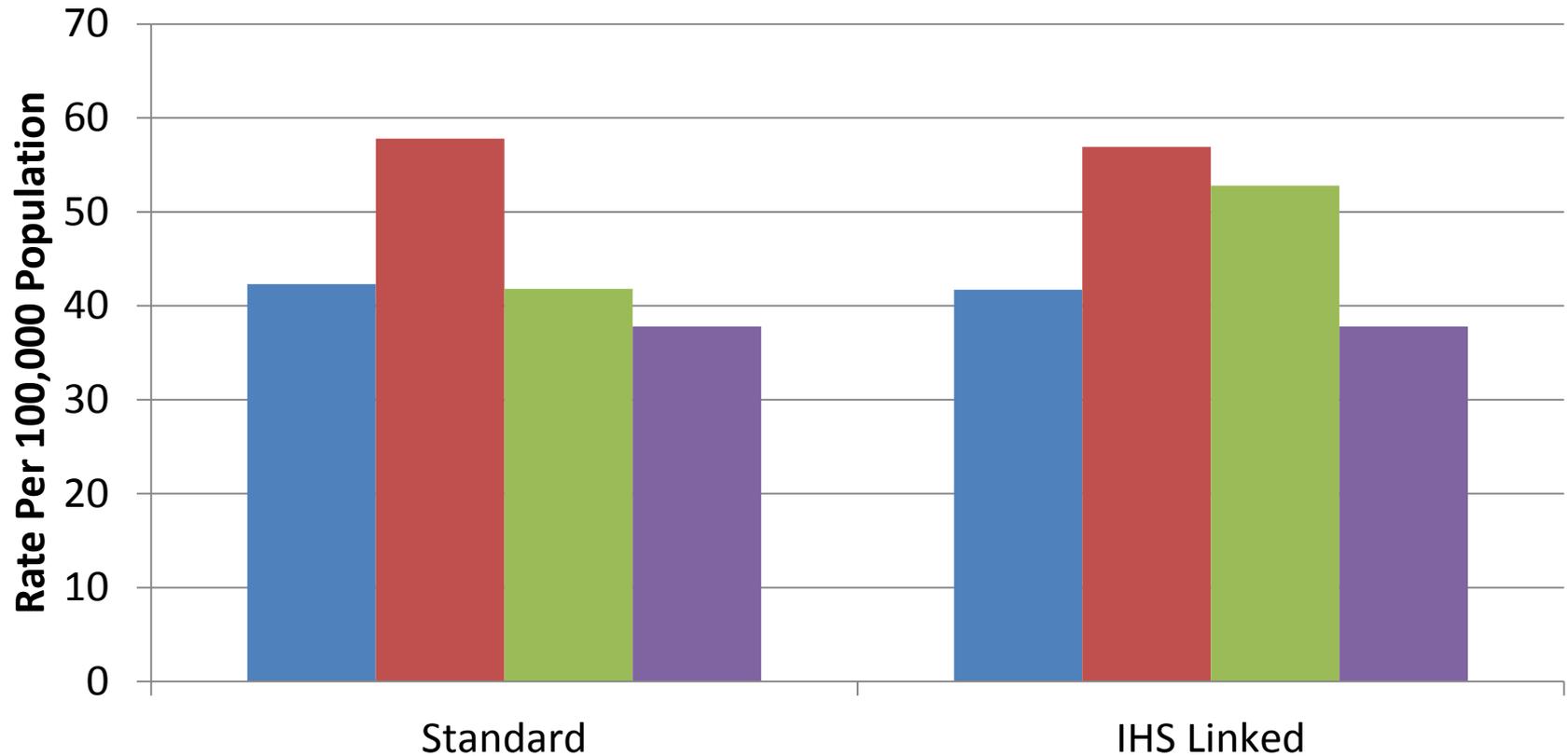
Age-Adjusted Mortality Rate, Malignant Neoplasms, Oklahoma 2013-2015

White Black American Indian Asian/Pacific Islander



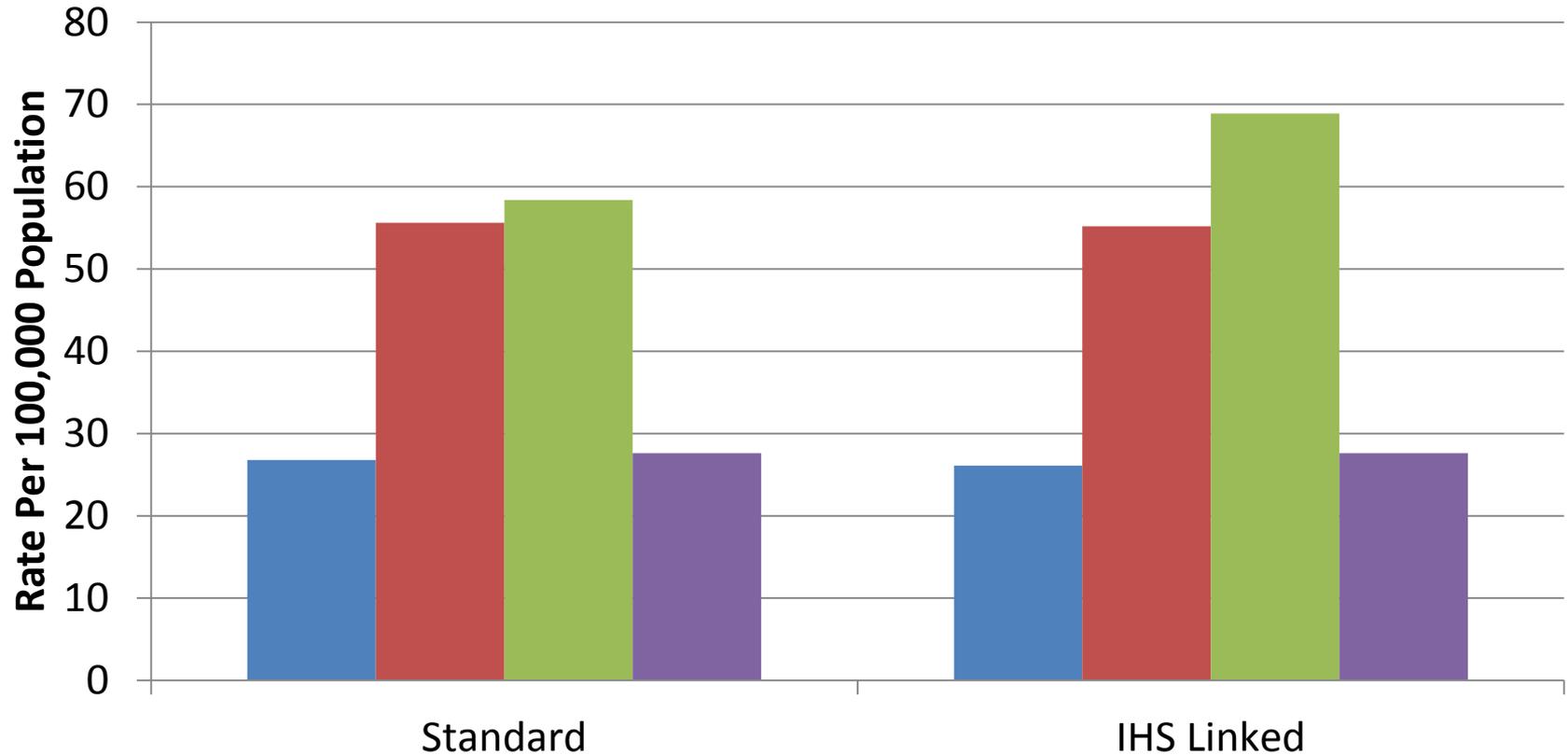
Age-Adjusted Mortality Rate, Cerebrovascular Diseases, Oklahoma 2013-2015

White Black American Indian Asian/Pacific Islander



Age-Adjusted Mortality Rate, Diabetes Mellitus, Oklahoma 2013-2015

White Black American Indian Asian/Pacific Islander





*the
Chickasaw
Nation*

Tribal Public Health Advisory Committee

A Collaborative Governance State and Tribal Partnership

Oklahoma State Board of Health Meeting - May 9, 2017

Melissa Gower, Senior Advisor, Policy Analyst
Chickasaw Nation Department of Health

Background

- American Indian people residing in the state of Oklahoma are citizens of the state, and as such, possess all the rights and privileges afforded by Oklahoma to its citizens. They are also the citizens of tribal nations. Oklahoma tribal nations have inalienable self-governance power over their citizens and territories and possess unique cultures, beliefs, value systems and histories as sovereign nations.
- The Oklahoma State Department of Health and the tribal nations have recognized the need to participate in decision-making processes in a government-to-government relationship, while leveraging resources to yield greater impact in creating a healthier and safer community for American Indian people.



Background

- During the update of the Oklahoma Health Improvement Plan (OHIP), the Oklahoma State Department of Health (OSDH) held formal tribal consultation meetings in Tahlequah and Little Axe. These meetings provided valuable information for the OHIP update and also highlighted the need for continued work together around the *implementation* of the issues identified.
- As a result of this tribal consultation, the OSDH established a Tribal Public Health Advisory Committee (TPHAC) comprised of various tribal representatives from across the state.



Purpose

- The TPHAC's primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations, or facilitate any other collaboration interaction related to intergovernmental responsibilities or administration of public health programs. - *OHIP Charter*
- This purpose is accomplished through forums, meetings and conversations between tribal nations and OSDH executive leadership.



Core Functions

- Identify issues and barriers to access to care, health insurance coverage and delivery of health services to American Indian people living in Oklahoma
- Propose recommendations and solutions to address issues raised at the tribal level
- Serve as a forum for tribal nations and OSDH to discuss issues, proposals for change or new ideas to address public health infrastructure, programs or services
- Identify priorities and provide advice on strategies for assuring collaborative governance on implementing state health care innovation transformations that will be sensitive to the needs, culture, language and sovereignty of tribal nations
- Ensure pertinent issues are brought to the attention of tribes, so significant and timely tribal feedback may be obtained
- Coordinate public health responses to assure tribal nations are at the decision-making table
- Provide direct input into the implementation of the OHIP



Collaborative Governance

- **Collaborative Governance:** A governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal consensus-oriented and deliberative and that aims to make or implement public policy or manage public programs or assets. (*Ansell, Chris and Gash, Allison, (2008), Collaborative Governance in Theory and Practice, Journal of Public Administration Research and Theory, 18(4), 543-571.*)
- TPHAC was formed using this concept.
- The tribes and the state sit together at the decision-making table during the development of programs, projects and initiatives.



Collaborative Governance

TPHAC aims to:

- Make decisions together and identify distinct roles for each partner to play during the full implementation of initiatives or programs
- Sit together at the decision-making table to jointly develop programs and initiatives. while recognizing that no one has authority over the other
- Commit to ongoing evaluation efforts regarding projects and programs implemented to measure success
- Work together on a regular basis on projects and initiatives to learn and grow with each other



TPHAC Representation – A Diversity of I/T/U

- Cherokee Nation
 - Chickasaw Nation
 - Choctaw Nation
 - Muscogee Creek Nation
 - Northeast Tribal Health System
 - Oklahoma City Indian Clinic
 - Oklahoma State Department of Health
 - Wichita and Affiliated Tribes
-
- The TPHAC is also represented on the OHIP Full Team



Projects

TPHAC has served as a vehicle for many collaborative projects and partnerships. The following highlights a few examples:

- Nomination of tribal representatives to state boards
- Inclusion of tribal representatives on state task forces and workgroups
- Public Health Accreditation
- Immunization project with the Choctaw and Chickasaw Nations
- Health Impact Assessments (Health in All Policies; Choctaw Nation)
- American Indian Data Community of Practice (AIDCoP)
- Oklahoma Systems Innovation Model (OSIM)



Projects

Examples continued:

- 1115 (a) State Medicaid Waiver (Insure Oklahoma Sponsors Choice)
- 1332 State Waiver
- Solidarity in advocacy work on our priorities, such as:
 - Preservation of IHClA
 - Special Protections and Provisions
 - Medicaid Reform
 - Recognition of tribal sovereignty
 - Funding for CDC Office on Smoking and Health



Tribal Reception and Perspectives

- Tribes have found TPHAC to be a step toward...
 - Recognition of the special relationship
 - Full and meaningful consultation and collaboration in development of policies that might have tribal implications
 - Improving access to care
 - Designing innovative health efforts
 - Strong government-to-government relationship
 - Provide proactive opportunities
 - Success in advocacy efforts
 - A successful model of partnership that is emulated for the rest of Indian country, which enhances the tribal presence on national committees and workgroups



Childhood Lead Poisoning

A Kay County Perspective

Oklahoma State Board of Health Meeting
Kay County Health Department
June 13, 2017



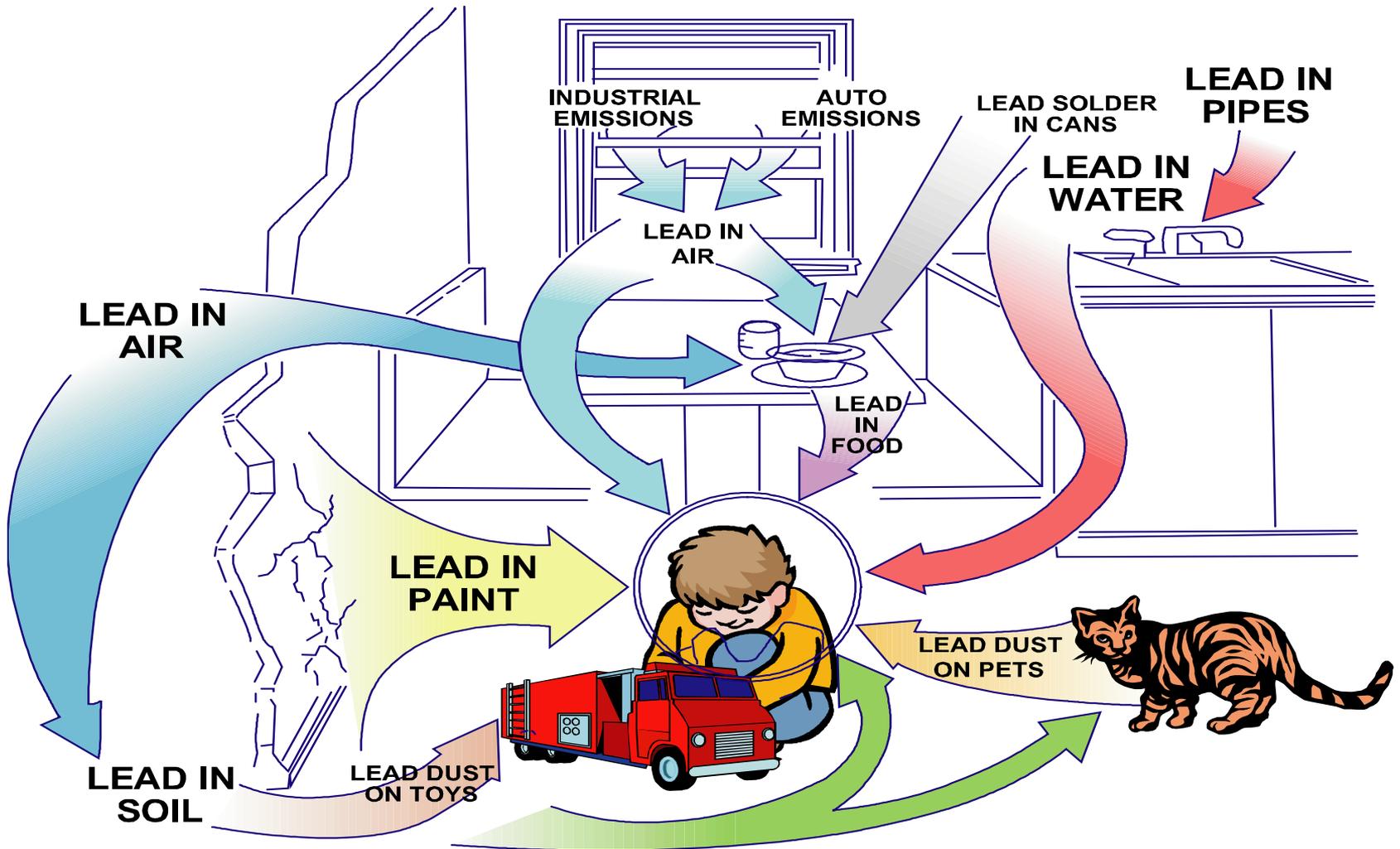
Childhood Low Level Lead Toxicity – Risks and Realities

- Vast evidence* supports increased likelihood of:
 - Decrease in IQ
 - Increase in blood lead from $<1 - 10 \mu\text{g}/\text{dL}$ = -6.2 IQ points
 - Increase in blood lead from $<1 - 30 \mu\text{g}/\text{dL}$ = -9.2 IQ points
 - Neurobehavioral disorders such as hyperactivity and attention deficits
 - No effective treatments ameliorate the permanent developmental effects of lead toxicity

**Pediatrics*. 2016; 138:1 (e20161493). Policy Statement: Childhood Lead Poisoning Prevention



What are the Lead Hazard Pathways?



A Historical High Risk Area

Blackwell, OK

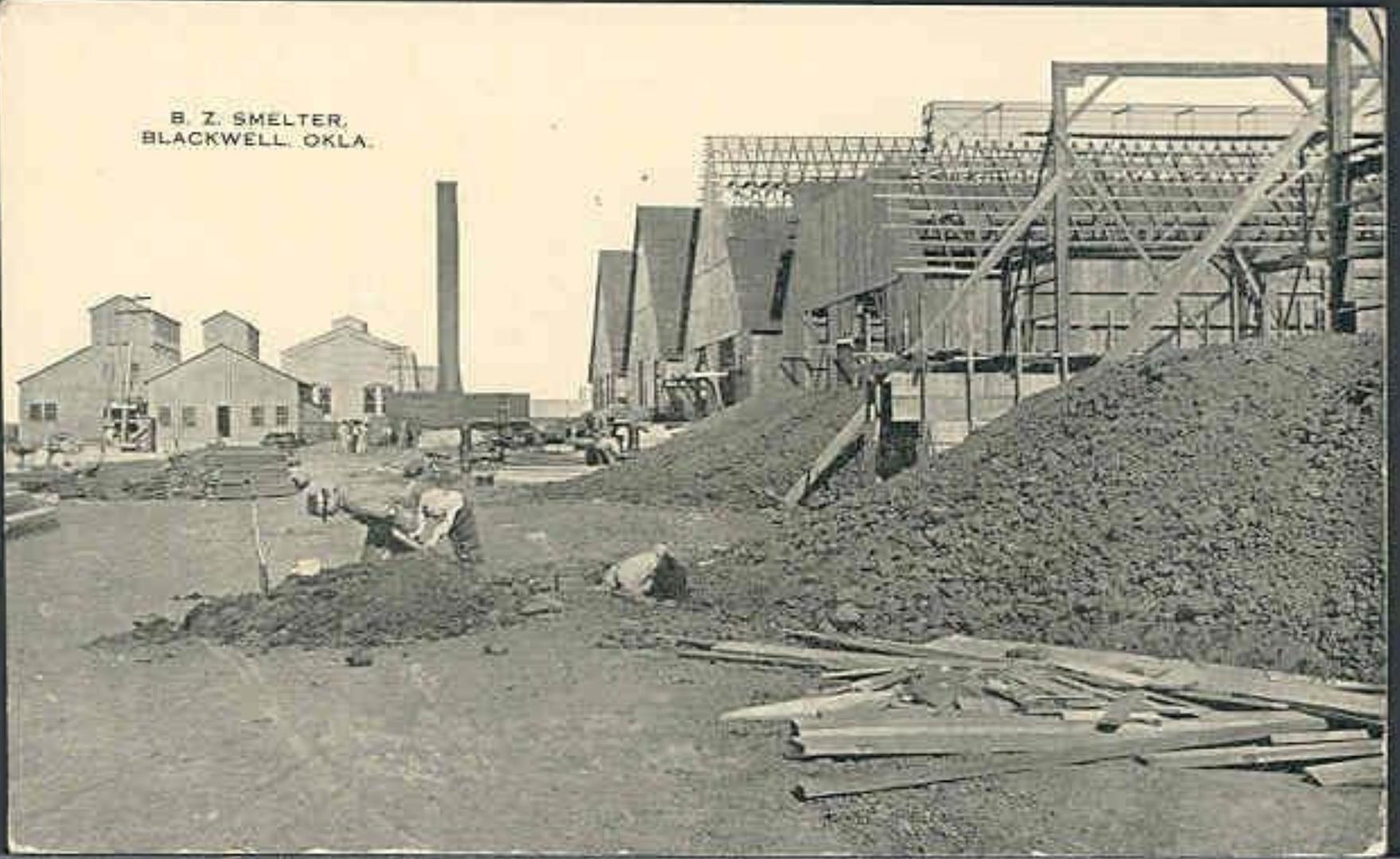
- Located in Kay County
- Pop. ~6,900 in 2015
- Blackwell Zinc Company operated smelter from 1916-1974
- 42% of homes built prior to 1950*
- 88% of homes built before 1980*

*U.S Census Bureau. (2015). 2010-2014 American Community Survey 5-Year Estimates



Image Courtesy of Blackwell Uncovered

B. Z. SMELTER,
BLACKWELL, OKLA.





Air View of Zinc Smelter Plant, Blackwell, Oklahoma



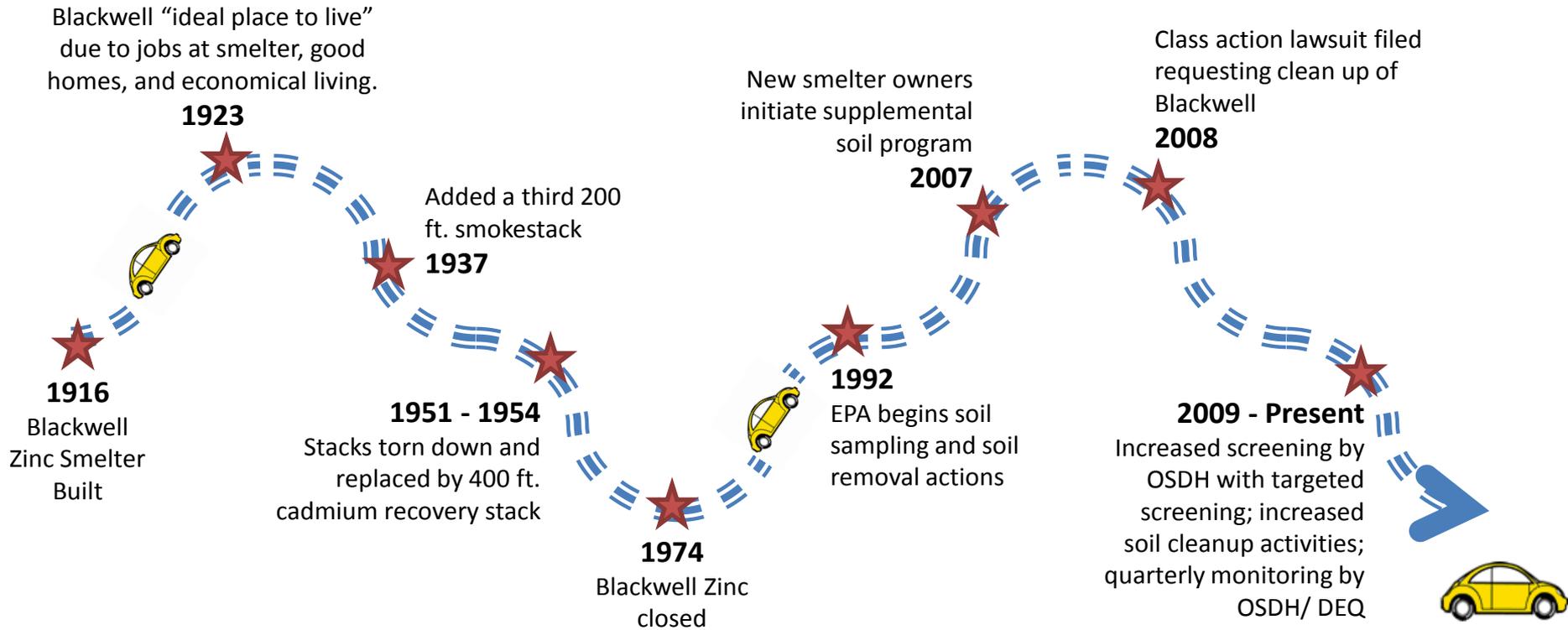
A Historical High Risk Area

Blackwell, OK

- Due to previous smelter activity, Blackwell has a history of elevated blood lead levels in children
- The Department of Environmental Quality has worked with the responsible party (now Freeport-McMoRan) and the Blackwell community to remediate soil contaminated with lead
- A study of children's blood lead levels was conducted by OSDH and KCHD in 2011
- A settlement agreement to a class action lawsuit against the responsible party was agreed upon in 2012



Blackwell, OK Timeline



2011 Blackwell Blood Lead Study

- In 2011, when the study began, the reference level for an elevated blood lead level was 10 $\mu\text{g}/\text{dL}$ (micrograms per deciliter)
- 360 children participated in the study and provided blood lead samples
- The study found that 0.8% of children living in Blackwell had elevated blood lead levels



Positive Outcomes of Study

- Awareness of lead exposure increased in the community
- Additional children who had never received blood lead tests were identified and received appropriate follow-up and case management
- Partnership between OSDH, Kay County Health Department, the Department of Environmental Quality (DEQ), City of Blackwell, Freeport-McMoRan, and Environmental Protection Agency (EPA) was established

Study Limitations

- In May 2012, the Centers for Disease Control and Prevention came up with new guidance which indicated that there was no safe level of lead and that action should be taken for anyone whose blood lead level was 5 $\mu\text{g}/\text{dL}$ or higher
- Change in blood the blood lead reference level when applied retrospectively showed many children in the 5-9 $\mu\text{g}/\text{dL}$ range who would now be considered to have lead poisoning
- Information regarding sources of exposure in children's homes and information about soil remediation in their homes was not collected



Blackwell: Contaminated Soil or Lead-Based Paint?

- The limited number of home environmental investigations performed in Blackwell have revealed the presence of lead-based paint as primary exposure source
- All environmental investigations have been in homes built prior to 1950
- Large scale soil remediation has occurred



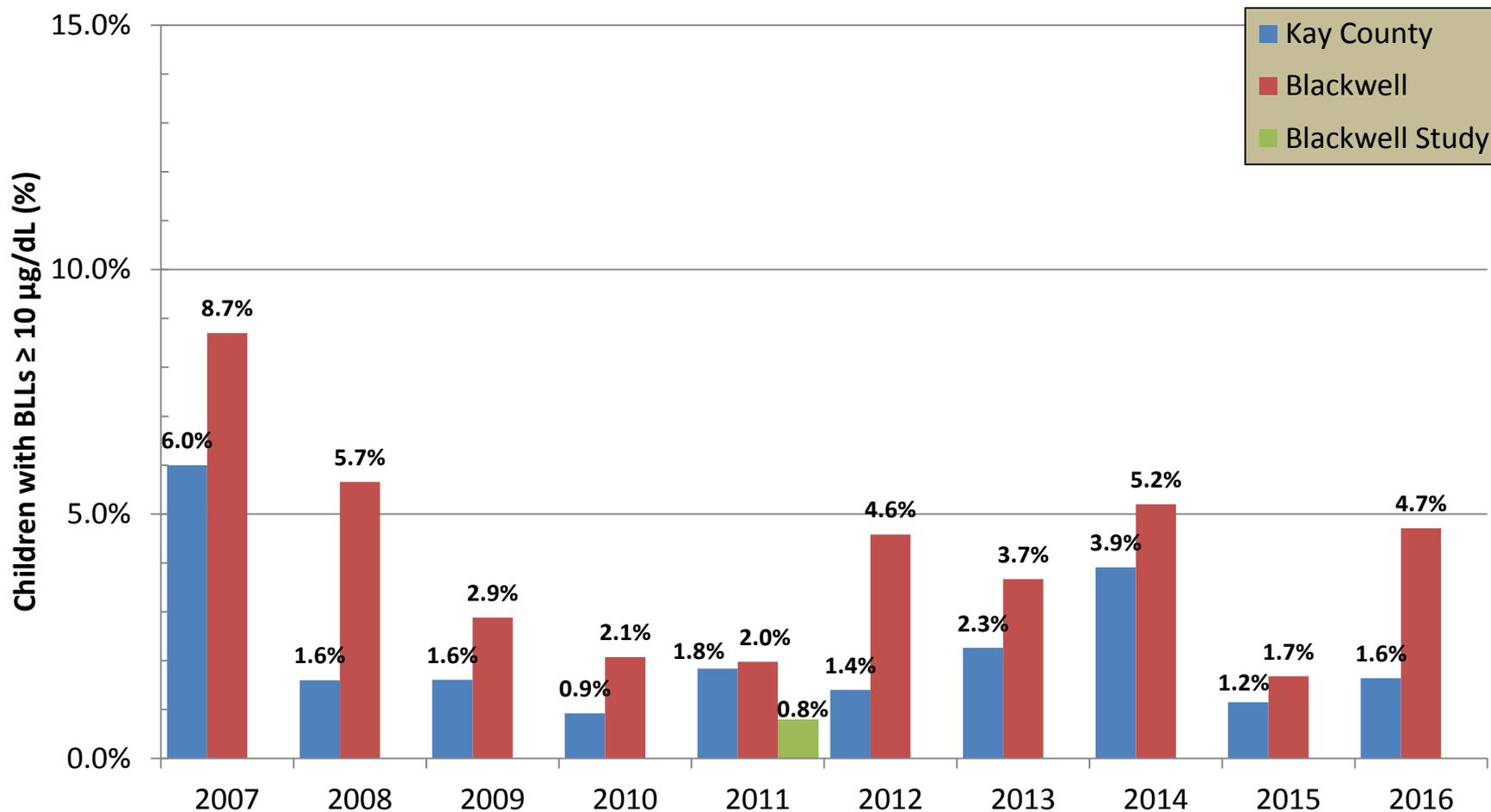
2017 Blackwell Lead Study Proposal

- Children will be randomly selected for a more representative sample of the community
- Children with a level ≥ 5 $\mu\text{g}/\text{dL}$ will receive an environmental investigation to identify the sources of lead exposure
- Parents of children will complete a detailed questionnaire to aid in understanding potential lead exposure sources
- Soil remediation information will be available to correlate with elevated lead levels
- Drinking water samples will be collected at the residence of children with elevated blood lead levels



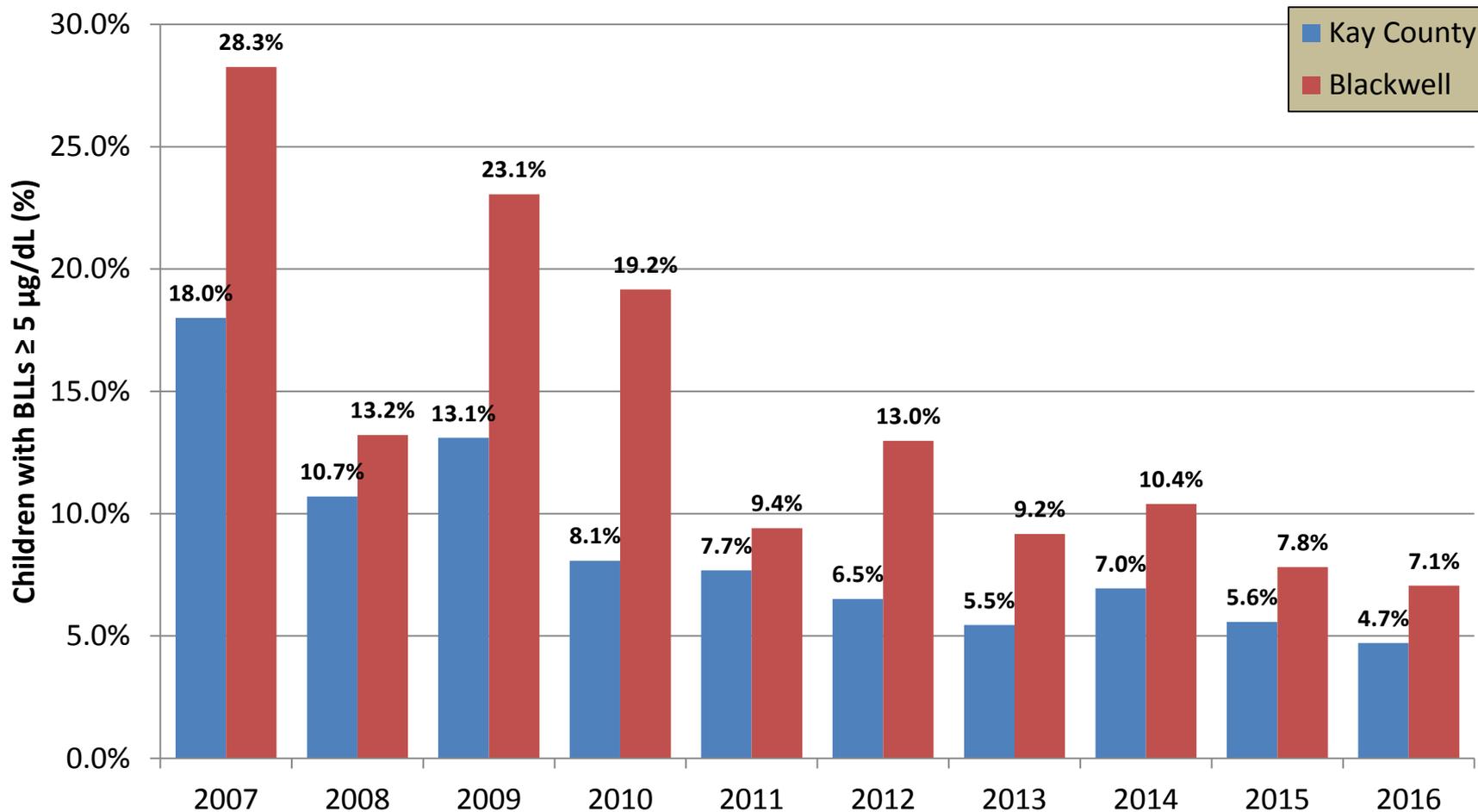
Reported Childhood Blood Lead Levels $\geq 10 \mu\text{g}/\text{dL}$ Blackwell, Kay County, and the Blackwell Study, 2007 – 2016

Oklahoma State Department of Health, Childhood Lead Poisoning Prevention Program



Reported Childhood Blood Lead Levels $\geq 5 \mu\text{g}/\text{dL}$ Blackwell & Kay County, 2007 – 2016

Oklahoma State Department of Health, Childhood Lead Poisoning Prevention Program



Kay County Health Department Study Role

- Multidisciplinary approach
 - Outreach, education, screening, home visitation, tracking, and coordination
- Two Certified Risk Assessors in the Blackwell area
- Will need to address multi-faceted community issues
 - Older housing
 - Soil contamination
 - Testing fatigue



Kay County Health Department Activities

- Community coalition activity
- Communication and solution building with partners
- Enhanced education
 - Parents, partners, and community
- Enhanced home visitation approach



Kay County Activities

- EPA, DEQ , and Freeport-McMoRan collaborate on remediation efforts in Blackwell
- DEQ, OSDH, and Kay County Health Department partnering to conduct 2017 Childhood Blood Lead Study
- The Kay County Health Department, City of Blackwell, City of Ponca City, tribal partners, community coalitions, and Freeport-McMoRan have engaged in community activities to increase education and decrease sources of lead exposure



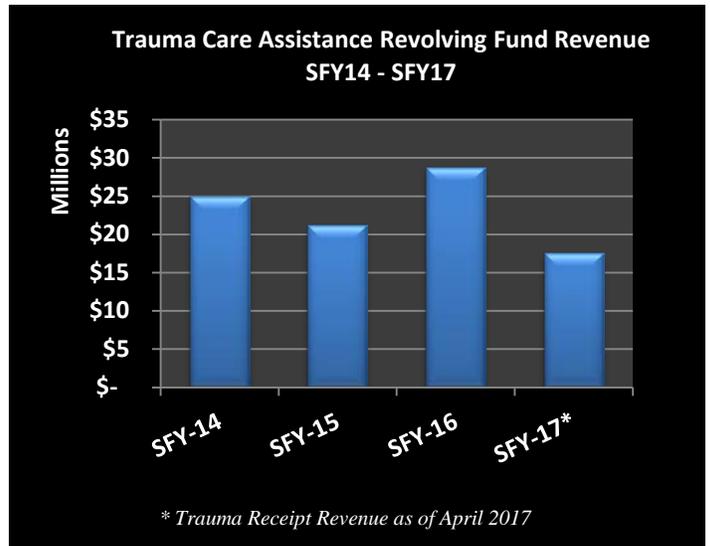
Questions?



Oklahoma State Department of Health Board of Health – Finance Brief June 13, 2017

Focus: Trauma Care Assistance Revolving Fund

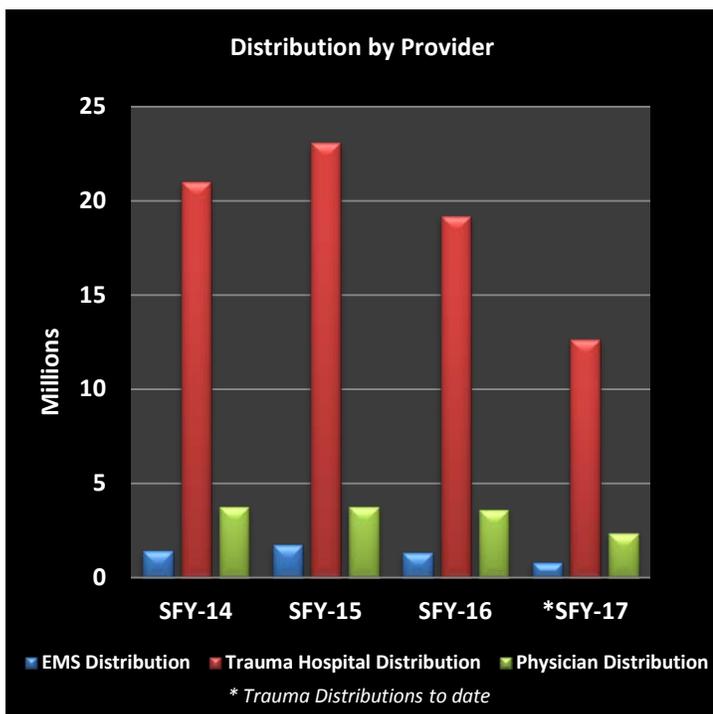
- Senate Bill 290 originally established the Trauma Care Assistance Revolving Fund in 1999. This Bill allowed for reimbursement of uncompensated costs associated with trauma care provided by recognized trauma facilities and emergency medical providers.
- In 2004, Senate Bill 1554 added physicians to the list of providers eligible for reimbursement from the Fund.
- The Oklahoma State Department of Health (OSDH) Trauma Care Assistance Revolving Fund is an uncompensated care funding pool. It supplements the cost of uncompensated trauma care provided to under and uninsured residents by hospitals, EMS agencies, and physicians. Functioning as a public health safety net, the fund safeguards the continued care of some of Oklahoma's most vulnerable residents while equitably distributing payments for traumatic services amongst providers across the State.
- Sources of revenue for the Trauma Fund include:
 - Renewal and reinstatement fees for drivers licenses
 - Fines for driving without a license
 - Convictions for DUI
 - Failure to maintain motor vehicle insurance
 - Tobacco Tax
 - Drug-related convictions



According to statute, 90% of the revenues collected are disbursed among the eligible participants during each distribution period. The remaining 10% is retained by the OSDH to support administration and facilitation of the trauma system in Oklahoma pursuant to the Oklahoma Emergency Response Systems Development Act (63 O.S. §1-2530.9). Also per Rule, up to 30% of each distribution is reserved specifically for physicians (OAC 310:669-7-1).

Administration and facilitation of the trauma system includes maintaining a trauma registry, verifying and distributing trauma assistance care fund, supporting multiple provider advisory groups including the Oklahoma Trauma and Emergency Response Advisory Council and regional trauma advisory boards, performing audits of the trauma distribution, strategic planning, and continuous quality improvement.

Since FY 2012, the Trauma Fund has disbursed \$128,721,589 to eligible hospitals, EMS agencies and physician providers for uncompensated care reimbursement for cases meeting the required clinical criteria. Prior to submitting claims for reimbursement, providers are required to pursue reasonable collection efforts (OAC 310:669-5-1(j)). Should the provider receive additional payment from either patients or third parties, they are to remit subsequent collections back to the Trauma Fund pursuant to OAC 310:669-5-4(c).



**OKLAHOMA STATE DEPARTMENT OF HEALTH
BOARD OF HEALTH FINANCE COMMITTEE BRIEF
June 2017**

SFY 2017 BUDGET AND EXPENDITURE FORECAST: AS OF 05/26/2017

<u>Division</u>	<u>Current Budget</u>	<u>Expenditures</u>	<u>Obligations</u>	<u>Forecasted</u>	<u>Not Obligated or</u>	<u>Performance</u>	
				<u>Expenditures</u>	<u>Forecasted</u>	<u>Rate</u>	
Public Health Infrastructure	\$ 21,836,428	\$ 13,595,662	\$ 4,889,329	\$ 2,985,408	\$ 366,029	98.32%	
Protective Health Services	\$ 60,526,021	\$ 42,545,956	\$ 4,293,073	\$ 13,513,195	\$ 173,797	99.71%	
Office of State Epidemiologist	\$ 58,220,933	\$ 36,968,611	\$ 14,883,338	\$ 6,203,379	\$ 165,605	99.72%	
Health Improvement Services	\$ 32,502,699	\$ 18,036,168	\$ 5,409,556	\$ 8,594,975	\$ 462,000	98.58%	
Community & Family Health Services	\$ 222,635,489	\$ 152,156,605	\$ 12,928,548	\$ 57,545,364	\$ 4,972	100.00%	
Totals:	\$ 395,721,570	\$ 263,303,002	\$ 42,403,844	\$ 88,842,321	\$ 1,172,403	99.70%	
< 90%		90% - 95%		95% - 102.5%		102.5% - 105%	>105%

Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2017
- Budgeted vacant positions are forecasted at 50% of budgeted cost
- Forecasted expenditures includes the unencumbered amounts budgeted for:
 - Travel reimbursements
 - WIC food instrument payments
 - Trauma fund distributions
 - Amounts budgeted for county millage
 - Amount budgeted to support rural EMS agencies
 - Budget amounts for fiscal periods other than state fiscal year not yet active

Budget and Expenditure Explanation

- The amounts reported as 'Not Obligated or Forecasted' are not an estimate of lapsing funds. This represents planned expenditures that OSDH is currently taking action to execute.
- Health Improvement Services budget was increased due to a new revenue generating APD contract with the Oklahoma Health Care Authority.
- The agency has a current overall performance rating of 99.70%, a net change of - .07% from May's report.

**Oklahoma State Department of Health
Annual Internal Audit Plan
State Fiscal Year 2018**

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 2018 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 82 county health department locations in 68 counties throughout the State, which provide a variety of health services to the public. Of the \$399* million Agency budget for SFY-18, the county health departments are directly budgeted approximately \$98 million, which consists of \$42 million of State/Federal funds, \$36 million of local millage funds (county payroll reimbursement) and \$20 million of local millage funds (Local Operating Budgets). County health departments also utilize other budgets referred to as Shared Services. Historically, counties utilize approximately \$23.5 million of Shared Services budgets. The budgeted expenditures equate to 30% $((\$98+\$23.5)/\$399)$ 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 Program Guidelines, Cash Receipts/Receivables and Depositing Processes, Expenditures (LEP) and related Purchase Orders, Pharmacy Inventory (including Immunization Vaccines), Travel Reimbursement Processes, County and State Fixed Asset Inventory, Temporary Food License, County Contracts and Programmatic requirements (i.e., WIC, Family Planning, TSET, etc...).

Federal Monitoring Requirements

Independent Audit Reports

The Internal Audit Staff plans to further enhance the Agency's monitoring requirements as set forth in the Code of Federal Regulations, 2 CFR Part 200, by continuing to ensure local governments, non-profit organizations and institutions of higher education who are awarded grants to perform services on behalf of OSDH using Federal funds have an Independent Audit performed. If Federal expenditure thresholds are met as established by 2 CFR Part 200, grantees are required to submit the Independent Audit Reporting forms to the Federal Audit Clearing house on an annual basis. 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 2 CFR Part 200.

Invoice Validation

Additionally, the Internal Audit Unit will review supporting documentation of grantee invoices as part of the overall Agency subrecipient monitoring process.

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:

- Terrorism Preparedness and Response
- Compliance with Agency HR Policies (Personnel transactions/Adjustments/Longevity)
- Pharmaceutical Inventory & Credit – Central Office only
- Oklahoma – Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke

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

2018 Risk Analysis
Top 6 From Each Service Area

Ranking	Auditable Units/Processes	15%	10%	15%	10%	15%	10%	5%	5%	5%	10%	1.00
		Federal Requirements	State Statutes	Dollar or Transaction Volume*	Adequacy & Effectiveness of the system of Monitoring, Oversight & Supervisory Controls	Previous Audit Findings and/or Questioned Costs In Last two yrs	History of fraud or abuse in this process or practice	Time Expired Since Last Audit or Review	Complexity or volatility of activities	Competency of Staff Responsible	Staff physically handle cash or other assets	Total
		1 = nonfederal 3 = some federal 5 = federal	1 = no 5 = yes	1 = < \$500,000; <50 2 = \$500,000 - \$1.5 mil.; 51-150 3 = \$1.5 mil. - \$3 mil.; 151-300 4 = \$3 mil. - \$6 mil.; 301-500 5 = >\$6 mil.; > 500	1 = good I/C's 3 = moderate 5 = poor I/C's	1 = no findings 5 = prev. findings	1 = no history 5 = history	1 = 1 - 3 years 2 = 4 - 6 years 3 = 7 - 9 years 4 = 10-12 years 5 = over 12 yrs	1 = not complex 3 = avg. complex 5 = very complex	1 = very experienced 3 = avg. experience 5 = not experienced	1 = doesn't handle cash 5 = handles cash	
1	CHD - Cash Handling Procedures (Change Funds, Receipt and Deposit)	5	5	3	5	5	5	1	3	3	5	4.30
2	Compliance with Purchasing Act	5	5	4	1	5	5	1	3	3	5	4.05
3	County Inventory	3	5	5	3	5	5	1	3	2	5	4.05
4	Cash Receipts, Accounts Receivable & Refunds	3	5	5	3	1	5	5	3	3	5	3.70
5	Grant Reporting - Financial	5	5	5	3	5	1	1	5	3	1	3.70
6	Cash Receipts and Receivables	3	5	1	3	5	5	1	3	3	5	3.50
7	Terrorism Preparedness and Response (\$12,286,627 400CF & \$9,914,672 400CD)	5	1	5	3	5	1	5	5	1	1	3.40
8	Third Party Billing, Medicaid/Medicare, Insurance, etc...	5	5	5	5	1	1	1	5	5	1	3.40
9	Compliance with Agency Policy	3	5	5	5	1	1	5	5	5	1	3.30
10	Personnel Transactions/Adjustments/Longevity/Benefits	3	5	5	5	1	1	5	5	5	1	3.30
11	Immunization Regular (\$5,279,702 400CD)	3	5	4	3	5	1	1	3	3	1	3.15
12	MIECHV	5	1	5	3	5	1	1	3	1	1	3.10
13	Pharmaceutical Inventory	5	5	5	1	1	1	1	3	1	5	3.10
14	Long Term Care Services	5	5	5	1	1	1	4	5	3	1	3.05
15	LEP Processes	1	1	5	1	5	5	1	1	2	5	3.05
16	VFC Immunization	3	5	3	3	5	1	1	3	3	1	3.00
17	Consumer Protection **	3	5	5	1	1	1	2	5	1	5	2.95
18	Immunization Service - Contract Monitoring of Vaccine Inventory	3	5	4	3	1	1	1	3	3	5	2.95
19	Laboratory - Billing	5	5	5	1	1	1	5	3	1	1	2.90
20	1422 - Oklahoma - Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (\$2,640,000 400CR)	5	1	3	5	1	1	5	5	5	1	2.90
21	1305 - Prevention & Control of Diabetes, Heart Disease, Obesity & Associated Risk (\$515,252 400CS)	5	1	2	5	1	1	5	5	5	1	2.75
22	Pharmaceutical Inventory & Credit - Central Office only	3	1	5	1	1	1	5	5	1	5	2.70
23	Medical Facilities Service	5	5	4	1	1	1	1	5	1	1	2.65
24	Injury Prevention Service	5	5	3	1	1	1	4	5	1	1	2.65
25	1205 - Comp Cancer, Breast & Cervical Cancer Early Detect & Cancer Registries (\$2,029,114 400BI)	3	1	3	5	1	1	5	5	5	1	2.60
26	Civil Money Penalty Fund	5	5	2	1	1	1	4	3	3	1	2.50
27	Health Resources Development Service ***	3	5	4	1	1	1	5	3	1	1	2.45
28	Preventive Health and Health Services Block Grant (Prevent Block \$1,449,458 400AP)	5	1	2	1	1	1	1	5	1	1	1.95
29	Oklahoma Behavioral Risk Factor Surveillance System - (\$92,445 400C5)	5	1	1	1	1	1	5	1	1	1	1.80
30	Enhancing Quitline Reach in Oklahoma (\$234,925 400BP)	5	1	1	1	1	1	5	1	1	1	1.80
	Community and Family Health Services											
	Office of State Epidemiology											
	Protective Health Service											
	Administrative Services											
	Senior Deputy Commissioner											

2018 Risk Analysis
Agency's Highest Risk Programs/Activities
For Audit Consideration for 2018

<u>Top 30 Ranking</u>	<u>Auditable Units/Processes</u>	<u>Total</u>	<u>Audit Plan</u>	<u>Audit Report</u>
Internal Audit's 2018 Focus Reviews (Excluding CHD Reviews)				
7	Terrorism Preparedness and Response (\$12,286,627 400CF & \$9,914,672 400CU)	3.40		1
9	Compliance with Agency Policy	3.30		2
10	Personnel Transactions/Adjustments/Longevity/Benefits	3.30		
14	Long Term Care Services	3.05		
17	Consumer Protection **	2.95		
19	Laboratory - Billing	2.90		
20	1422 - Oklahoma - Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (\$2,640,000 400CR)	2.90		5
	1305 - Prevention & Control of Diabetes, Heart Disease, Obesity & Associated Risk (\$515,252 400CS)	2.75		
21	Pharmaceutical Inventory & Credit - Central Office only	2.70		3
22	Medical Facilities Service	2.65		
23	Injury Prevention Service	2.65		
24	1205 - Comp Cancer, Breast & Cervical Cancer Early Detect & Cancer Registries (\$2,029,114 400BI)	2.60		4
25	Civil Money Penalty Fund	2.50		
26	Health Resources Development Service ***	2.45		
27	Preventive Health and Health Services Block Grant (Prevent Block \$1,449,458 400AP)	1.95		
28	Oklahoma Behavioral Risk Factor Surveillance System - (\$92,445 400C5)	1.80		
29	Enhancing Quitline Reach in Oklahoma (\$234,925 400BP)	1.80		
30				
Reviewed as part of the County Health Dept. Audit Procedures				
1	CHD - Cash Handling Procedures (Change Funds, Receipt and Deposit)	4.30		Annual
2	Compliance with Purchasing Act	4.05		Annual
3	County Inventory	4.05		Annual
6	Cash Receipts and Receivables	3.50		Annual
13	Pharmaceutical Inventory	3.10		Annual
15	LEP Processes	3.05		Annual
Removed from 2018 Consideration				
+	Cash Receipts, Accounts Receivable & Refunds	3.70		In Process
+	Grant Reporting - Financial	3.70		12/16
a	Third Party Billing, Medicaid/Medicare, Insurance, etc...	3.40		2/17
+	Immunization Regular (\$5,279,702 400CD)	3.15		SAI
a	MIECHV	3.10		2/16
a	VFC Immunization	3.00		SAI
18	Immunization Service - Contract Monitoring of Vaccine Inventory	2.95		SAI

Tickmark Legend

- + Completed Internal audit in last 5 years or currently in process.
- a Process removed from consideration for the current year due to SAI reviewing these activities FY 2015.
- ** This includes Food, MicroPig, Tattoo, Alarm, Barber, Pools, Hearing Aide, Fire Extinguisher, Body Piercing.
- *** This Includes HMO, Certificate of Need, Managed Care, Facility Licensure

Note: Total Risk Score is based on a scale from 1 to 5. The higher the score, the higher the risk related to the auditable unit.

Color Legend for Service Area

Community and Family Health Services
Office of State Epidemiology
Protective Health Service
Administrative Services
Senior Deputy Commissioner

The overall ranking reflects the top 6 high risk areas for each Service area followed with their ranking by the Risk Score.

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT
Terry Cline, Ph.D., Commissioner
June 13, 2017

PUBLIC RELATIONS/COMMUNICATIONS

OU College of Public Health luncheon with OSDH Apprentices
21st Biennial AC Hamlin Scholarship Banquet
Governor's Press Conference
U.S. Department of Commerce, SABIT Program Healthcare Delegation
Greater OKC Chamber Annual Legislative Reception
Governor's 16th Annual Boots, Bandanas, Barbecue 2017
Capitol Centennial Celebration
DISCUSS (Deliver Interoperable Solution Components Utilizing Shared Services) Meeting – presenter
OU College of Public Health Convocation – keynote speaker
Governor's Walk for Wellness – speaker
ASTHO State, Tribal, and Community Partnerships to Identify and Control Hypertension
Collaborative Team Meeting - McAlester
Tod Tucker-KOKC, News Talk 1520, Radio Oklahoma Network – interview

STATE/FEDERAL AGENCIES/OFFICIAL

1332 Legislative Briefing
Katie Altshuler, Policy Director, Governor's Office
Becky Pasternik-Ikard, CEO, Oklahoma Health Care Authority
Terri White, Commissioner, Okla. Dept. of Mental Health and Substance Abuse Services
Joy Hofmeister, Superintendent of Public Instruction
OSDH County Health Department Regional Director Meeting
CAPT Mehran S. Massoudi, PhD, MPH, Acting Director, Office of the Assistant Secretary for
Health, U.S. Dept. of Health and Human Services, Region VI
U.S. Dept. Of Health & Human Services Region VI Tribal Consultation
Gary Ridley, Secretary of Transportation
Democratic Caucus

SITE VISITS

Garvin County Health Department
Pittsburg County Health Department
Pottawatomie County Health Department

OTHERS:

Accreditation Council for Graduate Medical Education, CLER
Craig Jones, President, Oklahoma Hospital Association
Dr. Thomas Kuhls, MD, Norman Pediatric Associates
Saint Paul's Cathedral Forum
Dementia Toolbox - Featuring Teepa Snow
Oklahoma City County Health Department Board Meeting
Tulsa Board of Health Meeting
David Keith, CEO, McAlester Regional Health Center
Oklahoma Health Center Foundation CEO Meeting