

**Agenda for the 10:30 a.m., Tuesday, April 12, 2016**  
**Regular Meeting of the Oklahoma State Board of Health**  
**Posted at [www.health.ok.gov](http://www.health.ok.gov)**

Moore Norman Technology Center, South Penn Campus  
13301 S. Pennsylvania  
Oklahoma City, OK 73170

**I. CALL TO ORDER AND OPENING REMARKS**

**II. REVIEW OF MINUTES**

- a) Approval of Minutes for March 8, 2016, Regular Meeting

**III. STRATEGIC MAP UPDATE PRESENTATION**

Deborah Nichols, Chief Operating Officer; Toni Frioux, MS, APRN-CNP, Deputy Commissioner, Prevention and Preparedness Services

**IV. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

Executive Committee – Dr. Woodson, Chair

Discussion and possible action on the following:

- b) Update

Finance Committee – Ms. Burger, Chair

Discussion and possible action on the following:

- c) Update

Accountability, Ethics, & Audit Committee – Ms. Wolfe, Chair

Discussion and possible action on the following:

- d) Update

Public Health Policy Committee – Dr. Stewart, Chair

Discussion and possible action on the following:

- e) Update

**V. PRESIDENT'S REPORT**

Related discussion and possible action on the following:

- f) Update

**VI. COMMISSIONER'S REPORT**

Discussion and possible action

**VII. NEW BUSINESS**

Not reasonably anticipated 24 hours in advance of meeting

**VIII. 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.

**IX. 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  
*Secretary-Treasurer*  
Timothy E Starkey, MBA  
Robert S Stewart, MD

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Oklahoma City, OK 73117-1207  
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STATE BOARD OF HEALTH  
OKLAHOMA STATE DEPARTMENT OF HEALTH

Citizen Potawatomi Cultural Heritage Center  
1899 Gordon Cooper Dr.  
Shawnee, OK 74801

Tuesday, March 8, 2016 11:00 a.m.

Ronald Woodson, President of the Oklahoma State Board of Health, called the 407<sup>th</sup> regular meeting of the Oklahoma State Board of Health to order on Tuesday, March 8, 2016 at 11:02 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on March 7, 2016, and at 11:00 a.m. at the Citizen Potawatomi Cultural Heritage Center building entrance on March 7, 2016.

**ROLL CALL**

**Members in Attendance:** Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Murali Krishna, M.D.; Jenny Alexopoulos, D.O. ( 11:10 am); Terry Gerard, D.O. (arrived 11:04); Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.

**Absent:** Cris Hart-Wolfe, Secretary-Treasurer;

**Central Staff Present:** Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Neil Hann, Assistant Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Deborah Nichols, Chief Operating Officer; 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.

**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.

**TRIBAL WELCOME**

Linda Capps, Vice Chairman, Citizen Potawatomi Nation, welcomed the State Board of Health and attendees.

**REVIEW OF MINUTES**

Dr. Woodson directed attention to review of the minutes of the February 9, 2016, regular meeting.

**Dr. Krishna moved Board approval of the minutes of the February 9, 2016, regular meeting, as presented with edits. Second Dr. Stewart. Motion carried.**

**AYE: Stewart, Krishna, Starkey, Stewart, Wolfe**

**ABSENT: Alexopoulos, Burger, Gerard, Grim**

Dr. Woodson proposed a change in the ordering of the agenda to accommodate scheduling for special invited presenters and received no objections.

**COUNTY HEALTH DEPARTMENT PRESENTATION**

Brenda S. Potts, M.P.H., Administrative Director; Paula Waters, Program Director, Avedis Foundation  
*See Attachment A*

**BUDGET PRESENTATION**

Deborah Nichols, Chief Operating Officer  
*See Attachment B*

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

**Executive Committee**

Dr. Woodson reminded the Board that the April meeting will be held at the Moore Norman technology center and will provide a great opportunity for the Board to attend the Governor's Healthy Aging Summit. The Governor's address and the keynote will occur in the morning with breakout sessions in the afternoon.

**Finance Committee**

Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the following SFY 2016 Finance Report and Board Brief as of February 18, 2016:

- OSDH budget and expenditure forecast are as of February 18, 2016
- OSDH has approximately \$402 million budgeted for state fiscal year 2016
- The forecasted expenditure rate is projected at 99.08% through June 30, 2016
- The department is in "Green light" status overall
- Two Divisions are in yellow light status but will be in green light status after the revenue reductions and VOBO payout.
- Finalized VOBO Cost - \$2.2 Million in SFY-16 and Agency Leadership is continuing to reorganize departments due to staffing reductions.

The Finance brief focused on OSDH state appropriation and elimination or reduction of federal funds since 2009.

- State appropriations have decreased by 24.8% since 2009
- State match/maintenance of effort for ten (10) grant awards
- Medicaid match for six (6) programs
- Match/Maintenance of effort requirements represent 5% of the overall state appropriation
- Since 2009, eight (8) federal awards were eliminated and six (6) received significant reductions.
- Combined state and federal reductions total approximately \$30 million.

**Accountability, Ethics, & Audit Committee**

The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Alexopoulos indicated there were no known significant audit issues to report at this time.

**Public Health Policy Committee**

The Committee reviewed the status of OSDH request legislation, the budget situation, and potential additional budget reductions during this fiscal year. Members should have been receiving the legislative update report on a weekly basis. If Board members have any policy questions, please contact Carter Kimble or Mark Newman at any time. The next meeting of the Policy Committee will be prior to the April Board Meeting.

The report concluded.

Mr. Starkey pointed out that even though the OSDH is approximately 15% state funded and 85% federally funded, some of those state funds are needed to leverage federal funds and means there is the potential to lose additional federal funding.

Dr. Stewart commented that HJR 1058 has not been lost but is property of the committee and so we continue to support it moving forward. Cigarette tax is this most effective strategy to diminish smoking rates and directly impact the state of health in Oklahoma.

**PRESIDENT'S REPORT**

Dr. Woodson echoed Dr. Stewart's comments related to the cigarette tax and added that smoking is the largest contributor to cardiovascular disease and cancer. He encouraged everyone to let their make legislators aware of their support.

**COMMISSIONER'S REPORT**

Dr. Cline added that one of the most important components of the cigarette tax is the decrease in initiation by young people. Almost 9% of young people will not start tobacco if implemented. This would cost nothing to implement and has the potential to raise \$182 million for the state of Oklahoma. Dr. Cline thanked everyone engaged in the process and hopes this information will help people actively reach out to decision makers in support of that. Next, he briefly commented on the annual Mission of Mercy event during February, reemphasizing that the event meets a great need in Oklahoma and all because of the tremendous volunteerism across multiple organizations throughout the state. Lastly, Dr. Cline highlighted the Certified Healthy Awards ceremony, with more than 1,200 in attendance. Although the event is hosted and funded privately, the purpose is to recognize organizations from large institutions to communities to small schools across the state receiving certified healthy status. There were more than 1900 applications and more than 1700 of those received certification. This event speaks to the interest of Oklahomans in improving health.

The report concluded.

**NEW BUSINESS**

Dr. Woodson applauded the community's effort to promote health and their example of what can be done at the local level. Dr. Stewart reminded all that March is colorectal cancer screening month and encouraged all to get screened if applicable. He thanked the community for their support and to those organizations that stand in the gap during this budget crisis.

**PROPOSED EXECUTIVE SESSION**

**Ms. Burger moved Board approval to go in to Executive Session at 12:42 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.

- Discussion of Board Policy CP54 and Proposed OSDH Administration Procedure 1-30A

**Second Dr. Krishna. Motion carried.**

**AYE: Alexopulos, Burger, Gerard. Grim, Krishna, Stewart, Starkey, Woodson**

**ABSENT: Wolfe**

**Dr. Stewart moved Board approval to move out of Executive Session. Second Dr. Alexopulos. Motion carried.**

**AYE: Alexopulos, Burger, Gerard. Grim, Stewart, Starkey, Woodson**

**ABSENT: Krishna, Wolfe**

**ADJOURNMENT**

**Ms. Burger moved Board approval to Adjourn. Second Dr. Stewart. Motion carried.**

**AYE: Alexopulos, Burger, Gerard. Grim, Stewart, Starkey, Woodson**

**ABSENT: Krishna, Wolfe**

The meeting adjourned at 2:13 p.m.

Approved

\_\_\_\_\_  
Ronald W. Woodson, M.D.  
President, Oklahoma State Board of Health  
April 12, 2016

OKLAHOMA STATE BOARD OF HEALTH

WELCOME TO SHAWNEE



AVEDIS



FOUNDATION

Pottawatomie County Mobilizing for Action through Planning and Partnerships

MAPP



Pottawatomie County Health Improvement Plan



Community Themes and Strengths Assessment

CTSA



Pottawatomie County Health Improvement Plan



Community Themes and Strengths Assessment

- What are our greatest **STRENGTHS** of our entire community?
  - Local 24-hour police, fire and rescue services
  - Access to healthcare
  - Living in a friendly community
  - Safe food supply (that won't make you sick)
  - Quality Schools
- What are the most important **HEALTH-RELATED ISSUES** for our entire community?
  - Alcohol and drug abuse (to include prescription drug misuse)
  - Obesity and overweight
  - Mental health (depression, anxiety, stress)
  - Child abuse/neglect
  - Teen pregnancy
- What would most improve the **QUALITY OF LIFE** for our entire community?
  - More programs, activities, and support for youth and teens during non-school hours
  - More jobs and a healthier economy
  - Meet basic needs of everyone (food, shelter, clothes)
  - A more walkable, bikeable community
  - Less Crime



Pottawatomie County Health Improvement Plan



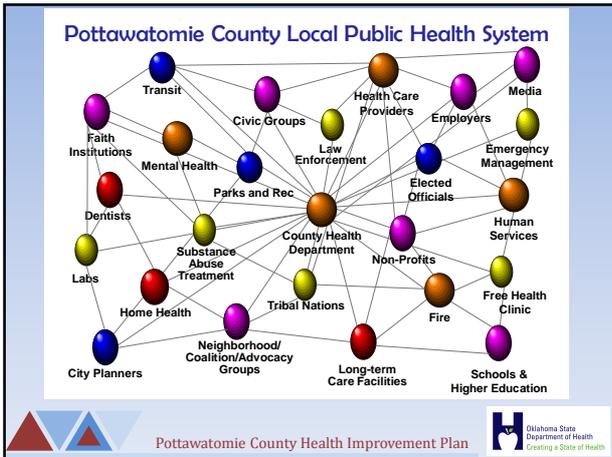
Local Public Health System Assessment

LPHSA



Pottawatomie County Health Improvement Plan





### Assessment to determine how well the Local Public Health System Works together to provide the 10 Essential Public Health Services

#### What is working well?

- Emergency preparedness and response
- Multiple organizations involved in promoting health and wellness
- Tribal partnerships
- Progress in South Pottawatomie County with Collaborative

#### What can be improved?

- Communication between partners
- More coordinated efforts to make larger impact
- Limited resources or awareness of resources
- Engagement of non-traditional partners

Pottawatomie County Health Improvement Plan

Oklahoma State Department of Health  
Creating a State of Health

### Varnum and Wewoka School's Public Health Youth Councils

WEwoka

If you are being bullied — tell an adult and report it!

We should all be treated with respect

DON'T Let Friends BULLY

Oklahoma State Department of Health  
Creating a State of Health

### Evidence-Based Health Education & Health Promotion

- Chronic Disease Self-Management Program (Living Longer, Living Stronger)
- Diabetes Education & Empowerment Program (DEEP)
- Tai Chi – Moving For Better Balance
- CATCH and CATCH Kids Club
- Courage to Care

Oklahoma State Department of Health  
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### Chronic Disease Self-Management

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Creating a State of Health

### Moving for Better Balance

## TAI-CHI

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Creating a State of Health

## Partnerships

**Gateway to Prevention**  
 TSET Healthy Living Program  
 Prescription Drug Abuse Prevention  
 Regional Prevention Coordinators

**Turning Point Coalitions**

**Pottawatomie County Child Welfare Collaborative**

**Tribal Partnerships**

Choctaw Nation, Alabama Quassarte, Kialegee, Thlophocco,  
 Muscogee-Creek Nation, Absentee Shawnee Tribe, Citizen Potawatomi Nation,  
 Kickapoo, Seminole Nation and Sac and Fox.



**Drive Through Flu Clinic**  
 Supporting Citizen Potawatomi Nation



**ACT Prep Course**  
 Supporting Seminole Nation



**Flu Clinic at Calvin**  
 Choctaw Nation Flu Project



**Exercise, Exercise, EXERCISE**  
 Full Scale Near Mcloud



**Pottawatomie County**  
 Emergency Preparedness  
 and Safety Expo



**Seminole County**  
 Wewoka Sorghum Days Festival





**Hughes County**  
Holdenville Fall Festival



**Seminole County**  
Seminole Made in Oklahoma Day



**Okfuskee County**  
Annual Woody Guthrie Festival



**Staff Meeting**  
And Pie in the Face Day



Our people are our **GREATEST** resource.  
PCHD has donated to charities since approximately 2008...  
We have given to JDRF a few times, Relay for Life, Infant Crisis Center,  
and the Nicholas Birchett Toy Drive.

**Nicholas Birchett Memorial  
Tennis Scholarship**

The Scholarship started in 2014 when  
Nicholas would have been in the  
graduating class.

The Health Department will  
continue this charity for at least the  
four years Nicholas would have  
been in college.

As of today, we have raised over  
\$5,000 just for this charity.



**Voluntary Out Benefit Offer  
SFY 2016 Updates**

OKLAHOMA STATE DEPARTMENT OF HEALTH - March 2016



**Deborah J. Nichols, Chief Operation Officer**

**Voluntary Out Benefit Offer  
'VOBO's'**

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**SFY 2016 VOBO's**

- Timeline
  - March 18 – Application deadline for retirement application submission to HR
  - April 4 – HR deadline for notice of retirement to OPERS (60 days)
  - May 31 – Last day of employment
  - June 1 – Effective day of retirement

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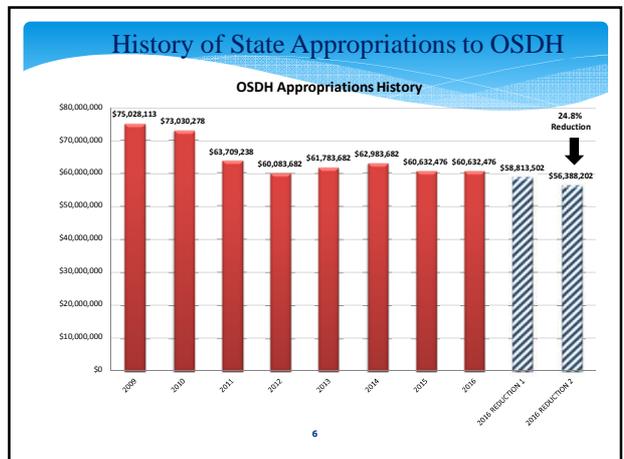
**SFY 2016 VOBO's**

- Participation
  - 90 Participants
  - 59 Applications Received – participants have until March 18<sup>th</sup> to complete applications
- Cost and Savings estimates for 100 VOBO retirees
  - Approximately 34% are filling critical needs position that are required to fulfill the OSDH mission, e.g. RN, public health specialist
  - At 66% participation rate, the annual cost would be \$2.3 million with annual savings of \$3.8 million

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**SFY 2016  
STATE REVENUE REDUCTIONS**

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## State Revenue Reduction

For SFY 2016, State revenue has been collected at rates less than expected.

As a result, the Director of the Office of Management and Enterprise Services (OMES) has directed the OSDH to reduce its SFY 2016 budget by 3% (6% annualized) (\$1,818,974).

On March 3, 2016 OMES announced a second round of allocations to revenue further reducing them by 4% for a total reduction of 7%



FY 2016 Round 1 – 3% Cut	FY 2016 Round 2 – 4%	Total 7% Cut
Federally Qualified Health Centers (FQHC) Start up Funding - \$319,531	Elimination of funding for FQHC uncompensated care \$741,051	\$1,060,582
Start-up funding for Cord Blood Bank - \$500,000		\$500,000
Hold on unfilled financial Services positions - \$253,443		\$253,443
Elimination of Strategic Software Purchase - \$220,000		\$220,000
Reduction in Dental Education & Outreach to Non-State funded programs - \$220,000		\$220,000
Colorectal Cancer Screenings - \$100,000	Reduction in contract to provide colorectal screenings to low income adults - \$100,000	\$200,000
Elimination of vacant position in Injury Prevention - \$100,000		\$100,000
Oklahoma State Athletic Commission - \$6,000	4% additional reduction which impact the training opportunities for inspectors and attendance by board commissioners to national conferences - \$8,000	\$14,000
Elimination of Administrative Position - \$90,000		\$90,000
	Suspension of State funded position for remainder of SFY 16	\$535,187
	Voluntary Benefit Buy Out (VOBO) State Savings for FY 16	\$255,061
	Ryan White- due to a change in federal policy in 2015, drug rebate funds are allowed to be used to meet state match and maintenance of effort requirements. This will not negatively impact the program. - \$786,000	\$786,000
\$1,818,974	8	\$2,435,299
		\$4,244,273

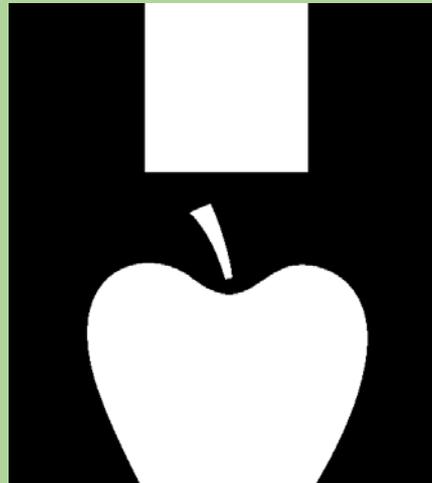
## Comments & Questions



# **Strategic Map: 2015-2020**

## **Strengthen The Department's Effectiveness and Adaptability**

O K L A H O M A   S T A T E   D E P A R T M E N T   O F   H E A L T H   ·   A P R I L   2 0 1 6



**Deborah J. Nichols, Chief Operating Officer**

**Toni Frioux, Deputy Commissioner**

Oklahoma State Department of Health  
Strategic Map: 2015-2020

Approved  
08/16/15



A

Improve Targeted Health Outcomes for Oklahomans

1

Operationalize OHIP Flagship Priorities

2

Focus on Core Public Health Priorities

3

Identify and Reduce Health Disparities

4

Use a Life Course Approach to Health and Wellness

5

B

Expand and Deepen Partner Engagement

Identify and Develop Public Health Champions

Develop Strategic Partnerships to Achieve Prioritized Health Outcomes

Engage Communities in Policy and Health Improvement Initiatives

Leverage Shared Resources to Achieve Population Health Improvements

Promote Health in All Policies (HiAP) Across Sectors

C

Strengthen Oklahoma's Health System Infrastructure

Reduce Barriers to Accessible Care

Champion Health Workforce Transformation

Align Health System Goals and Incentives Across the Spectrum

Achieve Compatible HIE Across Public and Private Sectors

Evaluate and Reduce Regulatory Barriers to Health Outcome Improvement

D

Strengthen the Department's Effectiveness and Adaptability

Cultivate a Competent, Adaptive, Customer-Oriented OSDH Workforce

Foster Excellence Through Continuous Quality Improvement and Accreditation

Evaluate and Improve Agency Processes and Communication

Leverage Technology Solutions

Encourage a Culture of Innovation

Optimize Resources by Targeting High-Value Outcomes

E

Address the Social Determinants of Health and Improve Health Equity

F

Promote Health Improvement Through Policy, Education and Healthy Behavior

G

Foster Data-Driven Decision Making and Evidence-Based Practices

# GOALS



# Strengthen the Department's Effectiveness and Adaptability

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Cultivate a Competitive, Adaptive, Customer-Oriented OSDH Workforce

Foster Excellence Through Continuous Quality Improvement and Accreditation

Evaluate and Improve Agency Processes and Communication

Leverage Technology Solutions

Encourage a Culture of Innovation

Optimize Resources by Targeting High-Value Outcomes



**D1**

**Cultivate a Competitive, Adaptive,  
Customer-Oriented OSDH Workforce**



## D1 Goal 1

**Ensure the OSDH has a workforce with the knowledge, skills, abilities, and competencies necessary to carry out the OSDH mission now and in the future**

1. Develop and implement a plan to recruit and hire staff with the knowledge, skills, abilities, and competencies necessary for successful performance on the job
  - Retention of new hires/reduction in terminations due to performance
  
2. Develop and implement a workforce development plan that provides professional development opportunities, resources, tools, and guidance to assist employees with professional growth and development and effective preparation for career progression
  - Competency based assessment and evaluation
  - Reduction in employee turnover



## D1 Goal 2

### Ensure the OSDH workforce is responsive and adaptive to the changing needs of internal and external customers

1. Provide professional development opportunities, resources, tools, and guidance in support of a workforce that responds to the needs of internal and external customers in a professional, courteous, timely, and culturally competent manner
  - Reduction in competency-based gap areas
2. Develop a standardized survey methodology to measure customer and stakeholder feedback in order to evaluate customer satisfaction, department effectiveness and efficiency
  - Measured based on complaints and satisfaction surveys



**D2**

**Foster Excellence Through Continuous  
Quality Improvement and Accreditation**



## D2 Goal 1

### Foster excellence through continuous quality improvement

1. Create predictive measurements that identify the need for course correction so that the ability to achieve long-term goals is maximized
  - Develop and monitor predictive measures
2. Develop an additional operating dashboard, initially of a least one metric per each department and program.
  - Develop, monitor and act on results of operational plan
3. Develop and make publically available an OSDH annual report.
4. Enable the Leadership Strategic Targeted Action Team (LSTAT) to report from dashboards using metrics with corrective action(s), when needed.



## D2 Goal 2

# Achieve and Maintain Public Health Accreditation Board (PHAB) Accreditation

1. Renew PHAB Accreditation in February 2018 for the central office
  - Review PHAB reaccreditation guidelines and develop an action plan for OSDH compliance by March 2017
  - Conduct a mock PHAB site review
2. Expand PHAB Accreditation in the next 4 years (2020) from one county office to nine total county offices



# **D3**

## **Evaluate and Improve Agency Processes and Communications**



## D3 Goal 1

### Create an Adaptive, Responsive and Positive Culture of Communication

1. Improve Communications to the general public and other external stakeholders
  - Wayfinding signage
  - Improvement to public health messaging and digitizing new public health topics
  - Increasing Social Media
  - Improve web-site look and navigation
  
2. Redesign and OSDH intranet (IRENE – internal resources and employee network enterprise) to become the primary source of information for all OSDH employees
  - More relevant content on intranet
  
3. Create opportunities to improve communication, collaboration and engagement of all OSDH employees
  - Increase communication from leadership through video messaging and panel discussions
  - Electronic Community Board
  - Form collaborative groups using discussion boards



## D3 Goal 2

### Achieve the enterprise mission by implementing efficient and effective processes

1. By 2020 80% of the work conducted by OSDH employees will be in a virtual environment
  - Increase use of mobile devices
  - Reduce paper-driven process through increase use of electronic tools both in office and in the field
  - Digitalize vital records and remove paper records to off-site storage
  
2. Drive efficiency and effectiveness of processes
  - Replace aging accounting system
  - Create electronic employee record
  - Improve ability to bill third party insurers and receive results electronically
  - HR Vacancy reduced to 45 days or fewer
  - Identify processes for reengineering



# D4

## Leverage Technology Solutions



## D4 Goal 1

### Promote the use of collaborative software

1. Implement enterprise-wide SharePoint training by the end of 2016
  2. Redesign the IRENE home page to contain appropriate, informative, and timely information by June 2016
  3. 100% of Service Areas and County Health Departments have developed sites and are using SharePoint by December 2020
- 
1. IRENE Privacy and Security Guidance Document is available to all employees by June 2016



## D4 Goal 2

### External partners have access to a collaborative solution for document sharing

1. Identify the need for external collaboration by December 2016
2. Design, develop and implement an external collaborative solution by December 2017



## D4 Goal 3

### Promote the use of shared-solutions

1. Develop a directory of solutions implemented or under consideration that corresponds to the OMES software list by June 2016
2. Promote the use of the Solutions Directory to identify potential shared-solutions by December 2016



# D5

## Encourage a Culture of Innovation



## D5 Goal 1

### OSDH staff are provided with information to recognize a transformational and innovative culture

1. By December 2016, the Innovation team will research and define innovation for OSDH including any barriers or opportunities that may impact achieving a culture of innovation
2. By December 2017, 80% of OSDH staff will receive transformational and innovative thinking training



## D5 Goal 2

### OSDH staff is encouraged to participate in an innovative culture

1. By December 2016, innovation is promoted on the IRENE homepage
2. By December 2016, two venues are created to encourage and promote cross-pollination of innovative thinking around defined problems and/or creation of new ideas
3. By June 2018, OSDH staff are recognized for innovative thinking (Innovation Day)



**D6**

**Optimize Resources by Targeting High-Value Outcomes**



## D6

### Optimize Resources by Targeting High-Value Outcomes (In Development)

1. Assure that OSDH activities achieve maximum impact per dollar invested.
2. Focus on the creation of evidence based practice registries for OSDH programs and strategies.
3. Build an agency-wide evaluation strategy that will interface with OSDH core and proxy measures.
4. Inform the Governor's Health Delivery Goal by identifying the most effective mechanisms for improving OKStateStat outcomes.
  - Identify in literature and research base
  - Assess current implementation of evidence based strategies with a focus on fidelity
  - Evaluate effectiveness of implementation



# QUESTIONS



**OKLAHOMA STATE DEPARTMENT OF HEALTH  
BOARD OF HEALTH FINANCE COMMITTEE BRIEF  
APRIL 2016**

**SFY 2016 BUDGET AND EXPENDITURE FORECAST: AS OF 02/18/2016**

<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	\$ 16,604,996	\$ 10,230,367	\$ 3,142,800	\$ 3,578,430	\$ (346,601)	102.09%
Protective Health Services	\$ 62,915,584	\$ 37,936,714	\$ 8,092,622	\$ 14,032,601	\$ 2,853,647	95.46%
Prevention & Preparedness Services	\$ 69,261,416	\$ 30,063,655	\$ 24,828,515	\$ 10,764,372	\$ 3,604,874	94.80%
Health Improvement Services	\$ 23,941,769	\$ 12,143,949	\$ 6,017,347	\$ 4,612,460	\$ 1,168,013	95.12%
Community & Family Health Services	\$ 235,094,552	\$ 129,287,501	\$ 28,772,558	\$ 81,720,773	\$ (4,686,280)	101.99%
<b>Totals:</b>	<b>\$ 407,818,317</b>	<b>\$ 219,662,186</b>	<b>\$ 70,853,842</b>	<b>\$ 114,708,636</b>	<b>\$ 2,593,653</b>	<b>99.36%</b>
<b>&lt; 90%</b>	<b>90% - 95%</b>	<b>95% - 102.5%</b>	<b>102.5% - 105%</b>	<b>&gt;105%</b>		

**Expenditure Forecast Assumptions**

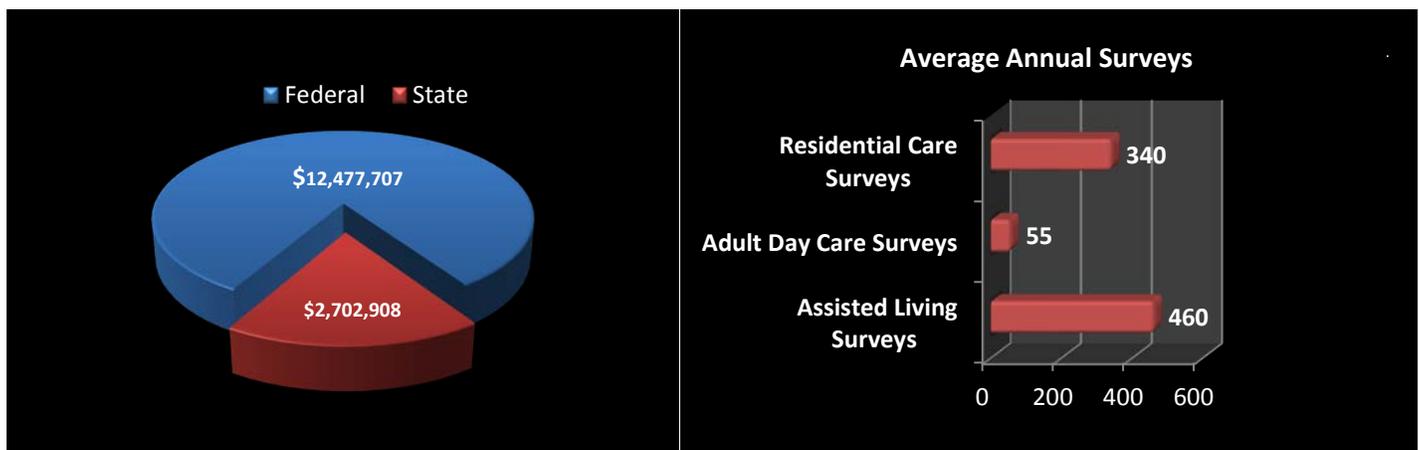
- Payroll forecasted through June 30, 2016
- Budgeted vacant positions are forecasted at 50% of budgeted cost
- Forecasted expenditures includes the unencumbered amounts budgeted for:
  - Travel reimbursements
  - WIC food instrument payments
  - Trauma fund distributions
  - Amounts budgeted for county millage
  - Amount budgeted to support rural EMS agencies
  - Budget amounts for fiscal periods other than state fiscal year not yet active

**Explanation of Change**

- 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.
- The 7% reduction of SFY 2016 state appropriations (\$4,243,276) is reflected.
- Prevention and Preparedness budget reflects an increase in rebates for the Ryan White Drug Program.
- Reconciliation of federal funds to award amounts are on-going
- Realignment of funds for the Voluntary Out Benefit Offer (VOBO) are nearing completion.
- The overall Department performance rate of 99.36% is a .28% increase from the previous month's 99.08%.

### Potential Impact of State Reductions in the Long Term Care Service

For SFY 2017, additional reductions in state revenue could impact state long term care facilities such as assisted living centers, adult day care centers and residential care homes. An 11% reduction in state revenue would result in the loss of 3.5 FTE and 147 fewer inspections conducted. OSDH is mandated to provide services including inspections at least annually in adult day care centers (63 O.S. § 1-875 and OAC 310:605-5-3), inspections at least once each 15 months with a statewide average of 12 months for assisted living centers (OAC 310:663-25-1), and inspections, surveys and evaluations at least three times a year for residential care homes (63 O.S. § 1-829). Additionally, OSDH is mandated for residential care homes to investigate complaints alleging immediate jeopardy within two days, complaints alleging harm within 10 days, complaints alleging a repeat or ongoing violation within 25 days, and all other complaints within 30 days (OAC 310:680-3-9).



- The Long Term Care Service of Protective Health Services oversees the health and safety of residents living in licensed long-term care facilities. Long term care facilities include nursing homes, assisted living centers, residential care homes, adult day care centers and intermediate care facilities for individuals with intellectual disabilities.
- The Long Term Care Service is primarily funded through a Medicaid contract with the Oklahoma Health Care Authority and Medicare grant with the Center for Medicaid/Medicare Services. Expenses are primarily related to personnel, supporting 155 staff and associated expenses.
- Potential reduction in state appropriated dollars of 11% would result in the loss of 3.5 FTE funded and an estimated 147 fewer inspections conducted. This also could affect the mandated inspection intervals of 12 months, not to exceed 15 months.
- The first course of action on potential revenue reductions for the Long Term Care Service would be cutting services that are not specifically mandated, such as follow-up inspections to verify correction of violations in assisted living centers, adult day care centers and residential care homes. Additionally, the Department could delay the initiation of investigations and increase OSDH response times to complaints against assisted living centers, which do not have complaint-investigation deadlines specified in law or rule.
- Some types of long-term care services may be certified to participate in the Medicare/Medicaid programs. Federal law governs certifications. The OSDH conducts the certification inspections. A long-term care service does not have to be Medicare or Medicaid certified in order to operate; however licensure is required. Without certification, the provider will not receive Medicare or Medicaid payments from those programs.
- The risk in the reduction of investigations would reduce the ability to determine possible on-going actual harm or immediate jeopardy which is likely to cause, serious injury, harm, impairment, or death to a resident. Deficiencies can be closely related to abuse, medication errors, lack of staff, elopement and skin breakdown. Approximately 12,500 residents would be impacted as a result of a reduction in investigations.

**OKLAHOMA STATE BOARD OF HEALTH  
COMMISSIONER'S REPORT**

Terry Cline, Ph.D., Commissioner  
April 12, 2016

**PUBLIC RELATIONS/COMMUNICATIONS**

Senior Day at the Capitol - speaker  
Chrystal Rosado, KSWO-TV, Lawton – interview  
Greater OKC Chamber & Tulsa Regional Chamber Annual Legislative Reception  
Oklahoma Academy Legislator's Welcome Reception  
Certified Healthy Event – speaker  
Annual Red Tie Night  
Bob Sands, OETA – interview  
Association of Schools & Programs of Public Health Annual Meeting – presenter

**STATE/FEDERAL AGENCIES/OFFICIAL**

Governor Mary Fallin  
Chris Benge, Secretary of State  
Governor's Office Staff - Katie Altshuler, Director of Policy, Michael McNutt, Communications  
Director  
Preston Doerflinger, Secretary of Finance, Administration, and Information Technology  
Nico Gomez, Executive Director, Oklahoma Health Care Authority  
Terri White, Commissioner, OK Dept. of Mental Health & Substance Abuse Services  
Governor Fallin Cabinet Meeting  
Eric Ashmore, Executive Director, State Board of Behavioral Health Licensure

**SITE VISITS**

Cleveland County Health Department, Moore & Norman sites  
Garvin County Health Department, Lindsay & Pauls Valley sites  
Haskell County Health Department  
Latimer County Health Department  
LeFlore County Health Department  
McClain County Health Department, Purcell  
Sequoyah County Health Department

**OTHERS:**

McClain County Healthy Living Program  
Healthy Aging: Living Longer Better Collaborative Group  
ABD Care Coordination Inter-Agency Steering Group  
Oklahoma Health Center Foundation CEO/Executive Member Meeting  
OHIP Full Team Meeting  
OSDH Regional Director Meeting  
Office of Juvenile Affairs, Council of State Governments Justice Center  
Oklahoma Health & Human Services Cabinet Meeting