

Agenda for the 11:00 a.m., Tuesday, May 10, 2016
Regular Meeting of the Oklahoma State Board of Health
Posted at www.health.ok.gov

Oklahoma State Department of Health
1000 N.E. 10th Street – Room 1102
Oklahoma City, OK 73117-1299

I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES

- a) Approval of Minutes for April 12, 2016, Regular Meeting

III. APPOINTMENTS

b) Hospital Advisory Council Appointment (Presented by Henry F. Hartsell, Jr.)

Appointment: One Member

Authority: Title 63 O.S. Section 1-707

Members: The Advisory Council has (9) nine members, consisting of: two hospital administrators of licensed hospitals; two licensed physicians or practitioners who have current privileges to provide services in hospitals; two hospital employees; and three citizens representing the public who: are not hospital employees, do not hold staff appointments, and are not members of hospital governing boards. Members are appointed by the Commissioner with the advice and consent of the State Board of Health.

c) Oklahoma Food Service Advisory Council Appointment (Presented by Lynnette Jordan)

Appointment: One Member

Authority: Title 63 O.S. Section 1-106.3

Members: The Advisory Council shall consist of 13 members. Eight members are appointed by the Commissioner, with the advice and consent of the State Board of Health. Members serve three-year terms.

IV. BUDGET PRESENTATION

Deborah Nichols, Chief Operating Officer

V. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee – Dr. Woodson, Chair

Discussion and possible action on the following:

- d) Update
- e) June Board of Health Meeting, Durant, Ok
- f) Board of Health Resolution

Finance Committee – Ms. Burger, Chair

Discussion and possible action on the following:

- g) Update

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

Discussion and possible action on the following:

- h) Update

Public Health Policy Committee – Dr. Stewart, Chair

Discussion and possible action on the following:

- i) Update



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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VI. PRESIDENT'S REPORT

Related discussion and possible action on the following:

j) Update

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



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

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STATE BOARD OF HEALTH

OKLAHOMA STATE DEPARTMENT OF HEALTH

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

Tuesday, April 12, 2016 10:30 a.m.

Ronald Woodson, President of the Oklahoma State Board of Health, called the 408th regular meeting of the Oklahoma State Board of Health to order on Tuesday, April 12, 2016 at 10:40 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on April 11, 2016, and at 11:00 a.m. at the Moore Norman Technology Center building entrance on April 11, 2016.

ROLL CALL

Members in Attendance: Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Cris Hart-Wolfe, Secretary-Treasurer; Murali Krishna, M.D.; Jenny Alexopoulos, D.O.; Charles W. Grim, D.D.S.; Robert S. Stewart, M.D.

Absent: Terry Gerard, D.O.; Timothy E. Starkey, M.B.A.

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Tina Johnson, Deputy Commissioner, Community and Family 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.

REVIEW OF MINUTES

Dr. Woodson directed attention to review of the minutes of the March 8, 2016, regular meeting.

Ms. Burger moved Board approval of the minutes of the March 8, 2016, regular meeting, as presented with edits. Second Dr. Stewart. Motion carried.

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

ABSTAIN: Wolfe

ABSENT: Gerard, Starkey

STRATEGIC MAP UPDATE PRESENTATION

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

See Attachment A

CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee

Dr. Woodson provided the following reminders:

- The annual Employee Recognition Ceremony is May 10th following the May Board meeting.
Annual ethics statements are due 5/15/16. Please see VaLauna for questions or assistance with completing.
The Nominating Committee for the election of officers has been assigned. Following the committee's report in June, the full Board will vote on the new Officers to become effective July 1st.

- 1
2 • The June Board meeting will be held in Choctaw County (Hugo, Ok). Additional details are forthcoming.
3 • The annual Board of Health retreat will be held August 12-13, at the Chickasaw Retreat Center. The
4 planning committee will provide additional details in the coming months. Additionally, you can expect a
5 board assessment survey very soon.
6

7 **Finance Committee**

8 Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the
9 following SFY 2016 Finance Report and Board Brief as of March 29, 2016:

- 10 • The Agency is in “Green Light” status overall
11 • One Division is in yellow light status due to the federal grant and rebates for the Ryan White program
12 beginning on April 1, 2016.
13

14 March 3, 2016 the OSDH received notice of an additional revenue failure of \$2.4 million dollars to the state
15 appropriation making the total reduction for SFY-16 - \$4.2 million. The additional reduction will impact the
16 following:

- 17 • FQHC payments for uncompensated care
18 • Colorectal Cancer Screenings
19 • State funded positions for the remainder of the current fiscal year
20

21 The Finance Brief focused on OSDH potential impact of state reductions in Long Term Care Service.

- 22 • An 11% state revenue reduction potentially could result in the loss of 3.5 full time equivalent staff and 147
23 fewer inspections conducted in assisted living centers, adult day care centers and residential care homes.
24 • Potential reductions in OSDH staff assigned to investigate complaints would reduce the Department’s
25 capacity to identify and cause corrections of on-going actual harm or immediate jeopardy situations. These
26 are situations that are considered likely to cause serious injury, harm, impairment, or death to a resident.
27 This has the potential to effect approximately 12,500 Oklahoma residents in assisted living centers, adult day
28 care centers, and residential care homes.
29 • Additional impacts could be experienced by new nursing facilities needing “initial” surveys in order to
30 qualify for Medicare/Medicaid reimbursement. The Centers for Medicare and Medicaid Services considers
31 initial surveys to be a low priority, and OSDH supports the initial surveys with state funding in order to
32 accomplish the initial surveys timely. This has the potential to affect annually one to two nursing facilities
33 which would experience delays in OSDH initial surveys and eligibility for Medicare/Medicaid contracts.
34

35 **Accountability, Ethics, & Audit Committee**

36 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Alexopoulos indicated there were
37 no known significant audit issues to report at this time.
38

39 **Public Health Policy Committee**

40 Dr. Stewart indicated the Policy Committee reviewed the status of OSDH request legislation, the proposed
41 Oklahoma Plan, the Rebalancing of Medicaid, and the potential impact of a cigarette tax on Medicaid
42 provider rates. Members should be receiving the legislative update report on a weekly basis. If Board
43 members have any policy questions, they should feel free to contact Carter Kimble or Mark Newman at any
44 time. The next meeting of the Policy Committee will be prior to the May Board Meeting.
45

46 **PRESIDENT’S REPORT**

47 Dr. Woodson welcomed Tina Johnson to her new role as the Community and Family Health
48 Services Deputy Commissioner.
49

50 Dr. Woodson invited members to join Gov. Mary Fallin in the annual Walk for Wellness at the
51 State Capitol Complex on May 4th 11:30 – 12:15 and encouraged all to take the opportunity to
52 thank Governor Fallin for being a champion for health.
53

1 Lastly, Dr. Woodson commented on a recent health stakeholder meeting with the Governor,
2 Speaker of the House, and President Pro Temp. Other health stakeholders included hospital CEOs,
3 multiple medical association members, nursing homes, business associations, mental health
4 advocates and law enforcement. From the stakeholder perspective, the objective of the meeting was
5 to demonstrate to Leadership there is a coalition of stakeholders assembled that are invested in
6 health, are concerned about the current and future state of our health system (and outcomes) and
7 want to see policy action to improve the situation. This is a demonstration of support for policy
8 makers taking action and a sign that stakeholders will work together with them on these issues.

9
10 **COMMISSIONER’S REPORT**

11 Dr. Cline highlighted the Certified Healthy Awards ceremony, with more than 1,200 in attendance.
12 Although the event is hosted and funded privately, the purpose is to recognize organizations from large
13 institutions to communities to small schools across the state receiving certified healthy status. There were
14 more than 1900 applications and more than 1700 of those received certification. This event speaks to the
15 interest of Oklahomans in improving health.

16
17 Dr. Cline recognized the Healthy Aging Summit and Dr. Hank Hartsell’s role in facilitating the event. He
18 encouraged Board members to attend directly following the Board meeting if possible.

19
20 Next, Dr. Cline briefly commented on his participation in the 2015 meeting of the Oklahoma Academy for
21 State Goals Town Hall. This particular meeting focused on government and taxes. The broad based group
22 of 200 participants concluded the meeting with a recommendation to increase the cigarette tax. Dr. Cline
23 commented that this effort cost zero dollars to implement and encouraged everyone to be as active as they
24 feel comfortable in being.

25
26 Lastly, Dr. Cline briefly discussed his recent Health and Human Services Cabinet meeting. In this budget
27 climate, everyone is impacted and struggling to respond to massive reductions across state agencies. During
28 this time we are looking for innovative ways to support critical functions. For instance, OSDH County
29 Health Departments and the Office of Juvenile Affairs are evaluating opportunities to co-locate across the
30 state to maximize space and resource. Everyone is being hit uniformly throughout so these opportunities are
31 important.

32
33 The report concluded.

34
35 **NO NEW BUSINESS**

36
37 **NO EXECUTIVE SESSION**

38
39 **ADJOURNMENT**

40 **Ms. Wolfe moved Board approval to Adjourn. Second Dr. Grim. Motion carried.**

41
42 **AYE: Alexopulos, Burger, Grim, Krishna, Stewart, Wolfe, Woodson**

43 **ABSENT: Gerard, Starkey**

44
45 The meeting adjourned at 11:24 p.m.

46
47 Approved

48
49 _____
50 Ronald W. Woodson, M.D.
51 President, Oklahoma State Board of Health
52 May 10, 2016

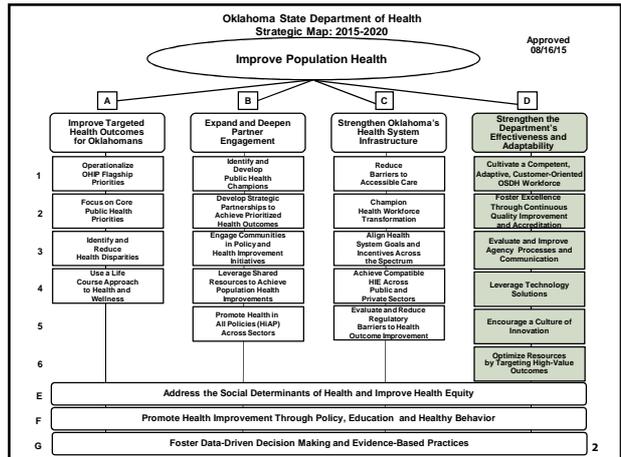
ATTACHMENT A

Strategic Map: 2015-2020
Strengthen The Department's Effectiveness and Adaptability

OKLAHOMA STATE DEPARTMENT OF HEALTH · APRIL 2016



Deborah J. Nichols, Chief Operating Officer
Toni Frioux, Deputy Commissioner



GOALS

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Strengthen the Department's Effectiveness and Adaptability

- 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

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D1
Cultivate a Competitive, Adaptive, Customer-Oriented OSDH Workforce

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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

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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
Creating a State of Health

State Of Oklahoma
Department of Health

Memorandum

March 17, 2016

TO: State Board of Health Members

FROM: Terry Cline, Ph.D. *T.C. 4-7-2016*
Commissioner of Health
Secretary of Health and Human Services

SUBJECT: Hospital Advisory Council Appointments

This requests advice and consent from the Oklahoma State Board of Health for appointment of one new member to the Hospital Advisory Council by the State Commissioner of Health. The proposed appointee is as follows:

Hospital Administrator of Licensed Hospital (1 vacancy)

- David N. Keith, F.A.C.H.E.
T.C. 1963 West Chambers Rd
McAlester, OK 74501

The State Health Department's staff conducted a check of the history of the proposed appointee using public information, including the Oklahoma Department of Corrections Offender Lookup, the Oklahoma State Court Networks Court Dockets, and Oklahoma State Department of Health licensure records. The staff identified no offenses or adverse actions that would impair the ability of this individual to perform the responsibilities of the advisory council.

The nominee meets the qualifications of the one position for which he is nominated. Mr. Lee D. Martin, Service Director of Medical Facilities Service has personally received the letters of interest from these nominee and confirmed his willingness to serve and attend public meetings of the advisory council.

Additional information for the advisory council is as follows:

Statutory Citation

The Hospital Advisory Council is authorized in Title 63 O.S. Section 1-707.

Appointing Authority

The Commissioner of Health with the advice and consent of the Board of Health.

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
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R Murali Krishna, MD

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Robert S Stewart, MD

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Membership

The Advisory Council has nine members, consisting of:

- Two members shall be hospital administrators of licensed hospitals, and
- Two members shall be licensed physicians or practitioners who have current privileges to provide services in hospitals,
- Two members shall be hospital employees, and
- Three members shall be citizens representing the public who:
 - 1) are not hospital employees,
 - 2) do not hold staff appointments, and
 - 3) are not members of hospital governing boards.

The one new member will join the eight current Hospital Advisory Council Members, who are:

- Dr. Dale Bratzler, D.O., Licensed Physician, Current Term Expires March 2018
- Dr. Heather (Holmes) Bell, D.O., B.S., R.T.(T), Licensed Physician, Current Term Expires
- Mr. Dave Wallace, F.A.C.H.E., Hospital Administrator, Current Term Expires November 2016
- Ms. Tricia Horn, Citizen, Current Term Expires December 2017
- Ms. Susan Dragoo, Citizen, Current Term Expires December 2017
- Mr. Stanley Alexander, C.L.U., Citizen, Current Term Expires December 2017
- Dr. Jay Gregory, M.D., F.A.C.S., Hospital Employee, Current Term Expires December 2017
- Mr. Darin Smith, PharmD, BCPS, FASHP, Hospital Employee, Current Term Expires November 2016

Advisory Council Duties/Responsibilities

The Advisory Council is appointed to:

- Advise the Board, the Commissioner and the Department regarding hospital operations and to recommend actions to improve patient care [63 O.S. Section 1-707(C)];
- Review and approve in its advisory capacity rules and standards for hospital licensure, [63 O.S. Section 1-707(a)];
- Evaluate, review and make recommendations regarding Department licensure activities, provided however, the Advisory Council shall not make recommendations regarding the scope of practice for any health care providers or practitioners regulated pursuant to Title 59 of the Oklahoma Statutes, and,
- Recommend and approve:
 - 1) Quality indicators and data submission requirements for hospitals, and
 - 2) The indicators and data to be used by the Department to monitor compliance with licensure requirements, and
- To publish an annual report of hospital performance.

Advisory Council Meeting Frequency

Shall meet on a quarterly basis.

Appointment Process

Appointed by the Commissioner with the advice and consent of the Board.

Attachments

- Curriculum Vitae for David N. Keith, F.A.C.H.E.



Oklahoma State Department of Health
Creating a State of Health

Memorandum

March 17, 2016

TO: State Board of Health Members

FROM: Terry Cline, Ph.D.
Commissioner of Health *T.C. 4-7-2016*
Secretary of Health and Human Services

SUBJECT: Food Service Advisory Council Appointment

This requests the Board's advice and consent for the Commissioner's appointment of one new member to the Food Service Advisory Council. The proposed appointee is as follows:

One member representing a food processor

- Erica Hering, Perkins, OK *E.H.P.*

The State Health Department's staff conducted a check of the history of the proposed appointee using public information, including the Oklahoma Department of Corrections Offender Lookup, the Oklahoma State Court Networks Court Dockets, and Oklahoma State Department of Health licensure records. The staff identified no offenses or adverse actions that would impair the ability of this individual to perform the responsibilities of the advisory council.

This nominee meets the qualifications of the position for which she is nominated. Teresa Martinez, Administrative Assistant of the Consumer Health Service, has personally contacted the nominee and confirmed her willingness to serve and attend public meetings of the advisory council.

Statutory Citation

Title 63, Section 1-106.3 of the Oklahoma Statutes authorizes the Oklahoma Food Service Advisory Council within the State Department of Health.

Appointing Authority

The Commissioner of Health with the advice and consent of the Board of Health.

Membership

Advisory Board consists of thirteen (13) members. Eight (8) members are appointed by the Commissioner, with the advice and consent of the State Board of Health, from a list of three names for each position provided by an association representing the majority of the restaurant owners in the state.

- One (1) represents Oklahoma Restaurant Association
- One (1) represents Oklahoma Hotel and Motel Association
- One (1) represents Oklahoma Grocers Association
- One (1) represents Food Service Education
- One (1) represents Food Processing Education
- One (1) represents Independent Food Service Operator

Terry I. Cline, PhD
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Food Service Advisory Council Appointment

March 17, 2016

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One (1) represents Food Processor

One (1) Citizen represents the Public, shall not be a food service operator or employee and shall not be a member of the Food Service governing board.

The remaining appointments shall consist of:

One (1), the Director of the Oklahoma – City County Health Department

One (1), the Director of the Tulsa – City County Health Department

Two (2) Directors from other county health departments in this state or designee, appointed by the Commissioner;

One (1), the Director of the State Department of Agriculture, or a designee

Advisory Council Duties/Responsibilities

Duties include advising the State Board of Health, the State Commissioner of Health, and the Department regarding food service establishments. The Advisory Board has the following duties and responsibilities:

- (1) Recommends actions to improve sanitation and consumer protection.
- (2) Evaluates, reviews and makes recommendations regarding Department inspection activities; and
- (3) Recommends and approves quality indicators and data submission requirements for food service establishments which shall be used by the Department to monitor compliance with licensure requirements.

Advisory Council Meeting Frequency

The Advisory Board meets once a quarter (4 times a year).

Appointment Process

- (1) Resumes/applications are submitted to Oklahoma Restaurant Association.
- (2) Oklahoma Restaurant Association reviews the applicants and forwards to Oklahoma State Department of Health.
- (3) Oklahoma State Department of Health reviews and forwards recommendations to Commissioner.
- (4) Commissioner forwards recommendations to the State Board of Health, for advise and consent of the Board
- (5) Commissioner appoints nominee.

Attachments

- Ms. Erica Hering, Curriculum Vitae



Deborah Nichols, Chief Operating Officer
Oklahoma State Department of Health
May 10, 2016



State Fiscal Year 2017

- Final budget is expected out toward the end of May
- Assuming between 10-19% on top of the 7% revenue failure that occurred in SFY16
- Final decisions will not be made until the final budget is received
- Opportunities for new partnerships and greater efficiencies



County Health Department Site Consolidation

Location	# Days Open per Week	CHD Sites	County Owned / Leased	Closest CHD	Client Visits by Site SFY '15
Creek - Drumright	3	3 - Sapula / Bristow / Drumright	Owned	Payne - Cushing / 9 miles	943
Garvin - Lindsay	2	2 - Pauls Valley / Lindsay	Owned	Garvin - Pauls Valley / 24 miles	1,210
Harper - Buffalo	2	2 - Buffalo / Laverne	Leased	Harper - Laverne / 23 miles	560
Okmulgee - Beggs	1	3 - Okmulgee / Henryetta / Beggs	Owned	Okmulgee - Okmulgee / 13 miles	324
Okmulgee - Henryetta	2	3 - Okmulgee / Henryetta / Beggs	Owned	Okmulgee - Okmulgee / 15 miles	639
					3,676

Total Expenditures for these 5 sites is \$359,911

In continued discussions with 3 other county health department sites

Reduction of Regions from 16 to 14

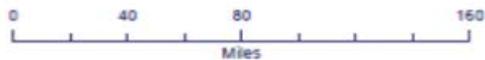
County Health Department Regional Directors



Data Source: Community and Family Health Services Administration, Oklahoma State Department of Health

Created: 06.23.2015 Updated: 02.16.2016

Projection/Coordinate System: USGS Albers Equal Area Conic



Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



Community Epidemiology and Evaluation
Community and Family Health Services
Oklahoma State Department of Health

Reduction of Regions from 16 to 14

- Non-VOBO Retirement of 2 Individuals Provided an Opportunity for Consolidation of Regions:
 - 7 Counties are assigned to other regions – Grady, Stephens, Garvin, Murray, Okmulgee, Muskogee & Wagoner
- Additional savings are expected with the reassignment of 16 positions
- Minimal expected state savings are \$310,000



Final VOBO – 86 People Accepted

16 (18.6%) positions are critical refills – primarily clinical positions or public health specialists

Positions Affected by the VOBO less Critical Refills (loss of 70 positions)			
Position Types	Central Office 33 Positions (48%)	Counties 36 positions (52%)	
Administrative Assistants & Technicians	10	15	Work absorbed by others
Clinical –RN/LPN/OT/ST/Vision/Social Worker/Psychologist/PCA/MCH/Nutrition	3	13	Various solutions – work absorbed by others/ elimination of service/under review
Business Managers	1	0	Work absorbed by others
Civil Rights Administrator	1	0	Absorb by legal and human resources
Surveyors/Public Health Specialist	2	1	Under review
Deputy Commissioner	1	0	Reorganization of departments
General Administrative/Grant Mgt.	2	0	Work absorbed by others
Health Facility Consultants/Planners	6	0	Work absorbed by others
Custodial	4	0	Under review
Emergency Response Coordinators	0	1	Work absorbed by others
Preventative Medical Consultants	9	0	Work absorbed by others
Legislative/Policy Director	1	0	Replaced

Final VOBO – Costs and Impact (less 16 critical positions)

Cost for SFY 2016 Payout

- Payout
 - Incentive of \$5,000
 - Longevity payment
 - Insurance premium payments for 18 months
 - Termination leave

- Total Costs – All Funds
 - \$2,333,162
 - **State = \$739,791 (32%)**
 - Federal = \$876, 206 (37%)
 - Revolving = \$717, 166 (31%)

2017 Annual Impact

- Total Savings all Funds = \$4,475,009
 - **State = \$1,432,003**
 - Federal = \$1,655,754
 - Revolving = \$1,387,252



Proposed Central Office Reorganization and Efficiencies

- Deputy Commissioner, Toni Frioux, position will be proposed for not replacing to be approved by the Board of Health at the June meeting
- The Prevention and Preparedness proposed department organization is under review and may be transferred under other leadership pending approval of the reorganization at the June BOH meeting
- Every department has been challenged to review their organization structure, current positions and vacant positions to identify opportunities for improved effectiveness and efficiency –
 - This review has been underway for more than a month and will continue over the next few weeks



Proposed Central Office Reorganization and Efficiencies

- OSDH applied for a federal telehealth grant in April to establish the Oklahoma Public Health Improvement Network (OPHIN) with the focus of expanding access to health services at local county health departments and safety net providers through the use of telehealth.
 - Improve and expand access to clinical-based diabetes education programs and clinical nutrition;
 - Expand the network to include linkages to health care partners across the state to build capacity and infrastructure to expand telehealth services that support chronic disease initiatives aimed at improving heart disease, hypertension, stroke, and asthma.
- Evaluating a regional approach to SoonerStart
- OSDH is looking at all opportunities for cost reduction, e.g. centralization of supplies, use of mobile devices, state purchase orders



Areas that may be Impacted by FY17 Budget Cuts

- These are the programs that may be impacted depending on the depth of the budget cut – it may be partial to elimination of the budget
- Final determination will not be made until the budget is released at the end of May
- Notified by the Department of Education on April 20th that Sooner Start will be cut by \$648,475 for FY 17
- FY 2017 budget cuts are net of the FY 2016 cuts



Program & Budget Cut Scenarios	SFY 2016	SFY 2017	SFY 2017	SFY 2017
	7% \$4,244,273	10% \$5,638,850	15% \$8,458,275	19% \$10,713,815
FQHC Start-Up Funding	\$319,531			
FQHC Uncompensated Care	\$741,051	\$1,811,426	—————→	
Oklahoma Child Abuse Prevention (OCAP)		\$3,100,000	—————→	
Cord Blood Bank	\$500,000			
Colorectal /Cancer	\$200,000			
Voluntary Benefit Buy Out (VOBO)	\$255,061	\$1,432,003	—————→	
Unfilled Financial Positions	\$263,443			
Suspension of State funded Positions Remainder of FY	\$535,187			
Elimination of Administrative Position	\$90,000			
Reorganization		TBD	—————→	
Elimination of Software Purchase	\$220,000			
Reduction in Dental Education & Outreach	\$220,000			
Elimination of Vacant Position in Injury Prevention	\$100,000			
*Sooner Start Program		\$648,475	—————→	
Ryan White Drug Rebate Funds	\$786,000			
Athletic Commission	\$14,000			

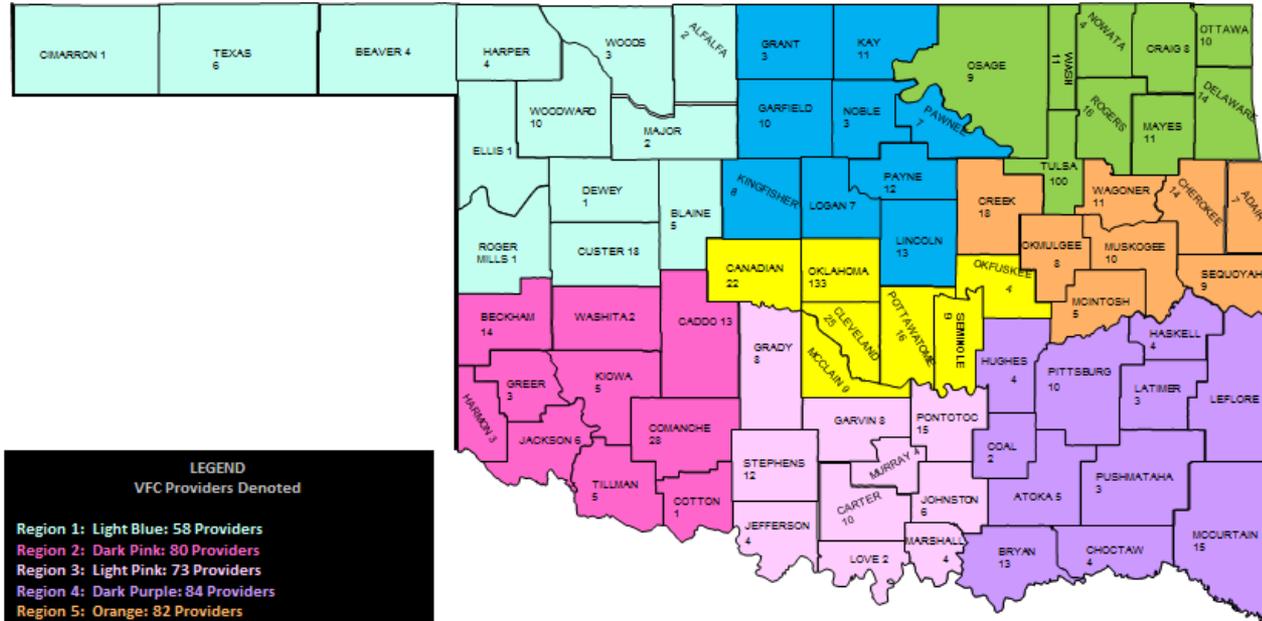
Opportunity for an Inter-Agency Partnership – OJA and OSDH

- The Office of Juvenile Affairs (OJA) provides services for teens across the state in need of community support and additional supervision
- OJA is seeking to reduce their costs associated with office space for their employees in the counties which range from 1-7 people/county excluding OKC and Tulsa
- OJA and OSDH serve the same populations
- There is an opportunity for OJA to share space in some counties with OSDH with resulting benefits that include:
 - Reduced lease costs for OJA – OJA would pay their share of maintenance and operations
 - OJA and OSDH would work together to ensure teens are receiving needed services, e.g. immunization, smoking education, assistance with teen pregnancy, outreach for the children of teens, etc.
 - Serve as a model for inter-agency cooperation
- 7 initial sites have been identified meaning OSDH has the space to accommodate OJA
 - There will need to be a discussion with the county commissioners since the space typically owned or paid for by county millage
 - Sites include Watonga (Blaine), Mangum (Greer), Hobart (Kiowa), Okemah (Okfuskee), Pawnee (Cleveland) & Alva (Woods)
 - There is on-going evaluation of the other OJA and OSDH sites



Proposed Immunization Field Consultant Regionalization

PRIMARY: RECOMMENDED IMMUNIZATION PROGRAM RE-DISTRICTING: 8 Regions



LEGEND
VFC Providers Denoted

- Region 1: Light Blue: 58 Providers
- Region 2: Dark Pink: 80 Providers
- Region 3: Light Pink: 73 Providers
- Region 4: Dark Purple: 84 Providers
- Region 5: Orange: 82 Providers
- Region 6: Dark Green: 183 Providers
- Region 7: Dark Blue: 74 Providers
- Region 8: Yellow: 218 Providers

Issue Date 04/27/16

Proposed Immunization Field Consultant Regionalization

- Budget neutral reorganization of immunization field consultants
- Move from 14 districts to 8
 - Tulsa and OKC health departments have agreed to the Central Office providing oversight of the CDC/VFC Guidelines and grant mandates
- CDC directed OSDH to redirect funding around immunization to build capacity and informatics in line with guidelines set out in the grant
 - Improve meaningful use through enhanced provider participation and data quality by achieving interoperability through meaningful use activities (includes bi-directional messaging)
 - Conformance with CDC National Standards as it relates to Immunization Information Systems (OSIIS)



DRAFT

**RESOLUTION URGING THE INCREASE OF STATE EXCISE TAX ON CIGARETTES
TO PROTECT CHILDREN FROM SMOKING AND SUPPORT THE OKLAHOMA
HEALTH IMPROVEMENT PLAN 2020**

Oklahoma State Board of Health
May 10, 2016

WHEREAS, cigarette smoking is the leading preventable cause of death and disability in the State of Oklahoma, and

WHEREAS, 88,000 children alive today will die prematurely from cigarette smoking, and

WHEREAS, 7,500 people die from smoking each year in Oklahoma costing over a billion dollars in medical expenses annually, and

WHEREAS, Oklahoma ranks 45th worst in Nation on leading health indicators, and

WHEREAS, Oklahoma ranks 48th in the number of uninsured adults, and

WHEREAS, 71 of Oklahoma's 77 counties are primary care health professional shortage areas, and

WHEREAS, the Oklahoma Health Improvement Plan (OHIP) 2020 calls for decreasing and preventing cigarette smoking, reducing the rate of uninsured and improving access to healthcare services;

THEREFORE BE IT RESOLVED, that the Oklahoma State Board of Health expresses its appreciation and support to the elected policy makers of Oklahoma in their continuing efforts to support OHIP 2020 and effectively reduce the significant public health risk posed by cigarette smoking in Oklahoma, and

BE IT FURTHER RESOLVED, that the Oklahoma State Board of Health supports the passage of a \$1.50 per pack cigarette tax to fund the Medicaid Rebalancing Act of 2020 (MRA) in order to achieve the following:

- Prevent 31,800 kids alive today from becoming adult smokers
- Reduce cigarette consumption by 26 million fewer packs in the first year
- Reduce the number of uninsured in Oklahoma by 175,000 individuals
- Stabilize provider networks, especially in rural communities, by preventing and/or reinstating Medicaid provider rate cuts

The Oklahoma State Board of Health urges passage of this legislation during the 2nd Regular Session of the 55th Legislature.

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

SFY 2016 BUDGET AND EXPENDITURE FORECAST: AS OF 04/25/2016

<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	\$ 16,914,313	\$ 11,400,015	\$ 2,615,162	\$ 2,588,689	\$ 310,447	98.16%
Protective Health Services	\$ 59,042,006	\$ 42,988,610	\$ 6,589,212	\$ 9,429,707	\$ 34,477	99.94%
Prevention & Preparedness Services	\$ 69,040,954	\$ 35,310,021	\$ 21,267,802	\$ 4,803,929	\$ 7,659,202	88.91%
Health Improvement Services	\$ 22,830,175	\$ 13,488,858	\$ 5,560,740	\$ 2,980,983	\$ 799,594	96.50%
Community & Family Health Services	\$ 233,976,559	\$ 145,667,973	\$ 25,213,293	\$ 64,848,836	\$ (1,753,543)	100.75%
Totals:	\$ 401,804,007	\$ 248,855,477	\$ 61,246,209	\$ 84,652,144	\$ 7,050,177	98.25%
< 90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%		

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

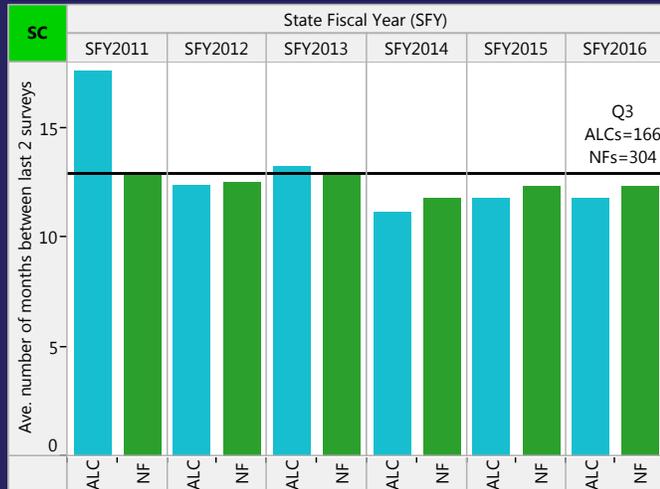
Explanation of Change

- 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% (\$4,243,276) reduction of SFY 2016 state appropriation due to revenue failure is reflected.
- Report reflects an increase to Prevention and Preparedness Services for Ryan White grant funds and associated drug rebates beginning April 1, 2016. Obligations against these grant funds have not yet been incurred and are in process.
- The overall Department performance rate of 98.25% is a 1.11% decrease from the previous month's 99.36% due to federal grant awards.

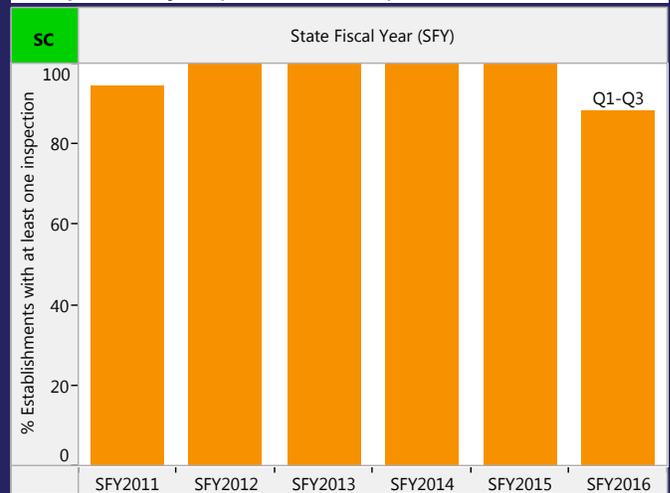
Oklahoma State Board of Health Dashboard

Public Health Imperative: Regulatory Measures

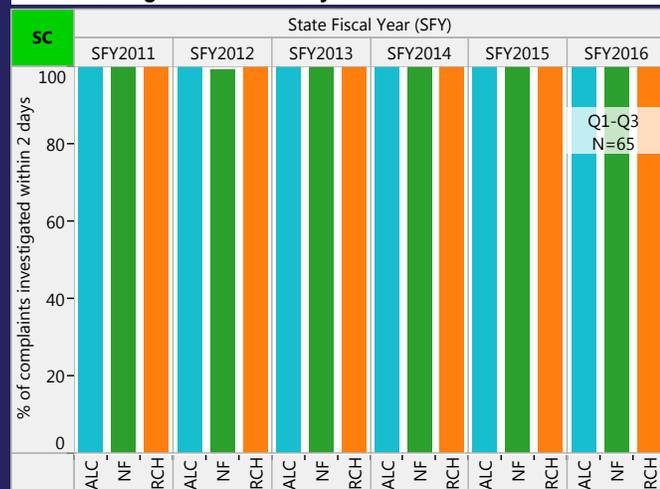
A. Average interval between inspections for ALCs and NFs is less than or equal to 12.9 months.



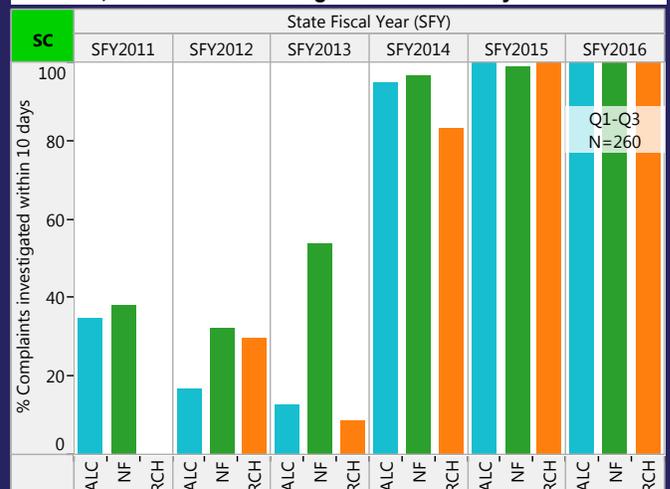
B. Percentage of food service establishments inspected at least once per fiscal year (N=22,748 for Q3)



C. Percent of immediate jeopardy complaints for ALCs, NFs & RCHs investigated within 2 Days.



D. Percent of non immediate jeopardy-high priority complaints for ALCs, NFs & RCHs investigated within 10 Days.



Explanation of Dashboard

State Fiscal Year (SFY) begins July 1st and ends June 30th. SFY 2016 is from July 1, 2015 to June 30, 2016.

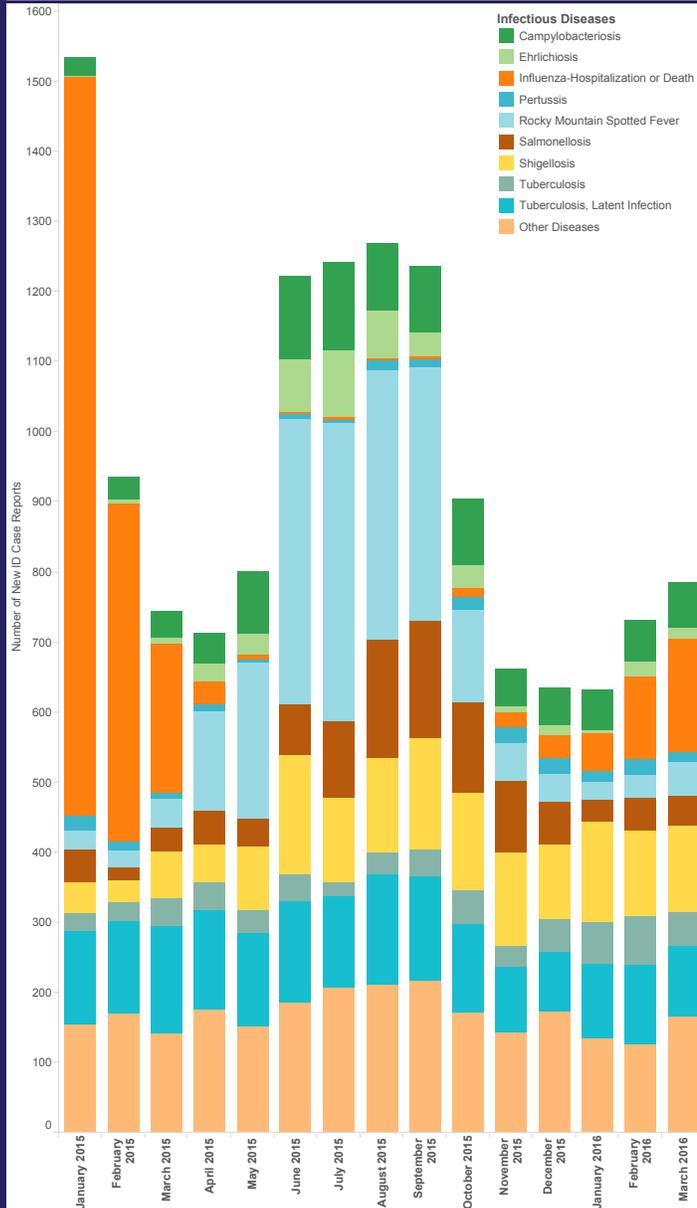
Protective Health Services has a "green light" for all four of the performance measures by meeting the benchmarks for (A) average interval between inspections for ALCs and NFs; (B) food service establishment inspections; (C) immediate jeopardy complaints for ALCs, NFs and RCHs; and (D) non-immediate jeopardy high-priority complaints for ALCs, NFs and RCHs.

Assisted Living Centers (ALCs), Nursing Facilities (NFs), Residential Care Homes (RCHs)
SC = Score card: Green = Measure is Satisfactory; Yellow = Two Quarters Not Met in Last Year;
 Red = Shortfall Has Occurred Three Consecutive Quarters

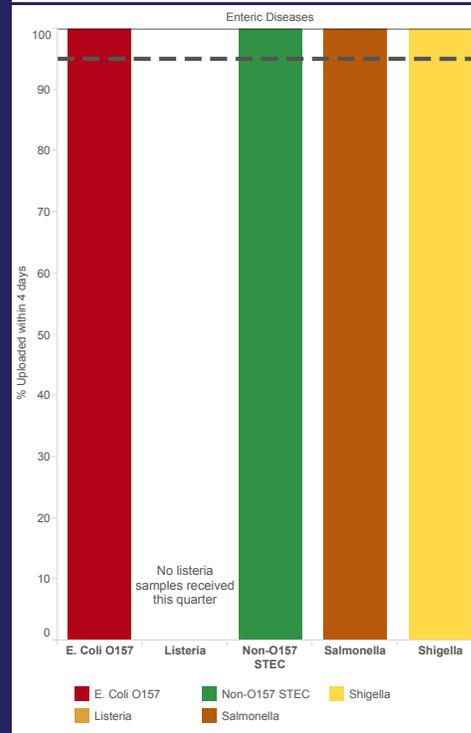
Oklahoma State Board of Health Dashboard

Public Health Imperative: Infectious Disease Measures

Number of New Infectious Disease (ID) Case Reports



Percentage of PH Lab Enteric Diseases Uploaded to PulseNet within 4 Days, January - March 2016
Benchmark = 95%



Number of New Infectious Disease Case Reports and Estimated Investigation Time (Hrs):
January 2015 - March 2016

Month of Month	# of Rep	Est. Hrs	# Specimens
January 2015	1,534	979	14,211
February 2015	935	964	13,022
March 2015	744	1,062	14,759
April 2015	713	1,218	15,220
May 2015	801	1,211	13,271
June 2015	1,222	1,645	15,795
July 2015	1,241	1,617	15,795
August 2015	1,269	1,919	15,952
September 2015	1,236	1,976	15,728
October 2015	904	1,218	15,658
November 2015	662	1,211	13,823
December 2015	635	1,645	14,867
January 2016	632	1,146	15,180
February 2016	731	1,236	15,695
March 2016	786	1,160	16,221

Explanation of Dashboard

The 'Number of New Infectious Disease (ID) Case Reports' graph shows the new cases of infectious disease received by the Acute Disease Service (ADS) by month. It reflects significant seasonal trends such as the increase of influenza hospitalizations/deaths in the winter months and increase in enteric and tickborne diseases in the summer months. Notable: The 2015-16 influenza season has been mild resulting in a low incidence of 362 influenza hospitalizations and 8 deaths compared to 2,257 influenza hospitalizations and 107 deaths during the same time frame of the 2014-2015 influenza season. Also notable is the continued increase of Shigellosis following an epidemic year in 2015.

'Percentage of PH Lab Disease Uploaded to PulseNet within 4 Days' indicates that the benchmark of 95% has been met and exceeded for all factored enteric diseases. The PHL continues to exceed the CDC and PHEP grant guidelines for uploading data isolate data within the 4 days required. The PHL averages 1.2 days for uploading 99% of the isolates.

'Total Number of Lab Specimens' shows the volume of specimens received. The number of lab specimens depicts the work performed by PHL quarterly and gives a clear account of the interaction between divisions effectively collaborating to create a state of health. 'Number of New Infectious Disease Case Reports and Estimated Investigation Time (Hrs.)' shows the number of hours spent in disease investigation by month and includes both County Health Department Communicable Disease Nurse and Acute Disease Service Epidemiologist person-time.

Oklahoma State Board of Health Dashboard

Public Health Infrastructure: County Health Department Visits

Figure 1: Total Visits for OSDH + OCCHD + THD Clinics by Quarter
Does not include Immunization Visits

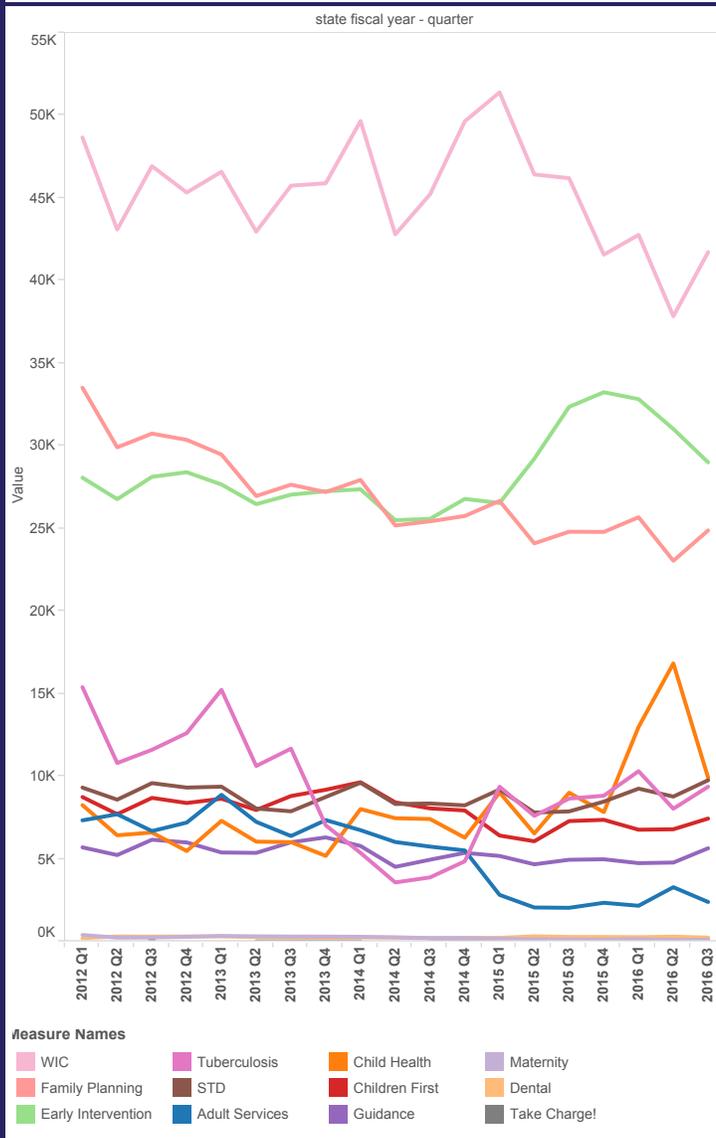


Figure 2: Total Immunization Visits by Quarter
Recorded in Oklahoma State Immunization Information System

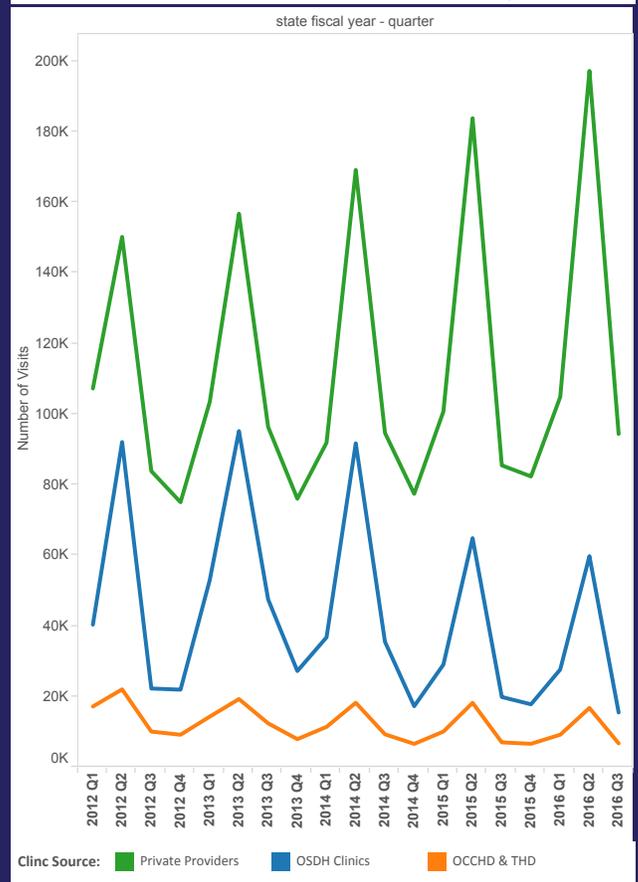


Table 1: OSDH + OCCHD + THD Clinic Services by Quarter

Qtr	2013	2014	2014-2013 %Change	2015	2015-2014 %Change	2016	2016-2015 % Change
Q1	618,908	596,597	-3.6	784,617	31.5	754,714	-3.8
Q2	559,408	653,474	16.8	723,643	10.7	710,721	-1.8
Q3	544,050	534,477	-1.8	681,690	27.5	711,584	4.4
Q4	540,432	535,709	-0.9	707,945	32.2		
Total	2,262,798	2,320,257		2,897,895		2,177,019	

Explanation of Dashboard

Figure 1. Total Visits for OSDH + OCCHD + THD Clinics by Quarter. WIC caseloads for Oklahoma from 2015 Q1 to 2016 Q2 decreased, mirroring national trends with an overall national improved economy. The uptick in WIC caseloads beginning in 2016 Q2 reflected the rapid increase in Oklahoma's unemployment numbers due to the struggling oil and gas industry. We expect the increase in Oklahoma WIC caseloads to continue for the next several quarters. Notably, there has been an increase in the number of client visits for the Child Health program for the most recent two quarters. This uptick for Child Health is mostly due to increases in numbers from THD.

Figure 2. Total Immunization Visits by Quarter. The overall decrease in immunizations for OSDH is a reflection of the decrease in clients receiving their annual flu shots at public clinics. Large retail pharmacies receive vaccine shipments several weeks earlier than health departments. The strong cyclic data trend continues to be consistent for almost 4 years, with a decline in immunization services in the 3rd and 4th quarter across all public and private clinics. This is followed by an increase in the 1st quarter and peaking in the 2nd quarter as children return to school and individuals receive flu shots before the winter flu season. The optimal time for flu shots is during October-December.

Table 1. OSDH + OCCHD + THD Clinic Services by Quarter. Services in county health department clinics decreased in the 1st and 2nd quarters of SFY 2016 over the previous year. However, the number of services increased in the 3rd quarter from the same quarter from the previous year.

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT
Terry Cline, Ph.D., Commissioner
May 10, 2016

PUBLIC RELATIONS/COMMUNICATIONS

People with Disabilities Awareness Day – speaker
The Governor's Healthy Aging Summit 2016
Oklahoma National Guard Legislative Reception
Preparing for the 7th Generation Conference - speaker
OSU Health Sciences Center Commencement

STATE/FEDERAL AGENCIES/OFFICIAL

Governor Fallin/Speaker Hickman/Pro Tempore Bingman-Medicaid Rebalancing Act Stakeholders Meeting
John Bartrum, Staff Assistant, House Committee on Appropriations (Congressman Cole's Staff) – lab tour
OU College of Public Health - Inaugural Speaker of the Hudson Fellows in Public Health Symposium
Denise Northrup, Chief of Staff, Governor's Office
Senate Confirmation Hearing for Cris Hart-Wolfe
Tracey Strader, Executive Director, Tobacco Settlement Endowment Trust

SITE VISITS

Pawnee County Health Department
Noble County Health Department

OTHERS:

Karen DeSalvo, MD, MPH, MSc, National Coordinator for Health Information Technology, Acting Assistant Secretary for Health, U.S. Department of Health and Human Services
PHAB Board Meeting
Hudson Public Health Reception
Desiree Doherty, Executive Director, The Parent Child Center of Tulsa
Dan Barron, Governmental Affairs, Alliance Resource Partners
Bruce Heine, VP, Government Affairs, Magellan Midstream
Fred Perry, Retired Tulsa County Commissioner (and former state Representative)
Sherry Fair, Director, Prevent Child Abuse Oklahoma
Charlie Swinton, Parent Promise Board Member
OHIP Executive Committee
Dawn Watson, Oklahoma Government Relations Director American Cancer Society Cancer Action Network, Inc.
David Dude, Health Systems Manager, State-Based High Plains Division, American Cancer Society, Inc.
Dr. Nadim Nimeh, Principal Research Investigator, Cancer Centers of Southwest Oklahoma
Mary Jo Duggan Copeland Scholarship Reception
Lana Ivy, Executive Director, Oklahoma Osteopathic Association
Ted Haynes, President, Blue Cross and Blue Shield of Oklahoma
Accreditation Council for Graduate Medical Education, CLER
Dr. Michael Fiore, Director/Dr. Bruce Christiansen, Lead Researcher, University of Wisconsin Center for Tobacco Research and Intervention
ASPEN Group Stakeholder Meeting