



Oklahoma State Department of Health
Creating a State of Health

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Oklahoma State Department of HealthÁ

State Board of Health MeetingÁ

Tuesday, May 9, 2017 11:00 AM (CDT)Á

1000 NE 10th Street Oklahoma City Oklahoma 73117Á

Oklahoma State Department of Health, Room 1102Á

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I.Á CALL TO ORDER AND OPENING REMARKS

II.Á REVIEW OF MINUTESÁ

Approval of Minutes for April 11, 2017, Regular Meeting

III.Á STRATEGIC MAP UPDATE PRESENTATIONÁ

Julie Cox-Kain, M.P.A., Senior Deputy Commissioner, Oklahoma State Department of Health; Melissa Gower, Senior Advisor, Policy Analyst, Chickasaw Nation Department of Health

IV.Á CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTIONÁ

A.Á Executive Committee - Ms. Burger, ChairÁ

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

B.Á Finance Committee - Ms. Wolfe, ChairÁ

Discussion and possible action on the following: Update

C.Á Accountability, Ethics, & Audit Committee - Dr. Grim, ChairÁ

Discussion and possible action on the following: Update

D.Á Public Health Policy Committee - Dr. Stewart, ChairÁ

Discussion and possible action on the following: Update

V.Á PRESIDENT'S REPORTÁ

Discussion and possible action

VI.Á COMMISSIONER'S REPORTÁ

Discussion and possible action

VII.Á NEW BUSINESS

Not reasonably anticipated 24 hours in advance of meeting.

VIII.Á PROPOSED EXECUTIVE SESSIONÁ

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.Á

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Possible action taken as a result of Executive Session.Á

IX.Á ADJOURNMENT

STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10th
Oklahoma City, Oklahoma 73117-1299

April 11, 2017

CALL TO ORDER

Ms. Burger, President of the Oklahoma State Board of Health, called the 417th meeting of the Oklahoma State Board of Health to order on Tuesday, April 11, 2017, at 11:00 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on April 10, 2017; and at 11:00 a.m. on the Oklahoma State Department of Health building entrance on April 10, 2017.

ROLL CALL

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

Staff present were: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Deborah Nichols, Chief Operating Officer; Carter Kimble, Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director, Office of Accountability; VaLauna Grissom, Secretary to the State Board of Health.

Visitors in attendance: See list

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Ms. Burger called the meeting to order and thanked all guests in attendance.

REVIEW OF MINUTES – OSBH

Ms. Burger directed attention toward approval of the Minutes for March 14, 2017, regular meeting. **Dr. Woodson moved Board approval of the March 14, 2017 meeting minutes as presented. Second Dr. Krishna. Motion Carried.**

AYE: Burger, Grim, Krishna, Wolfe, Woodson

ABSTAIN: Alexopoulos, Stewart, Starkey

ABSENT: Gerard

STRATEGIC MAP UPDATE PRESENTATION

Deborah Nichols, Chief Operating Officer; Becki Moore, M.S., Director of Informatics
See attachment A.

CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**Executive Committee****REMINDERS:**

- Sixth annual Governor's Walk for Wellness at the State Capitol Complex on May 3rd at 11:30 am. VaLauna will send the date & details once finalized.
- Following the May Board meeting is the Annual Employee of the Year Recognition Ceremony.
- June Board meeting will be held in Kay County, Ponca City. Additional details are forthcoming.
- The annual Board of Health retreat will be held August 11-12, at OSU, Stillwater. The planning committee will provide additional details in the coming months.

Finance Committee

Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the following SFY 2017 Finance Report and Board Brief as of March 24, 2017:

- The Agency is in "Green Light" status overall
 - February's performance rating was 98.78. April's performance rating is 99.59%. A net increase in performance of .81%.
 - The revenue failure that was declared on February 21, 2017 has been deducted from the overall budget. The amount reduced from the agency budget was \$375,923.73

The finance brief focused on education around the Master Service Agreement (MSA). The MSA is an agreement is a contractual agreement between the Department of Health and the Office of Management and Enterprise Services (OMES)

- There are 2 parts to the MSA:
 - Support Categories i.e. desktop support
 - Statements of Work (project support)

Accountability, Ethics, & Audit Committee

The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Grim indicated there were no known significant audit issues; however, a recent audit resulted in one reportable finding and four non-reportable finding around grant processes which is the trade off when you are forced to reduce staff. The committee did request Executive Session. The report concluded.

Public Health Policy Committee

The Policy committee focused on two issues; the 40 year old public health lab and the cigarette tax. The 2012 survey indicates concerns over the failing infrastructure must be addressed. The cigarette tax stands to protect over 30 thousand by either preventing youth smoking or helping current smokers to stop. Dr. Stewart asked everyone to educate their legislators and let them know you support this. The report concluded.

PRESIDENT'S REPORT

Ms. Burger indicated she the Nominating Committee for the election of officers take place in June and effective July 1, 2017. Dr.'s Alexopulos, Krishna, and Grim have agreed to serve on this committee.

COMMISSIONER'S REPORT

Dr. Cline briefly reported on the recent Certified Healthy Awards Program. There were more than 1,000 people in attendance and over 1900 awards received. Certified Healthy programs also get the opportunity to apply for incentive grants through the Tobacco Endowment Settlement Trust ranging from \$2,000 to \$250,000 to then be reinvested in health related activities.

1 Dr. Cline highlighted our partnership with the College of Public Health. Dean Gary Raskob, who also
2 serves as the Chair of the Oklahoma City-County Board of Health hosted Dr. Frank Chaloupka for grand
3 rounds. He is a renowned tobacco economist and a leading expert in understanding the fiscal impact and
4 health impact of increased cigarette taxes.

5 Lastly, Dr. Cline commented on Public Health Accreditation. He reminded the Board that the OSDH was
6 one of the first Health Departments in the United States to receive accreditation. We are working through
7 the process of re-accreditation and will look for a good opportunity to do a deeper dive and provide
8 updates to the Board. The report concluded.

9
10 **NO NEW BUSINESS**

11
12 **EXECUTIVE SESSION**

13 **Dr. Krishna moved Board approval to go in to Executive Session at 11:54 AM** Proposed Executive
14 Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending
15 department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the
16 employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried
17 public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where
18 disclosure of information would violate confidentiality requirements of state or federal law.

- 19 • OAS 2016-029

20 **Second Wolfe. Motion carried.**

21
22 **AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

23 **ABSENT: Alexopoulos**

24
25 Mr. Starkey moved Board approval to move out of Executive Session at 1:53 PM. Second Dr. Grim. Motion
26 carried.

27
28 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

29 **ABSENT: Alexopoulos, Gerard, Woodson**

30
31 **ADJOURNMENT**

32 Ms. Wolfe moved board approval to adjourn. Second Mr. Starkey. Motion Carried

33
34 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

35 **ABSENT: Alexopoulos, Gerard, Woodson**

36
37 The meeting adjourned at 1:55 p.m.

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39 Approved

40
41 _____
42 Martha Burger
43 President, Oklahoma State Board of Health
44 May 9, 2017

ATTACHMENT A

Leveraging Technology Solutions



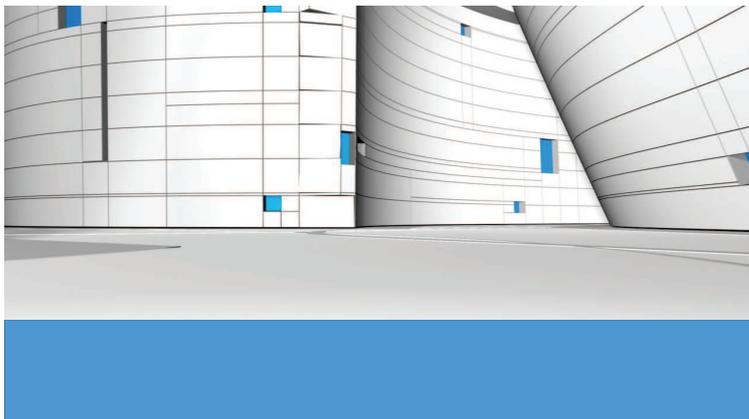
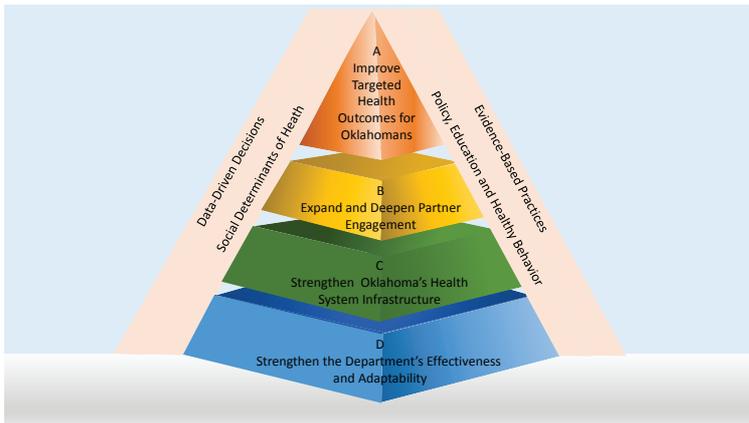
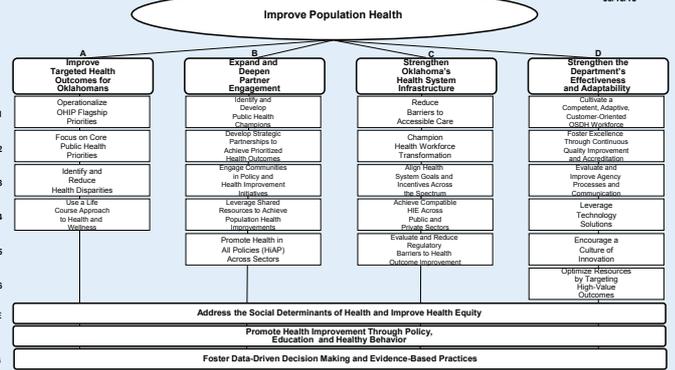
Becki Moore, Director of Informatics
Deborah Nichols, Chief Operating Officer

Presentation to the Board of Health
April 2017



Oklahoma State Department of Health
Strategic Map: 2015-2020

Approved
06/16/15



Goals

Promote the use of collaborative software

Promote the use of shared solutions

Implement Telehealth

Improve public health services, efficiencies and surveillance through integrated and exchanged data





Promote the use of collaborative software

- OSDH Intranet
- SharePoint Coordinator
- 560 Sites
- Process Workflows



Measures of Success

- Number of users trained on SharePoint
- New IRENE home page
- Number of sites developed and used
- Cost savings

Opportunities

- Reduced IT cost
- Improved communication
- Engagement

Barriers

- Funding
- Software Implementation
- Engagement

Promote the use of shared solutions

- Internal Software Request Process
- Approved software list
- Utilize existing solutions
- Identify potential shared solutions through DISCUSS



Opportunities

- Reduced Cost
- Efficiencies
- Cross-training

Barriers

- Communication
- Funding

Measures of Success

- Policy and Procedure
- Increase in number of shared solutions



Implement Telehealth

- Telehealth Coordinator
- HIPAA Regulations
- Software and Hardware Standards
- Technical Assistance



Opportunities

- Expanded Services
- Reduced Cost

Barriers

- Standards
- Billable Services

Measures of Success

- Programs
- Services
- Visits



Improve public health services, efficiencies and surveillance through integrated and exchanged data

- Meaningful Use
- Electronic Health Record
- Data Integration
- Cost Benefit Analysis



Opportunities

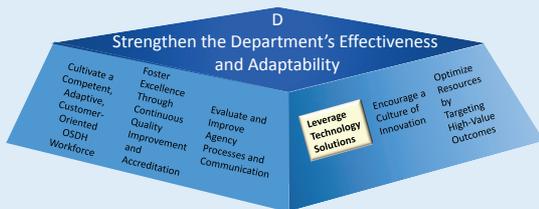
- Timely and increased data
- Enhanced knowledge
- Data linkages with centralized access
- System modernization

Barriers

- Funding
- Resources
- Competing Priorities

Measures of Success

- Processed messages
- Improved data
- Portal access
- EHR system access
- Surveillance cost reduction



IDENTIFY AND REDUCE HEALTH DISPARITIES

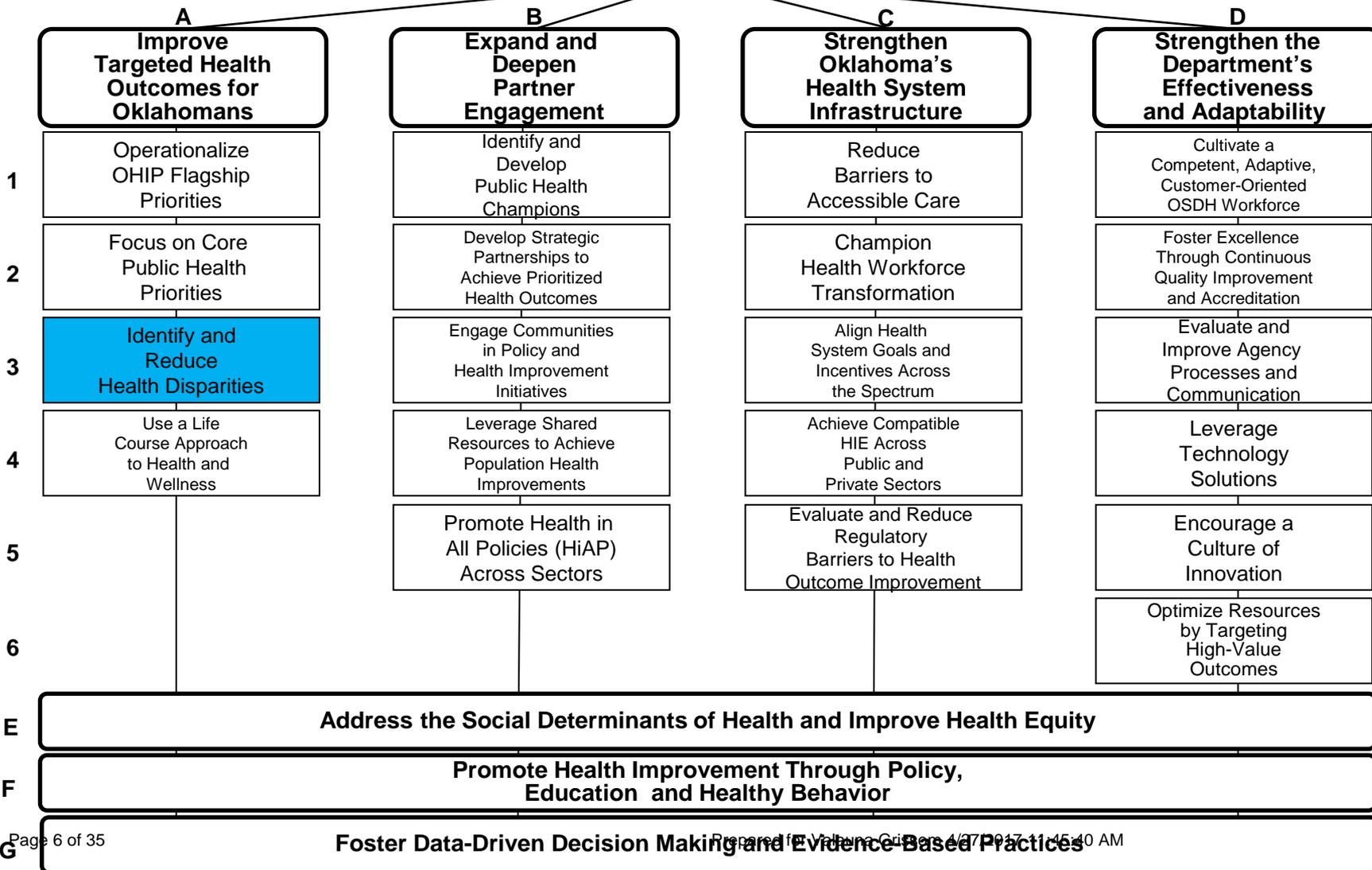
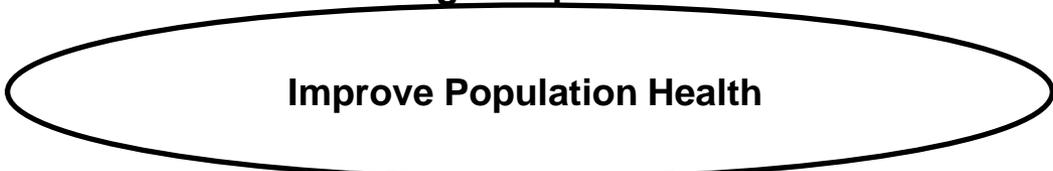
Julie Cox-Kain

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

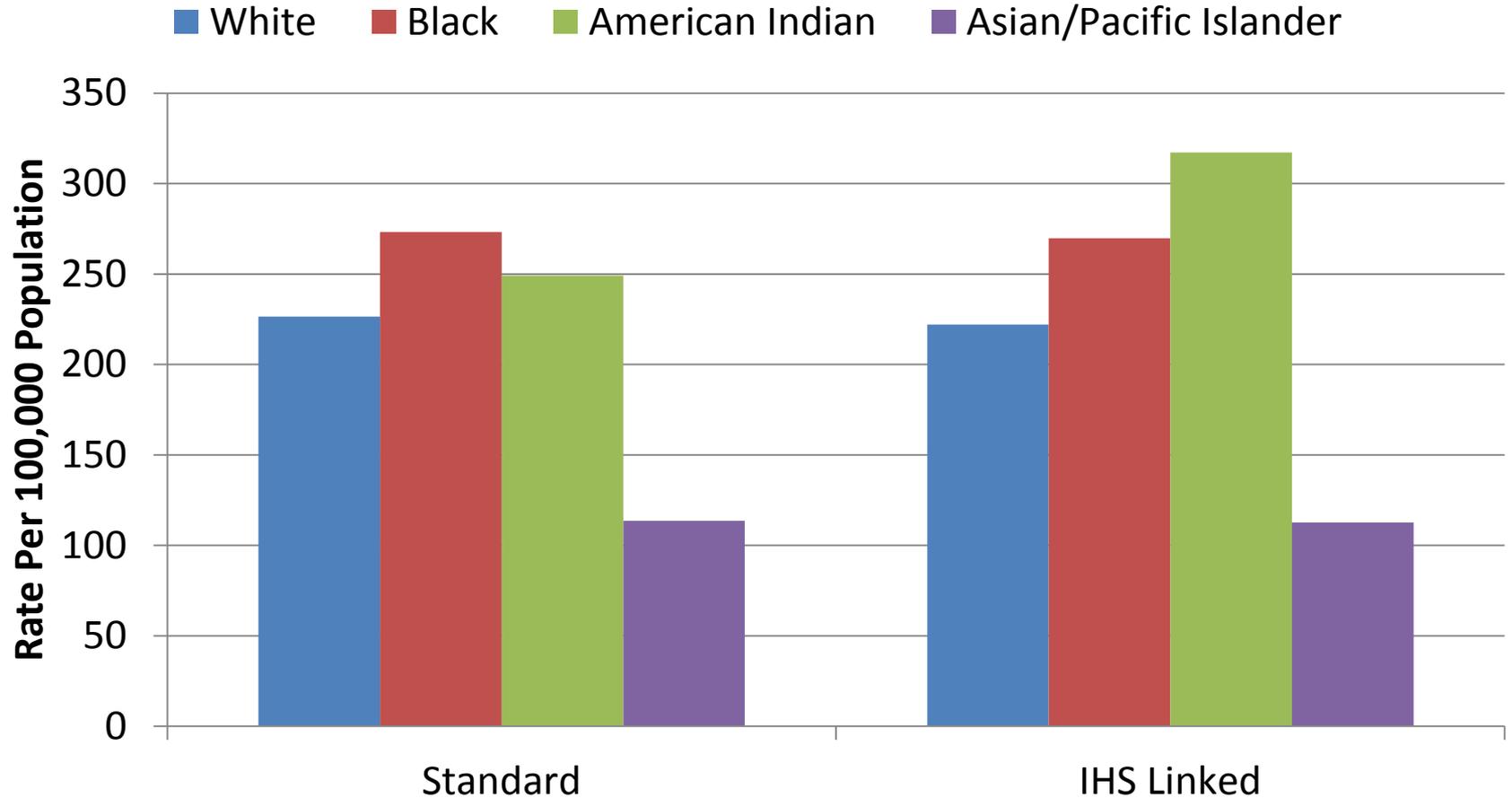
Office of the Tribal Liaison

- 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

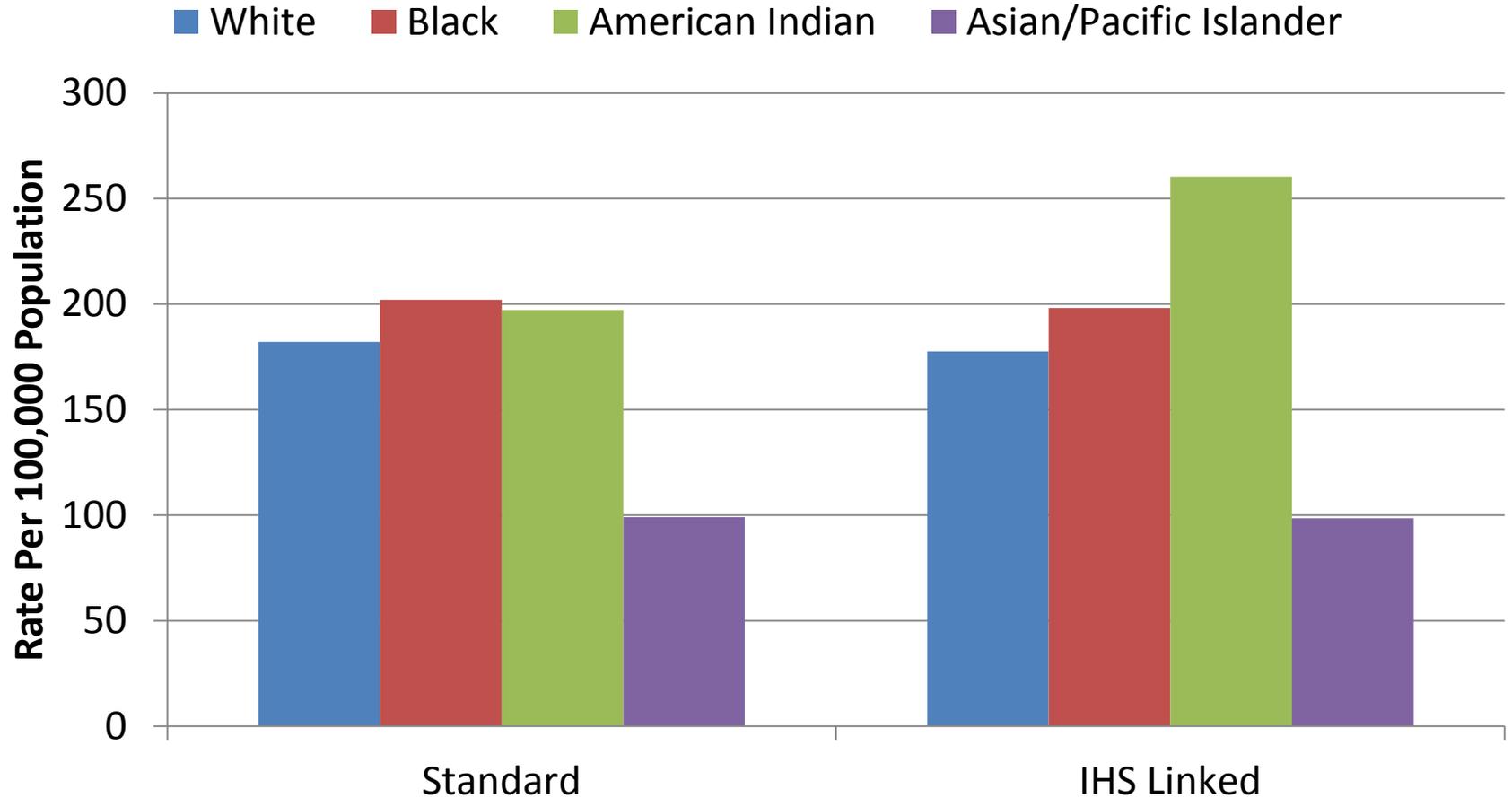
Tribal Public Health Advisory Committee (TPHAC)

- 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

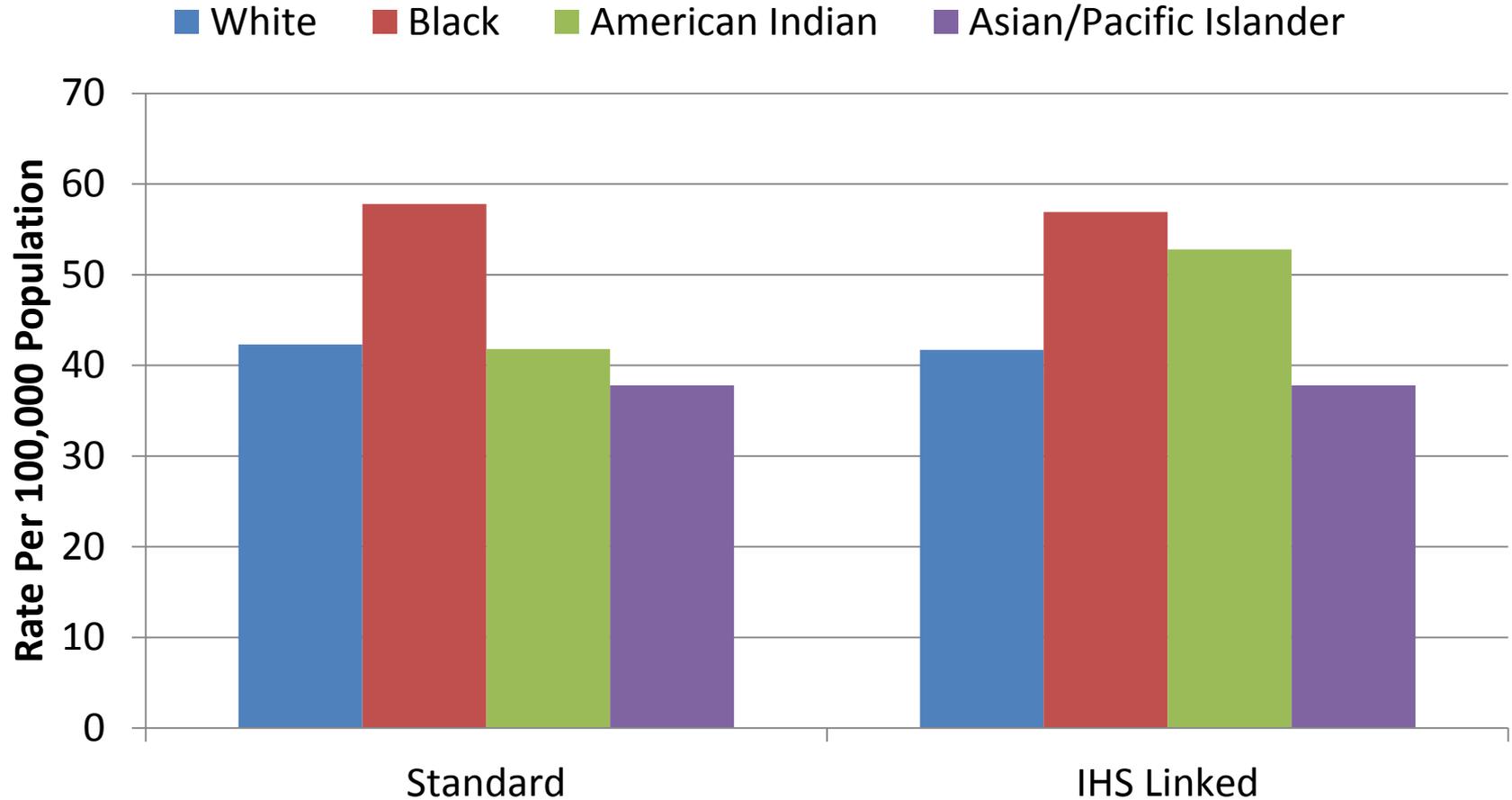
Age-Adjusted Mortality Rate, Diseases of the Heart, Oklahoma 2013-2015



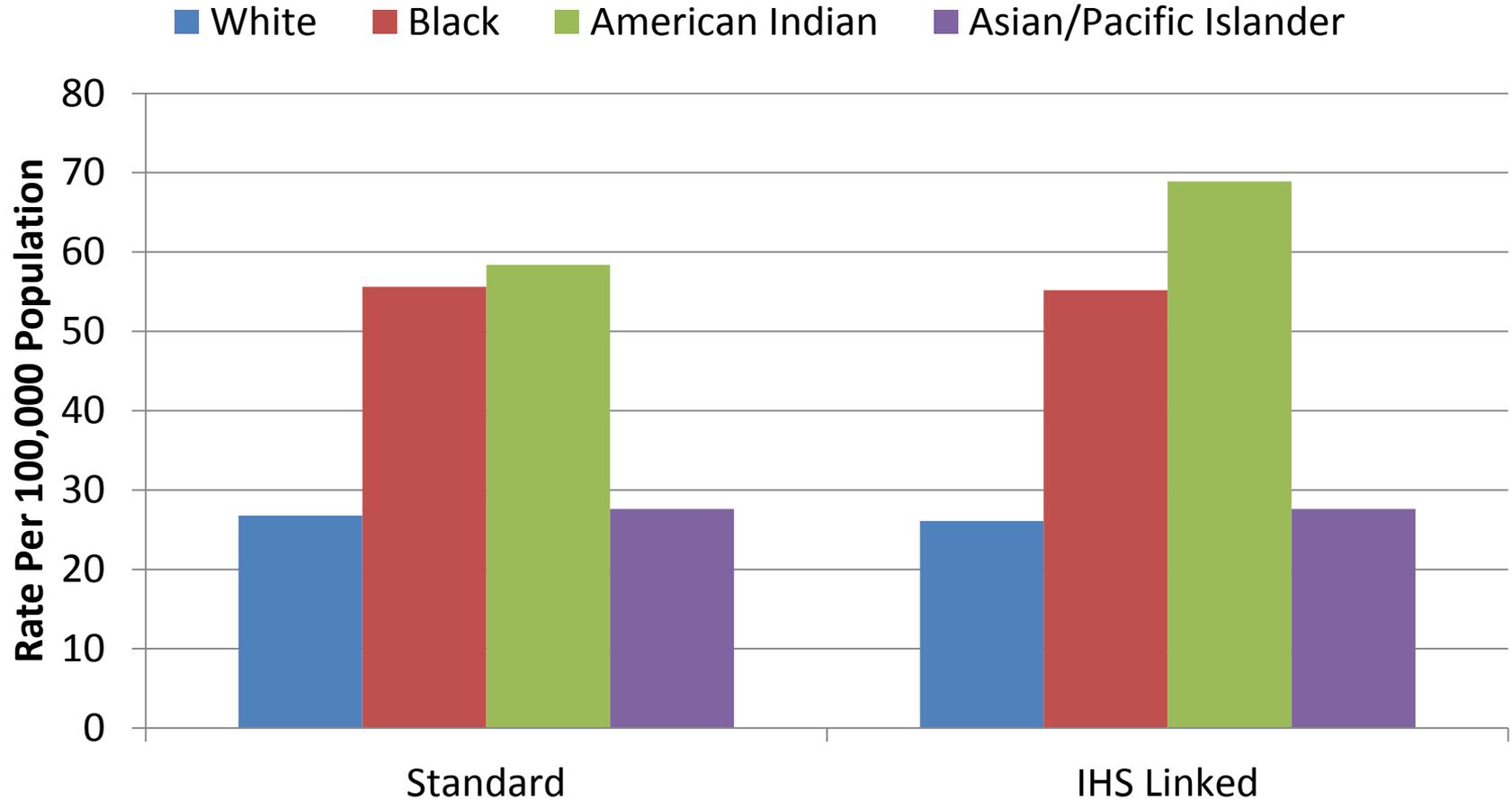
Age-Adjusted Mortality Rate, Malignant Neoplasms, Oklahoma 2013-2015



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



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





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 culture, beliefs, value systems, and history as sovereign nations.
- The Oklahoma State Department of Health and 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.
- Thus, 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 innovations transformation 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 that significant and timely tribal feedback may be obtained;
- Coordinate public health responses to assure tribal nations are at the decision making table; and
- 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 Choctaw Nation and Chickasaw Nation
- 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 IHCIA
 - 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 innovating 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



DATE: May 9, 2017

TO: State Board of Health

The Executive Committee is requesting to merge the Board's Office of Accountability (OAS) Policy (CP54) with the Department's OAS Policy (1-30).

The policy language provided for your review in 1-30, incorporates the Board of Health's feedback. With Board of Health approval the Department will adopt this policy for implementation effective immediately.



OKLAHOMA STATE DEPARTMENT OF HEALTH ADMINISTRATIVE POLICIES AND PROCEDURES

NUMBER: 1-30
TITLE: Office of Accountability Systems
RESPONSIBLE SERVICE: Office of Accountability

APPROVED: _____
Terry Cline, Ph.D.
Commissioner

Martha A. Burger
President, Board of Health

I. Purpose

The purpose of this administrative policy and procedure is to provide a framework for the interaction between the Office of Accountability Systems (OAS), employees and the public. This policy and procedure also provides a framework for the review and evaluation of complaints filed with OAS.¹

II. Statutory Authority

The OAS was created pursuant to Title 63 of the Oklahoma Statutes.² The director for OAS reports directly to and under the direct supervision of the Board of Health (BOH). The BOH will provide guidance and direct the work of OAS and its director.

The commissioner of health will have administrative oversight of the director of OAS (i.e. provide guidance to general operations of OAS, approve leave and travel requests of OAS Director, etc.).

The duties and authorities of the OAS are established as:

1. Coordinate audits and investigations and make reports to the Oklahoma State Department of Health (OSDH) and commissioner of health within the OSDH and State health officer relating to the administration of programs and operations of the OSDH³.

¹ Public Health Accreditation Board (PHAB) Standards and Measures, Domain 11.1.1A

² Title 63 O.S. § 1-105f (2006)

³ 63 O.S. § 1-105f (A) (1)

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2. Except as otherwise prohibited by current law, access all records, reports, audits, reviews, documents, papers, recommendations, or other material which relate to programs and operations with respect to which the director of the OAS has responsibilities⁴.
 3. Request assistance from other state, federal and local government agencies⁵.
 4. Issue administrative subpoenas for the production of all information, documents, reports, answers, records, accounts, papers, and other data and documentary evidence⁶.
 5. Administer to or take from any current or former employee of the OSDH an oath, affirmation, or affidavit⁷.
 6. Receive and investigate complaints or information from an employee of the OSDH, service recipient or member of the public concerning the possible existence of an activity within the OSDH constituting a violation of law, rules or regulations, mismanagement, gross waste of funds, abuse of authority or a substantial and specific danger to the public health and safety⁸.
 7. Cause to be issued on behalf of OAS credentials, including an identification card with the State Seal⁹.
 8. Keep confidential all actions and records relating to OAS complaints¹⁰.
 9. Keep the State BOH and the commissioner of health fully informed of matters relating to fraud, abuses, deficiencies and other serious problems of which the director is aware relating to the administration of programs and operations within the OSDH. Further, the director shall recommend corrective action concerning such matters and report to the BOH and the commissioner of health on the progress of the corrective matters¹¹.
 10. Report expeditiously to the appropriate law enforcement entity whenever the director has reasonable grounds to believe that there has been a felonious violation of state or federal criminal law¹².

⁴ 63 O.S. § 1-105f (A) (2)

⁵ 63 O.S. § 1-105f (A) (3)

⁶ 63 O.S. § 1-105f (A) (4)

⁷ 63 O.S. § 1-105f (A) (5)

⁸ 63 O.S. § 1-105f (A) (6)

⁹ 63 O.S. § 1-105f (A) (7)

¹⁰ 63 O.S. § 1-105f (A) (8)

¹¹ 63 O.S. § 1-105f (B) (1)

¹² 63 O.S. § 1-105f (B) (3)

74 The director of OAS may exercise the duties listed in paragraphs (3), (4), (9) and
75 (10), above with the written approval of the president of the BOH and/or the
76 commissioner of health.

77
78 Identification cards issued by the OSDH meet the requirements of paragraph (7)
79 above.

80
81 The director of OAS may exercise the duties listed in paragraphs (1), (2), (5), (6),
82 and (8), above, when a complaint is received by OAS directly involving any
83 member of the BOH, the commissioner of health, or a member of senior
84 leadership of the OSDH. In exercising the duties listed in paragraphs (1), (2),
85 (5), (6) and (8), above the director of OAS shall follow the procedures set forth
86 herein.

87

88 **III. Definitions**

89

90 For purposes of administering Title 63 of the Oklahoma Statutes¹³, these
91 definitions shall apply.

92

93 Abuse of Authority: To deliberately exceed or make improper use of delegated
94 or inherent authorized powers by government officials for illegitimate and
95 private gain.

96

97 Mismanagement: This means gross mismanagement. A management action or
98 inaction that creates a substantial risk of significant adverse impact on the
99 agency's ability to accomplish its mission. It is more than de minimis (i.e.,
100 minor) wrongdoing or negligence and does not include management decisions
101 that are open to discussion or debate.

102

103 Gross Waste of Funds: A more than debatable expenditure, and is one that is
104 significantly out of proportion to the benefit reasonably expected to accrue to
105 the government.

106

107 OSDH Senior Leadership: OSDH senior leadership is defined as the commissioner
108 of health, senior deputy commissioner, a deputy commissioner, the chief
109 operating officer and the director of state and federal policy.

110

111 **IV. Scope of Authority of OAS to Review Complaints Depends on Type of**
112 **Complaints Received**

113

114 The OAS may receive complaints from an employee or an individual external to
115 the OSDH. OAS will distribute non-OAS issues to the correct department. (see
116 Table 1) A complaint received by OAS may in part fall within the authority of

¹³ 63 O.S. § 1-105f (A) (1)

117 OAS and in part within the authority of another department. OAS may bifurcate
118 a complaint in order to ensure it is managed by the correct department.

119 The table below sets out guidelines for the distribution of OAS versus non-OAS
120 complaints or inquiries.

121 **Table 1**

Department	Scope of Authority to Review Complaints
OAS	Matters involving members of the BOH or OSDH senior leadership which may involve violations of law, rule or regulation; gross mismanagement; abuse of authority; or substantial and specific danger to the public health and safety.
Audit	Issues that fall within the defined scope of the OSDH auditing function; inappropriate use of funds; or, improper internal controls
Human Resources and Other Departments	There are broad arrays of issues that are not under the scope of OAS as defined above and require some review or investigation. Depending on the nature of the issue the complaint/inquiry will be managed outside the OAS process. Examples include, but are not limited to, EEOC complaints, hostile work environment, complaints about a manager, complaints about a senior leader that does not fall within the scope of OAS above, a performance management process complaint.

122
123 Employees are encouraged to submit complaints to the appropriate department.
124 However, when a complaint is submitted to the OAS and is not within the scope
125 of the OAS as defined above the OAS director will review with other members of
126 the Coordinating Complaint Council (CCC) and redirect the complaint as
127 described herein to the appropriate program or department.

128 Complaints not within the scope of authority of the OAS shall be assigned a non-
129 OAS case number as determined by the director of OAS.

130

131 **V. Complaint Process**

132 **A. OAS Complaint Submission Process**

133 A complaint may be initiated by utilizing any one of the following:

- 134
- 135 • Submitting a written letter or completed ODH No. 130 “OAS Complaint
136 Form” to the OAS

137

- 138 ○ In-person, at any health department
- 139
- 140 ○ By mail to 1000 N.E. 10th Street, Room 512, Oklahoma City, OK
- 141 73117
- 142
- 143 ● By contacting the OAS by e-mail at OAS@health.ok.gov
- 144
- 145 ● Calling the OAS hotline at 1-866-271-7211.
- 146

147 Upon receipt of a complaint, a written acknowledgment of receipt shall be
 148 provided to the complaining party.

149

150 **B. Intake Procedure for Complaints**

- 151 ● Upon receipt of the complaint, the complaint will be submitted to the
- 152 director of OAS to determine the nature of the complaint.
- 153
- 154 ● Upon determining the nature of the complaint, the director of OAS is
- 155 required to follow the procedure set forth herein.
- 156

157

158 **C. OAS Complaint Evaluation Procedure**

159 Upon completion of the intake procedure for a complaint, the director of
 160 OAS shall determine whether the complaint directly falls within the OAS
 161 scope of authority as delineated herein and directly involves:

- 162
- 163 ● A member or members of the BOH, or
- 164 ● A member or members of OSDH Senior Leadership.
- 165

166 Table 2 will determine who will initially review the complaint.

167 Table 2

If complaint directly involves:	Governance Team:
President BOH	OAS director, commissioner of health, and chair of the accountability, ethics and audit committee (AEAC)
Chair of Accountability, Ethics and Audit Committee	OAS director, commissioner of health, and BOH president
Other BOH Members	OAS director, commissioner of health, BOH president, and chair of the AEAC

Commissioner of Health	OAS director, BOH president, and chair of the AEAC
Other Members of Senior Leadership	OAS director, commissioner of health, BOH president, and chair of the AEAC
Director of OAS	commissioner of health, BOH president, and chair of the AEAC

- 168 • This initial conference with the governance team will review the need
169 for an investigation, if warranted.
- 170
- 171 • Approval of the entire BOH is required, if the governance team
172 determines outside resources are necessary to complete a proper
173 investigation.
- 174 • The governance team shall oversee the investigation and shall receive
175 updates regarding the investigation a minimum of once a month from
176 the director of the OAS.
- 177

178 **D. Coordinating Complaint Council (CCC)**

179
180 The OAS director will meet with the CCC for any complaint received by OAS
181 not within the scope of authority listed above.

182 The CCC will consist of

- 183 • The director of OAS
- 184
- 185 • A member of the personnel advisory committee (PAC)
- 186
- 187 • A member of the office of the general counsel, who is not a member of
188 the PAC
- 189
- 190
- 191

192 The director of OAS shall refer the complaint upon the recommendation of
193 the CCC to the appropriate service or program area, or make a
194 determination that the issues raised in the complaint fall outside the
195 jurisdictional authority of the OSDH.

196
197 If the CCC determines some of the issues contained in the complaint fall
198 within the scope of authority of the OAS while other issues fall outside the
199 authority of OAS, the director of OAS shall make initial contact as
200 referenced above.

201
202 **E. Referral Memorandum**

203
204 Upon completion of the review by the CCC and determining the appropriate
205 course of action the director of OAS will complete a memorandum that
206 properly refers the complaint. If the memorandum refers the complaint for
207 an OAS investigation, the memorandum will identify the issues raised in the
208 complaint to be investigated.

209
210 **F. OAS Investigations**

211
212 The investigator, whether using the resources within the OSDH or outside
213 OSDH, will commence the investigation upon receipt of the referral
214 memorandum and a copy of the OAS complaint.

215 The investigation will only cover the issues stated in the referral
216 memorandum. To reduce unnecessary duplication of investigations, the
217 investigator may also rely on findings obtained in a prior investigation to
218 arrive at their recommendation.

219 The investigator will submit interim reports weekly to the director of OAS
220 providing status updates of any investigations. If additional issues arise
221 during the investigation, the investigator will report these issues to the
222 director of OAS. The director, in consultation with the appropriate
223 governance team, will determine whether the additional issues should be
224 investigated.

225
226 Once a determination is made regarding the investigation of additional
227 issues, the director will prepare a memorandum which includes the date of
228 the determination, who participated in the determination, the issues
229 discussed and the determination made. The memorandum will be placed in
230 the file and sent to the investigator. Upon completion of the investigation,
231 the investigator will write a report and submit the report to the director.

232
233 **G. Submission of Investigation Report to the Director of OAS**

234
235 The director will provide the final report to the appropriate governance
236 team who will review the report and make any recommendations, including
237 corrective action, concerning any further action that should be undertaken.

238
239 The director will issue a confidential report to the AEAC; the commissioner
240 of health, unless otherwise instructed by the BOH; and to anyone
241 additionally identified by the Chair of the AEAC, the President of the BOH
242 and/or the commissioner of health.

243
244 **H. Malicious or Intentionally False Reports**

245

246 Any employee filing a malicious or intentionally false complaint to the OAS
247 may be subject to corrective discipline.

248

249 **I. Confidentiality**

250

251 The OAS will attempt to keep complainant's name confidential if requested.
252 However, the OAS cannot guarantee confidentiality can be maintained
253 during the investigative process or if the complaint does not fall under the
254 OAS scope of authority.

255

256 **VI. Scheduled Review**

257 The director of OAS is responsible for the review of this policy and procedures at
258 least every twenty-four months or if there is a change in state law,
259 administrative rule, or other legislation.

260 The periodic review and any revisions of this administrative policy and procedure
261 shall be reviewed by the commissioner of health and the BOH.

262 Any exceptions to this administrative procedure require prior written approval of
263 the commissioner of health and the president of the BOH.

264 **VII. Associated Forms**

265

266 **ODH No. Title**

267

268 ODH No. 130 Complaint Form

269 **VII. Policy and Procedure Review History**

270 The table below identifies the procedure review history regarding the origination
271 date, review date(s) and revision date(s).

Origination Date:	Review Date(s):	Revision Date(s):
August 2005	September 2011	April 2017

273

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

SFY 2017 BUDGET AND EXPENDITURE FORECAST: AS OF 04/21/2017

<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	\$ 21,659,045	\$ 12,238,300	\$ 5,367,626	\$ 3,743,243	\$ 309,876	98.57%	
Protective Health Services	\$ 61,433,330	\$ 40,160,073	\$ 4,961,564	\$ 16,105,534	\$ 206,159	99.66%	
Office of State Epidemiologist	\$ 58,136,036	\$ 33,029,123	\$ 17,674,499	\$ 7,222,402	\$ 210,012	99.64%	
Health Improvement Services	\$ 31,257,410	\$ 16,151,754	\$ 5,935,327	\$ 8,994,267	\$ 176,062	99.44%	
Community & Family Health Services	\$ 222,459,446	\$ 136,772,168	\$ 16,386,058	\$ 69,303,374	\$ (2,154)	100.00%	
Totals:	\$ 394,945,267	\$ 238,351,418	\$ 50,325,074	\$ 105,368,820	\$ 899,955	99.77%	
< 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.
- The agency has a current overall performance rating of 99.77%, a net change of .18% from April's report.

**Oklahoma State Department of Health
Board of Health – Finance Brief
May 9, 2017**

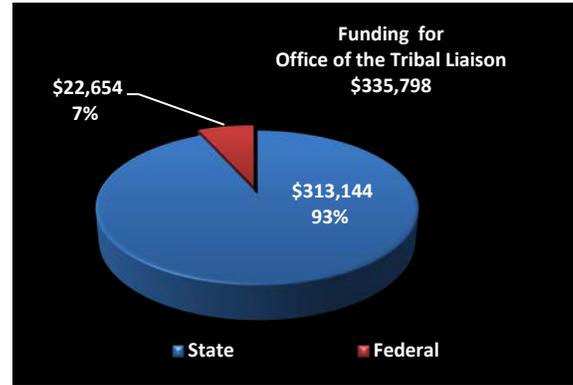
Focus: Partnerships for Health Improvement and the Office of the Tribal Liaison. The office of Tribal Liaison seeks to demonstrate a respect for sovereignty and advocate for tribal nations while fostering inclusive partnerships using sound public health practices.

The Oklahoma State Department of Health (OSDH) created a full time Office of the Tribal Liaison in January 2012. The Tribal Liaison is responsible for implementing the tribal consultation policy which states that prior to undertaking any action or policy that will have potential to affect a tribal community or its members, meaningful input will be sought.

Office of the Tribal Liaison Major Projects for SFY-17

Tribal Public Health Advisory Committee (TPHAC): The TPHAC’s primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations; or facilitate any other collaborative interaction related to intergovernmental responsibilities or administration of public health programs. - *OHIP Charter*

- Four priorities have been identified: Explore tribal waiver options, American Indian specific data development and the establishment of health information exchange, public health accreditation mentoring and technical assistance, and collaborative implementation of the Oklahoma Health Improvement Plan flagship issues.
- Membership consists of: Cherokee Nation, Chickasaw Nation, Choctaw Nation, Muscogee Creek Nation, Northeast Tribal Health System, Oklahoma City Indian Clinic, Wichita and Affiliated Tribes and the OSDH



Immunization Project – Choctaw Nation, Chickasaw Nation and OSDH:

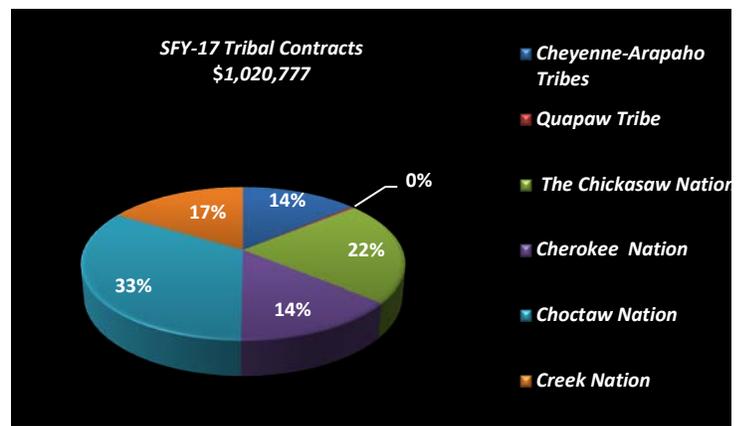
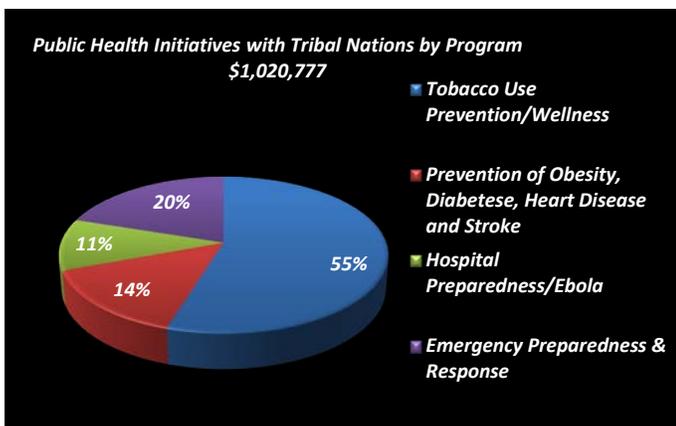
- In 2015, the Choctaw Nation and the OSDH signed an MOU where the Choctaw Nation purchased 30,000 doses of flu vaccine
- Distributed them to the 11 county health departments located within the Choctaw Nation jurisdiction (Atoka, Bryan, Choctaw, Coal, Haskell, Hughes, Latimer, LeFlore, McCurtain, Pittsburg and Pushmataha Counties)
- OSDH provided nursing and support staff to administer the vaccines at designated county health departments
- This collaboration provided flu vaccines to tribal and non-tribal citizens in the Choctaw Nation jurisdiction free of charge
- The joint project was able to administer approximately 24,048 doses of flu vaccines between September 2015 to February 2016 compared to only 9, 537 doses during the same period in 2014-2015
- The collaboration continues in 2017 with MOU’s with the Choctaw Nation and Chickasaw Nation

American Indian Data Community of Practice (AIDCoP):

- Sponsored by the Office of the Tribal Liaison to address collecting high quality data
- Project funded from the Preventive Health and Health Services Block Grant
- Members represent 12 tribal nations and 10 community sectors
- Submitted a \$2 million grant proposal to the US Dept. of Health and Human Services, Office of Minority Health to fund two AIDCoP projects award pending.

Other OSDH funds to support tribal public health initiatives:

Note: Contracts are managed by program areas



**OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT**
Terry Cline, Ph.D., Commissioner
May 9, 2017

PUBLIC RELATIONS/COMMUNICATIONS

U.S. Congressman Tom Cole
U.S. Congressman Markwayne Mullin and Taylor Hittle, Senior Legislative Assistant
Association of Schools and Programs of Public Health (ASPPH), Population Health Roundtable
Discussion- speaker
Photo with Governor for March of Dimes Virginia Apgar Award
Oklahoma National Guard Legislative Reception
OU Symposium on Health Disparities, Social Science and Humanities of Health – speaker
Oklahoma Hospital Association Advocacy Day at the Capitol
Oklahoma Primary Care Association 16th Annual Legislative Breakfast

STATE/FEDERAL AGENCIES/OFFICIAL

Major General Robbie Asher, Adjutant General, & Brigadier General Louis Wilham, Assistant
Adjutant General, Oklahoma National Guard
Governor Mary Fallin & Chris Benge, Chief of Staff, Governor's Office
Governor's Cabinet Meeting
Representative Regina Goodwin and Senator Anastasia Pittman, Sickle Cell and Health Meeting

SITE VISITS

Beckham County Health Department, Sayre
Beckham County Health Department, Elk City
Greer County Health Department
Harmon County Health Department
Kiowa County Health Department

OTHERS:

Public Health Accreditation Board Meeting
OU College of Public Health Grand Rounds
Region IV & VI State Health Official (SHO) Meeting
OSDH-OUHSC Data Sharing Meeting
1332 Task Force Meeting
Ted Haynes, President, Blue Cross and Blue Shield of Oklahoma
Oklahoma Health Improvement Plan Executive Team Meeting