

Regular Meeting of the Oklahoma State Board of Health
Tuesday, January 14, 2020, 1:00 PM
Posted at www.health.ok.gov
AVEDIS Foundation
1500 E. Independence Street
Shawnee, OK 74804

AGENDA

- I. Call to Order, Roll Call, and confirmation of a Quorum
- II. Review, discussion and approval of Minutes for August 13, 2019 Regular Meeting
- III. Commissioner Report – Gary Cox, J.D., Commissioner
Update and Possible Discussion on Agency Efficiencies, Effectiveness and Partnerships
- IV. Regulation, Prevention and Preparedness – Rocky McElvany, Deputy Commissioner
Program Overview and Update on Recent Activities
- V. Community Health Services – Keith Reed, Deputy Commissioner
Program Overview and Update on Recent Activities
- VI. Operations – Kim Bailey, Chief Operating Officer
Program Overview and Update on Recent Activities
- VII. Policy and Communications – Jackie Shawnee, Chief of Staff
 - a) Program Overview and Update on Recent Activities
 - b) Legislative and Policy Update – Ashley Scott, Legislative Liaison
- VIII. OSDH Financial Presentation - Gloria Hudson, Chief Financial Officer
Update on November 2019 Financial Statements
- IX. President’s Report – Tim Starkey
Assign Members to Nominating Committee
- X. Adjournment

STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 NE 10th Street, 11th Floor, Room 1102
Oklahoma City, Oklahoma 73117

August 13, 2019

CALL TO ORDER, ROLL CALL, AND CONFIRMATION OF A QUORUM

Timothy Starkey, President of the Oklahoma State Board of Health, called the regular meeting of the Oklahoma State Board of Health to order on Tuesday, August 13, 2019 at 1:01 p.m. The final agenda was posted at 11:55 a.m. on the OSDH website on August 12, 2019, and at 11:50 a.m. at the building entrance on August 12, 2019.

Members in Attendance: Jenny Alexopoulos, D.O.; Edward A. Legako, M.D.; Ronald D. Osterhout; Becky Payton; Chuck Skillings; Timothy E. Starkey, M.B.A.

Absent: Terry R. Gerard II, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.

Central Staff Present: Tom Bates, Interim Commissioner; Brian Downs, Chief of Staff; Buffy Heater, Chief Data, Public Policy & Promotion Officer; Gloria Hudson, Chief Financial Officer; Kim Heaton, Deputy Legal Counsel; Tina Johnson, Deputy Commissioner, Family Health Services; Terry Bryce, Assistant Deputy Commissioner, Family Health Services; Dr. Edd Rhoades, Chief Medical Officer; Laurence Burnsed, Interim Deputy Commissioner/State Epidemiologist, Prevention and Preparedness Services; Tracy Wendling, Director, Injury Prevention Service; Keith Reed, Deputy Commissioner, Community Health Services; Rocky McElvany, Deputy Commissioner, Protective Health Services; James Joslin, Assistant Deputy Commissioner, Protective Health Services; Dana Northrup, Director, Grants Administration and Federal Compliance; Danielle Dill, Manager of External Partnerships, Office of Minority Health and Health Equity; Floritta Pope, Minority Health and Equity Coordinator, Office of Minority Health and Health Equity; Travis Kirkpatrick, Director, Office of Accountability Systems; Audie Hamman, Director, Internal Audit; Luvetta Abdullah, Protective Health Services; Ashley Scott, Legislative Liaison; Tony Sellars, Director, Office of Communications; Kassy French, Secretary, Commissioner’s Office; and Diane Hanley, Executive Assistant, Commissioner’s Office.

Visitors in attendance: Gary Cox, Executive Director, Oklahoma City-County Health Department; Jackie Shawnee, Chief of Staff, Oklahoma City-County Health Department; Chase Bowker, Legislative Aide, Policy, Governor’s Office; and Tyler Talley, eCapitol.

REVIEW, DISCUSSION AND APPROVAL OF MINUTES

Mr. Starkey directed attention toward approval of the minutes for the April 9, 2019 regular meeting.

Mr. Osterhout moved Board approval of the April 9, 2019 regular meeting minutes as presented.

Second Mr. Skillings. Motion Carried.

A YE: Alexopoulos, Legako, Osterhout, Payton, Skillings, Starkey

ABSENT: Gerard, Grim, Krishna

CONSIDERATION, POSSIBLE ACTION AND VOTE ON PROPOSED 2020 BOARD OF HEALTH REGULAR MEETING SCHEDULE.

Mr. Starkey presented the proposed 2020 Board of Health regular meeting schedule. The quarterly meetings will begin at 1:00pm. The location will be at the Oklahoma State Department of Health (OSDH), 1000 NE 10th Street, Oklahoma City, Oklahoma. Dates are the following:

- Tuesday, January 14, 2020
- Tuesday, April 14, 2020
- Tuesday, August 11, 2020
- Tuesday, October 6, 2020

Mrs. Payton moved Board approval of the 2020 Board of Health regular meeting schedule as presented.

Second Mr. Osterhout. Motion Carried.

1
2 **AYE: Alexopulos, Legako, Osterhout, Payton, Skillings, Starkey**

3 **ABSENT: Gerard, Grim, Krishna**

4
5 **OSDH FINANCIAL PRESENTATION**

6 Ms. Gloria Hudson, Chief Financial Officer, provided an overview of the SFY 2019 financial statements as of June
7 30, 2019. Currently, the agency’s total revenues are running under budget by 8% and total expenditures are
8 running under budget by 32%. Based on revenue and expenditure projections through the year end, the OSDH is
9 expected to end the year with a positive \$44.1 million. She reviewed the Statement of Cash Flows which indicated
10 the OSDH has a cash balance of \$102.9 million; however \$57.6 million are in restricted funds and \$45.3 are in
11 unrestricted funds. Ms. Hudson also detailed the approved SFY20 budget and reported that pursuant to House Bill
12 2735 the agency’s state appropriations were increased by \$5,894,012. She displayed a graph indicating how the
13 appropriations will be disbursed across the agency and identified where the increased appropriations will be
14 utilized as well as SFY20 expenditures. Ms. Hudson was happy to report that Ernst and Young will be assisting the
15 agency with its migration to a new financial system. The new system will hopefully be operational by March
16 2020.

17 *See Attachment A*

18
19 **GRANT ADMINISTRATION AND FEDERAL COMPLIANCE**

20 Mrs. Dana Northrup, Director, Grant Administration and Federal Compliance, stated that currently OSDH has
21 approximately 48 active grants and 12 new grant requests submitted. She is working to ensure the OSDH is
22 maximizing all federal dollars available. She has convened a team, including OSDH staff from different
23 program areas such as finance, human resources, procurement, communications, and information technology,
24 who are reviewing the grant process and identifying any challenges and making changes, if necessary.
25 Ultimately, the plan is to create a grant handbook to ensure the steps and processes are clear and concise. Right
26 now, the grant approval process is taking approximately 2 to 2½ weeks. The goal is to get that down to 1
27 week. Mrs. Northrup is also looking to increase communication with both the Oklahoma City-County Health
28 Department and the Tulsa City-County Health Department to build collaboration. In the future, there will be a
29 new grant site on the agency intranet where all grants and grant documents will be located and accessible to all
30 employees.

31
32 **HEALTH EQUITY PLAN**

33 Mrs. Danielle Dill, Manager of External Partnerships, Office of Minority Health and Health Equity, noted how
34 this area has been reorganized and realigned over the last year and will place more emphasis on health equity
35 than in the past. The new mission is “Health for All” and new goals will focus on advancing health equity,
36 eliminating health disparities, increasing cultural competency and strengthening health system infrastructure.
37 The Office of Minority Health and Health Equity provides a variety of interpretation & translation services to
38 both internal and external customers for central office and the county health departments across the state.

39
40 Mrs. Floritta Pope, Minority Health and Equity Coordinator, Office of Minority Health and Health Equity,
41 talked further about health equity and defined it as everyone, regardless of location, religion, race, ethnicity,
42 sexual orientation, or gender, having the opportunity to reach their highest level of health. She explained it is
43 important because it focuses on the needs of groups, who have historically been marginalized, and works to
44 reduce and eliminate health disparities so everyone has the opportunity to improve their health. Currently,
45 Oklahoma does not have a health equity plan. On June 25, 2019 a collaborative meeting was held to begin
46 looking at other state’s health equity plans. Attendees included partners from the medical industry, academia
47 and the local community. This group will continue to meet quarterly to provide guidance and identify
48 resources as they work to put together a health equity plan for Oklahoma.

49 *See Attachment B*

50
51 **OPIOID/POLYSUBSTANCE UPDATE**

52 Dr. Tracy Wendling, Director, Injury Prevention Service (IPS), provided an update for the Overdose
53 Surveillance and Prevention Program. She discussed the Fatal Unintentional Poisoning Surveillance System
54 which was created after an IPS study, conducted from 1994 to 2006, recognized an increasing trend in
55 unintentional medication-related overdose deaths in conjunction with an increase in opioid sales. From 2000-

1 2015, 91-99% of opioid overdose deaths have almost exclusively involved prescription opioids. As IPS
 2 finalizes 2018 data, steady declines of prescription opioid overdose deaths, as well as opioid prescribing,
 3 continue. However, drug overdose remains the leading cause of injury-related death in ages 25-64. As opioid
 4 overdose deaths are decreasing, data from the National Vital Statistics System show that Oklahoma is one of
 5 two states, Hawaii being the other, where the number of psychostimulant overdose deaths is higher than
 6 opioid deaths. Unfortunately, the decline in prescription opioid deaths (43%) has been offset by a dramatic
 7 increase in methamphetamine overdose (600%) deaths (2007-2017). Dr. Wendling revealed, at the county
 8 level, the eastern part of the state has the highest overall unintentional poisoning deaths. IPS has federal
 9 funding dedicated to addressing drug overdose surveillance and prevention. Over the past 15 years, IPS has
 10 implemented a wide variety of programs and strategies to address unintentional poisoning and in particular
 11 opioid-related overdose. The Oklahoma Prescription Monitoring Program (PMP) is an electronic database,
 12 housed at the Bureau of Narcotics that tracks controlled substance prescriptions dispensed in the state. IPS
 13 facilitated a workgroup of experts to develop the Oklahoma Opioid Prescribing Guidelines to improve
 14 communications between physicians and patients about the risks associated with opioids and pain
 15 management. Moving forward, IPS will continue to focus on drug overdose surveillance, data linkages using
 16 PMP and health outcomes data, provider education on substance use disorder, pain management best
 17 practices, and public education.

18 *See Attachment C*

19
20 **PREVENTION & PREPAREDNESS SERVICES PRESENTATION**

21 Mr. Laurence Burnsed, Deputy Commissioner/State Epidemiologist, Prevention & Preparedness Services,
 22 cited a recent travel related measles case in Oklahoma that resulted in three secondary cases. First, Mr.
 23 Burnsed explained the measles investigation process and response efforts are a team approach involving
 24 multiple programs within OSDH and several external partners as well. Once the initial diagnosis of measles
 25 was confirmed, interviews were conducted to identify personal contacts of the patient and persons that may
 26 have been exposed in a public setting. If an individual is symptomatic, then control measures are implemented
 27 to protect the public. In this particular case, several public places were involved and resulted in several public
 28 notifications going out advising the community on those particular locations. In all, approximately 312
 29 interviews were conducted resulting in about 268 individuals identified who could have been exposed. The
 30 three secondary measles cases were identified early in the investigation and those individuals had movement
 31 restrictions and there were no further exposures from those cases. Next, Mr. Burnsed mentioned that Oklahoma
 32 is number one in the nation as far as prevalence of chronic hepatitis C. As a result, Oklahoma is one of twenty
 33 states that has received grant funds to work on a hepatitis C elimination plan. The team assembled to develop
 34 the elimination plan includes staff from the OSDH, the Oklahoma Health Care Authority, Oklahoma
 35 Department of Corrections, and the Cherokee Nation. Finally, he shared the news that the OSDH Public
 36 Health Laboratory was one of the first public health labs in the region to transition to whole genome
 37 sequencing (WGS). This technology will be particularly helpful in detecting outbreaks and clusters, such as
 38 E.coli or salmonella, and will enable the lab to compare isolates nationally to help find a genetic connection or
 39 common source.

40 *See Attachment D*

41
42 **INTERIM COMMISSIONER’S REPORT**

43 Mr. Tom Bates, Interim Commissioner, highlighted the everyday heroes that work in our county health
 44 departments across the state. He said county staff did an outstanding job assisting with the measles case that
 45 resulted in a very good outcome. While the measles investigation was occurring, there was massive flooding in
 46 other parts of the state where the OSDH emergency response staff were deployed to support emergency
 47 operation centers across eastern Oklahoma. He recognized the emergency response team who worked long
 48 hours over the holiday weekend to provide assistance and ensure residents were safe. Mr. Bates also shared a
 49 photograph of an OSDH county health department employee who weathered the storms and traveled to work
 50 via a canoe due to local flood waters. In addition, he introduced Travis Kirkpatrick, the new Director for the
 51 Office of Accountability Systems. And finally, he recognized and thanked Dr. Edd Rhoades, who will be
 52 retiring at the end of this year, for his 40 plus years of dedicated public service.

53 *See Attachment E*

54
55 **ADJOURNMENT**

Mrs. Payton moved Board approval to Adjourn. Second Osterhout. Motion Carried.

AYE: Legako, Osterhout, Payton, Skillings, Starkey

ABSENT: Alexopoulos, Gerard, Grim, Krishna

The meeting adjourned at 2:42 p.m.

Approved

Timothy E. Starkey, M.B.A.
President, Oklahoma State Board of Health
January 14, 2020

Oklahoma State Department of Health State Fiscal Year 2019 Financial Update State Fiscal Year 2020 Budget Update

Chief Financial Officer
August 13, 2019



ATTACHMENT A
Oklahoma State Department of Health
Statement of Revenues and Expenditures
SFY 19, For the Fiscal Year Ended June 30, 2019

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Revenues:					
State Appropriations	\$ 51,174,700	\$ 51,174,700	\$ 51,174,700	\$ -	0%
Licenses, Certificates and Fees	35,755,435	35,755,435	56,437,268	20,681,833	58%
Genetic Counseling License Revenue	25,000	25,000	22,900	(2,100)	-8%
Hotel & Restaurant License	6,064,470	6,064,470	8,175,824	2,111,355	35%
Physicians Laboratory Fee	2,300,043	2,300,043	3,297,243	997,200	43%
Public Health Special Fund-Other	2,853,684	2,853,684	3,064,739	211,054	7%
Home Health Care Revolving Fund	150,000	150,000	252,105	102,105	68%
Ok Natnl Background Check Revolving Fund	1,250,000	1,250,000	1,370,133	120,133	10%
Trauma Care Assistance Revolving Fund	6,639,785	6,639,785	8,509,230	1,869,445	28%
Birth & Death Certificates	6,868,020	6,868,020	7,174,372	306,352	4%
OMMA	9,400,233	9,400,233	24,389,480	14,989,246	159%
OK State Athletic Commission Revolving Fund	204,200	204,200	181,242	(22,958)	-11%
Tobacco Tax	15,499,550	15,499,550	13,654,437	(1,845,113)	-12%
Cigarette Tax	11,063,773	11,063,773	8,049,663	(3,014,109)	-27%
Tobacco Products Tax	2,588,399	2,588,399	2,728,087	139,688	5%
Tribal Compact InLieu Tax Pmts	1,847,378	1,847,378	2,876,686	1,029,308	56%
WIC Rebate Program	55,000,000	55,000,000	36,165,622	(18,834,378)	-34%
Federal Funds	158,121,111	158,121,111	130,137,542	(27,983,569)	-18%
Ryan White	30,144,242	30,144,242	20,711,986	(9,432,256)	-31%
Other	127,976,869	127,976,869	109,425,556	(18,551,313)	-14%
FY 18 Cash Utilization	22,558,742	22,558,742	22,558,742	-	0%
Reimbursement for Personnel Services	32,097,724	32,097,724	27,741,062	(4,356,662)	-14%
Other	20,981,472	20,981,472	20,965,790	(15,683)	0%
Total Revenue	\$ 391,188,734	\$ 391,188,734	\$ 358,835,163	\$ (32,353,572)	-8%



**Oklahoma State Department of Health
Statement of Revenues and Expenditures-Continued
SFY 19, For the Fiscal Year Ended June 30, 2019**

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Expenditures:					
Payroll	\$ 143,425,197	\$ 143,425,197	\$ 121,298,099	\$ 22,127,099	-15%
Travel	2,581,973	2,581,973	1,407,872	1,174,101	-45%
Other Professional Services	64,330,774	64,330,774	30,490,069	33,840,704	-53%
Telecommunications/Printing Services	12,345,877	12,345,877	3,531,953	8,813,925	-71%
Rent	4,588,801	4,588,801	3,245,200	1,343,601	-29%
Maintenance and Repair	4,706,029	4,706,029	1,848,069	2,857,960	-61%
Laboratory & Medical Supplies and Materials	20,516,754	20,516,754	10,501,887	10,014,867	-49%
Office/Safety Supplies	2,096,091	2,096,091	699,925	1,396,166	-67%
WIC Program	57,795,899	57,795,899	44,743,753	13,052,146	-23%
Program Reimbursements	41,544,063	41,544,063	28,163,752	13,380,311	-32%
Payments- Health & Social Services	34,000,259	34,000,259	18,112,242	15,888,017	-47%
Miscellaneous	3,257,018	3,257,018	763,518	2,493,500	-77%
Total Expenditures	\$ 391,188,734	\$ 391,188,734	\$ 264,806,339	\$ 126,382,395	-32%
Revenues Over/(Under) Expense	\$ (0)	\$ 0	\$ 94,028,824		



**Oklahoma State Department of Health
Forecasted SFY 19 Collections by Fund
For the Fiscal Year Ended June 30, 2019**

Fund	Fund Description	SFY19 Current BWP	Collections	Forecasted Collections	Surplus/(Deficit)
19901	GRF Duties	\$ 51,174,700	\$ 51,174,700	-	\$ -
20300	Genetic Counseling Licen. Rev	25,000	22,900	2,400	300
20400	Tobacco Prevntn & Cessatn Fnd	1,230,595	1,103,908	-	(126,687)
21000	Public Health Special Fund	72,859,902	84,147,199	7,795,515	19,082,812
21100	Nursing Facility Adm Penalties	23,551	7,717	-	(15,834)
21200	Home Health Care Revolving Fd	151,000	252,605	52,575	154,180
21600	OK Natl Background Check Revol	1,250,000	1,370,133	131,711	251,844
22000	Civil Monetary Penalty Revl Fd	1,575,000	1,540,084	-	(34,916)
22200	Oklahoma Organ Donor Education	145,000	101,569	-	(43,431)
22500	Breast Cancer Act Revolving Fd	15,000	15,362	-	362
22600	OK Sports Eye Safety Prog Revl	150	2	-	(148)
23300	OK Pre Birth Def, Pre Birth &	160	60	-	(100)
23500	Oklahoma Lupus Revolving Fund	165	4	-	(161)
23600	Trauma Care Assistance Revolv	24,323,613	23,201,239	2,455.	(1,119,919)
24200	Pancreatic Can Res Lic Plt Rev	1,500	1,560	-	60
24800	OMMA Tax Collections	-	4,648,134	-	4,648,134
26500	Child Abuse Prevention Fund	47,145	43,010	2,725	(1,410)
26700	EMP Death Benefit Revolv Fund	2,800	2,680	-	(120)
26800	OK Emerg Resp Syst Stab & Im	1,787,765	1,426,514	-	(361,251)
28400	Dental Loan Repayment Revolvin	501,668	462,721	-	(38,947)
29500	OK State Ath Comm Revolving Fd	204,200	181,242	23,846	889
34000	CMIA Programs Disbursing Fund	55,000,000	36,165,622	4,067,614	(14,766,764)
40000	Federal Funds	128,166,837	109,695,470	1,334,319	(17,137,048)
41000	Federal Funds - Ryan White	8,438,135	1,495,841	3,027	(6,939,268)
41100	Federal Funds - Ryan White	21,706,107	19,216,145	10,492	(2,479,470)
	SFY 18 Cash Utilization	22,558,742	22,558,742	-	-
Total OSDH		\$ 391,188,734	\$ 358,835,163	\$ 13,426,679	\$ (18,926,893)
Total Collections Forecasted through Year End					\$ 372,261,842



**Oklahoma State Department of Health
Forecasted SFY 19 Expenditures by Fund
For the Fiscal Year Ended June 30, 2019**

Fund	Division Description	SFY19 Budget	Expenditures	Encumbrances	Forecasted Expenditures	Surplus/(Deficit)
199	2019 State Appropriations	\$ 51,174,700	\$ 38,308,404	\$ 6,940,584	\$ 785,785	\$ 5,139,927
203	Genetic Counseling Licensure Revolving Fund	16,380	9,061	1,302	157	5,859
204	Tobacco Prevention and Cessation Revolving Fund	2,366,056	650,954	274,654	1,917	1,483,530
207	Alternatives-to-Abortion Services Revolving Fund	17,951	-	-	-	17,951
210	Public Health Special Fund	77,376,852	52,883,553	7,069,234	854,454	16,569,611
212	Home Health Care Revolving Fund	177,488	103,548	43	1,890	72,007
216	National Background Check	2,350,188	1,340,807	196,316	5,844	807,221
220	Civil Monetary Penalty	6,586,173	2,235,869	816,013	1,400	3,532,891
222	Organ Donor Awareness Fund	130,000	88,994	1,006	-	40,000
225	Breast Cancer Act Revolving Fund	130,094	19,251	967	315	109,561
228	Oklahoma Leukemia and Lymphoma Revolving Fund	50,000	-	-	-	50,000
236	Trauma Care Assistance Revolving Fund	22,972,415	18,248,799	275,973	3,766,906	680,737
265	Child Abuse Prevention Revolving Fund	120,000	28,361	15,679	-	75,960
267	EMT Death Benefit Revolving Fund	20,000	5,000	-	-	15,000
268	Rural EMS Revolving Fund	1,787,765	1,510,348	228,165	-	49,252
284	Dental Loan Repayment Revolving Fund	501,668	397,929	-	34,000	69,739
295	Oklahoma Athletic Commission Revolving Fund	239,257	203,625	3,997	3,288	28,347
340	CMIA - WIC FOOD	55,395,899	42,731,991	-	4,067,614	8,596,294
400	Federal Fund	139,631,695	92,020,702	26,117,003	1,334,319	20,159,670
410	Ryan White Grant	8,438,047	1,250,960	2,141,109	3,027	5,042,951
411	Ryan White Rebate	21,706,107	12,768,183	8,374,369	10,492	553,064
Total OSDH		\$ 391,188,734	\$ 264,806,339	\$ 52,456,416	\$ 10,871,408	\$ 63,054,5711
	Total Expenditures Forecasted Through the Year End					\$ 328,134,164



**Oklahoma State Department of Health
Statement of Cash Flows
For the Fiscal Year Ended June 30, 2019**

Fund	Description	Balance at 7/1/18	Revenue	Expenditures	Transfers	Ending Balance
202	Kidney Health Revolving Fund	\$ 1	\$ -	\$ -	\$ -	\$ 1
203	Genetic Counseling Licen. Rev	43,919	22,900	(9,147)	-	57,672
204	Tobacco Prevntn & Cessatn Fnd	1,211,904	1,103,908	(897,817)	-	1,417,994
207	Alternatives to Abortion Servi	22,952	-	-	-	22,952
210	Public Health Special Fund	6,146,963	81,654,126	(58,517,668)	(3,021,101)	26,262,320
211	Nursing Facil Adm Penalty	80,142	7,717	(0)	-	87,859
212	Home Health Care Revolving Fd	719,417	252,605	(103,551)	-	868,471
216	Ok Natl Background Check Revol	1,414,417	1,370,133	(1,350,048)	-	1,434,502
220	Civil Monetary Penalty Revl Fd	6,835,806	1,540,084	(2,503,522)	-	5,872,368
222	Oklahoma Organ Donor Education	114,724	101,569	(86,901)	-	129,392
225	Breast Cancer Act Revolving Fd	131,698	15,362	(19,251)	-	127,809
226	Ok Sports Eye Safety Prog Revl	5,040	2	-	-	5,042
228	OK Leukemia and Lymphoma	63,443	-	-	-	63,443
229	MS Society Revolving Fund	163	-	-	-	163
233	OK Prev Birth Def, Pre Birth &	2,265	60	-	-	2,325
235	Oklahoma Lupus Revolving Fund	12,591	4	-	-	12,595
236	Trauma Care Assistance Revol	4,389,993	22,503,473	(21,942,020)	-	4,951,446
242	Pancreatic Can Res Lic Plt Rev	12,837	1,560	280	-	14,677
248	Oklahoma Medical Marijuana	-	4,648,134	-	-	4,648,134

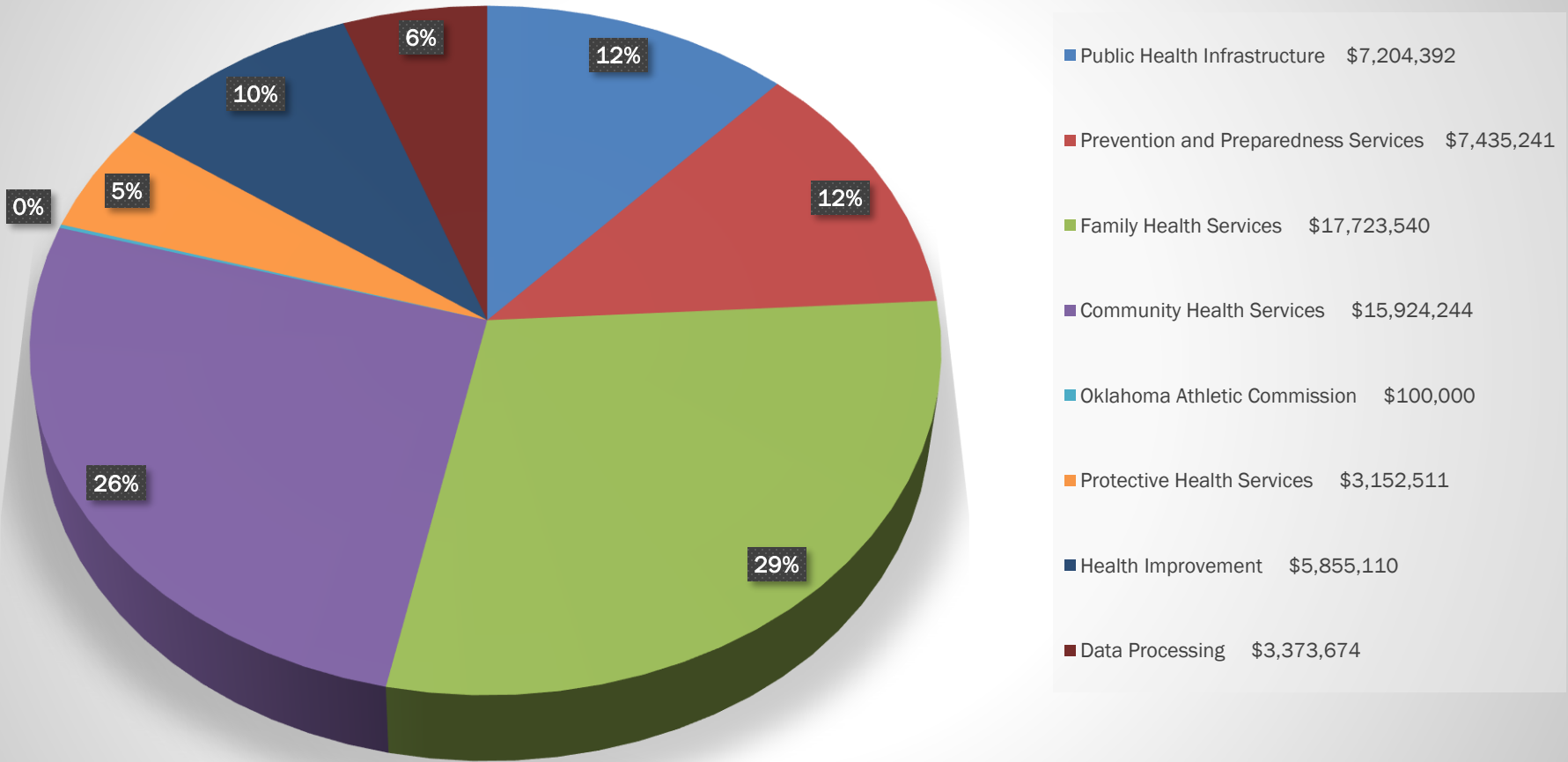


**Oklahoma State Department of Health
Statement of Cash Flows- Continued
For the Fiscal Year Ended June 30, 2019**

250	Regional Guidance Centers		12	-	-	-	12
265	Child Abuse Prevention Fund		146,430	43,010	(27,112)	-	162,328
267	EMP Death Benefit Revolv Fund		147,757	2,680	(5,000)	-	145,437
268	Okla Emerg Resp Syst Stab & Im		3,082,797	1,426,514	(1,690,948)	-	2,818,363
284	Dental Loan Repayment Revolin		379,277	462,721	(445,838)	-	396,161
285	OK Ins Disaster & Emer Med Rev		1,657	-	-	-	1,657
290	Ok Safe Kids Asso Rev Fund		860	-	-	-	860
295	Ok State Ath Comm Revolving Fd		312,242	181,242	(228,526)	-	264,959
340	CMIA Programs Disbursing Fund		395,900	26,515,840	(45,633,118)	19,407,438	686,060
400	Federal Funds		14,803,145	109,547,924	(101,314,254)	(143,024)	22,893,791
410	Ryan White Funds		-	1,255,467	(1,255,429)	-	38
411	Ryan White Drug Rebate Fund		-	14,105,289	(12,755,339)	-	1,349,950
490	American Recov. & Reinv. Act		156,461	-	-	-	156,461
700	WIC REBATE		-	19,264,413	-	(19,264,413)	-
Total Other Funds			\$ 40,634,813	\$ 286,026,739	\$ (248,785,209)	\$ (3,021,101)	\$ 74,855,242
	State Appropriation 197		10,509,464	-	(1,152,209)	(9,357,255)	0
	State Appropriation 198		17,110,507	-	(3,027,452)	(13,921,644)	161,411
	State Appropriation 199		-	-	(38,285,097)	51,174,700	12,889,603
	Fund 994 Payroll corrections		38,412	-	7,012	-	45,425
	Fund 79901- Clearing Account		3,450,172	5,930,835	(451,854)	-	8,929,153
	Fund 79902-Clearing Account OMMA		-	5,986,304	-	-	5,986,304
			\$ 31,108,556	\$ 11,917,139	\$ (42,909,600)	\$ 27,895,801	\$ 28,011,896
Restricted Funds							\$ (57,567,500)
Ending Balance			\$ 71,743,369	\$ 297,943,877	\$ (291,694,809)	\$ 24,874,700	\$ 45,299,638



SFY20 Appropriation Budget by Division

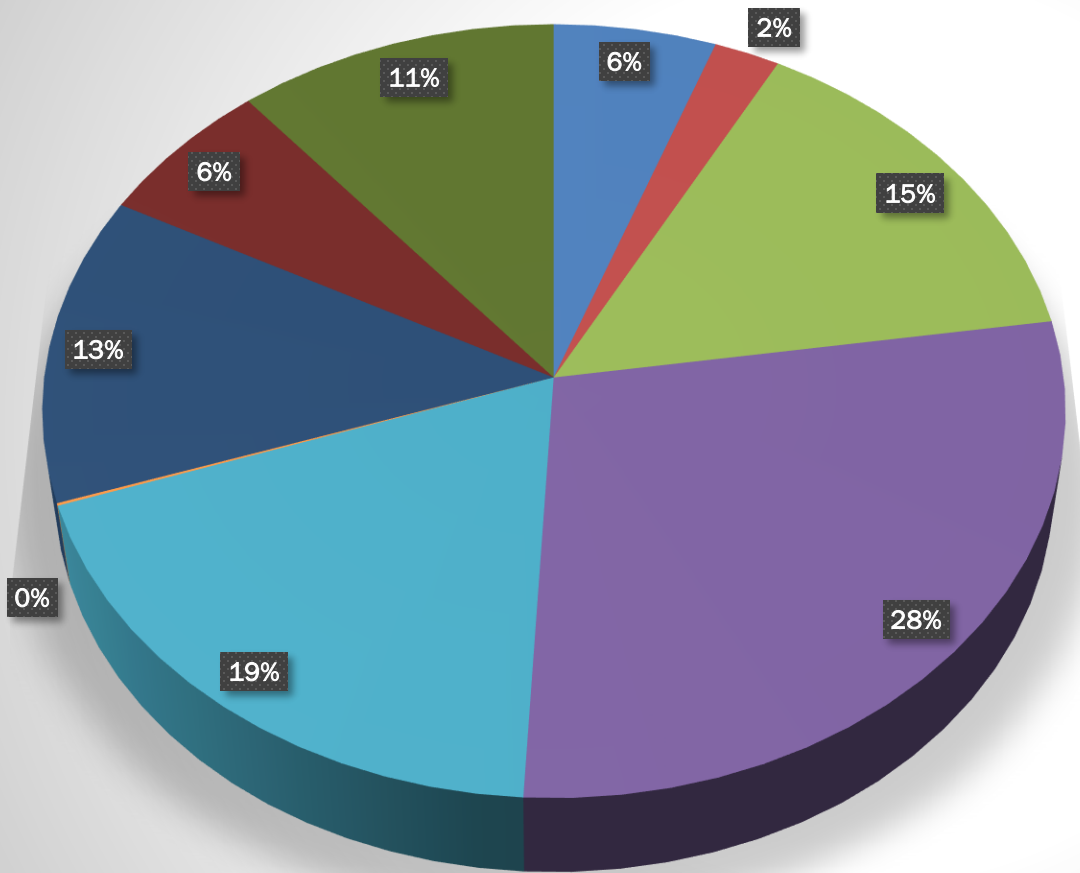


SFY 20 Increased Appropriation Breakout

Pursuant to House Bill 2735			
State Appropriation Budget	SFY 19	SFY 20	Increase
	\$ 54,874,700	\$ 60,768,712	\$ 5,894,012
County Health Department Funding			\$ 780,000
Immunizations			\$ 758,247
Infectious Disease Prevention			\$ 830,000
Childhood Lead Screening			\$ 260,000
OK Athletic Commission			\$ 100,000
Choosing Childbirth Grant			\$ 2,000,000
FQHC Access to Care Disbursements			\$ 1,900,000
Total Line Item			\$ 6,628,247
Total Line Item Over Appropriation			\$ (734,235)



SFY20 Expenditure Budget by Division



Public Health Infrastructure	\$24,166,424
Oklahoma Medical Marijuana Authority	\$9,815,158
Prevention and Preparedness Services	\$63,850,402
Family Health Services	\$122,080,000
Community Health Services	\$81,592,882
Oklahoma Athletic Commission	\$447,885
Protective Health Services	\$55,770,658
Health Improvement	\$26,817,356
Data Processing	\$47,791,041



Functional Division by Service Area

Prevention and Preparedness

- Emergency Preparedness and Response
- Public Health Laboratory
- HIV/STD
- Acute Disease

Protective Health Services

- Consumer Health
- Long Term Care
- Medical Facilities
- Injury Prevention
- Health Resources Development

Health Improvement

- Center for Chronic Disease Prevention & Health Promotion
- OMMA

Community Health Services

- County Health Departments
- Immunizations

Family Health Services

- Dental Health
- Nursing Service
- Screening and Special Services
- Records Evaluation and Support
- Maternal and Child Health
- Family Guidance and Support
- WIC
- SoonerStart

Public Health Infrastructure

- Commissioner's Office
- Vital Records
- Finance
- Communications
- Building Management
- Legal
- Governmental & Regulatory Affairs
- Human Resources
- Data Processing

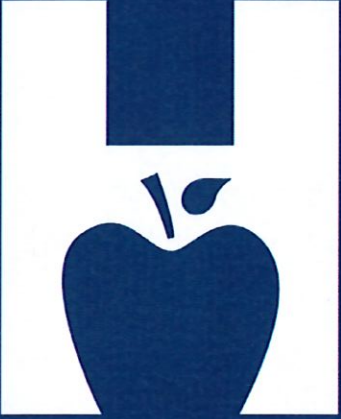
Oklahoma Athletic Commission



SFY 20 Increased Expenditure Budget Breakout

Expenditure Budget	SFY 19	SFY 20	Increase
	\$ 391,188,734	\$ 432,331,806	\$ 41,143,072
Increased Line Item Appropriation			\$ 6,628,247
Financial System			\$ 2,000,000
Mandated Employee Pay Raise			\$ 2,401,992
Pathfinder/Defined Benefit Costs			\$ 1,000,000
Online Application System			\$ 2,500,000
Health Information Exchange			\$ 20,000,000
OMMA Cost Increase			\$ 2,506,904
OMES Contract Increase			\$ 5,000,000
Travel Expense/Admin Cost Decrease			\$ (894,071)
			\$ 41,143,072





Office of Minority Health & Health Equity

Health Policy, Planning & Partnerships

August 13, 2019

OKLAHOMA STATE DEPARTMENT OF HEALTH

Office of Minority Health & Health Equity MISSION, GOALS & GUIDING PRINCIPLES

'HEALTH FOR ALL'

- Advance Health Equity
- Eliminate Health Disparities
- Increase Cultural Competency
- Strengthen Health System Infrastructure



Office of Minority Health & Health Equity PROGRAMS & SERVICES

Interpretation & Translation Services

- Bilingual Staff
- Language Identification Cards, Posters & Brochures
- 24/7 Telephone Interpretation Services (over 240 languages)
- On-site Interpretation
- Document Translation
- Sign Language Interpretation



Office of Minority Health & Health Equity PROGRAMS & SERVICES

Community & Organizational Capacity Building

- Coordinating Alliances & Partnerships
- Trainings, Education & Awareness
- Consultation & Expert Advice
- Information, Resources & Referral



Office of Minority Health & Health Equity TEAM MEMBERS

- Danielle Dill, External Partnerships Manager
- Floritta Pope, Program Coordinator
- Blanca Valera, Interpreter / Translator
- Victor Vargas, Interpreter / Translator



Hiring anticipated for two additional staff



OKLAHOMA STATE DEPARTMENT OF HEALTH

Health Policy, Planning & Partnerships

5

Office of Minority Health & Health Equity WHAT IS HEALTH EQUITY?

- The American Public Health Association defines health equity as everyone having the opportunity to attain their highest level of health.
- The Center for Disease Control and Prevention (CDC) says that health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”
- Robert Wood Johnson Foundation (RWJF) provides the following definition: “Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.”
- Healthy People 2020 defines health equity as the “attainment of the highest level of health for all people.”

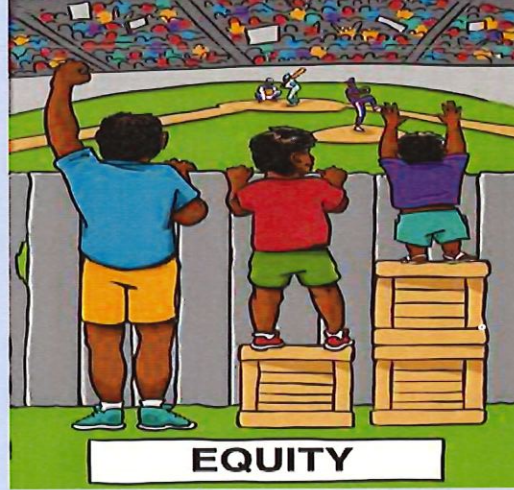
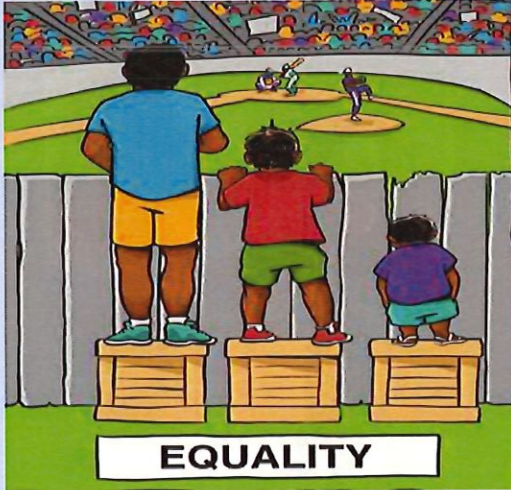


OKLAHOMA STATE DEPARTMENT OF HEALTH

Health Policy, Planning & Partnerships

6

Health Equity vs. Equality



Office of Minority Health & Health Equity WHY IS HEALTH EQUITY IMPORTANT?

- Puts focus on excluded or marginalized groups.
- Eliminates the unfair individual and institutional social conditions that give rise to inequities.
- Evaluate and monitor efforts using short and long-term measures.
- Engages those most affected by disparities in the identification, design, implementation, and evaluation of promising solutions.



Oklahoma State Department of Health's State Health Equity Plan

The Journey To Advance Health Equity



Office of Minority Health & Health Equity STATE PLAN FRAMEWORK

- Social Conditions
 - Unfair treatment because of race, gender, class, sexual orientation, etc.
- Environmental Conditions
 - Lower income neighborhoods tend to be poor in social, economic and physical conditions
- Health Behaviors
 - Smoking, poor nutrition and lack of exercise can lead to poor health
- Mortality
 - Social status, education, where you live, and health behaviors all affect life expectancy

SOURCE: Framework adapted by HEI from the Bay Area Regional Health Inequities (BARHI) Framework



Office of Minority Health & Health Equity EXAMPLE PARTNERSHIPS

University of Oklahoma	OKC Black Chamber of Commerce
Oklahoma City County Health Department	Community Health Center, Inc.
Ok Interfaith Alliance	Tulsa Health Department
Oklahoma Department of Mental Health & Substance Abuse Services	Building Healthy Military Communities
Oklahoma Health Care Authority	OK Healthy Aging Initiative
Oklahoma Blood Institute	Opportunities Industrialization Center of Oklahoma
Absentee Shawnee Tribal Health System	Garfield County Micronesia Coalition
YMCA OKC	Edward Grimes Attorney at Law
Oklahoma Family Supporters of Sickle Cell Disease	EB Consulting OKC
Blue Cross Blue Shield of Oklahoma	Complete Care Home Health
Pittsburg County Health Department	Cleveland County Health Department
	Preparing for a Lifetime [®]



Office of Minority Health & Health Equity CONTACT INFORMATION





OFFICE OF MINORITY HEALTH AND HEALTH EQUITY
(405) 271-1337 or email: MinorityHealth@health.ok.gov

Oklahoma State Department of Health
1000 Northeast 10th Street
Oklahoma City, OK 73117




Overdose Surveillance and Prevention Program Update


Tracy Wendling, DrPH
Injury Prevention Service



OKLAHOMA
OVERDOSE
PREVENTION

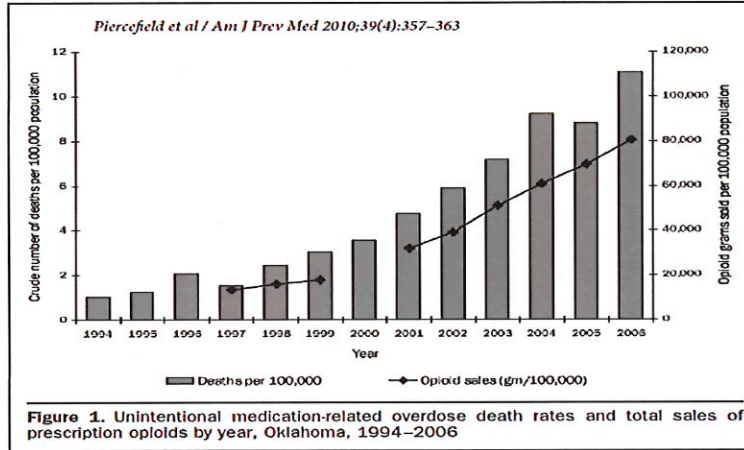


Fatal Unintentional Poisoning Surveillance System

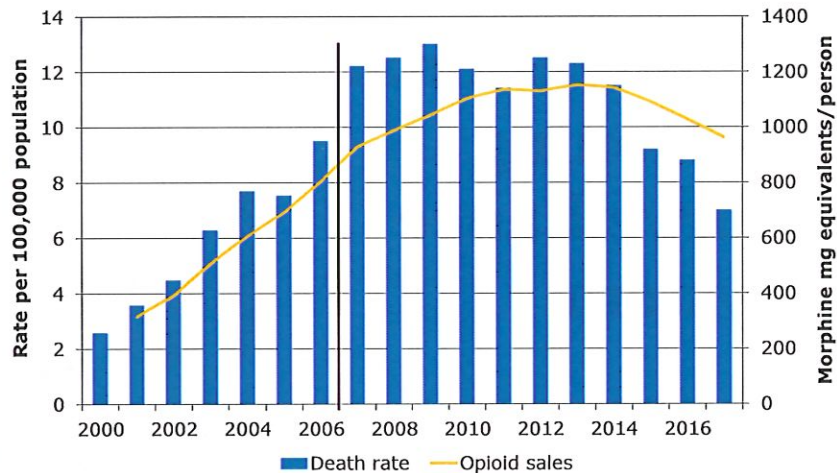


Increase in Unintentional Medication Overdose Deaths Oklahoma, 1994-2006

Emily Piercefield, MD, DVM, Pam Archer, MPH, Philip Kemp, PhD, Sue Mallonee, RN, MPH

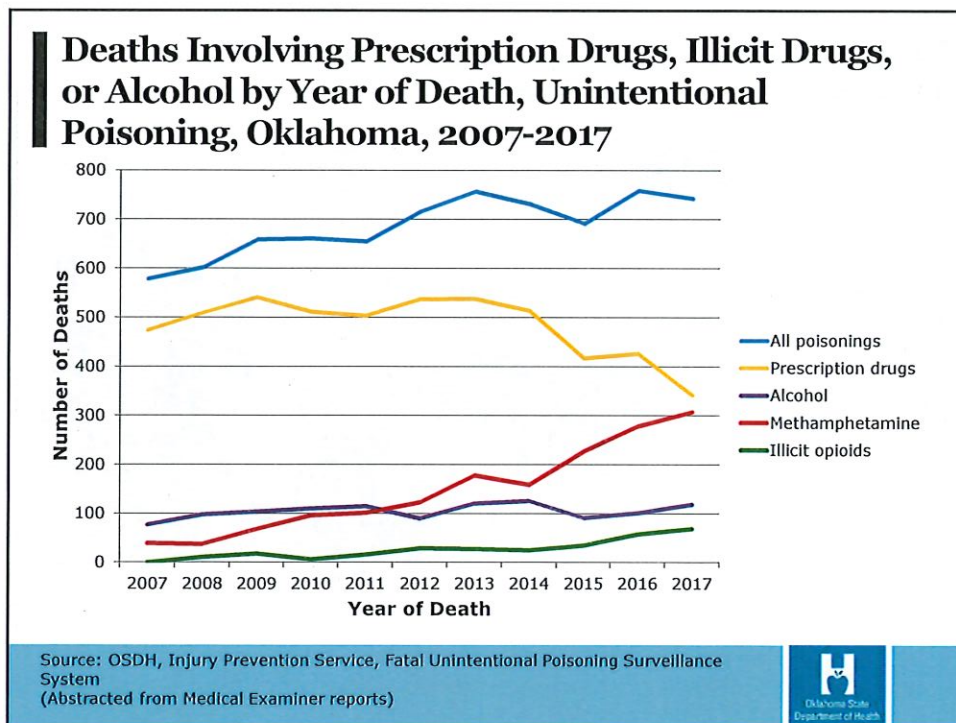
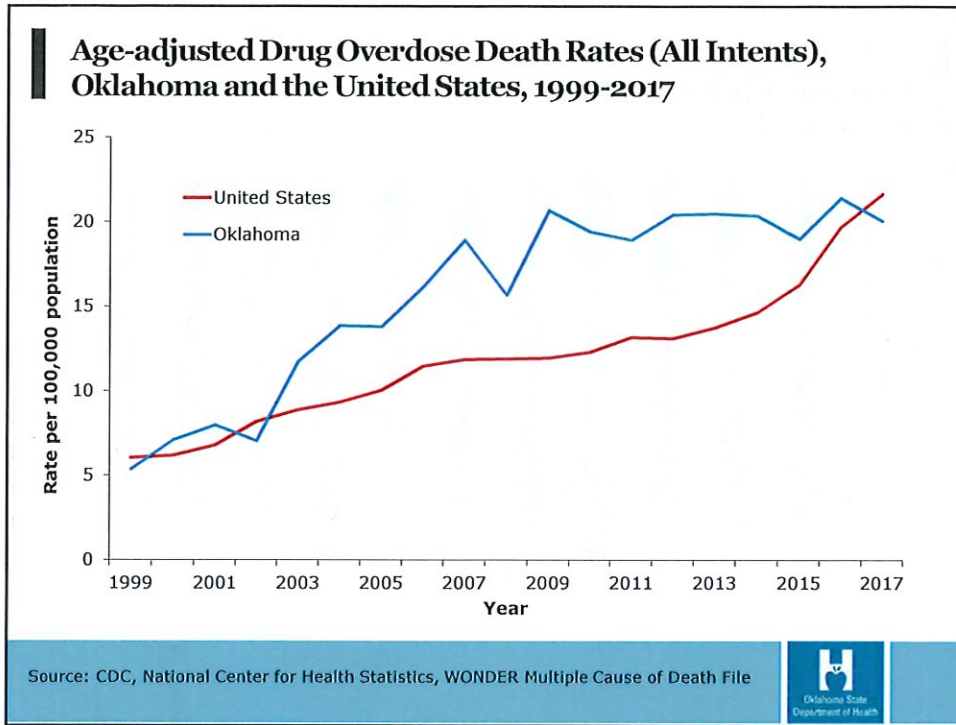


Unintentional Opioid-related Overdose Death Rates¹ and Opioid Sales per Person², Oklahoma, 2000-2017

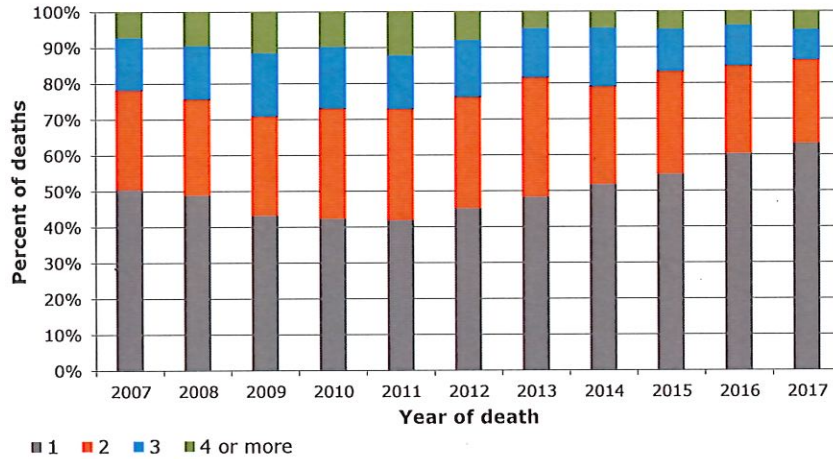


Sources: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System (Abstracted from Medical Examiner reports) and U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control, Automation of Reports and Consolidated Orders System (ARCOS) Reports, Retail Drug Summary Reports by State, Cumulative Distribution Reports (Report 4).
The black line indicates a change; opioid sales data prior to 2007 were based on historical data calculated using the same methodology.





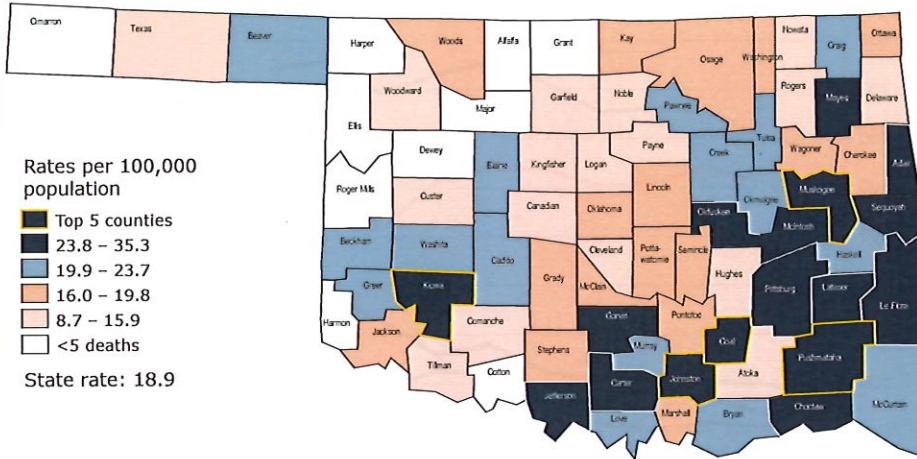
Percent of unintentional poisoning deaths by year and number of substances involved, Oklahoma, 2007-2017



Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System (Abstracted from Medical Examiner reports)




Unintentional Poisoning Death Rates by County of Residence¹, Oklahoma, 2013-2017




¹County of residence was unknown for 61 persons.

Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System (abstracted from Medical Examiner reports)






Addressing the Problem



State Plan and Provider Education


OPIOID EPIDEMIC RESPONSE



Learn about the risks of prescription opioids, and how opioid use is impacting your community.

Help us prevent future addiction to these drugs that can become deadly if not treated.

OSD, reduce physicians' recents and staff's role in hard to provide education.





REDUCING PRESCRIPTION DRUG ABUSE IN OKLAHOMA

A Review of Progress and Updated State Plan

2016

PAIN MANAGEMENT PRACTICE FACILITATION PROGRAM





Prescription Monitoring Program FAQs

Frequently Asked Questions

What is the Prescription Monitoring Program (PMP)?

The Oklahoma PMP is an electronic database that tracks controlled substance prescriptions in the state. The PMP gives health providers timely information about prescribing and patient behaviors, which improves clinical decision making. The PMP also reduces doctor shopping and diversion of controlled substances and allows for improved public health surveillance to monitor prescribing trends. The PMP is housed at the Oklahoma Bureau of Narcotics and Dangerous Drugs Control and leads other states as the only real-time system in the nation.



Oklahoma Opioid Prescribing Guidelines

NONOPIOID TREATMENTS FOR CHRONIC PAIN

Principles of Chronic Pain Treatment

Nonopioid pain relievers are the first-line treatment for chronic pain. They are safe and effective, and have fewer side effects than opioids. They should be used in combination with other nonopioid treatments, such as physical therapy, cognitive behavioral therapy, and self-management strategies.

Nonopioid Medications

Medication	Indication	Comments
Acetaminophen	Pain relief	Do not exceed 4,000 mg per day. Avoid alcohol.
NSAIDs (Ibuprofen, Naproxen)	Pain relief, inflammation	Use with caution in patients with kidney, stomach, or heart disease.
Tricyclic Antidepressants (Amitriptyline, Nortriptyline)	Chronic pain, depression	Use with caution in patients with heart disease, dry mouth, or constipation.
Serotonin-Norepinephrine Reuptake Inhibitors (Duloxetine, Venlafaxine)	Chronic pain, depression	Use with caution in patients with heart disease, dry mouth, or constipation.
Anticonvulsants (Gabapentin, Pregabalin)	Chronic pain	Use with caution in patients with kidney disease, dizziness, or weight gain.

OKLAHOMA OPIOID PRESCRIBING GUIDELINES

Opioid Treatment for Acute Pain

1. Health care providers are encouraged to consider non-pharmaceutical therapies and/or oral pain medications. Opioids should only be used for relief of acute pain when the benefits of the pain are not met.
2. In Controlled Use, a nonopioid pain reliever should be prescribed first. If a patient requires an opioid, the provider should prescribe the lowest effective dose for the shortest duration possible.
3. When opioids are required, providers should prescribe the lowest effective dose. Prescribe no more than a 3-day supply, with follow-up appointments for days 4 through 7.
4. Avoid prescribing opioids to patients currently taking benzodiazepines and/or other sedating medications.
5. Patients should be counseled to not drink or use alcohol while taking opioids.
6. Long-acting or extended-release opioids should not be prescribed for acute pain.
7. Providers should provide counseling, harm reduction, and referral to pain management services for patients with chronic pain.

Opioid Treatment for Chronic Pain

Opioids should be used only for chronic pain when the benefits of the pain are not met. A history and physical should be performed, and the patient should be counseled on the risks and benefits of opioid use. A written pain management plan should be established that includes pain management goals for the patient.

ASSESSING BENEFITS AND HARMS OF OPIOID THERAPY

Assess Benefits of Opioid Therapy

Assess the benefits of opioid therapy by comparing the patient's current pain level to the patient's pain level when taking opioids. Consider the patient's functional status, quality of life, and overall health.

Assess Harms of Opioid Therapy

Assess the harms of opioid therapy by monitoring for side effects, such as constipation, drowsiness, and respiratory depression. Consider the patient's history of substance use and mental health.

LEARN MORE: poison.health.ok.gov

Education & Awareness

Medication Safety

Always use your medication as directed. Do not share your medication with others. Store your medication in a secure, child-resistant container.

Medication Storage

Store your medication in a cool, dry place, away from light and heat. Do not store your medication in the bathroom or kitchen.

Medication Disposal

Do not flush your medication down the toilet or sink. Use a drug take-back program or a disposal kit to dispose of your medication safely.

Naloxone: A Guide for Opioid Overdose Prevention

What is naloxone? Naloxone (brand name Narcan and Evzio) is a prescription medication that reverses heroin and prescription opioid overdoses. Naloxone is safe and effective, and has no effect on nonopioid overdoses.

In case of overdose:

1. Call 911 and give naloxone. If no reaction in 3 minutes, give second naloxone dose.
2. Do rescue breathing or chest compressions. Follow 911 dispatcher instructions.
3. After naloxone. Stay with the person until help arrives; naloxone does not wear off.

Forms of Naloxone

Intranasal Administrator (widely available to the public)
A pre-filled, single dose of naloxone administered by spraying naloxone into the nose (intranasal).

Naloxone + Atizimaz
The combination of a pre-filled kit of naloxone with an attached nasal aspirator. The medication and aspirator are sold separately. Once assembled, naloxone is administered by spraying the medicine into the nose (intranasal).

Injectable
A syringe used to inject naloxone into the upper thigh or arm.

Auto-Injectable
A pre-filled, ready-to-use dose of naloxone administered by pressing the medicine against a person's upper leg (similar to an EpiPen). This product provides voice and visual guidance.

Prescription opioids can be addictive and dangerous.

It only takes a little to lose a lot.

poison.health.ok.gov

OKLAHOMA COUNTY Prescription Opioid Overdose Facts

Medication	Number of Overdose Deaths
All prescription opioids	120
Prescription drugs	418
Prescription opioids	305
Mix drugs	103
Alcohol	13

More than four out of five unintentional prescription drug overdoses (84%) involved at least one prescription opioid.

Overdose deaths involving prescription opioids account for more than all illicit drugs combined.

State Facts

- More than 100,000 people in Oklahoma have a prescription for a controlled substance.
- More than 100,000 people in Oklahoma have a prescription for an opioid.
- More than 100,000 people in Oklahoma have a prescription for a benzodiazepine.

Opioid Overdose Fast Facts*
Oklahoma County Data (July 2017)

- More than 300 unintentional prescription drug overdoses in Oklahoma County.
- Oklahoma County had the 4th highest death rate in the state.
- More than 150 people died in the last 10 years.
- More than 100 people died in the last 5 years.
- 28% of people who died had a history of mental health problems.
- 85% of people who died had a history of substance abuse.
- More than 100 people died in the last 10 years.

FROM UNINTENTIONAL PRESCRIPTION OPIOID OVERDOSE

LEARN MORE: poison.health.ok.gov | 405.273.5400

LEARN MORE: poison.health.ok.gov

Moving Forward

- Reduce the stigma of addiction
- Educate about substance use disorder
- Empower individuals to make safe choices
- Support linkages to care and trauma-informed services

UNDERSTANDING ADDICTION

Many people don't understand why or how some people become addicted to drugs. They may wrongly think that anyone who uses drugs will soon develop an addiction and that they could stop using at any time. They are wrong. Addiction is a chronic disease that doesn't go away when the person stops using the drug. It's a brain disease that can be cured, but it's often relapsing. People who are addicted to drugs may have trouble controlling their drug use, and they may have other health and social problems, such as depression, anxiety, and family issues. People who are addicted to drugs may also have trouble with their legal system and their ability to hold a job.

What is drug addiction?

Addiction is a chronic disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain's wiring. It's a medical condition because drugs change the brain's wiring. It's a chronic disease because it's a long-term condition. It's a relapsing disease because people who are addicted to drugs may have trouble controlling their drug use, and they may have other health and social problems, such as depression, anxiety, and family issues. People who are addicted to drugs may also have trouble with their legal system and their ability to hold a job.

Is continued drug abuse a voluntary behavior?

People often think that drug use is a voluntary behavior. However, with continued use, a person's ability to control their drug use is diminished. As a result, they may find it difficult to stop using drugs, even when they know it's harmful to their health. This is because drugs change the brain's wiring, making it difficult to control drug use. People who are addicted to drugs may have trouble controlling their drug use, and they may have other health and social problems, such as depression, anxiety, and family issues. People who are addicted to drugs may also have trouble with their legal system and their ability to hold a job.

Why do people take drugs?

To feel good. To feel better. To do better. Consciously and "happily" using a drug.

UNDERSTANDING ADDICTION

Why do some people become addicted to drugs, while others do not?

As with any other chronic condition, a person's risk of becoming addicted to drugs depends on whether a person is born with a predisposition to addiction. In general, the more risk factors a person has, the greater the chance that they will develop an addiction. Risk factors include genetics, environment, and the way a person's brain is wired. Other environmental factors include the social environment, such as the neighborhood, the school, and the family. A person's personality, the way they think, and the way they feel about drugs can also play a role in whether they become addicted to drugs.

RISK FACTORS

Genetics
Environment
Social environment
Personality

Recovery is Possible.

Addiction is a medical condition, meaning that it can be treated. Recovery is possible, but it often takes time and effort. People who are addicted to drugs may need to seek help from a healthcare provider. Recovery involves a combination of medical treatment and behavioral therapy. People who are addicted to drugs may also need to address other health and social problems, such as depression, anxiety, and family issues. People who are addicted to drugs may also have trouble with their legal system and their ability to hold a job.

Learn more: <http://www.okehhs.gov/2015/07/15/2015-07-15-01>

Oklahoma State Department of Health

Moving Forward

- Primary prevention (ACEs)
- Emergency department surveillance
- Continued data linkages
- Support OCME toxicology
- Harm reduction strategies (naloxone, SSPs, MAT)
- Pain management; prescribing guidelines
- Support community approaches

STATE FACTS

1,100 Oklahomans died from methamphetamine overdoses

From 2013-2017, more than 1,100 Oklahomans died of an unintentional methamphetamine overdose.

Men were more than twice as likely to die of an unintentional methamphetamine overdose as women.

Adults 45-64

Adults aged 45-64 had the highest methamphetamine overdose death rate.

Oklahoma Overdose Prevention

Methamphetamine Overdose

Scope of the Problem

For more than a decade, the most common type of substance involved in unintentional overdose deaths was prescription opioids. From 2013-2017, the state had a 47% decrease in its prescription opioid overdose death rate. During this same time period, the rate of methamphetamine-related overdose death increased 500%. In 2017, 99 Oklahomans died of an unintentional methamphetamine-related overdose, compared to 107 in 2017.

Methamphetamine overdose death rates have increased across the country, particularly in the West and Southwest. Oklahoma has the second highest absolute increase in methamphetamine overdose death rates over the past decade. From 2014-2017, Oklahoma had the third highest methamphetamine overdose death rate in the country.

2017

More Oklahomans died of methamphetamine overdose than prescription opioid overdose.

Unintentional overdose* deaths by type of substance and year of death, Oklahoma, 2007-2017

Source: CDC, Annexe Services, Year 2008-2017; Prescription Opioid Death Rate; Methamphetamine Death Rate; All Overdose Death Rate; Oklahoma State Department of Health

Oklahoma State Department of Health



Injury Prevention Service
405-271-3430
TracyLM@health.ok.gov
<http://poison.health.ok.gov>



**OKLAHOMA
OVERDOSE
PREVENTION**



INFECTIOUS DISEASE PROGRAM UPDATES

Laurence Burnsed, MPH
State Epidemiologist
Oklahoma State Department of Health
E-mail: Laurence@health.ok.gov
Phone: (405) 271-4060

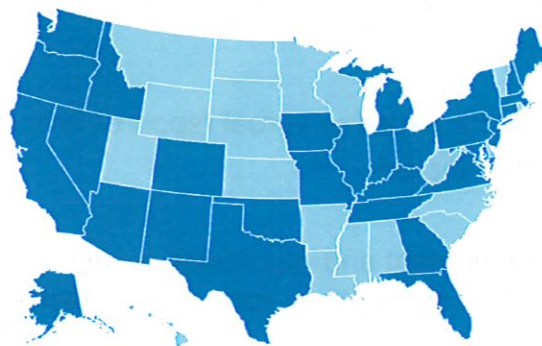


OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Measles Cases, United States

• Jan 1 – August 1, 2019: 1,172 cases, 30 states

Map of Reported Cases, United States, 2019



OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Okmulgee County Measles Case

- Initial report and investigation
 - ADS notified of measles IgM positive lab result
 - Case investigation immediately initiated
 - Interviews conducted by ADS and Okmulgee CHD staff
 - Specimen collection arranged for PCR testing for confirmation
- Coordinated response
 - Identify close, personal contacts and persons affiliated with public settings
 - Determine vaccination history
 - Implemented controlled movement for susceptible contacts
 - Public health monitoring of exposed contacts through incubation period



Measles Investigation Summary

Summary of Contacts Interviewed and Added to Database						
	Exposed	Not Exposed	Exposure Unknown ^a	Refused	Lost-to-Follow-up	Total Number
Total Number	268	15	0	1	28	312

^a Contact interviewed but unsure if they were at setting during exposure period.

- 245 (91%) documented or verbal report of immunity
- 23 (9%) unvaccinated
- Controlled movement and monitoring measures implemented for susceptible, exposed contacts



Measles Investigation Team

- Collaborative approach of several OSDH programs
 - Acute Disease Service
 - Okmulgee and Creek County Health Departments
 - Immunization Service
 - Office of Communications
 - Agency leadership
 - Legal Division
 - Public Health Laboratory
- Partners
 - Tulsa Health Department
 - Healthcare facility staff
 - Partner reference laboratory
 - Businesses, institutional settings



OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Hepatitis C Elimination Planning

- National elimination planning conference, July 2019
 - Hosted by Association of State & Territorial Health Officials
 - Oklahoma participants included Public Health, Health Care Authority, Corrections, Cherokee Nation
- Oklahoma elimination plan development in progress
 - Steering committee discussions include state agencies, city-county health department, Tribal partners, healthcare provider organizations



OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Whole Genome Sequencing

- OSDH Public Health Laboratory and federal partners transitioned to whole genome sequencing (WGS)
 - Replaces pulsed-field gel electrophoresis
- WGS is the next generation method of DNA sequencing
 - More sensitive methods for outbreak and cluster detection
 - All state public health laboratories and CDC utilizing this method and comparing isolate patterns



From: Scott M Sproat
Sent: Friday, June 28, 2019 3:42 PM
To: OSDH Kudos
Subject: May Storm Response Team Commendation

Follow Up Flag: Follow up
Flag Status: Completed

In May 2019 a large part of Oklahoma was impacted by severe weather causing considerable damage, injury and loss of life. Several OSDH emergency response staff were deployed to support emergency operations centers (EOCs) across eastern Oklahoma. This team worked long hours – many filling 12 hour shifts including over the Memorial Day holiday weekend – and in hazardous weather conditions to protect the health and welfare of the citizens affected by these storms. They dealt successfully with a multitude of issues and provided invaluable service to the jurisdictions where they were assigned. As a result of their dedication to duty, I would like to commend the following OSDH staff:

Elyce Holloway, EPRS Regional Emergency Planner

- Deployed to the Muskogee County EOC
- Deployed to the City of Broken Arrow EOC

Johnathan O'Dell, EPRS Regional Emergency Planner

- Deployed to the Muskogee County EOC
- Deployed to the City of Wagoner EOC

Michael DeRemer, EPRS Regional Emergency Planner

- Deployed to the Cherokee Nation EOC/IMT

Sheila Lawson, EPRS Regional Emergency Planner

- Deployed to the Cherokee Nation EOC/IMT

Don Wilkinson, CHS Local Emergency Response Coordinator

- Deployed to the Cherokee Nation EOC/IMT

Scott White, EPRS Western District Coordinator

- Deployed to the State EOC
- Deployed to the City of Wagoner EOC

Greg Morgan, CHS Local Emergency Response Coordinator

- Deployed to the City of Wagoner EOC

Alan Brend, EPRS Regional Emergency Planner

- Deployed to the Eastern Oklahoma Regional Area EOC (McAlester)

TJ Pemberton, CHS Local Emergency Response Coordinator

- Deployed to the Eastern Oklahoma Regional Area EOC (McAlester)

Mike Potter, CHS Local Emergency Response Coordinator

- Deployed to the Okfuskee County EOC

John Curtis, EPRS Eastern District Coordinator

- Eastern Coordination/Deployed to multiple EOC's

Glenda Ford-Lee, EPRS At-Risk Populations Coordinator

- Deployed to the State EOC

Lezlie Carter, EPRS Oklahoma Medical Reserve Corps (MRC) Coordinator

- Deployed to the State EOC
- Deployed to support the Tulsa Health Department MRC

Rusty Cook, EPRS Situation Room Manager

- OSDH EOC/State EOC support

Darrell Eberly, EPRS Emergency Manager

- Deployed to the State EOC

Scott Sproat, M.S., FACHE

Assistant Deputy Commissioner/EPRS Director
Emergency Preparedness and Response Service
Prevention and Preparedness Services
Oklahoma State Department of Health

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

Gary Cox, J.D., Commissioner

January 14, 2020

PUBLIC RELATIONS/COMMUNICATIONS

Facebook Live with Dr. Bookman, Oklahoma State Medical Association
House Republic Caucus Retreat
Apolitical & NACCHO Online Workshop
Champions of Health Gala Dinner
Oklahoma Public Health Association Annual Conference, speaker
Southern Obesity Summit, speaker
Integrating Mind & Body
2019 Wall of Fame Induction Ceremony and Dinner Reception (OKCPS)
Cross-Sector Partners in Health Roundtable
KOTV-6 Tulsa, interview
KOKH-Fox 25, interview
KWTV-9, interview
KWTV-9, Hot Seat, interview (multiple)
Daily Oklahoman
Business Journal Record

STATE/FEDERAL AGENCIES/OFFICIAL

Federal Emergency Response Partner Meeting – Statewide Pandemic Influenza Exercise
Mike Hunter, Oklahoma Attorney General
Mike Mazzei, Secretary of Budget
Blayne Arthur, Secretary of Agriculture
Steven Buck, Secretary of Human Services and Early Childhood Initiatives and Executive
Director, Oklahoma Office of Juvenile Affairs
Governor Kevin Stitt (multiple meetings)
John Budd, Secretary of Digital Transformation & Administration and Chief Operating Officer,
Office of Management and Enterprise Services (OMES) - multiple meetings
Bo Reese, Chief Information Officer, OMES
Julie Bisbee, Executive Director, Tobacco Settlement Endowment Trust
Annette Jacobi, Oklahoma Commission on Children and Youth
Jerome Loughridge, Secretary of Health & Mental Health (multiple meetings)
Justin Brown, Director, Oklahoma Department of Human Services (multiple meetings)
OSDH Regional Director's Meeting
Kevin Corbett, Chief Executive Officer, Oklahoma Health Care Authority
Oklahoma Digital Government Summit 2019
Steve Harpe, Deputy Director, Information Services, OMES
Oklahoma Commission on Children and Youth Meeting
Brent Kisling, Director, Oklahoma Department of Corrections
OSDH Joint House/Senate Budget Hearings
OSDH Office of Minority Health and Health Equity Stakeholder Meeting, speaker

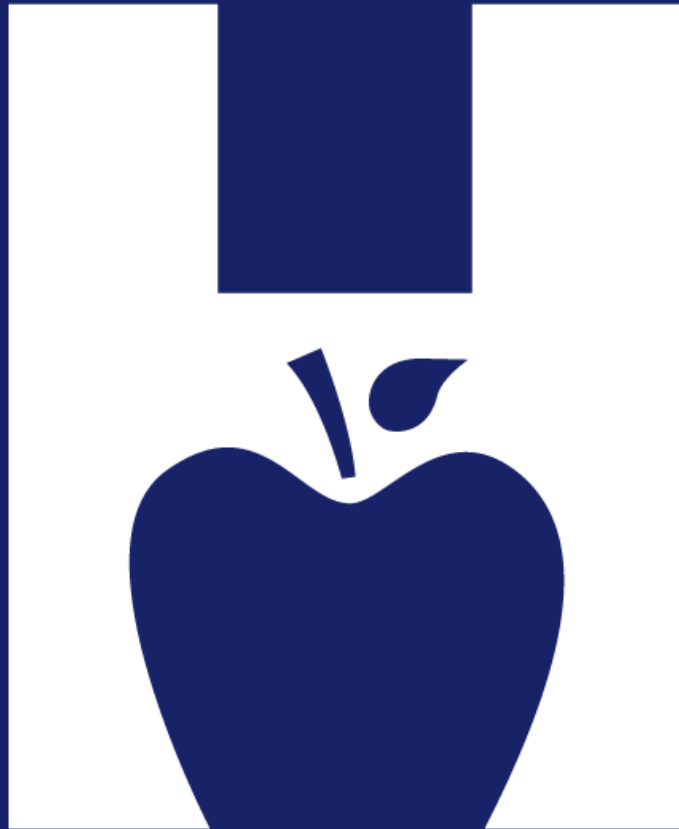
Representative Scott Fetgatter
Representative Jon Echols, Majority Floor Leader
Representative Monroe Nichols
Representative Carol Bush
Representative Lundy Kiger
Representative Lewis Moore
President Pro Tempore Greg Treat
Senator Roger Thompson
Senator Kim David, Majority Floor Leader
Senator Jason Smalley, Majority Caucus Chair
Senator Adam Pugh
Senator Carri Hicks
Senator Paul Rosino

SITE VISITS

Payne County Health Department (Stillwater)
Comanche County Health Department and Governor's Cabinet
Lincoln County Health Department
Cleveland County Health Department (Norman)
Wagoner County Health Department (Wagoner and Coweta)
City of Heavener

OTHERS

Dr. Joe Cunningham, President, Blue Cross and Blue Shield of Oklahoma
Clay Bullard, President, PGx Medical
Tulsa City-County Board of Health Meeting
Patti Davis, President, Oklahoma Hospital Association
Bruce Dart, Executive Director, Tulsa City-County Health Department
ASTHO Annual Meeting and Policy Summit
Lyle Kelsey, Executive Director, State Board of Medical Licensure and Supervision
Jim Hopper, President and CEO, Oklahoma Restaurant Association
Bill Ricks, Vice-President, Braum's
Ronald Durbin, Attorney, Durbin Law Firm
Dr. Jason Sanders, Provost, University of Oklahoma Health Sciences Center (multiple meetings)
Gary Raskob, Dean, OUHSC College of Public Health
John Semtner, Principal, FSB Architect and Engineers
Tribal Public Health Advisory Committee (TPHAC)
Chip and Cynthia Paul, Oklahomans for Health
Craig McVay, Superintendent, El Reno Public Schools
Dr. John Crouch, Good Samaritan Health Services
Prague Turning Point Coalition Meeting
ASTHO Leadership Institute
Oklahoma City-County Board of Health Meeting
Albert Jones, Mayor of Wagoner
Roger Kolman, City Manager, City of Coweta



Regulation, Prevention and Preparedness

Board of Health Update

Rocky McElvany

Deputy Commissioner

January 14, 2020

Accomplishments

- Contracted with BankFirst for payment processing & application scanning for the annual renewal of 37,000 nurse aides
 - This partnership creates an expedited processing of renewals
 - Contractor processes the renewal applications to log and process payments and scans the submitted applications
 - Payments are processed and the digital records are transferred to the Department
 - Eliminated delays in in-house processing of payments
 - Eliminated time spent in processing and routing mail through the agency
 - Reduced license renewal times
 - Improved record management
 - Days from mailbox receipt to application processing reduced from 3 to 4 days to 1 day



Partnerships

- Assisted Living, Residential Care and Adult Day Care
 - Developed statute revision to allow 3 year license renewal cycle
 - Mirrors law enacted for nursing facilities
 - Keeps existing annual fee structure paid at 3 year interval
 - Reduces paperwork burden on providers and Department
 - Working group established to examine prioritized concerns
- Alzheimer's and Related Dementias
 - Working with Alz. Association and providers to update the providers' disclosure of special care/unit service offerings
 - Website update in process to make this information accessible to the public with links to the disclosures and inspection records



Partnerships

- Nursing Home Associations
 - Addressing staffing concerns identified through new Centers for Medicare and Medicaid Services staffing data generated through the online Payroll Based Journal
 - Offered provider education through webinar on the importance of validated submissions
 - Website developed with FAQ's and links to technical support
 - Surveyed providers for knowledge and practices regarding new staffing report submission requirements
 - Identified potentially non-compliant facilities and conducted a sample of direct outreach to identify problems
 - Identified common errors in reporting
 - Direct correspondence to outliers requesting plans of correction and offering assistance
 - 53% reduction in RN Hours miss-reported
 - 35% reduction in facilities with omitted hours

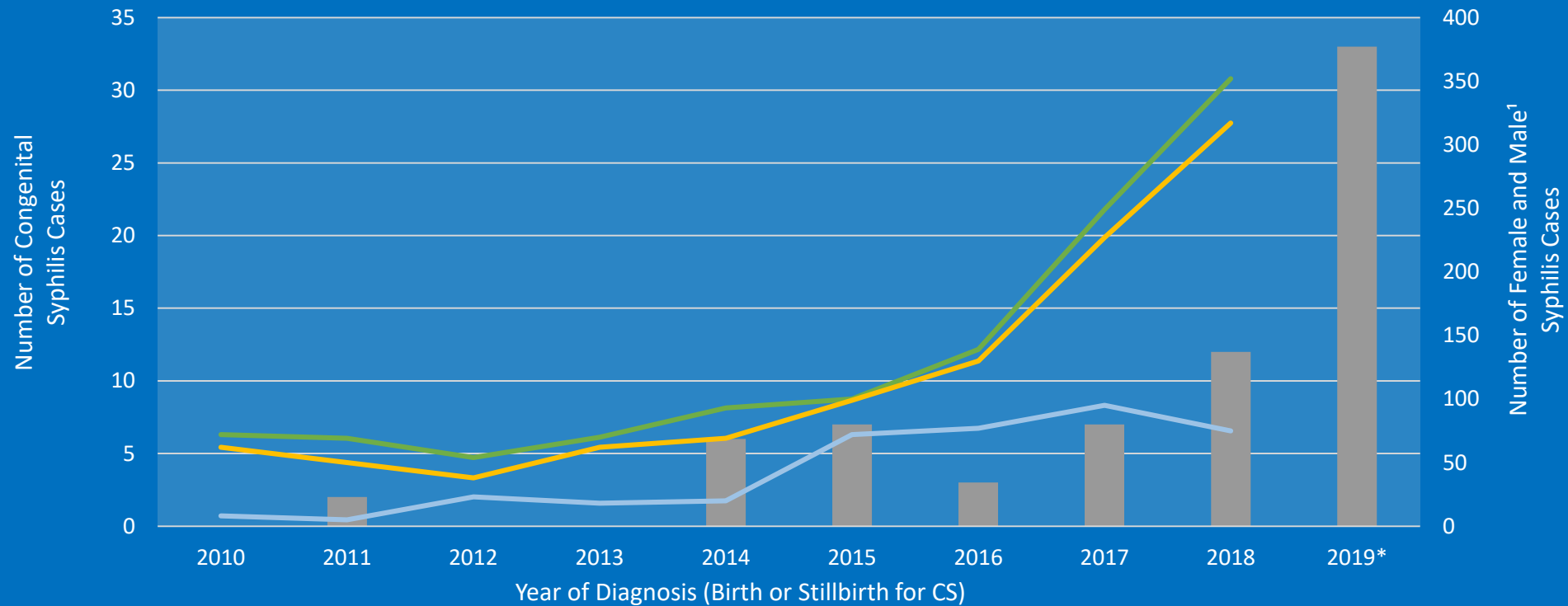


Syphilis and Congenital Syphilis

- Oklahoma, and several other states, are experiencing statewide outbreaks of syphilis
 - In 2018 Oklahoma had the 9th highest rate of Primary and Secondary Syphilis (P&S) at 13.5 per 100,000 (531 cases)
 - Since 2014, Oklahoma has seen a 450% increase in congenital syphilis
 - 33 cases of congenital syphilis were reported during 2019
- National rates of syphilis and other STD's have reached record levels, and highest since early 1990's



Congenital Syphilis Cases and Female and Male¹ Syphilis Cases, Oklahoma, 2010-2019*



¹Cases among females and only the males who had sex with females, regardless of additional risk factors

*Data for 2019 is not final and is subject to change..



Syphilis Outbreak Response

- Increased number of disease intervention specialists (DIS) to conduct investigations and partner follow-up
- Create a statewide task force with public health and healthcare provider partners to identify needs and execute response
- Congenital syphilis review board to identify gaps in early detection and trigger points for interventions
- Statewide distribution of educational resources for providers; monthly updates will be distributed via OK-HAN
- Targeted public outreach, including internet pop-up ads based on search terms

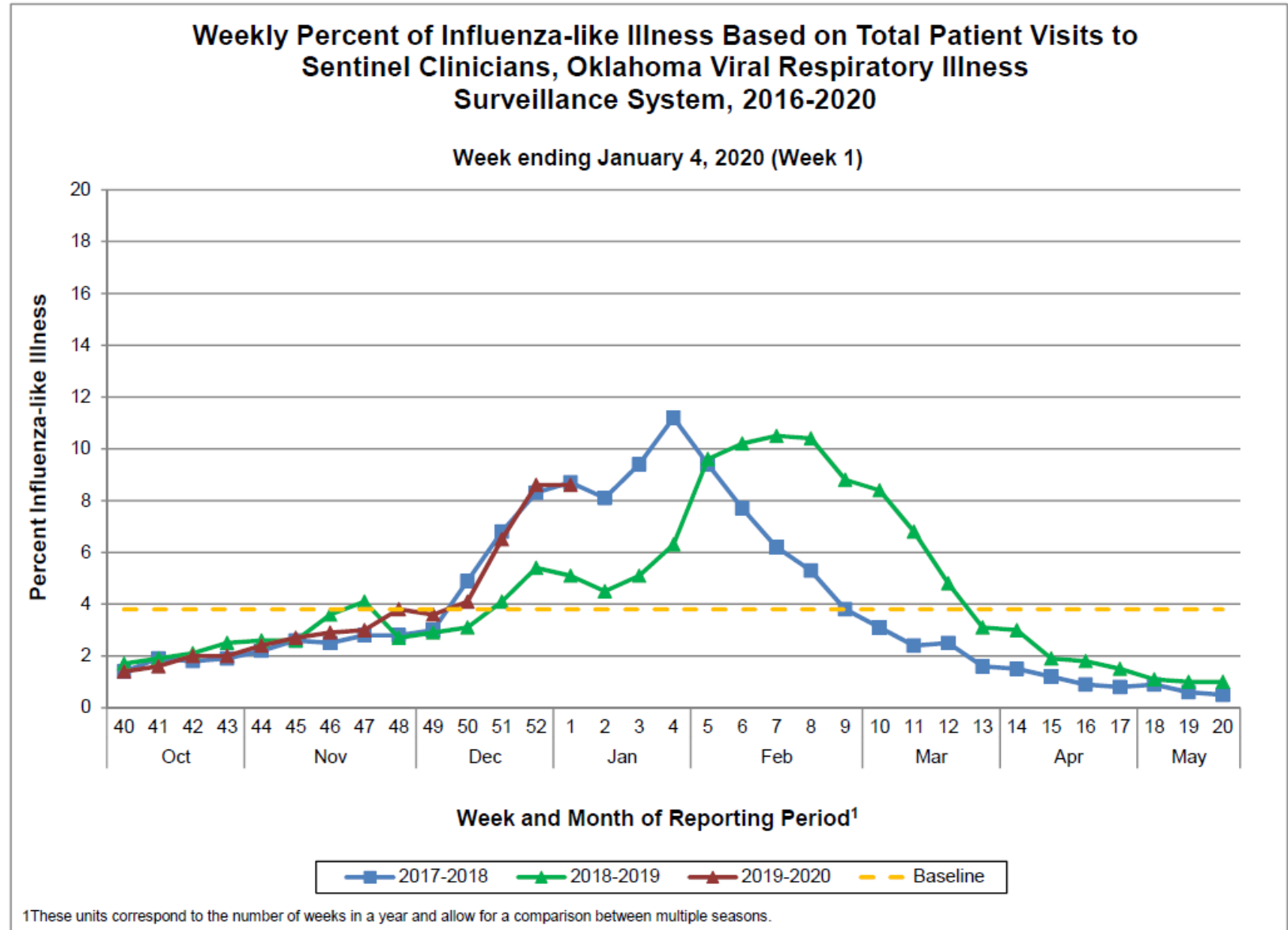


2019-2020 Influenza Season

- Oklahoma continues to conduct surveillance for influenza-like illness and severe influenza disease (hospitalizations and deaths)
- Oklahoma has experienced widespread influenza activity since early December; typical peak is late January – early February
- Influenza B/Victoria is the predominant circulating strain followed by A H1N1
- Vaccine effectiveness estimates still pending, but antigenic data suggest a good match for A H1N1 and B/Yamagata; however, some reduced similarity to B/Victoria and A H3N2



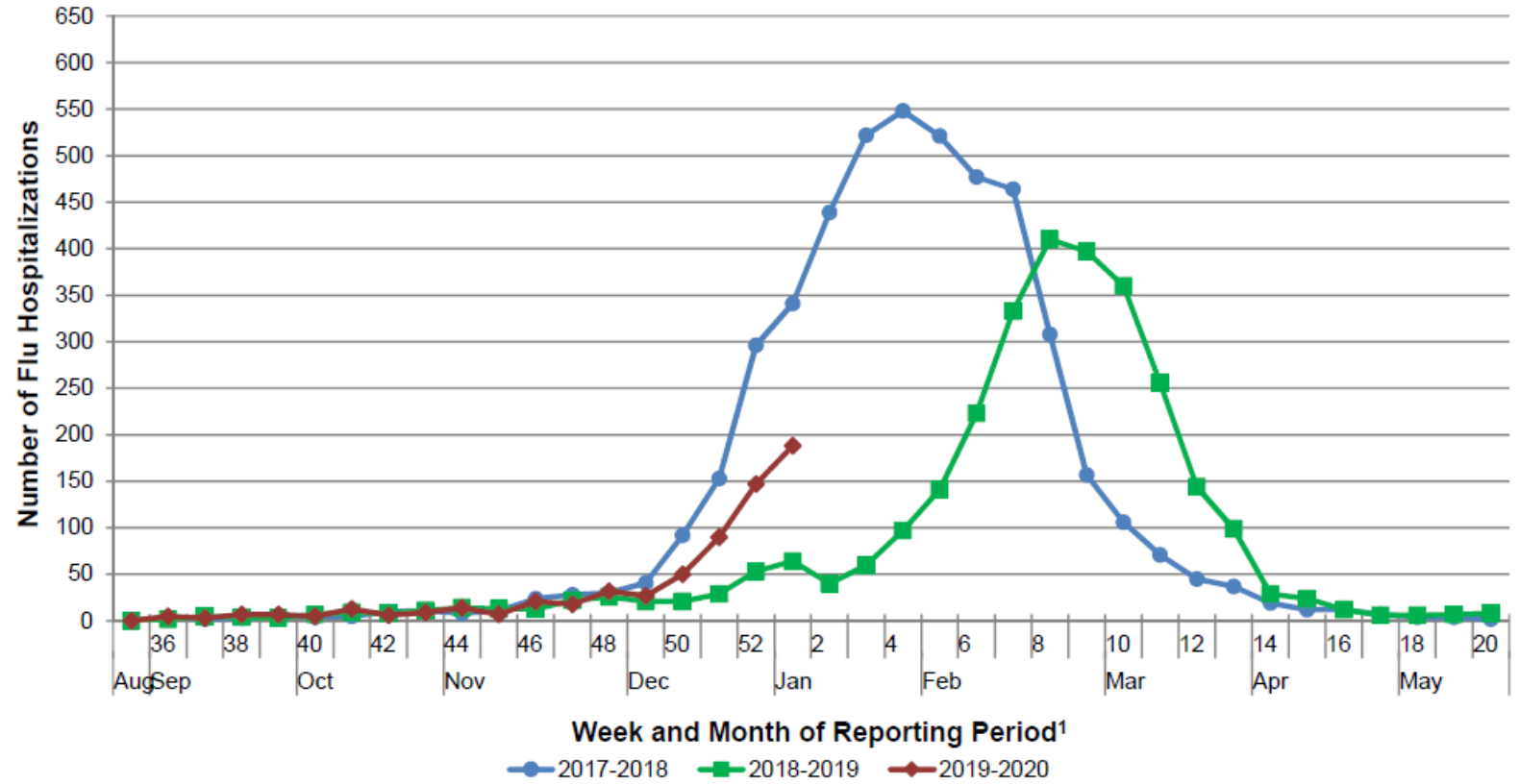
Increasing reports of outpatient influenza-like illness to **8.6%** of patient visits at sentinel provider sites



Increasing reports of influenza-associated hospitalizations over the previous five weeks

649 hospitalizations through January 4, 2020

Influenza-Associated Hospitalizations by Week of Positive Influenza Test, Oklahoma, Comparison of the 2017-2018*, 2018-2019†, and 2019-2020‡ Seasons
Week ending January 4, 2020



¹These units correspond to the number of weeks in a year and allow for comparison between multiple seasons.
²Total number of hospitalizations for the 2017-2018 season was 4,836. The season was predominantly influenza A H3N2 with a second wave of influenza B.
³Total number of hospitalizations for the 2018-2019 season was 3,007. The season was predominantly influenza A 2009 H1N1 with a second wave of influenza A H3N2.
⁴Total number of hospitalizations for the 2019-2020 season is 649.



Influenza-Associated Hospitalizations and Deaths by Age Group Oklahoma, September 1, 2019 - January 4, 2020

Highest rates of hospitalizations among persons 65 and older and young children

Majority of laboratory-confirmed deaths among persons 50 years of age and older

	Influenza Hospitalizations	Influenza Deaths
Age Group, Years	Total (Rate per 100,000)	Total (Rate per 100,000)
00-04	98 (36.6)	0 (0)
05-17	62 (8.9)	0 (0)
18-49	133 (8.1)	1 (0.1)
50-64	123 (16.6)	4 (0.5)
65+	233 (40.4)	7 (1.2)
Total	649 (16.6)	12 (0.3)
Age Range (Median)	0 - 100 yrs (54 yrs)	(72 yrs)

Data Source: Acute Disease Service, Oklahoma State Department of Health.



2019-2020 Influenza Season

- > 168,000 doses of influenza vaccine have been administered by OSDH this season
- OSDH and city-county health departments continue to promote vaccinations as there are several months left in the season
 - High Dose flu vaccine for seniors and VFC doses for children are still available



Community Health Services

County Health Districts Re-Organization

January 14, 2020

Keith Reed, RN, MPH, CPH

Deputy Commissioner, Community Health Services



Guiding Premises

- What we are currently doing is not having the desired effect.
- Local public health is key to impacting a community's health.
- Our local public health system lacks some key resources.
- Resources must be used to maximum efficiency.



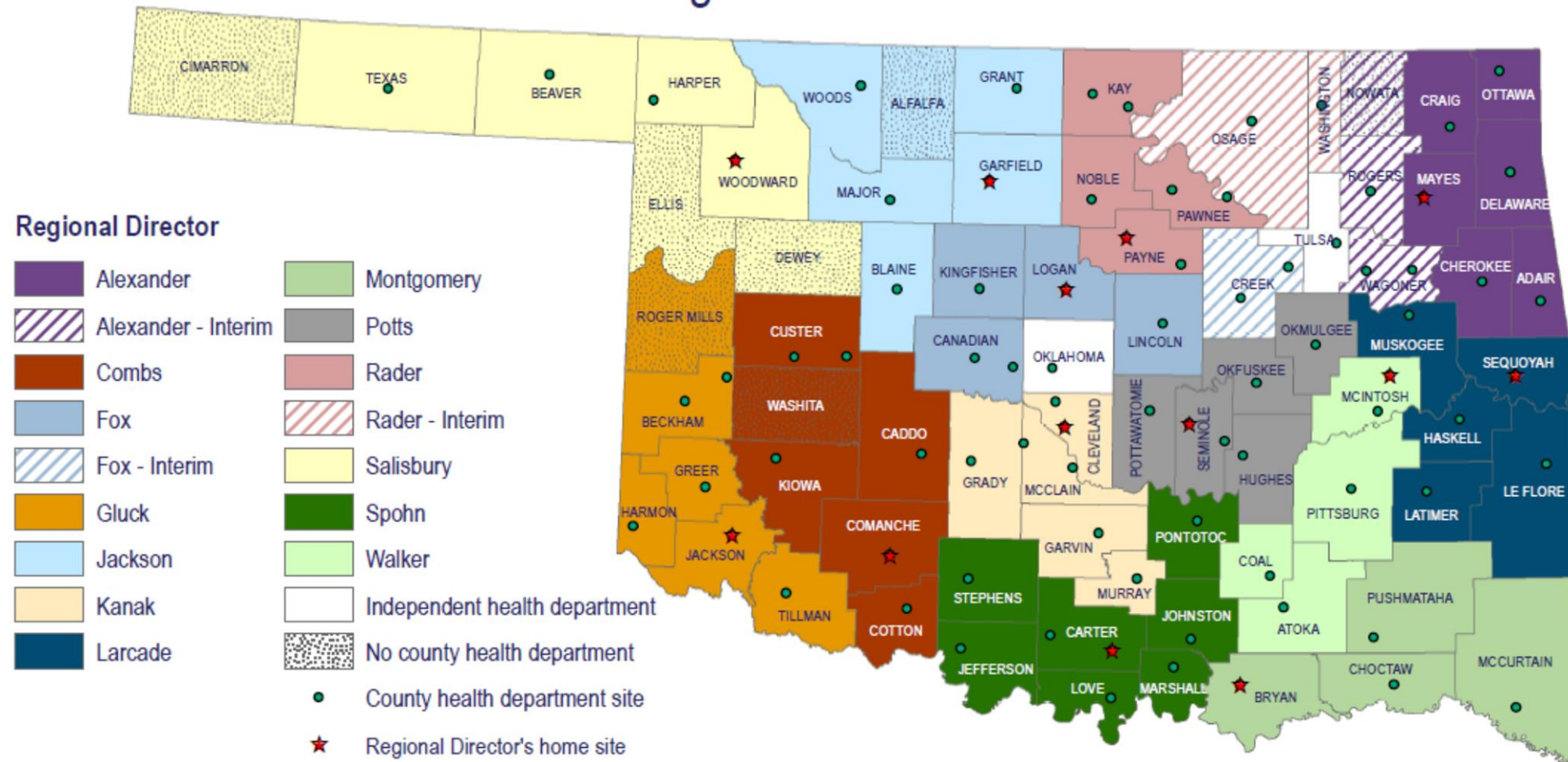
Analysis of Current Local Public Health System

- Local Public Health Professional staff (MPH or closely related) is very limited.
- Current operational processes include many inefficiencies.
- Staff salary is well below market value contributing to recruitment & retention issues.
- Current district layouts have been cobbled together through years of attrition and consolidation.
- Regional Administrative Directors are required to be ‘in the weeds’.
 - May be the only, or one of the only trained resources available to address community health issues.
 - Should be providing the strategic vision and direction for the district, working through other appropriately trained staff.
 - Should be developing a public health team as strong in the community as in the clinics.



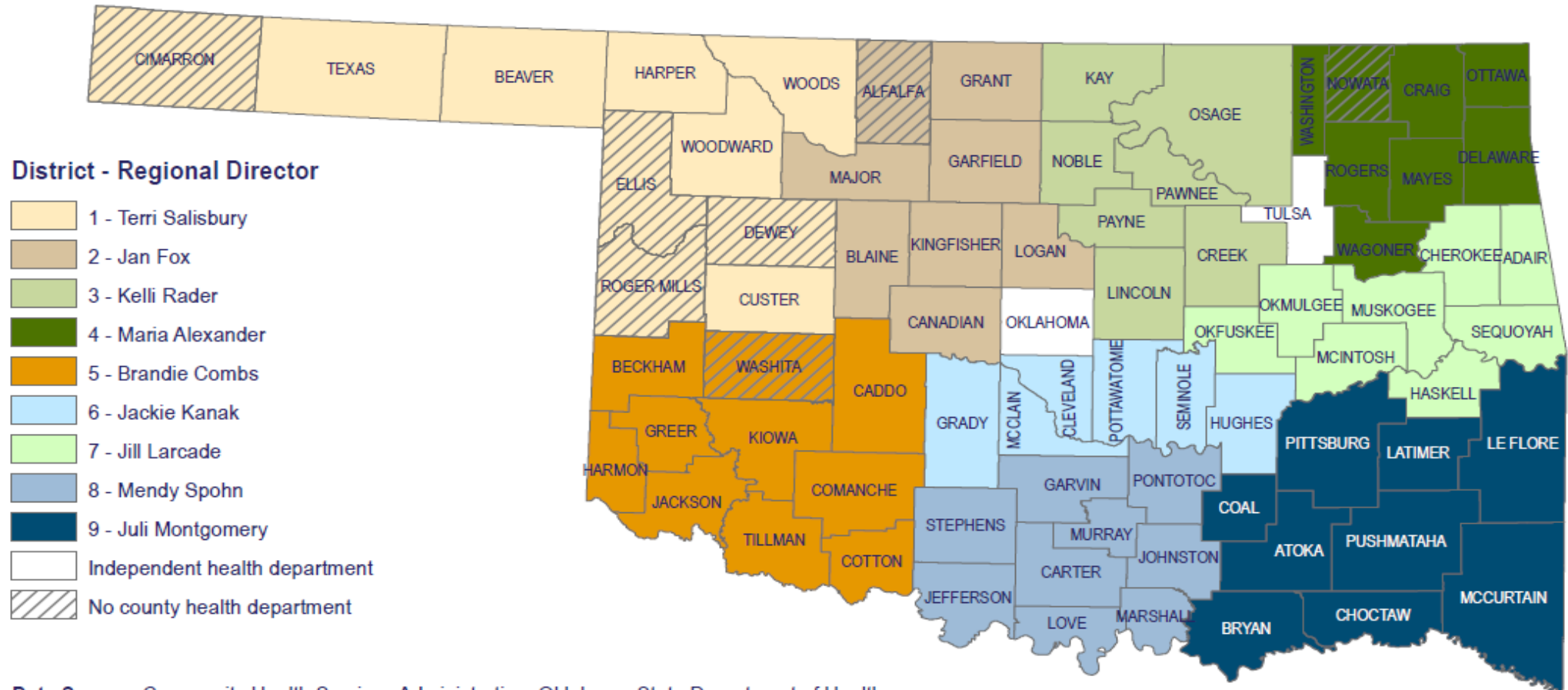
Current Map of Regions

Oklahoma State Department of Health Regional Directors



New Map of Regions

2019 District Reorganization



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

Effective: 12.01.2019



Key Points of Re-Organization

- Reduced Administrative Teams from 14 to 9.
- Reinvest savings in staff salary:
 - Increase retention
 - Enhance recruitment
- Redirect savings to direct service staff to enhance capacity.
 - Specific Additions:
 - Community Epidemiologists
 - Strategic Health Planners
 - Enhanced Health Promotion staff
- Invest in PH specific professional development.

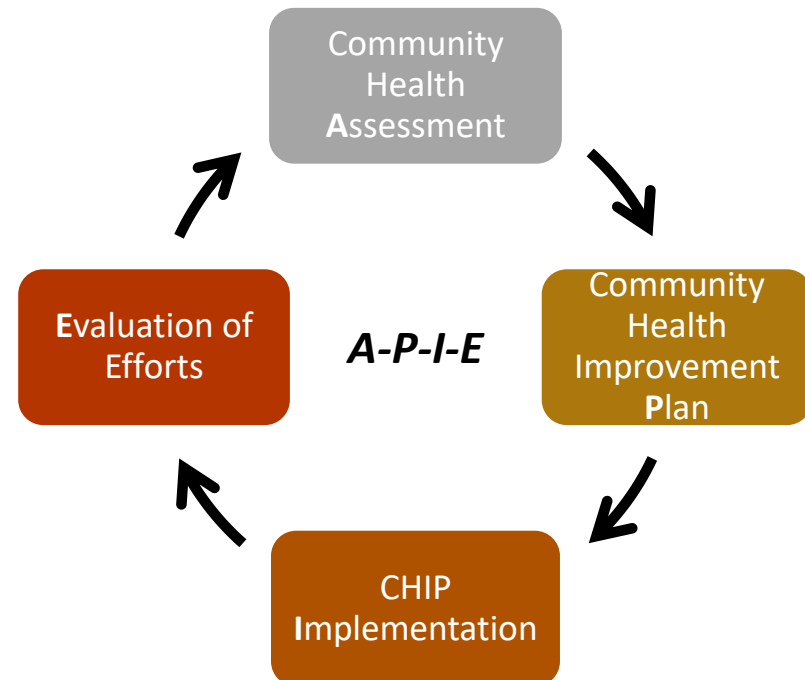


Key Points of Re-Organization

- Local Public Health System is strengthened with broader PH expertise
- These resources allow for a continuous, sustainable program of community engagement:

- Community Health Assessment
- Community Health Planning
- Plan (CHIP) Implementation
- Plan (CHIP) Evaluation

Community Engagement



Looking Ahead

- In order to expand services ensuring the greatest impact on community health, we are implementing additional programs through our county health departments. Some examples are below:
 - Mobile Clinics to expand public health services to rural communities.
 - Greater emphasis on chronic disease screenings and education.
 - Expanded utilization of Community Health Workers.
 - Partnering in support of after-school programming.
 - Local efforts identified through A-P-I-E process.



Questions?

Contact Info:

Keith Reed, RN, MPH

Deputy Commissioner, Community Health Services

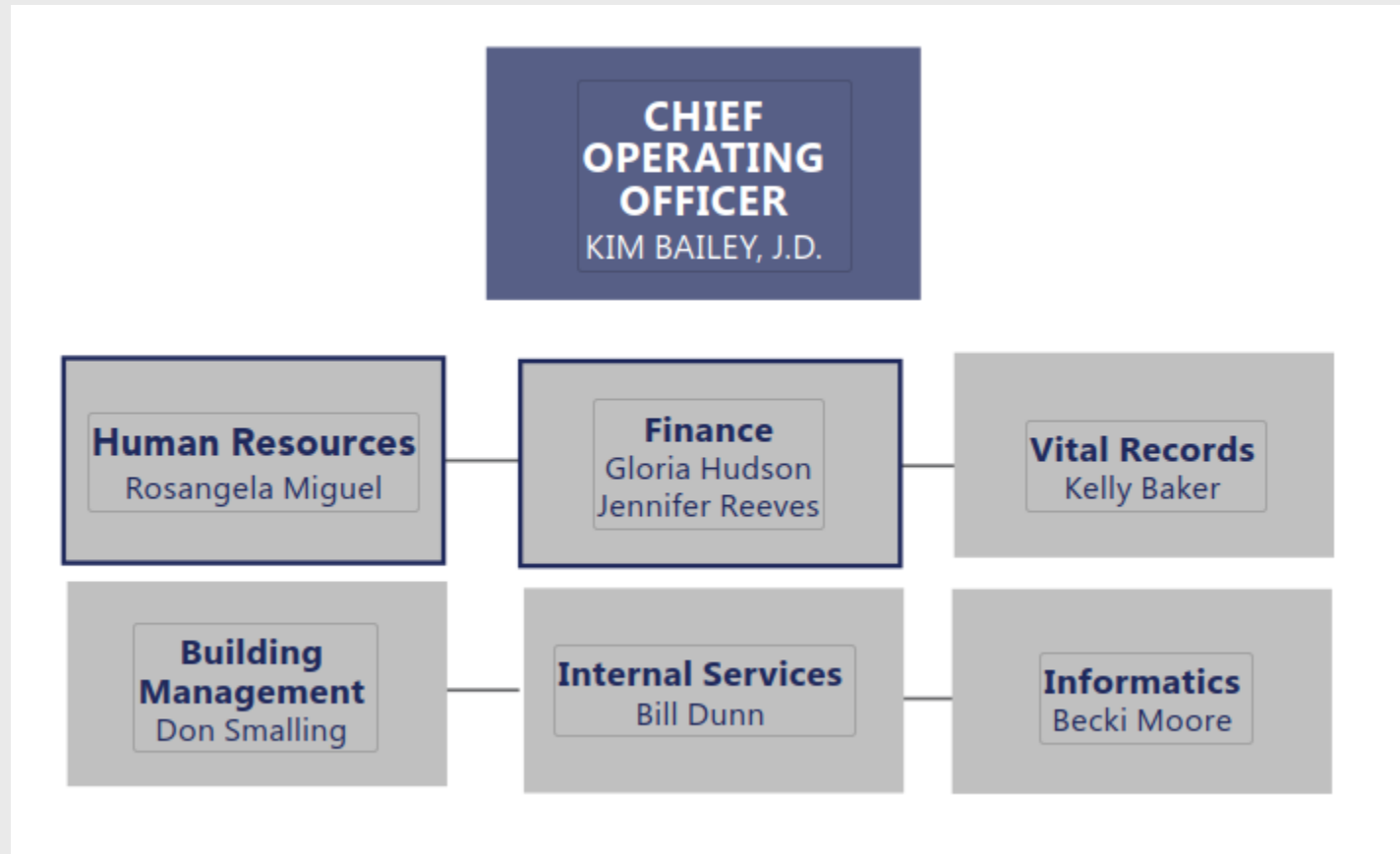
keithr@health.ok.gov

Office - 405-271-5585 ext 56530

Mobile – 405-535-9935



OPERATIONS



Human Resources

Rosangela Miguel



FY19 Metrics / Demographics

2019 State Employees Engagement Survey

Agency	Number of Respondents	Engagement	Satisfaction	Favorability
All Agencies Combined	13,468	77%	73%	63%
Health Department (0340)	954	75%	71%	61%

Gender	
Male	337
Female	1240
Unknown	300
Ethnic Group	
AMIND	137
ASIAN	54
BLACK	197
HISPA	117
PACIF	1
WHITE	1316
NON SPEC	55

FY19 Actions	
Hire / Rehire	485
	281
Appointment Changes / Promotions	
All Separations	301
Retirement	57
Resignation	183
Discharge	61
Job Posting	
FY19	Since 01/01/19
1263	1370
Turnover Rates	
FY17	12.09%
FY18	28.99%
FY19	18.02%
Current Number of Employees	
Number of Employees	1877
Classified	1093
Unclassified	673
Temporary	111



Finance

Gloria Hudson
Jennifer Reeves



Ongoing Projects for Financial Services

- PeopleSoft Financial System –
 - Continued work with Ernst and Young and OMES
 - Projected to go live July 1, 2020
- PeopleSoft Budget System (Hyperion) –
 - Began work January 6th, 2019 with InnoFin
 - Projected to go live in April
- Contract Management System
 - Going to implement via PeopleSoft Financials
 - Pending a change order with Ernst and Young to incorporate with current project
 - Projected to go live July 1, 2020



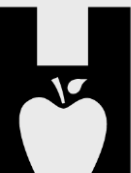
Informatics

Becki Moore



Informatics SFY19 Accomplishments

- Accessibility Compliance
- Business Process Automation
 - Identifying and developing processes to automate using Office 365
- eMPI
 - % of records matched - 82.76%
 - Number of records per unique id - 3.92
 - Number of records added to eMPI - 3,300,000
- HIPAA Privacy/Security
 - COBITS IT Risk Assessment - 31% increase in score from 2015 to 2019
 - Completed investigations within required timeline - 100%, 96 investigations
- Innovation/Strategy
 - 32 Office 365 training sessions - 600 employees trained
 - Office 365 training page on IRENE - 3480 views in 2019
- Meaningful Use (MU)
 - Number of providers on-boarded - 44
 - % MU communications completed within timeframes - 95%
- Telehealth
 - Increasing services provided via technology

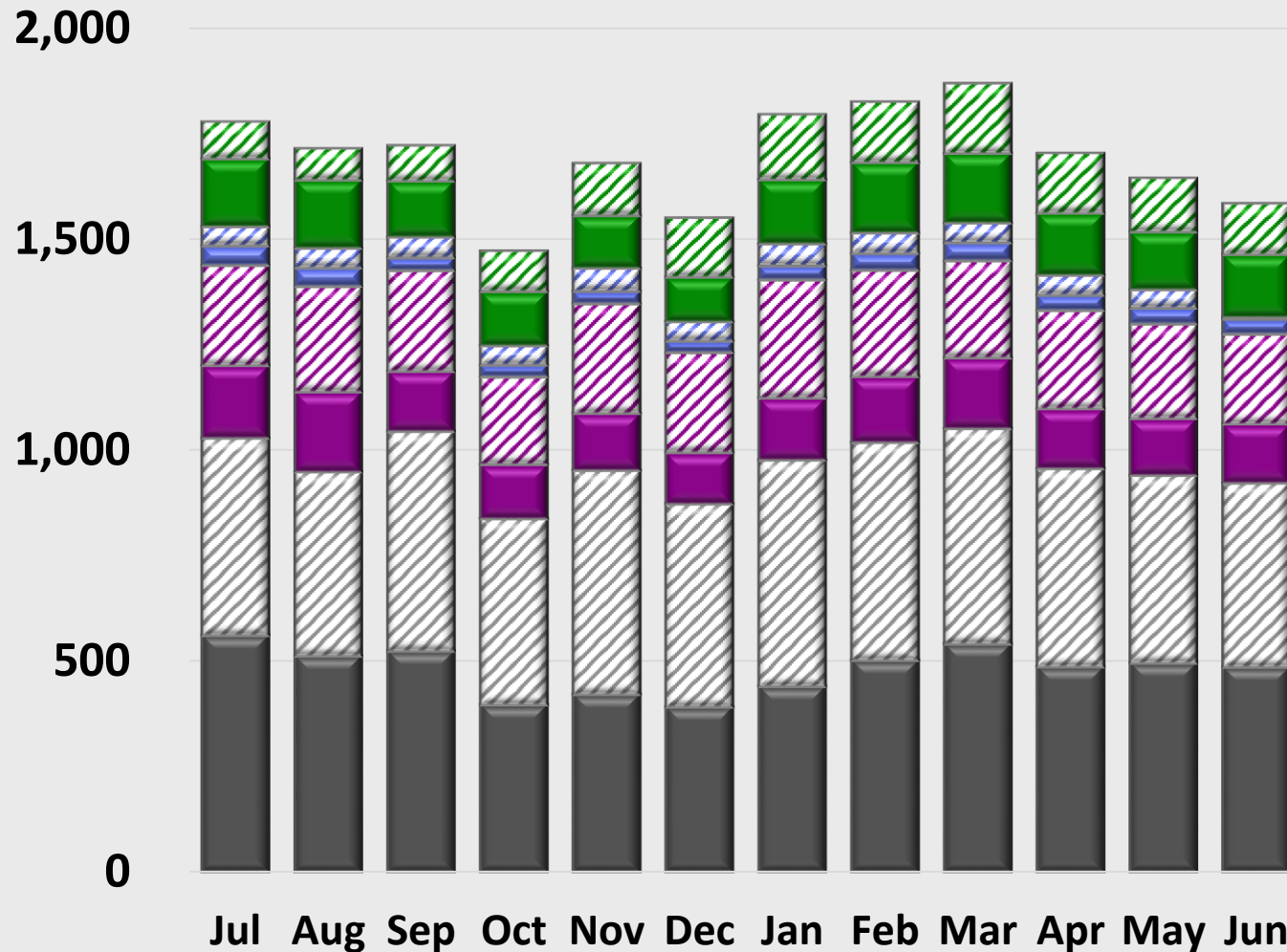


Vital Records

Kelly Baker



Average Certificates Issued Daily - FY19



Records Issued

422,305 Total
 202,601 Births
 220,480 Deaths

Total Issuance by Site

238,981 OKC
 96,168 Tulsa
 87,932 McAlester

Registration

48,230 Births filed
 39,212 Deaths filed



Building Management

Don Smalling



Building Management SFY19 Accomplishments

- New roof installed over Public Health Lab wing
- Windows cleaned
- Reorganized Housekeeping staff
- Budgeted emergency maintenance fund
- Continually reconfiguring space based on program needs
- Currently reviewing lighting efficiency options



Internal Services

Bill Dunn



Internal Services SFY20 Accomplishments

- Recycled over 6,000 pounds of scrap metal
- Sent approximately 30 pallets of various items such as CPUs, laptops, desks, lab equipment, printers, chairs, street sweeper, and other office items to public auction
- Shredded 38 pallets of confidential files that had been stored on average over 7 years and have been approved for destruction, totaling 42,446 pounds - \$6,791.36
- Donated 4 pallets of outdated product (needles and syringes) to OCCC for training and a 25 year old trailer with a car motor mounted on it to Career Tech in Hodgen, Oklahoma
- State surplus increased by receiving approval to destroy on-site items that filled two 30 cubic yard roll off trash dumpsters and five 20 cubic yard roll off dumpsters for a total of 160 cubic yards of trash



Planning, Policy & Communications

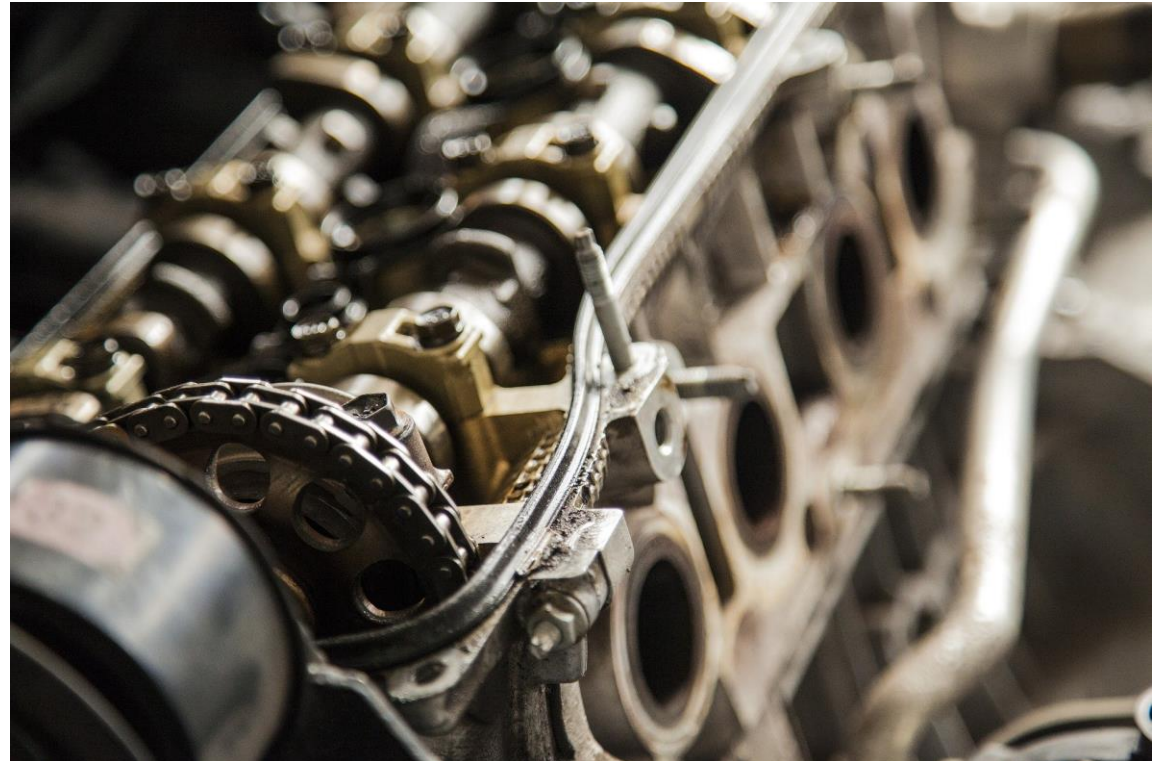
Oklahoma State Department of Health

Jackie Shawnee, Chief of Staff



Who We Are:

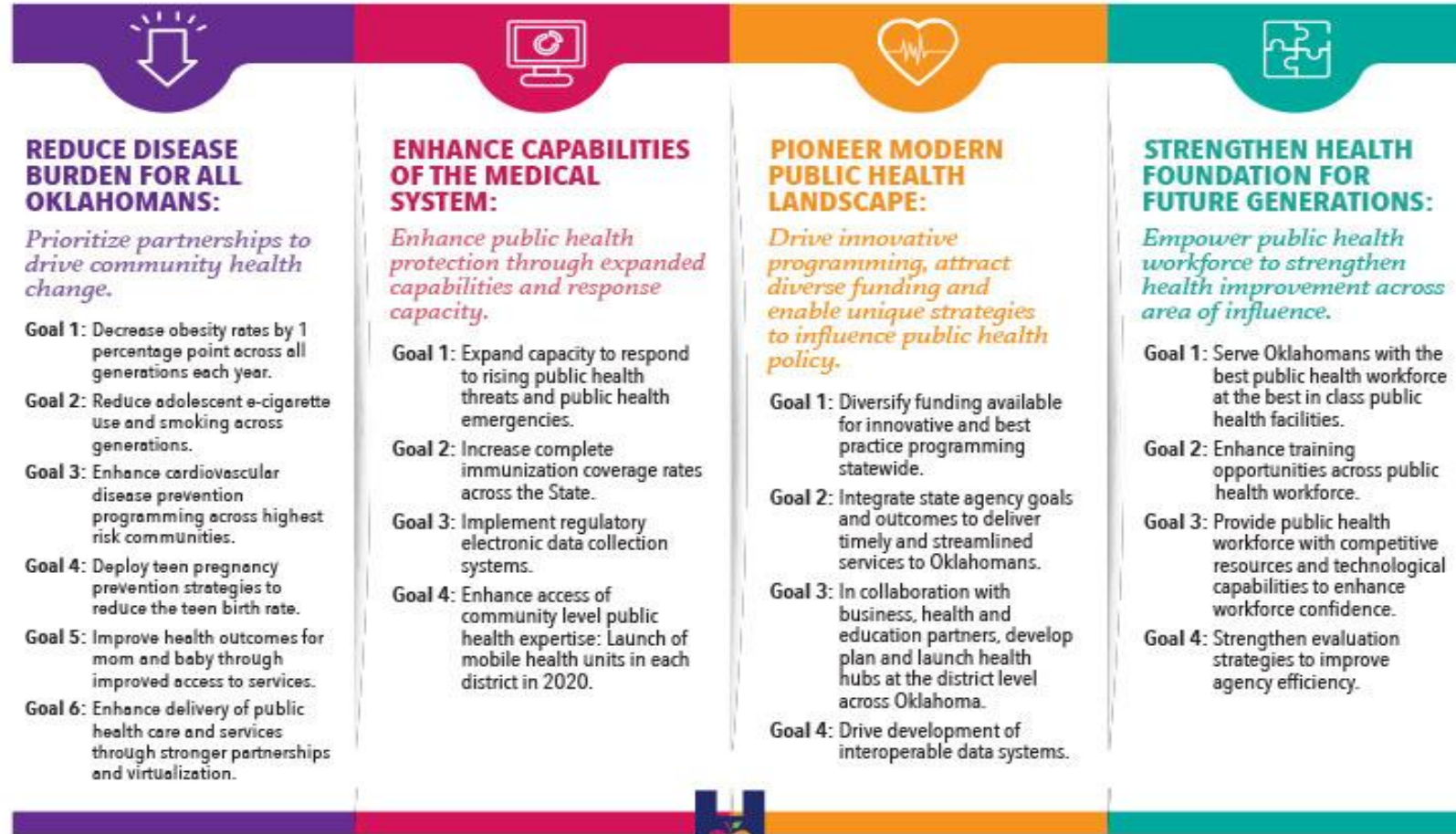
- Legislative
- Public Policy & Health Promotion
- Center for Chronic Disease Prevention & Health Promotion
- Health Policy, Planning & Partnership
- Center for Health Statistics
- Quality Improvement
- Grant Strategy & Coordination



Planning

OKLAHOMA PUBLIC HEALTH SYSTEM INNOVATION FRAMEWORK

The mission of the Oklahoma State Department of Health is to promote, protect and improve the health of all Oklahomans through strategies that focus on preventing disease and injuries. This framework highlights key components to strategic initiatives aimed to advance access to health and social resources and propel Oklahoma to a Top 10 Health State.



Draft 01/08/20



Policy



Communications

OSDH Social Media Pages



@OklahomaHealth [Facebook.com/OklahomaHealth](https://www.facebook.com/OklahomaHealth)



@HealthyOklahoma [Twitter.com/HealthyOklahoma](https://twitter.com/HealthyOklahoma)



@HealthyOklahoma [Instagram.com/HealthyOklahoma](https://www.instagram.com/HealthyOklahoma)



@HealthyOklahoma [Youtube.com/HealthyOklahoma](https://www.youtube.com/HealthyOklahoma)



Thank You!

Jackie Shawnee

JackieS@health.ok.gov

405.517.6560



Oklahoma State Department of Health State Fiscal Year 2020 Financial Report

Chief Financial Officer
January 14, 2020



Oklahoma State Department of Health
Statement of Revenues and Expenditures
As of November 30, 2019

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Revenues:					
State Appropriations	\$ 60,768,712	\$ 25,320,295	\$ 25,320,295	\$ -	0%
Carryover	5,000,000	5,000,000	5,000,000	-	0%
Licenses, Certificates and Fees	84,037,638	35,015,683	55,687,501	(20,671,818)	278%
Genetic Counseling License Revenue	19,828	8,262	7,900	362	76%
Hotel & Restaurant License	4,956,617	2,065,257	1,718,604	346,653	50%
Physicians Laboratory Fee	2,503,400	1,043,083	1,118,917	(75,834)	44%
Public Health Special Fund-Other	22,172,469	9,238,529	7,797,965	1,440,564	152%
Home Health Care Revolving Fund	219,622	91,509	123,550	(32,041)	199%
Ok Natnl Background Check Revolving Fund	1,268,551	528,563	403,446	125,117	17%
Trauma Care Assistance Revolving Fund	21,124,438	8,801,849	7,403,497	1,398,352	53%
Birth & Death Certificates	6,700,568	2,791,903	2,275,821	516,083	50%
OMMA	24,888,462	10,370,193	34,773,200	(24,403,008)	635%
OK State Athletic Commission Revolving Fund	183,683	76,535	64,601	11,934	54%
Tobacco Tax	3,248,143	1,353,393	1,986,242	(632,849)	68%
Cigarette Tax	700,218	291,758	988,389	(696,631)	88%
Tobacco Products Tax	2,316,026	965,011	684,670	280,340	35%
Tribal Compact InLieu Tax Pmts	231,899	96,625	313,183	(216,558)	49%
WIC Program	60,000,000	25,000,000	18,007,615	6,992,385	12%
Federal Funds	161,544,516	67,310,215	41,262,427	26,047,788	-20%
Ryan White	28,467,787	11,861,578	5,569,286	6,292,292	17%
Other	133,076,729	55,448,637	35,693,141	19,755,496	-28%
FY 19 Cash Utilization	41,976,588	41,976,588	41,976,588	-	0%
Reimbursement for Personnel Services	34,239,555	14,266,481	4,818,799	9,447,682	-30%
Other	2,243,603	897,260	2,322,357	(1,425,097)	57%
Total Revenue	\$ 453,058,756	\$ 216,139,916	\$ 196,381,825	\$ 19,758,090	18%



Oklahoma State Department of Health
Statement of Revenues and Expenditures-Continued
As of November 30, 2019

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Expenditures:					
Operating Expenses:					
Salaries, Insurance and Retirement	163,262,607	68,026,086	54,258,076	13,768,010	-20%
Professional Services	76,456,877	31,857,032	9,637,163	22,219,869	-70%
Travel Expenses	2,143,789	893,245	612,702	280,544	-31%
Utilities and other Administrative Expenses	10,690,438	4,454,349	1,374,682	3,079,667	-69%
Rent Expenses	7,175,211	2,989,671	645,459	2,344,212	-78%
Maintenance and Repair Expenses	4,707,708	1,961,545	485,685	1,475,860	-75%
Office/Safety and Printing Supplies	2,895,780	1,206,575	462,358	744,217	-62%
Medical Supplies	21,007,481	8,753,117	1,181,685	7,571,432	-86%
Laboratory Supplies	7,006,887	2,919,536	702,740	2,216,796	-76%
Other Miscellaneous	655,298	273,041	94,024	179,017	-66%
Total Operating Expenses:	296,002,076	123,334,198	69,454,574	53,879,625	44%
Capital Program, Assets & Asset Preservation Expenses:					
Purchase of Furniture/Equipment	15,800,745	6,583,644	680,959	5,902,685	90%
Debt Service Payments:					
			-	-	0%
General Assistance, Awards, Grants and Other Program Expenses:					
WIC Payments	60,000,000	25,000,000	18,571,559	6,428,441	-26%
Assistance Payments	14,157,460	5,898,942	1,632,735	4,266,207	-72%
Refunds, Indemnities, Restitutions	4,144,411	1,726,838	58,769	1,668,069	-97%
Program Reimbursements to Transit/Local	40,642,773	16,934,489	7,251,552	9,682,937	-57%
Payments to Local Gov Subdivisions & Non-Profits	22,311,291	9,296,371	3,629,976	5,666,396	-61%
Total General Assistance, Awards, Grants and Other:	141,255,935	58,856,640	31,144,590	27,712,050	47%
Total Expenditures	\$ 453,058,756	\$ 188,774,482	\$ 101,280,123	\$ 87,494,359	46%
Revenues Over/(Under) Expense	\$ (0)	\$ 27,365,434	\$ 95,101,703		



Oklahoma State Department of Health
Statement of Revenues and Expenditures-SFY 19/SFY 20 Comparison
As of November 30, 2019

Description	YTD SFY 19	YTD SFY 20	Variance	%
	Nov-18	Nov-19		
Revenues:				
State Appropriations	\$ 22,864,460	\$ 25,320,295	\$ 2,455,835	-25%
Carryover	-	5,000,000	5,000,000	100%
Licenses, Certificates and Fees	19,381,707	47,402,578	28,020,872	-59%
Genetic Counseling License Revenue	10,800	7,900	(2,900)	37%
Hotel & Restaurant License	2,894,778	3,614,424	719,646	-20%
Physicians Laboratory Fee	1,727,768	1,118,917	(608,851)	54%
Public Health Special Fund-Other	1,258,146	1,570,854	312,708	-20%
Home Health Care Revolving Fund	148,430	123,550	(24,880)	20%
Ok Natnl Background Check Revolving Fund	482,980	403,446	(79,534)	20%
Trauma Care Assistance Revolving Fund	3,464,003	2,881,662	(582,341)	20%
Birth & Death Certificates	2,938,996	2,844,025	(94,970)	3%
OMMA	6,386,614	34,773,201	28,386,587	-82%
OK State Athletic Commission Revolving Fund	69,193	64,600	(4,593)	7%
Tobacco Tax	5,369,124	6,160,779	791,656	-13%
Cigarette Tax	3,163,270	3,829,161	665,891	-17%
Tobacco Products Tax	1,148,103	1,157,130	9,027	-1%
Tribal Compact InLieu Tax Pmts	1,057,751	1,174,488	116,737	-10%
WIC Program	20,044,804	18,007,615	(2,037,188)	11%
Federal Funds	48,819,991	41,273,271	(7,546,720)	18%
Ryan White	8,649,515	5,569,286	(3,080,228)	55%
Other	40,170,476	35,703,985	(4,466,491)	13%
Reimbursement for Personnel Services	10,249,801	4,818,799	(5,431,002)	113%
Other	7,400,169	6,421,900	(978,269)	15%
Total Revenue	\$ 134,130,055	\$ 154,405,239	\$ 20,275,183	-13%



Oklahoma State Department of Health
Statement of Revenues and Expenditures-SFY 19/SFY 20 Comparison
As of November 30, 2019

Description	YTD SFY 19	YTD SFY 20	Variance	%
	Nov-18	Nov-19		
Expenditures:				
Operating Expenses:				
Salaries, Insurance and Retirement	48,614,298	54,258,076	5,643,778	-10%
Professional Services	8,447,705	9,660,084	1,212,380	-13%
Travel Expenses	479,193	612,702	133,509	-22%
Utilities and other Administrative Expenses	1,015,857	1,351,760	335,904	-25%
Rent Expenses	1,128,242	645,459	(482,783)	75%
Maintenance and Repair Expenses	789,393	485,685	(303,707)	63%
Office/Safety and Printing Supplies	180,481	470,984	290,503	-62%
Medical Supplies	4,116,933	1,261,437	(2,855,496)	226%
Laboratory Supplies	1,064,068	702,740	(361,328)	51%
Other Miscellaneous	91,406	17,083	(74,323)	435%
Total Operating Expenses:	65,927,575	69,466,010	3,538,436	-5%
Capital Program, Assets & Asset Preservation Expenses:				
Purchase of Furniture/Equipment	90,595	680,614	590,019	-87%
Debt Service Payments:				
	-	-	-	-
General Assistance, Awards, Grants and Other Program Expenses:				
WIC Payments	17,181,744	18,571,559	1,389,815	-7%
Assistance Payments	3,387,668	1,621,636	(1,766,032)	109%
Refunds, Indemnities, Restitutions	746,174	58,769	(687,405)	1170%
Program Reimbursements to Transit/Local	6,295,271	7,251,552	956,280	-13%
Payments to Local Gov Subdivisions & Non-Profits	2,912,398	3,629,982	717,584	-20%
Total General Assistance, Awards, Grants and Other:	30,523,256	31,133,498	610,242	-2%
Total Expenditures	\$ 96,541,425	\$ 101,280,122	\$ 4,738,697	-5%
Revenues Over/(Under) Expense	\$ 37,588,630	\$ 53,125,116	\$ 15,536,486	-29%



**Oklahoma State Department of Health
Statement of Expenditures by Cost Center
As of November 30, 2019**

Description	Annual Budget	YTD Budget	Total YTD Actual Expenditures	Operations	Community Health Services	Protective and Regulatory Services	Data, Policy and Communications
Operating Expenses:							
Salaries, Insurance and Retirement	\$ 163,262,607	\$ 68,026,086	\$ 54,258,076	\$ 6,017,954	\$ 32,538,110	\$ 13,609,465	\$ 2,092,547
Professional Services	76,456,877	31,857,032	9,637,163	3,384,329	3,870,374	2,028,813	353,647
Travel Expenses	2,143,789	893,245	612,702	29,226	289,044	272,418	22,014
Utilities and other Administrative Expenses	10,690,438	4,454,349	1,374,682	436,082	139,696	763,803	35,101
Rent Expenses	7,175,211	2,989,671	645,459	55,733	258,472	327,171	4,083
Maintenance and Repair Expenses	4,707,708	1,961,545	485,685	240,452	21,568	223,665	-
Office/Safety and Printing Supplies	2,895,780	1,206,575	462,358	11,890	428,742	21,726	-
Medical Supplies	21,007,481	8,753,117	1,181,685	-	118,469	1,063,215	-
Laboratory Supplies	7,006,887	2,919,536	702,740	-	15,794	686,946	-
Other Miscellaneous	655,298	273,041	94,024	38,573	-	47,909	7,542
Total Operating Expenses:	296,002,076	123,334,198	69,454,574	10,214,239	37,680,270	19,045,131	2,514,934
Capital Program, Assets & Asset Preservation Expenses:							
Purchase of Furniture/Equipment	15,800,745	6,583,644	680,959	23,939	12,417	623,060	21,543
General Assistance, Awards, Grants and Other Program Expenses:							
WIC Payments	60,000,000.00	25,000,000	18,571,559	-	18,571,559	-	-
Assistance Payments	14,157,460	5,898,942	1,632,735	11,092	16	1,621,627	-
Refunds, Indemnities, Restitutions	4,144,411	1,726,838	58,769	-	-	58,769	-
Program Reimbursements to Transit/Local	40,642,773	16,934,489	7,251,552	182,788	1,262,430	5,759,400	46,934
Payments to Local Gov Subdivisions & Non-Profits	22,311,291	9,296,371	3,629,976	-	1,533,998	1,246,486	849,492
Total General Assistance, Awards, Grants and Other:	141,255,935	58,856,640	31,144,590	193,880	21,368,003	8,686,281	896,426
Total Expenditures	\$ 453,058,756	\$ 188,774,482	\$ 101,280,123	\$ 10,432,058	\$ 59,060,690	\$ 28,354,473	\$ 3,432,903



Oklahoma State Department of Health
Forecasted SFY20 Collections by Fund
As of November 30, 2019

Fund	Fund Description	SFY20 Current BWP	Collections	Forcasted Collections	Surplus/(Deficit)
19001	GRF Duties	\$ 60,768,712	\$ 25,320,295	\$ 35,448,413	\$ (4)
19901	GRF Duties (FY19 appropriated)	5,000,000	5,000,000	-	-
20300	Genetic Counseling Licen. Rev	19,828	7,900	11,060	(868)
20400	Tobacco Prevntn & Cessatn Fnd	1,150,557	498,096	697,335	44,874
20600	OMMA Excise Tax	255,959	-	-	(255,959)
21000	Public Health Special Fund	70,572,610	33,583,506	47,016,908	10,027,804
21100	Nursing Facility Adm Penalties	-	5,867	8,213	14,080
21200	Home Health Care Revolving Fd	219,622	123,550	172,970	76,898
21600	Ok Natl Background Check Revol	1,268,551	403,446	564,824	(300,281)
22000	Civil Monetary Penalty Revl Fd	1,586,442	782,461	1,095,445	291,463
22200	Oklahoma Organ Donor Education	100,000	51,642	72,299	23,941
22500	Breast Cancer Act Revolving Fd	15,319	6,780	9,492	953
22600	Ok Sports Eye Safety Prog Revl	-	-	-	-
23300	OK Pre Birth Def, Pre Birth &	-	60	84	144
23500	Oklahoma Lupus Revolving Fund	-	-	-	-
23600	Trauma Care Assistance Revolv	21,124,438	9,714,916	13,600,883	2,191,361
24200	Pancreatic Can Res Lic Plt Rev	-	220	308	528
24800	OMMA Tax Fund	24,888,462	18,897,018	26,455,826	20,464,382
26500	Child Abuse Prevention Fund	42,398	19,280	26,992	3,874
26700	EMP Death Benefit Revolv Fund	2,815	1,100	1,540	(175)
26800	Okla Emerg Resp Syst Stab & Im	1,787,765	604,976	846,966	(335,823)
28400	Dental Loan Repayment Revolvin	550,492	38,639	54,095	(457,758)
29500	Ok State Ath Comm Revolving Fd	183,683	64,600	90,441	(28,642)
34000	CMIA Programs Disbursing Fund	60,000,000	18,007,615	25,210,661	(16,781,723)
40000	Federal Funds	133,076,729	35,703,985	49,985,579	(47,387,166)
41000	Federal Funds - Ryan White	8,467,308	1,955,184	6,512,124	(0)
41100	Federal Funds - Ryan White - Rebate	20,000,479	3,614,102	5,059,743	(11,326,633)
	<i>FY19 Cash Utilization</i>	41,976,587	41,976,587		
Total OSDH		\$ 453,058,756	\$ 196,381,826	\$ 212,942,200	\$ (43,734,730)

Total Collections Forecasted Through Year End

\$ 409,324,026



Oklahoma State Department of Health
 Forecasted SFY 20 Expenditures by Fund
 As of November 30, 2019

Fund	Division Description	SFY20 Current BWP	Total Expenditures	Total Encumbrances	Forecasted Expenditures	Surplus/(Deficit)
190	2020 State Appropriations	\$ 60,768,712	\$ 15,953,434	\$ 14,272,167	\$ 17,554,251	12,988,860
199	2019 State Appropriations	5,000,000	-	49	-	4,999,951
203	Genetic Counseling Licensure Revolving Fund	19,828	2,150	2,079	3,178	12,421
204	Tobacco Prevention and Cessation Revolving	1,060,378	-	899,609	-	160,769
206	Oklahoma Medical Marijuana	255,959	-	-	255,959	-
210	Public Health Special Fund	81,762,051	20,722,444	17,413,668	24,747,263	18,878,676
212	Home Health Care Revolving Fund	233,558	45,894	-	66,026	121,638
216	National Background Check	1,268,551	347,599	693,622	87,613	139,718
220	Civil Monetary Penalty	6,979,904	577,645	3,345,332	63,640	2,993,287
222	Organ Donor Awareness Fund	100,000	-	100,000	-	-
225	Breast Cancer Act Revolving Fund	125,000	-	4,771	-	120,229
228	Oklahoma Leukemia and Lymphoma Revolving	50,000	-	-	-	50,000
236	Trauma Care Assistance Revolving Fund	23,223,666	4,873,087	914,254	17,752,148	(315,823)
248	Oklahoma Medical Marijuana	25,604,169	2,698,708	6,258,511	1,860,098	14,786,852
265	Child Abuse Prevention Revolving Fund	154,320	7,188	28,875	-	118,257
267	EMT Death Benefit Revolving Fund	20,000	-	-	-	20,000
268	Rural EMS Revolving Fund	2,187,765	-	1,424,068	-	763,697
284	Dental Loan Repayment Revolving Fund	625,000	112,486	-	-	512,514
295	Oklahoma Athletic Commission Revolving Fund	359,672	79,424	2,503	118,663	159,081
340	CMIA - WIC FOOD	60,000,000	18,571,559	-	26,000,205	15,428,236
400	Federal Fund	154,792,436	33,423,234	45,404,134	35,462,168	40,502,899
410	Ryan White Grant	8,467,308	1,041,383	6,538,988	-	886,937
411	Ryan White Rebate	20,000,479	2,823,887	7,690,621	423,226	9,062,745
		\$ 453,058,756	\$ 101,280,123	\$ 104,993,251	\$ 124,394,438	\$ 122,390,944

Total Forecasted Expenditures Through Year End \$ 330,667,812

Oklahoma State Department of Health
Statement of Cash Flow
As of November 30, 2019

Fund	Description	Balance at 7/1/19	Revenue	Expenditures	Transfers	Ending Balance
202	Kidney Health Revolving Fund	\$ 1	\$ -	\$ -	\$ -	\$ 1
203	Genetic Counseling Licen. Rev	57,672	7,900	(1,893)	-	63,679
204	Tobacco Prevntn & Cessatn Fnd	1,417,994	498,096	(98,577)	-	1,817,514
206	Alcohol Drug and Rehabilitation Fund-OMMA	-	255,959	-	-	255,959
207	Alternatives to Abortion Servi	22,952	-	-	-	22,952
210	Public Health Special Fund	26,262,320	33,313,743	(25,959,854)	156,461	33,772,670
211	Nursing Facil Adm Penalty	87,859	5,867	-	-	93,725
212	Home Health Care Revolving Fd	868,471	123,550	(52,944)	-	939,077
216	Ok Natl Background Check Revol	1,434,502	403,446	(571,051)	-	1,266,898
220	Civil Monetary Penalty Revl Fd	5,872,368	782,461	(1,003,185)	-	5,651,644
222	Oklahoma Organ Donor Education	129,392	51,642	-	-	181,035
225	Breast Cancer Act Revolving Fd	127,809	6,780	6,535	-	141,124
226	Ok Sports Eye Safety Prog Revl	5,042	-	-	-	5,042
228	OK Leukemia and Lymphoma	63,443	-	-	-	63,443
229	MS Society Revolving Fund	163	-	-	-	163
233	OK Prev Birth Def, Pre Birth &	2,325	60	-	-	2,385
235	Oklahoma Lupus Revolving Fund	12,595	-	-	-	12,595
236	Trauma Care Assistance Revolv	4,951,446	9,714,916	(8,188,466)	-	6,477,896
242	Pancreatic Can Res Lic Plt Rev	14,677	220	-	-	14,897
248	Oklahoma Medical Marijuana	4,648,134	18,896,938	(2,698,708)	-	20,846,364
250	Regional Guidance Centers	12	-	-	-	12
265	Child Abuse Prevention Fund	162,328	19,280	(20,786)	-	160,822
267	EMP Death Benefit Revolv Fund	145,437	1,100	-	-	146,537
268	Okla Emerg Resp Syst Stab & Im	2,818,363	604,976	(189,866)	-	3,233,472



Oklahoma State Department of Health
Statement of Cash Flow-Continued
As of November 30, 2019

Fund	Description	Balance at 7/1/19	Revenue	Expenditures	Transfers	Ending Balance
284	Dental Loan Repayment Revolvin	396,161	38,639	(204,142)	-	230,658
285	OK Ins Disaster & Emer Med Rev	1,657	-	-	-	1,657
290	Ok Safe Kids Asso Rev Fund	860	-	-	-	860
295	Ok State Ath Comm Revolving Fd	264,959	64,600	(95,641)	-	233,918
340	CMIA Programs Disbursing Fund	686,060	10,999,421	(18,571,542)	7,572,121	686,060
400	Federal Funds	22,893,791	48,471,808	(47,843,279)	-	23,522,319
410	Ryan White Funds	38	1,955,184	(1,929,563)	-	25,660
411	Ryan White Drug Rebate Fund	1,349,950	3,621,160	(4,888,008)	-	83,103
700	WIC REBATE	-	7,572,121	-	(7,572,121)	-
Total Other Funds		\$ 74,698,781	\$ 137,409,868	\$ (112,310,969)	\$ 156,461	\$ 99,954,141
	State Appropriation 198	161,411	-	3,719	-	165,130
	State Appropriation 199	12,889,603	-	(4,598,169)	-	8,291,434
	State Appropriation 190	-	-	(15,953,434)	25,320,295	9,366,861
	Fund 994 Payroll corrections	45,425	-	(4,841)	-	40,583
	Fund 79901- Clearing Account	8,929,153	(4,869,409)	(36,882)	-	4,022,862
	Fund 79902-Clearing Account OMMA	5,986,304	(4,212,851)	-	-	1,773,453
		\$ 28,011,896	\$ (9,082,260)	\$ (20,589,608)	\$ 25,320,295	\$ 23,660,323
Restricted Funds						\$ (70,244,916)
Ending Balance		\$ 102,710,676	\$ 128,327,608	\$ (132,900,577)	\$ 25,476,756	\$ 53,369,548

*****The Statement of Cash Flow includes all State Fiscal Year Funds
Report Balances to OMES Summary of Receipts and Disbursement Report Less A/P timing adjustment

