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**STATE BOARD OF HEALTH**  
**OKLAHOMA STATE DEPARTMENT OF HEALTH**  
**1000 NE 10<sup>th</sup> Street, 11<sup>th</sup> Floor, Room 1102**  
**Oklahoma City, Oklahoma 73117**

August 13, 2019

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

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

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

15  
16 Absent: Terry R. Gerard II, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.

17  
18 Central Staff Present: Tom Bates, Interim Commissioner; Brian Downs, Chief of Staff; Buffy Heater, Chief Data,  
19 Public Policy & Promotion Officer; Gloria Hudson, Chief Financial Officer; Kim Heaton, Deputy Legal Counsel;  
20 Tina Johnson, Deputy Commissioner, Family Health Services; Terry Bryce, Assistant Deputy Commissioner,  
21 Family Health Services; Dr. Edd Rhoades, Chief Medical Officer; Laurence Burnsed, Interim Deputy  
22 Commissioner/State Epidemiologist, Prevention and Preparedness Services; Tracy Wendling, Director, Injury  
23 Prevention Service; Keith Reed, Deputy Commissioner, Community Health Services; Rocky McElvany, Deputy  
24 Commissioner, Protective Health Services; James Joslin, Assistant Deputy Commissioner, Protective Health  
25 Services; Dana Northrup, Director, Grants Administration and Federal Compliance; Danielle Dill, Manager of  
26 External Partnerships, Office of Minority Health and Health Equity; Floritta Pope, Minority Health and Equity  
27 Coordinator, Office of Minority Health and Health Equity; Travis Kirkpatrick, Director, Office of Accountability  
28 Systems; Audie Hamman, Director, Internal Audit; Luvetta Abdullah, Protective Health Services; Ashley Scott,  
29 Legislative Liaison; Tony Sellars, Director, Office of Communications; Kassy French, Secretary, Commissioner's  
30 Office; and Diane Hanley, Executive Assistant, Commissioner's Office.

31  
32 Visitors in attendance: Gary Cox, Executive Director, Oklahoma City-County Health Department; Jackie  
33 Shawnee, Chief of Staff, Oklahoma City-County Health Department; Chase Bowker, Legislative Aide, Policy,  
34 Governor's Office; and Tyler Talley, eCapitol.

35  
36 **REVIEW, DISCUSSION AND APPROVAL OF MINUTES**

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

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

39 **Second Mr. Skillings. Motion Carried.**

40  
41 **AYE: Alexopoulos, Legako, Osterhout, Payton, Skillings, Starkey**

42 **ABSENT: Gerard, Grim, Krishna**

43  
44 **CONSIDERATION, POSSIBLE ACTION AND VOTE ON PROPOSED 2020 BOARD OF HEALTH**  
45 **REGULAR MEETING SCHEDULE.**

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

49 Tuesday, January 14, 2020

50 Tuesday, April 14, 2020

51 Tuesday, August 11, 2020

52 Tuesday, October 6, 2020

53  
54 **Mrs. Payton moved Board approval of the 2020 Board of Health regular meeting schedule as presented.**  
55 **Second Mr. Osterhout. Motion Carried.**

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

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

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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	%
<b>Revenues:</b>					
<b>State Appropriations</b>	\$ 51,174,700	\$ 51,174,700	\$ 51,174,700	\$ -	0%
<b>Licenses, Certificates and Fees</b>	<b>35,755,435</b>	<b>35,755,435</b>	<b>56,437,268</b>	<b>20,681,833</b>	<b>58%</b>
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%
<b>Tobacco Tax</b>	<b>15,499,550</b>	<b>15,499,550</b>	<b>13,654,437</b>	<b>(1,845,113)</b>	<b>-12%</b>
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%
<b>WIC Rebate Program</b>	<b>55,000,000</b>	<b>55,000,000</b>	<b>36,165,622</b>	<b>(18,834,378)</b>	<b>-34%</b>
<b>Federal Funds</b>	<b>158,121,111</b>	<b>158,121,111</b>	<b>130,137,542</b>	<b>(27,983,569)</b>	<b>-18%</b>
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%
<b>FY 18 Cash Utilization</b>	<b>22,558,742</b>	<b>22,558,742</b>	<b>22,558,742</b>	<b>-</b>	<b>0%</b>
<b>Reimbursement for Personnel Services</b>	<b>32,097,724</b>	<b>32,097,724</b>	<b>27,741,062</b>	<b>(4,356,662)</b>	<b>-14%</b>
<b>Other</b>	<b>20,981,472</b>	<b>20,981,472</b>	<b>20,965,790</b>	<b>(15,683)</b>	<b>0%</b>
<b>Total Revenue</b>	<b>\$ 391,188,734</b>	<b>\$ 391,188,734</b>	<b>\$ 358,835,163</b>	<b>\$ (32,353,572)</b>	<b>-8%</b>



**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	%
<b>Expenditures:</b>					
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%
<b>Total Expenditures</b>	<b>\$ 391,188,734</b>	<b>\$ 391,188,734</b>	<b>\$ 264,806,339</b>	<b>\$ 126,382,395</b>	<b>-32%</b>
<b>Revenues Over/(Under) Expense</b>	<b>\$ (0)</b>	<b>\$ 0</b>	<b>\$ 94,028,824</b>		



**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	-	-
<b>Total OSDH</b>		<b>\$ 391,188,734</b>	<b>\$ 358,835,163</b>	<b>\$ 13,426,679</b>	<b>\$ (18,926,893)</b>
<b>Total Collections Forecasted through Year End</b>					<b>\$ 372,261,842</b>







**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

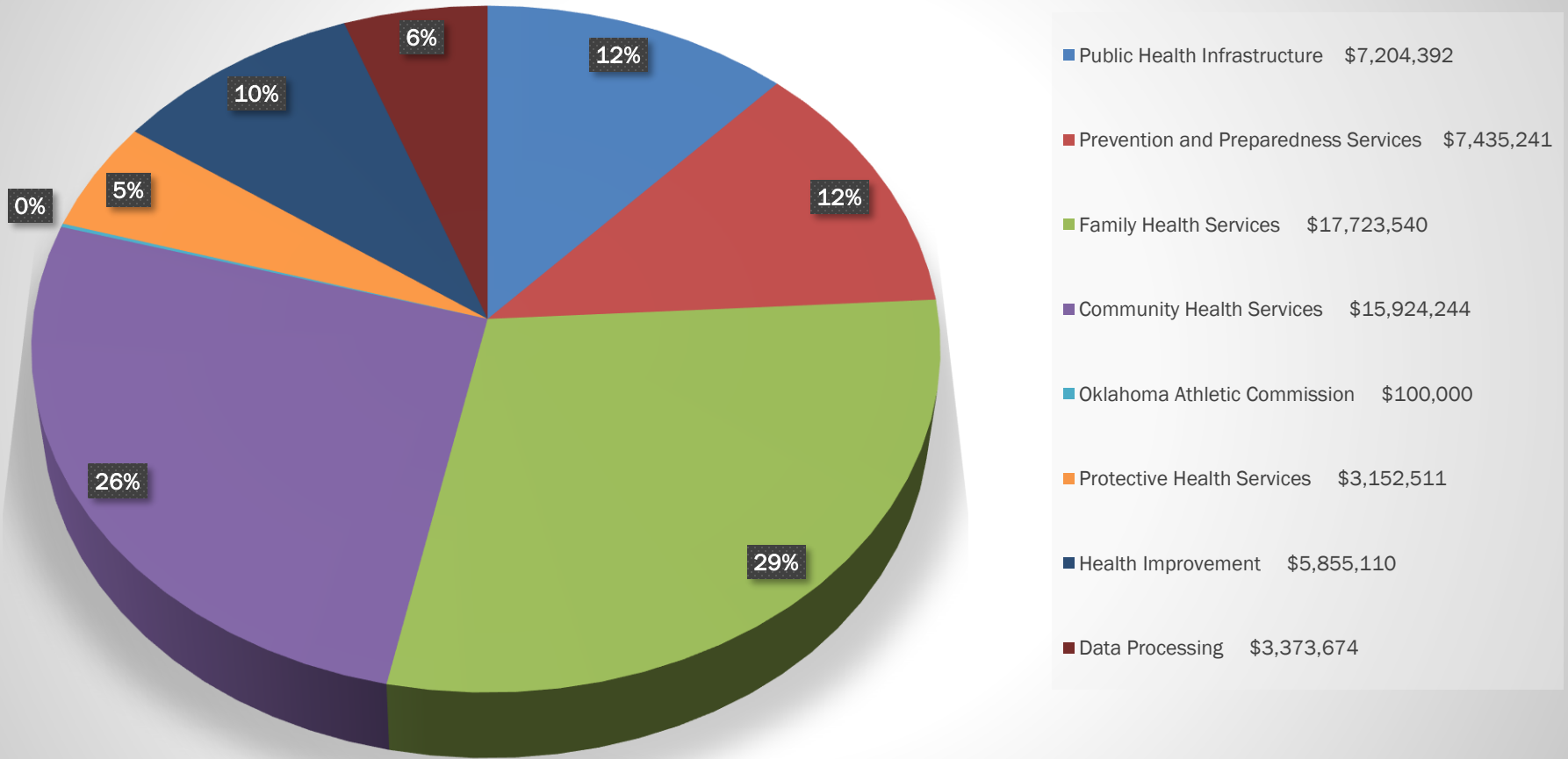


**Oklahoma State Department of Health  
Statement of Cash Flows- Continued  
For the Fiscal Year Ended June 30, 2019**

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)	-
<b>Total Other Funds</b>			<b>\$ 40,634,813</b>	<b>\$ 286,026,739</b>	<b>\$ (248,785,209)</b>	<b>\$ (3,021,101)</b>	<b>\$ 74,855,242</b>
	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
			<b>\$ 31,108,556</b>	<b>\$ 11,917,139</b>	<b>\$ (42,909,600)</b>	<b>\$ 27,895,801</b>	<b>\$ 28,011,896</b>
<b>Restricted Funds</b>							<b>\$ (57,567,500)</b>
<b>Ending Balance</b>			<b>\$ 71,743,369</b>	<b>\$ 297,943,877</b>	<b>\$ (291,694,809)</b>	<b>\$ 24,874,700</b>	<b>\$ 45,299,638</b>



# SFY20 Appropriation Budget by Division

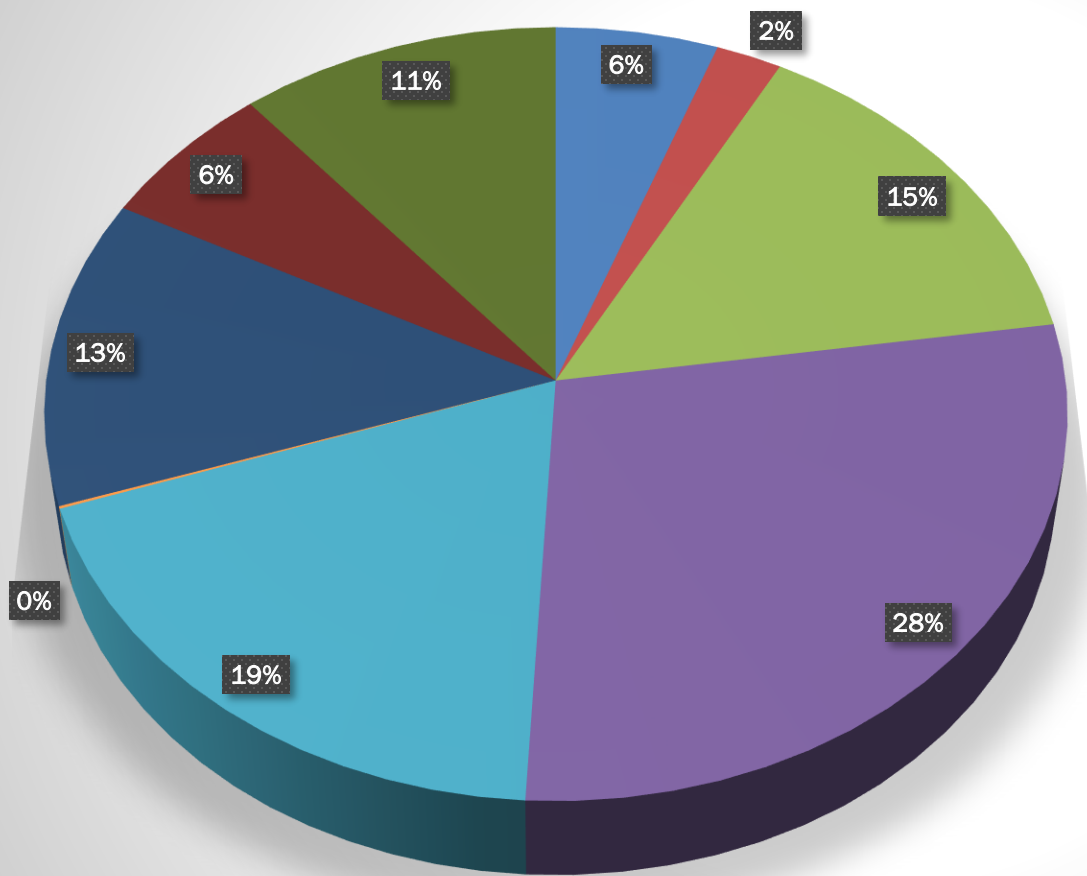


## SFY 20 Increased Appropriation Breakout

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

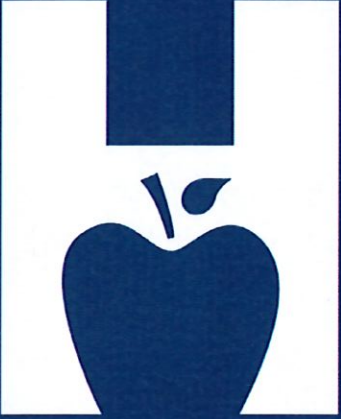


## SFY 20 Increased Expenditure Budget Breakout

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







# Office of Minority Health & Health Equity

Health Policy, Planning & Partnerships

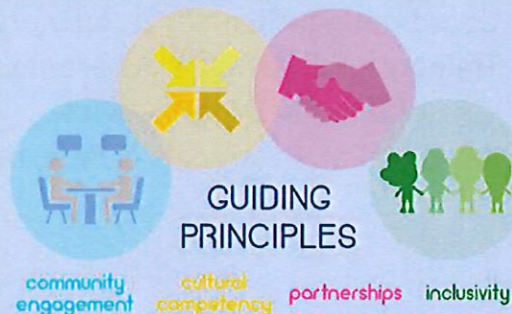
**August 13, 2019**

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

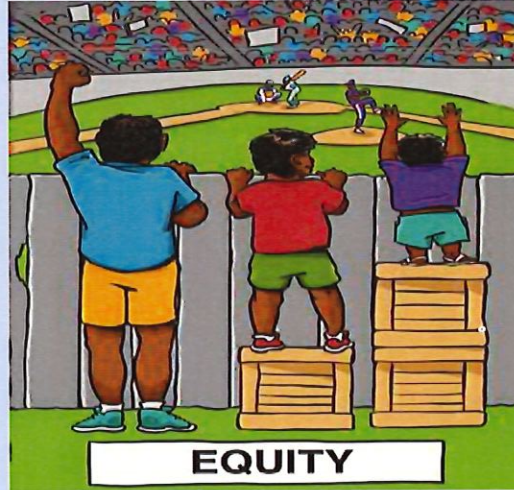
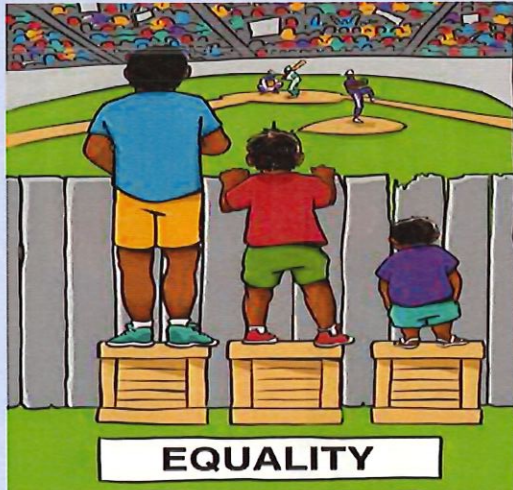


## Office of Minority Health & Health Equity WHAT IS HEALTH EQUITY?

- 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.”



## Health Equity vs. Equality



OKLAHOMA STATE DEPARTMENT OF HEALTH

Health Policy, Planning & Partnerships

7

## 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

Health Policy, Planning & Partnerships

8

# 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  
Oklahoma City County Health Department  
Ok Interfaith Alliance  
Oklahoma Department of Mental Health & Substance Abuse Services  
Oklahoma Health Care Authority  
Oklahoma Blood Institute  
Absentee Shawnee Tribal Health System  
YMCA OKC  
Oklahoma Family Supporters of Sickle Cell Disease  
Blue Cross Blue Shield of Oklahoma  
Pittsburg County Health Department

OKC Black Chamber of Commerce  
Community Health Center, Inc.  
Tulsa Health Department  
Building Healthy Military Communities  
OK Healthy Aging Initiative  
Opportunities Industrialization Center of Oklahoma  
Garfield County Micronesian Coalition  
Edward Grimes Attorney at Law  
EB Consulting OKC  
Complete Care Home Health  
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](mailto:MinorityHealth@health.ok.gov)

Oklahoma State Department of Health  
1000 Northeast 10<sup>th</sup> Street  
Oklahoma City, OK 73117




# Overdose Surveillance and Prevention Program Update


Tracy Wendling, DrPH  
Injury Prevention Service



OKLAHOMA  
OVERDOSE  
PREVENTION

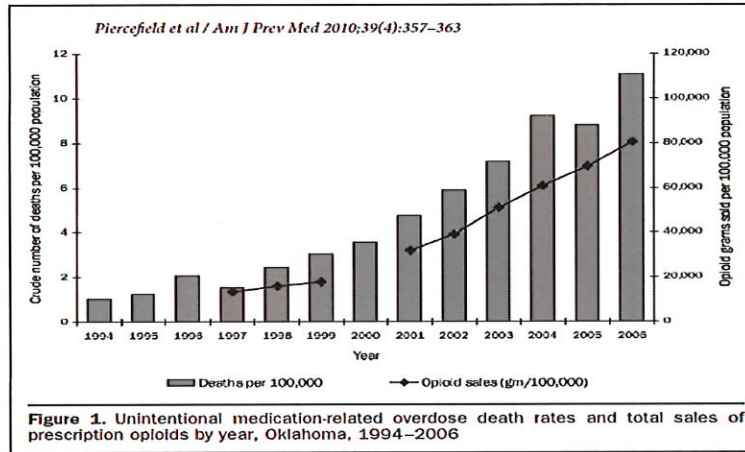


# Fatal Unintentional Poisoning Surveillance System

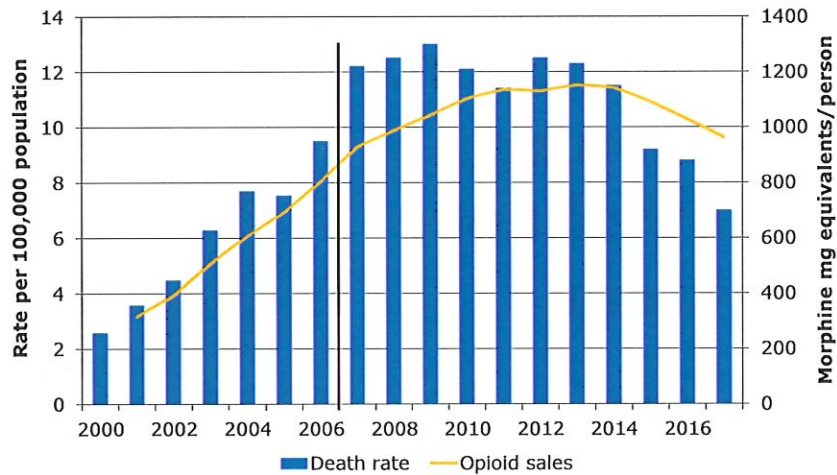


### Increase in Unintentional Medication Overdose Deaths Oklahoma, 1994-2006

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



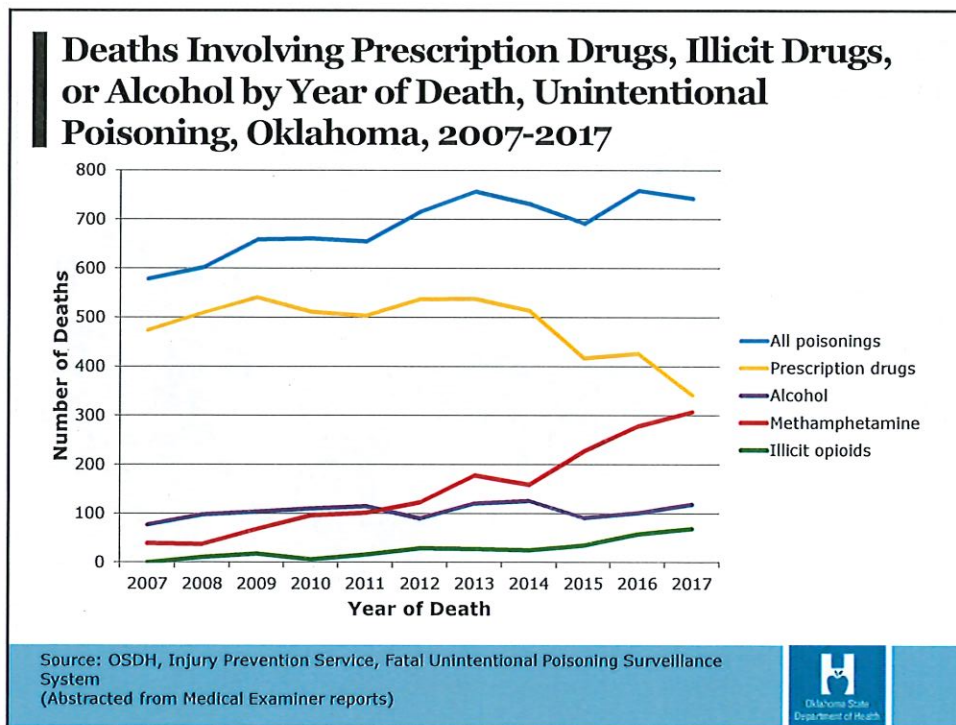
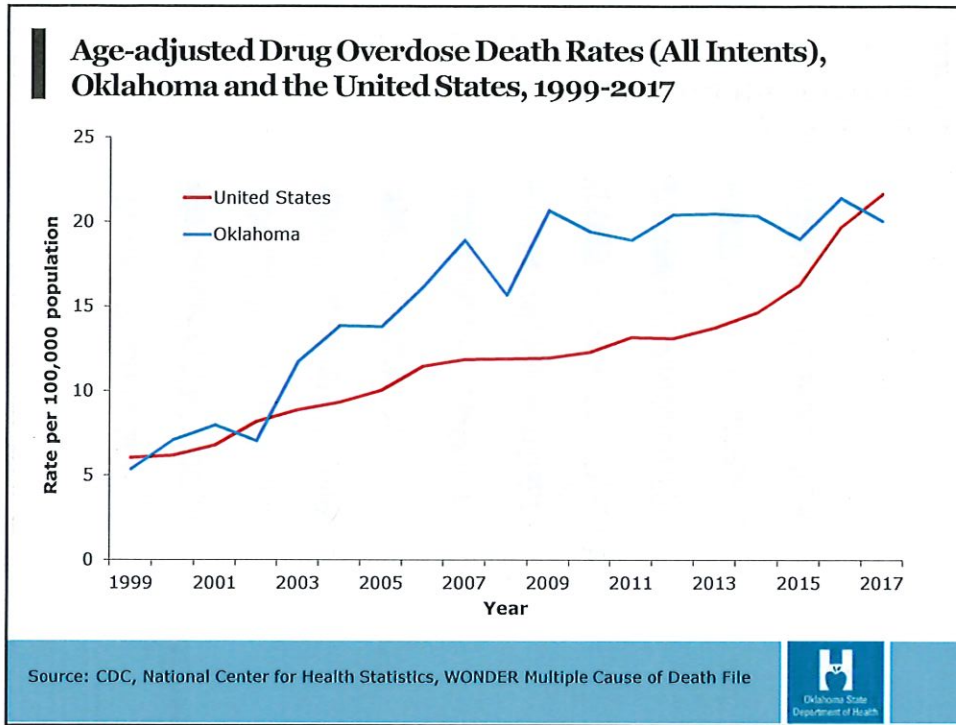
### Unintentional Opioid-related Overdose Death Rates<sup>1</sup> and Opioid Sales per Person<sup>2</sup>, Oklahoma, 2000-2017



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.









**Oklahoma State Department of Health**

# Addressing the Problem

## State Plan and Provider Education

**OPIOID EPIDEMIC RESPONSE**

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

Help us prevent future addiction to these drugs that can become deadly when misused.

OSD, reduce physicians' recollections and staff of the on-hand to provide education.

**REDUCING PRESCRIPTION DRUG ABUSE IN OKLAHOMA**

A Review of Progress and Updated State Plan

2016

**PAIN MANAGEMENT PRACTICE FACILITATION PROGRAM**

Oklahoma State Department of Health | Oklahoma HealthCare Authority | Talligen

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 State Department of Health**



# 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**

**What is drug addiction?**  
Addiction is a brain disease, not a moral failing. It is characterized by compulsive drug seeking and use, despite harmful consequences. It is a medical condition because drug therapy is needed to manage it and because people who abuse drugs experience physical symptoms of withdrawal when they stop. Addiction is a chronic disease that can be managed, but it is not curable. Recovery is possible, but it is a long and difficult process.

**Why do people take drugs?**  
To feel good. To feel better. To do better. Compulsions and "hooked" on doing it.

**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 a variety of factors, including genetics, environment, and the way a person's brain develops. Some people are more susceptible to addiction than others. Recovery is possible, but it is a long and difficult process.

**RISK FACTORS**

**Recovery is Possible.**  
Addiction is a medical condition, not a moral failing. It is a chronic disease that can be managed, but it is not curable. Recovery is possible, but it is a long and difficult process.

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.

**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, 98 Oklahomans died of an unintentional methamphetamine-related overdose, compared to 107 in 2017.

**2017**  
More Oklahomans died of methamphetamine overdose than prescription opioid overdose.

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.

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

Line graph showing Rate per 100,000 population (Y-axis, 0.0 to 25.0) vs Year of death (X-axis, 2007 to 2017). Legend: All overdose, Prescription opioid, Methamphetamine.

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

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

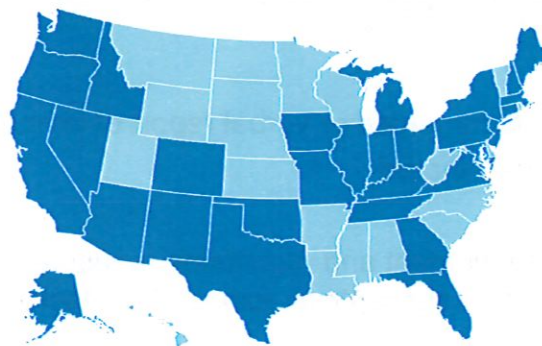


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## Measles Cases, United States

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

Map of Reported Cases, United States, 2019



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## 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 <sup>a</sup>	Refused	Lost-to-Follow-up	Total Number
<b>Total Number</b>	268	15	0	1	28	312

<sup>a</sup> 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



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## 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



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## 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