The preliminary findings include ninety-four recommendations from the Budget/Program Advisors Committee, qualitative data from statewide listening sessions, and information submitted on the Joint Commission online portal from constituents throughout the state. There were twelve themes that emerged. The themes and the wording in the preliminary recommendations were repetitive from multiple stakeholders, therefore it was imperative to ensure confidence in the process by utilizing the words of the stakeholders.

<table>
<thead>
<tr>
<th>BUDGET RECOMMENDATIONS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary Recommendation</td>
<td>Committee Feedback and Second Draft Development of Preliminary Recommendations</td>
<td>Joint response from committee members Tina Johnson, Dr. Kristy Bradley, Dr. Hank Hartsell</td>
<td>Response from Committee Member Phil Maytubby</td>
<td>Response from Committee Member Tony Miller</td>
<td>Response from Committee Member Priscilla Haynes</td>
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<tr>
<td>Presented to the Budget/Program Committee on 2.2.18</td>
<td>Per email communication from Tina Johnson the wording for these recommendations were also provided and discussed with six of the Regional Administrative Directors</td>
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**Funding Transparency**

Develop a transparent budgeting and financial system that identifies all funding (federal state, and local) allocations received and disbursed through the Oklahoma State Department of Health (OSDH), in addition to the following:

- Define how categorical funds are determined for core public health services in each county;
- Provide monthly reports on fiscal year revenue and expenditures of all state appropriations by department or program (In alignment with the Corrective Action Report);
- Develop a process to engage stakeholders in program funding decisions;
- Create a format to share budget and financial data information to stakeholders.

There were no comments from the committee regarding revising the preliminary recommendation language.

There were no comments from the committee members regarding revising the preliminary recommendation language.

Move that this recommendation be approved as stated initially in this document.

No additional comments

No additional comments

Move forward as put forth.

No Change from the original preliminary recommendation...
(2) New Accounting and Billing System
Identify resources to improve or replace the current billing and financial management system to improve: insurance billing, relevant and real time budget reporting, cost benefit analysis, and ROI.

There was no discussion regarding revising the preliminary recommendation language.

There were no comments from the committee members regarding revising the preliminary recommendation language.

Move that this recommendation be approved as stated initially in this document.

No additional comments

No additional comments

(3) Implement a Zero-based Budgeting process (In alignment with the Corrective Action Report)

There was no discussion regarding revising the preliminary recommendation language.

There were no comments from the committee members regarding revising the preliminary recommendation language.

Move that this recommendation be approved as stated initially in this document.

No additional comments

No additional comments
(4) Identify the funding streams that align with the **Foundational Public Health Services Model** and determine a formula to appropriate public health funds by region, using the foundational areas and capabilities to improve health outcomes throughout Oklahoma.

There were no comments from the committee regarding revising the preliminary recommendation language.

There were no comments from the committee members regarding revising the preliminary recommendation language.

Move that this recommendation be approved as stated initially in this document.

No additional comments

No additional comments

No additional comments

No Change from the original preliminary recommendation

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**PROGRAM RECOMMENDATIONS**

<table>
<thead>
<tr>
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<td>Response from Committee Member Phil Maytubby</td>
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<tr>
<td>Recommendation</td>
<td>Support</td>
<td>Oppose</td>
<td>Comment</td>
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<td>-------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Adopt the Foundational Public Health Services Model and ensure programming</strong></td>
<td><strong>Align Regions Programmatically/Consideration of deploying resources</strong></td>
<td><strong>Strengthen Mixed Public Health Model/County Flexibility/Align Regions</strong></td>
<td>The counties have expressed their desire to be autonomous in the use of ad valorem tax revenue to meet the needs of their residents. Flexibility does not give them control over determining the use and implementation of their resources. I think it is vital that we use the correct terminology. OSDH should continue in the grant oversight, etc. for all required state and federally funded programs for continuity and fidelity to the grant(s). But the wording is unnecessarily confusing.**</td>
<td></td>
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<tr>
<td>while budgets align with the foundational areas and capabilities while developing and maintaining, at a minimum, a quarterly evaluation (i.e. expenditures, revenue, etc.). Additionally, utilize accountability metrics to measure and track the progress of the Foundational Public Health Services to ensure annual ROI.</td>
<td>from OSDH Central Office to County Health Departments/County Autonomy</td>
<td>Programmatically: Identify, evaluate, and establish programmatic services that may benefit from enhanced local oversight or best maintained centrally for fiscal and organizational benefit. Once established, organize programs/services that are in accordance with best practice specific to Foundational Public Health Services across the State of Oklahoma by county, region, or function. Additionally, it is recommended that local public health work across regions to benefit from enhanced regional benefits.</td>
<td>Keep language as originally presented</td>
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<tr>
<td>committee members regarding revising the preliminary recommendation language.</td>
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recommended that local public health authorities (i.e. Regional Administrators, County Commissioners, etc.) have the flexibility to determine the best method to implement the foundational capabilities/programs and to utilize Ad Valorem tax revenue to meet each county’s unique needs. The OSDH would provide general administrative oversight, monitor grant deliverables, and ensure public health laws are applied.

Note: County Autonomy was routinely used in the feedback received from some Budget/Program Committee Members, in Listening Sessions and from feedback received via the website. There were three committee members that expressed concern with utilizing the word "Autonomy", as the Webster dictionary defines it as the right or condition of self-government, especially in a particular sphere. It was questioned as to the true intent of using the word Autonomy.

(7) Public/Private Partnerships
Recommend that all 68 county health departments under the jurisdiction of the OSDH conduct an environmental health program/services scan to identify opportunities to reduce duplication, develop public/private partnerships, and consider co-locating programs/services to create comprehensive, holistic service in each community.

There were no comments from the committee regarding revising the preliminary recommendation language.

There were no comments from the committee members regarding revising the preliminary recommendation language.

Move that this recommendation be approved as stated initially.

No additional comments
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Proposed Action</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>Poor health ranking</td>
<td>Develop and maintain a quarterly evaluation system of the Foundational Programs/Capabilities, including quarterly budget reports (i.e. expenditures, revenue, etc.) establishing a statewide health needs assessment and strategic plan with an evaluation component for each county and region.</td>
<td>No additional comments</td>
</tr>
<tr>
<td>Health Equity</td>
<td>Develop a Healthy Equity office that focuses on the Social Determinants of Health and ensures the social factors that impact health outcomes are a central discussion in all public health planning while exploring how to incorporate broad services like Trauma Informed Care, which has led to health improvements in states with a similar focus on the Social Determinants of Health.</td>
<td>Keep language as originally presented</td>
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**Health Equity**

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<td>There were no comments from the committee regarding revising the preliminary recommendation.</td>
<td>Move that this recommendation be approved as stated initially.</td>
</tr>
</tbody>
</table>

Note: The proposed actions include:

- Developing a quarterly evaluation system for each county and region.
- Establishing a public health evaluation system grounded in evidence-based practice and research.
- Developing a quarterly budget report that includes expenditures, revenue, and other financial data to the OSDH Board of Accountability.
- Establishing a statewide health needs assessment and strategic plan with an evaluation component for each county and region.

Additional comments:

- Set aggressive reasonable time frames for development and implementation.
- Include an independent evaluator to be objective.
- Add effectiveness-based practice to employ targeted interventions, technical support and resources to those counties that contribute most to Oklahoma’s poor health ranking.
- Establish a public health evaluation system of the Foundational Programs/Capabilities, including quarterly budget reports (i.e. expenditures, revenue, etc.) establishing a statewide health needs assessment and strategic plan with an evaluation component for each county and region.
- Develop and maintain a quarterly budget report (i.e. expenditures, revenue, etc.) and submit the report to the Joint Council.
- Move that this recommendation be approved using the second draft of the preliminary recommendation.
<table>
<thead>
<tr>
<th>(11) Joint Governing Council</th>
<th>Potential Names for the Council:</th>
<th>Joint Council</th>
<th>Move that this recommendation be approved as stated initially. All details of the scope of the council and the name of the group should be decided by the council.</th>
<th>Keep language as originally presented</th>
<th>No additional comments</th>
</tr>
</thead>
</table>
| Create a Joint Governing Council to review health data, plan health initiatives, prioritize services, develop private/public partnerships, evaluate outcomes, and review per capita public health spending in each county. This Council would consist of the State Commissioner of Health, Regional Administrators, and the Executive Directors of the Oklahoma City-County Health Department, and Tulsa City-County Health Department. | • Joint Advisory Council  
• Joint Coordinating Council  
• Joint Advisory and Oversight Council  
• Oklahoma Public Health Joint Council  
• Public Health Council  
• Joint Council on Public Health | Create a Joint Council to review health data, plan health initiatives, prioritize services, develop private/public partnerships, evaluate outcomes, and review per capita public health spending in each county. This Council would consist of the State Commissioner of Health, Regional Administrative Directors, and the Executive Directors of the Oklahoma City-County Health Department, and Tulsa City-County Health Department. And add to the Role column: Policy, Development | | | |

Ensure that Quality Improvement is used intentionally by OSDH, such as Plan-Do-Check-Act, which is focused on activities that are responsive to needs. There were no comments from the committee regarding revising the preliminary recommendation. Move forward as put forth. No additional comments No Change from the original preliminary recommendation (12) Quality Improvement

Ensure that Quality Improvement is used intentionally by OSDH, such as Plan-Do-Check-Act, which is focused on activities that are responsive to needs. There were no comments from the committee regarding revising the preliminary recommendation. Move forward as put forth. No additional comments No Change from the original preliminary recommendation
Community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

| (13) **Per Capita Public Health Spending** | Identify per capita funding by county. Consider developing a weighted per capita formula in favor of sparsely populated counties, that would not in any way reduce equity for smaller counties that have fewer resources, by providing sufficient state/federal funding to support implementation of adopted foundational services, programs, and capabilities. | Evaluate alternative funding models, including per capita funding to ensure sparsely populated counties with fewer resources have sufficient state funding to support implementation of adopted foundational services, programs, and capabilities. | Move that this recommendation be approved as stated initially. | Keep language as originally presented | No additional comments |   |