BUDGET / PROGRAM ADVISORS PRESENT/ABSENT: Patrick McGough, Co-Chair, Reggie Ivey, Co-Chair, Tony Miller, Tina Johnson, Kristy Bradley, Hank Hartsell, Phil Maytubby, and Priscilla Haynes. Absent: Mike Romero

WELCOME AND INTRODUCTIONS: Patrick McGough, Co-Chair, called the meeting to order at 10:00 am and welcomed those in attendance.

MINUTES OF JANUARY 26, 2018: The committee reviewed the minutes and agreed to accept them with the provision the minutes of February 2, 2018, would reflect a wording clarification requested by Kristy Bradley. The language in question is found on page two, under the heading PRESENTATION REGARDING FEDERAL GRANT FUNDING ALLOCATIONS. The sentence reads “none of the funding for the presented grants go to CHDs but contractors are used to perform services required by the grants.” Dr. Bradley would like to clarify that federal grants go to provide services and personnel, including DIS, and sexually transmitted disease testing that is spread out over all the counties of Oklahoma.

CHARGE AND ROLE OF THE BUDGET AND PROGRAM COMMITTEE: Before beginning the current business, Patrick again reiterated the charge to this committee outlined as follows:

- To support the Governor’s charge to develop a plan of excellence for Public Health in Oklahoma.
- To assist the Joint Commission in providing guidance to the proposed FY 2019 budget for the OSDH.
- To look at current public health infrastructure in Oklahoma and identify strengths and weaknesses.
- To look at the use of all resources available for public health to determine whether they efficiently support programs and services across the state.
- Lastly, to make recommendations to the Joint Commission that improve health outcomes, protect citizens and deliver important services to the residents of Oklahoma.

The committee will identify research, models, and data to determine how to improve health for individuals in Oklahoma with the resources we currently have available. The committee will put forth recommendations for the Joint Commission to accept, reject, or request additional work. The strengths and weaknesses of the current public health system will be identified. The entire process will be transparent with the desire to have agendas, meeting notes, and documents made available at the website address www.ocdh.org/about/board-health/joint-commission-public-health.

PRELIMINARY RECOMMENDATIONS FROM THE BUDGET/PROGRAM ADVISORY COMMITTEE TO THE JOINT COMMISSION: Reggie Ivey, with the assistance of Ann Paul, organized the 94 recommendations from the committee, attendees of the town hall meetings, and comments sent to the e-mail address for public comment. The recommendations were assigned roles describing how they might fit into a comprehensive plan. The four roles were 1) Policy (includes legislative and definitional); 2) Accountability (includes governance, transparency, measurement, how we know we are doing what we should be doing, accounting of what we have done); 3) Development (includes organizational, future thinking, “to-do list”); and 4) Community Engagement. The recommendations were then divided into two groups, 1) Budget or 2) Program. The priority was determined by the number of times the subject matter was recommended by the members of the committee. The document will be made available on the Joint Commission website. The preliminary recommendations were presented by Reggie with committee discussion following:
BUDGET

Develop Funding Transparency (Role: Accountability, Policy) - 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, 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 (i.e. Oklahoma State Board of Health, County Administrators, Legislators and the general public).

Comments from Committee:

- Do other agencies have the ability to report at this level on a monthly basis?
- Look at the best-case scenario and what should be. Transparency cannot be attained in the current state of the OSDH financial system.
- Funding transparency is a mechanism to improve public trust and confidence in OSDH.

New Accounting and Billing System (Role: Development, Accountability) - 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.

OSDH is working with program areas to build a platform which will provide a complete analysis of what the expectations are and the conclusion for each program area for the fiscal year. When this process is completed, a lot of knowledge will be available to answer questions and have a good discussion on needs. OSDH Finance is following the Corrective Action Report to resolve issues as much as possible utilizing the current antiquated system.

Comments from Committee:

- Discussion needs to be had regarding the sequence of events to get the budget problems accomplished. Funding is necessary to address the budget recommendations.
- Recommend this item be elevated to a priority.
- Although a new system may be a future goal, there are plans underway to improve reporting, utilizing the existing financial system as noted in the CAR.
- What are all the sources of funding going into programs?

Zero-based Budgeting (Role: Accountability) - Implement a zero-based budgeting process (In alignment with the Corrective Action Report)

Comments from Committee:

- Source of recommendation requested. No recommendation numbers listed in column two. Sources include the PowerPoint presentation, Corrective Action Report, and public comments through e-mail and town hall meetings. List sources on the document (Reggie).
• Definition of zero-based budgeting is when every area is required to submit a budget detailing each expenditure with justification. Decision makers can look at budget requests and zero in on expenditures that should not be approved for the current budget period or to better align the budget to priorities of the agency. A formal budget call is based on zero-based budgeting and is the better way to administer funds.

Identify Funding Streams and a Formula to Appropriate Funds (Role: Policy, Accountability) - 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. The model includes the minimum public health services that should be available at every health department across the state.

Comments from Committee:
• Consider changing wording to say region and area or area rather than region (Committee).

PROGRAM

Adopt Core Public Health Services (Role: Policy, Accountability, Development) - Adopt the Foundational Public Health Services Model and ensure programming and 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.

Public Health Foundational Services Model: The committee agreed to use the model which can be found at www.resolv.org/site-foundational-ph-services/ going forward that references basic foundational public health capabilities and programs. This model represents the minimal standard of public health care. States such as Oregon have adopted this model. Oregon and Oklahoma similarities include an urban/rural mix of counties, poor educational attainment, high poverty and uninsured rates; yet Oregon’s health outcome ranking is 20 nationwide.

Recommend that OU College of Public Health, undergraduate programs at Langston and OSU, and all public health nursing schools statewide teach core public health principles. The education would be a driver of change and provide resources to rural communities.

Comments from Committee:
• Discussion regarding the evaluation timeframe.

Decentralization/County Autonomy/Align Regions Programmatically (Role: Policy, Community Engagement, Development, Accountability) - Divide the Oklahoma State Department of Health (OSDH) into program/service regions, that are in accordance with the Foundational Public Health Services and decentralize service offerings to regions and counties were appropriate. Additionally, it is 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.

According to the Association of State and Territorial Health Officials (ASTHO) Oklahoma is considered a mixed public health system, as the state includes facets of a centralized, decentralized and a shared structure.
As the OSDH state funding allocation will be reduced in FY19 and the Department will have fewer employees, decentralizing appropriate programs will allow for potentially more services in the counties and regions.

Comments from Committee:

- Concern was expressed by two members with the word “decentralization” which seems to mean each CHD would be on their own to survive. Those familiar with the ASTHO document and that Oklahoma is classified as a mixed governance state may understand, but some may think decentralization means fragmentation. Recommendation makes it seem there are weaknesses in the system.
- Oklahoma will always be a mixed state. If there are programs at the central office that could be decentralized with certain staff located in the counties rather than at OSDH to the advantage of the CHDs. Everything cannot be decentralized but some programs could which would provide more services in the counties, especially with fewer staff in the future. The term “decentralization” does not mean fragmentation.
- The recommendation is not directed at any program. County Commissioners and Administrators should decide how local funds are spent. CHDs want control over their county millage. No one knows at this time what that would look like. It has been mentioned numerous times that counties do not feel they have local control. We are hearing that there are dollars in the counties that cannot be spent because it is controlled by the central office. Only key pieces would be moved to CHDs from the central office. It would be weighed in the county’s favor. County Administrators and Commissioners should be consulted regarding how they feel county dollars are spent.
- Oklahoma is governed by three classifications (centralized, mixed, shared). The regions should be aligned and programmatically operate together to do it better with fewer dollars, resources, and staff.
- Reword the recommendation to alleviate concerns as much as possible. How it is being explained is not the way recommendation is worded (Tina, Kristy).
- Concern which member on the Joint Commission will make the determination regarding regionalization.
- Reminder that this a broad general recommendation and the document is preliminary.
- Suggestion to reframe the wording expressed in terms of principles of an evaluation of the system for deploying resources and alignment across the state and look at the most effective way of sharing resources while recognizing local control. Some programs can be spread across the state or some hybrid of them.
- Keep what is working while evaluating how to make things which are not working work better.
- Evaluate to look for inefficiencies may need to be added to this recommendation.

Public/Private Partnerships (Role: Development, Community Engagement) - 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.

Comments from Committee: None

Poorly Performing Counties (Role: Accountability, Development) - Develop a strategic plan for those counties that consistently perform poorly on health indicators and assessments, utilizing research and evidence-based practice to employ targeted interventions, technical support and resources to those counties that contribute most to
the Oklahoma’s poor health ranking.

Comments from Committee: None

**Accountability Metrics** (Role: Accountability, Development, Community Engagement, Policy) - Recommend that OSDH develop and establish a public health evaluation system grounded in evidence-based practice and research.

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.

Comments from Committee:
- Looking for some type of standardized assessment and plan for each region or county and one statewide. This ensures the community receives the minimal public health services.
- Frequency of assessments should be re-evaluated. Perhaps a quarterly check to make sure movement is being made.
- Reword recommendation to consider changing from quarterly to periodic assessment unless too vague (Kristy).

**Health Equity** (Role: Policy, Community Engagement) - Develop a Health 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 urban/rural mix as Oklahoma.

A poorly funded public education system, with a high poverty and uninsured rate contribute to undesirable health outcomes in Oklahoma.

Comments from Committee: None

**Joint Governing Council** (Role: Accountability) - 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.

Comments from Committee:
- Discussion regarding calling the council advisory, coordinating, or governing. High level representation with authority will make up the group; therefore, title is appropriate. Discussion can be entertained regarding changing the title of this council (Committee).
- CHDs also want to know what OCCHD and THD are doing; what can they learn from the two metro CHDs?

**Quality Improvement** (Role: Accountability, 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
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.

Several resources exist for health departments engaging in quality improvement.

- **Develop a QI Plan** – An annual QI plan sets the organizational direction for QI initiatives.
- **Develop a QI Governance Structure** – A QI governance committee (e.g., QI Council) leads and oversees all QI initiatives in the organization.
- **Provide QI Training and Resources to Staff** – All staff, from executive leaders to frontline staff, should continuously improve their work. Empowering employees to engage in QI requires the provision of training and resources.
- **Select and Implement QI Projects** – QI involves the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, to achieve measurable improvements in the efficiency, effectiveness, or services and processes.

Comments from Committee:
- QI could facilitate better communication, funding, and general sharing of information.
- Town hall meeting feedback indicated some employees do not like the QI process.
- Committee must put forth the recommendation as received to the Joint Commission.

**Per Capita Public Health Spending** (Role: Policy) - Implement per capita funding that is weighted in favor of sparsely populated counties that have fewer resources, by providing sufficient state funding to support implementation of adopted foundational services, programs, and capabilities.

Comments from Committee:
- Per capita public health spending will make the distribution of funds more equitable and enable all CHDs to better serve clients.
- Per capita spending in each county is currently unknown.
- Although this is a good recommendation, concern was expressed regarding the word “implementation” and perhaps “evaluate” would be better.

**COMMITTEE DISCUSSION:**
- Each committee member may feel free to work on wording on recommendations.
- All committee members may not agree with the recommendations as written in the preliminary submittal, but information was pulled together from all sources.
- Committee must come to a consensus on wording at the February 9th meeting.
- Ensure recommendations are thoughtful and identify core priorities.
- Recommendations must move forward to the Joint Commission, but it is not the charge of this committee to fund them.
- In order to do public health better, we have to do something now. The lives of citizens are on the line.
- Recommendations are not personal and came from many sources.
- Targeting poorly performing CHDs is to assist and elevate public health services across the state. Spending funds without measurable results has to change.
- Are there services at OSDH that can be deployed to the CHD level? More resources are needed at the county level.
PUBLIC COMMENTS:
- Committee displays honest dialogue.
- A Joint Governing Council is a great idea.
- CHDs want more control over funding and administration, but the word “decentralization” is polarizing.
- The public health system in Oklahoma is good and do not want to dismantle. Needs some changes in certain areas. The nature and community needs vary from county to county.
- Take into account lessons learned from the past; the successes and failures.
- Leadership with a public health background is important.
- Dislike that the current administration is being held responsible for the former’s mistakes.
- Terminology is very important; therefore, the wording of the recommendations is very important.
- Keep what is working and change what is not.
- This is the opportunity to make changes in the system that need to be made to improve public health services statewide in Oklahoma.

NEXT STEPS: Recommendations which are not a charge of this committee will be moved to the appropriate committee (Co-Chairs). Come to consensus on wording those recommendations as discussed and finalize by close of February 9th meeting (Committee). Preliminary recommendations will be made available on the website (Patrick).

COMMITTEE MEETING SCHEDULE: The next meeting is scheduled at 10:00 am, February 9th.

Meeting was adjourned at 12:10 p.m.

Respectfully submitted:

Reggie Ivy, Co-Chair

Patrick McGough, Co-Chair

Debbie Gallamore, Recording Secretary