BUDGET / PROGRAM ADVISORS PRESENT/ABSENT: Patrick McGough, Co-Chair, Reggie Ivey, Co-Chair, Tony Miller, Keith Reed (standing in for Tina Johnson), Jan Fox (standing in for Kristy Bradley), Michael Romero, Hank Hartsell, Phil Maytubby, and Priscilla Haynes. Those absent were Kristy Bradley and Tina Johnson.

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

REVISED MINUTES OF JANUARY 5, 2018: The committee reviewed the revised minutes and agreed to accept them.

MINUTES OF JANUARY 12, 2018: The committee reviewed the minutes from the previous meeting and recommended to accept them with the addition of the rationale for the recommendation to compare Oklahoma expenditures/ranking with other states in the south. The previous information compared Oklahoma with northern states. The purpose of the request is to find similar socio-economic indicators which might be more similar in southern states.

CHARGE AND ROLE OF THE BUDGET AND PROGRAM COMMITTEE: Before beginning a PowerPoint presentation, Patrick 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 full Joint Commission to either 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.occhd.org/about/board-health/joint-commission-public-health.

PUBLIC HEALTH FOUNDATIONAL CAPABILITIES: The committee reviewed the most current version of the Robert Wood Johnson chart of Foundational Public Health Services (FPHS) supplied by Jan Fox. This version will be utilized but the committee will entertain other ideas and models brought forward. The website of the FPHS information is www.resolv.org/site_foundational-ph-services/.

COUNTY HEALTH DEPARTMENT PROGRAM SERVICES: Keith Reed presented the information supplied by Tina Johnson regarding services currently provided statewide by county health departments (CHDs).

Comments regarding services in all CHDs:
- Emergency preparedness should be included as a service provided by all CHDs.
- HIV/STD contact investigation (DIS) is provided by OSDH; three teams for the state. One team each in Tulsa and Oklahoma Counties and one team for the remainder of the state.
• WIC Breast Feeding Peer Counselor Program is not available in all counties but fairly widespread.
• Health promotion is presented in different levels and different ways. Some counties use community partners to provide services. Communications/media relations is provided by the Regional Director or the PIO. Counties without TSET grants partner with community for education.
• Epidemiologists are not located at CHDs but have communicable disease nurses who work with OSDH and follow-up is through PHDDO. DNMs help as needed; Epis are available to come out to CHDs as needed. Supervising PHNs were reduced due to the RIF. County boundaries don’t prohibit services as larger counties or counties with more resources share those resources.
• MCH services range according to resources and needs vary by region and county.
• Each NP serves one or more regions and sometimes goes with a nurse.
• Staffing is altered/staff shared between counties according to special demand.
• All services can be offered at varying degrees and dependent upon resources and community needs.

Comments regarding regionally based services:
• Children First should be included and listed as a regional service. Staff reduced due to attrition. Services cover the state but not in all counties.
• Child Guidance available in certain parts of the state.
• SoonerStart is available in all regions but only in certain counties.
• Fluoride varnishing is an excellent example of the CHD, OSDH, and community partners coming together to provide services, resources, and referrals for the benefit of clients.

OSDH serves the role as program management and deals with grants, etc.; CHD staff are direct care. Capacity pre-RIF was driven by need, but the reduced staff lowers capacity. Planning is now underway regarding how to deal with fewer staff and less capacity. There are a variety of programs tailored to the communities that often involve partnerships with the local community, resources including ad valorem taxes, and services in partnership with OSDH. Community partnering is evident in many counties and regions and referrals to other services are very important to clients.

The question was asked whether we are digging deep enough to learn what is needed in counties as 19 are doing very poorly and bringing the entire state ranking down. Should technical assistance be provided so that those counties can have a CHA and CHIP done? Not all counties have a Community Health Improvement Plan (CHIP) and Community Health Assessment (CHA) done by OSDH, but at least one county in each region has a CHA and CHIP. Community partners and other health facilities including hospitals, tribes, etc. have done them so no need to duplicate efforts. Some tribes do an assessment of tribal members only, but others include the community as a whole. Poverty is a factor in counties with the lowest health rankings and most important thing is getting services out to them. None of the counties are exactly the same regarding problems and we have to be careful when comparing. When conducting a CHA and CHIP it is done as a partnership with the community. Not only are statistics considered, but surveys are completed by the community. What the community thinks are most important problems and worthy of their resources may be very different from what a public health system believes to be the highest priorities. An assessment of the community needs must be done to determine the goals and aligning the budget to meet those needs.

PRESENTATION BY MIKE ROMERO, CFO, OSDH: Mike provided PowerPoint slides and explained the challenges of the current OSDH financial system including the plan to go forward and budget alignment. The limitations of the system were explained and how to address the committee’s requests for financial information.
OSDH never utilized an adequate financial system and it is having to be built from the ground up. The mainframe is from the early 1980s with no capability to produce reports. The system basically collects information and queries are done. However, the current system must be used until the information in the system is at a point that it can be changed over to a new financial system. Although this presentation does not address the previous requests for information, it does provide a framework to understand the situation. The steps include:

- OSDH must use Generally Accepted Accounting Principles (GAAP) used by state and local governments. GAAP is established by the Governmental Accounting Standards Board (GASB).
- OSDH must implement GAAP and other tools must be utilized with an agency-wide internal controls platform and a properly executed budgeting framework capable of facilitating a strategic vision for effective service delivery.
- Use the Committee of Sponsoring Organizations (COSO) framework to provide the development of a sound internal governmental financial reporting environment. COSO studies the causal factors that can lead to fraudulent financial reporting.
- An Internal Controls Committee is being developed to add an additional layer of assurance to the integrity of the financial reporting process and function much as an audit committee.
- Each agency function/program will be analyzed for its needs/costs and budgets built upon upcoming requirements based upon the strategic plan of the agency. This process will occur within the budget constraints of OSDH.
- All changes must be approached from a project management perspective with techniques of the past no longer used.
- A commonly used format will be used; zero based.
- Permanent financial policies and procedures will be established and followed.
- Financial management staff have been redirected to make these changes occur.
- SFY 2019 budget call templates are being developed. Personnel and non-personnel costs will be separated and developed to allow for analysis and justification of service delivery by program area and following available resources and strategic plan.
- New financial reporting format to be available before the end of FY18.
- New system not foreseen in FY19 due to appropriations cut.
- 70 active grants at any one time.
- Wants to be helpful in meeting the charges of this committee and have meaningful discussions. Every attempt will be made to supply what is requested and will provide this committee with an answer as to whether requested information can be provided.
- Bottom line – as much as possible, fixes to the current antiquated system will have to be made as OSDH staff prepares for information to be converted to a new system, address the items in the Corrective Action Report, and eventually move to a new financial accounting platform.

COMMITTEE RECOMMENDATIONS AND ASSIGNMENTS: Due to time constraints, the information from committee members submitted this week will be reviewed in the next meeting. The time frame for submitting recommendations to the Joint Committee is very short. Therefore, exchanged information, recommendations, suggestions, and comments must be-ongoing among the committee. Committee members were tasked with this assignment because each is considered a subject matter expert.
The assignment is:

➤ Each committee member should be prepared to present their recommendations at the next meeting.

Other proposed action items from the committee include:

➤ Continue to request information needed from OSDH Finance so that recommendations can be provided to the Joint Commission
➤ Reissue the questions to OSDH Finance from the January 5, 2018 meeting.
➤ Compile a list of services that are centralized and what services are provided through the CHDs.
➤ Examine Federal Funds Report for understanding the process and what is reported
➤ Identify funding sources and how are they being allocated
➤ Jan to provide federal block grant details to committee which is utilized across all three agencies
➤ Email Mike's PowerPoint presentation to the committee
➤ Committee may consider prioritizing information requests using criteria or more clearly defining the problem and then requesting budget information from OSDH Finance. Defining the problems and prioritizing may be the best use of time considering the time restrictions this committee is under.
➤ Jan and Priscilla will search for comparable socio-economic expenditures/rankings
➤ Tina to e-mail copy of CHD rounded millage map to Debbie Gallamore
➤ Compile a list of shared resources
➤ Identify duplicative efforts and staff who can be shared
➤ Each member to provide a description of their vision of local budget control; what does it look like?
➤ Breakdown of staff funded by federal dollars, state appropriations, and millage requested from Mike Romero
➤ Breakdown of how much state money is going to health departments for STD and TB meds, FP methods/meds, and vaccines requested from Mike Romero

**COMMITTEE MEETING SCHEDULE:** The next meeting is scheduled at 10:00 am, January 26th. Future meetings will be assessed week to week. Members to leave time previously blocked on calendars in the event meetings are required.

Meeting was adjourned at 11:40 am.

Respectfully submitted:

Reggie Ivey, Co-Chair

Patrick McGough, Co-Chair

Debbie Gallamore, Recording Secretary