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 FEBRUARY 2, 2018: The committee reviewed the minutes and agreed to accept them as submitted.

FINALIZATION OF RECOMMENDATIONS FROM THE BUDGET/PROGRAM ADVISORY COMMITTEE TO THE JOINT COMMISSION: Reggie Ivey began the review of the original recommendations and any suggested changes by the committee.

BUDGET
1) 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: There were no requests to change any of the original language of the recommendation. There was a consensus to move forward as written.

2) 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.

Comments from Committee: There were no requests to change any of the original language of the recommendation. There was a consensus to move forward as written.

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

Comments from Committee: There were no requests to change any of the original language of the recommendation. There was a consensus to move forward as written.

4) 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.

Comments from Committee: There were no requests to change any of the original language of the recommendation. There was a consensus to move forward as written.

PROGRAM
5) 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.

In a previous committee meeting, the following additional recommendation came forth: 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: There were no requests to change any of the original language of the recommendation. There was a consensus to move forward as written.

6) 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.

Comments from Committee: The committee worked together to reword this recommendation. A consensus was reached. This recommendation will now read as follows:

Align Regions Programmatically/Consideration of Deploying Resources from OSDH Central Office to County Health Departments/County Autonomy (Role: Policy, Community Engagement, Development, Accountability) - Recommend that the Oklahoma State Department of Health work across programs/services to ensure the Foundational Public Health Services Model is aligned regionally, and consider assessing the programs/services that could be deployed from the OSDH Central Office to County Health Departments to increase or enhance the current program/services offered in counties throughout Oklahoma. Additionally, it is recommended that local public health authorities (i.e. Regional Administrative Directors, Local Boards of Health, County Commissioners) 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: Three committee members referenced the word “autonomy” and noted that it can denote self-governance and independence, with connotation of sovereignty. If part of the aim is to build a financial system engaging
stakeholders, they suggested perhaps a more apt title than county autonomy might be county control or county flexibility.

7) 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: There were no requests to change any of the original language of the recommendation. There was a consensus to move forward as written.

8) 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: There were no requests to change any of the original language of the recommendation. There was a consensus to move forward as written.

9) 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: The committee worked together to reword this recommendation. A consensus was reached. This recommendation will now read as follows:

Accountability Metrics (Role: Accountability, Development, Community Engagement, Policy) - Recommend that OSDH develop and establish an annual public health evaluation system grounded in evidence-based practice and research. Develop and maintain an annual evaluation of the Foundational Programs/Capabilities, including quarterly budget reports (i.e. expenditures, revenue, etc.) The reports will be submitted to the OSDH Board of Health and the Joint Council. Establish a statewide health needs assessment and strategic plan with an evaluation component for each county and region.

10) 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.

Comments from Committee: There were no requests to change any of the original language of the recommendation. There was a consensus to move forward as written.

11) Joint Governing Council (Role: Accountability, Policy, Development) - 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.

Comments from Committee: There was a request to change the title of Regional Administrators to Regional Administrative Directors and add two additional role categories. There was a request to remove Governing from the title, and use Joint Council, which then serves as an umbrella term for the other council names suggested in the detail of the recommendation page as submitted February 9, 2018. There was a consensus to move forward as written above.

12) 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.

Comments from Committee: There were no requests to change any of the original language of the recommendation. There was a consensus to move forward as written.

13) 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: The committee worked together to reword this recommendation. A consensus was reached. This recommendation will now read as follows:

Per Capita Public Health Spending (Role: Policy) – Identify per capita funding by county from all sources. Evaluate per capita spending to ensure all counties have resources from state, federal, local, and other sources to support implementation of adopted foundational services, programs, and capabilities.

COMMITTEE MEETING SCHEDULE: At this time, there are no further scheduled meetings. The committee will reconvene only at the request of the Joint Commission on Public Health.

Meeting was adjourned at 11:22 a.m.

Respectfully submitted:

Reggie Ivey, Co-Chair

Patrick McCough, Co-Chair

Debbie Gallamore, Recording Secretary