Regular Meeting of the Oklahoma State Board of Health
Tuesday, December 11, 2018, 11:00 AM
Posted at www.health.ok.gov
Canadian County Health Department
100 S. Rock Island
El Reno, OK 73036

AGENDA

I. Call to Order, Roll Call, and confirmation of a Quorum

II. Review, discussion and approval of Minutes for:
   a) September 14, 2018 Regular Meeting
   b) October 2, 2018 Tri-Board Meeting

III. Consideration, possible action and vote on proposed 2019 Board of Health Regular Meeting Schedule. Location is OSDH, 1000 NE 10th Street, Oklahoma City, OK and all meetings will begin at 1:00pm:
   a) 2019
      Tuesday, February 12, 2019
      Tuesday, April 9, 2019
      Tuesday, August 13, 2019
      Tuesday, October 1, 2019

IV. Consideration, possible action and vote on changes to the OSDH Organizational Chart – Interim Commissioner Tom Bates, J.D.
   a. Transfer and addition of new service areas and positions to a revised organizational chart

V. Consideration, possible action and vote on policy statement proposed by the Tri-Boards of Health at the October Tri-Board meeting - Buffy Heater, Chief Data, Public Policy & Promotion Officer

VI. Consideration, possible action and vote to open emergency rulemaking and promulgate proposed new emergency rules 310:681-5-8.1, containing food safety standards, proposed by the Oklahoma Medical Marijuana Authority's Food Safety Standards Board – Buffy Heater, Chief Data, Public Policy & Promotion Officer

VII. Consideration, possible action, and vote to open emergency rulemaking record for amendments to the definitions' section in 310:681-1-4 of the current emergency rules as proposed by the Oklahoma Medical Marijuana Authority's Food Safety Standards Board – Buffy Heater, Chief Data, Public Policy & Promotion Officer

VIII. Canadian County Health Department presentation – Jan Fox, Regional Director, Canadian, Logan, Kingfisher, and Lincoln Counties
   a. Update on recent activities, county health outcomes and local health department services

IX. Program presentation – Laurence Burnsed, Interim State Epidemiologist and Deputy Commissioner for Prevention and Preparedness Services
   a. 2018-2019 Influenza season update

b. Oklahoma emergency response exercise highlighted in September 2018 AJPH article

X. Program presentation – Mike Cook, Director, Long Term Care Service
   a. Update on mandates and staffing levels
   b. Discuss program challenges in 2018 and share perspective for 2019

XI. Legislative update – Ashley Scott, Legislative Liaison
   a. Discuss recent election results, agency policy development process, rule promulgation and upcoming legislative session

XII. OSDH Financial Presentation – Gloria Hudson, Chief Financial Officer
   a. Update on Gap Analysis (PeopleSoft transition expectations)
   b. Financial Reports for the Four Month Period Ending October 31, 2018

XIII. President's Report – Board President Tim Starkey, MBA
   a. Update on executive committee discussion and board activity since last regular Board of Health meeting

XIV. Interim Commissioner Report – Interim Commissioner Tom Bates, J.D.
   a. Update on agency progress and program activity since last regular Board of Health meeting

XV. New Business

XVI. Adjournment

STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
Moore Norman Technology Center
13301 S. Pennsylvania Ave., Rooms AB
Oklahoma City, Oklahoma 73170

September 14, 2018

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

Timothy Starkey, President of the Oklahoma State Board of Health, called the regular meeting of the Oklahoma State Board of Health to order on Friday, September 14, 2018, at 8:33 a.m. The final agenda was posted at 1:04 p.m. on the OSDH website on September 12, 2018, and at 3:53 p.m. at the building entrance on September 12, 2018.

Members in Attendance: Jenny Alexopulos, D.O.; Terry R. Gerard II, D.O.; Charles W. Grim, D.D.S.; Edward A. Legako, M.D.; Ronald D. Osterhout; Becky Payton; Chuck Skillings; Timothy E. Starkey, M.B.A.

Absent: R. Murali Krishna, M.D.

Central Staff Present: Tom Bates, Interim Commissioner; Brian Downs, Chief of Staff; Gloria Hudson, Chief Financial Officer; Jennifer Reeves, Business Officer, Financial Services; Kristy Bradley, State Epidemiologist and Deputy Commissioner, Prevention & Preparedness Services; Laurence Burnsed, Acute Disease Service; Keith Reed, Deputy Commissioner, Community Health Services; Gunnar McFadden, Assistant Deputy Commissioner, Community Health Services; Buffy Heater, Chief Data, Public Policy & Promotion Officer; Rocky McElvany, Deputy Commissioner, Protective Health Services; James Joslin, Assistant Deputy Commissioner, Protective Health Services; Margot Barnes, Director, Human Resources; Tony Sellars, Director, Office of Communications; Kim Bailey, Chief Operating Officer and Chief Legal Counsel; Jan Fox, Director, HIV/STD Service; Audie Hamman, Interim Director, Internal Audit Unit; Adrienne Rollins, Interim Director, Center for Health Innovation & Effectiveness; Spencer Kusi, Policy Development Coordinator; Joy Fugett, Health Planning Manager; Don Smalling, Interim Director, Office of Accountability Systems; Jeffrey Kelly, Office of General Counsel; and Diane Hanley, Executive Assistant, Commissioner's Office.

Visitors in attendance: Gary Cox, Executive Director, Oklahoma City-County Health Department; Bruce Dart, Executive Director, Tulsa City-County Health Department; Kelli Rader, OSDH Regional Director; Brenda Potts, OSDH Regional Director; Mendy Spohn, OSDH Regional Director; D'Elbie Walker, OSDH Regional Director; Brandie Combs, OSDH Regional Director; Cara Gluck, OSDH Regional Director; Terri Salisbury, OSDH Regional Director; Larry Bergner, OSDH Regional Director; Jill Larcade, OSDH Regional Director; Linda Bryan of Guthrie; and Tyler Talley, eCapitol.

REVIEW, DISCUSSION AND APPROVAL OF MINUTES

Mr. Starkey directed attention toward approval of the Minutes for the August 1, 2018, special meeting.

Mr. Skillings moved Board approval of the August 1, 2018, meeting minutes as presented. Second Osterhout. Motion Carried.

AYE: Alexopulos, Grim, Legako, Osterhout, Payton, Skillings, Starkey
ABSTAIN: Gerard
ABSENT: Krishna

CONSIDERATION, POSSIBLE ACTION AND VOTE ON CHANGE TO THE 2018 BOARD OF HEALTH MEETING SCHEDULE

Mr. Starkey proposed changing the location of the October 2, 2018, Tri-Board meeting to the Oklahoma City-County Health Department, 2600 NE 63rd Street, Oklahoma City, OK 73111.

Dr. Grim moved Board approval of the change as presented. Second Alexopulos. Motion Carried.

AYE: Alexopulos, Gerard, Grim, Legako, Osterhout, Payton, Skillings, Starkey
ABSENT: Krishna

CONSIDERATION, POSSIBLE ACTION AND VOTE ON UPDATING THE APPOINTMENTS FOR ADMINISTRATIVE RULES ATTESTATION OFFICER(S) AND LIAISON OFFICER(S).

Kim Bailey, Chief Operating Officer and Chief Legal Counsel, explained that each agency is required to have an attestation officer and liaison officer for administrative rules. The attestation officer assures that agency rules are in compliance with the Administrative Procedures Act. The liaison officer files rules with the Secretary of State. Due to recent changes in personnel, the appointments for administrative rules attestation officers and liaison officers need to be updated with the Secretary of State. Board members were provided a letter in their packets with the proposed appointments.
See Attachment A

Dr. Grim moved Board approval to accept changes to the Administrative Rule Attestation Officer(s) and Liaison Officer(s) as presented. Second Osterhout. Motion Carried.

AYE: Alexopulos, Gerard, Grim, Legako, Osterhout, Payton, Skillings, Starkey
ABSENT: Krishna

CONSIDERATION, POSSIBLE ACTION AND VOTE ON A RESOLUTION OF THE STATE BOARD OF HEALTH TO FACILITATE THE ISSUANCE OF BONDS AS AUTHORIZED BY HB 2389 (2017) FOR CONSTRUCTION OF A BOARD OF HEALTH PUBLIC HEALTH LAB.

Kim Bailey, Chief Operating Officer and Chief Legal Counsel, shared that House Bill 2389 authorized the issuing of bonds for the construction of a new public health lab in the amount of $58,555,000.00. The next step in facilitating the issuance of the bonds is for the State Board of Health to approve a bond resolution that will authorize the Commissioner, or his designee, to issue the bonds and finalize all necessary documentation. The Oklahoma Capitol Improvement Authority (OCIA) and the Council of Bond Oversight will approve and issue the bonds. The revenue for the bonds will come from a lease agreement held by OCIA.
See Attachment B

Mr. Osterhout moved Board to approve the resolution as presented. Second Grim. Motion Carried.

AYE: Alexopulos, Gerard, Grim, Legako, Osterhout, Payton, Skillings, Starkey
ABSENT: Krishna

CONSIDERATION, POSSIBLE ACTION AND VOTE ON THE OSDH ORGANIZATIONAL CHART.

Tom Bates, Interim Commissioner highlighted some of the major changes to the proposed OSDH organizational chart. Keith Reed will serve as the new Deputy Commissioner for Community Health Services. This change will relieve the heavy workload for Tina Johnson, who has served as Deputy Commissioner for both Community & Family Health Services, and will enable more support and direct oversight for the county health departments. As recommended in the Corrective Action Plan, a Chief Medical Officer position has been added. That position is vacant but will be filled moving forward. Buffy Heater is the Chief Data, Public Policy, and Promotion Officer. The Chief Financial Officer (CFO) is now a direct report to the Commissioner. At this time, the Office of Accountability Systems will remain a direct report to the State Board of Health until that is addressed legislatively. Positions marked in blue and with a green apple, on the organizational chart, indicate agency leadership.
See Attachment C

Dr. Legako moved Board approval to adopt the new proposed OSDH Organizational Chart as presented. Second Osterhout. Motion Carried.

AYE: Alexopulos, Gerard, Grim, Legako, Osterhout, Payton, Skillings, Starkey
ABSENT: Krishna

INTERIM COMMISSIONER REPORT

Tom Bates, Interim Commissioner of Health, wants to keep the Board apprised of the daily work that occurs at the health department. He asked three OSDH staff to provide a brief update on their service areas.

Buffy Heater, Chief Data, Public Policy & Promotion Officer, was pleased to report the successful launch of the Oklahoma Medical Marijuana Authority (OMMA) Program website on August 25th, 2018. The OSDH is receiving and processing many applications daily. Prior to the website launch, a call center was established to assist with the large volume of incoming calls. Staffing of this OMMA program is progressing; however, the hiring of a Director is on hold at this time. State Question 788 required the establishment of a Food Safety Standards Board. This board convened in August and drafted a set of rules for medical marijuana food products. The draft rules are posted online (http://omma.ok.gov). Currently, the financial projection to the legislature for the OMMA Program is $4-8 million. The first legislatively required financial report for the OMMA has been submitted.

Jan Fox, Director, HIV/STD Prevention Service, stated that the CDC has recently issued a new report showing that Sexually Transmitted Diseases (STDs) are at an all-time high and have been increasing over the past four years. Oklahoma is following a similar trend as well. In an effort to stop the spread of STDs in Oklahoma, the OSDH implemented the Expedited Partner Treatment (EPT) packs intervention. The EPT packs allow partners to be treated without coming into the clinic. It has proven effective in stopping reinfections and improving outcomes. Discussion ensued on how the reduction in force (RIF) has impacted county health departments in seeing and treating STD clients. Due to the RIF, Mrs. Fox said that many county health departments had to implement appointments which limit the number of STD clients that can be seen. They also lost some well-trained nurses. Mr. Bates explained the OSDH has some recruiting challenges at this time but is working diligently and strategically to increase staff in the counties.

Laurence Burnsed, Epidemiologist and Program Manager for Acute Disease Service, shared about a recent investigation into an increase in Cyclospora identified in the Northeast region of Oklahoma. Cyclospora is a parasitic foodborne disease. Working with several partners and conducting numerous interviews, staff was able to identify several Mexican style establishments/grocery stores with common food items and ultimately was able to determine that cilantro was the source of the outbreak. Results from this investigation were shared with the CDC and FDA. There was a national outbreak over the summertime throughout the United States. While this investigation reflects a success of the program, Mr. Burnsed also shared a challenge in this process. The OSDH public health lab is a key partner in foodborne pathogen outbreaks and provides testing, primarily molecular testing, that no other organization in Oklahoma can provide. Current testing methods are becoming outdated and there is a recent trend to transition to a newer method of molecular testing that will require new equipment, other supplies, training, and will be more expensive to conduct. Federal partners have recently notified all states that this transition needs to be done by January 2019. The public health lab has the capability to conduct whole genome sequencing (WGS), but this new methodology will require support of state funds in order to test all *Salmonella*, shiga-toxin producing *Escherichia coli*, and *Listeria* isolates. WGS is an essential service that complements epidemiologic surveillance and detection of local as well as multistate foodborne disease outbreaks.

A discussion followed on the importance of vaccinations. Immunizations are an approved method to preventing disease. The OSDH supports immunizations and encourages board members to advocate for and promote the benefits of immunizations.

In closing, Mr. Bates mentioned that OSDH staff from Emergency Preparedness and Response Service was deployed to the Carolinas to provide support during the recent hurricane. Staff from Protective Health Services and the legal division have been assisting some hospitals on key issues. OSDH has received 223 open records requests since January 1. Most of those requests have been processed and staff is working to fulfill each one.

FINANCIAL UPDATE

Gloria Hudson, Chief Financial Officer, provided a financial status update for the state fiscal year 2019. The overall budget and state appropriation amounts were broken down into the following areas: Community and Family Health Services, Protective Health Services, Office of the State Epidemiologist, Public Health

Infrastructure, Health Improvement Services, and the Athletic Commission. She reported that staffing levels have declined in the past year and the agency is working diligently to fill the gaps. Ms. Hudson addressed the $30 million supplemental appropriation that OSDH received in November 2017. The supplemental money was used for current year expenses and to close out prior accounting periods; however, there was a substantial amount of SFY 2018 appropriation leftover to allow OSDH to make available the $30 million to the legislature, if needed. Ms. Hudson went over some SFY 2017 single audit findings of individual programs and reported various issues such as accounting system errors, payments made with incorrect funds, and failure to meet sub-recipient federal reporting requirements. Corrective measures have been taken and will continue to be taken on the audit findings. Several steps have been taken to improve financial processes including the utilization of account codes within the Peoplesoft system (Statewide Accounting System), engaging with financial consultants to provide gap analysis and recommendations for a new financial system, and establishing internal controls for financial reporting. Ms. Hudson indicated that future financial reports will include a Statement of Revenues and Expenditures, Cash Flow Statement and Comparison of Budget to Actual.
See Attachment D

DISCUSSION OF BOARD OF HEALTH ADVISORY STATUS, FUTURE MEETING SCHEDULES AND CONTINUED ROLE IN PUBLIC HEALTH ISSUES

Kim Bailey, Chief Legal Counsel, discussed the Board becoming an advisory board on January 14, 2019. At that time all board duties and responsibilities will switch to the Commissioner. This new role could be an opportunity for board members to focus on important public health issues, to be advocates and to become a very valuable resource to the Commissioner and health department. In the future, board members discussed changing to a quarterly meeting schedule and beginning the meetings at 1:00 p.m. Staff will develop a proposed 2019 meeting schedule for consideration. Board members were encouraged to share their ideas on committee processes and recommendations on board processes going forward and to submit those to Diane. As an advisory board, members will still have the authority to make a resolution directly to the legislature.

COUNTY HEALTH DEPARTMENT PRESENTATION

Keith Reed, Deputy Commissioner, Community Health Services and Regional Director, provided an overview of the daily operations, types of services, budgeting/funding, and staffing of county health departments across the state. He explained that the state is divided into fourteen regions/districts. Each district has a regional team consisting of a Regional Director, Administrative Programs Officer, District Nurse Manager, Local Emergency Response Coordinator, and specialized staff. There are seven unorganized counties in the state which do not have a county health department but OSDH still provides limited services to those counties. Staffing across the state is very fluid with many that work in various counties. Sources of funding for county health departments include federal, state, fees/revolving, millage, and sales tax. All facility maintenance and operations are covered through local funding. Payroll costs may include any mix of federal, state, fees/revolving, millage, and sales tax, depending on the availability of county funding, and the types of programs available in that county. County health departments are part of county government. Regional Directors face many challenges as they are accountable to County Commissioners in daily operations, Local Boards of Health to approve budgets, the Oklahoma State Board of Health as well as the Commissioner. County health departments carryover monies each year above and beyond their annual tax base. This ensures they maintain operations without interruptions as new funding is not front-loaded on July 1. Mr. Reed highlighted the important work that goes on daily at the county health departments and shared about many successful programs that promote community partnerships and public health. Going forward, staff is developing a strategic plan to identify core services and the cost to sustain those services. While some county health departments can fully support local operations and payroll through millage, all county health departments benefit from the state health department for indirect costs (HR, IT, Legal, Acute Disease, etc.)
See Attachment E

REGIONAL DIRECTOR PRESENTATIONS

Keith Reed, Regional Director (Cleveland, Garvin, Grady, McClain, Murray Counties)

Successes:

- PHAB Accredited (Cleveland)
- Open Streets Program, encourages physical activity in the communities

- Veteran's Navigators, helps to link veterans with needed services in the county
- Healthy Living Block, creates a healthy living environment
- Fluoride treatment in clinics
- Mental Health First Aid, trainings
- Uber Pilot Program

Maria Alexander, Regional Director (Adair, Cherokee, Craig, Delaware, Mayes, Ottawa Counties)
(Presented by Larry Bergner)

Challenges:

- Access to Care
- Low Health Rankings
- Large Number of Uninsured
- Reduction in Staff

Larry Bergner, Regional Director (Creek, Osage, Rogers, Wagoner, Washington Counties)

Successes:

- Refurbished Pawhuska Frisbee Golf Course
- Sponsored a Crosswalk so students could walk safely to school
- Bluegrass & Chili Festival
- PHAB Accredited (Washington)
- Designed and rebuilt a park to have walking trails, exercise equipment, etc.

Challenges:

- Access to Care
- Poverty
- Recruitment of Staff

Brandie Combs, Regional Director (Blaine, Caddo, Comanche, Cotton, Custer, Kiowa Counties)

Successes:

- Mental Health First Aid, partnered with tribes, schools, mental health to address suicide
- Seeking PHAB Reaccreditation (Comanche)
- Farmer's Market
- Family Practice Residency Program, family interns spend 2 weeks at health department clinic learning about public health
- Fit Kids, focuses on decreasing childhood obesity and creating an active community
- Caring Van (Blue Cross Blue Shield), deliver immunizations to children and adolescents at no cost
- Emergency Management Grant for Generators

Challenges:

- Suicide
- Obesity
- Poverty
- Opioid Issues

Kelli Rader, Regional Director (Garfield, Grant, Kay, Noble, Pawnee, Payne Counties)

Successes:

- Mental Health First Aid
- Oklahoma State University, great partnerships
- TSET Partner
- Natural Resources Conservation Program
- State Veterinary Office and Department of Agriculture, provide care for animals and meet agricultural needs during a crisis
- Marshallese/Micronesian Population

Challenges:

- Suicide
- Children Lead Levels

Terri Salisbury, Regional Director (Beaver, Harper, Major, Texas, Woods, Woodward Counties)

Successes:

- World Cow Chip Throwing Champion Contest
- TSET HLP Grant
- Community Partnerships (FQHC)

Challenges:

- Diverse Ethnic Populations (over 23 languages spoken)

Cara Gluck, Regional Director (Beckham, Greer, Harmon, Jackson, Tillman Counties)

Successes:

- Teen Pregnancy Coordinator
- TSET Grant

Challenges:

- Recruitment and Retention of Staff

Jill Larcade, Regional Director (Haskell, Latimer, LeFlore, Muskogee, Sequoyah Counties)

Successes:

- Teen Pregnancy and Suicide Prevention
- Choctaw Nation Flu Vaccine Project
- TSET Grant/Certified Healthy
- Opioid Overdose Program
- Community Gardens

Gunnar McFadden, Interim Regional Director, (Canadian, Kingfisher, Logan)

Successes:

- TSET Grant
- Great Bed Race, encourages physical activity
- Touch the Trucks, child abuse awareness
- Tai Chi

Challenges:

- Recruitment and Retention of Staff

Juli Montgomery, Regional Director (Bryan, Choctaw, McCurtain, Pushmataha Counties)
(Presented by Gunnar McFadden)

Successes:

- TSET Grant
- Mission of Mercy, provides free dental services
- Free Fruit Friday, for children

Challenges:

- Reduction in Staff
- Communications between public health and local emergency management

Brenda Potts, Regional Director (Hughes, Lincoln, Okfuskee, Okmulgee, Pottawatomie, Seminole Counties)

Successes:

- TSET Healthy Living Grant
- Avedis Foundation, valuable resource for promoting healthy lifestyles
- Choctaw Nation Flu Vaccines
- Citizens Potawatomi Nation Drive-Through Flu Clinics
- Tai Chi
- Blue Zones Project

Challenges:

- Understaffed
- Reduced services
- Loss of institutional knowledge

D'Elbie Walker, Regional Director (Atoka, Coal, McIntosh, Pittsburg Counties)

Successes:

- TSET Grant
- Vital Records

Mendy Spohn, Regional Director (Carter, Jefferson, Johnston, Love, Marshall, Pontotoc, Stephens Counties)

Successes:

- Chickasaw Nation Partnerships
- TSET Grant
- Our Community Cares, addresses suicide
- Chickasaw Nation Flu Project
- Corporate Fitness Challenge
- Ardmore Behavioral Health Collaborative
- Stand 4 Kind, addresses bullying

Challenges:

- Recruitment of Staff
- Mental Health
- Opioid Crisis
- Suicide

See Attachment F

NEW BUSINESS

No new business.

ADJOURNMENT

Mr. Osterhout moved Board approval to Adjourn. Second Payton. Motion Carried.

AYE: Alexopulos, Gerard, Grim, Legako, Osterhout, Payton, Skillings, Starkey
ABSENT: Krishna

The meeting adjourned at 3:32 p.m.

Approved

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Timothy E. Starkey, M.B.A.
President, Oklahoma State Board of Health
December 11, 2018

Attachment A

Oklahoma State Department of Health
Creating a State of Health

September 14, 2018

Ms. Peggy Coe, Editor
The Oklahoma Register/Administrative Code
Oklahoma Secretary of State
Office of Administrative Rules
421 NW 13th Street, Suite 220
Oklahoma City, OK 73103

Re: Revisions for "Office of Administrative Rules, State Agency Liaison/Attestation Officers"

Dear Ms. Coe,

Please be advised that the following persons, at the address below, are designated and appointed by the Oklahoma State Board of Health to serve in the capacities indicated for all rulemaking purposes:

Attestation Officer:
Tom Bates
Interim Commissioner of Health

Alternate Attestation Officer:
Kim Bailey
Chief Operating Officer and General Counsel

Liaison Officer:
Spencer Kusi
Agency Policy Coordinator

Alternate Liaison Officers:
James Joslin
Assistant Deputy Commissioner, Protective Health Services

Buffy Heater
Chief of Data, Policy, and Promotion

These appointments amend the information filed with the Office of Administrative Rules on April 10, 2018. If you have any questions, please contact Kim Bailey at (405)271-4200.

Sincerely,

Timothy Starkey, M.B.A.
President
Oklahoma State Board of Health

RESOLUTION
OF THE
STATE BOARD OF HEALTH

WHEREAS, the Oklahoma Capitol Improvement Authority ("OCIA") is authorized by enrolled House Bill 2389 (2017) to issue obligations "to provide for the financing of acquisition of real property, together with improvements located thereon, and personal property, to construct buildings and other improvements to real property and to acquire property for office space and to provide funding for the construction of a new State Health Laboratory for the State Department of Health" (the "HB 2389 Bonds") in one or more series in an amount necessary to generate net proceeds of Fifty-eight Million Five Hundred and Fifty-five Thousand Dollars ($58,555,000.00); and

WHEREAS, the State Board of Health desires to facilitate and enable the issuance of the HB 2389 Bonds.

NOW, THEREFORE, BE IT RESOLVED by the State Board of Health that the Interim Commissioner of Health, or his designee, is hereby authorized and directed to negotiate, finalize and execute such documents, for and on behalf of the State Board of Health, as are necessary for the issuance of the HB 2389 Bonds by the Oklahoma Capitol Improvement Authority.

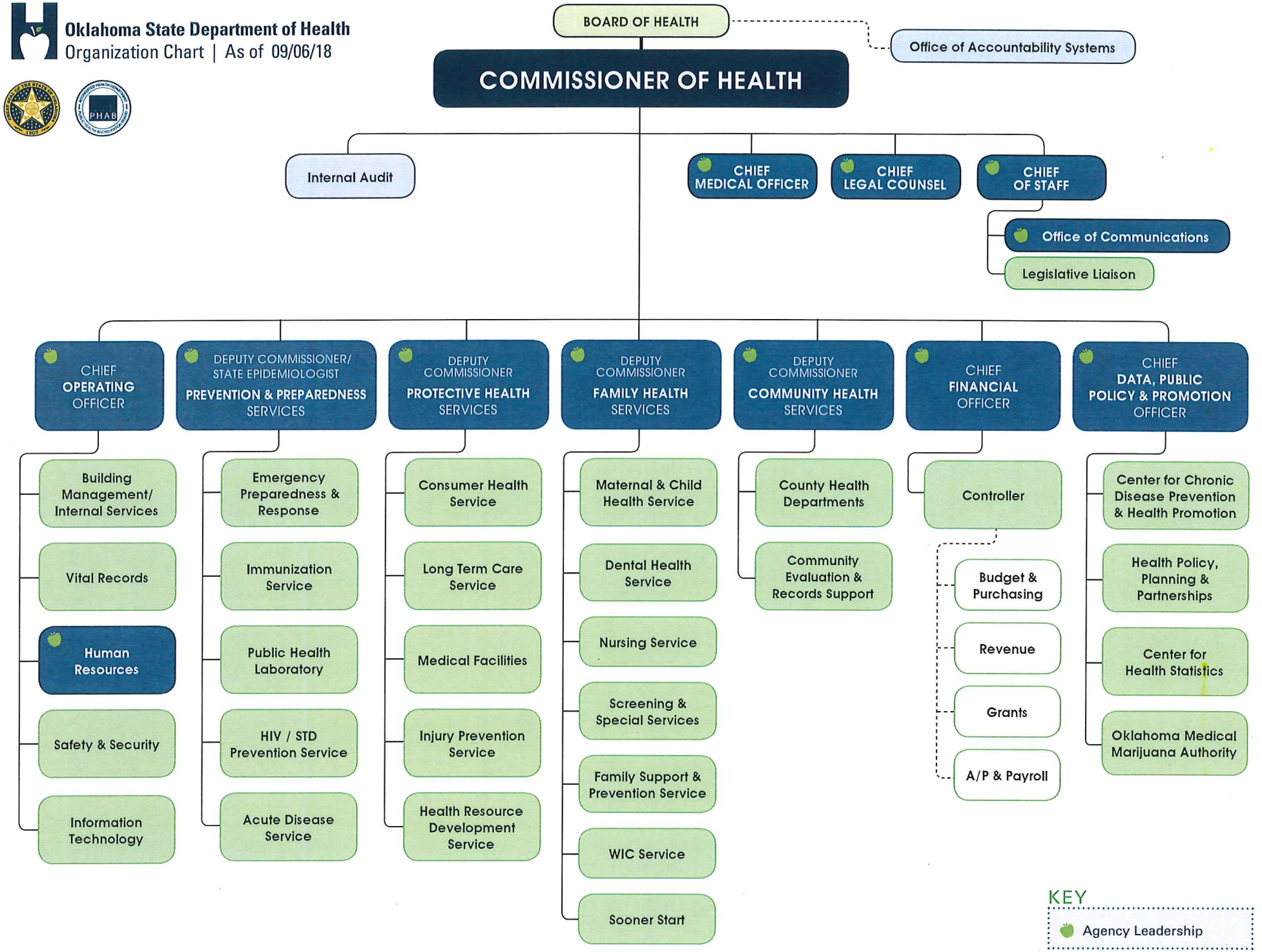
ADOPTED the 14 day of Sept. 2018.

STATE BOARD OF HEALTH

Tim Starkey, Board Chairman

Oklahoma State Department of Health

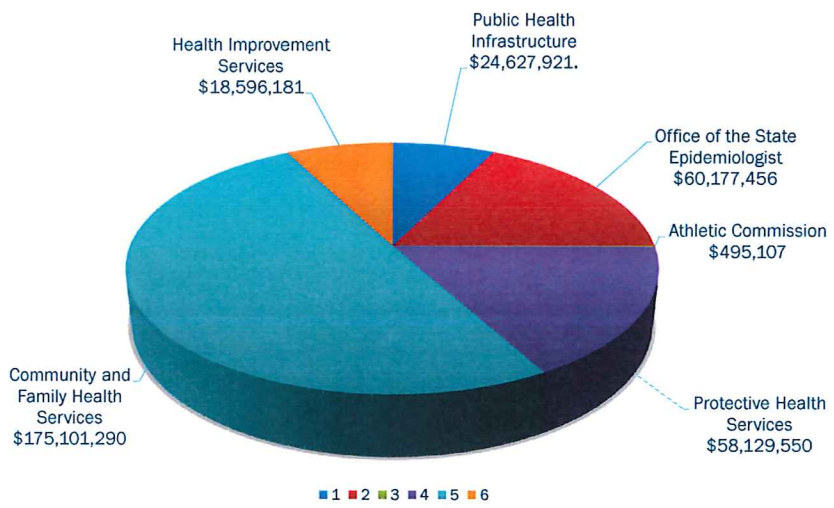
Organization Chart | As of 09/06/18



Oklahoma State Department of Health State Fiscal Year 2019 Update

Chief Financial Officer
September 14, 2018

SFY 2019 Budget by Department



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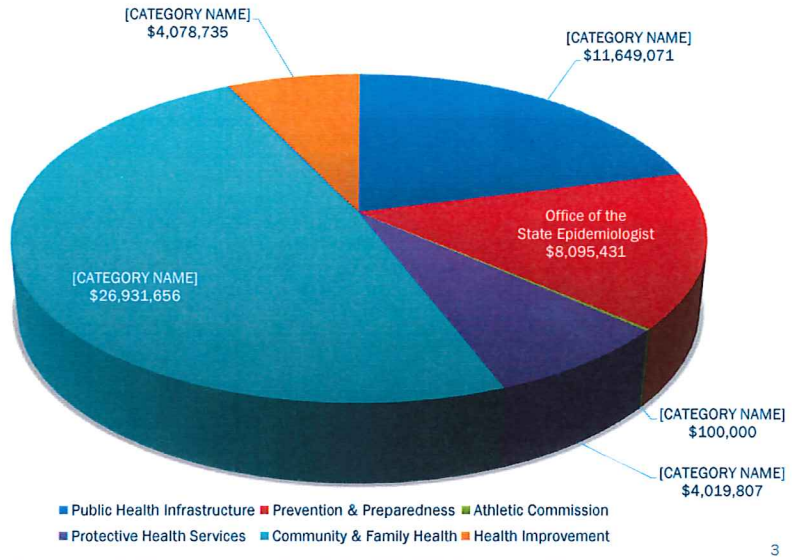
SFY 2019 State Appropriation by Department



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OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Functional Division by Service Area

Office of the State Epidemiologist
- Emergency Preparedness and Response
- Immunizations
- 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

Community and Family Health
- County Health Departments
- 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

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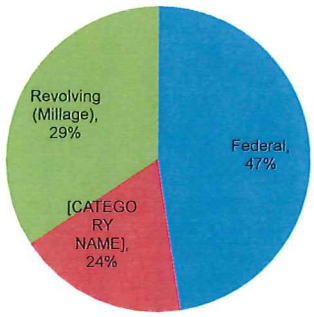
Staffing Levels

SFY 18 Staffing Changes

Date	Event	Staff Number	Change
6/30/2017	Beg. Baseline	2103	
9/27/2017	Furlough Announced	2070	-33
12/8/2017	RIF Posted	2018	-52
3/2/3018	Last Day for RIF Employees	1872	-146
8/28/2018	Ending Baseline	1652	-220
	NET CHANGE		-451

SFY 18 Staff Funding by Source



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Use of Supplemental Appropriation

- The $30 million supplemental appropriation was deposited into the OSDH 19702 account on November 20, 2017. The agency was instructed to use the supplemental funds to pay for current year expenses and any costs needed to be paid back to close out prior accounting periods.
- Below are current balances for OSDH fund accounts that make up the supplemental appropriation, SFY'18 state appropriation, unrestricted revolving account, and the unrestricted federal funds. All the balances, with exception of the amount of unrestricted federal funds can be verified with OMES.
- These fund balances allow OSDH to make available the $30 million to the legislature.

Fund Breakdown

OSDH Fund 197 (Supplemental)	$10,528,209
OSDH Fund 198 (SFY'18 State Appropriation)	$14,666,039
OSDH Fund 210 (Unrestricted Revolving)	$ 4,704,549
OSDH Fund 400 (Unrestricted Federal)	$12,847,555
TOTAL Cash Balance (as of July 31, 2018)	**$42,746,352**

198/210/400 funds are budgeted in SFY'19 and are NOT static balances

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SFY 2017 Single Audit

- **Finding No. 2017-058**

The FY 2017 *Schedule of Expenditures of Federal Awards* (SEFA – GAAP Package Z) submitted by the Department to the Office of Management and Enterprise Services (OMES) incorrectly reports the cash basis for federal cash balance at the beginning of the year by $6,617,824 (should be $0), total federal revenue by $-2,069,592 (should be $1), total federal expenditures by $1,091,843 (should be $1), federal cash balance at end of year by $3,456,390 (should be $0) for Catalog of Federal Domestic Assistance (CFDA) #93.917.

- **Finding No. 2017-59**

The FY 2017 *Schedule of Expenditures of Federal Awards* (SEFA – GAAP Package Z) submitted by the Oklahoma State Department of Health to the Office of Management and Enterprise Services (OMES):

- overstated the cash basis federal expenditure for CFDA #93.505 by $1,190,425 and understated the cash basis federal expenditure for CFDA #93.870 by $1,108,611;
- overstated the cash basis federal revenue for CFDA #93.505 by $815,846 and understated the cash basis federal revenue for CFDA #93.870 by $831,675; and,
- omitted the Federal grantor for 13 of 41 (31.71%) programs reported.

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SFY 17 Audit Findings Continued

- **Finding No. 2017-062**

The Department did not maintain separate accounting/fund for the HIV Care Grant (Ryan White program) rebates in the Statewide Accounting System. The rebate funds were comingled with other federal funds in Class Fund 400; therefore, OSDH is unable to support that Ryan White program rebate funds were used in accordance with Federal regulations and the terms and conditions of the Federal award.

- **Finding No. 2017-063**

SA & I were unable to determine whether OSDH was meeting the Level of Effort - Supplement Not Supplant requirement. OSDH stated that they contribute significant amounts of state funding towards home visiting programs and continues to provide significant funding. However, OSDH was unable to provide any supporting documentation to substantiate they were maintaining non-Federal funding as required. OSDH was also unable to provide any support documenting that they were tracking the total amount of administrative costs being charged to the program to ensure compliance with the earmarking requirement.

8

SFY 17 Audit Findings Continued

- Finding No. 2017-065

For a sample of one out of nine (11.1%) subrecipients, the Department did not maintain adequate documentation to support that every subaward is clearly identified to the subrecipient as a subaward and includes required information. For a sample of one of nine (11.1%) subrecipients, the Department did not maintain adequate documentation to support that it determined subrecipient eligibility by obtaining the subrecipient's DUNS number before award. The Department did not adequately consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records. Specifically, For a sample of two out of thirteen (15.4%) subrecipients, an audit in accordance with Subpart F was not obtained;For a sample of four out of nine (44.4%) subrecipients, a site visit was not documented. The Department did not have adequate controls in place to identify subrecipients subject to reporting on the schedule of expenditures of Federal awards (SEFA). We noted one subrecipient that was improperly excluded from the Department's SEFA resulting in an understatement of subrecipient expenditures related to CFDA # 93.505 in the amount of $639,408 and an understatement of subrecipient expenditures related to CFDA # 93.870 in the amount of $626,629.

9

SFY 17 Audit Findings Continued

- **Finding No. 2017-60**
- The Department did not submit the required report in accordance with Federal regulations and did not identify the correct Federal award on the submitted report

- Full Audit Report
- Sai.ok.gov/audit_reports/single_audits

10

Steps Taken To Progress Finance

- Payroll being run from proper funding source
- Grants separately identified in Statewide Accounting System
- Segregated accounts established for restricted Ryan White Rebate Funds
- Engaged with financial consultant to provide gap analysis and recommendations for new financial system
- Additional internal controls and review processes over financial reporting
- Future financial reports to include Statement of Revenues and Expenditures, Cash Flow Statement and Comparison of Budget to Actual

Attachment D

Oklahoma State Department of Health
Statement of Cash Flow
As of July 31,2018

		Beginning Balance	Revenue	Expenditures	Transfers	Ending Balance
202	Kidney Health Revolving Fund	$ 0.96	$ -	$ -	$ -	$ 0.96
203	Genetic Counseling Licen. Rev	43,919.15	1,900.00	(1,123.46)	-	44,695.69
204	Tobacco Prevntn & Cessatn Fnd	1,211,903.56	130,126.05	(49,294.54)	-	1,292,735.07
207	Alternatives to Abortion Servi	22,951.94	-	-	-	22,951.94
210	Public Health Special Fund	6,146,962.87	4,917,751.91	(6,360,165.76)		4,704,549.02
211	Nursing Facil Adm Penalty	80,141.92	-	-	-	80,141.92
212	Home Health Care Revolving Fd	719,417.10	-	(10,856.57)	-	708,560.53
213	Hospice Palliative Care Lic Pl					
214	Alzheimers Res Lic Plt Revl Fd					
216	Ok Natl Background Check Revol	1,414,417.21	-	(12,689.31)	-	1,401,727.90
218	Fire Extinguisher Ind Rev Fund	-				
220	Civil Monetary Penalty Revl Fd	6,835,805.89	-	(190,310.69)	-	6,645,495.20
222	Oklahoma Organ Donor Education	114,724.14	-	-	-	114,724.14
225	Breast Cancer Act Revolving Fd	131,697.79	1,140.00	(4,183.24)	-	128,654.55
226	Ok Sports Eye Safety Prog Revl	5,040.47	-	-	-	5,040.47
227	Prevent Blindness OK Lic Plate					
228	OK Leukemia and Lymphoma	63,442.61	-	-	-	63,442.61
229	MS Society Revolving Fund	163.35	-	-	-	163.35
230	Lic Marital & Fam Therpst Fnd					
233	OK Prev Birth Def, Pre Birth &	2,264.98	-	-	-	2,264.98
235	Oklahoma Lupus Revolving Fund	12,590.85	-	-	-	12,590.85
236	Trauma Care Assistance Revolv	4,389,992.95	2,431,849.46	(143,842.42)	-	6,677,999.99
239	Juvenile Diabetes Res Lic Plt					
242	Pancreatic Can Res Lic Plt Rev	12,837.12	40.00	-	-	12,877.12
248	Oklahoma Medical Marijuana					
250	Regional Guidance Centers	12.24	-	-	-	12.24
255	Lic. Prof. Counselors Rev. Fd.					
257	Lic Behavrl Practnr Revl Fund					
265	Child Abuse Prevention Fund	146,430.00	2,195.00	(3,458.43)	-	145,166.57
267	EMP Death Benefit Revolv Fund	147,756.50	260.00	-	-	148,016.50
268	Okla Emerg Resp Syst Stab & Im	3,082,797.36	118,989.88	(178,600.13)	-	3,023,187.11
270	Okla Barber Licensing Rev Fund					
280	Alarm Industry Revolving Fund					
284	Dental Loan Repayment Revolvin	379,277.38	37,690.50	(656.15)	-	416,311.73
285	OK Ins Disaster & Emer Med Rev	1,656.97	-	-	-	1,656.97
290	Ok Safe Kids Asso Rev Fund	860.00	-	-	-	860.00
295	Ok State Ath Comm Revolving Fd	312,241.93	10,322.54	(21,821.77)	-	300,742.70
340	CMIA Programs Disbursing Fund	395,899.67	2,673,083.19	(4,377,068.33)	1,581,724.57	273,639.10
400	Federal Funds	14,799,747.50	5,685,985.85	(7,638,178.27)	-	12,847,555.08
410	Ryan White Funds	-	37,115.00	(31,812.67)	-	5,302.33
411	Ryan White Drug Rebate Fund	-	-	-	-	-
490	American Recov. & Reinv. Act	156,461.11	-	-	-	156,461.11
577	Jobs & Growth Tax Relief Fund	-	-	-	-	-
700	WIC REBATE	-	1,581,724.57	-	(1,581,724.57)	-
Total Other Funds		**$ 40,631,415.52**	**$ 17,630,173.95**	**$ (19,024,061.74)**	**$ -**	**$ 39,237,527.73**
	State Appropriation 197	10,509,464.29		18,744.87		10,528,209.16
	State Appropriation 198	17,110,507.13		(2,444,467.97)		14,666,039.16
	State Appropriation 199	-		(1,447,635.82)	4,572,892.00	3,125,256.18
	Fund 994 Payroll corrections	38,412.47				38,412.47
	Fund 79901- Clearing Account	3,450,172.44	437,937.16	-	-	3,888,109.60
		$ 31,108,556.33	**$ 437,937.16**	**$ (3,873,358.92)**	**$ 4,572,892.00**	**$ 32,246,026.57**
Ending Balance		**$ 71,739,971.85**	**$ 18,068,111.11**	**$ (22,897,420.66)**	**$ 4,572,892.00**	**$ 71,483,554.30**
Balance OMES		**$ 71,743,547.78**	**$ 18,068,111.11**	**$ (22,897,420.66)**	**$ 4,572,892.00**	**$ 72,620,349.95**
Difference		**$ (3,575.93)**	**$ -**	**$ -**	**$ -**	**$ (1,136,795.65)**

	July
Prior Year	-3575.93
Timing in Posting	-1133219.72
	-1136795.65

Oklahoma's County Health Departments

Keith Reed, RN, MPH, CPH
Deputy Commissioner, Community Health Services

Oklahoma State Department of Health Regional Directors

Data Source: Community and Family Health Services, Oklahoma State Department of Health

Date Updated: 06.04.2018

Projection/Coordinate System: USGS Albers Equal Area Conic

0 40 80 160
Miles

N

CLEVELAND COUNTY HEALTH DEPARTMENT | cleveland.health.ok.gov

County Health Department Services

All County Health Departments:

- Maternal Child Health/Family Planning Limited Service
- Women, Infant, Children Nutrition
- Immunizations
- Communicable Disease Control
- Early Intervention - SoonerStart
- Consumer Protection: Inspections
- Local Emergency Preparedness & Response
- Assistance with Medicaid Enrollment
- Newborn Screening
- Community Engagement

Additional Services at Some Sites:

- Adult Health Screenings
- Fluoride Varnish Application
- Family Planning – Full Service – ARNP Services
- Home Visitation – Children First
- Child Guidance Programs – Psychological Clinician; Speech Language Pathologists; Child Development Specialists
- Health Education
- Local TSET Grant Activities
- Dental Clinics/Dental Education

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Unorganized Counties

- Consumer Protection: Inspections by Public Health Specialists
  - Such as food establishments and food services at special events; hotels and motels; public swimming pools and recreational facilities
- Emergency Preparedness and Response
- Communicable Disease Outbreak Response
  - Investigation and education

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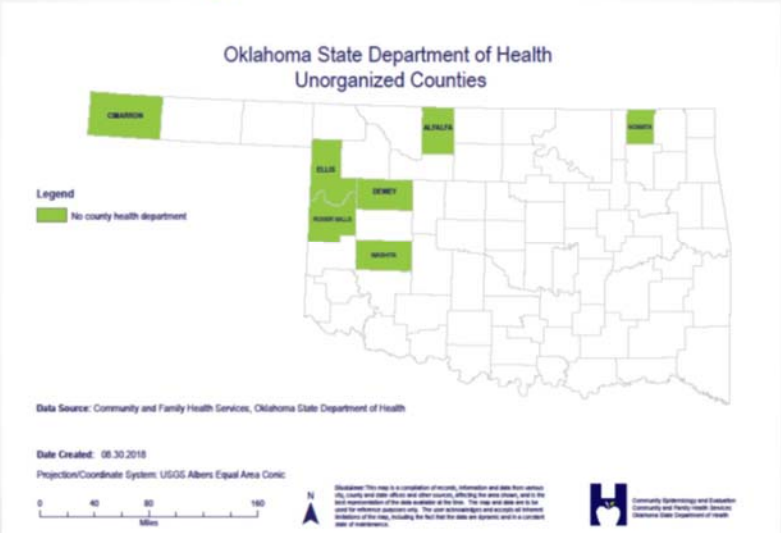
Unorganized Counties



County Health Department Funding

Federal – WIC, Maternal & Child Health, Early Intervention, etc.

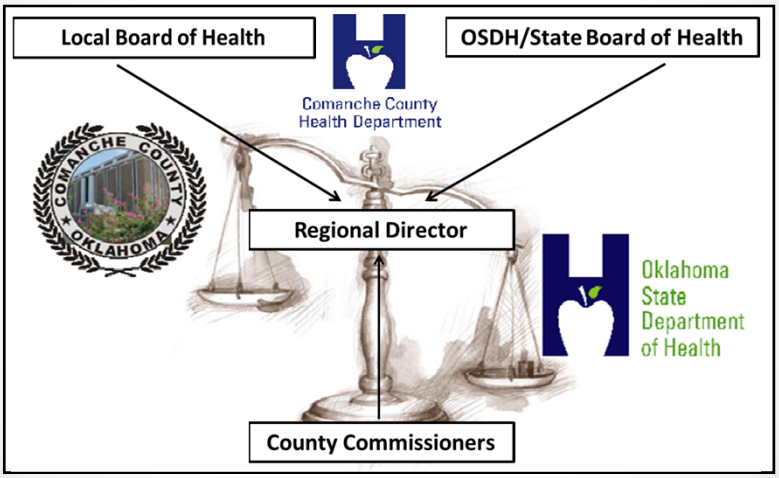
State – Children First, Guidance, Miscellaneous Positions

Fees/Revolving – Public Health Specialists

Millage – Up to 2.5 Mills – Operations and Select Positions

Sales Tax – Replaces or Supplements Millage

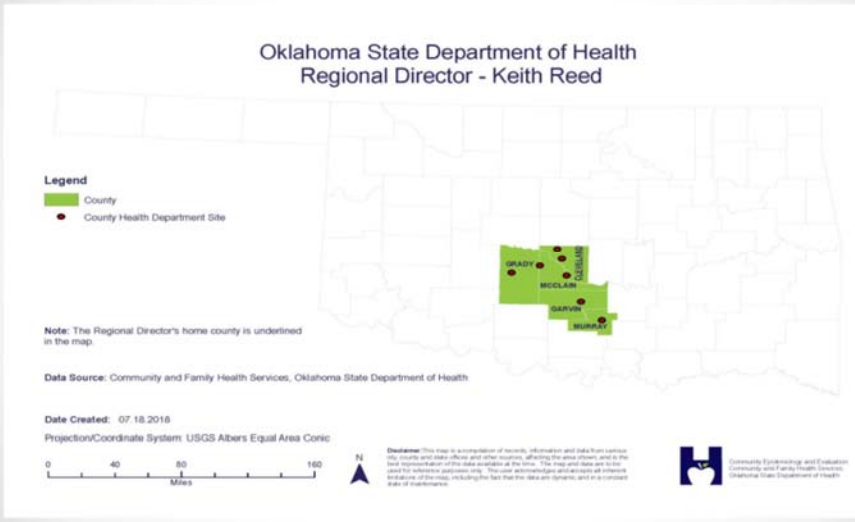
County Health Department Governance & Accountability



Regional Teams

- Regional Director
- Administrative Programs Officer
- District Nurse Manager
- Business Manager
- Local Emergency Response Coordinator
- Specialized Staff (Health Ed, Public Health Specialist, etc.)

REGIONAL DISTRICT MAP



Land of the Festivals…

MEDIEVAL FAIR

Murray County

- Population of 13,733 (2011-2015 estimate)
- Ranked 23rd in the state for population growth
- Median household income of $47,077
- Ranked 54th in the state for health outcomes – 2018
- Ranked 34th in the state for health factors – 2018

Murray County Health Department

- Located in Sulphur
- 4 local FTEs (fully staffed)*
- 1 state FTE
- Facility was built in 1996; county owned.

* Does not include support from regional team

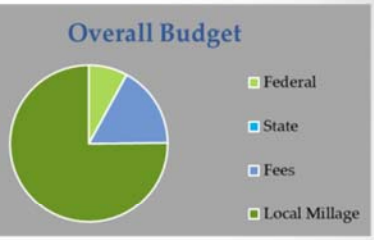
Murray County Health Department

Funding – 2.59 Mills
- Approx. new year's tax –
  - $330,000.00

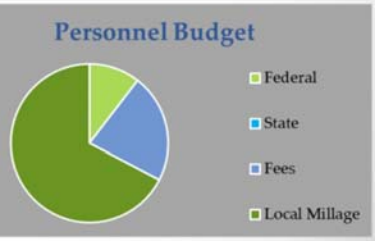
Staffing
- Nurses - 1
- Admin Support - 2
- Health Inspectors – 1
- OSDH Staff - 1

- TOTAL - 5

Overall Budget
- Total - $439,000.00*
- Federal - $35,000.00
- State - $0.00
- Fees - $74,000.00
- Millage - $330,000.00



Personnel Budget
- Total - $334,000.00
- Federal - $35,000.00
- State - $0.00
- Fees - $74,000.00
- Millage - $225,000.00**



*Does not include OSDH indirect costs **Reflects amount available for payroll

Garvin County

- Population of 27,455 (2011-2015 estimate)
- Ranked 50th in the state for population growth
- Median household income $40,524
- Ranked 58th in the state for health outcomes – 2018
- Ranked 55th in the state for health factors – 2018

Garvin County Health Department

- Located in Pauls Valley
- 11 FTEs (includes 3 vacancies)
- 1 state FTE
- Facility was built in 1991; county owned

* Does not include support from regional team

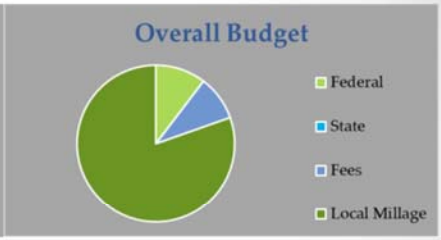
Garvin County Health Department

Funding – 2.59 Mills
- Approx. new year's tax –
  - $742,500.00

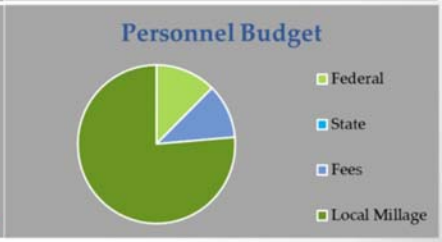
Staffing
- Nurses - 3
- Admin Support – 4
- Health Inspectors – 1
- Health Ed – 1
- Nutritionist – 1
- Regional Staff - 1
- OSDH Staff - 1

- TOTAL - 12

Overall Budget
- Total - $909,000.00*
  - Federal - $94,000.00
  - State - $0.00
  - Fees - $84,000.00
  - Millage - $731,000.00



Personnel Budget
- Total - $753,000.00
  - Federal - $94,000.00
  - State - $0.00
  - Fees - $84,000.00
  - Millage - $575,000.00**



*Does not include OSDH indirect costs **Reflects amount available for payroll

Grady County

- Population of 53,612 (2011-2015 estimate)
- Ranked 9th in the state for population growth
- Median household income of $52,279
- Ranked 21st in the state for health outcomes – 2018
- Ranked 18th in the state for health factors – 2018

Grady County Health Department

- Located in Chickasha
- 9.5 local FTE, 1 vacancy
- Facility was last renovated in 1997, and is owned by the hospital (county). There is no charge for the CHD to use the facility.

* Does not include support from regional team

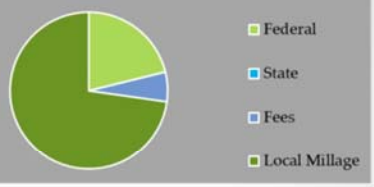
Grady County Health Department

Funding – 1.55 Mills
- Approx. new year's tax –
  - $890,000.00

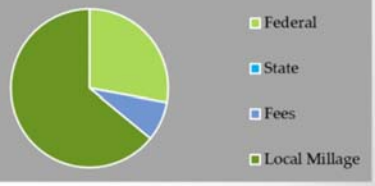
Staffing
- Nurses – 3
- Nutrition Asst. - .5
- Admin Support – 4
- Health Inspectors – 1
- Early Intervention - 1

- TOTAL – 9.5

Overall Budget
- Total - $1,182,000.00*
- Federal - $250,000.00
- State - $0.00
- Fees - $72,000.00
- Millage - $860,000.00



Personnel Budget
- Total - $897,000.00
- Federal - $250,000.00
- State - $0.00
- Fees - $72,000.00
- Millage - $575,000.00**



*Does not include OSDH indirect costs **Reflects amount available for payroll

McClain County

- Population of 36,512 (2011-2015 estimate)
- Ranked 2nd in the state for population growth
- Median household income of $56,088
- Ranked 17th in the state for health outcomes – 2018
- Ranked 7th in the state for health factors – 2018

McClain County Health Department

- Facilities located in Blanchard and Purcell
- 6.5 local FTEs, no vacancies
- Purcell facility is leased space in the school's administrative building.
- Blanchard facility results from a complete renovation of an existing building, and includes a partnership with the county/emergency management. Completed and paid with county millage in 2016.

* Does not include support from regional team

McClain County Health Department

Funding – 2.57 Mills
- Approx. new year's tax –
  - $843,000.00

Staffing
- Nurses - 3
- Nutrition Asst. - .5
- Admin Support – 3

- TOTAL – 6.5

Overall Budget
- Total - $906,000.00*
- Federal - $112,000.00
- State - $0.00
- Fees - $0.00
- Millage - $794,000.00

Personnel Budget
- Total - $602,000.00
- Federal - $112,000.00
- State - $0.00
- Fees - $0.00
- Millage - $490,000.00**

*Does not include OSDH indirect costs **Reflects amount available for payroll

Cleveland County

- Population of 268,614 (2011-2015 estimate)
- Ranked 5th in the state for population growth
- Median household income $56,452
- Ranked 7th in the state for health outcomes – 2018
- Ranked 4th in the state for health factors – 2018

Cleveland County Health Department

- PHAB accredited in 2016
- Facilities located in Norman and Moore
- 68 FTEs in Norman and 21 in Moore, 15 vacancies
- Norman facility built in 2003; county owned
- Moore facility opened in 2010; county owned

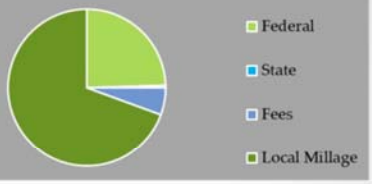
* Includes regional team which also supports other counties

Cleveland County Health Department

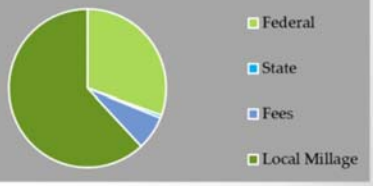
Funding – 2.57 Mills
- Approx. new year's tax –
  - $5,650,000.00

Staffing
- Nurses – 16.5
- Adv Practice Nurse - 2
- Admin Support – 20.5
- Nutrition Asst. – 3
- Health Educators – 3
- Social Worker - 1
- Health Inspectors - 7
- Guidance - 6
- Early Intervention - 14
- Nutritionists - 2
- Emergency Response - 1
- Children 1st – 7
- Accreditation Coord. – 1
- Maintenance - 2
- Regional – 3
  - TOTAL - 89

Overall Budget
- Total - $8,036,500.00*
- Federal - $1,970,000.00
- State - $38,000.00
- Fees - $450,000.00
- Millage - $5,578,500.00



Personnel Budget
- Total - $6,458,000.00
- Federal - $1,970,000.00
- State - $38,000.00
- Fees - $450,000.00
- Millage-$4,000,000.00**



*Does not include OSDH indirect costs **Reflects amount available for payroll

CLEVELAND COUNTY HEALTH DEPARTMENT | cleveland.health.ok.gov

Local Funding Creating Innovative Solutions

- Open Streets Norman and Moore
- Healthy Living Block
- Community Forums
- Veterans Navigator
- Fluoride treatment in clinics
- NPS dental screenings for students
- Farmer's market promotion

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Local Funding Creating Innovative Solutions

- Caring 4 Tomorrow Campaign
- Mobile Smiles clinic in Pauls Valley
- Mental Health First Aid trainings
- Community Health Education
- Living Longer Living Stronger
- Employee Wellness
- Mothers Support Group

CARING 4 TOMORROW

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Leveraging Partnerships to Better Serve the Community

- Administrative and facilitation support for community workgroups (CHIP)
- Uber Pilot Program
- Car seat check events
- Open Streets Pauls Valley
- Growing Like A Read

OKIE NOODLING TOURNAMENT
Pauls Valley

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Leveraging Partnerships to Better Serve the Community

- Open Streets Chickasha
- Early Foundations
- Community basketball court in Lion's Park, Blanchard
- Expansion of Lion's Park equipment and walking trails
- Safe Routes to School
- Chickasaw Nation flu clinic
- Summer feeding programs
- Naloxone programs

OPEN STREETS MOVING FEET Downtown Chickasha

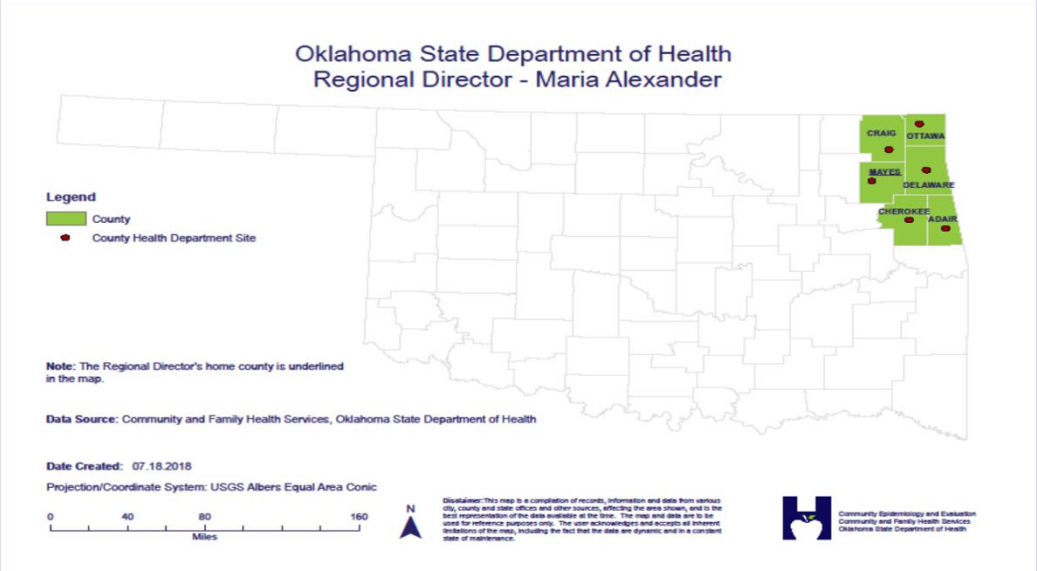
Summary

- There is considerable variation between county resources. These examples do not reflect the same for all counties.
- With collaborative and supportive leadership, local health departments are a key component to a healthy citizenry.

Oklahoma's County Health Departments

Presented by: Regional Directors
Community Health Services

REGIONAL DISTRICT MAP



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Adair County Health Department
Stilwell

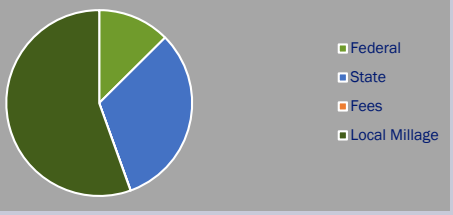
Population – 22,236

Funding – 2.5 Mills
- Approx. new year's tax - $217,783.03

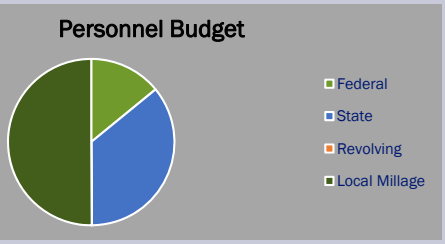
Facility Ownership – County

Staffing
- Nurses – 3
  - Clinic - 1
  - Children First - 2
- Admin Support - 2
- State Housed Employees - 2
  - TOTAL - 7

Overall Budget
- Total - $465,523
- Federal - $58,446
- State - $148,793
- Fees/Revolving - $0
- Millage - $258,284



Personnel Budget
- Total - $415,239
- Federal - $58,446
- State - $148,793
- Fees/Revolving - $0
- Millage - $208,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Cherokee County Health Department
Tahlequah

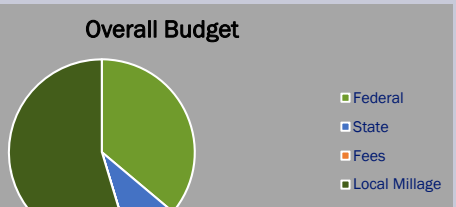
Population – 48,097

Funding – 1.55 Mills
- Approx. new year's tax - $292,933.52

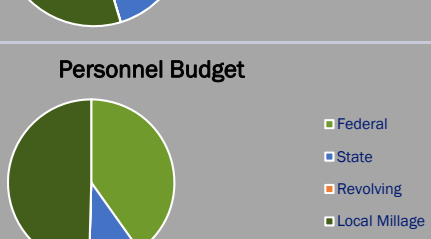
Facility Ownership – County

Staffing
- Nurses – 4
  - Clinic -2 (1 Vacant)
  - Children First -2
- Admin Support – 2
- Nutrition Assistant - 1
- Health Inspectors - 1
- Early Intervention – 4
  - TOTAL - 12

Overall Budget
- Total - $1,065,035
- Federal - $384,590
- State - $98,266
- Fees/Revolving - $0
- Millage - $582,200



Personnel Budget
- Total - $957,856
- Federal - $384,590
- State - $98,266
- Fees/Revolving - $0
- Millage - $475,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Craig County Health Department
Vinita

Population – 14,744

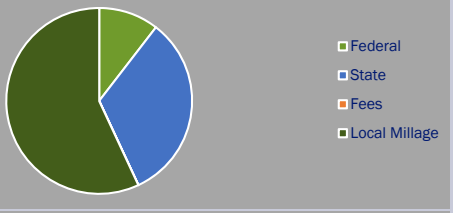
Funding – 2.50 Mills
- Approx. new year's tax - $220,058.75

Facility Ownership –County

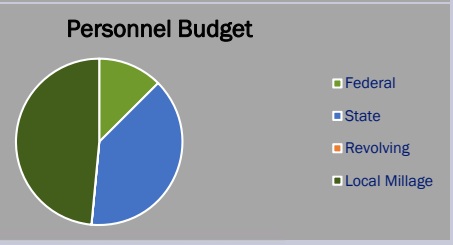
Staffing
- Nurses – 3
  - Clinic – 2
  - Children First - 1
- Admin Support - 2
- Early Intervention - 1
- Senior Companion Director – 1

- TOTAL - 7

Overall Budget
- Total - $431,410
- Federal - $45,134
- State - $140,675
- Fees/Revolving - $0
- Millage - $245,601



Personnel Budget
- Total - $360,809
- Federal - $45,134
- State - $140,675
- Fees/Revolving - $0
- Millage - $175,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Delaware County Health Department
Jay

Population – 41,409

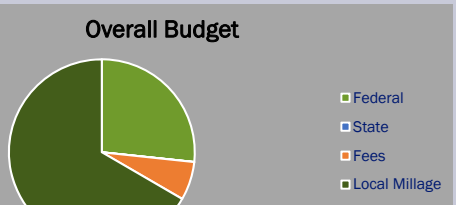
Funding – 2.09 Mills
- Approx. new year's tax - $785,303.04

Facility Ownership –County

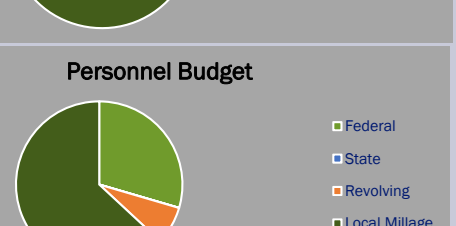
Staffing
- Nurses – 4
  - Clinic – 3
  - Children First - 1
- Admin Support - 3
- Health Inspectors - 1
- Early Intervention – 3
- Health Educator - 1
- Business Manager – 1
- Accreditation Coordinator - 1
- State Housed Employees – 2

- TOTAL - 16

Overall Budget
- Total - $876,872
- Federal - $233,956
- State - $0
- Fees/Revolving - $58,682
- Millage - $584,234



Personnel Budget
- Total - $792,638
- Federal - $233,956
- State - $0
- Fees/Revolving - $58,682
- Millage - $500,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Mayes County Health Department
Pryor

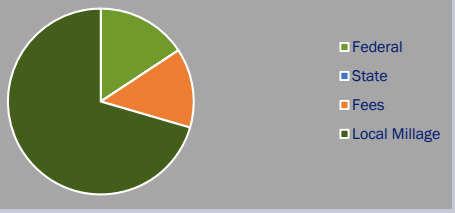
Population – 41,007

Funding – 1.55 Mills
- Approx. new year's tax - $978,707.23

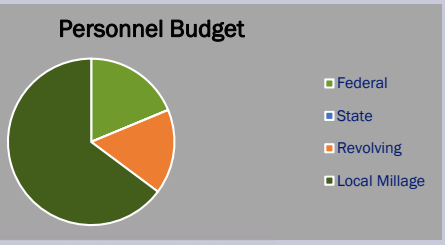
Facility Ownership –County

Staffing
- Nurses – 3 (Vacant – 1)
- Adv Practice Nurse - 1
- Admin Support – 3 (Vacant – 1)
- Health Educator - 1
- Health Inspector - 1
- Nutritionist – 1
- Nutrition Assistant – 1
- Breastfeeding Peer Counselor - 1
- Quad Sanitarian - 1
- Regional Director – 1
- Administrative Programs Officer - 1
- Immunization Field Consultant– 1
  - TOTAL - 16

Overall Budget
- Total - $1,308,134
- Federal - $205,483
- State - $0
- Fees/Revolving - $180,581
- Millage - $922,070



Personnel Budget
- Total - $1,096,064
- Federal - $205,483
- State - $0
- Fees/Revolving - $180,581
- Millage - $710,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Ottawa County Health Department
Miami

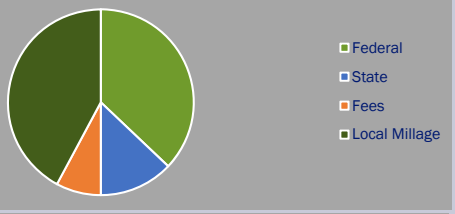
Population – 32,085

Funding – 1.54 Mills
- Approx. new year's tax - $234,218.54

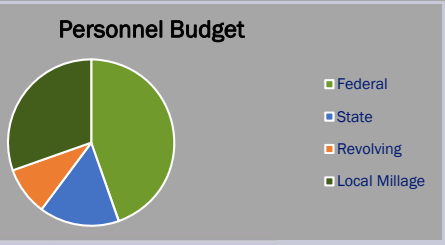
Facility Ownership –County

Staffing
- Nurses – 4
  - Clinic – 2
  - Children First – 1
  - Early Intervention - 1
- Admin Support - 3
- Health Inspector – 1 (Vacant)
- Nutritionist Assistant – 1
- Breastfeeding Peer Counselor - 1
- Emergency Response - 1
- Lead Prevention Program– 1
- Immunization Field Consultant- 1
  - TOTAL - 13

Overall Budget
- Total - $870,464
- Federal - $322,829
- State - $112,528
- Fees/Revolving - $68,050
- Millage - $367,057



Personnel Budget
- Total - $723,406
- Federal - $322,829
- State - $112,528
- Fees/Revolving - $68,050
- Millage - $220,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Health Rankings (1-77 best to worst)

	Health Outcomes	Quality of Life	Health Factors	Health Behaviors
County	Rank	Rank	Rank	Rank
ADAIR	75	77	77	77
CHEROKEE	62	72	57	65
CRAIG	35	38	35	36
DELAWARE	52	69	58	67
MAYES	50	64	50	41
OTTAWA	59	68	61	72

*Source: 2018 County Health Rankings, Robert Wood Johnson Foundation

Access to Care Statistics

	% Below Poverty	% Uninsured	*Distance (miles)
ADAIR	27	28	31
CHEROKEE	23	24	25
CRAIG	19	19	18
DELAWARE	20	20	31
MAYES	21	19	29
OTTAWA	23	19	15

*Distance in miles from the farthest community seeking services at local CHD

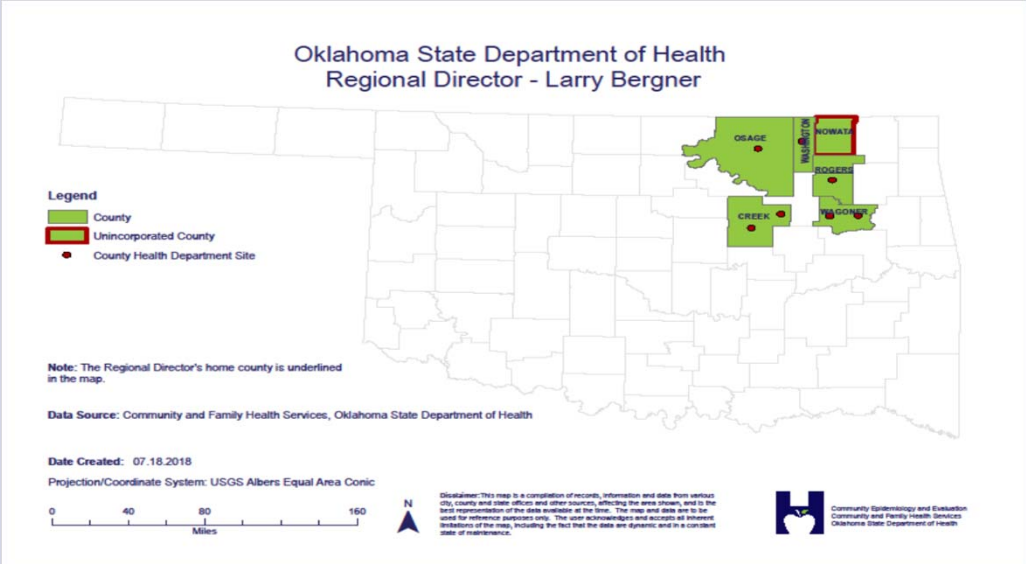
63% reduction in nursing staff[1]

27% reduction in staff[1]

32% reduction in services[2]

[1] November 2017 –June 2018
[2] June 2017 vs June 2018 comparison

REGIONAL DISTRICT MAP



Osage County Health Department
Location - Pawhuska

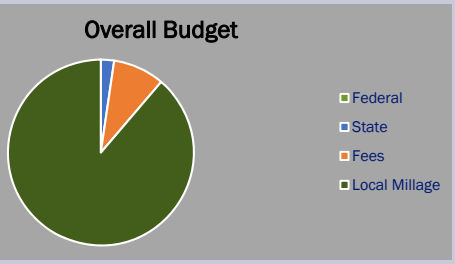
Population – 48,054

Funding – .25% Sales tax
- Approx. new year's tax - $797,696

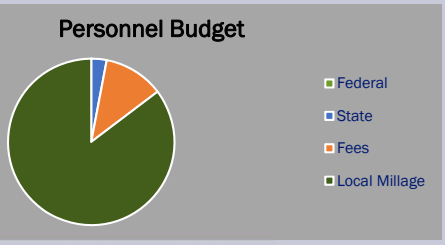
Facility Ownership – County

Staffing
- Nurses - 2
- Adv. Practice Nurse - 1 (regional)
- Admin Support - 2
- Health Inspectors - 1
- Guidance - 0
- Early Intervention - 0
- Nutritionists – 1 (regional)
- Emergency Response – 1 (regional)
- Local Grant Staff – 0
- Regional – 5
  - TOTAL – 13
  - (Current 5 FTE's)

Overall Budget
- Total - $917,473
- Federal - $0
- State - $21,123
- Fees - $82,150
- Millage - $814,200



Personnel Budget
- Total - $703,273
- Federal - $0
- State - $21,123
- Fees - $82,150
- Millage - $600,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Rogers County Health Department
Location - Claremore

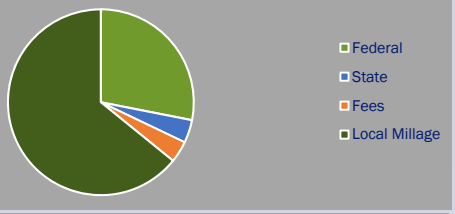
Population – 89,190

Funding – 1.54 Mills
- Approx. new year's tax - $1,383,876

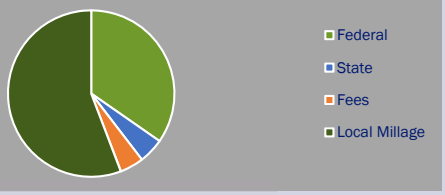
Facility Ownership – County

Staffing
- Nurses - 3
- Adv. Practice Nurse – 1 regional
- Admin Support - 3
- Health Inspectors - 1
- Guidance - 3
- Early Intervention - 2
- Nutritionists – 1 regional
- Emergency Response – 1 regional
- Local Grant Staff – 2
- Regional – 6
  - TOTAL – 28
  - (Current 22 FTE's)

Overall Budget
- Total - $2,210,574
- Federal - $621,209
- State - $88,189
- Fees - $82,976
- Millage - $1,418,200



Personnel Budget
- Total - $1,792,374
- Federal - $621,209
- State - $88,189
- Fees - $82,976
- Millage - $1,000,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Creek County Health Department
2 Locations – Sapulpa and Bristow

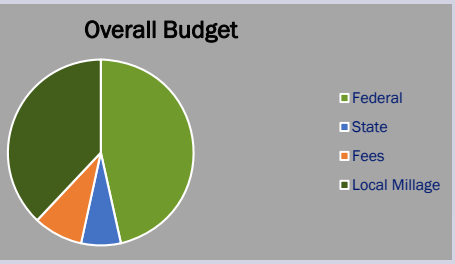
Population – 70,761

Funding – 2.57 Mills
- Approx. new year's tax - $1,530,175

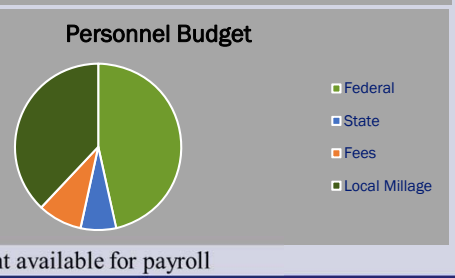
Facility Ownership – State

Staffing
- Nurses - 5
- Adv. Practice Nurse – 1 Regional
- Admin Support - 5
- Health Inspectors - 1
- Guidance - 0
- Early Intervention - 4
- Nutritionists – 1 Regional
- Emergency Response - 1
- Local Grant Staff – 0
- Regional – 7
  - TOTAL – 26
  - (Current 19 FTE's)

Overall Budget
- Total - $1,907,227
- Federal - $661,367
- State - $97,980
- Fees - $122,180
- Millage - $1,025,700



Personnel Budget
- Total - $1,421,527
- Federal - $661,367
- State - $97,980
- Fees - $122,180
- Millage - $540,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Washington County Health Department
Location – Bartlesville

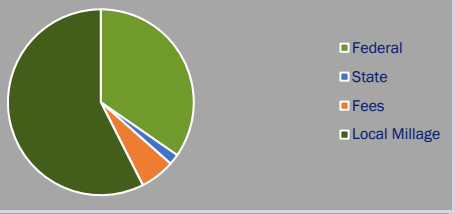
Population – 51,760

Funding – 2.61 Mills
- Approx. new year's tax - $875,223

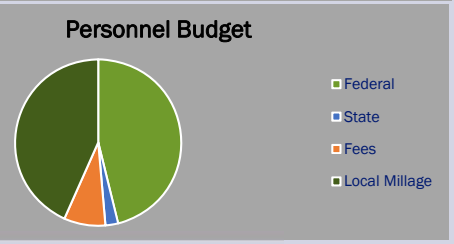
Facility Ownership – County

Staffing
- Nurses - 5
- Adv Practice Nurse – 1 Regional
- Admin Support - 7
- Health Inspectors - 1
- Guidance - 0
- Early Intervention - 3
- Nutritionists – 1 Regional
- Emergency Response – 1 Regional
- Local Grant Staff – 0
- Regional – 5
  - TOTAL – 17
  - (Current 10 FTE's)

Overall Budget
- Total - $1,229,912
- Federal - $426,038
- State - $22,846
- Fees - $74,328
- Millage - $706,700



Personnel Budget
- Total - $923,212
- Federal - $426,038
- State - $22,846
- Fees - $74,328
- Millage - $400,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Wagoner County Health Department
2 Locations – Coweta and Wagoner

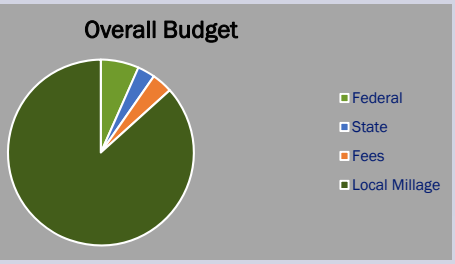
Population – 75,391

Funding – 2.58 Mills
- Approx. new year's tax - $1,364,111
- Local TSET Grant - $307,300
  - Total - $1,671,411

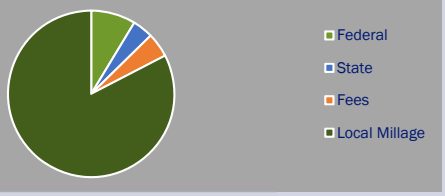
Facility Ownership – County

Staffing
- Nurses - 3
- Adv. Practice Nurse – 1 Regional
- Admin Support -3
- Health Inspectors - 1
- Guidance - 0
- Early Intervention - 1
- Nutritionists – 1 Regional
- Emergency Response - 1
- Local Grant Staff – 0
- Regional – 7
  - TOTAL – 15
  - (Current 11 FTE's)

Overall Budget
- Total - $1,742,903
- Federal - $115,457
- State - $53,123
- Fees - $63,023
- Millage - $1,511,300



Personnel Budget
- Total - $1,331,603
- Federal - $115,457
- State - $53,123
- Fees - $63,023
- Millage - $1,100,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Osage County – Pawhuska
Disk Golf Course

Wagoner County – Wagoner
Sponsored crosswalk
for walking trail

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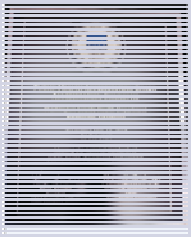
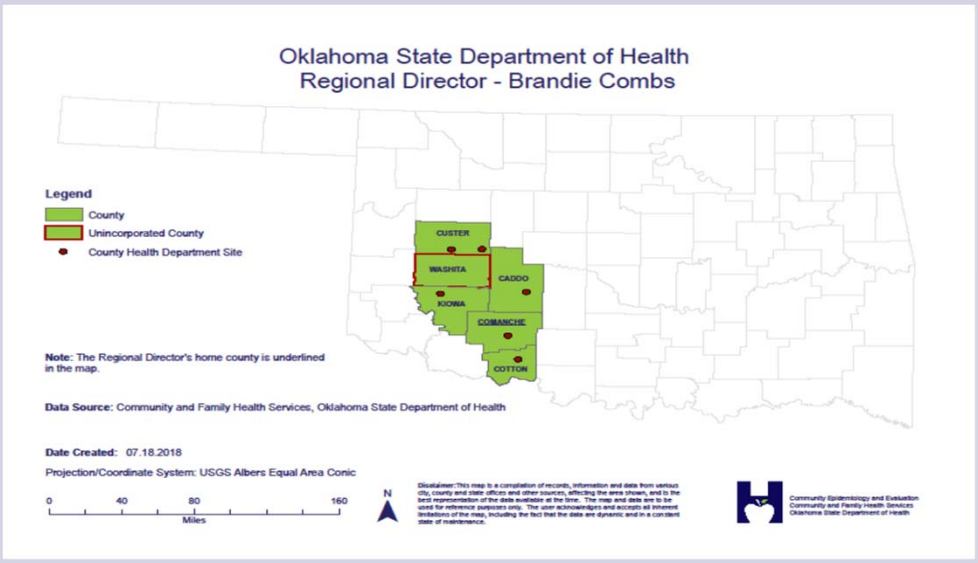
Wagoner County
Bluegrass & Chili Festival – new for 2018



Washington County
Health Department
PHAB Accredited May 2018

Rogers County Health Department – Claremore
Partnered in development of Will Rogers Park

REGIONAL DISTRICT MAP



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Caddo County Health Department
Anadarko

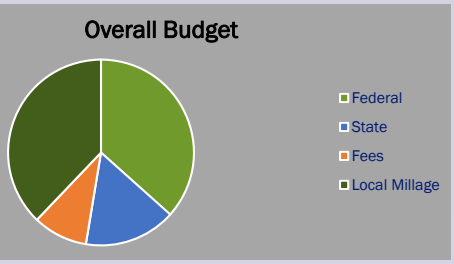
Population – 29,173

Funding – 1.02 Mills
Sales Tax
Approx. new year's tax - $179,327

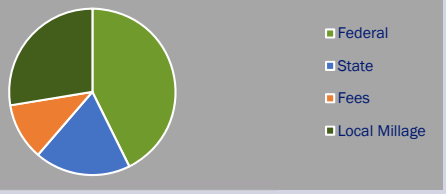
Facility Ownership – County

Staffing
- Nurses - 2
- Admin Support - 2
- Health Inspectors - 1
- Early Intervention - 2
- Health Educator - 1
  - TOTAL - 8

Overall Budget
- Total - $633,662
- Federal - $232,055
- State - $101,396
- Fees - $60,211
- Millage - $240,000



Personnel Budget
- Total - $543,662
- Federal - $232,055
- State - $101,396
- Fees - $60,211
- Millage - $150,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

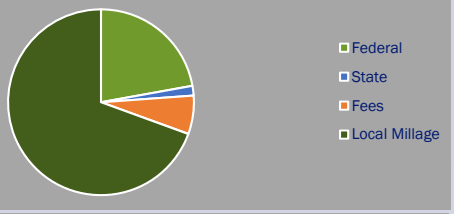
Comanche County Health Department
Lawton

Population – 121,526

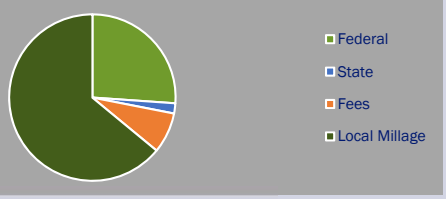
Funding – 2.56 Mills
- Approx. new year's tax - $1,690,000
- Local TSET Grant - $175,000
  - Total - $1,865,000

Facility Ownership – County
Staffing
- Nurses -9
- Adv Practice Nurse - .5
- Admin Support - 12
- Health Inspectors - 3
- Guidance - 1
- Early Intervention - 1
- Nutritionists – 2
- Nutrition Asst - 2
- BFPC – 3
- Health Educator - 2
- Local Grant Staff – 3
- Maintenance - 2
- Regional – 6
  - TOTAL – 46.5

Overall Budget
- Total - $3,384,289
- Federal - $733,680
- State - $55,795
- Fees - $221,927
- Millage - $2,300,000



Personnel Budget
- Total - $2,984,232
- Federal - $733,680
- State - $55,795
- Fees - $221,927
- Millage - $1,800,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Cotton County Health Department
Walters

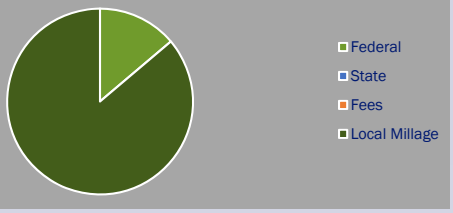
Population – 5,823

Funding – 2.6 Mills
- Approx. new year's tax - $91,579

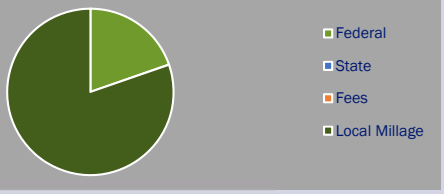
Facility Ownership – Leased space from DHS

Staffing
- Nurses – 1
- Admin Support - 1
  - TOTAL - 2

Overall Budget
- Total - $150,839
- Federal - $20,839
- State - $0
- Fees - $0
- Millage - $130,000



Personnel Budget
- Total - $105,839
- Federal - $20,839
- State - $0
- Fees - $0
- Millage - $85,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Custer County Health Department
Clinton & Weatherford

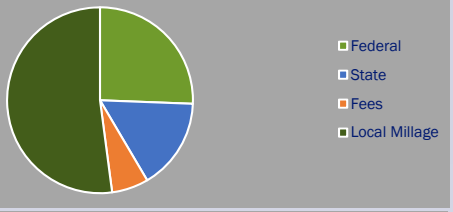
Population – 28,000

Funding – 2.06 Mills
- Approx. new year's tax - $481,300

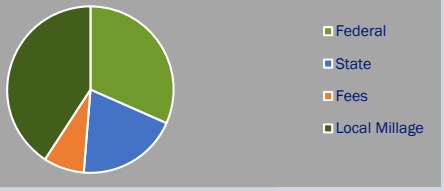
Facility Ownership – County

Staffing
- Nurses – 4.5
- Patient Care Asst. - 1
- Admin Support – 4
- BFPC - 1
- Health Inspectors - 1
- Guidance - 1
- Early Intervention - 1
  - TOTAL – 13.5

Overall Budget
- Total - $946,692
- Federal - $242,379
- State - $150,712
- Fees - $60,601
- Millage - $493,000



Personnel Budget
- Total - $765,842
- Federal - $242,379
- State - $150,712
- Fees - $60,601
- Millage - $313,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Kiowa County Health Department
Hobart

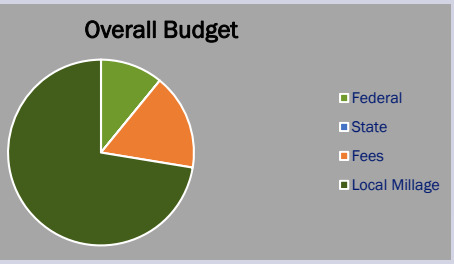
Population – 8,893

Funding – 2.61 Mills
- Approx. new year's tax - $219,028

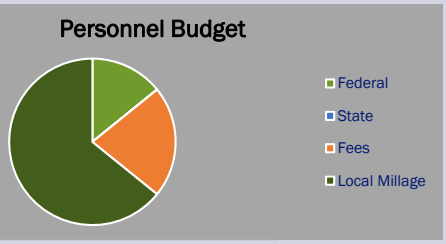
Facility Ownership – County

Staffing
- Nurses - 1
- Admin Support – 1
- Health Inspector - 1
- TOTAL - 3

Overall Budget
- Total - $435,023
- Federal - $47,487
- State - $0
- Fees - $72,536
- Millage - $315,000



Personnel Budget
- Total - $335,023
- Federal - $47,487
- State - $0
- Fees - $72,536
- Millage - $215,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Planning

Workforce

Partnerships

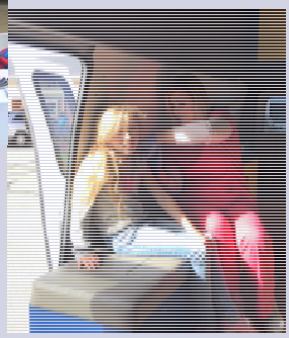
Service

Prevention

Social Determinants

FIT kiPs SWOK

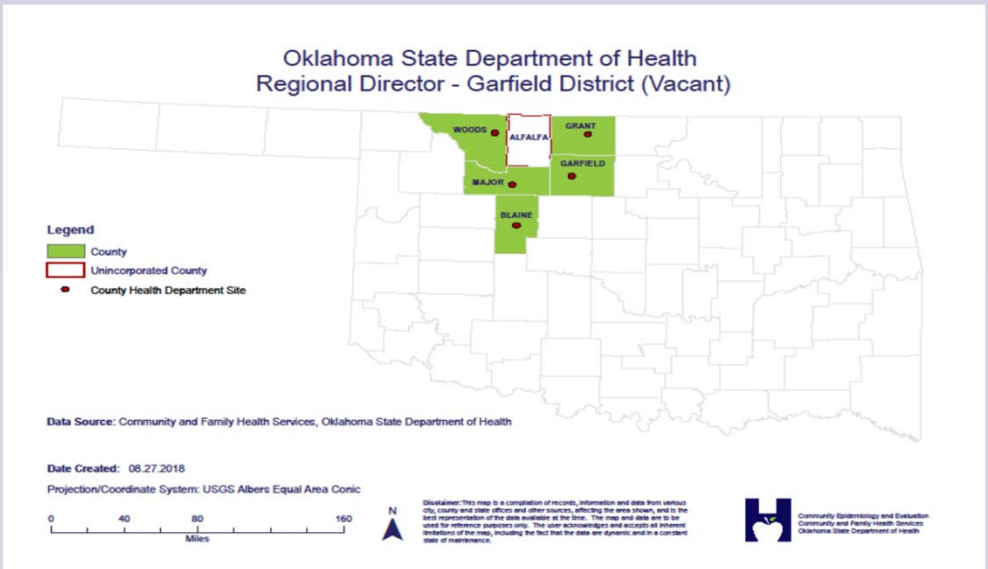
Quality Improvement



Community Assessments

OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

REGIONAL DISTRICT MAP



OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Blaine County Health Department
Watonga

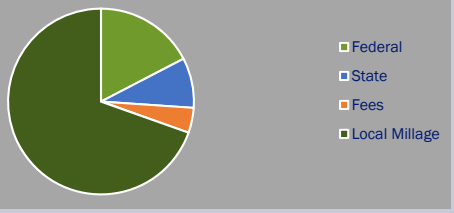
Population – 9,498

Funding – 2.12 Mills
- Approx. new year's tax - $365,844

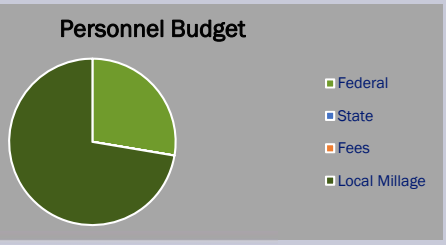
Facility Ownership – County

Staffing
- Nurses - 1
- Admin Support - 1
- Early Intervention - .5
- BFPC - 1
- Local Grant Staff – 1
  - TOTAL – 4.5

Overall Budget
- Total - $479,520
- Federal - $114,520
- State - $0
- Fees - $0
- Millage - $365,000



Personnel Budget
- Total - $414,520
- Federal - $114,520
- State - $0
- Fees - $0
- Millage - $300,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Garfield County Health Department
Enid, OK

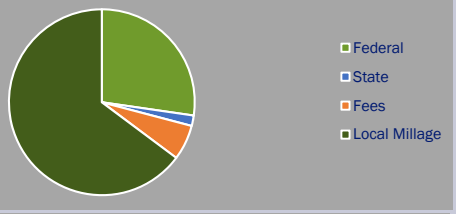
Population – 62,192

Funding – 2.64 Mills
- Approx. new year's tax - $1,378,000

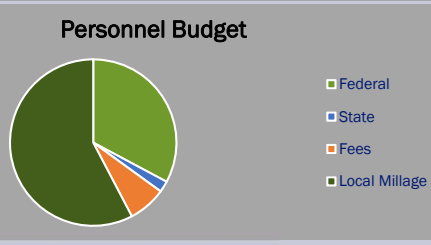
Facility Ownership – County

Staffing
- Nurses - 9
- Adv Practice Nurse - 1
- Admin Support – 7.5
- Health Inspectors - 2
- Guidance - 1
- Early Intervention - 3
- Nutritionists and Nutrition Assistants - 2
- Emergency Response - 1
- Regional – 5
- OSDH/Dept of Ed/OMES – 4
  - TOTAL – 35.5

Overall Budget
- Total - $2,042,268
- Federal - $557,268
- State - $37,000
- Fees - $125,000
- Millage - $1,323,000



Personnel Budget
- Total - $1,699,268
- Federal - $557,268
- State - $37,000
- Fees - $125,000
- Millage - $980,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Grant County Health Department
Medford, OK

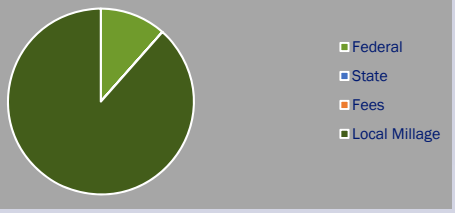
Population – 4,517

Funding – 1.5 Mills
- Approx. new year's tax - $238,000

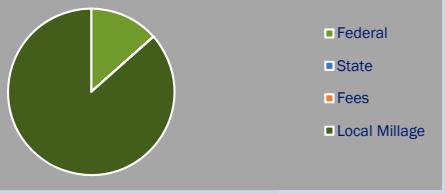
Facility Ownership – County

Staffing
- Nurses - 1
- Admin Support - 1
  - TOTAL - 2

Overall Budget
- Total - $260,000
- Federal - $30,000
- State - $0
- Fees - $0
- Millage - $230,000



Personnel Budget
- Total - $223,000
- Federal - $30,000
- State - $0
- Fees - $0
- Millage - $193,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Major County Health Department
Fairview, OK

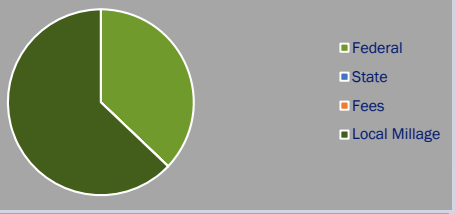
Population – 7,527

Funding – 1.58 Mills
- Approx. new year's tax - $167,000

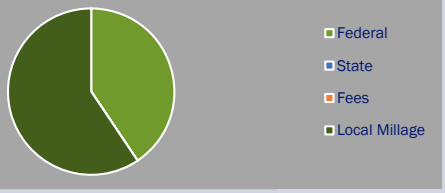
Facility Ownership – County

Staffing
- Nurses - 1
- Admin Support – 1
- Early Intervention - 1
  - TOTAL - 3

Overall Budget
- Total - $349,832
- Federal - $129,832
- State - $0
- Fees - $0
- Millage - $220,000



Personnel Budget
- Total - $319,832
- Federal - $129,832
- State - $0
- Fees - $0
- Millage - $190,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Woods County Health Department
Alva, OK

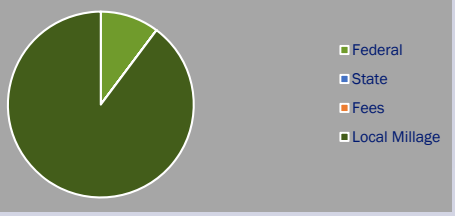
Population – 8,878

Funding – 1.37 Mills
- Approx. new year's tax - $268,000

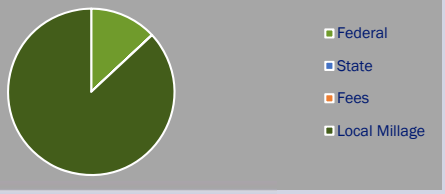
Facility Ownership – Leased

Staffing
- Nurses - 1
- Admin Support – 2
- Early Intervention – 1
- Protective Health - 3
  - TOTAL - 7

Overall Budget
- Total - $293,000
- Federal - $30,000
- State - $0
- Fees - $0
- Millage - $263,000

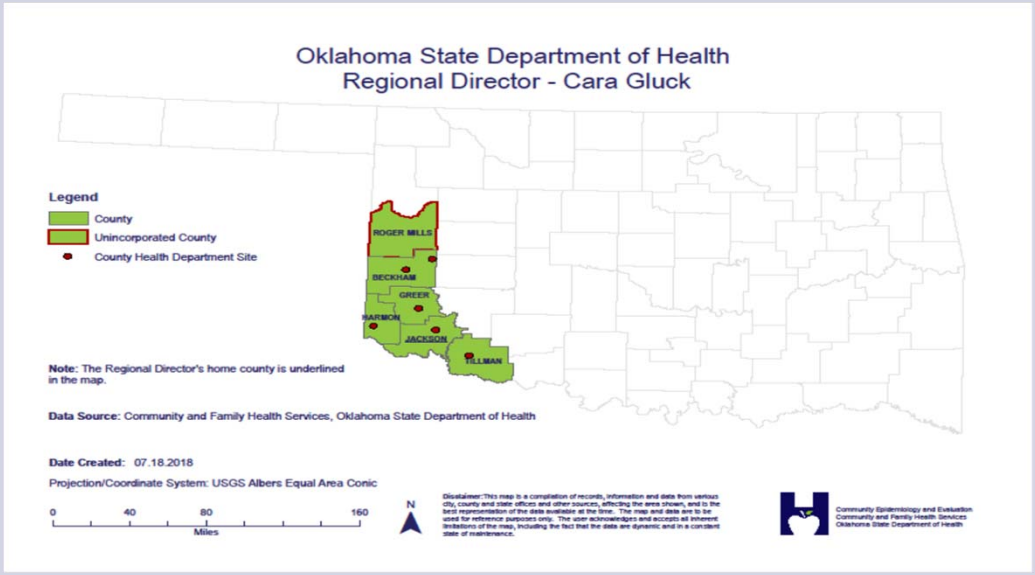


Personnel Budget
- Total - $230,000
- Federal - $30,000
- State - $0
- Fees - $0
- Millage - $200,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

REGIONAL DISTRICT MAP



Beckham County Health Department
Elk City & Sayre

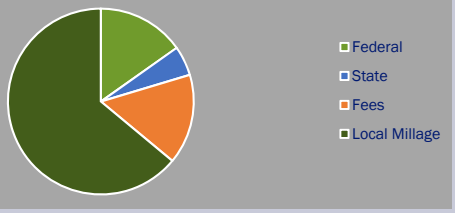
Population – 21,793

Funding – 2.59 Mills
- Approx. new year's tax - $897,087

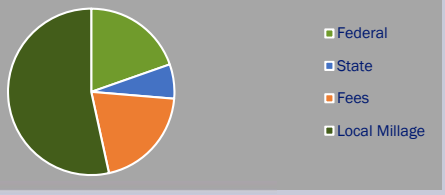
Facilities- County Owned

Staffing
- Nurses – 3 (1 vacancy)
- Adv Practice Nurse - 1
- Admin Support – 4 (1 vacancy)
- Health Educator- 1 vacant
- Health Inspectors – 2 (1 Quad)
- Regional – 4 (EPRS/IFC/Teen Pregnancy)
  - TOTAL - 15

Overall Budget
- Total - $1,198,057
- Federal - $182,104
- State - $61,831
- Fees - $187,686
- Millage - $766,436



Personnel Budget
- Total - $926,621
- Federal - $182,104
- State - $61,831
- Fees - $187,686
- Millage - $495,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Greer County Health Department
Mangum

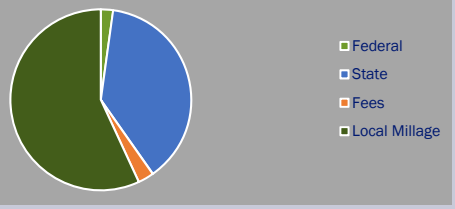
Population – 5,843

Funding – 2.66 Mills
- Approx. new year's tax - $68,820
- State Funded Building Reimbursement - $91,966
  - Total - $160,786

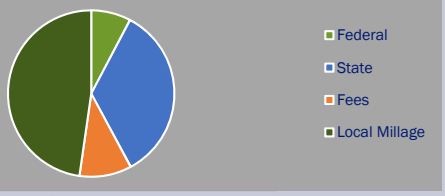
Facility Ownership – County
OSDH Building payment

Staffing
- Nurses – 0 (covered out of Jackson & Beckham)
- Admin Support - 1
- Regional – 1
  - TOTAL - 2

Overall Budget
- Total - $324,627
- Federal - $7,063
- State - $123,392 (includes building payment)
- Fees - $9,261
- Millage - $184,371



Personnel Budget
- Total - $91,360
- Federal - $7,063
- State - $31,436
- Fees - $9,261
- Millage - $43,600



*Does not include OSDH indirect costs **Reflects amount available for payroll

Harmon County Health Department
Hollis

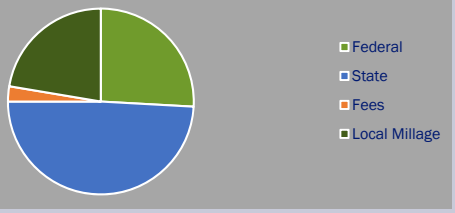
Population – 2,689

Funding – 2.62 Mills
- Approx. new year's tax - $ 52,489

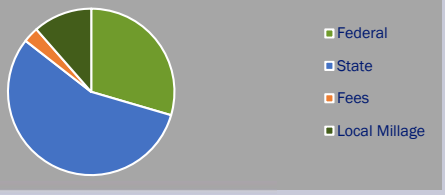
Facility Ownership – County

Staffing
- Nurses – (0 covered out of Jackson)
- Admin Support - 1
- Early Intervention - 1
- Regional – 2
  - TOTAL - 4

Overall Budget
- Total - $338,442
- Federal - $87,609
- State - $166,210
- Fees - $8,973
- Millage - $75,650



Personnel Budget
- Total - $296,792
- Federal - $87,609
- State - $166,210
- Fees - $8,973
- Millage - $34,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Jackson County Health Department
Location(s)

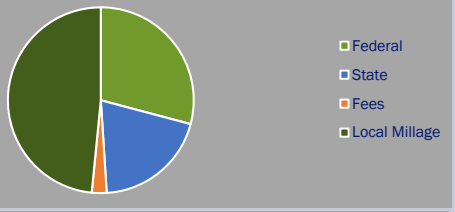
Population – 25,125

Funding – 2.54 Mills
- Approx. new year's tax - $325,813
- Local TSET Grant - $193,000
  - Total - $518,813

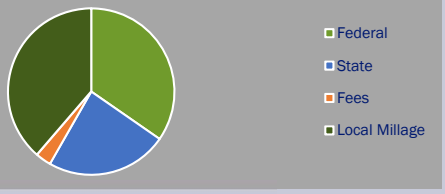
Facility Ownership –County

Staffing
- Nurses - 3
- Admin Support - 5
- Health Inspectors - 1
- Nutritionists - 2
- Emergency Response - 1
- Local Grant Staff – 2
- Regional – 1
  - TOTAL - 15

Overall Budget
- Total - $1,626,830
- Federal - $473,880
- State - $323,137
- Fees - $41,878
- Millage - $787,935



Personnel Budget
- Total - $1,367,895
- Federal - $473,880
- State - $323,137
- Fees - $41,878
- Millage - $529,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Tillman County Health Department
Frederick

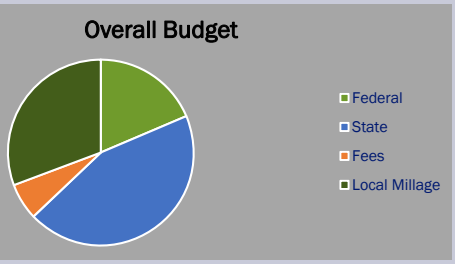
Population – 7,433

Funding – 1.57 Mills
- Approx. new year's tax - $66,037

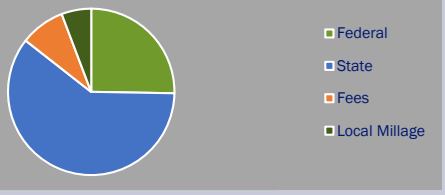
Facility Ownership –County

Staffing
- Nurses - 1
- Admin Support - 1
- Regional – 3
  - TOTAL - 5

Overall Budget
- Total - $354,131
- Federal - $65,823
- State - $156,992
- Fees - $22,616
- Millage - $108,700



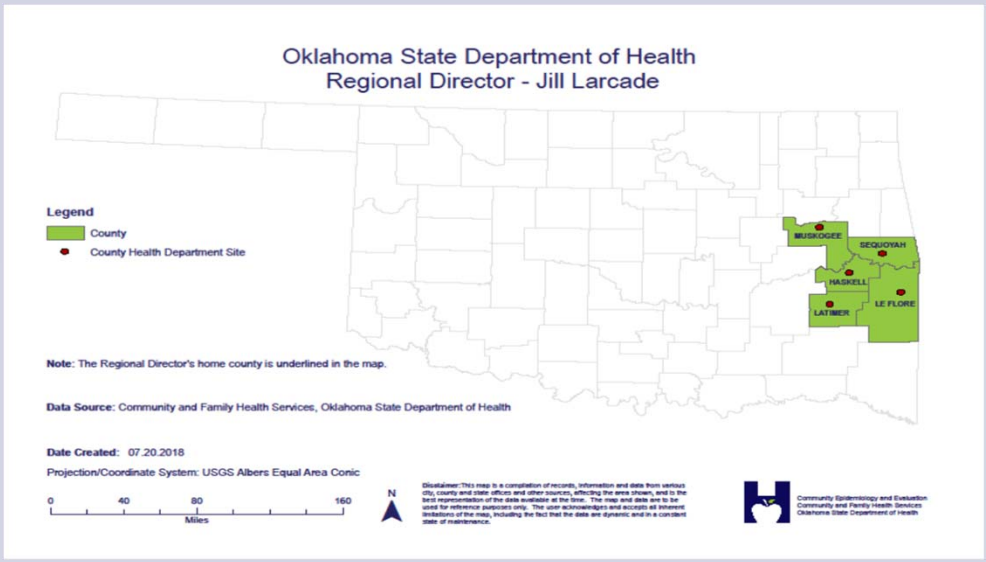
Personnel Budget
- Total - $260,431
- Federal - $65,823
- State - $156,992
- Fees - $22,616
- Millage - $15,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Facilities

REGIONAL DISTRICT MAP



Haskell County Health Department

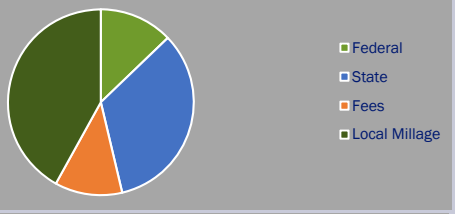
Population – 12,763

Funding – 2.05Mills
- Approx. new year's tax - $112,093

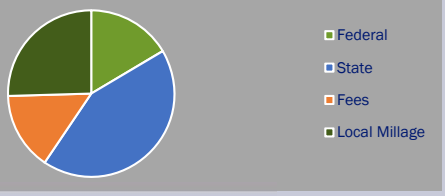
Facility Ownership – Choctaw Nation

Staffing
- Nurses – 1.5
- Adv Practice Nurse - 0
- Admin Support - 2
- Health Inspectors - 1
- Guidance - 0
- Early Intervention – 0
- Nutritionists - 0
- Emergency Response - 0
- Local Grant Staff – 0
- Regional – 0
  - TOTAL - 4

Overall Budget
- Total - $429,010
- Federal - $55,000
- State - $143,600
- Fees - $50,410
- Millage - $180,000



Personnel Budget
- Total - $334,010
- Federal - $55,000
- State - $143,600
- Fees - $50,410
- Millage - $85,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Latimer County Health Department

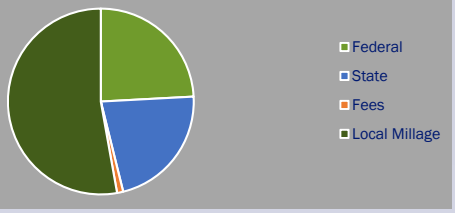
Population – 10,411

Funding – 2.55Mills
- Approx. new year's tax - $144,217

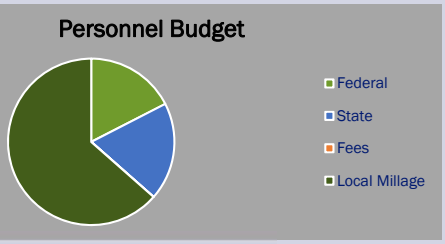
Facility Ownership – Stipe Investments

Staffing
- Nurses – 1.5
- Adv Practice Nurse - 0
- Admin Support - 2
- Health Inspectors - 0
- Guidance - 0
- Early Intervention – 0
- Nutritionists - 0
- Emergency Response - 0
- Local Grant Staff – 0
- Regional – 0
  - TOTAL -3.5

Overall Budget
- Total - $270,000
- Federal - $66,000
- State - $60,000
- Fees - $2,950
- Millage - $144,217



Personnel Budget
- Total - $244,000
- Federal - $55,000
- State - $60,000
- Fees - $0
- Millage - $80,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

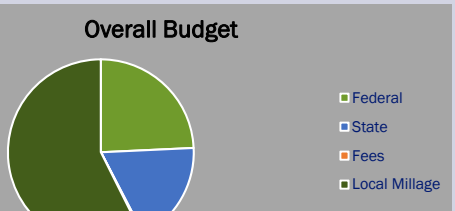
LeFlore County Health Department

Population – 49,731
Funding – 2.57Mills
- Approx. new year's tax - $574,504

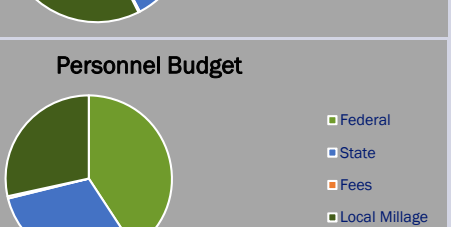
Facility Ownership – LeFlore County

Staffing
- Nurses – 2.5
- Adv Practice Nurse - 0
- Admin Support - 3
- Health Inspectors - 1
- Guidance - 1
- Early Intervention – 1
- Nutritionists - 1
- Emergency Response - 0
- Local Grant Staff – 1
- Regional – 1
- Maintenance - 1
  - TOTAL 12.00

Overall Budget
- Total - $1,183,405
- Federal - $287,000
- State - $214,000
- Fees - $3,251
- Millage - $679,154



Personnel Budget
- Total - $704,251
- Federal - $287,000
- State - $214,000
- Fees - $3,251
- Millage - $200,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Muskogee County Health Department

Population – 69,086
Funding – 2.53Mills

- Approx. new year's tax - $1,173,730
- Local TSET Grant - $330,997
  - Total - $1,504,727

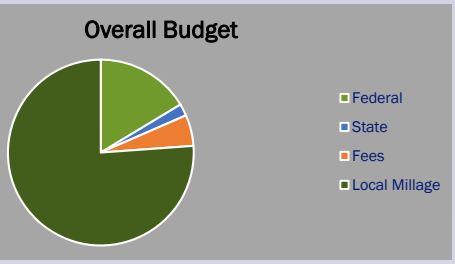
Facility Ownership – Muskogee County

Staffing

- Nurses – 6
- Adv Practice Nurse - 0
- Admin Support - 6
- Health Inspectors - 1
- Guidance - 1
- Early Intervention – 0
- Nutritionists - 1
- Emergency Response - 0
- Local Grant Staff – 3 (TSET)
- Regional – 0
  - TOTAL 18.00

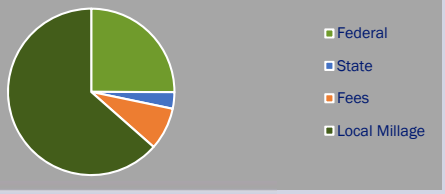
Overall Budget

- Total - $2,254,164
- Federal - $369,000
- State - $47,000
- Fees - $121,504
- Millage - $1,716,660



Personnel Budget

- Total - $1,472,504
- Federal - $369,000
- State - $47,000
- Revolving - $121,504
- Millage - $935,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Sequoyah County Health Department

Population – 41,252
Funding – 2.59 Mills

- Approx. new year's tax - $437,691

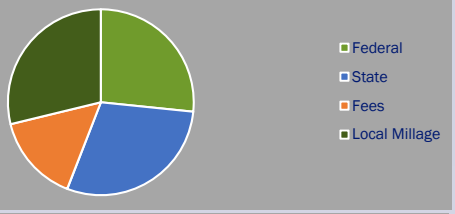
Facility Ownership – Sequoyah County

Staffing

- Nurses – 2.5
- Adv Practice Nurse - 1
- Admin Support - 3
- Health Inspectors - 2
- Guidance - 0
- Early Intervention –0
- Nutritionists – 1
- Nutritionist Asst.- 1
- Emergency Response - 0
- Local Grant Staff – 1
- Regional – 2
  - TOTAL 13.50

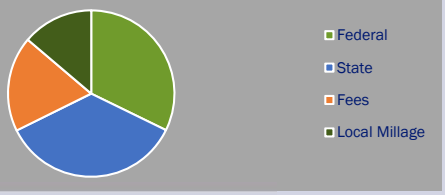
Overall Budget

- Total - $1,149,167
- Federal - $306,000
- State - $336,382
- Fees - $175,785
- Millage - $331,000



Personnel Budget

- Total - $949,167
- Federal - $306,000
- State - $336,382
- Fees - $175,785
- Millage - $131,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Summary

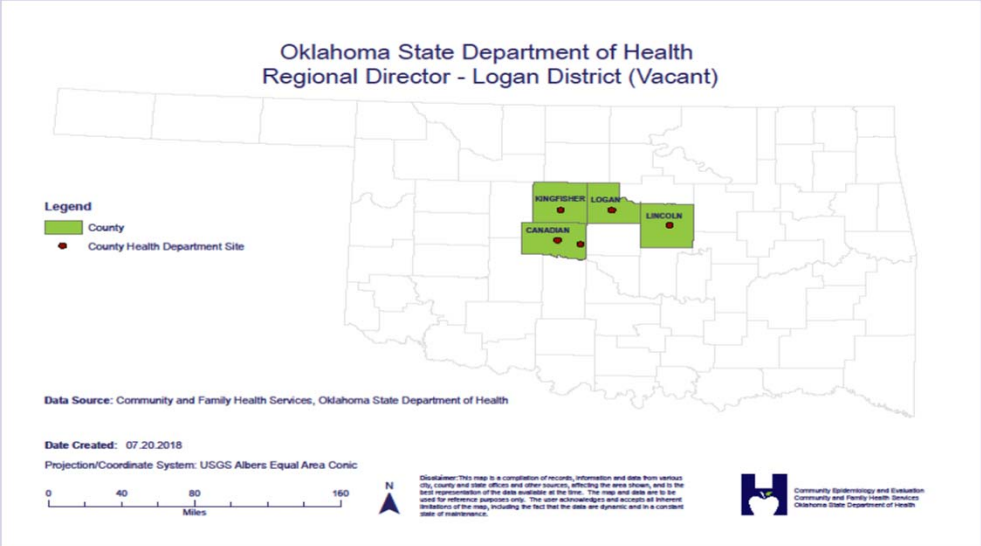
Partnerships

- Community Coalitions
- Kibois (LeFlore, Haskell, Latimer and Sequoyah Counties)
- Choctaw Nation
- Cherokee Nation
- Health and Wellness
- Private Industries

Unique Programs and Interesting Facts

- TB control effort
- Opioid Overdose Program in Muskogee
- TSET/Certified Healthy
- Veggie Bucks, Community Gardens, Walking Trails
- Historical impact

REGIONAL DISTRICT MAP



Canadian County Health Department
El Reno and Yukon

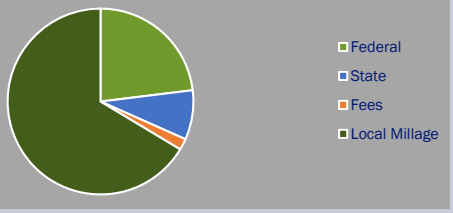
Population – 129,582

Funding – 1.56 Mills
- Approx. new year's tax - $1,961,323
- Local TSET Grant - $295,089
  - Total - $2,256,412

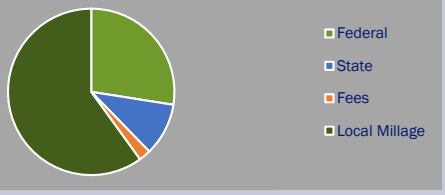
Facility Ownership – County

Staffing
- Nurses - 9
- Adv Practice Nurse - 0
- Admin Support - 8
- Health Inspectors - 2
- Guidance - 3
- Early Intervention - 5
- Nutritionists – 1.6
- Emergency Response - 1
- Local Grant Staff – 5
- Regional – 2
  - TOTAL – 36.6

Overall Budget
- ❖ Total - $3,469,933
- ➢ Federal - $800,175
- ➢ State - $298,000
- ➢ Fees - $67,912
- ➢ Millage - $2,303,846



Personnel Budget
- ❖ Total - $2,912,549
- ➢ Federal - $800,175
- ➢ State - $298,000
- ➢ Fees - $67,912
- ➢ Millage - $1,746,462



*Does not include OSDH indirect costs **Reflects amount available for payroll

Kingfisher County Health Department
Kingfisher

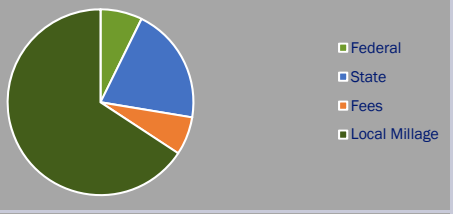
Population – 15,532

Funding – 2.05 Mills
- Approx. new year's tax - $765,138
- Local TSET Grant - $265,750
  - Total - $1,030,888

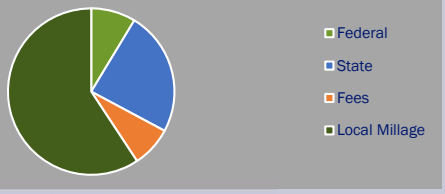
Facility Ownership – County

Staffing
- Nurses - 2
- Adv Practice Nurse - 0
- Admin Support – 2.4
- Health Inspectors - 1
- Guidance - 0
- Early Intervention - 0
- Nutritionists - 0
- Emergency Response - 0
- Local Grant Staff – 2
- Regional – 0
  - TOTAL – 7.4

Overall Budget
- ❖ Total - $1,046,787
- ➢ Federal - $76,299
- ➢ State - $212,682
- ➢ Fees - $69,523
- ➢ Millage - $688,283



Personnel Budget
- ❖ Total - $880,387
- ➢ Federal - $76,299
- ➢ State - $212,682
- ➢ Fees - $69,523
- ➢ Millage - $521,883



*Does not include OSDH indirect costs **Reflects amount available for payroll

Lincoln County Health Department
Chandler

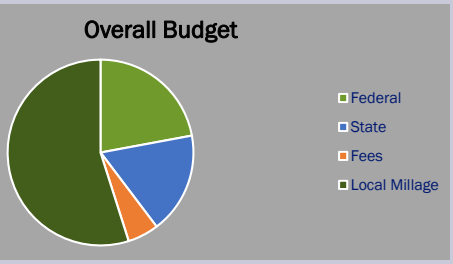
Population – 34,351

Funding – 2.5 Mills
- Approx. new year's tax - $970,007
- Local TSET Grant - $217,506
  - Total - $1,187,513

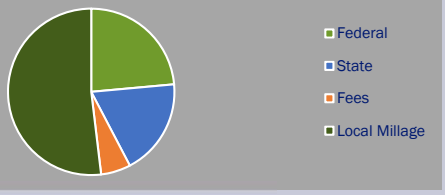
Facility Ownership – County

Staffing
- Nurses – 3.5
- Adv Practice Nurse - 0
- Admin Support – 4
- Health Inspectors - 1
- Guidance - 0
- Early Intervention - 1
- Nutritionists - .5
- Emergency Response - 0
- Local Grant Staff – 3
- Regional – 0
  - TOTAL – 13

Overall Budget
- Total - $1,541,441
- Federal - $340,221
- State - $271,404
- Fees - $83,554
- Millage - $846,262



Personnel Budget
- Total - $1,445,179
- Federal - $340,221
- State - $271,404
- Fees - $83,554
- Millage - $750,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Logan County Health Department
Guthrie

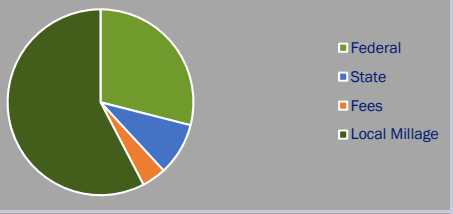
Population – 44,422

Funding – 2.5 Mills
- Approx. new year's tax - $987,853
- Local TSET Grant - $278,770
  - Total - $1,266,623

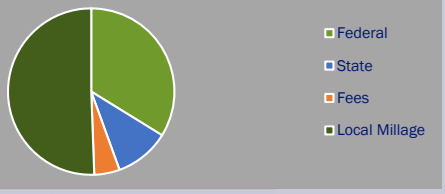
Facility Ownership – County

Staffing
- Nurses – 3.5
- Adv Practice Nurse - 1
- Admin Support – 3.6
- Health Inspectors - 1
- Guidance - 0
- Early Intervention - 2
- Nutritionists - .5
- Emergency Response - 0
- Local Grant Staff – 3
- Regional – 2
  - TOTAL – 16.6

Overall Budget
- Total - $1,875,768
- Federal - $543,551
- State - $171,840
- Fees - $79,294
- Millage - $1,081,083



Personnel Budget
- Total - $1,608,685
- Federal - $543,551
- State - $171,840
- Fees - $79,294
- Millage - $814,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

District Fun Facts

- Named after Assistant Secretary of the Interior, George Chandler
- In 1949, Oklahoma Legislature declared Chandler as "Pecan Capital of the World"

- Town took its name after near by Fort Reno; which was named after Civil War General Jesse Lee Reno
- Celebrates an annual Fried Onion Burger Festival
- Successful partnership with Cheyenne and Arapaho Tribes

- The 1st Capital of Oklahoma
- Logan County hosts Oklahoma's only Historically Black College & University (HBCU) – Langston University
- Actively involved in community coalitions

- Named after an early resident King Fisher
- Birthplace of Sam Walton
- Home of the Chisholm Trail Museum

- Named after the Yukon River in Alaska
- Hosts the Oklahoma Czech Festival (1st Saturday in October)

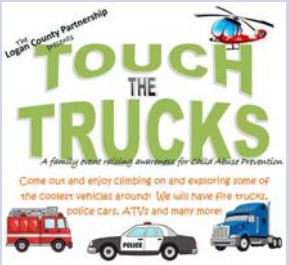
District Activities

Fit, Fun, and Focused

Tai Chi

Promoting Public Health policies with Schools

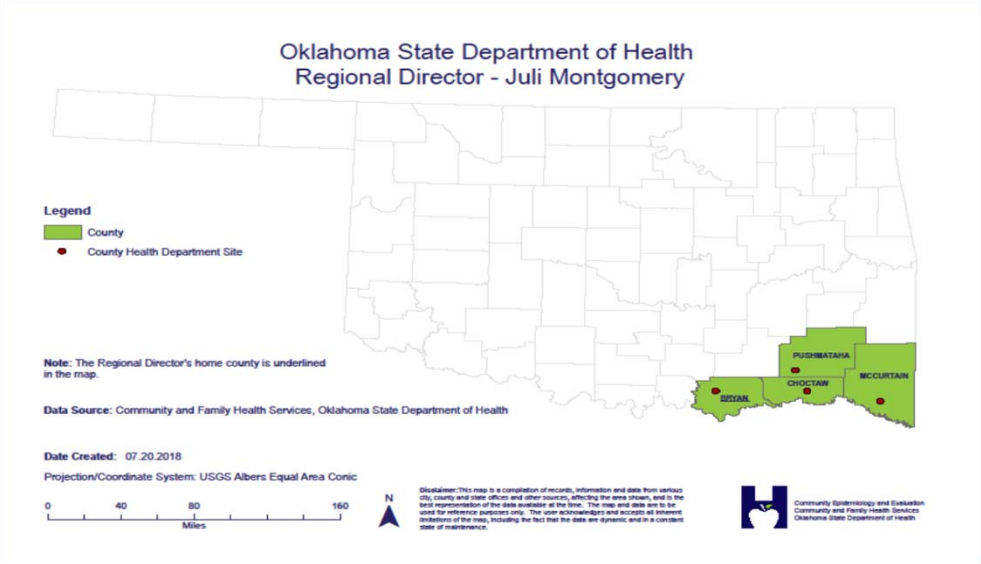
Child Abuse Awareness



Breastfeeding Awareness

Great Bed Race

REGIONAL DISTRICT MAP



Bryan County Health Department
Durant, OK

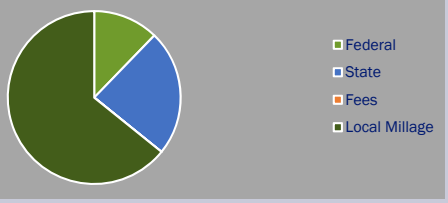
Population – 46,319

Funding – 2.50 Mills
- Approx. new year's tax - $890,505
- Local TSET Grant - $274,350
  - Total - $1,164,855

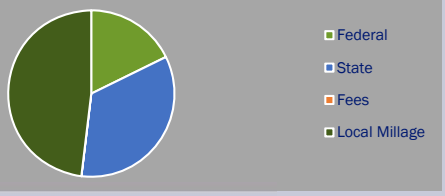
Facility Ownership – County

Staffing
- Nurses – 3.0
- Adv Practice Nurse – 0.5
- Admin Support – 2.0 (+3 Vacant)
- Health Inspectors - Vacant
- Guidance – 2.0 (+1 Vacant)
- Early Intervention – 2.0
- Nutritionists – 0.5
- Emergency Response – 1.0
- Local Grant Staff – 2 Vacant
- Regional – 2.0
  - TOTAL – 14

Overall Budget
- Total - $1,862,208
- Federal - $228,010
- State - $438,876
- Fees - $0
- Millage - $1,195,322



Personnel Budget
- Total - $1,285,003
- Federal - $228,010
- State - $438,876
- Fees - $0
- Millage - $618,117



*Does not include OSDH indirect costs **Reflects amount available for payroll

Choctaw County Health Department
Hugo, OK

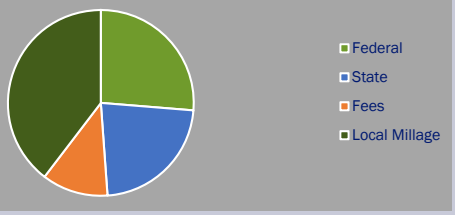
Population – 14,863

Funding – 2.50 Mills
- Approx. new year's tax - $174,471

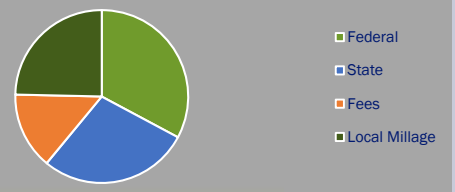
Facility Ownership – County

Staffing
- Nurses – 3.0 (Traveling)
- Adv Practice Nurse – 0.1
- Admin Support – 2.0 (Traveling)
- Health Inspectors - 1
- Guidance – 0
- Early Intervention – 0
- Nutritionists – 0.2
- Emergency Response – 0
- Local Grant Staff – 1
- Regional – 0
  - TOTAL – 7.3

Overall Budget
- Total - $482,723
- Federal - $126,915
- State - $108,902
- Fees - $55,588
- Millage - $191,318



Personnel Budget
- Total - $386,705
- Federal - $126,915
- State - $108,902
- Fees - $55,588
- Millage - $95,300



*Does not include OSDH indirect costs **Reflects amount available for payroll

McCurtain County Health Department
Idabel, OK

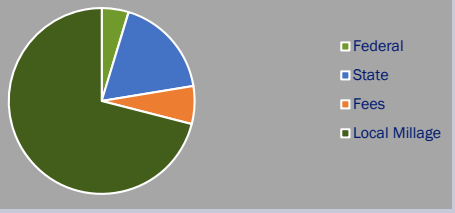
Population – 32,808

Funding – 2.50 Mills
- Approx. new year's tax - $562,326
- Local TSET Grant - $206.400
  - Total - $768,726

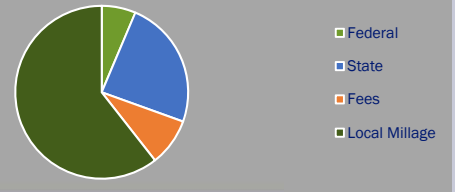
Facility Ownership – County

Staffing
- Nurses – 4.0
- Adv Practice Nurse – 0.4
- Admin Support – 3.0
- Health Inspectors - 1
- Guidance – 0
- Early Intervention – 1
- Nutritionists – 0.2 (+1 Vacant)
- Emergency Response – 0
- Local Grant Staff – 1 (+ 1 Vacant)
- Regional – 1
  - TOTAL – 11.6

Overall Budget
- Total - $1,109,775
- Federal - $51,931
- State - $196,845
- Fees - $72,861
- Millage - $788,138



Personnel Budget
- Total - $815,805
- Federal - $51,931
- State - $196,845
- Fees - $72,861
- Millage - $494,168



*Does not include OSDH indirect costs **Reflects amount available for payroll

Pushmataha County Health Department
Antlers, OK

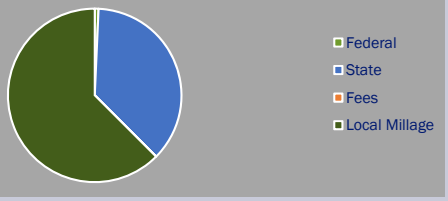
Population – 11,173

Funding – 2.50 Mills
- Approx. new year's tax - $130,472
- Local TSET Grant - $304,500
  - Total - $434,972

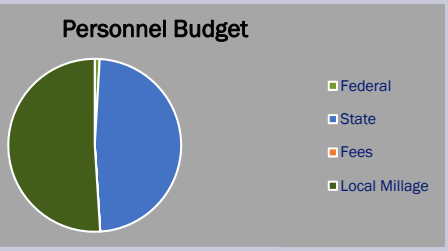
Facility Ownership – County

Staffing
- Nurses – 1.0
- Adv. Practice Nurse – 0.1
- Admin Support – 2.0
- Health Inspectors - 0
- Guidance – 0
- Early Intervention – 0
- Nutritionists – 0
- Emergency Response – 0
- Local Grant Staff – 2
- Regional – 2
  - TOTAL – 7.1

Overall Budget
- ❖ Total - $603,001
- ➢ Federal - $4,298
- ➢ State - $221,695
- ➢ Fees - $0
- ➢ Millage - $377,008



Personnel Budget
- ❖ Total - $461,443
- ➢ Federal - $4,298
- ➢ State - $221,695
- ➢ Fees - $0
- ➢ Millage - $235,450



*Does not include OSDH indirect costs **Reflects amount available for payroll

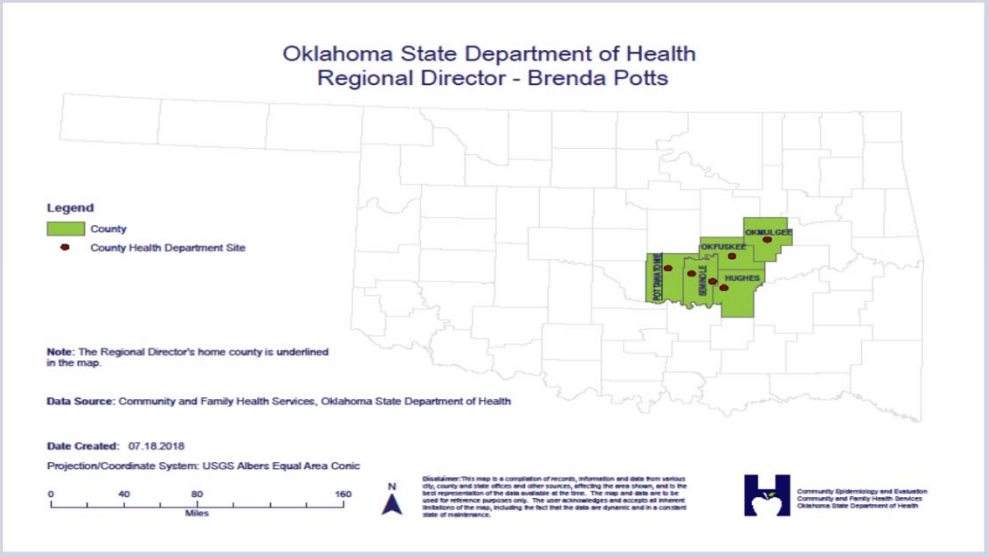
Community Activities

- EM Communication Improvements
- 7 POD Exercises
- Flu Drives
- Recovery Disaster Planning
- Mobile Smiles
- Social Determinants of Health

Community Activities

- Free Fruit Friday
- Champion of Health Recipient
- The Smoothie Bike!
- Last City in District Passes No Smoking Policy
- Safe Routes to School
- Choctaw Nation Health Literacy
- Chuckwa Trail System

REGIONAL DISTRICT MAP



Hughes County Health Department
Holdenville

Population – 13,302

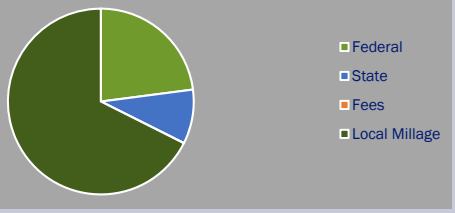
Funding – 2.55 Mills
- Approx. new year's tax - $370,432

Facility Ownership – County

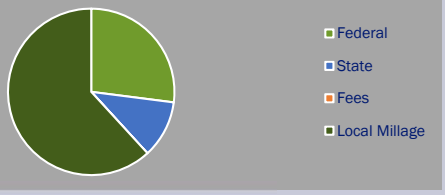
Staffing
- Nurses - 3
- Admin Support - 2
- Services Provided by other counties within the district or by another district.
  - Health Inspector
  - Early Intervention
  - Nutritionist
  - LERC

TOTAL - 5

Overall Budget
- Total - $482,238
- Federal - $110,368
- State - $45,708
- Fees - $0
- Millage - $326,162



Personnel Budget
- Total - $409,076
- Federal - $110,368
- State - $45,708
- Fees - $0
- Millage - $253,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Okfuskee County Health Department
Okemah

Population – 12,140

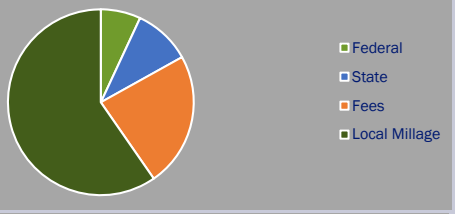
Funding – 2.64 Mills
- Approx. new year's tax - $193,321

Facility Ownership – County

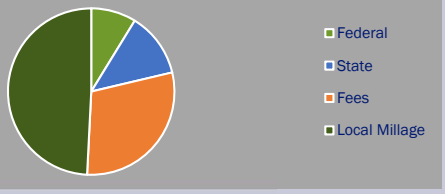
Staffing
- Nurses - 1
- Admin Support - 2
- Health Inspector – 1
- Health Educator - 1
- Services provided by other counties within the district or by another district.
  - Early Intervention
  - Children's First
  - Nutritionist

TOTAL - 5

Overall Budget
- Total - $330,050
- Federal - $22,940
- State - $32,917
- Fees - $77,325
- Millage - $196,868



Personnel Budget
- Total - $262,182
- Federal - $22,940
- State - $32,917
- Fees - $77,325
- Millage - $129,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Okmulgee County Health Department
Okmulgee

Population – 38,930

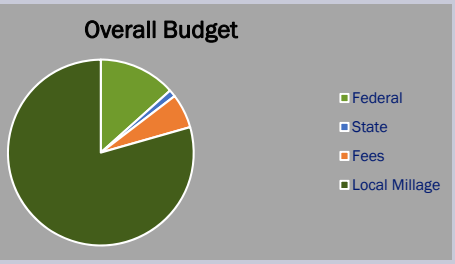
Funding – 2.04 Mills
- Approx. new year's tax - $389,891
- Local TSET Grant – $272,170
  - Total - $662,061

Facility Ownership – County

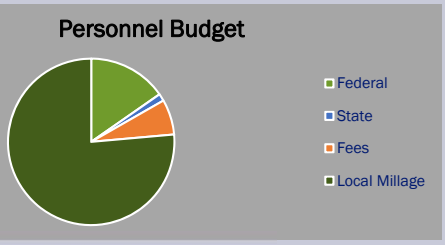
Staffing
- Nurses - 2
- Admin Support - 3
- Health Inspector - 1
- Nutrition Assistant – 1
- Local Grant Staff – 3
- Services provided by other counties within the district or by another district.
  - Early Intervention
  - Nutritionist
  - Emergency Response

Regional 1
- TOTAL - ~~11~~ 12

Overall Budget
- ❖ Total - $1,011,285
- ➢ Federal - $135,330
- ➢ State - $12,394
- ➢ Fees - $60,515
- ➢ Millage - $803,046



Personnel Budget
- ❖ Total - $883,239
- ➢ Federal - $135,330
- ➢ State - $12,394
- ➢ Fees - $60,515
- ➢ Millage - $675,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Pottawatomie County Health Department
Shawnee

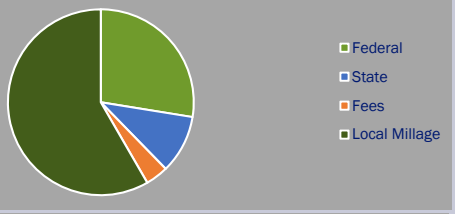
Population – 72,226

Funding – 2.54 Mills
- Approx. new year's tax - $992,428

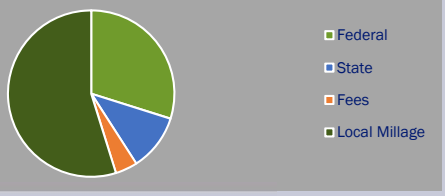
Facility Ownership – County

Staffing
- Nurses – 6
- Adv Practice Nurse – 1
- Patient Care Assistant - 1
- Admin Support – 7.5
- Health Inspector - 1
- Guidance - 2
- Early Intervention - 2
- Nutritionist - 1
- Emergency Response - 1
- Regional – 2
  - TOTAL – 24.5

Overall Budget
- ❖ Total - $1,830,036
- ➢ Federal - $504,179
- ➢ State - $185,821
- ➢ Fees - $72,491
- ➢ Millage - $1,067,545



Personnel Budget
- ❖ Total - $1,687,491
- ➢ Federal - $504,179
- ➢ State - $185,821
- ➢ Fees - $72,491
- ➢ Millage - $925,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Seminole County Health Department
Seminole and Wewoka

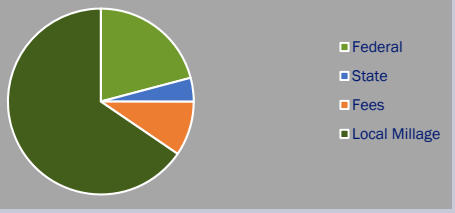
Population – 24,878

Funding – 2.61 Mills
- Approx. new year's tax - $487,839

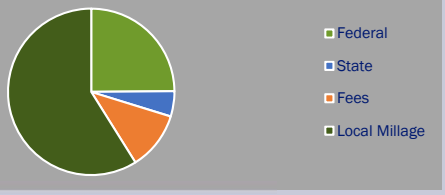
Facility Ownership – Seminole – County; Wewoka - City

Staffing
- Nurses - 5
- Admin Support - 3
- Health Inspector - 1
- Services provided by other counties within the district or by another district.
  - Early Intervention
  - Children's First
- Nutritionist - 1
- Regional – 1
  - TOTAL - 11

Overall Budget
- Total - $824,385
- Federal - $172,182
- State - $34,111
- Fees - $78,339
- Millage - $539,753



Personnel Budget
- Total - $692,631
- Federal - $172,181
- State - $34,111
- Fees - $78,339
- Millage - $408,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

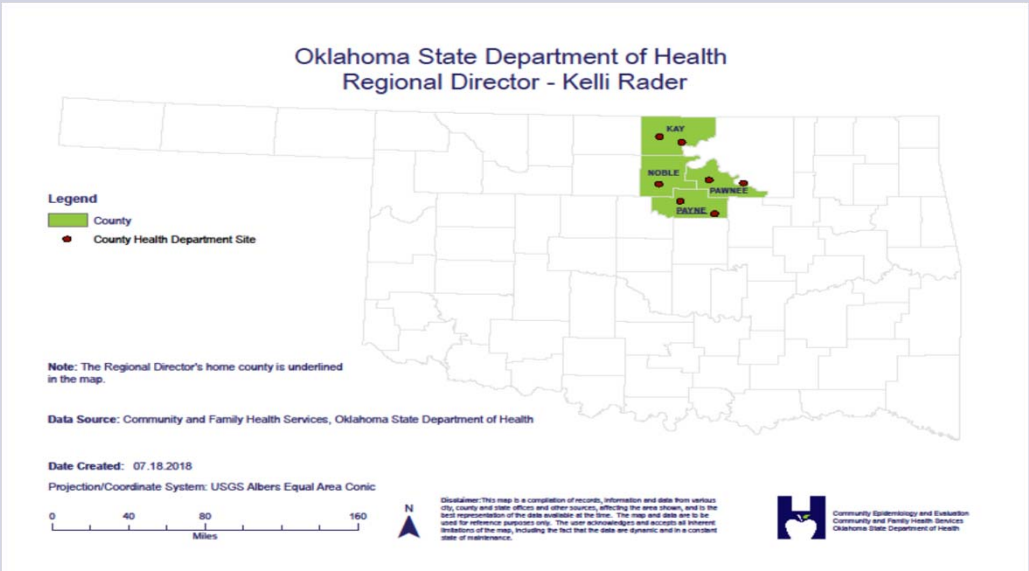
Challenges

- Understaffed
- Greatly reduced services in other areas due to limited/no staff
- Trickle-down effects on other programs due to lost staff (ex: loss of staff/ visits in WIC has also reduced clients/ visits in C1…)
- Loss of institutional knowledge during RIF process and with other staff leaving
- Reduction of approximately 20% of clients seen in March 2017 compared to March 2018.

Strengths of County Health Departments

- Competent, Dedicated Staff
- Strong Partnerships
- Evidence Based Programming
- TSET Healthy Living Programs/ Grantees
- EPRS

REGIONAL DISTRICT MAP



Payne County Health Department
Stillwater & Cushing, OK

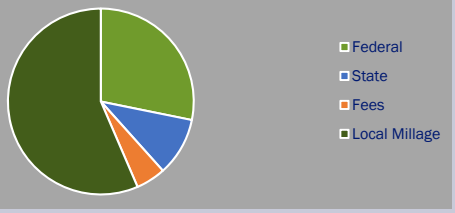
Population – 79,423

Funding – 2.05 Mills
- Approx. new year's tax - $1,759,630

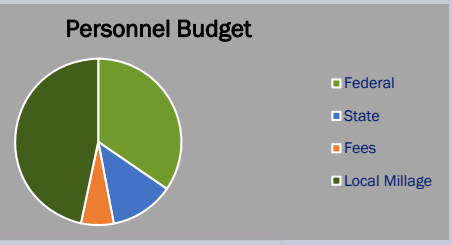
Facility Ownership – (County)

Staffing
- Nurses – 6
- Admin Support – 8.5
- Health Inspectors – 2
- Health Education – 1
- Guidance – 1
- Early Intervention – 7
- Nutritionists – 1
- Emergency Response – 1
- Maint/Custodial – 1.5
- Regional – 5
- OSDH/Dept. of Ed - 7
  - TOTAL - 41

Overall Budget
- Total - $2,529,000
- Federal - $713,000
- State - $257,000
- Fees - $131,000
- Millage - $1,428,000



Personnel Budget
- Total - $2,064,000
- Federal - $713,000
- State - $257,000
- Fees - $131,000
- Millage - $963,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Kay County Health Department
Ponca City & Blackwell, OK

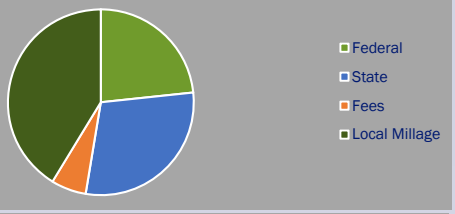
Population – 45,587

Funding – 1.79 Mills
- Approx. new year's tax - $904,000

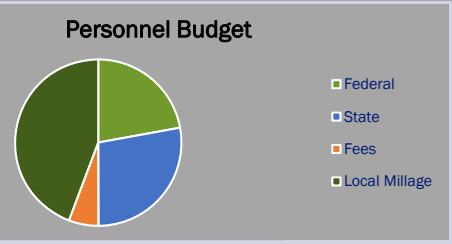
Facility Ownership – (County)

Staffing
- Nurses – 4
- Social Services – 1
- Admin Support – 6
- Health Inspectors – 1
- Guidance – 2
- Regional – 1
- Custodial – 0.5
- OSDH – 2
  - TOTAL - XX

Overall Budget
- Total - $1,190,000
- Federal - $226,000
- State - $284,000
- Fees - $59,000
- Millage - $621,000



Personnel Budget
- Total - $1,021,000
- Federal - $226,000
- State - $284,000
- Fees - $59,000
- Millage - $452,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Noble County Health Department
Perry, OK

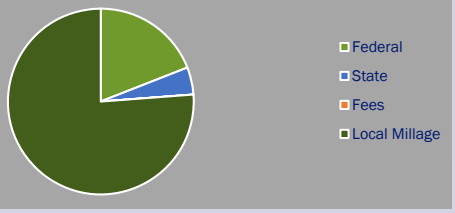
Population – 11,506

Funding – 1.02 Mills
- Approx. new year's tax - $207,000

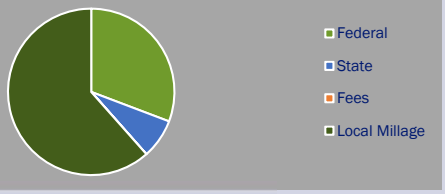
Facility Ownership – (County)

Staffing
- Nurses - 1
- Admin Support – 0.2
- Regional – 2
- Custodial – 0.5
  - TOTAL – 3.7

Overall Budget
- Total - $360,000
- Federal - $100,000
- State - $25,000
- Fees - $0
- Millage - $235,000



Personnel Budget
- Total - $311,000
- Federal - $100,000
- State - $25,000
- Fees - $0
- Millage - $186,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Pawnee County Health Department
Pawnee & Cleveland, OK

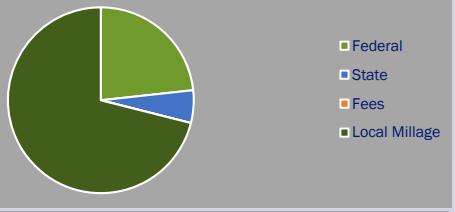
Population – 16,499

Funding – 2.11 Mills
- Approx. new year's tax - $200,000

Facility Ownership – (County)

Staffing
- Nurses - 1
- Patient Care Assistant – 1
- Admin Support – 1
- Custodial – 0.5
- OSDH – 1
  - TOTAL – 4.5

Overall Budget
- Total - $388,000
- Federal - $131,000
- State - $32,000
- Fees - $0
- Millage - $225,000



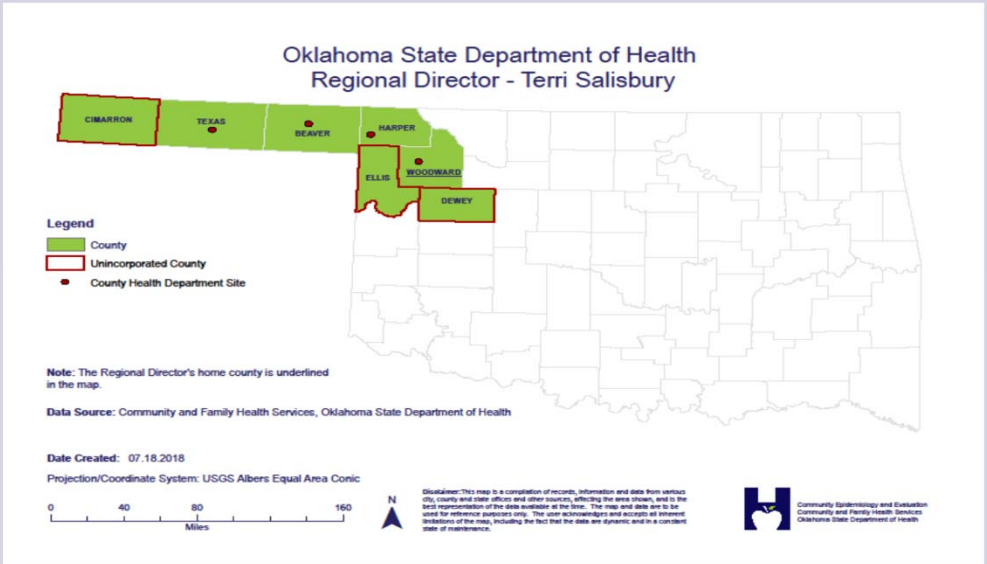
Personnel Budget
- Total - $283,000
- Federal - $131,000
- State - $32,000
- Fees - $0
- Millage - $120,000

*Does not include OSDH indirect costs **Reflects amount available for payroll

Assets and Opportunities

- Cultural and population diversity
  - Iowa, Kaw, Otoe Missouria, Pawnee, Ponca, Sac and Fox, and Tonkawa tribes
  - Micronesian and Marshallese
  - Major university and small college
- Historic environmental health efforts
- Partnerships
- Public health practices evolving with communities
- Pistol Pete
- Coach Gundy's Mullet

REGIONAL DISTRICT MAP



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Texas County Health Department
Guymon, OK

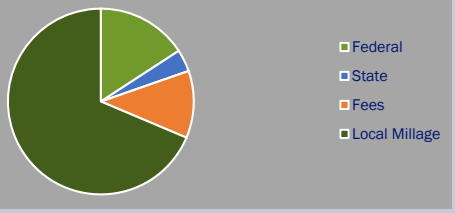
Population – 22,081

Funding – 1.60 Mills
- Approx. new year's tax - $425,735
- Local TSET Grant - $204,000
  - Total - $629,735

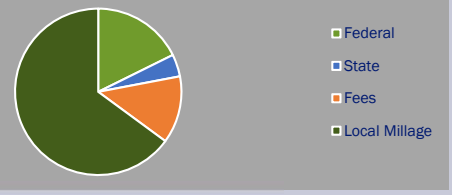
Facility Ownership – County

Staffing
- Nurses – 4
- Clinic Support – 1.5
- Adv Practice Nurse - ,20
- Admin Support - 5
- Health Inspector - 1
- Early Intervention – 1.5
- Local Grant Staff – 2
  - TOTAL – 15.2

Overall Budget
- Total - $1,089,758
- Federal - $168,922
- State - $41,224
- Fees - $124,929
- Millage – 733,393



Personnel Budget
- Total - $955,075
- Federal - $168,922
- State - $41,224
- Fees - $124,929
- Millage - $620,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Beaver County Health Department
Beaver

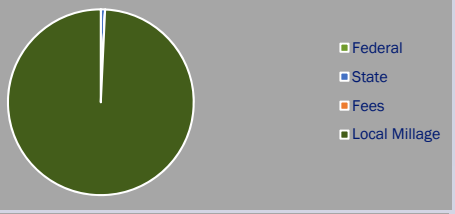
Population – 5,636

Funding – 7.5% Sales Tax
Approx. new year's tax - $80,000

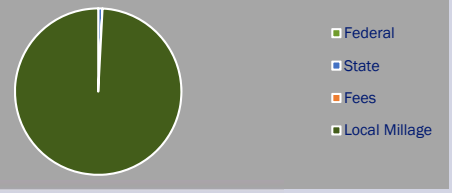
Facility Ownership – County

Staffing
- Nurses – 1
- Admin Support - 1
- Emergency Response - 1
- Regional – 1
  - TOTAL - 4

Overall Budget
- Total - $155,347
- Federal - $0
- State - $1,155
- Fees - $0
- Millage - $154,192



Personnel Budget
- Total - $130,855
- Federal - $0
- State - $1,155
- Fees - $0
- Millage - $129,700



*Does not include OSDH indirect costs **Reflects amount available for payroll

Harper County Health Department
Laverne

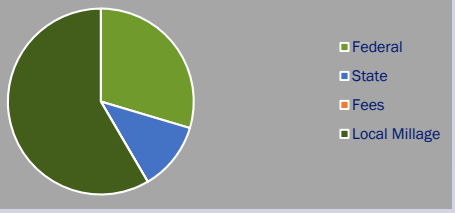
Population – 3,685

Funding – .14% Sales Tax
- Approx. new year's tax - $33,500

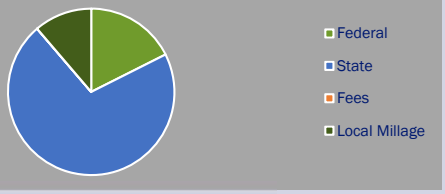
Facility Ownership – Leased

Staffing
- Nurses - 1
- Admin Support - 1
- Regional – 1
  - TOTAL - 3

Overall Budget
- Total - $150,193
- Federal - $21,398
- State - $86,580
- Fees - $0
- Millage - $42,215



Personnel Budget
- Total - $121,703
- Federal - $21,398
- State - $86,580
- Fees - $0
- Millage - $13,700



*Does not include OSDH indirect costs **Reflects amount available for payroll

Woodward County Health Department
Woodward

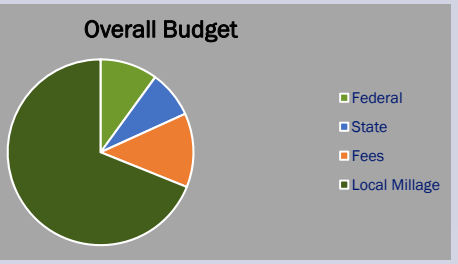
Population – 21,559

Funding – 1.05 Mills
- Approx. new year's tax - $307,850
- Local TSET Grant - $110,000
  - Total - $417,850

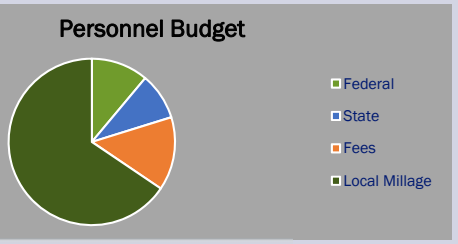
Facility Ownership – County

Staffing
- Nurses – 1
- Adv Practice Nurse - .065
- Admin Support - 3
- Health Inspectors - 1
- Nutritionists - 1
- Local Grant Staff – 1
- Regional – 2
  - TOTAL – 9.065

Overall Budget
- Total - $507,474
- Federal - $50,786
- State - $41,678
- Fees - $65,292
- Millage - $349,718



Personnel Budget
- Total - $457,756
- Federal - $ 50,786
- State - $41,678
- Fees - $65,292
- Millage - $300,000

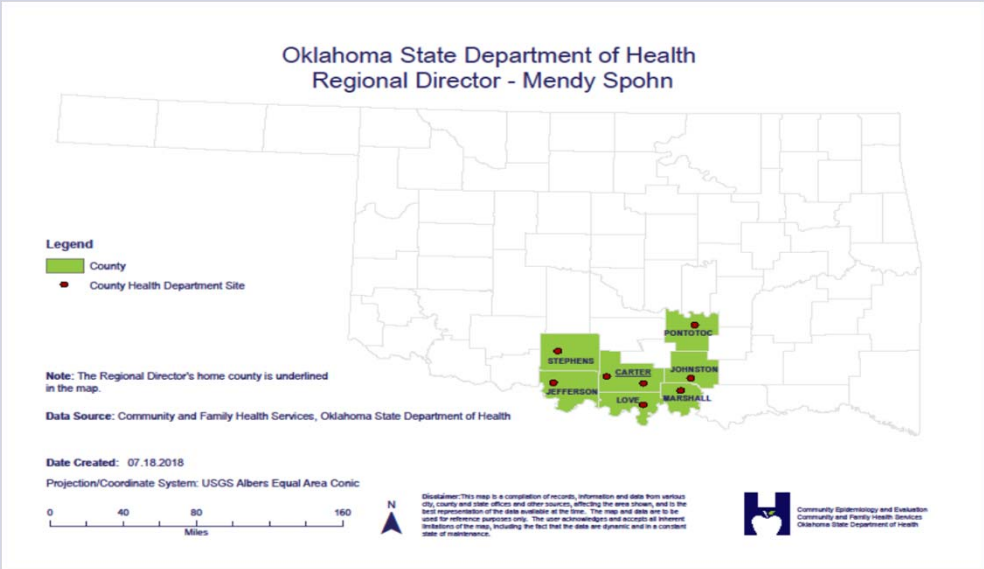


*Does not include OSDH indirect costs **Reflects amount available for payroll

Assets and Opportunities

- Ethnic and population diversity
  - Over 23 languages
  - Colleges and large vocational schools
  - Agriculture and energy
- TSET HLP Grants
- Community Partnerships
  - FQHC
  - Walking Trails

REGIONAL DISTRICT MAP



Carter County Health Department
2 Location(s)

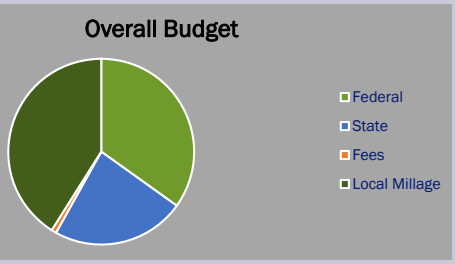
Population – 47,557

Funding – 2.06 Mills
- Approx. new year's tax - $875,582
- Local TSET Grant - $265,000
  - Total - $1,140,582

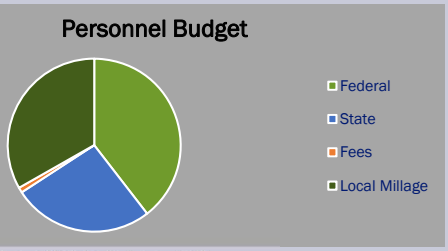
Facility Ownership – County
Under lease

Staffing
- Nurses - 6
- Admin Support - 6
- Health Inspectors - 1
- Guidance - 3
- Early Intervention - 4
- Social Serv. Specialist – 3
- Children First - 1
- Patient Care Assistant – 1.5
- Custodial – 1.5
- Health Education – 2
- Emergency Response – 1
- Local Grant Staff – 3
- Regional – 3
  - TOTAL -36

Overall Budget
- Total - $2,911,777
- Federal - $1,015,821
- State - $676,099
- Fees - $25,229
- Millage - $1,194,628



Personnel Budget
- Total - $2,570,434
- Federal - $1,015,821
- State - $676,099
- Fees - $25,229
- Millage - $853.285



*Does not include OSDH indirect costs **Reflects amount available for payroll

Jefferson County Health Department
1 Location

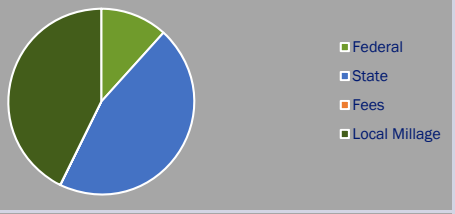
Population – 6,472

Funding – 2.63 Mills
- Approx. new year's tax - $111,000

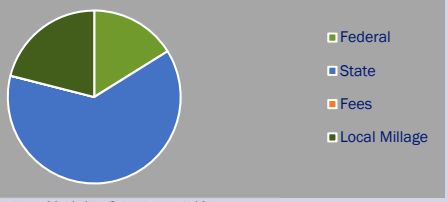
Facility Ownership – County

Staffing
- Nurses – 0
- Early Intervention – 1
- Admin Support - 1
  - TOTAL – 2

Overall Budget
- Total - $196,632
- Federal - $23,000
- State - $89,632
- Fees - $0
- Millage - $84,000



Personnel Budget
- Total - $142,632
- Federal - $23,000
- State - $89,632
- Fees - $0
- Millage - $30,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Johnston County Health Department
1 Location

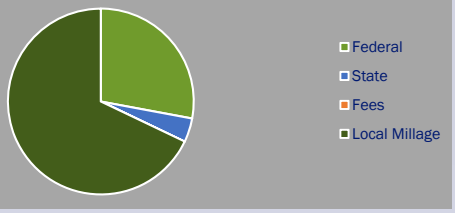
Population – 10,957

Funding – 2.57 Mills
- Approx. new year's tax - $240,000
- Local TSET Grant - $191,100
  - Total - $431,100

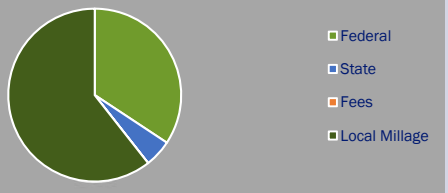
Facility Ownership – County

Staffing
- Nurses - 1
- Admin Support – 1.5
- Health Inspectors – 0
- Health Education – 1
- Local Grant Staff – 2
  - TOTAL – 5.5

Overall Budget
- Total - $506,561
- Federal - $141,420
- State - $21,141
- Fees - $0
- Millage - $344,000



Personnel Budget
- Total - $412,561
- Federal - $141,420
- State - $21,141
- Fees - $0
- Millage - $250,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Love County Health Department
1 Location

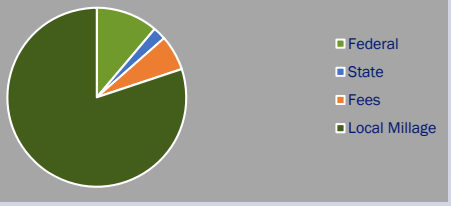
Population – 9,423

Funding – 2.59 Mills
- Approx. new year's tax - $250,000

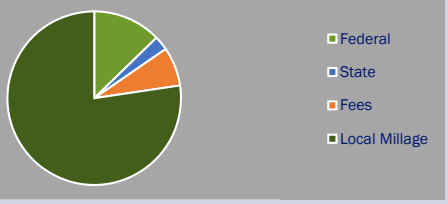
Facility Ownership – County

Staffing
- Nurses - 1
- Admin Support – 2
- Nutrition Assistant - 1
- Regional – 1
  - TOTAL – 5

Overall Budget
- Total - $368,314
- Federal - $41,198
- State - $8,617
- Fees - $23,449
- Millage - $295,000



Personnel Budget
- Total - $323,264
- Federal - $41,198
- State - $8,617
- Fees - $23,449
- Millage - $250,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Marshall County Health Department
1 Location

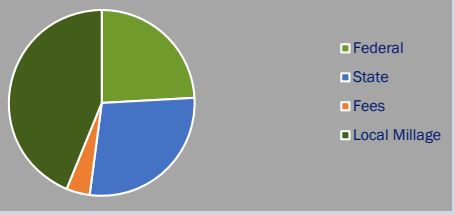
Population – 15,840

Funding – 2.58 Mills
- New year's tax - $319,998.64

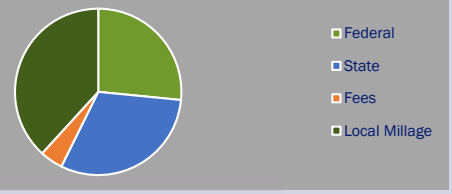
Facility Ownership – County

Staffing
- Nurses - 0
- Adv Practice Nurse - 1
- Admin Support – 2
- Children First – 2
- Nutrition Assistant – 1
- Regional – 1
  - TOTAL – 7

Overall Budget
- Total - $604,333
- Federal - $145,874
- State - $168,935
- Fees - $24,524
- Millage - $265,000



Personnel Budget
- Total - $549,333
- Federal - $145,874
- State - $168,935
- Fees - $24,524
- Millage - $210,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Pontotoc County Health Department
1 Location

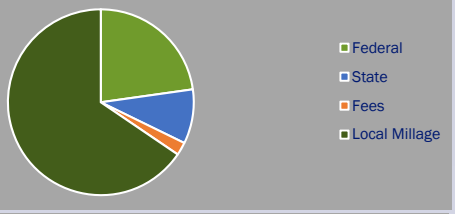
Population – 37,492

Funding – 2.56 Mills
- New year's tax - $679,626
- Local TSET Grant - $275,000
  - Total - $954,626

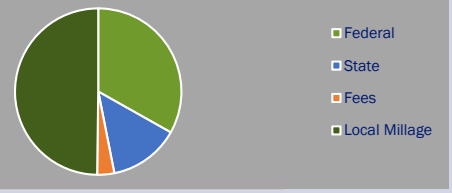
Facility Ownership – County
Under lease

Staffing
- Nurses - 4
- Admin Support - 4
- Early Intervention – 3
- Custodial – 1
- Health Education – 1
- Local Grant Staff – 3
  - TOTAL - 16

Overall Budget
- Total - $1,169,029
- Federal - $266,292
- State - $110,384
- Fees - $26,653
- Millage - $756,700



Personnel Budget
- Total - $803,329
- Federal - $266,292
- State - $110,384
- Fees - $26,653
- Millage - $400,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Stephens County Health Department
1 Location

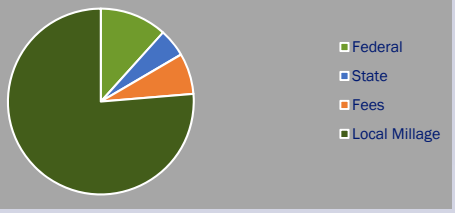
Population – 45,048

Funding – 2.56 Mills
- New year's tax - $854,143.50

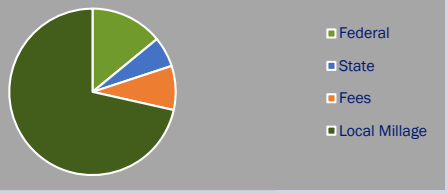
Facility Ownership – County

Staffing
- Nurses - 4
- Admin Support - 4
- Health Inspectors - 1
- Children First - 1
- Nutrition Assistant – 1.5
- Health Education – 1
  - TOTAL – 12.5

Overall Budget
- Total - $1,179,204
- Federal - $137,653
- State - $57,737
- Fees - $83,814
- Millage - $900,000



Personnel Budget
- Total - $979,204
- Federal - $137,653
- State - $57,737
- Fees - $83,814
- Millage - $700,000

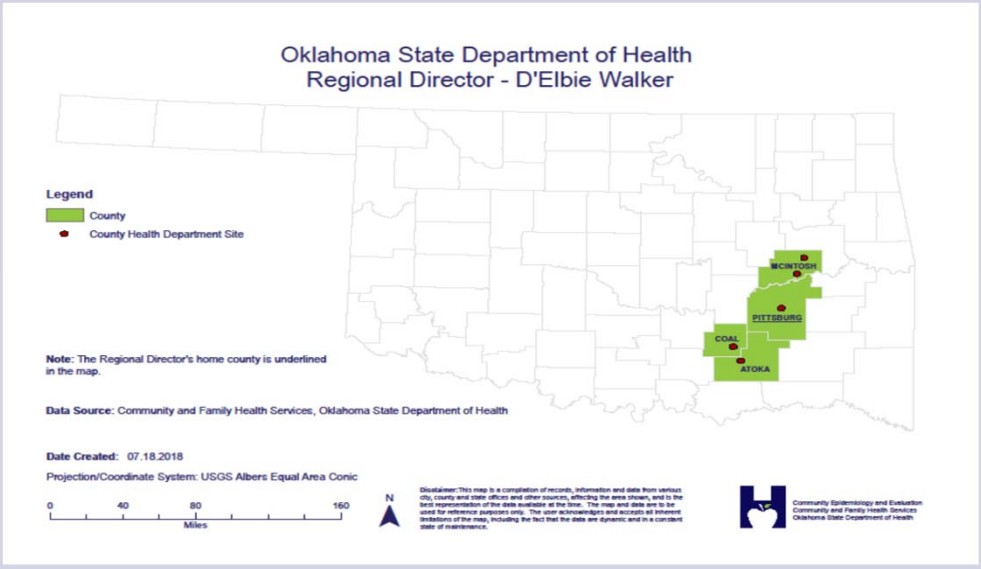


*Does not include OSDH indirect costs **Reflects amount available for payroll

OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

- Ardmore Behavioral Health Collaborative
- Three Back to School Bashes
- Two Teen Conferences
- Chickasaw Flu Project
- Stand 4 Kind
- Fatherhood
- Girls on the Run
- Six Active Coalitions
- Full Scale Exercises
- Opioid Response Planning
- Brain Talks
- FEAST – Noble Foundation
- Corporate Fitness Challenge
- Let's Talk about Sex
- Stop the Bleed
- BEVO Bash
- Future Parents
- Trauma Sensitive Team
- Habitudes

REGIONAL DISTRICT MAP



Atoka County Health Department Location(s)

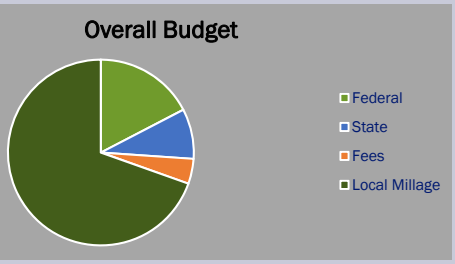
Population – 13,887

Funding – 2.06 Mills
- Approx. new year's tax - $182,710
- Local TSET Grant - $230,000
  - Total - $412,710

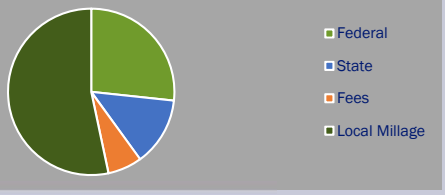
Facility Ownership – County

Staffing
- Nurses – 0
- Adv Practice nurse - 0
- Patient Care Asst. - 1
- Admin Support – 2
- Health Inspectors - 0
- Guidance - 0
- Early Intervention - 0
- Nutritionists - 0
- Emergency Response - 1
- Local Grant Staff – 3
- Regional –
  - TOTAL – 7

Overall Budget
- Total - $633,480
- Federal - $0
- State - $127,546
- Fees - $24,711
- Millage - $481,223.



Personnel Budget
- Total - $478,794
- Federal - $0
- State - $127,546
- Fees - $24,711
- Millage - $327,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Coal County Health Department Location(s)

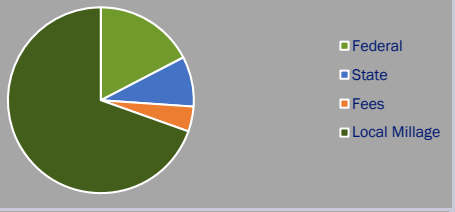
Population – 5642

Funding – 2.58 Mills
- Approx. new year's tax - $264,201

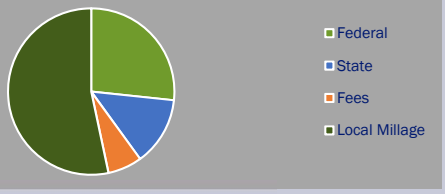
Facility Ownership – County

Staffing
- Nurses - 2
- Adv Practice Nurse - 0
- Admin Support – 1
- Health Inspectors - 1
- Guidance - 0
- Early Intervention - 0
- Nutritionists - 0
- Emergency Response - 0
- Local Grant Staff – 0
- Regional –
  - TOTAL – 4

Overall Budget
- Total - $402,835
- Federal - $46,694
- State - $28,111
- Fees - $25,461
- Millage - $302,569



Personnel Budget
- Total - $280,266
- Federal - $46,694
- State - $28,111
- Fees - $25,461
- Millage - $180,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

McIntosh County Health Department Location(s)

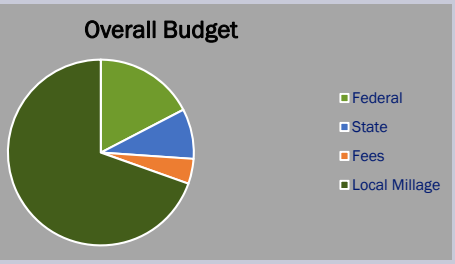
Population – 19,742

Funding – 1.55 Mills
- Approx. new year's tax - $323,455

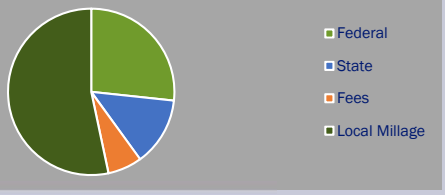
Facility Ownership – County

Staffing
- Nurses - 5
- Adv Practice Nurse - 0
- Admin Support - 4
- Health Inspectors - 1
- Guidance - 0
- Early Intervention - 1
- Nutritionists – 1
- WIC BF Peer Consultant - 1
- Emergency Response - 0
- Local Grant Staff – 0
- Regional –
  - TOTAL - 13

Overall Budget
- Total - $987,095
- Federal - $248,374
- State - $368,417
- Fees - $83,453
- Millage - $286,851



Personnel Budget
- Total - $860,244
- Federal - $248,374
- State - $368,417
- Fees - $83,453
- Millage - $160,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Pittsburg County Health Department Location(s)

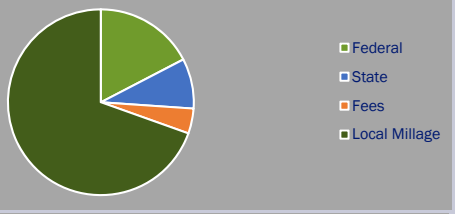
Population – 44,184

Funding – 2.58 Mills
- Approx. new year's tax - $988,784
- Local TSET Grant - $289,000
  - Total - $1,277,784

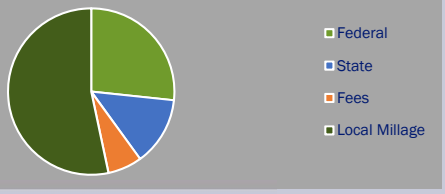
Facility Ownership – County

Staffing
- Nurses - 5
- Adv Practice Nurse - 0
- Admin Support - 6
- Health Inspectors - 1
- Guidance - 2
- Early Intervention - 1
- Nutritionists - 1
- Emergency Response – 0
- Maintenance - 1
- Local Grant Staff – 5
- Vital Records - 5
- Regional – 4
  - TOTAL - 31

Overall Budget
- Total - $2,409,419
- Federal - $383,189
- State - $600,924
- Fees - $78,478
- Millage - $1,346,828

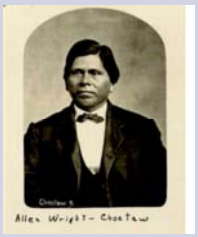


Personnel Budget
- Total - $1,712,591
- Federal - $383,189
- State - $600,924
- Fees - $78,478
- Millage - $650,000



*Does not include OSDH indirect costs **Reflects amount available for payroll

Atoka, Coal and McIntosh County HD



Pittsburg County Health Dept.

Tri-Board of Health Meeting Minutes
October 2, 2018 at 1:00 pm
Oklahoma City-County Health Department - Auditorium
2600 NE 63rd Street, Oklahoma City, OK 73111

Present	Tulsa City-County Board of Health (TCCBH)	Oklahoma City-County Board of Health (OCCBH)	Oklahoma State Board of Health (OSBH)
Board of Health Members Present	Mike Stout, PhD	Dr. Gary Raskob, Chair Dr. Stephen Cagle Dr. Timothy Hill Mary Mélon Scott Mitchell Dr. Courtney Gray Dr. J. Don Harris	Tim Starkey, MBA, Chair Charles Grim, DDS R. Murali Krishna, MD Ronald Osterhout Becky Payton Chuck Skillings
Health Department Staff Present	Bruce Dart, PhD Scott Buffington Priscilla Haynes Elizabeth Nutt Chanteau Orr, JD Pam Rask Leanne Stephens Kelly VanBuskirk Jumao Wang Jenna Grant	Gary Cox, JD Bob Jamison Myron Coleman John Gogets Phil Maytubby Jackie Shawnee Patrick McGough Rebecca Rhodes Brendan Hope Kay Hulin	Tom Bates, JD Kim Bailey Buffy Heater Brian Downs Keith Reed Kristy Bradley Tina Johnson Gloria Hudson James Joslin Joy Fugett Gunnar McFadden Tony Sellars Portia King Jordan Canary Diane Hanley
Others Present	Tyler Talley, eCapitol Lance Thomas, Tobacco Settlement Endowment Trust (TSET) Jacqueline McDaniel, OHHF Brandi Williamson, Parent/Citizen of Oklahoma Sarah VanAlstine, Oklahoma Occupational Therapy Association (OKOTA) David White, Oklahoma AIDS Care Fund (OACF) David Dude, American Cancer Society Liza Greve, Oklahomans for Health & Parental Rights (OKHPR)		
Absent	TCCBH	OCCBH	OSBH
Board of Health Members Absent	Kian Kamas, Chair Chris Bell, JD, RN Heath Evans, DDS Mike Jones, DVM Emily Odom Ann Paul, MPH Sarah-Anne Schumann, MD	Erika Lucas Dr. Lois Salmeron	Jenny Alexopulos, DO Terry Gerard II, DO Edward Legako, MD

The final agenda was posted on the TCCBH and OCCHD's website at 2:10 pm on Thursday, September 27, 2018 and building entrance at 12:05 pm on Friday, September 28, 2018. The final agenda was also posted on the OSDH's website at 9:20 am and the building entrance at 11:03 am on Monday, October 1, 2018.

CALL TO ORDER, OPENING REMARKS, INTRODUCTIONS

Tim Starkey, Chair of the Oklahoma State Board of Health, called the meeting to order at 1:11 p.m. He welcomed everyone and introduced board members.

HEALTH DEPARTMENT UPDATES

From Bruce Dart, PhD (THD), Gary Cox, JD (OCCHD), Tom Bates, JD (OSDH)

Bruce Dart, Ph.D., Executive Director (TCCBH), said it was good when the three Oklahoma boards of health could come together. Oklahoma had challenges but there were improvements too. Tulsa moved up to #15 in the state health rankings. At Tulsa Health Department major cultural changes were being made with the goal of Tulsa becoming the healthiest county in the nation within the next ten years. Dart appreciated the partnership with OSBH and OCCBH and looked forward to working together.

Gary Cox, J.D, Executive Director (OCCHD), welcomed everyone in attendance and noted it had been a challenging year, but we are making progress as well. On behalf of Mayor Cornett and now Mayor Holt, we have applied to Bloomberg Philanthropies on a concept centered around a public health approach to criminal justice reform. The Project focuses on two areas: a) diversion of low-risk, high-need individuals with the use of community health workers; and b) creation of a data dashboard by linking the criminal justice system, public health, hospital and other relevant data systems to provide an overall picture of needs and reduce duplication of services and efforts. There will be (1) $5M winner and (4) $1M winners announced end of this month.

At the request of the Inasmuch Foundation, a luncheon was held for local funders and we have received a commitment of matching dollars. These funds will be used to fund a multi-generational approach to reform and piloting efforts at our Southern Oaks campus. It's important to note that 1 in 4 kids in the Oklahoma City Public School System have or have had a parent incarcerated. Therefore, our focus will be on addressing trauma in high-risk kids and working with the entire family to break the cycle of incarceration. OCCHD is taking the successful pilots using community health workers and working to expand into other sectors to address social determinants of health. We will be expanding after school programming efforts at our Southern Oaks Campus, which is scheduled to open very soon, and working alongside partners to offer training and wraparound services.

Tom Bates, Interim Commissioner of Health (OSDH), reported that the OSDH is making progress in filling vacant positions in the county health departments due to the reduction in force. The agency has hired a new Chief Financial Officer, Gloria Hudson. Finance staff has been busy establishing new financial processes and addressing audit reports. Mr. Bates has spoken with legislative leaders concerning the $30 million supplemental appropriation and the commitment to ensure that money is available at the next legislative session. With the passage of State Question 788, Mr. Bates highlighted the outstanding work of our public health professionals who were able to implement a new program under scrutiny and pressure. He is proud of all the work accomplished in launching the Oklahoma Medical Marijuana Authority (OMMA) Program.

GENERAL POLICY DISCUSSION

a) Joint Commission Report Update

Mr. Bates discussed the importance of the Joint Commission Report and how its recommendations are being utilized to guide decision-making across the agency. Some themes of the core recommendations include accountability, resource allocation, decision-making autonomy, creating local community partnerships, and collaborating across IT Infrastructure. In an effort to improve support for the OSDH county health departments and regional directors, Community and Family Health Services was separated into two smaller, more manageable divisions, Family Health Services and Community

Health Services. Tina Johnson is the Deputy Commissioner for Family Health Services and Keith Reed is the new Deputy Commissioner for Community Health Services. This change will allow Mr. Reed to focus exclusively on county health departments and help them create more community partnerships and pursue other opportunities such as local grants. Another recommendation of the Joint Commission Report was to form a Joint Council made up of the Commissioner of Health, Executive Directors of OCCHD and TCCHD, and an individual from the rural/county health department. This council has been formed and is meeting regularly. Discussions have been productive. There are areas that need improvement and this council will continue to discuss processes to improve efficiencies and interoperability of IT systems. We are committed to working together to find solutions that are fair and reasonable to meet the needs and concerns of everyone involved.

b) Big Picture Issues and Strategies (Policy Priorities)/Legislative Advocacy
Looking ahead at policy priorities, Mr. Bates asked Buffy Heater, Chief of Data, Public Policy & Promotion Officer with OSDH, to provide an update on the Oklahoma Health Improvement Plan (OHIP) ongoing efforts. Mrs. Heater shared that in addition to the current flagship priorities of tobacco, obesity, children's health, and behavioral health this group has identified some additional priority areas of focus. Those include access to care, mental health, opioid addiction and prevention, childhood trauma, and increasing the tobacco excise tax. The OHIP group discussed the importance of having a unified voice for public health when communicating with the public, colleagues, legislators, and elected officials. Staff is currently working to develop an infographic on how the information will be disseminated across the state. OHIP is no longer covered under statute but committee members do plan to develop another 5-year plan for 2020. If board members want OHIP to be statutorily required, they would need to take appropriate actions to do so.

c) Two to Three Focus Items that will Impact Health
Discussion followed in regard to the importance of legislative advocacy, prioritizing focus items, and creating a strategic policy approach to be most effective for public health. In rural areas, community engagement, support for coalitions and local partnerships are key to progress and success. Local communities need to be encouraged to seek initiatives and resources that fit the needs of the communities they serve. Continuity and flexibility are necessary to meet the different needs across the state.

Potential Policy Priorities Discussed:

- Tobacco/Vaping
- Access to Care & Provider Shortages
- Health Insurance Coverage
- Poverty
- Mental Health
- Childhood Trauma
- Opioid Crisis
- Obesity
- Education and Programs in Schools Statewide (to reach high-risk populations, children and families)
- Eat less/Move More/Stop Smoking

In closing, Mr. Bates asked OSDH staff to work on a joint statement of policy goals that will be distributed among the board members for review and potential action.

NO NEW BUSINESS

ADJOURNMENT

Mr. Starkey adjourned the meeting at 2:25 pm.

Approved

_____
Timothy E. Starkey. M.B.A
President, Oklahoma State Board of Health
December 11, 2018

Oklahoma State Department of Health

Organization Chart | DRAFT as of 12/04/18

BOARD OF HEALTH

OFFICE OF ACCOUNTABILITY SYSTEMS
Don Smalling, Interim Director

INTERIM COMMISSIONER OF HEALTH
Tom Bates, J.D.

INTERNAL AUDIT
Audie Hamman, Interim Director

GRANT ADMINISTRATION & FEDERAL COMPLIANCE
Vacant

CHIEF MEDICAL OFFICER
Dr. Edd Rhoades

CHIEF LEGAL COUNSEL
Kim Bailey, J.D.

CHIEF OF STAFF
Brian Downs

- **OFFICE OF COMMUNICATIONS**
  Tony Sellars
- **LEGISLATIVE LIAISON**
  Ashley Scott

CHIEF OPERATING OFFICER
Kim Bailey, J.D.

Jennifer Reeves
Deputy Chief Operating Officer

- **HUMAN RESOURCES**
  Rosangela Miguel
- **Informatics**
  Becki Moore
- **Vital Records**
  Kelly Baker
- **Building Management, Safety & Security**
  Don Smallng

PREVENTION & PREPAREDNESS SERVICES
Laurence Burnsed, Interim
Deputy Commissioner/ State Epidemiologist

- **Emergency Preparedness & Response**
  Scott Sproat
- **Public Health Laboratory**
  Dr. S. Terry Dunn
- **HIV/STD Prevention Service**
  Kristen Eberly
  Interim Director
- **Acute Disease Service**
  Anthony Lee
  Interim Director
- **Injury Prevention Service**
  Dr. Tracy Wendling

PROTECTIVE HEALTH SERVICES
Rocky McElvany
Deputy Commissioner

James Joslin
Asst. Deputy Commissioner

- **Consumer Health Service**
  Lynnette Jordan
- **Long Term Care Service**
  Mike Cook
- **Medial Facilities**
  Dr. Julie Myers
- **Health Resource Development Service**
  James Joslin

FAMILY HEALTH SERVICES
Tina Johnson
Deputy Commissioner

- **Maternal & Child Health Service**
  Joyce Marshall
- **Dental Health Service**
  Dr. Jana Winfree
- **Nursing Service**
  Ann Benson
- **Screening & Special Services**
  Lisa Caton
- **Family Support & Prevention Service**
  Beth Martin
- **WIC Service**
  Terry Bryce
- **Sooner Start**
  John Corpolongo

COMMUNITY HEALTH SERVICES
Keith Reed
Deputy Commissioner

Gunnar McFadden
Asst. Deputy Commissioner

- **County Health Departments**
- **Community Evaluation & Records Support**
  Dr. Jennifer Han
- **Immunization Service**
  Vacant

CHIEF FINANCIAL OFFICER
Gloria Hudson

Jennifer Reeves
Deputy Chief Finance Officer

- **Budget & Purchasing**
  Vacant
- **Revenue**
  Leigh Newby
- **Grants**
  Lytle Caldwell, CPA
- **A/P & Payroll**
  Mike Truitt

CHIEF DATA, PUBLIC POLICY & PROMOTION OFFICER
Buffy Heater

- **Center for Chronic Disease Prevention & Health Promotion**
  Stephanie U'ren
- **Health Policy, Planning & Partnerships**
  Adrienne Rollins
- **Center for Health Statistics**
  Dr. Derek Pate
- **Oklahoma Medical Marijuana Authority**
  Adrienne Rollins

KEY

Agency Leadership

Public health in Oklahoma continues to be of critical importance. On October 2nd, 2018, the boards of health for the Oklahoma State Department of Health, the Oklahoma City-County Health Department, and the Tulsa Health Department, convened their annual tri-board meeting to, among other things, identify key policy priorities for the upcoming legislative session. In an effort to include information from key stakeholders, the Oklahoma Health Improvement Plan full team policy priority ideas were shared and helped drive the policy priority discussion.

The tri-board has identified three key policy topics to improve public health: Tobacco Control, Access to Healthcare and Reducing Poverty Rates.

The first is tobacco. Tobacco use continues to be the leading cause of preventable death. [1] Oklahoma ranks 39th nationally with 20.1%, or one in five, adults who smoke.[2] Additionally, 12.5% of Oklahoma high school students smoke cigarettes.[3] In order to reduce and prevent tobacco use the tri-board is united in the pursuit of several policies. An additional increase in the tobacco tax by $1.50 within ten years would prevent 28,200 youth from becoming adult smokers as well as to encourage 30,400 adults to quit smoking in addition to saving the state $1.22 billion in future healthcare costs.[4] Other important policy initiatives include advancing the availability of and consumer connection to tobacco cessation aids focusing on low income populations as well as those under the age of 35; and to support comprehensive clean indoor air policies by closing the loopholes, modifying definitions to encompass other methods of inhalation, and addressing inhaled forms of marijuana.

Secondly, the tri-board agrees to address policies that improve access to healthcare. Oklahoma ranks 45th in the nation for the number of Active Primary Care Physicians.[5] Additionally, in 2017 only one state (Texas) had a higher percentage of uninsured than Oklahoma - 14.2% of Oklahomans of all ages are without health insurance.[6] Efforts to address this issue should include improving access to preventative medical and mental health care, as well as improving the availability of affordable health insurance coverage. Policies to improve availability of affordable health insurance include support for subsidized private insurance options via an Insure Oklahoma buy-in and/or Medicaid Expansion programs. The tri-board believes pursuit of these efforts will provide increased value in Oklahomans health, longevity, and quality of life as shown by the success in other states.[7]

Finally, the tri-board will pursue and support poverty reduction strategies through education and advocacy. These efforts are important to help break the cycle of generational poverty which greatly influence the social determinants of health (SDOH).[8] The tri-board aims to assist the incorporation of upstream social supports such as housing and transportation as a way to improve health outcomes. The tri-board also promotes the placement of professionals in public schools such as community health workers, school health nurses, social workers, counselors, and family support specialists. Because education and health are both negatively impacted by contributing factors such as adverse childhood experiences (ACEs), childhood trauma, opioid addiction, overall poor mental health, obesity, and the

[1] Center for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion (2018). Fast fact: smoking and tobacco use. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm on October 12, 2018.
[2] Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2017.
[3] Center for Disease Control and Prevention. Youth Behavior Risk Factor Surveillance System Survey Data. 2016.
[4] Campaign for Tobacco-Free Kids (2018). Factsheet: New revenues, public health benefits and cost savings from a $1.50 cigarette tax increase in Oklahoma.
[5] https://www.aamc.org/download/484580/data/oklahomaprofile.pdf
[6] https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf
[7] Sommers B, Long S, Baicker K. May 6 2014. Changes in Mortality After Massachusetts Health Care Reform: A Quasi-experimental Study. Annals of Internal Medicine.
[8] https://www.cdc.gov/socialdeterminants/

availability of school-based programs, addressing these concerns are paramount to the long-term improvement of public health in Oklahoma.

It is also incumbent upon the tri-board to ensure rural areas are being served to the best degree possible. The tri-board recognizes the strides made by the State Department of Health, City-County health departments and local county health departments to pursue local initiatives and grant opportunities that fit the needs of the communities they serve. The tri-board supports continued efforts to promote the autonomy of local county health departments and communities, while simultaneously collaborating with them to identify new resources.

Moving forward, the tri-board agrees to advance a coordinated policy approach supported by a common message that defines public health and why it is critically important to all people of Oklahoma. The tri-board will utilize materials developed by the joint commission on public health to share this information with decision makers. Tri-board members recommend legislative action to address these three policy topics during Oklahoma's 2019 legislative session. The tri-board stands united in support of this agenda and pledges to communicate these policy priorities to legislators, public health stakeholders, OHIP representatives, and the public at large.

Presented to membership of each Board of Health for consideration and possible adoption.

TULSA HEALTH Department

Kian Kamas
Chair, Tulsa Health Department

OKC-COUNTY HEALTH DEPARTMENT

Gary Raskob, PhD
Chair, Oklahoma City-County Health Department

Board of Health

Tim Starkey, MBA
President, Oklahoma State Board of Health

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 681. MEDICAL MARIJUANA CONTROL PROGRAM

SUBCHAPTER 5. COMMERCIAL ESTABLISHMENTS

…

310:681-5-8.1. Food Safety Standards for Processors

(a) **Purpose**. This Section sets forth the food safety standards that processors must comply with in the preparation, production, manufacturing, processing, handling, packaging, and labeling of edible marijuana products.

(b) **Existing law**. This Section does not relieve licensed processors of any obligations under existing laws, rules, and regulations, including 63 O.S. § 1-1101 et seq., OAC 310:257, and OAC 310:260, to the extent they are applicable and do not conflict with 63 O.S. § 420A et. seq.

(1) The sale, offer to sell, dispense or release into commerce of any food or confection under a name, label, or brand when the name, label, or brand either precisely or by slang term or popular usage, is the name, label, or brand of marijuana is not prohibited.

(2) Marijuana used in food shall be considered an additive, a component, and/or an edible substance.

(3) Marijuana shall not be considered a deleterious, poisonous, or nonnutritive substance, and the use of marijuana, alone, in food shall not make such food adulterated or misbranded.

(c) **Updated law.** In the event the Oklahoma Board of Health or the Commissioner of Health amends OAC 310:257 or OAC 310:260, adopts new food safety rules, or incorporates into Oklahoma law updated federal food safety standards, including Title 21 of the Code of Federal Regulations, licensed processors shall comply with such rules to the extent they are applicable and do not conflict with 63 O.S. § 420A et seq. or these rules.

(d) **Board Meetings.** The Medical Marijuana Industry Expert Board/Food Safety Standards Board shall meet as regularly as its members deem necessary to review Oklahoma food safety laws and these rules and to take action, including amending and/or adding recommended standards to the Oklahoma Board of Health or the Commissioner of Health.

(e) **Labeling and Packaging**. Labels and packages for food containing marijuana shall comply with all applicable requirements in existing Oklahoma law, rules, and regulations, and any laws incorporated therein by reference, to the extent they do not conflict with 63 O.S. § 420A.

(1) Title 21, part 101 of the Code of Federal Regulations ("CFR"), as of August 22, 2018, is hereby incorporated by reference into this Section to the extent it is applicable and does not conflict with 63 O.S. § 420A et seq.

(2) Existing requirements for principal display panels or information panels include:

(A) Name and address of the business;
(B) Name of the food;
(C) Net quantity or weight of contents;
(D) Ingredients list;

(E) Food allergen information;
(F) Nutrition labeling, if required under 21 CFR § 101.9;

(2) In addition, principal display panels or information panels must contain:

(A) List of cannabis ingredients;
(B) The batch of marijuana;
(C) The strain of marijuana (optional);
(E) THC dosage in milligrams per unit; and
(F) The lot code.

(3) Nutrient content, health, qualified health and structure/function claims must comply with the Food and Drug Administration ("FDA") Food Labeling Guide.

(4) Packaging must contain the statement, "For accidental ingestion call 1-800-222-1222."

(5) All packages and individually-packaged product units, including but not limited to those from bulk packaging, must contain the Oklahoma uniform symbol in clear and plain sight. The Oklahoma uniform symbol must be printed at least one-half inch by one-half inch in size in color.

(6) In order to comply with OAC 310:681-7-1(4) and this Section, a label must contain a warning that states, "Women should not use marijuana or medical marijuana products during pregnancy because of the risk of birth defects or while breastfeeding."

(f) **Recommended HACCP**. A Hazard Analysis and Critical Control Plan ("HACCP"), as set forth under Title 21, Part 120 of the Code of Federal Regulations, shall be recognized as a standardized best practice to ensure that food is suitable for human consumption and that food-packaging materials are safe and suitable. Processors are encouraged to adopt a HACCP to help ensure compliance with existing Oklahoma food safety laws, particularly OAC 310:260-3-6.

(g) **Required Testing Procedures**. In light of the medical nature of marijuana authorized under 63 O.S. § 420A et seq. and to ensure the suitability and safety for human consumption of food products containing medical marijuana, processors are required to test food products containing medical marijuana for microbials, solvent and chemical residue, metals, pesticide residue, potency, and contaminants and filth in accordance with the following standards and thresholds.

(1) **Frequency.** Processors shall on a quarterly basis test one lot of each type of edible medical marijuana product.

(2) **Allowable Thresholds**. Products that fail to meet the thresholds as set forth below must be rejected and/or recalled immediately. In the event of recall, processors shall immediately notify the Department and all commercial establishments to which the recalled product was or may have been sold or transferred of the recall. Upon notification of the recall, the Department should work with dispensaries to notify patients who received the recalled product.

(3) **Retention of Test Results and Records**. Processors shall retain all test results and related records for three (3) years.

(4) **Microbiological testing.**

(A) All products shall be tested for aerobic plate count.
(B) Product test results shall validate that less than one

colony forming unit (CFU) per gram of tested material is present for E. coli or Salmonella species or the product shall be rejected and/or recalled.

(C) Products shall be tested for the presence of yeast and molds. Product test results shall validate less than 104 CFU or the product shall be rejected and/or recalled.

(D) Test reports shall include method reference.

(5) **Solvent and Chemical Residue**.

(A) Food products containing medical marijuana shall be tested for the following solvents to the maximum extent practical:

(i) Acetone < 1,000 ppm
(ii) Benzene < 2 ppm
(iii) Butanes/ Heptanes < 1,000 ppm
(iv) Hexane < 60 ppm
(v) Isopropyl Alcohol < 1,000 ppm
(vi) Pentane < 1,000 ppm
(vii) Propane < 1,000 ppm
(viii) Toluene < 180 ppm
(ix) Total Xylenes (m, p, o-xylenes) < 430 ppm

(B) Test reports shall provide specific data for all listed and detected solvents.

(C) The test report shall list any solvents listed above that could not be tested for.

(D) If the test equipment's Limit of Detection (lowest possible detection limit) is above the specified limit for a solvent, the equipment's Limit of Detection amount will be considered sufficient to exceed safe contamination limits.

(E) If the cannabis concentrate used to make an infused product was tested for solvents and chemical residue and test results indicate the lot was within established limits, then the infused product does not require additional testing for solvents and chemical residue.

(6) **Metals**.

(A) Testing for heavy metals shall include but is not limited to lead, arsenic, cadmium, and mercury.

(B) Test results shall meet the following thresholds:

(i) Lead – max limit < 1 ppm
(ii) Arsenic – max limit < 0.4 ppm
(iii) Cadmium – max limit < 0.44 ppm
(iv) Mercury – max limit < 0.2 ppm

(C) If the cannabis concentrate used to make an infused product was tested for metals and test results indicate the lot was within established limits, then the infused product does not require additional testing for metals.

(7) **Pesticide Residue**.

(A) Processors shall test all product batches for pesticides; 0.1 ppm or a positive result at the Limit of Detection (equipment's lowest possible detection amount) will be considered to exceed safe residue limits.

(B) Pesticide residue testing shall analyze samples for the presence of chlorinated hydrocarbons, organophosphates,

carbamates, pyrethroids, neonicotinoids, acaracides, fungicides, and bactericides to the maximum extent practical.

(C) If the cannabis concentrate used to make an infused product was tested for pesticides and test results indicate the lot was within established limits, then the infused product does not require additional testing for pesticides.

(8) **Potency**. Processors shall test products for and provide results for levels of total THC.

(9) **Contaminants and Filth**. Processors shall inspect all products for contaminants and filth.

(A) Contaminants include any biological or chemical agent, foreign matter, or other substances not intentionally added to products that may compromise food safety or suitability.

(B) Processors shall document allowable thresholds for physical contaminants as part of the product test plan. Inspection requirements should be included in the operation's product test plan for third party testing, if applicable.

(C) Inspection records shall indicate a continual process of physical inspection has taken place for all batches.

(h) **Private Homes; Living or sleeping quarters**.

(1) A private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters may not be used for conducting processing operations.

(2) Living or sleeping quarters located on the premises of a processor such as those provided for lodging registration clerks or resident managers shall be separated from rooms and areas used for food establishment operations by complete partitioning and solid self-closing doors.

Definitions to add 310:681-1-4

"Food" has the same meaning as set forth in 63 O.S. § 1-1101 and OAC 310:257-1-3 ("'food' means (1) articles used for food or drink for man, (2) chewing gum, and (3) articles used for components of any such article") and as set forth in OAC 310:250-1-6 ("'food' means any raw, cooked, or processed edible substance, ice, beverage or ingredient used or intended for use or for sale in whole or in part for human consumption").

"Information Panel" has the same definition as set forth in 21 CFR § 101.2 and means "that part of the label immediately contiguous and to the right of the principal display panel as observed by an individual facing the principal display panel."

"Label" carries the same definition as set forth in 63 O.S. § 1-1101 and means a display of written, printed, or graphic matter upon the immediate container of any article; and a requirement made by or under authority of this article that any word, statement, or other information appearing on the label shall not be considered to be complied with unless such word, statement, or other information also appears on the outside container or wrapper, if there be any, of the retail package of such article, or is easily legible through the outside container or wrapper.

"Lot" means the food produced during a period of time indicated by a specific code.

“Oklahoma Uniform Symbol” means the image, established by the Department and made available to commercial licensees, indicating the package contains marijuana and must be printed at least one-half inch in size by one-half inch in size in color.

“Package” or “Packaging” means any container or wrapper that a grower or processor may use for enclosing or containing medical marijuana or medical marijuana products.

“Principal Display Panel” has the same definition as set forth in 21 CFR § 101.1 and “means the part of a label that is most likely to be displayed, presented, shown, or examined under customary conditions of display for retail sale.”

Oklahoma State Department of Health

Board of Health

Presentation

Canadian County Health Department

December 11, 2018

Canadian County

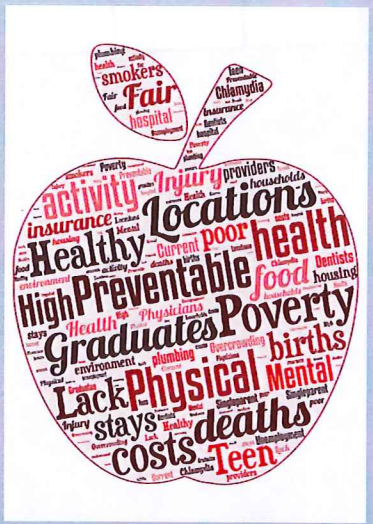
County Health Outcomes Rank

- According to the "Building a Culture of Health, County by County: County Health Rankings & Roadmaps report" published by the Robert Wood Johnson Foundation in 2018, Canadian County ranks 3rd highest in health outcomes compared to all other Oklahoma Counties.

Measures that Contribute to Canadian County's High Ranking

Less: adults reporting fair or poor health; adults who are current smokers; chlamydia cases per 100,000 population; teen births; persons without health insurance; preventable hospital stays for Medicare enrollees; persons unemployed; children living in poverty; children living in single-parent household; deaths due to injury; households with at least one of the following: overcrowding, high housing costs, or lack of kitchen or plumbing facilities

More: persons with leisure-time physical activity; factors that contribute to a healthy food environment; access to locations for physical activity; primary care physicians, dentists, and mental health providers; Medicare enrollees receiving mammography; high school graduates;



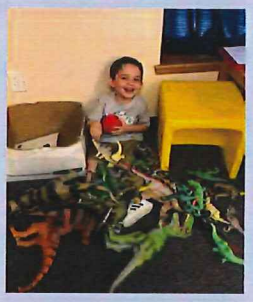
Health Department Services Offered

- **Consumer Protection**
  Retail and Wholesale Food Establishment Inspections
  Training for Food Service Workers
- **HIV/STD**
  HIV Counseling and Testing
  Sexually Transmitted Disease Testing
  Health Awareness Information
- **Health Promotion**
  Injury Prevention
  Tobacco Use Prevention/Education
  Public Health Statistics
  Communications/Media Relations
- **Acute Disease**
  Communicable Disease Investigations
  Identification/Treatment of Tuberculosis (TB)
- **Maternal and Child Health**
  Immunizations
  Child Guidance Services
  Family Planning
  Children's First
  Early Intervention
- **WIC (Women, Infant, Children)**
  Nutrition Education
- **Emergency Preparedness and Response**

Child Guidance Services

- Trauma Focused Therapy
- Parent Child Interaction Therapy
- Hearing Screenings
- Circle of Parents Groups in the school system
- Social Skills groups for children on the Autism Spectrum
- Full evaluations for referrals to the Public School systems
- Autism screenings
- Direct therapies to address behavior, speech issues, parenting, DHS referred cases and much more

Early Foundations

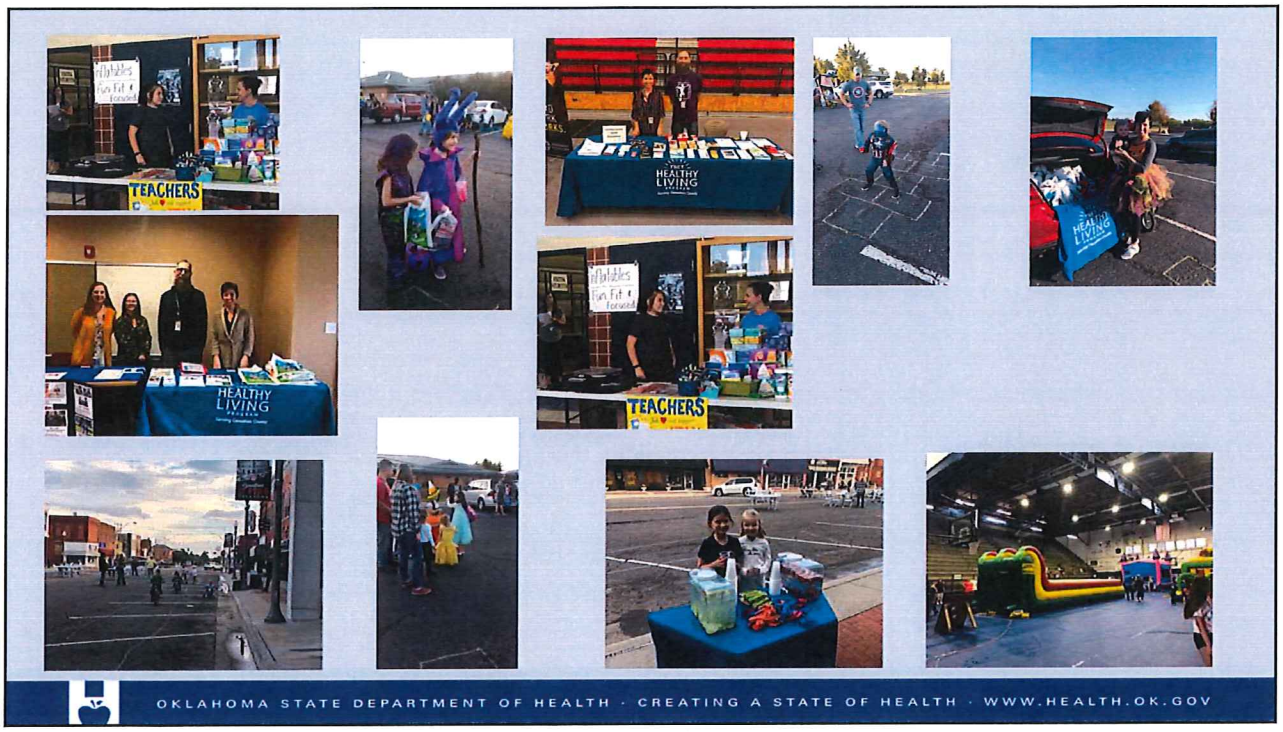


Canadian County

Early Foundations is a research program collaboration between the State Department of Health, The University of Oklahoma, El Reno Public Schools, Yukon Public Schools, and Mustang Public Schools. The purpose is to investigate the best service delivery time for toddlers and preschoolers on the Autism Spectrum.

Recent Health Department Community Activities

- Rock the Block - El Reno community "Open Streets"
- 2nd Annual Fit, Fun, Focused
- Wild Horse Garden and Market Inc. (Community Garden) in Mustang
- Great American Smoke Out at Lucky Star Casino
- Halloween Events:
  - El Reno Spooktacular
  - Youth and Family Trunk or Treat



Questions?

- For more information, please contact:
  - Jan Fox at janf@health.ok.gov or 405-262-0042

Influenza Surveillance in Oklahoma 2018-2019 Season

Influenza Surveillance Objectives

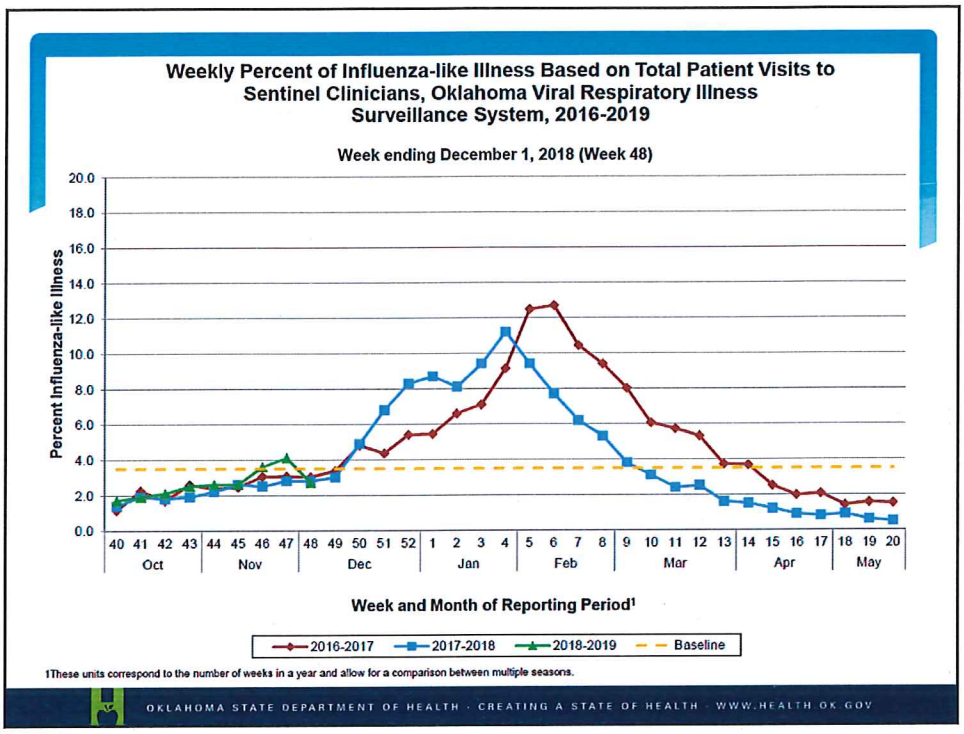
- Describe the spread and intensity of influenza and other viral respiratory pathogens
- Monitor the incidence of severe influenza disease
- Determine circulating influenza strains
- Contribute to the national epidemiology of influenza
  - Sentinel data submitted to federal partners
  - Public Health Lab data and specimens submitted for national virologic surveillance and antigenic characterization

Influenza Surveillance Components

- Sentinel influenza providers and laboratories
  - 24 sentinel providers, 11 laboratories
  - Outpatient visits and lab testing for respiratory pathogens
- Influenza-associated hospitalizations and deaths
  - Notifiable conditions (OAC 310:515)
- Public Health Laboratory viral respiratory results
- Investigate outbreaks and work with partners to implement control measures

Influenza Surveillance Communication

- Health alert network advisory distributed weekly
  - Healthcare providers, public health personnel, tribal partners
- OK FluView updated every Thursday by 10:00 a.m.
- Acute Disease epidemiologist consultations and distribution of resources to providers, institutions, public, etc.


Weekly Percent of Influenza-like Illness Based on Total Patient Visits to Sentinel Clinicians, Oklahoma Viral Respiratory Illness Surveillance System, 2016-2019
Week ending December 1, 2018 (Week 48)
Percent Influenza-like Illness
20.0
18.0
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
40 41 42 43 44 45 46 47 48 49 50 51 52 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Oct Nov Dec Jan Feb Mar Apr May
Week and Month of Reporting Period1
2016-2017
2017-2018
2018-2019
Baseline
1These units correspond to the number of weeks in a year and allow for a comparison between multiple seasons.
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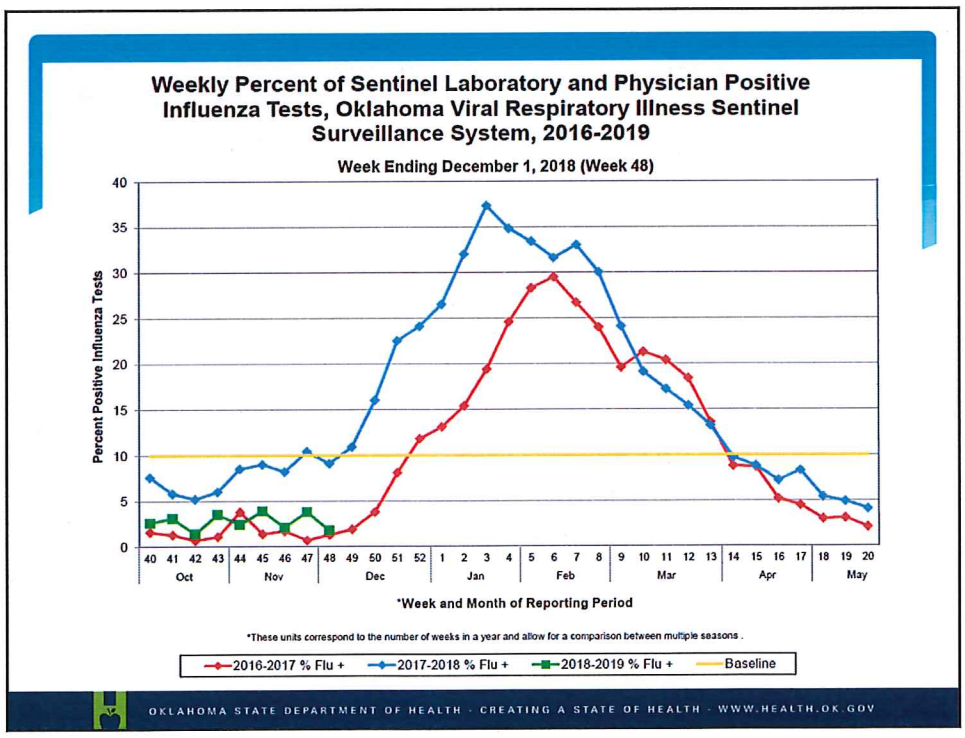
Weekly Percent of Sentinel Laboratory and Physician Positive Influenza Tests, Oklahoma Viral Respiratory Illness Sentinel Surveillance System, 2016-2019
Week Ending December 1, 2018 (Week 48)
Percent Positive Influenza Tests
40
35
30
25
20
15
10
5
0
40 41 42 43 44 45 46 47 48 49 50 51 52 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Oct Nov Dec Jan Feb Mar Apr May
*Week and Month of Reporting Period
*These units correspond to the number of weeks in a year and allow for a comparison between multiple seasons .
2016-2017 % Flu +
2017-2018 % Flu +
2018-2019 % Flu +
Baseline
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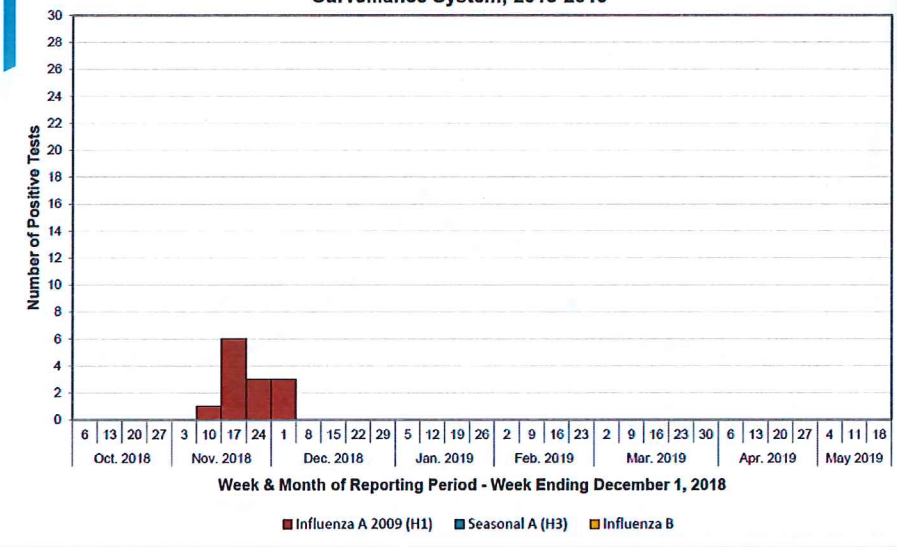
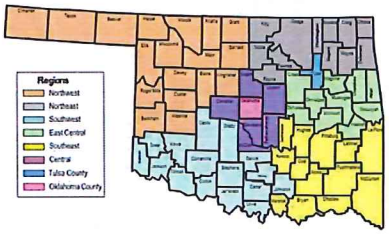
Number and Type of Polymerase Chain Reaction (PCR) Positive Influenza Tests by Date of Collection at Oklahoma State Department of Health Public Health Laboratory, Oklahoma Viral Respiratory Illness Sentinel Surveillance System, 2018-2019



Influenza-Associated Hospitalizations and Deaths by Region, Oklahoma, September 1, 2018 - December 1, 2018

Region	Influenza Hospitalizations Total (Rate per 100,000)	Influenza Deaths Total (Rate per 100,000)
Northwest	4 (1.6)	0 (0)
Northeast	23 (4.7)	4 (0.8)
Southwest	4 (0.9)	1 (0.2)
East Central	25 (6.1)	0 (0)
Southeast	16 (5)	0 (0)
Central	19 (3.2)	0 (0)
Tulsa Co.	33 (5.2)	1 (0)
Oklahoma Co.	10 (1.3)	0 (0)
Total	134 (3.4)	6 (0.1)

Data Source: Acute Disease Service, Oklahoma State Department of Health.



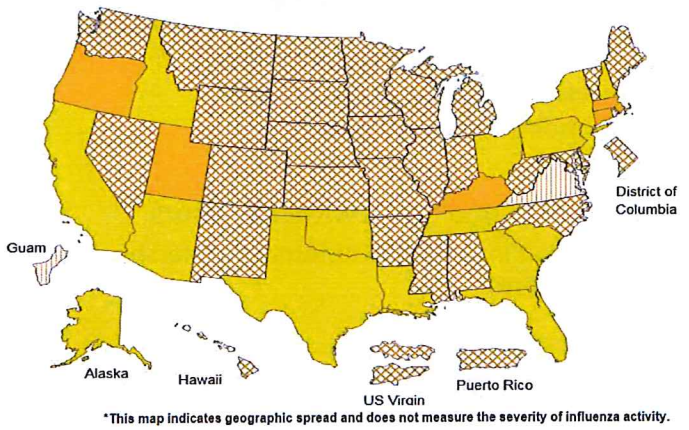
Influenza-Associated Hospitalizations and Deaths by Age Group
Oklahoma, September 1, 2018 - December 1, 2018

	Influenza Hospitalizations	Influenza Deaths
Age Group, Years	Total (Rate per 100,000)	Total (Rate per 100,000)
00-04	17 (6.3)	0 (0)
05-17	5 (0.7)	0 (0)
18-49	27 (1.7)	0 (0)
50-64	23 (3.1)	1 (0.1)
65+	62 (10.8)	5 (0.9)
Total	134 (3.4)	6 (0.2)
Age Range (Median)	0 - 99 yrs (63 yrs)	(81 yrs.)

Data Source: Acute Disease Service, Oklahoma State Department of Health.

Influenza Activity Level Map

Week Ending Nov 24, 2018 - Week 47



Influenza Activity Estimates
- No Activity
- Sporadic
- Local Activity
- Regional
- Widespread
- No Report

*This map indicates geographic spread and does not measure the severity of influenza activity.

Medical Countermeasure Response Exercise Recognition

- American Journal of Public Health, September 2018 supplement
  - Highlighted medical countermeasures management for preparedness and response
- Case studies of highlighted states innovative approach to point of dispensing (POD) sites
  - Oklahoma's September 2016 mass influenza vaccination campaign as part of a full-scale exercise highlighted

Medical Countermeasure Response Recognition

- Key partners: OSDH Emergency Preparedness, Immunization Service, and local county health departments; Oklahoma highway patrol
- Enable distribution of 11,960 doses within 24 hours
  - Illustrated the value of internal and external partnerships for successful rapid response

Source: Use of Medical Countermeasures in Small-Scale Emergency Responses. *Am J Public Health.* 2018;108:S196-S201. doi:10.2105/AJPH 2018.304491

Use of Medical Countermeasures in Small-Scale Emergency Responses

It is well documented that long-standing focus on public health emergency preparedness medical countermeasures (MCMs) distribution and mass dispensing capabilities for mitigation of bioterrorism incidents and a lack of real-world opportunities to test national preparedness for large-scale emergencies has hindered development of a body of evidence-based practices in the United States.

To encourage jurisdictions seeking innovative opportunities for continuous improvement, we describe instances when the MCM capabilities were used to address smaller-scale, more-frequent public health emergencies such as disease outbreaks, natural disasters, or routine influenza vaccination. We argue that small-scale events represent a critical opportunity that state, local, tribal, and territorial entities can utilize for greater gains in MCM operational readiness than through exercises or planned reviews.

By using and evaluating MCM capabilities during a real response, jurisdictions can advance preparedness science and support the translation of research into practice, thereby increasing their capacity to scale up for larger, rarer, higher-consequence emergencies. (*Am J Public Health*. 2018;108: S196–S201. doi:10.2105/AJPH.2018.304491)

Ijeoma A. Perry, MS, MPH, Rebecca S. Noe, MN, MPH, FNP-BC, and Amy Stewart, MPH

To respond effectively to a large-scale, rare, but high-consequence emergency such as an aerosolized anthrax attack, US communities will rely on the use of points of dispensing (PODs) as sites where the affected public can receive potentially lifesaving medical countermeasures (MCMs) deployed from the Centers for Disease Control and Prevention's (CDC's) Strategic National Stockpile.[1–4] For 15 years, CDC, through the Public Health Emergency Preparedness (PHEP) cooperative agreements and Cities Readiness Initiative funding stream, has provided significant support ($12.5 billion annually) for state and local public health departments to develop, test, and maintain MCM dispensing and administration plans and infrastructure.[1] A significant focus on funding bioterrorism preparedness followed the 2001 anthrax attacks.[3] As a consequence, efforts to develop the nation's capability to dispense, manage, and distribute MCMs, as part of the PHEP cooperative agreements, have experienced fewer budget cuts than other preparedness activities.[1]

While jurisdictions report increased levels of MCM distribution and dispensing capability,[1] studies have consistently found challenges in demonstration of MCM operational readiness despite the existence of developed plans.[1,5,6] With the rarity of large-scale bioterrorism emergencies and the rising frequency of natural disasters and international public health emergencies,[7] jurisdictions have progressively used exercises and rare, large-scale responses to infectious disease emergencies (e.g., H1N1 influenza pandemic response, Table 1 and Table A, available as a supplement to the online version of this article at http://www.ajph.org) to validate their MCM plans and, thereby, cultivate awareness of gaps and potential solutions.[4,6,8,9,12–15]

It is noteworthy that limited evidence in the literature suggests that some jurisdictions are capitalizing on the use of the MCM capabilities to respond to more frequent smaller-scale responses.[2,10,11,16,–17] Specifically, using MCM capabilities in real-world responses operationalizes the MCM plan, which can (1) improve the response, (2) reveal gaps in the plan that are not apparent in exercises, and (3) promote evidence-based practices. To illustrate these points, and demonstrate the range of innovative responses, we identified examples through personal communications to CDC and a targeted search for evaluations of real-world responses using PODs within the published literature, which we present in table and narrative form. The use of MCM capabilities in a routine event—an annual vaccination campaign—and an emergent response are presented as case studies to demonstrate two disparate types of events that are addressed with MCM capabilities.

MASS DISPENSING IN SMALL-SCALE RESPONSES

Our case studies and the tabulated examples highlight jurisdictions' use of the MCM capabilities and POD infrastructure to support dispensing or administration of MCMs in a variety of responses. Often situated in community centers or centralized large buildings, PODs may be accessible to the public (open PODs) or designed to exclusively serve pre-identified groups within locations such as schools, businesses, or hospitals (closed PODs).[4,8,12] Both open and closed PODs may be medical or nonmedical—the former staffed by clinicians capable of performing individual medical assessments in tandem with vaccine administration or dispensing MCMs, the latter staffed by lay personnel who are limited to dispensing MCMs.

ABOUT THE AUTHORS

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This article was accepted April 15, 2018.

Note. *The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.*

doi: 10.2105/AJPH.2018.304491

TABLE 1—The Impact and Lessons Learned Following the Use of Medical Countermeasures in Small-Scale Emergency Responses: United States, 2009–2017

Response and State (Year)	Activity/Impact	Lessons Learned
Disaster response		
Yellowstone River oil spill—Montana (2015)[a]	During January 2015, a pipeline breach spilled 50 000 gallons of oil into the Yellowstone River. This river is the drinking water source for approximately 6000 residents of Dawson County, Montana. The water system was promptly shut down, and the LHD activated its MCM plan and a POD site. Within 1 day, a community center POD received pallets of water and dispensed drinking water to the residents. Public health employees and volunteers from the oil pipeline company provided the majority of the manpower and unloaded the first shipment of more than 15 pallets of water at the POD. A daily gallon of water per person and pet were distributed from the POD over 5 days. Most residents reported receiving their allocated amounts of water within 5–10 min of arriving at the POD. The rapid throughput was a result of changes made to initial POD traffic flow, the use of a donated forklift, and parking enforcement by Department of Transportation officers. Volunteers provided daily home delivery of bottled water to people with functional and access needs. A total of 80 000 gallons of water were distributed throughout the response and 40 000 gallons were stored at the end of the operation.	Access to multiple POD locations in the local MCM plan proved critical because the third option (community center with semi docks) had to be used. The MCM plan incorrectly identified that volunteer management support would be available from national volunteer disaster response organization(s). Media management was problematic as the event was national news, and some news media organizations did not follow media protocols. Reporters entered unsafe areas where forklifts were in operation and increased the potential for injuries. The new engagement with the Department of Transportation filled an unexpected need for traffic management expertise (e.g., changed traffic flow) and enforcement (e.g., ability to ticket) to protect the safety of the pedestrians walking into the facility.
Pandemic influenza outbreak response		
H1N1 response—Los Angeles, CA (2009–2010)[8,9]	During the 2009 H1N1 influenza pandemic response, the LACDPH used 109 POD sites in Los Angeles to provide almost 200 000 doses of monovalent influenza A (H1N1)pdm09 (pH1N1) vaccine over 46 d. A study of 101 POD vaccination events from 60 sites examined the effectiveness of POD operations. The average number of doses administered each hour at the 60 sites was 239 (range = 40–427) and an average of 247 persons (range = 7–1614) waited in line to be vaccinated. The 109 POD locations were located across Los Angeles County to facilitate access by diverse high-risk populations. Marked POD underutilization among the African American community persisted despite targeted community outreach (e.g., culturally appropriate health education materials, public service announcements, and use of faith-based organizations). A total of 446 outreach events were implemented at a variety of locations including WIC offices, senior centers, and faith-based organizations. Other racial and ethnic groups were successfully vaccinated in the PODs. The response emphasized that the evident social and economic barriers should be addressed and from this experience LACDPH developed the Los Angeles County Community Disaster Resilience coalition (http://www.laresilience.org/about.php). This vaccination campaign was one of the largest POD-based efforts during the 2009–2010 H1N1 response.	The inclusion of race/ethnicity in scheduled reports of vaccine utilization enabled identification of racial disparities among groups. Countermessaging opposition to 2009 monovalent H1N1 vaccine within the African American community led to an ongoing need for extensive and varied approaches in communication and engagement activities. The response emphasized a need to strengthen relationships with other health department programs that partner with minority communities. Coverage and representation of racial and ethnic minorities was accomplished by establishing POD sites within a high concentration of the target population. POD throughput efficiency could have been improved by increasing the ratio of nonmedical staff to medical staff.

Continued

The primary benefit of utilizing PODs is the high throughput at which mass prophylaxis and vaccination of large populations can be accomplished in contrast to an alternative method such as the use of health care sites, which have limited access and capacity.[4,8,18,19] Although the use of PODs can facilitate provision of MCMs to a large number of people, the decision to use PODs in an emergency response depends on several factors, including, but not limited

TABLE 1—*Continued*

Response and State (Year)	Activity/Impact	Lessons Learned
Non-influenza infectious disease outbreak response		
Largest botulism outbreak in 40 years in United States—Ohio (2015)[b]	In 2015, CDC's DSNS deployed 50 doses of heptavalent botulinum antitoxin to Ohio in support of the largest botulism outbreak in 40 y in the United States. The antitoxin was delivered to the state within less than 10 h of the federal decision to deploy. The ODH received the shipment into its centralized vaccine storage location and divided the doses on the basis of requests from 7 different health care facilities in the Columbus area. By midnight, the OSHP transported the initial botulinum antitoxin delivery from the state storage location to the health care facility that first alerted authorities about diagnosed patients. Of 29 people hospitalized at various facilities, 25 (86%) received botulinum antitoxin and 11 (38%) were intubated. After a week, 18 (62%) were discharged. The DSNS demonstrated its ability to rapidly deploy a large amount of botulinum antitoxin and transport this lifesaving MCM directly to a state receiving location. The state MCM distribution plans facilitated the pre-positioning of OSHP units and the opening of a vaccine warehouse that offered access to cold-storage repackaging and shipping supplies. These capabilities ensured the rapid (< 2 h) botulinum antitoxin processing and shipment to the medical center with critical patients. An LHD managed the transport of the other 6 requests by using nonemergency vehicles that were effective during this ongoing event.	Increased awareness and compliance of state botulinum antitoxin protocol among health care providers and health department programs to ensure a coordinated and prompt request to CDC was needed. The manufacturer's quick-thaw instructions were not written in plain language, which led ODH to develop a supplemental "1-pager" that guided uptake of the correct procedure at the individual facilities. The opportunity to use OSHP in the future for transport of small quantities of time-sensitive life-saving medications from state warehouses to health care facilities was recognized. It was determined that better communication with health care facilities is needed regarding storage and handling of the product on site. For instance, some facilities refroze botulinum antitoxin, which damaged some of it.
Opioid epidemic response		
Statewide distribution of naloxone—North Carolina (2017)[c]	In 2017, North Carolina's PHP&R supported the DMH's efforts to rapidly and effectively distribute nearly 40 000 units of naloxone (worth $3 million) over a 2-week period in October. Access to naloxone is a focus area of the North Carolina Opioid Action Plan. The product arrived at a state warehouse and the state's PHP&R staff quickly used CDC's Inventory Management and Tracking System software to generate chain-of-custody forms and packing slips. Accurate and timely release of product was coordinated with more than 70 partner agencies and organizations that came from across the state to pick up their allotment for their communities.	The state's PHP&R successfully used a component of its MCM plan by using their inventory software to provide necessary paperwork for the ad hoc distribution. The state's MCM receiving and dispensing capability was not fully leveraged for this event because of 3 key factors: (1) a lack of awareness of the capability of PHP&R across the state health department, (2) time constraints placed on the DMH to distribute the product, and (3) competing priorities. It is possible that North Carolina will purchase more naloxone in the future and lessons learned from this distribution will allow for better coordination and communication and the ability to incorporate a future distribution into a statewide exercise to help strengthen this capability.

Note. CDC = Centers for Disease Control and Prevention; DMH = Division of Mental Health; DSNS = Division of Strategic National Stockpile; LACDPH = Los Angeles County Department of Public Health; LHD = local health department; MCM = medical countermeasures; ODH = Ohio Department of Health; OSHP = Ohio State Highway Patrol; PHP&R = Public Health Preparedness and Response; POD = point of dispensing; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children. Table 1 is an abridged version of Table A, which presents a wider range of response activities and corresponding lessons learned and is available as a supplement to the online version of this article at www.ajph.org.

[a]Activities/impacts and lessons learned from the Yellowstone River oil spill were provided by J. Fladager (e-mail communication, December 12, 2017). For more information, see the CDC *Public Health Preparedness 2016 Snapshot*.[3]

[b]Activities/impacts and lessons learned from the largest botulism outbreak in 40 years in United States—Ohio were provided by T. McBride (e-mail communication, December 5, 2017). For more information, see McCarty et al.[10]

[c]Activities/impacts and lessons learned from the statewide distribution of naloxone—North Carolina were provided by A. Williford (e-mail communication, December 4, 2017). For more information, see North Carolina Office of the Governor.[11]

to, the availability of MCMs, scope of the response, capacity of the existing health care system, the ability of law enforcement to provide security, and an adequate number of trained volunteers to staff the POD.[8,18] The examples presented in Table 1 and Table A (available as a supplement to the online version of this article at www.ajph.org) highlight multiple responses in which using MCM plans and PODs increased timeliness and effectiveness of the response and garnered critical lessons learned that likely would not have been realized following exercises (e.g., race/ethnicity reporting to identify disparities, preidentifying a school contact with decision-making authority).

CASE STUDIES

In the following two case studies, innovative thinking enabled jurisdictions to solve response challenges considering advantages typically produced by the use of PODs.

Oklahoma Influenza Vaccination Campaign

In September 2016, the immunization program at the Oklahoma State Department of Health (OSDH) urgently needed assistance to distribute seasonal influenza vaccine throughout the state for its annual mass vaccination campaign.[20] The event was logistically unworkable because of a delay that prevented timely distribution of the vaccine by the state-contracted courier service to the local health departments (LHDs) that planned the community campaigns. Without distribution capability, the immunization campaign was to be cancelled. Aware of the situation, the Oklahoma state epidemiologist encouraged a collaboration between the state immunization program and OSDH Strategic National Stockpile team. The opportunity to solve a real-world public health problem, while testing their MCM plans, was evident.

By chance, concurrent with the intended vaccination campaign, the OSDH Strategic National Stockpile team planned to conduct a full-scale MCM exercise. The planned exercise was a means to test the team's ability to move materials to predetermined locations throughout the state while maintaining cold-chain integrity (maintaining appropriate cold temperature standards), a noted deficiency in a previous exercise. Because of collaboration between the state immunization program and the OSDH Strategic National Stockpile team, within two days of the planned cold-chain exercise, vaccine distribution to support the annual vaccination campaign was incorporated into the team's planned exercise.

In addition to promoting interdependency between these two state agencies, the incorporation of influenza vaccine distribution into the MCM exercise required maintenance of cold-chain integrity during transport of the vaccines. This collaboration enabled the distribution of 11 960 influenza vaccine doses to eight LHDs within 24 hours (which allowed them to be used in the planned vaccination campaign). In addition, the Oklahoma State Highway Patrol, which was interested in testing a new geographic information system or global positioning system, used the exercise to track the vehicles delivering the vaccine in real time and offered to provide this service in the event of future OSDH Strategic National Stockpile team distribution activities.

Lessons learned. The OSDH Strategic National Stockpile coordinator attributed his team's success to the team's quarterly, PHEP-funded drills. Oklahoma demonstrated the remarkable flexibility of the MCM capability in that, within short notice, by using complex logistics, they identified and quickly engaged key partners with whom they effectively distributed vaccines while maintaining the cold chain as evidenced by temperature readings that were collected and analyzed. An important lesson learned was that the OSDH Strategic National Stockpile data loggers used to monitor vaccine temperatures required quick tutorials in the field to interpret the temperature instrument's gauge correctly. As a consequence, screen shots of the gauge are now included in the OSDH Strategic National Stockpile distribution training to support staff's ability to correctly read and record the temperature gauge (Mark Schultz, written communications, November 14, 2017).

Impact. This collaboration was crucial to a statewide vaccination campaign to protect the Oklahoma community from seasonal influenza. Furthermore, the enhanced collaboration among different components within the state and LHDs, and crosstalk with the Oklahoma State Highway Patrol, strengthened planning for future mass vaccination campaigns. Also, the combination of resources to perform the annual campaign and cold-chain exercise in tandem enabled economies of scale regarding staff time and led to a cost avoidance of $500 from not using the courier distribution service. In future years, additional cost avoidances will be realized because the OSDH Strategic National Stockpile agreed to continue distribution support for future annual immunization campaigns (Mark Schultz, e-mail communication, November 20, 2017). This case emphasized the value of partnership between the state's immunization and Strategic National Stockpile programs as they leveraged the MCM capabilities to support a local public health function and strengthen MCM capability.[21]

2015 Rhode Island Meningitis Response

On February 5, 2015, the Rhode Island Department of Health (RIDOH) declared an outbreak of meningitis at Providence College after two cases were identified among the student population. The cause was identified as a rare serogroup B meningococcal bacterial strain.[16] In response, RIDOH facilitated Providence College's acquisition of postexposure antibiotic prophylaxis for 71 students and mass vaccination with a newly licensed serogroup B meningococcal vaccine, on the basis of consultation with CDC and available guidelines.[16,22]

To expedite vaccination of 3745 eligible students, RIDOH leveraged and activated its incident command system and elements of their state's Medical Emergency Distribution System and warehouse plans, including MCM (antibiotic and vaccine) procurement, distribution, and vaccine administration using a closed POD (Brittan Bates-Manni, e-mail communication, December 8, 2017). Three entities (Providence College, RIDOH, and the Rhode Island Medical Reserve Corps) coordinated closely on all elements related to POD planning and execution. On February 8, only three days after the outbreak was

declared, these three entities cooperatively operated a mass vaccination POD in nine hours within the college's 45 000-square-foot recreation center to immunize 3061 students with the first dose of serogroup B meningococcal vaccine (Brittan Bates-Manni, e-mail communication, December 8, 2017). The Rhode Island Medical Reserve Corps provided the vaccinators. This was the largest number of people vaccinated in one day in a single location in Rhode Island. The college held a follow-up vaccination clinic on February 11 for the remaining unvaccinated students and supported a meningococcal carriage evaluation with CDC to measure the new vaccine's impact on carriage of the bacteria.[16,17]

Lessons learned. Communication was a central theme among lessons learned from the meningitis outbreak response (Brittan Bates-Manni, e-mail communication, December 8, 2017). First, engaging the college's emergency manager was integral to the establishment and operation of the POD on the campus and promoted similar relationships throughout the state's higher-learning institutions. Second, coordination of POD messaging, set-up, and throughput among the college, RIDOH, and Rhode Island Medical Reserve Corps proved challenging because of the lack of joint conference calls or colocated planners during the rapidly evolving response, which emphasized the need to establish a more effective tactical planning approach. Third, RIDOH provided 800-megahertz Rhode Island Statewide Communication Network radios for tactical communications, which did not work in all areas of the recreation center and were not programmed to overlap with channels used by RIDOH and Rhode Island Medical Reserve Corps staff. Thus, the need to test the available communications systems before POD activation was highlighted.

Furthermore, the new vaccine was shipped in prefilled syringes without needles despite verbal confirmations by the pharmaceutical representative that the needles would be included (which underscored a need for the RIDOH and other health departments to ensure visual inspection of the expected supplies before shipment). Also, development of an incident-specific medical history form and an algorithm for form reviewers helped to increase POD throughput. In addition, POD planners should have identified the entity responsible for submitting completed Vaccine Adverse Events Reporting System forms to CDC and the Food and Drug Administration in a timely manner. Finally, suboptimal planning for demobilization of unused vaccine resulted in the acquisition of refrigerators that were not designed for vaccine storage for the follow-up clinic. Appropriate refrigerators were secured, but this expense could have been avoided with full partner participation in the demobilization planning.

Impact. The provision of antibiotic prophylaxis to those exposed and rapid vaccination of 94% (3525 of 3745) of the eligible students with the first dose of serogroup B meningococcal vaccine helped to control the Providence College meningitis outbreak.[16] In addition, the POD supported an important rapid mass vaccination effort that permitted the RIDOH and CDC to evaluate the impact of serogroup B meningococcal vaccine on meningococcal carriage within this college student population.[16,17]

CONCLUSIONS

These examples illustrate that smaller-scale responses have been effectively used to validate state and local public health emergency MCM operational capabilities. The empirical evidence gained by using the MCM distribution and dispensing capabilities in real responses drive continuous improvement and are a major experiential supplement to discoveries made under simulated conditions during exercises.[6,18] The following observations are drawn from the examples presented in the case studies, Table 1, and Table A.

First, experience gained either from previous exercises or from real responses instilled confidence in the jurisdiction's ability to operationalize the MCM capabilities in a real event. Access to critical resources, strategic relationships, and response plans enabled rapid decisions. Utilizing MCM capabilities during real events provided additional experience and magnified opportunities for improvement without the aforementioned limitations posed by scenario-based exercises.[7]

Second, responding to a real event compelled participants to further characterize, prioritize, and solve outstanding gaps. For example, the meningitis outbreak case emphasized the value of partnership between the RIDOH and college emergency managers. As a consequence, the response increased RIDOH's connectivity with Rhode Island colleges to ensure a framework for stronger coordination during future public health responses on college campuses.

Third, communication and ongoing partnership development enabled successful responses. In the two cases, participants benefitted from real opportunities to utilize MCM capabilities and forge partnerships with epidemiologists, emergency managers, logisticians, surveillance staff, and others with whom they seldom interact as a result of compartmentalized working spheres. The impact of these critical partnerships is a philosophical shift from dependence on a single contingency model of dispensing to a dynamic and integrative system that is more readily adapted to meet the needs of the community served.

Fourth, the formal rigors of evaluation are necessary after a response. This point is emphasized by the tabulated examples, which illustrate significant gaps in evaluation strategies with respect to response efficiency and effectiveness.[4,9,12,13,15,23] An evaluation of 26 North Carolina LHDs found that "most LHDs had no clear or common process to assess POD success or impact following a 2009 H1N1 pandemic influenza school-based vaccination campaign."[15] One approach to addressing this challenge would be to engage partners across the health departments or academic institutions who can augment the capacity for operational research.[4,8,9,13–15] Postresponse evaluation is critical to distinguishing what types of small-scale emergencies lend themselves to the use of PODs and identifying specific improvements required.[2,6] Furthermore, evaluation results can demonstrate that a jurisdiction has met the criteria for advanced MCM readiness status on the basis of the CDC Operational Readiness Review that is required of PHEP recipients. Ultimately, evaluation is vital to identifying how the lessons learned from the use of MCM capabilities in small-scale responses can be scaled to apply to rare, catastrophic emergencies.[6,7]

NEXT STEPS

The examples presented should encourage state and local entities to consider leveraging their MCM capabilities during responses to disasters, outbreaks, and vaccination campaigns to strengthen their capability to operationalize in large-scale events. Accordingly, health departments may consider the following to strengthen their MCM capabilities: (1) understand ways that MCM plans, especially those addressing PODs, have been and could be used to support non-anthrax events (especially events requiring vaccines given the additional logistical considerations); (2) document and publish an evidence base to foster continuous improvement; and (3) review evaluation strategies to identify opportunities for improvement. Accomplishing these three goals may be challenging because the documented observations resulting from exercises and incidents are typically decentralized in after-action reports and are of wide-ranging quality and accessibility to outside partners, which limits their usefulness to advance preparedness science.[6] Nevertheless, there are repositories that facilitate broad sharing of best practices among PHEP recipients. For example, a peer-exchange platform such as the Online-Technical Resource and Assistance Center (https://www.cdc.gov/phpr/readiness/on-trac.htm) provides a forum in which to share practices and is managed by the CDC Division of State and Local Readiness Capacity Building Branch. Part of the mission of the Capacity Building Branch is to develop, curate, and disseminate resources beneficial throughout the nation. The tools and approaches described in this article are intended to encourage state and local entities to consider utilizing their MCM capabilities for a wide variety of responses to strengthen their capability to operationalize across an array of threats. AJPH

CONTRIBUTORS

I. A. Perry led analysis and authorship of the commentary. R. S. Noe provided research and editorial support. A. Stewart provided research guidance as the senior author.

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Long Term Care Update
OSDH Board of Health
December 11, 2018

Michael Cook
Director, Long Term Care Service
Oklahoma State Department of Health

Long Term Care Facility Types

						2014 vs 2018
Facility Type	**2014**	**2015**	**2016**	**2017**	**2018**	+/-
Nursing Homes (M/M)	313	309	310	305	306	-7
Nursing Homes (PP)	2	2	1	2	2	0
Nursing Homes (VA)	7	7	7	7	7	0
Intermediate Care Facilities	88	88	86	87	89	1
Residential Care Facilities	75	68	55	51	47	-28
Adult Day Care Centers	38	41	38	41	41	3
Assisted Living Centers	160	167	175	183	183	23
Total	683	682	672	676	675	-8

Long Term Care Inspections
(by Facility Type)

Health & Life Safety Code						2014 vs 2018	
Facility Type	**2014**	**2015**	**2016**	**2017**	**2018**	+/-	+/-
Nursing Homes (M/M)	2812	2573	2551	2189	2279	-533	- 7
Nursing Homes (PP)	1	1	2	5	3	2	
Nursing Homes (VA)	28	60	37	41	22	-6	
Intermediate Care Facilities	359	388	413	390	350	-9	
Residential Care Facilities	311	270	173	179	126	-185	- 28
Adult Day Care Centers	52	70	71	76	59	7	
Assisted Living Centers	494	537	529	457	460	-34	+ 23
Total	4057	3899	3776	3337	3299	-758	- 8

Long Term Care Inspections
(by Survey Type)

Health & Life Safety Code						2014 vs 2018	
Survey Type	**2014**	**2015**	**2016**	**2017**	**2018**	+/-	
ReCertification	1021	1045	1047	1009	982	-39	
Initial	39	31	42	35	35	-4	
Complaints	1483	1286	1316	1046	1167	-316	**-21%**
Revisits	1514	1537	1371	1247	1115	-399	**-26%**
Total	4057	3899	3776	3337	3299	-758	

Long Term Care
Inspection Frequency Mandates

INSPECTION FREQUENCY MANDATES	SFY14	SFY15	SFY16	SFY17	SFY18
Number of inspection mandates	24	24	24	24	24
Inspections not meeting mandates	101	45	3	2	14
Inspections meeting mandates	3025	2785	3146	2357	2080
Inspections required	3126	2830	3149	2359	2094
Percent of inspections met	96.8%	98.4%	99.9%	99.9%	99.3%

Long Term Care Challenges
SFY 2018

- Centers for Medicare and Medicaid Services
  - State Operations Manual Appendix PP – deficiency F tags
  - State Operations Manual Appendix Z – Emergency Preparedness
  - Long Term Care Survey Process
- Staffing (Hiring and Retention)
  - May Hiring Event
  - October Hiring Event
  - RNs and LPNs
  - 10% Turnover Rate (Hospital 18.2%, Cost $49,500, Source NSI)
- Quality Improvement Projects
  - Complaint Report Writing
  - Quality Measures
  - Long Term Care Survey Process Writing

Long Term Care SFY 2019

THANK YOU!

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Oklahoma State Department of Health
State Fiscal Year 2019 Financial Update

Chief Financial Officer

December 11, 2018

GAP Analysis

Ernst and Young provided three options to OSDH

- **Option 1**
- Use current State of Oklahoma PeopleSoft Phase 2 implementation
- **Pros** No changes to current state support
  Decommission FISCAL
  Decommission Access and .Net SQL databases
  Streamline reporting
  Reduce reconciliation between OSDH systems and applications
- **Cons** OMES version of PS does not have current PS code base and functionality
  OSDH cannot control software maintenance schedule
  Phase 2 not used by all agencies– 4 agencies use it
  Will require outside assistance
  Not as complex as OSDH
  Gaps in OMES knowledge regarding unused modules- AR, Budgeting, Travel & Expense
- **Option 2**
- Create independent instance of PeopleSoft for OSDH
- **Pros** OSDH PeopleSoft instance would contain current PS codebase and functionality
  OSDH PS system will contain values and processes that align to specialized OSDH requirements
  OSDH has ability to control the maintenance activity schedules
  Decommission FISCAL
  Decommission Access and .Net SQL databases
  Streamlining reporting
  Reduce reconciliation between OSDH systems and applications
  Add unused PeopleSoft modules to address functional gaps
- **Cons** OSDH & OMES PS instances will synchronize data daily; master data and transactional data
  Reporting will have to be performed in 2 instances – complex reconciliation
  Gaps in OMES knowledge regarding unused modules – AR, Budgeting, Travel & Expense
  May need to utilize contractor for technical and functional support

- **Option 3**
- Implement integrated ERP instance for OSDH
- **Pros** Integrate LEP system with OSDH ERP instance
  OSDH controls the new Financial Management system
  OSDH system will contain values and processes that align to specialized OSDH requirements
  Decommission FISCAL
  Decommission Access and .Net SQL databases
  OSDH can control software maintenance schedule
  May have capability to meet all of OSDH needs including AIR, integration & Reporting tool
  Standardization of county accounting systems
- **Cons** OSDH & OMES PS instances will synchronize data daily; master data and transactional data
  OSDH will continue to pay charge back fees to OMES for PeopleSoft
  Extensive integration points for OMES PS
  Duplication of Commitment Control processes and data with OMES PeopleSoft
  Dual reporting processes – some in new ERP and others in OMES PeopleSoft to support statewide reporting complicates reporting due to separate ERP solutions for OSDH and OMES

Staffing Levels

SFY 18/19 Staffing Changes

Date	Event	Staff Number	Change
6/30/2017	Beg. Baseline	2103	
9/27/2017	Furlough Announced	2070	-33
12/8/2017	RIF Posted	2018	-52
3/2/3018	Last Day for RIF Employees	1872	-146
11/30/18	Ending Baseline	1702	-170
	NET CHANGE		**-401**

Oklahoma State Department of Health
Statement of Revenues and Expenditures
SFY 19, For the Four Month Period Ended October 31, 2018

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Revenues:					
State Appropriations	54,874,700	18,291,567	18,291,568	(1)	0%
Licenses, Certificates and Fees	29,336,586	9,778,862	11,499,835	(1,720,973)	18%
Tobacco Tax	15,599,550	5,199,850	4,435,594	764,256	-15%
WIC Rebate Program	55,000,000	18,333,333	16,329,434	2,003,899	-11%
Federal Funds	143,873,822	47,957,941	45,532,105	2,425,836	-5%
FY 18 Cash Utilization	26,865,783	8,955,261	8,955,261	(0)	0%
Reimbursement for Personnel Services	29,453,583	9,817,861	7,564,591	2,253,270	-23%
Other	19,647,890	6,549,297	1,383,790	5,165,506	-79%
Total Revenue	$ 374,651,914	$ 124,883,971	$ 113,992,179	$ 10,891,792	-9%
Expenditures:					
Salaries	145,509,909	48,503,303	34,330,458	14,172,845	-29%
Travel	2,498,123	832,708	342,605	490,103	-59%
Other Professional Services	55,945,448	18,648,483	4,307,409	14,341,074	-77%
Telecommunications/Printing Services	10,544,018	3,514,673	88,266	3,426,407	-97%
Rent	3,149,601	1,049,867	767,204	282,663	-27%
Maintenance and Repair	4,091,029	1,363,676	541,911	821,766	-60%
Laboratory & Medical Supplies and Materials	8,692,450	2,897,483	2,803,463	94,020	-3%
Office/Safety Supplies	7,030,593	2,343,531	689,970	1,653,561	-71%
WIC Program	57,795,899	19,265,300	13,443,276	5,822,023	-30%
Program Reimbursements- EPRS	13,297,476	4,432,492	1,151,459	3,281,033	-74%
Payments- Health & Social Services	38,545,899	12,848,633	4,206,243	8,642,390	-67%
Miscellaneous	27,551,469	9,183,823	2,184,120	6,999,703	-76%
	374,651,914	124,883,971	64,856,383	60,027,588	-48%
Revenues Over/(Under) Expense	0	0	49,135,796	(49,135,796)	

Oklahoma State Department of Health
Forecasted SFY 19 Collections by Fund
Based upon the Four Month Period Ended October 31, 2018

Fund	Fund Description	SFY19 Original BWP	Collections	Forcasted Collections	Surplus/(Deficit)
19901	GRF Duties	$ 54,874,700	$ 18,291,568	$ 36,583,136	$ 4
20300	Genetic Counseling Licen. Rev	15,000.00	7,900.00	15,800.00	8,700.00
20400	Tobacco Prevntn & Cessatn Fnd	1,330,594.87	358,579.23	717,158.46	(254,857.18)
21000	Public Health Special Fund	62,465,528.13	23,611,301.12	47,222,602.24	8,368,375.23
21100	Nursing Facility Adm Penalties	23,550.73	-	-	(23,550.73)
21200	Home Health Care Revolving Fd	151,000.00	141,505.00	283,010.00	273,515.00
21600	Ok Natl Background Check Revol	1,250,000.00	482,980.00	965,960.00	198,940.00
22000	Civil Monetary Penalty Revl Fd	1,575,000.00	773,145.56	1,546,291.12	744,436.68
22200	Oklahoma Organ Donor Education	145,000.00	20,958.00	41,916.00	(82,126.00)
22500	Breast Cancer Act Revolving Fd	15,000.00	5,120.00	10,240.00	360.00
22600	Ok Sports Eye Safety Prog Revl	150.00	-	-	(150.00)
23300	OK Pre Birth Def, Pre Birth &	160.00	40.00	80.00	(40.00)
23500	Oklahoma Lupus Revolving Fund	165.00	2.00	4.00	(159.00)
23600	Trauma Care Assistance Revolv	24,323,612.66	7,829,804.45	15,659,608.90	(834,199.31)
24200	Pancreatic Can Res Lic Plt Rev	1,500.00	200.00	400.00	(900.00)
26500	Child Abuse Prevention Fund	47,145.00	16,705.00	33,410.00	2,970.00
26700	EMP Death Benefit Revolv Fund	2,800.00	800.00	1,600.00	(400.00)
26800	Okla Emerg Resp Syst Stab & Im	1,787,765.00	493,071.41	986,142.82	(308,550.77)
28400	Dental Loan Repayment Revolvin	463,670.00	114,968.84	229,937.68	(118,763.48)
29500	Ok State Ath Comm Revolving Fd	250,000.00	60,216.89	120,433.78	(69,349.33)
34000	CMIA Programs Disbursing Fund	55,000,000.00	16,329,434.47	32,658,868.94	(6,011,696.59)
40000	Federal Funds	118,719,548.00	31,147,138.18	62,294,276.36	(25,278,133.46)
41000	Federal Funds - Ryan White	8,438,135.00	1,351,268.18	2,702,536.36	(4,384,330.46)
41100	Federal Funds - Ryan White	16,906,107.00	4,000,211.49	8,000,422.98	(4,905,472.53)
Total OSDH		$ 347,786,131	$ 105,036,918	$ 210,073,836	$ (32,675,378)

Forecasted Collections over (under) Budget (32,675,378)

Oklahoma State Department of Health
Forecasted SFY 19 Expenditures by Fund
Based upon the Four Month Period Ended October 31, 2018

Fund	Fund Description	SFY19 Original BWP	Expenditures	Encumbrances	Forcasted Expenditures	Surplus/(Deficit)
198	2018 State Appropriations	$ 4,702,107	$ 94,737	$ 1,670,100	$ 189,473	$ 2,747,797
199	2019 State Appropriations	54,874,700	9,481,096	14,437,469	18,962,193	11,993,941
203	Genetic Counseling Licen. Rev	2,318	3,074	1,869	6,147	(8,772)
204	Tobacco Prevntn & Cessatn Fnd	2,466,056	44,482	1,177,872	88,963	1,154,740
207	Alternatives Services Revolving Fund	17,951	-	-	-	17,951
210	Public Health Special Fund	66,591,474	12,426,471	16,906,188	24,852,942	12,405,872
212	Home Health Care Revolving Fund	177,488	24,782	50	49,564	103,092
216	National Background Check	2,350,188	448,733	1,488,063	897,466	(484,074)
220	Civil Monetary Penalty	6,586,173	541,307	3,638,908	1,082,613	1,323,345
222	Organ Donor Awareness Fund	130,000	-	-	-	130,000
225	Breast Cancer Act Revolving Fund	130,094	14,280	-	28,559	87,255
228	Ok Leukemia and Lymphoma Rvl	50,000	-	-	-	50,000
236	Trauma Care Assistance Revolving Fund	22,972,415	410,921	430,060	821,841	21,309,593
265	Child Abuse Prevention Revolving Fund	120,000	2,520	29,305	5,039	83,136
267	EMT Death Benefit Revolving Fund	20,000	-	-	-	20,000
268	Rural EMS Revolving Fund	1,787,765	-	1,737,513	-	50,252
284	Dental Loan Repayment Revolving Fund	463,670	112,490	-	224,980	126,200
295	Oklahoma Athletic Commission	285,057	52,399	5,100	104,798	122,760
340	CMIA - WIC FOOD	55,395,899	13,443,276	0	26,886,553	15,066,070
400	Federal Fund	130,184,406	23,453,069	49,275,052	46,906,138	10,550,147
410	Ryan White Grant	8,438,047	1,231,008	1,187,043	2,462,015	3,557,981
411	Ryan White Rebate	16,906,107	3,069,131	12,244,895	6,138,263	(4,546,182)
		$ 374,651,914	$ 64,853,774	$ 104,229,488	$ 129,707,548	$ 75,861,103
Forecasted Expenditures Under/(Over) Budget						$ 75,861,103