

Response
1 testing.
2 Why are full time employees being furloughed when part time "galt" employees continue to work thru the end of the year
3 The Business Managers are a really large payroll expense that can be completed by the Records Consultant. The large salary and also the mileage that we pay for the Business Managers to go around doing and then
4 the Records consultant looking at it again. It just seems like a lot of unnecessary expenses.

4 We just want to know that furlough will stop asap. It is completely unfair that we have been punished for someone else's wrong-doings. This is causing sheer panic in those that are closer to the \$35k earnings.
5 Nursing and Clerical are critical to our Public Health and that seems to be where we are losing people and not filling them and that is hurting our public. Programs are an extra added benefit but in our time of need
6 I think it is important to focus on the bare necessities and I think that is the Nursing staff and Clerical staff

6 Why is their a salary cut-off for furloughing employees. The agency seeks to protect the lower wage individuals from financial hardship and arbitrarily believes if you receive more pay then you can "Take a hit" on
7 your revenue intake to pay the bills. If that is the case why do we not make an exception for employees with children, etc. It is discrimination to carve out certain employees over the other.

7 heard rumor that the Department may not be able to meet payroll, is that a possibility? if it is when would staff be notified?
8 Is this truly anonymous? I see many people that are so set on their job description that they have time to shop, talk, and waste state money. I was a [REDACTED] for 10 years in the private sector; audits to clean
9 up waste and fraud was my specialty. I would be happy to be your eyes in the field. I have an MBA, specializing in Public Administration.

9 Since my position in funded from what I believe 100% on the [REDACTED] why do I have to be furloughed? What happens to the money that would have been paid to me for that day? If it's not used then wont the
10 grant amount next time be reduced because the money isn't spent, or is that money actually being spent but just not on what it was intended for? and I'm talking about the money for the 8hours that I'm furloughed
11 I've only been with OSDH a couple of years but I witnessed a person not get a job promotion she had put in for but the "higher ups" liked her so a new position was created for her along with a pay raise. She is no
12 longer with the department and they did away with the position when she left. New positions with pay raises should not be created for friends.

11 If reduction in force occurs, will it first impact any remaining Galt Contractors before it impacts employees? Additionally, if a reduction in force occurs will it impact non-classified employees before it impacts
12 classified employees?

12 Why am I being furloughed when 100% of my pay is funded by federal dollars?

13 Since the announcement of the budget shortfall, I feel like I have been passive-aggressively been bullied into "vacating" my job. That I need to make sure I'm doing something "important" rather than just my
14 administrative duties. This person is in a place of influence, and my department were to receive notice about cuts that this person would automatically put me on the list to be cut. I can't sleep at night due to this.
15 And have more than a few times been in tears from their comments and actions, which affect how my supervisor treats me. I feel like I'm a lesser employee due to this person. Every day is a trying experience, that if
16 I make a mistake, it will be one more thing that will put me on the chopping block. This person has basically almost said that "I'm the first to go." I feel like it's like "survival of the fittest." And the notice of the 250
17 RIF positions hasn't been released. I just wanted to let someone know that this is happening. I'm sure I'm not the only one feeling or being treated this way. I feel like I'm being watched like a hawk.

14 Our program has been working for over 3 years to improve the surveillance system currently in use. We were finally approved to have a new system provided by CDC (provided to us free of charge, including their
15 IT support) and OSDH is being billed upwards of \$250,000 for the installation and data migration. The hours billed and the breakdown provided do not fit the actual hours worked on the project. In a review on
16 IRENE, there are several other IT projects which are at much higher costs than they would be in the private sector, and also much higher than other state agencies have been charged or have paid. The IT staff
17 assigned to the project have been incompetent and have caused OSDH staff to use 'comp time' to resolve issues, learn programming languages to assist (SQL), learn HL7 language, and other things not in the OSDH
18 staff job description or scope of work. Attempts to dispute the 'bill' were met with "not your problem", "don't worry about it", they can charge what they want to charge. There is no oversight here in OSDH, that
19 has been holding the OMES IT accountable and requests for a breakdown of the real cost have been met withheld.

15 I have been with the agency a little over [REDACTED] years. I love being an advocate for the residents of Oklahoma but it is hard to come to work these days, as I am sure you have heard others say. One of the things that really gets me angry is the meetings we have at OSDH, for 2 hours sometimes. I, along with others, wonder why we are driving to OKC from all over the state to attend meetings that could be better served as teleconference meetings. We are being told to save money where we can and now have to take furlough days. It just seems the agency is so behind times and is not really concerned with finding ways to save money to benefit all of us.

16 I have worked at the Health Department for [REDACTED] years my anniversary is actually coming up the end of November and I have never ever seen anything like this happen. I just want the heads of the departments to be transparent and let us know good or bad what is going on. Most importantly we need to take care of the people of Oklahoma.

17 For those of us funded 100 percent by federal grant dollars, why are we being asked to furlough? What happens to those dollars? Are you giving them back to the fed?

18 Will we be able to have pay checks for up coming months? Will taking furloughs help for all employees? What can I do to help?

The physical conditions we work under are disgusting. Absolute filth! I find that unacceptable. The e-mail from Deborah Nichols about the spill on the 11th floor was laughable. Come see the carpet in my office!

In recent weeks the behavior of leadership towards the workers has been utterly disrespectful; telling us not to gossip and handing out "free jeans days," the way a bad parent might offer candy to a recalcitrant child. "Because I said so" has been the management mantra for far too long around here.

Complete lack of vision and non-adherence to the values printed on the back of our ID cards.

19 Rules do not apply to everyone; management is fickle and self-serving.

Federal dollars not being spent on the grant items for which they were intended.

No opportunities for REAL training or professional development.

Win my faith and loyalty back!

20 We are not allowed to order supplies that can help our service and our clients because they have to be "approved" but then are not approved, even though our service has the money to purchase them.

21 The governor and the legislative leadership said in the 23 Oct Facebook address that the budget resolution has "something in it for everyone." What does it have for those folks losing their jobs because the state cannot balance its checkbook?

22 My biggest concern is how the RIF's will be done - where the newer employees will be let go and they are keeping people based on seniority and not performance. At our health department there are [REDACTED] clerks and the two that has been here the longest never show up to work on time, constantly calling in, creating drama on the floor and those will be the ones kept and they will look at us newer clerks first at being let go during the RIF. It's frustrating to know that performance is not being taken into consideration for the RIF's. But we are the ones here all the time and ON time. And I feel like allowing people to "bump" could create a lot of negativity in the departments. I just feel there could be a better approach as to how the RIF's are being handled. And it is also frustrating to know that the majority of the RIF's are being done in the counties - why is central office not being hit just as hard. Taking so many employees from the counties is really going to hurt the community. And I have heard that Family Planning may be a program we no longer will get in our county - we already have a high rate of teen pregnancy and taking that program from our county will only increase that amount. And these girls don't have the transportation to travel to other areas for birth control. We have VERY limited amount of resources when it comes to birth control in our county. We have a huge amount of clients that don't have the transportation to get here and have to walk, use SoonerRide or ask friends/family to bring them in. This is going to have a huge impact on our clients if we cut programs like this in our county.

1. Why do we have Human Resource people in the counties now? The one we have sits and does nothing and just watches all of us.

24 2. What good is this accreditation stuff and all the people we have hired to help with it. Does it provide any money to the health dept.? If not, what a waste. 3. With these business managers that we have hired in the counties...why is there not more money from their activities/ 4. We hire more people without getting anything accomplished and those of us who have been loyal have not had a raise in ages. Stop hiring and look at the people who do the work and please at least give us cost of living raises. I'm tired of supporting the state of Oklahoma on my back and pocket book just because I'm a state employee. Please, please stop having us welcome new employees when we're sick to death of new people getting hired on and at greater pay than what we earn and have worked here for years! We are not happy out here and it is Central office elitist behavior that have caused these problems to the detriment of Oklahoma's health.

25 Staff were promised that the building would be updated/renovated and were given floor plans approximately 2 or 3 years ago. Then we were told there was no money to continue to project. People spent time and effort moving things around, preparing for office moves, hiring GALT staff to assist with scanning of documents, etc. The building is a health hazard with many areas covered in mold, black dust, etc. Vacuuming is not being done on every floor, bathrooms are seldom cleaned, just trash taken out. We have asked if we can come in on our own time and repaint/clean carpets, but were told that we cannot.

27 Many staff are not regularly receiving a PMP. I have not had one for 4 years. We are told to write out own, then turn them into our supervisor, and we never see them again. We are not getting regular feedback on work performance.

28 Since the beginning of our great nation, "check and balance" was the key to limit the damages of the people with power. I believe the agency leadership should increase the transparency of the decision making and the Board of Health should also keep a close eye on that.

28 Also, remove the x-ray scanning and metal detector for employees. That only shows the disrespect and no trust for the hard working people in here every day.
Thank you.

29 Many 'raffles' were held as part of charitable campaign, but we are told that raffles are illegal.

Can we go school, but I find it inappropriate for staff to wear leggings to work. I have seen some people in the workplace who look like they have literally just crawled out bed and came to work with leggings on. If it's not okay to wear jeans on any given day of the week, then definitely this should also apply to leggings.

I have also observed women wearing off the shoulder blouses and skirts that are so short they may as well have worn shorts.

I realize that not every type of clothing can be included in the HR policy, but it is the job of the supervisor to send these people home who are not appropriately dressed for the workplace.

30 The physical environment of our workplace needs to be cleaned up. The only thing I see our housekeeper do is to pick up the trash. Who does the task of vacuuming and cleaning the carpet fall under? The carpet is a huge filter in the workplace and needs to be cleaned for health reasons, if nothing else.

Do you know if there is asbestos in the tiles above our heads? If so, that could be posing a health hazard that makes everyone sick.

I am the sole provider for my daughter and I. She has a disability and has found it difficult to get a job. So, I am struggling to make ends meet. She is [REDACTED] and has been approved to stay on my insurance until she is [REDACTED]. I have never understood why you are not allowed to have grown children stay on your insurance.

31 I have been hearing since I was hired [REDACTED] years ago, that all the client billing to Medicaid or private insurance is not being given back to the counties. I have heard it remains in a "mysterious account at the state". My concern is where is this money that we are getting through insurance reimbursement? Even though it may be minimal, transparency as to where said money is going would be appreciated. Concerned that is extremely difficult to spend grant award. The system that are in place for contracting, obtaining MOUs with vendors is not working effectively or efficiently.

32 It is frustrating to work so hard to obtain grants and not be allowed to/hindered to get the work done.

The systems that are in place for processing and approving are labor and time intensive.

33 Concern that shell game has been occurring quite some time. Don't know anything factual,
34 Thanks for providing this outlet. I have a concern that some of our programs have funds that will allow for out of State training at no expense to the State and it would be great if we could take advantage of these trainings because in the past we have not been allowed to. I feel this could not only benefit our agency but our state as well.

Thank you, Preston, for this opportunity to provide anonymous feedback. It is greatly appreciated!

I want to start off by saying this feedback is meant to be taken with respect to all of my superiors, including you. I love working for OSDH, and would never jeopardize my relationship with the company.

I am a long-term care surveyor. We do have to have out of town surveys that require overnight stay. I did take a huge pay cut coming to the OSDH, which was my choice. The issue is having to pay for the hotel costs out of my own finances and wait for long periods of time for the money to be reimbursed. (There have been other surveyors with the same concern). [REDACTED] It is difficult for me to make ends meet if I have to pay for hotel costs up front, then have to wait to receive my reimbursement. I have had to pay bills late (which have late charges on them) so I could pay for my hotel. I have been told my team has 3 out of town surveys back-to-back. That will be close to \$1,000 out of pocket expenses that I will need to wait for reimbursement for. I will have to put bills on hold for this time period.

I know OSDH has been in a budget crunch, and steps have to be taken. However, I need to be able to provide for my self [REDACTED]

As I mentioned, this is not meant to be taken in a disrespectful manner. This is a concern of mine. I don't want to lose my job because of personal funds.

There is one thing I learned from my education endeavors if you have an issue with something, offer a potential solution. So, here are some suggestions that I hope will be helpful.

1. Re assign teams so they can survey the long term care facilities in their area to reduce the cost of having to have overnight stays. This can help reduce the cost of a hotel stay for OSDH. If there is no possible way to do this, try to group the areas so teams don't have to have as many overnight stays.

35 Here is an example. A team that is located at the central office has to go to Ponca City for survey, complaints, follow ups which requires overnight stays. The drive time affects the number of hours that can be spent surveying. This could be up to 2 - 3 hours of drive time.

2. This suggestion is a stretch, but it is an idea. Allow each team to have a "P Card" that will allot for the expense of a hotel stay for the team during an out of town survey. This can help with decreasing multiple team members turning in a travel form (each team can have 4 or 5 team members turning in a travel claim). Turning in one form for the team for the "P Card" can also free up some time with the travel claim workers who spend hours trying to go through claims, which can end up being sent back to the surveyor for corrections.

3. One last suggestion I have comes from another State Department of Health entity. The State of Washington has a law that if a state worker turns in a travel claim, the State has a mandatory 5 day turn around to reimburse the state worker for their travel. With the budget crunch, this may not be possible right away, but could be something to think about for the future of our company.

Preston, thank you so much for listening to my concerns. I do pray that something will be able to come up to help the company as a whole. I love my job and I love this company. I have nothing but respect for all of my teammates and supervisors/administration. I hope this will help, if anything, let you know what I have heard from other team members.

I look forward to seeing the future with OSDH and the positive changes that are up and coming!!

36 Have a suggestion box-- so we can write our comments on paper not via computer

37 There are employees in the agency protected by longevity that regularly take leave without pay after having used up all annual and sick leave. This is not only detrimental to productivity and our services but it is also affecting morale seeing certain employees come and go as they please without repercussions.

There is no support to the Adm. II. By their supervisors or directors. We are overworked and under paid. These employees are loyal and honest people just wanting to do their job. There is too much favoritism for persons who do not do their job. We are snub and abused verbally and psychologically of how worthless we are. The tools that they want us to use are antiqued and inferior to work with. Other (Tax Commission)

38 Agencies have programs that I have experience using that work the system. The programs run by these groups are very successful and have been brought to existence with the greatest of outcome. When the Consumer Protection Services department previous director was fired there should have been house cleaning and more favorable persons chosen for these position. We are in trouble because of the evil cycle that keeps circulating.

Please reassess the RIF. I work in a rural area and it is imperative that we do not cut services out in the counties, especially in rural areas. We have been lied to and we feel betrayed. The RIF is targeting direct client services in the counties - not at the state level. While a few at the state level were mismanaging funds, the rest of us have been working hard to provide and support services. Those few at the state level are affecting my job and my co-workers job and most importantly our clients. To quote one of the OSDH PIO's previous message "Until that time, we ask that you refrain from spreading any information that does not come from the Budget Watch or your management team. That is the only accurate communication representing OSDH." Really? Accurate information from the management who has been using funds inappropriately? Excuse my slang, but what a load of crap.

And the OKC newspaper is reporting that whistler blowers had warned Scott Pruitt's office 2 or 3 years ago about this? I am an Oklahoman and I am proud of that fact but I must admit it's becoming more difficult to be proud - especially as a state employee of OSDH. I can't believe my own agency has done this. I am embarrassed for public health in this state.

Finally, I sincerely appreciate you stepping in as interim Commissioner. I know this is not your fault, and I appreciate the opportunity to offer anonymous feedback. Our leadership at the local level (Regional Director and District Nurse Manager) have been phenomenal. I am so thankful for that. Please remember the rural areas are important too. It's not all about Oklahoma City and Tulsa and the central office.

Thank you again for listening.

Why were the 3 at the top ALLOWED to resign when there obviously has been a huge criminal mismanagement of state and federal money?? It appears to most that they were allowed to take the easy way out.

They should have been forced to face the music. The employees, as usual, are left to face the music by having to take furlough days and RIF's while the big dogs who have been in charge are allowed to simply resign!

I think our contract with VI Marketing is questionable. I don't think there is enough oversight for what programs are charged for. It's also important to be sure that if services can be provided in-house at no charge, they are utilized first. Paid advertising, social media advertising, etc. can be through VI but the actual production work could be done here. Sometimes program areas are being charged by VI for some questionable things and I think that needs to be investigated.

I have several concerns. First, I filed a grievance against my former manager and it took over three months to get a response. And, while the response found him guilty of at least one offense, he was not fired or asked to resign. He was allowed to resign at his will. There were also no attempts made to move me or my co-workers once the information was shared with Senior Leadership. This issue, to me, was part of a larger issue in hiring people who are very capable but have no people skills and do not need to be managers or directors. Our former director was also known for being inappropriate, rude, yelling at staff, and was having an inappropriate relationship with one of his managers. Again, Senior Leadership was made aware but did nothing. I hope that will change, because that is how you lose good people.

The second concern is the safety of the building we work in. The air quality is awful, the work stations are falling apart, and some employees work in areas that are not temperature controlled. We don't get raises or any other additional benefits annually so shouldn't we at least work in a safe and healthy environment? We were told they ran out of money so they were unable to complete the renovation but shouldn't they have budgeted for that prior to starting the work?

The third concern is the lack of direction we received from Senior Leadership, particularly our former Deputy, Julie Cox-Kain. Julie was brilliant, a visionary, but she never gave us much direction and as the project managers for the agency who are supposed to keep projects on task, this often times left us scrambling to make sure milestones were met. We hope that we are able to continue the great work we have done but hope that we get more direction.

Policies on purchasing items intended for educational or promotional use need to be evaluated. Programs are able to purchase whatever they want. Overspending & little oversight. Outside & internal purchasing of printed items (or promotional items) are supposed to go through the approval of Communications but that doesn't always happen. Communications has the ability to evaluate cost, quantity & quality while also tracking these purchases. They are also responsible for ensuring we meet the legal requirements of printed items & those are submitted to the archive. I have found it challenging to deal with this issue both at the central office & the counties. There is a lot of money that can be saved or used more responsibly if things were re-evaluated.

I don't understand why the WIC office is at Shepard Mall. There are resources that are wasted to receive/deliver items or commute to their office.

Videoconferencing will save lots of money in travel expenses across the state. For over two years, problems due to lack of assistance with OMES has prevented very expensive equipment from doing it's job. OMES is often unresponsive to troubleshooting problems with the equipment but yet they are the only ones who can fix it.

Often when dealing with problems it takes months to resolve with OMES, yet they are involved with purchasing, troubleshooting problems with software or hardware, etc. I've had over 20 major cases in the last 2 years and they all end with OMES. I can complain that problems aren't resolved fast enough for me to do my job but it falls on deaf ears.

Hello, just a couple of concerns/questions: Wondering why OSDH has still been hiring people--will there be a hiring freeze?

Also, if a person is eligible for retirement but is still working and is selected for RIF, can person receive full retirement benefits? Thank you.

There is very little communication between departments. Often programs are targeting similar audiences. Why not combine resources and promotional materials to send messages to the public? Not only would this make it easier to reach the public on important issues, it would reduce spending. For example, WIC provides a service that people want - but if you combine their materials with education coming from "Parents As Teachers" or "Child Guidance" you're also offering support from a mental health side. You're combining nutritional information as well as developmental education & parent education. Programs need to work together not separately. These silos need to be broken down to better serve the public. The funding & resources for each program or service area has helped created these barriers. If OSDH would value creative marketing, we could really change the face of public health.

1. I am hearing rumors that our payroll will run out by the end of November. Is this true? If so how does that work?

2. I'm scared - but I love my job and want to be able to retire from this AWESOME place! Is it realistic to think about retirement & longevity with the agency?

3. Thank you for looking at these concerns and taking them seriously!

OSDH should stop wasting money on Goodwill and especially GALT services. These are overpriced services. OSDH should contract with DOC to use inmates for cleaning and other maintenance services.

The building could use a new paint job and carpet cleaning or replacement. We have a lot of pests (mice and cockroaches). The air ducts and ceiling tiles could should be replaced or cleaned. Everyone's become stuffy after entering the building. The building feels run down and does not produce a good atmosphere for workers and customers/visitors.

Staff are dedicated to making OSDH the best it can be and understand changes need to occur. However, they may be able to provide an insight and suggestions that management, due to the overwhelming job they have every day, may not have seen. It would also go a long way into total 'buy-in' for staff that are not in management if they feel they do have a voice in this process. This portal is an excellent way to do that but perhaps, as we move beyond the immediate emergency of our situation, thought could be given to establishing a Staff Advisory Committee that had representation from all program areas comprised of staff who are not in a "management" position and their representatives could have a role in advising Sr. Leadership as to what staff are asking, needing, etc. It's just a thought as a way, moving forward, to build an even stronger team dynamic and provide a voice and oversight from the entire workforce here at OSDH.

Previous leadership seemed elusive through lack of a physical presence - sometimes for weeks. I believe it sends a message of transparency when you and other leadership are physically present in the building & engage with staff. Thanks.

I understand that you scheduled a two hour video conference with county employees today. Tulsa and Oklahoma City employees outside the Central Office are always forgotten. We do not have County Directors. Senior Leadership has NEVER visited our office. We do not receive announcements and other information distributed through County Directors.

I don't think this is quite the right place to go with this, but those in the program area in leadership positions aren't listening. The HIV/STD service created a new HIV linkage to care DIS position to bring those who have fallen out of care back in. This is a new service that DIS currently don't provide unless the previous positive HIV client is named to a current syphilis case. Those out of care were not previously located for the sole purpose of linking back to care. This change is fantastic, but instead of posting this position for people to apply, it was given to a current DIS without allowing for those interested to apply or interviewing.

Management has not made the announcement that the position has been filled and duties started and staff is still waiting for it to be posted. It was announced in a general meeting as a new position implying it would be posted. I would like this position to be posted as every other new position opening.

Will there be any county Health Dept. closings?

will arrests and indictments be made in the mismanagement of funds? employees shouldn't be the only one suffering.

Why are the people that just resigned still in our address book? Shouldn't they be removed? Hopefully they do not still have access to their email.

In Consumer Health we have a Bedding program for germicidal stamps on used bedding and tags for new bedding manufacturers. The fee on these is \$5 or 5 cents per item depending. We have no inspection program for Bedding. We just collect the money and send out the stamps. I have always felt that the pitiful amount of money we get for bedding stamps, often \$5 checks mailed FedEx from China(!) could not possibly cover the productivity cost of administrating the program. A \$5 check that someone has to open in the mail room, process in finance, then send to us to administer the stamps, then mail it back out, send out renewal notices, answer phone calls and emails. Seems like a money loss that does nothing to protect the public.

Thank you!

68 Thank you Preston. This agency certainly needs strong leadership right now. I am in the process of trying to set up programs with a federal grant we received this year that has a very short timeframe. The approval process within the agency has been incredibly slow and has delayed progress. How do I know if the unspent federal funds are still available to accomplish the goals established in the work plan?

Thank you

While there may be the glaring individual(s) it would be nice for there to be more accountability.

It would be good to make a questionnaire to get input of how OSDH employees have made efforts to be more frugal. Have the questionnaire with two groups: OSDH Central and then CHDs.

I say this because at the OSDH I observe ways we have added to the debt.

Perhaps make broad categories.

- Paper reduction heading toward a green environment.

Have you done anything in this direction in the past? If so then explain what.

Water usage. Do you leave the water running fast as you wash hands, etc.

Paper towel usage. Do you use lots of paper to dry off your hands for a quick second then throw it in the trash. I believe this is a huge waste.

70 Do you leave a desk fan on when you leave the office for the day?

Once or twice a month.

Weekly: 1,2,3,4,5 (Circle how many days each week)

Do you leave a desk lights on when you leave the office for the day?

Once or twice a month.

Weekly: 1,2,3,4,5 (Circle how many days each week)

On another note not pertaining to waste but according health promotion.

How is it at the health department we allow soft drinks and sugar loaded beverages to be sold. This goes for junk food as well. That is not to say limit what employees bring in for their own use or a party, etc. By this I mean what is actually sold here. We as an agency should be heading toward the marks that our mission, values and purpose aim toward.

I would love to receive an email and communicate back and forth. This is a beautiful idea. Thanks for initiating it.

71 Our department hires registered nurses. The system in place to hire takes so long that we lose a lot of potential good applicants. We would like to see if this practice could be streamlined or handed back to the department hiring in order to speed up the process. As the state wide shortage of nurses continues to grow, it will become harder and harder to hire competent nurses. When the current system can take up to three months, we lose a lot of candidates.

72 There a many contract people in SoonerStart , Early intervention and their services reflect a need to make money for their business not the needs of the family. They are not paid and therefore never staff with the teams and therefore are not doing transdisciplinary services as is the goal of our program not the medical model of delivery. They often miss or cancel visits if someone closer schedules or if after one call they just don't show up. This is a real problem and concern in SoonerStart.

73 Too many chiefs and not enough Indians. There are too many bosses at the county level and the left hand never knows what the right hand is doing. One boss tells you to do it this way and then the other boss comes along and chews you out for doing it.

Employees are leaving over it.

74 As an employee of the Cleveland County HD, I am in hopes that you will be meeting with the Regional Director of the counties. As we have heard previously, a large portion of the cuts will be coming from the local county health departments. My confusion is that Cleveland County reimburses OSDH for a large majority of our salaries. To cut positions that are reimbursed at 100% by Cleveland County seems like OSDH is cutting off a hand that feeds them and doesn't seem to make financial sense. I would encourage you to take a look into this before making decisions on cutting our staff. Thank you for your willingness to step in during this difficult time for all of us.

75 I don't know what your stance on Emergency Preparedness and Response Services within OSDH, but I just wanted to make you aware that the Local Emergency Response Coordinators do majority of the work for at the local levels. If you are looking to make cuts in EPRS I would look to the Regional Planners because no one knows what exactly they do because they do not assist us LERCs, all we know that they do are go to meetings and to recall drills for the regions which can be done by the LERCs at the local levels. If you want any further discussion or have any questions please let me know. Thank you!

76 we waste too much money on trainings. do them over the television. save on travel and motel rooms.

77 I would like to know when we will know who is being let go. I have a job offer but don't want to leave if I am not going to be let go. Is there anyway I could find out.

79 I was wondering if making some of the positions in the counties "remote" or "work from home" might benefit in saving money long term. I know of some job positions that while they would need some time in office, could also perform a majority of their role from a home office, potentially saving some money in building use. I understand a lot of trust and transparency would need to come along with remote positions, but thought it could be a money saving measure.

Here, for a county administrative level (county), one of the questions presented today was in regards to fees for services provided.

As you know, we provide family planning services and use a sliding scale fee. These services, by many regards are considered necessary to many Oklahomans. Therefore, collections have not been implemented, and many times bills are never paid.

What steps, if any, will be taken to address this issue to ensure the collection of fees?

Similarly, FREE STD CHECKS are currently provided through the health dept. However they are not held to the same standard as family planning services. Insurance is not provided in most cases and there are never fees collected.

80 It is my opinion and the opinion of others within our clinical staff that these services should be provided for a fee. Perhaps some of our "repeat offenders" would be more cautious if they had to actually pay something when they needed tested and treated for their Chlamydia.

We charge for flu shots, but not for STD checks.... Something is not right about this picture!

Furthermore, we have many clients that come in for free PPD skin tests and do not return for their follow-up reading. We're paying for their mess up and they suffer no consequences. They can simply come in a week later and get ANOTHER free skin test. While we are paying the cost of the supplies.

If some of these issues at the local level would be re-assessed and changed, perhaps it could soften the blow.

81 How come Oklahoma and its upper management allow for Oklahoma to be a reactive state vs. a proactive state? I know it is the Health Department, however, have we really tried to fix the budget? Have all ideas been thought of? I want to share just a small piece of information from a neighboring state <https://www.colorado.gov/pacific/revenue/colorado-marijuana-tax-data>. We have got to start being more proactive instead of reactive if we want to be the "Heartland" (Centrally located) and be a leader instead of a state that is competing for last place in virtually every aspect. We need to be more competitive, and I'll use one of our biggest stars in the state and quote Thunder great Russell Westbrook and #whynot?

I have concerns for the coding of I&E

Immunization Service has mandated that all T&E is coded as

1 hr per day at code 266

3 hr per day at code 360

84 3 hr per day at code 471

1 hr per day as code 721

No mater what your activities are ALL Coding has to be the same daily

Please note this is paid for by CDC Federal Grant money and my concern would be misappropriation of funds for falsely coding T&E

85 Those who come in every other month for STD testing/treatment need to be charged for services.

86 You should only be allowed to get Plan B so many times in a year then you should have to pay for it.

87 Clinics being covered by 1 or 2 nurses is a disservice. Allows no time for education with client due to high patient volume.

88 This is a test from Dustin - reply to me?

90 I feel like we need to be charging for TB testing instead of giving clients the option of a "donation" because no one ever donates, at least that would be some what of a reimbursement coming back to us. I also think that if a client comes in requesting a TB test and they've had one within the last year but they are getting needing it again because they started a new job and the employer refuses to accept the results of the one they already had then the employer should have to pay for it.

91 this is dustin with no email entered

92 I feel like we should be charging a fee for STD services. It states in the PAP that clients are to return no sooner than 3 months after last test to be retested. We have clients coming in every 3 months because they refuse to use condoms and "just want to get it done to be safe" I feel the policy needs to be changed on this, either make them pay or don't let them come back every 3 months like clockwork. For Chlamydia/Gonorrhea, HIV/Syphilis testing its \$350, and clients "want it all" because it doesn't cost them a dime.

94 I think females should only be allowed a certain amount of Plan B a year if they do not have insurance, once they reach their allotted amount they should have to pay. We have some clients that come in every month wanting Plan B and refuse to make an annual exam or take early start to get on a BC method. 2 a year should be max for those that come in every month, after that they can either take a script to the pharmacy or pay for it here.

95 I think it is a waste of resources and staff to keep 2 county clinics open in Seminole County. The clinic located in the town of Wewoka has poor show and very few people keep appointments and show up on general clinic days. I believe closing this location would be helpful financially and with staffing. This would also open up more appointments and available clinic times for the office in the town of Seminole.

96 Thank you for taking the time to meet with us. The job that you have taken over is going to be a very tough one and I appreciate that you are willing to step up and make everything right. I really mostly have a suggestion that I feel wiould help greatly with revenue and the system of insurance billing. I feel that if the county took back the job duties of billing insurance for services rendered, such as speech therapy, it would be billed in a more timely manner especially for private insurance. For instance, if there is a specific question that is needed to be answered by the provider, it is done in house and it could be corrected much quicker. Not to mention that the wonderful people who are tasked with that job at the state office are spread very thin, and do the best that they can.

97 I wanted to address something you said in the video/phone conference. We were asked to hang on, stick with you and do our best job. Sir, we in the counties are hanging on, we have been sticking with you, we are absolutely doing our best job and serving our clients to the best of our abilities with reduced staff, crappy pay (no raises since 2006), and more responsibilities. In other words, we are doing more and more with less and less. We are tired of just hanging on and sticking with it. I am not saying that we will not serve our clients and communities, but we have lost faith in the "ivory tower". We need something more than we are working on it and we appreciate the job you are doing. In the counties our books/finances are looked at on a monthly basis and a quarterly basis by at least 2 different people in 2 different roles. Our records consultant has been doing this for years and now the business managers are duplicating those services. Our charts go through program audits, we are scrutinized down to the penny in our cash drawers. Why is there

98 There needs to be a reduction in travel. Nurses should not have to be pulled from their home site to drive 2 hours to cover a clinic with one nurse. Clinic needs to be adjusted to what that one nurse can handle instead of all these nurses having to drive to different counties. Reduction in travel=reduction in mile reimbursement/gas/vehicle maintenance

99 Meetings/trainings/new employee orientation needs to take place over video conference...everything needs to be done over video conference unless absolutely necessary, this will cut down on gas, vehicle wear and tear, travel reimbursements, hotel costs, etc and people don't want to have to drive all over the place.

Subject: RIF

100 From: Regional Director

In order to approach RIF's strategically, we need to be able to revisit the initial RIF list of staff. When the regional directors were asked to provide a plan as to whom and how we would institute the RIF's, we were not able to inform or get input from our senior staff. We need to revisit this list in order to make a better and more strategic decision. We were told the list we provided could NOT be revisited. =(Clients are currently not billed for STD services. Other services, such as Family planning are billed on a sliding scale. On suggestion would be to bill STD services on a sliding scale as well.

101 One other troubling area is that financial documentation is not required of those receiving family planning services. We often see teenagers having to pay a high percent of services because their parents brought them in and reported their income. Then we may have a 30 something person come in having to pay zero percent because they say they have no income or a very low income at the same time they are talking about their next breast or abdominal enhancement surgery. Our services are abused by clients because there is no accountability on their part. Trying to balance all this without impeding access to care would be a difficult task, but some reforms need to be done.

102 No more "created" positions that come with sign on bonuses or pay raises to accommodate people and then when they leave the position is no longer needed so it's done away with

103 I would like to see some sort of incentive/pay raise or moral booster for county employees. A paid day off, a massage, free lunch...something to show that we are thought of and appreciated

104 Consider eliminating CI, Parent Pro, Office of Partner Engagement and Guidance programs. Reduce drastically the Center for the advancement of wellness. Reduce the EPRS Regional staff to one regional staff member per Homeland Security Region. These recommendations have been proposed for a number of months.

105 There needs to be better communication between counties w/in the same district. Everyone at their specific level needs to be doing the same stuff so that when we have to go to another county and cover we aren't lost or wondering what to do because it will all be the same.

106 I shared my thoughts a few months ago when we were talking about furloughs. At the county level we have added a few letters of management that I'm not sure is necessary. I have been with the health department for 10 years. There are two areas where I see added fluff. We have Administrative Assistants and Administrative Program officers. I am not sure the purpose of having two levels. It creates confusion at the local level. The other position is the IFC position. I have never understood this position.

These are my comments/suggestions.

110 There are too many cooks in the kitchen at the county level. We are told by one administrator/supervisor to do something one way then get in trouble from another one that comes through for doing it that way and then tells us to do it another way.

111 There needs to be sensible clinic coverage...clinics need to be adjusted to accommodate for lack of nursing staff, either let us turn clients away or start making everything by appointment only

112 I would like to see some way to make the people that do not show up for work on time accountable for it. I work in a county where I am the only person there and ready to work at 8 am. This is an every day occurrence. Also our PCA does as little work to support the nursing staff as she can. This has been brought up and she still does minimal work. For example she can do wic finger sticks. On days that we do not have family planning she should do all or most of them. She will usually do one or two. This is frustrating because if I could spend that 10 minutes with the client, I could see more clients.

113 There needs to be a better system in place for recording in and out times. People are showing up late in the mornings or back from lunch and leaving early or staying late and claiming comp time or having to "flex" when there was no reason for them to have stay late and those same people are not claiming that time like they should **cough (supervisors)

You asked for ways to earn our trust. Here are a few that come to mind:

1. Start all RIFs at the top. The problem started at the top of the food chain in the OSDH. The solution should start at the top as well.
2. Speak with us often as you spoke to us today. I appreciated that you are a plain spoken man. You were open and easy to understand. We want more of that.
3. Meet with us face to face as soon as possible. Former leadership kept us at arms' length, as if we were not on the same level as they were. Please understand you have your job because we do ours.
4. RIFs that take out the line level employees will scar the face of public health. Those of us who answer the phones, check in appointments, give shots, and make home visits are the faces that the public associates with the OSDH. If you take out the line level employees, you will change that face and not necessarily in a good way.
5. Make sure that we hear from you before we hear from the news outlets or social media. It is incredibly frustrating that I learned about the danger my job was in from Kelly Ogle and not from my employer.
6. Make sure that those of us who must fall under the knife of the RIF are properly and fairly compensated.
7. DO NOT HIRE ANYONE ELSE AT THIS TIME! If you cannot afford to pay the employees you have now, you cannot afford to bring on new employees.
8. While I am sure we all understand and appreciate that there are certain channels that have to be followed regarding the RIF, all of us would prefer to know sooner as opposed to later when we might be cut. As soon as the names are identified, let us know so we can begin to make plans for our lives.

I am sure I will have more ways later on. But these are the items that would gain at least my trust.

In regards to accreditation, will we continue with the process of accreditation without pushing the button and spending the money to ensure the standard of excellence that we have established in our communities?

115 If not what will happen to the momentum that we have established over the past few years with our community partners and key stakeholders?

What will happen with the accreditation coordinators in these positions?

My district does not currently have an Administrative Programs Officer (APO); since I am an APO can I just assume those duties and change my Position Description Questionnaire (PDQ 39)?

My suggestions to improve the agency;

*Enforce policy and productivity. Don't keep people solely based on race.

*Don't allow employees to be LAZY.

*Upper Management should treat others with respect and professionalism. Employees should not have pens thrown at them if they have an opinion they don't understand or agree with. Respect diversity but even though you don't have to agree.

*Goals should be communicated and how or what is my position is graded on. No PMP since 2009. NEVER have I had a meeting with my boss and discussed expectations, needs or goals.

*PMP's should fit the position and not be written by the employee. Managers should lead the employees. If the manager doesn't know what the employee does, how can they help, oversee and lead.

116

*Cut the FAT-programs and people

*Improve systems for less printing

*Merge agency with another small agency to save on overhead and fill the empty spaces.

*Allow areas and managers to make decisions without having to have 50 hour long meeting and not reaching an agreement.

*I have 3 "D and F" employees those positions could be run by one "A" employee. The pay could be increase for the "A" employee and still save money. Run this agency like you would a private business.

*Cross training and training for position or procedures that are job specific. I have never been trained by another employee or boss which takes more than 3 times as much time to figure out and more mistakes. We could be more productive in less time and produce better results.

*This "health" dept is the filthiest place I have ever worked. I am embarrassed and ashamed to tell people where I work.

*With all these suggestions on how to improve, I do think we have some great people.

In regards to our day to day operations, especially our financial management team, a new program and tracking system is the key to our success. Currently, items are not able to be tracked sufficiently as the process is disjointed and scattered in different pieces. Having a system where we are able to keep every piece of information in one program and eliminate the lost papers would greatly enhance our efficiency and follow through. An application would also ensure that every request is visible to those it should be, as well as that every process is being followed correctly. It would eliminate lost time by always knowing what the next step in the process is by automatically routing to the person it needs to go to.

Many people in our central office do their job and are unaware of the bigger processes resulting in many things being lost or dropped along the way. Employees should know their role in the organization. Having a set system will allow us to avoid those things. Items should show up in your action items, completed or reassigned to the proper person. They should never be just forgotten along the way as often happens. Because employees have lost desire to do anything outside of their required job duties, we have become immune to change. Progress towards implementing a new system meets far more resistance than it should.

117

The implementation of a thorough performance management system would greatly enhance the motivation of employees. Currently, there are very few, if any, goals being set or reasons to meet them. It is a difficult process to internally promote and our employees are not motivated as a result. A more thorough performance management system should allow for some level of moving up by employees who exceed the expectations of the goals assigned to them. The amount of detail in each job role is sorely lacking. Looking at what each job does and how they can do better would make our operations run smoothly. To give an example of this, people have been hired to help those that felt as though they were overworked in my area. Those that felt overworked left without training anyone. As a result of the managers not knowing exactly what they did, those hired (including myself) are trying to find things to do to fill our job roles. I have also been told not to do something because it is beyond my current job role. This shows how our talent management system is lacking. There needs to be ability to train those who succeed others and managers should be encouraging talent development for the sake of the agency. Discouraging employees from growing in their job field will usually result in good talent leaving the agency. That is something we should not be promoting. Training is also an issue with talent management. We have many required trainings that are not job specific. That should not be a priority. Performance management should be used to determine the training needs of the employees and be able to provide such to our workforce.

I know these ideas will not be of immediate use, given our current situation, but I believe they could make a great impact for our agency in the future. I hope my observations were of some assistance. Thank you so much for the opportunity to voice them.

118 Maybe we could charge for STD visits? Also some of the things we do at County level:
sooner care, WIC, STD, Family Planning, Newborn Screenings, hearing screenings, lead screenings, HGB checks, TB management and medication, Salmonella and other infectious diseases, Lots of immunizations,
Since I am the only nurse in my county, I not only do a full clinic, but I do all of the coordinating nurse duties as well, which is another full time job. I would really like to know if I am going to have a job as soon
as you can let us know. Thanks for coming in to help.

119 I have not seen this but have been told that in the Wellness Division there is a ping pong table for the employees because they do not have enough to do. Please check it out. Thank you.
We as a workforce have sustained considerable trauma that has shaken the foundation of our organization. There are many who feel insecure as the reduction in force is coming. I myself have begun to feel
powerless as to these circumstances. That being said, organizational trauma affects employee morale and performance. I hope you will consider building programs for employees that ensure employee resilience as
120 we still have so much important work to do in our state. Individuals who are traumatized may be distracted by events happening internally and not achieve the values and mission of OSDH. As a mindful based
stress reduction therapist and board certified health educator, I would like to see employee wellness begin to shore up the internal morale of OSDH by offering wellness programs that encourage stress reduction,
emotional wellbeing and physical wellbeing
~~Cut or greatly scale back the family planning program. There is a duplication of benefits. Many clients already have a family planning waiver where they can see a private physician for these needs. The health
department would no longer have to manage a birth control inventory as these patients can get their prescriptions filled at a local pharmacy. There also would be a savings in reducing the number of APRN's on
the payroll.~~

Another place to cut is the maternity program for Canadian County. The health department does not deliver babies and the patient's will have to transfer to a private doctor eventually. Why spend the money
and time on extensive lab work, much less the processing time involved, when much of this will be duplicated at the private physicians office when they transfer out. There is maternity for sooner care and soon to
be sooners.

121 Bring back the health department nurses to clinic who are working as school nurses.

Issue out another retirement VOBO.

Restructure and eliminate some of the layers of management at State Office.

Just some thoughts, Thank you for your time.

122 I may have more later but I wanted to say on the video conference site today but would not due to staff in the state office.
I have watched over last 3 years or so new departments with new people being hired executive secretaries, directors, ect.... all the while we could or were not allowed to fill critical positions here at the county level.
That would be an area I would think you should look into. Honestly I know you have to trust some people and with good reason but I feel there are some that are not trustable that are still there.
Communication from the top has been terrible for years. People come in when they want to leave when they want to even make up lie's to justify what they think they are doing is right, when you call them on it,
125 they do not want you to notify there supervisor. I have came from another state agency and Oklahoma is way behind o n pay and technology. Thank you Preston for stepping up to the plate answering question's that
show's us you are about weeding out people and stepping down people what should have been taking care of a long while ago. too many top and middle people that does need to be addressed. plus raises and made
up position to keep people

126 I heard a rumor that the agency is broke and will only be able to pay a few more payrolls before closing down. is that true? I am a long time employee and I need this Job to survive.

128 Sooner Start has money and operates within its budget, so why can't we get our mileage reimbursement in a timely manner?

129 I wrote before the state wide meeting, but I just want to say thank you for addressing two of my concerns. 1. You are going to stop this accreditation business. A big cheer went up! 2. Stopping the hiring until
something gets settled. We all know we are in for hard times, but this was a great start. Thank you!

How much money does it cost the OSDH for the central office to enjoy things like the gym and cafeteria on site? Since these cannot be enjoyed by everyone who works for the OSDH (ie outlying counties), maybe they are an unfair benefits for those in the central office and should be reviewed.

Many counties do have more than one site. While no one wants to see anyone RIF'd, these 'satellite' sites should probably be looked at first.

130 Upper, upper management should not be awarded any incentives until this mess is fixed.

Please make an effort to become an 'in network provider' for more than 4 insurance companies. We could be getting more money from more insurance companies if we had contracts. To my knowledge we are in network with Blue Cross, Healthchoice, Medicaid and Medicare. What about United Health, Aetna, and Humana? These are huge providers that we could have a working relationship with and could be getting higher reimbursements from if we had contracts. They are all very common in Oklahoma.

131 Close the Seminole County Wewoka site. It is a waste to send a nurse and clerk over from the larger Seminole/Seminole site to see only 3-4 patients

133 Wewoka Health Department needs to be shut down. It is open 2 days a week, sees very few clients. The closest health departments are 10-14 miles away. You pay supplies, man power, mileage you pay for employee travel, plus just the power and water bill along with the data bill. The same clients can be seen in Seminole.

134 My department is licensure and state funded, with no federal funds allocated for assisted living, residential care, and adult day care facilities that I survey/team lead for. I know we have legislative mandates that we are expected to meet for these facilities, but I am concerned about the money waste we incur every day at the OSDH. We have always been required to stay overnight when over 60 miles away from home for a survey or a mandatory meeting. Is that something we need to look at? I am almost afraid to incur motel expense and per diem if we are talking about the possibility of not being able to pay the payroll. I don't believe we should be going to OKC, from Tulsa or further, for a 2 hour meeting, when that can be a 3-way phone call or teleconferenced. Especially when we talk about the very same things the next day, when we have a regular staff meeting. Also, we could save the state a lot of money if we were allowed to go home at night, instead of staying at a motel. Maybe we need to up the amount of miles to 70 or more? Instead of having meetings from 10 am to 4 pm - we could bring our lunch and be done with the meetings by 2 pm - so people don't get home at 7 or 8 pm. Thanks.
To my knowledge, there are less than 5 County Health Departments primarily funded by Sales Tax revenues within their county. Osage County Health Dept. is one of them.

135 Since the State of Oklahoma (Accounting Services) bills Osage County monthly to recoup all or most of paid-out employee salaries AND benefits, it seems counterintuitive to furlough Osage County staff. The State cannot recoup money not paid out for furlough days.

136 I am concerned that the people who really facilitated these problems are the go-betweens between the county health departments and the central office. E.g. 'Records Consultants' etc. Are these the same people you are going to count on to provide the information to fix the problems? If I hear my records consultant say one more time 'cover your butts' I am going to throw up. They were well aware and hid it (except for some slip ups). I have no confidence in them.

137 I have been an employee of OSDH for [redacted] years and am retiring [redacted]. My retirement was planned before all the issues of the agency were revealed. I came to work for OSDH to make less money but it was an agency that valued their employees and communities and where I could make a difference. Jumping fast forward to today, it is an agency that doesn't value employees or their communities. Morale is at an all time low and no one knows who to talk to or who they can trust. I [redacted], mostly of the distrust and being kept in the dark by state senior leadership. If they are the people we are to trust and to have our backs, then where have they been during all of this? We are out in the counties working and they are to be our voice. My hope for the agency when I am gone is it gets back to valuing their employees and providing preventive community based clinical services. I do still love what I do and I am still making a difference by helping support staff and clients. In closing thank you so much for this link to voice our concerns, thoughts and ideas. You have definitely got your work cut out for you!

138 Thank you for your transparency during this mornings video conference. As an employee of the State for [REDACTED] years now, I can honestly say there is a disconnect between the county offices and the State office. We are the ones that provide the front line services, and we feel the "State Office" forgets that or they truly don't know how it actually works in the counties. They are the ones that attend conferences to gain knowledge but the "front line" people can't because of funding. We are the ones that need to gain that knowledge to serve the people. \r\nIt also seems that the State office is top heavy. Do we really need a coordinator to monitor each program and sometimes multiple people within one department? Not to mention they are the ones that make the "big bucks" when again us people in the counties basically live pay check to pay check. We have not received a cost of living raise in I don't know how long but the cost of living continues to go up and up. \r\nAlso the State is not doing a good job of keeping the good people here within the State of the Oklahoma. I have seen a lot of very talented people leave OSDH because of no advancement opportunities and the salary ranges. \r\nI know you have a lot of decisions to make over the next few months. I think it would be best to have a representative from each county (not the admins) available to serve as a member on different discussions. They could act as an liaison between the counties and the State office bringing the county concerns to light. At this time we have no faith in upper management I believe including county employees on those discussions can help to close the gap between the State and the counties.\r\nThank you for your time during this very difficult time at OSDH. "

139 I only want to bring up the fact that if you need to save some money, ask the end users. We see a lot of waste, particularly paper and printer ink, but all we can do is shake our head. Also, your video conference was a success, the scuttlebutt here is that you are well on your way to being a trusted member of our "family." When you announced the probable end to accreditation we all cheered and clapped. There was another point you made when we all cheered and clapped but I can't remember what that show of approval was for. I have heard several co-workers say they felt much more optimistic about the future of community health after attending the conference. Thank you!

140 I approached staff making decisions about choosing and paying a contractor to provide services to a client in my home county, and pointed out that we could save literally thousands of dollars hiring and training a local contractor. Not only was I chastised, I was chastised by 3 different people. The comment was made, "It's ultimately State dollars anyway, why do you care?" I care because attitudes like that is why our State is in such a financial mess, and I said so at the time but the comment fell on deaf ears.

142 Why have programs not been allowed to apply for grants and use sponsorships to offset some of the cost of running the programs and providing services to the citizens they impact? There is such a huge disconnect between the State Health Department (often referred to as the Ivory Tower) and the County Health Departments. It seems changes are constantly being made without affected staff being consulted nor the effects taken into consideration. The flow down of information is often mentioned in passing, in an innocuous email, or not passed on until months later when we find out "no one is doing it this way anymore."

143 Every new form, every new procedure, every additional step introduced in clinic adds to the frustration of our clients as well as staff who feel we cannot possibly keep up with constantly changing "rules of engagement" though we certainly try.

Thank you so much for speaking with the counties today. We appreciate it more than you know, and hate being left in the dark. We like that you talked about so many things this morning.

First I want to say that I love my job, and I love public health. My only goal is to continue that work here in the future, because I truly believe that everything we do affects our society.

I have issues that I would like to address from my years here as a county nurse.

First, at the county level we feel we have a huge disconnect from the central office. We feel like the peons of the agency and feel that Central looks at us like country bumpkins. However, we are the money makers. We are the change makers. We are doing all their work for them. We have to have supplies to do that, and we have to have good leadership allowing us to function. We have to explain face-to-face to a mom why we are out of 2 of the 4 immunizations her newborn needs today. We have to calm down a woman who waited 30 minutes in the waiting room to find that we've run out of her birth control, and she used her whole lunch break sitting here for nothing.

The central office makes the rules and changes our forms and policies almost weekly, yet they have no idea how things actually work out here. Each division thinks they are the only one who matters (STD, Tuberculosis, Immunizations, Family Planning, Nursing, WIC). They also don't communicate with each other. At all. STD may change a form but not realize Family Planning and WIC changed something that month too, so we have to keep track of 3 changes instead of just their one. They also may disagree about how a certain rule must be followed and spend weeks of emails back and forth deciding, after that change has already been put in place. When this happens, it is a lengthy process to get the correct heads together to make a final decision. I have seen this literally dozens and dozens of times in my years here. As a nurse, it is near impossible to keep track of all the rule changes and final decisions for the clients I'm seeing for something as simple as a pregnancy test. All because of the lack of communication. If they would come to the counties first for an opinion or appoint a committee to change forms and policies, I feel we would get these kinks worked out before it ever rolls out to be put to use. We use these forms everyday. They do not. Why wouldn't you ask the experts how something will work best? Someone sitting at a desk who has never worked in our clinics should not be making all the decisions on forms and policies. They don't know what they're doing!!

146 Another thing is getting clarification or approval on something. It is so hard to get and sometimes you just have to keep calling different people until you get the response you want. For instance, Immunization Services spent years creating a new database for vaccines, make an easy online form for a vaccine refusal to replace our paper form. We use it and love it for almost a year, only to have Nursing Services tell us we cannot use the online refusal form, because it is not an official medical record, go back to paper. Immunization services disagrees, but we have to follow nursing services. This topic is then heavily debated in a District Nurse manager meeting with Nursing Services, where even the heads of nursing cannot make a decision on it because they don't feel qualified. Weeks later, after the nursing staff has re-printed the paper form and been using it again like the dark ages, Nursing Services tells us the digital form is okay to use. Not via an email to all the staff, but to the DNMs to be passed along. So we've spent weeks of confusion deciding paper or digital, paper or digital, when this all should've been decided before rollout! No one talks to anyone. It's ridiculous. I may call about which medical code to use and talk to 3 different people and get 3 different answers in the same day. Who do we listen to?? We do a lot of asking forgiveness because someone has changed their mind today and chosen to go a different way without telling everyone. Or maybe telling half of people. The leadership is null and it's poorly managed at the highest level. No one feels they can make a decision without a conference. No one wants to fall under the bus. Finally, we have the crap audited out of our staff constantly. Forms, charts, etc. we never see the end of it. We are constantly being asked to be accurate on everything. We get scolding emails and statistics about our own performance regularly. We have been held accountable, to a back-breaking level. You can understand why it's so incredibly infuriating to see our job security is in question via the news, knowing that it is because NO ONE is being held accountable up there and haven't been for years!! It really makes you want to get out the pitchforks and march!!

In my county, our staffing and personnel are fully paid for by the county. We send the state a reimbursement check for our payroll. It really doesn't make sense to furlough or cut our staff, because we are paying you in full! If you reduce us, you also reduce your own check! So I don't really understand at all how that can be saving OSDH any money. To me this is finance 101!

Finally, I heard you mention several times that we need to get rid of the staff who aren't team players. This is a total joke. Do you know how hard it is to get fired from your job due to poor performance around here??? REALLY REALLY HARD. This is well known too, and is passed on to new employees so the culture will never cease. All you have to do is make it past your first year here, then you're golden. It takes an act of Congress to get fired. Our progressive discipline process is laughable and lengthy. I can count on two hands the incompetent staff I've witnessed keeping their jobs for months or years, despite

148 An issue that concerns me is that we do not provide immunizations for everyone now. In the rural areas a lot of pediatricians do not keep vaccine in stock. Some clients have to go multiple places for immunizations. Also, our clients should be able to come in for TB skin testing without orders from a physician. We should be doing BP checks, blood sugar testing and giving vitamin B12 injections for clients. The previous leadership cared nothing at all for any service oriented health care. I certainly would like to go back to being an important part of our community's healthcare team.

149 During today's web conference, Mr. Doerflinger stated "That PHAB deal...that process is stopping". As a county Accreditation Coordinator, does that mean this program and my job are being eliminated? The benefit the county gains from this process has nothing to do with PHAB. We work on Quality Improvement, Strategic Planning, assessing the community and providing services to special populations based on need, community partnerships, gathering data, and more. There is much benefit to the PROCESS we undergo and the work we do. We paid our fees to PHAB several years ago, and that money is non-refundable. Our documentation will be submitted in March, 2018 and we will be finished. No more additional money will be paid to PHAB. I would welcome the opportunity to speak with Mr. Doerflinger more to share the work we county Accreditation Coordinators do, and hope to continue.

150 Thank you for meeting with us this morning. I have been employed with the health dept. for 19 years. I work in the Carter County Health dept in Ardmore, Ok. I would like to ask if the merit rules will come into play should we have to do a Reduction in Force? Also, rumor is that you would be unable to draw unemployment. Is this true? I hope we will not have to do a RIF but would like to plan for my future if my job is on the line. I live on one income and the furloughs will be a real strain for me, not to mention having to find another job this close to retirement. We should definitely charge for STD's and perhaps have a collection dept. for Family Planning services. It is common practice to tell clients that not to worry about paying for their services as it will never be sent to collections. Or we could possible ask for payment up front for both STD's and FP services. Good luck figuring everything out, I am very glad you are here.

Hello,

First, thank you for being candid and honest with staff. We have lived in an environment of secrecy and intimidation so you are a breath of fresh air. However, I'm concerned about your statement concerning PHAB and would like some clarification:

Accreditation is not just about spending the money on PHAB. Most agree that we don't get any bang for our buck by getting officially accredited. However, the accreditation process has been very helpful in that ALL of the work we do focuses on the county health department & the services we provide. Some of the benefits that came about include:

• Identification of populations experiencing barriers to health care service using the MAPP process (Mobilizing for Action through Planning and Partnerships), then directing services and resources to those populations. The MAPP process we conduct is a grassroots, community-driven strategic process for improving community health. It is an interactive assessment process that improves the efficiency, effectiveness and performance of the health department.

• Quality Improvement: INTERNALLY - We help the staff explore ideas for program and service improvements that have the potential to improve operations by identifying gaps and areas that need focus. EXTERNALLY - focusing efforts to improve health out in the community. (Often times it's the Accreditation Coordinator who directs those projects. In cases like the school nutrition project - providing direct service, then gathering & evaluating data to see the impact/benefit of those projects)

151 • Developing and improving relationships in the community (with coalitions, hospitals, schools, emergency management, medical providers, city & county government etc.) to coordinate services and make sure health services are provided within the county and improving the community by assisting with monies for projects that allow the communities to live a healthier lifestyle. (i.e.; we partnered and assisted in two hospital Community Health Needs Assessment, providing resources, data, and support.)

• Gather & compile CHD performance data in order to examine/adjust clinic flow, staffing and performance measurement

• Driving the Strategic planning process

• New Community initiatives such as Nutrition projects happening in 3 elementary schools, partnerships with City Recreation Facilities to promote exercise, Wellness policies, free fitness classes offered in the communities, diabetic classes.

The PHAB model has helped us in Quality Assurance and Quality Improvement and I think we can benefit from the model but agree completely that we don't need to spend money to get a certificate.

Your response is greatly appreciated as I feel the Accreditation Officer position is extremely valuable in helping to build community partners, gathering data to use in guiding community programs, etc.

152 I have been wondering if it would be a sufficient cost saving measure to have the counties that can afford it and want to, contract locally for printing services for locally utilized forms and distribution materials (not just for clinics, but home visits, inspections, and health education). It would reduce the cost of supplies, printing, and shipping for the Central Office. It would also help strengthen local partnering relationships. Also, it could help with the lag in receiving the materials locally.

A small example of this: new forms which are created through careful thought and study and countless meetings by bureaucrats, who are so out of touch with the county level, their new forms are punitive and unnecessary. Get rid of these forms. An example of this is the child health encounter form. Unnecessary, we already chart it in a progress note. Why waste our time asking irrelevant questions when they are here for a head check.

Another example of this is the smoking cessation form. Seriously, we faithfully ask the questions etc. And what do we get? 10 percent of our pay docked through furloughs and a county director who hires more people upstairs for smoking cessation that do virtually NOTHING to help relieve the stress of working clinic.

Another waste example is the lead testing debacle. This was implemented as a knee jerk reaction from a distant state where senior level public health management dropped the ball regarding some lead problem in their area. For the very few Oklahomans who come back with an elevated lead level, it does not justify the amount of money and resources involved by their blanket testing. It is very time consuming and nurses are always stuck doing all this nonsense.

These patients can followup with their private physician.

We have become the vaccination and anything else police. Someone at state office or our county director gets a "gold star" if we meet some insignificant goal whereas we get no benefit from at the bottom. We, the nurses, are mandated by management to send letters out to parents telling them their kid is behind in their shots. I don't understand why this cannot be done at state office or someone else besides the nurses who actually have to do all the work in clinic. Empower the parents let them be responsible for their kids being current on their shots. (The same for dysplasia followup as well.)

Also it is a nurse that is mandated to be in charge of inventory etc of all the vaccines. There is a person in the county director's region who has the sole job of having vaccine shipped to a specific county and oversees this stuff anyways. They can do the inventory and check it in for the clinic as well. Another out of touch situation dumped on the clinic nurses.

153

Keep in mind, anything that is extra for us to do here in clinic, there is a team at state office shoving it through. More money wasted.

We need to start charging money for STD testing. It is abused by the clients who come in just because they want to be tested or they have a new partner etc. Bottom line: the patient needs to be responsible for their own genitalia and what they do with it. These tests cost money -- a lot of money. Using the swab was much cheaper than the urine kit.

I still cannot figure out how County Director's get paid so much money and have an assistant. And then, in each of their county's, there is an additional assistant who handles paper work for their county's pays the bills etc. County director's, all they have to do is say "yes" and "no" and forward mindless emails from state office. They do not have to gather up the paper work involved with anything. All they have to do is sign their name and it is done. Take away that high pay of their's and their power. It is an open door for abuse and financial irresponsibility.

The Health Department also has nurses who are full time school nurses. Why this outsourcing of our nursing staff? They can be used in clinic. Let the school district's hire their own full time school nurses. We are drowning with these cutbacks of nursing staff. And need them in clinic. Another example of County Director's having too much power by placing them in the schools to start with.

I think we need to trim the fat. A lot of jobs were created for someone so that they would stay. Paying them a big salary, when we managed just fine before. I'm talking about the APO position.

154

We have a health educator, that we never see. We don't know where she is half of the time. She is always late.

Then we have a nutrient person who has been messed up on drugs for the past 3 to 4 years. she comes to work but can't do her job. The nurses has to step in and do her classes. She is a danger to even be on the road. But nothing has ever been done about it. I'm saying this because it is time to put a stop to her reckless behavior.

156

When employees do something fiscally irresponsible, OSDH has the tendency to punish all health departments with time-consuming petty paperwork instead of dealing with the individual personnel issue. This is a huge waste of the resources considering salary costs. Being reactionary - instead of progressive and efficient - bogs down everyone. Less time is devoted to actual work.

157 Absolute Income Source: We do not identify eligibility and optimize the Medicaid (Soonercare) application process at its full potential. Some clerks haven't learned how, seems more-so seasoned clerks, while others are completely overwhelmed with keeping up. We aren't able to do phone applications before appointments which would stream-line the process. Also, there is faster processing of client check-in if a method is followed step-by-step. Clerks that I see seem to wing it, which takes longer.

Question? Can we do Medicaid applications on the phone as we're scheduling appointments, at least if they are existing clients and just need renewed or a baby added? This would speed the check-in process and insure billing before the client even comes for the appointment?

AS YOU KNOW, OSDH IS LIMITED BY TAXES, GRANTS, AND COMPLICATED AND OBFUSCATED FORMULAS BEYOND MY UNDERSTANDING. MANY PEOPLE FEEL BILLING INSURANCE IS DOUBLE DIPPING, BUT IF WE'RE GOING TO BILL INSURANCE, THEN OSDH OUGHT TO SIMPLIFY THE PROCESS.

We are not insurance specialists, we are public health workers who are to the point of resenting the emails blaming staff for "losing out on millions of dollars of insurance reimbursements."

159 When OSDH started billing insurances, Nursing was instructed to code for as many things as possible. Now they are told - performing the same services - to code less to raise our chances of being paid for some of the services.

By the way, Insurance is difficult - intentionally. One wrong thing, the company can deny it and not have to pay out the money. It's a shell game that OSDH seems flabbergasted by, and instead of addressing the devious reality of contracting with insurance companies, chose instead to blame the lowest paid staff members (clerical) for the fact they have not recouped the amount of money initially "projected" to be collected.

We are public health, a government entity, NOT a private business. We understand the need for money to operate, but why aren't we operating with the money we already have?

160 Before a few years ago, we had a good working relationship with Tulsa and OKC Health Departments. Leadership decided they were not "Health Department" and we were ordered to treat them as an outside entity, and all that entails. At the County level, we would appreciate if that decision were reversed.

162 Please look into the Nutrition Therapist positions when considering cutting nursing services. It makes no sense for them to be making \$58,000 and the nursing who provide the same services PLUS everything else to be making \$45,000-\$47,000. In our county the nurses are providing the bulk of wic client services and the nutritionist are driving county to county doing nothing or very little AND receiving travel pay for it. Please look at who is working and seeing clients and who is in their office doing nothing

163 Thank you for taking the time to publically address each one of us, taking our questions, and trying to answer them appropriately. I believe you answered every question that you could in the best possible way considering you have only had 48 hours to stand before us. Do I have concerns? You bet I do, but I won't elaborate here. At this point, I just appreciate the fact that you shed some light on the subject.

164 It is important to evaluate not only the services being provided by the ability of the individuals performing the activities and services. We need to inquire why a skip level management structure is necessary. In my experience, it's because managerial hiring is not based on the individual's ability to perform in the new role. They are promoted to a position which they are not qualified to fill and as such organizational functioning stalls and waste of time and resources occur. Additionally, while trainings in budgeting and finance are important for supervisors to advance their knowledge and abilities, we need to evaluate why they were hired to fill a position for which they lack the necessary job requirements. If they are not capable of performing their essential job requirements, they should be replaced with someone who can. Longevity does not always equate to capability.

I know Preston did not mean to offend any Epi's or date people, but both Tulsa and Okc county have good data, because it comes from us!

165 Additionally, I would argue that Okc and Tulsa leaders do not necessarily follow Core Public Health Principals.

Please do not believe everything you hear from [REDACTED]

Thank you for a great meeting today!

- Review the Centers, they are a drain on the agency budget.
- Decide quickly on furloughs and RIFs.....people have to make plans
- Do away with PHAB- the citizens & employees get nothing from this.
- The snack bar in the basement is a

167

Thank you for your honesty Mr Doerflinger. We are still nervous about the overall situation, but most of us will stick it out as long as we can financially afford it. Furlough is a blow when you live paycheck to paycheck and with yearly insurance increases we already had called it our yearly pay cut to endure. But, most of us love what we do, so if you can keep things optimistic on our future we will continue to be loyal to public health. Today's meeting really changed moral, which had been lower than I have ever seen in my 10+ years here! I would like to start by saying I appreciate you taking time to speak to the employees this morning. I realize you have only been in the position for 48 hours, but I feel I learned more from you than I did from the ones who recently vacated their positions. I appreciate you answering our questions. I, as well as my staff, have a more positive outlook after the meeting than we did going into this meeting. That being said I would like to address the possible reduction in force.

168

What I have been hearing is longevity will be the deciding factor on which employees will stay and who will be left unemployed. I have been here for [REDACTED] years and became a [REDACTED] 2.5 years ago. My most [REDACTED] nurse has been here [REDACTED] years, but my most [REDACTED] nurse has only been here [REDACTED] years. My feeling is the employee should be looked at as a whole including years of service, productivity, professionalism, team player, attitude and performance. I strongly feel the supervisors and the directors of each area should be consulted on who is the best fit for their team and the job at hand. We know our staff and communities better than anyone at the Central Office. I would appreciate it if you take this into consideration.

169

170

I must believe because I tore up the sign in my office that said, "Let's put the fun back in dysfunctional."

173

One of the issues I see here is when you do have a good Idea or an idea that saves money, there is too much bureaucratic nonsense to get it approved or its summarily dismissed by people/committees who have no clue what you do or have an agenda. I have a project right now that was given a low score through ITOC (IT committee) that would save our department almost \$30,000/year. It took over 6 months to get the concept meeting, OMES security assessment, and all the appropriate signatures to just get it in front of the ITOC committee and because i didnt fill out a check box (even though the information was in the document at least 4 other places) it received a low score (deemed not worthy of OSDH investment, even though it saved money and decompressed IT staff). I then had to completely redo the project documentation all over again, get the signatures, and re-submit again, hopefully getting a higher score so IT will work on it. It is well known a certain person (who resigned on Monday) always got her projects approved and worked on, no matter how dumb they were or had lower priority. A lot of time, labor, and money are wasted here just trying to get things approved/contracts signed, even if they are minor. Hello,

This portal is much appreciated!

174

As you mention bloating and mission creep, would you be cutting away programs? If yes, what would happen to the staff of those programs. Will they be part of the rift or absorbed in other areas? This has me greatly concerned.

Thank you!

176

As a Sooner Start employee I have found that our agency runs efficiently and I do not believe money is being wasted. There are some very small things that could perhaps be more efficient. This probably applies to all state agencies in which employees use their own cars, but for specialized service providers who are paid a higher salary than administrative team members, we could probably cut down on some time spent doing administrative work. For example, direct service calculations and mileage claims are very time consuming and could be streamlined in some ways. Service providers could type in the addresses and administrative personnel could calculate the mileage if that's permissible under HIPAA. However, overall we work efficiently. I have been told that there used to be more funds for continuing education for therapists, and I think this is absolutely necessary so that we can stay abreast of research and be seen as a cutting edge agency.

Preston,

When Mike said OSDH was saving \$660,000.00 by implementing furloughs, is that per year, month, or pay period?

177 Also wanted to confirm it is really only \$220,000.00 savings, due the fact the rest of the money is federal.

Appreciate you're candor today. I would like to additionally request that all personnel be objectively evaluated, even the ones providing information to you now.

Thank you for coming to help us.

180 The long term care has prepaid envelopes and boxes for mailing surveys to the central office. The post office has told us many times the envelopes would cost almost half to mail because of the weight in the boxes. We have also asked what it would cost to mail a box and it's been up to \$7 less than what is on the box. A big waste that adds up.

1. We must up front money on our personal credit card for hotels-- last september, we had back to back inspections and I was in debt by almost \$1000 with delayed reimbursement.

183 2. In fear that we will lose cars due to

lack of miles, sometimes we will have to take 4 separate cars to a survey. Seems ridiculous with price of gas and car wear and tear.

185 My recommendation is to look at all the levels of management. I see management in constant meetings and not available to support staff. In the office where I am, management takes extended lunch breaks with a couple of their favorite employees "friends", while the rest of us adhere to the time frame for our scheduled lunch. There is one staff person in particular who is buddies with the service director. This staff member comes in 30 minutes late, sleeps at his desk, and takes an hour and half or two hour lunch with the service director. It is favoritism and relationships like these that are costing the agency money and making the rest of us pick up slack.

My concerns are why is LTC being furloughed same amount as rest of the agency when 75% of our pay is federal. We barely use any state funds. I know they did a quick fix maybe but didn't think it through clearly.

187 My next concern is the consequences of us not working on the public. We can't work complaints timely. Allegations of rape etc. when we go do a survey and write citations we can't get the nursing home cleared timely now. Many are over due. That means homes can't admit new residents. If we can't meet the federal mandates of our job my biggest concern is CMS fed agency taking this away from our state and assigning it to another group. Healthcare management solutions does state work when states can't get it together and do there own work. It's sad. We have been on top for so long and I've been so proud. Now that's gone. And if we were furloughed fairly this would help. Maybe one day a month since we don't rec much at all from state.

This is why I believe accreditation is vital to our local health department and our communities.

Accreditation helps the local health department to bond relationships with our city official, schools, hospitals, coalition and many other community partners. Accreditation helps us to identify strengths and areas for improvement, strengthen internal and external partnerships as mention above, encourages us to prioritize and address long-standing concerns and acts as a stimulus for continuous quality improvement and performance management in our daily practice. We have identified the main health issues in our county through the MAPP process of assessments and developed the Community Health Assessment (CHA).

Now the coalition and community partners have identified the top priority areas of health needs in our county and are working on laser-focused goals instead of the typical shotgun affect where a lot of people are working very hard on many different goals not accomplishing much. The Community Health Improvement Plan (CHIP) is our process that the community is following to achieve these goals. Our goal is to improve and protect the health of the public by advancing the quality and performance of our health department.

190

Our local health department accreditation process seeks to advance quality and performance within our health departments. Accreditation provides a framework for our health department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with our community. The process is one that will challenge the health department to think about what business it does and how it does that business.

Would it no be beneficial for the local health departments to continue with the process of accreditation without the submission of accreditation and paying? My local health department has identified and fixed many gaps in service because of this process. Please consider allowing the local health departments to continue with the process of accreditation.

Thank you for your consideration

Seminole county has two clinics that are operated by the same staff. I feel that the Wewoka clinic should close. The clinic is only open 2 days a week and has minimal clients show. The clinics are only 15 minutes apart. The savings would be from utilities, vaccines, supplies, and travel.

192

Would senior leadership consider giving employees the option of continuing their furloughs indefinitely if they so choose? Studies have shown that when employees have less time to do a specific job they are more efficient and can get the same amount of work done as someone who works 10% more hours.

193

I was on furlough yesterday and couldn't attend the meeting at 2 pm, when will an email be sent in updating staff that was not able to attend.

195

I appreciate the opportunity to work for OSDH; however, as a new employee it is discouraging when I see other co-workers resigning and heading to other agencies for higher salaries. OSDH has amazing employees, and we are equally deserving of sustaining salaries as opposed to working 40 hours a week and qualifying for food stamps. It's rather sad. I understand there is a significant budget crisis, but please consider a salary increase so we can keep the remaining employees we already have. We at minimum need \$14/hour.

196

If Accreditation is going away, I hope we don't repeat the past by absorbing those positions. Turning Point is a perfect example of that.

We need sound grant management. Meaning, we need to determine if the grant's priorities coincide with ours before we apply; ask does it align w/ our core mission. And if that grant is eliminated, positions need to be eliminated with it.
some things to look into:

197

We started collected insurance money in 2014-2015 yet the counties have seen very little money. Where is this money?

199

OKC-County charges for STD services but the other county health departments do not charge. Therefore, the surrounding counties see a lot of clients from Oklahoma county/okc for our "free" services. Can this be addressed?

201 In December of 2012 the Service Directors and County Administrative Directors were all given a \$20,000 annual raise. The Administrative Program Managers were all given a \$12,000-\$15,000 annual raise. Mgmt. will tell you that many others also received raises, but they were just to bring them up to the standard, and in many cases it was just a few dollars a month. There are probably hundreds of us who have not had a raise since the state mandated raise in October 2007. That is a very long time to go without a raise when everything else has increased. If the furlough situation has to continue, could Senior Leadership please look at holding harmless not just those making under \$35K, but also any of the staff who haven't had any increase in pay since October 2007? Thank you for your consideration. The pilot PA1 program operates in 4 counties: Jackson, Pittsburg, Creek, and Bryan. Former leadership directed staff in Family Support and Prevention do develop a "pilot" home visitation program despite the fact that evidenced based home visitation programs were already implemented.

202 Neither goals nor objectives for the pilot program were provided. Questions were asked repeatedly about funding for the project. No dedicated funding source was ever revealed. It is highly suspected that funding was taken from the Children First program to support this project which has not produced outcomes of significance. Children First has been implemented for 20 years in Oklahoma, and significant public health outcomes have been achieved with that program which is based on an evidenced-based model. The pilot program is over one million dollars per year. Elimination of that program would produce significant savings to OSDH. Previous leadership instituted "ethics" regulations which go above and beyond that required by the state of Oklahoma. These rules have caused significant distress among staff.

203 Re-evaluation of these rules/restrictions would be very much appreciated. Morale would greatly improve without those restrictions.

It seems that the departure of certain executives has left a hole in leadership around statewide public health strategy. For anyone that might be interested in thinking beyond clinical services, outbreaks and regulations, here are a few resources: <http://www.astho.org/>

204 <https://www.nga.org/cms/center>

<https://www.cdc.gov/pcd/>

<https://www.cdcfoundation.org/what-public-health>

206 Thank you for addressing us yesterday. As you can imagine, we cannot get this off our minds and it has disrupted normal routines, both at home and work. We can hardly think or talk about anything else. Many have lost sleep over this. Although a RIF may be inevitable, it gives me some peace to know that it is done, it will be done more strategically and that disruption of services will be taken into account. Please continue to communicate.

208 I've only been here a few years and was really excited to come on board. The mission, the work, the people.. all have been good. While I wish I could see myself here for 30 years, I simply have little hope. Not because of the situation but rather being told "you'll never get a raise, you'll never work your way up". How can one possibly stay at a job with that information? I'm not here for those things but it's discouraging. I was hired for a specific job and yet-right now - I could make more money if I applied as an administrative assistance. I just really think the system is a bit off around here.

209 There should be more oversight on printed/marketing materials & campaigns. Not only has it been an issue with VI that we don't know what we are being charged for. Especially when a program is signing off on a 1 Million dollar contract with them. Policies are in place for communications to approve and oversee public campaigns and yet there is no oversight once a project is initiated with VI. We are left to handle it ourselves and we not only don't understand everything VI is doing, when they do it wrong we have to deal with it. It would be beneficial to have a person from communications be our project manager. Usually when we ask for work from Communications we have guidance and help from the graphics or video team. With VI, we get very little support once it is set up.

211 Central office and county offices should not be allowed to order whatever they want when it comes to Agency Identity items. There are policies and procedures that people simply do not follow. There are ways you can bypass policies if you are able to keep it under \$5,000. I'm pretty much giving myself away here... but Communications track these items, generate reports, ensure brand consistency, offer smart cost saving solutions and ensure all legal responsibilities are met with items, campaigns, etc. Delivery is also important with these items because if policies are not followed, Shipping & Receiving will have to spend their time tracking everything down. It's wasteful and irresponsible. This issue has been brought up before but I've had little luck enforcing it. I really think some policies should be evaluated and enforced.

212 It would be nice if our video conferencing equipment worked. We really need it. Traveling is too expensive and seems like a waste of money that it doesn't work properly. We've been dealing with this for 2 years and we're always told the same thing... "OMES is working on it. or OMES won't respond to the problem and we are trying to get it fixed". What is the problem and why doesn't anyone care?

213 How come we only have one IT computer guy [redacted] who can work on our computers? That guy works his tail off but sometimes I have to wait days or weeks for my problems to be resolved. It's ridiculous. There's another guy too but I never see him because he helps the counties.

214 Could you please ensure that some employees are not allowed to park their vehicles in the towns they live in and use them to commute to the same building every day? It's not a widespread practice, but I do know of 2 cases where this is happening, adding 50 or so miles a day each for the state to cover.

Thank you for addressing those of us in the counties. For those of us that work in the smaller, more rural counties, I would really plead that you not cut our family planning clinics and move the services to the hub clinics. A lot of our clients don't have transportation or reliable transportation and must rely on family or friends to bring them to the health department for their family planning appointments. This is a major hardship for them. If this service is moved to the hub, they would have to travel more than an hour and most likely have a long wait time as well. It was mentioned that we (as in our clinic should devise a transportation system for them). This suggestion came from our regional director, who is not approachable for some people and very approachable for others. There is a transportation bus, but it is very unreliable and unless you have Medicaid; you pay and then again, a lot of our clients don't have the money for this. Right now we have an APRN coming 2 times maybe 3. Why not decrease that to 1 time. Why not utilize the APRN's in Central office to help with some of the family planning clinics so that services can be delivered. I would much rather continue with furloughs than lose family planning services in the two counties that I work. This is a much needed service, without it, our people will go without as they won't go to the hub counties, there will be increased unplanned pregnancies; increased STD as we find quite a few in family planning clinic and will catch many early dysplasias from PAP's.

215 As for furloughs, when I was hired, I work [redacted] counties. [redacted] days in [redacted] and [redacted] days in another. The coordinating nurse in one county has her furlough days on the days that I'm in her county so that services can still be delivered as well as in the other. Also, when there is a family planning clinic, it takes both RN's to keep up with the work load. Yes, there are some days it may be slow, but not many.

Also, if there has to be a RIF; can it not happen until after the State Audit is completed? This way we know exactly where the Health Department stands. Also a stupid thought; if our previous president can bailout the automakers, why can't we request additional funds from the feds as we are in a state of emergency, we have stood up our ICS (or whatever it's called).

When I joined this organization, it was to retire and there is [redacted] years to go. I still plan on retiring and retiring in the same office I'm sitting in right now as I have all the confidence in the current leadership we now have. I love doing what I do. I have done health care since I graduated high school and have done several different areas; from EMS, Respiratory therapy and now nursing. This has been the most rewarding job.

I do appreciate the opportunity to express my concerns. Thank you.

One area that we could have more oversight is money being spent on TV, Radio, Social Media, Print, Signs, etc. through outside vendors. There doesn't seem to be good oversight on contracts with an advertising agency on where the money is spent, especially when some of the work could be done internally at no cost.

216 One of the ways we could bring income into the Health Department is to make the Communications Department a profit center. We could charge the programs and services that have Grant Money for marketing solutions such as advertising, video, graphics and web design. This would put money into OSDH instead of spending on an outside agency. This is money that would be spent no matter what the state of the budget.

This income could be used to offset salaries, equipment or even fund other programs or services at OSDH. We have an excellent team that is capable of doing much more than does.

We would continue to use an outside agency when needed, but could bring some money internally. I understand there may be some rule against it, but it may be worth considering.

217 Would it be to revise our ethics rules back to the state level which currently we have been told not to take water or baked goods from our partners or any small denomination Christmas gifts such as a coffee mug?

218 At the bottom of this agency there are the people who are overworked and underpaid. As you go higher in the ranks there are people who are underworked and overpaid. The key is to find a happy medium where it is fair for everyone.

219

In an effort to promote transparency, I would like to see a link to a posting of the annual salaries of the top 60 wage earners in this agency. Start with the Commissioner of Health on down 60 names and their job position. And to be fair, go back 10 years so we can see if these folks received any raises and if so how much. List each year separately like on a column. Let's be transparent. Please have someone send an email out to everyone with that link. We work for the people of Oklahoma and the people at the bottom would like to see how much money the higher ups get paid. And if they are giving themselves raises while we go without. Thank you for all your help.

220

As always there are ways to cut back on expenses. We use and shred so much paper at county level it is ridiculous. I am one that feels like we don't have the correct hours of operation to meet out public very well. Especially in our small town, I believe that we could do a 12 hour day at least on the family planning day and see more females than we are now. That would be a good thing as we could see them after school or before. I am not sure 4- 10 hour days on the week we don't offer family planning and 2 ten hour days and 1-8 hour day and one 12 hour day and the day that we do family planning visits. This would allow the community to come after or before there work day and still be seen. I have also been thinking that if we are still needing to make cuts after the furlough maybe the staff that is affected by the furlough would be willing to work only a 36 hour week as a normal week. As long as we were still considered full time employees. I would be willing to do this for awhile.

221

Preston, I sincerely appreciate your initiative to open the doors of communication to all employees. This has been needed for a long time, but try to remember while moving forward a lot of county employees have felt disconnected for a while from the "state office" so please tread softly on the ruffled feathers. They only want to feel their input is valued and respected. You have some really awesome employees in the counties who all just want to be able to do their jobs to keep the citizens of Oklahoma healthy. I wish you the very best in your efforts to guide OSDH into what can be win-win for everyone! From what I see, you're off to a great start!

222

My concern: When/if the agency conducts the RIF if an area has bloat will seniority have any part in the decision making of who is to remain and who will be laid off . For example I have been with the State Department of Health for [redacted] years and have held [redacted] different positions during that time both classified and unclassified through the county and at the state level. The position I currently hold I have held now for [redacted] years out of the [redacted] My counterpart holding the same position has been with the Health Department for [redacted] years in the same position. Who has seniority? Is seniority going to play a role in RIF selection in bloated programs?

223

Preston, great job addressing the employees yesterday. I'd imaging you've been receiving a lot more messages since. I've been at this agency for [redacted] years now but have many years of state service. I just wanted to bring to light several issues I've experienced. First, the authoritarian style leadership you described as being gone now is infact ingrained deep within this organization. My director has to make all the decisions, I've often wondered why they needed my skill set & masters degree in my position. Since the director has to sign off on everything it is increadably time consuming to get anything approved or any decision made. I came from an agency where I was able to make my own decisions and plan to return the first oppertunity I get for this reason alone. I was only in my current poison for 6 months when my previous agency tried to get me to return and apply for a leadership position I previously wanted. I didn't apply only because I made a commitment to OSDH and didn't want to break it so soon. However, I've regretted that decision ever since. The one time my director told me I had complete control of a project I decided to get our partners input so they would have more buy in and they would ultimately be implementing. Unfortunately, when everything was said and done my director went against my/their recommendation. This comes to the question of why do we not have a better relationship with our partners? It's because of our authoritarian style leadership, at least from what I have experienced. I have even been told that staff cannot meet with or call anyone higher than their level, either internally or externally. So if we need an issue delt with we have to wait for our director to address it when or if they have time. Talk about communication barriers with our agency! Unfortunately, they run deep. Thank you for listening.

225

PHAB accreditation is careless spending. I hate that there are real people that may lose their jobs, but accreditation doesn't do anything for Oklahoma other than put a plaque on the wall. I don't know the total cost, but there are regional accreditation coordinators, an administrative program manager, as well as fees involved in the process. My guess is this is a total cost to the agency around \$500k/year.

226

The Vital Records project to move historical records to a salt mine in Kansas should not occur during this budget situation. In reality, these records are imaged, and if the historical value of the physical records are that important, department of libraries should be responsible for their long-term storage.

227

Thank you for being honest with us and speaking to us like intelligent people however, I do think referring to peoples livelihood as "bloat" is insensitive and disrespectful. I would like to see you think of us a people with feelings and dedication to the health of Oklahoma. Please consider being kinder with you words as we are feeling very insecure and fearful as a community.

Respectfully

I believe one area of strength within the agency is the very large, very well-paid center for the advancement of business. Many of us have never understood the scope of this department, what their value is, and have had a hard time connecting with them from the county level and receiving support in our local initiatives.

I also believe that as we look at re-focusing on our core mission, we should also look at how we structure service delivery of public health.

During the Cline Administration, OSDH moved into a much more "top-down" approach of delivering services, much to the detriment of county health departments. It seemed to be an attitude of "We are the experts up here (at the Central Office) and you in the counties need to do as we say or leave".

229 Many decisions that were attempted to be made locally by Administrators were either flat out refused by Cox-Kain, or there was such a culture of fear and intimidation that people stopped asking for what we needed at the county level.

I would like to see more control and decision-making functions restored to County Health Department Administrators. These are qualified, experienced, and educated individuals who have the added value of living within many of the communities they lead and oversee. This gives them added insight into specific health issues their communities are facing.

I would also like to see the program areas located at the Central Office function more as a "support" to the county health departments.

Thank you for listening to our concerns and ideas.

230 Who is responsible for reviewing and approving OSDH Organizational Chart/Structure changes?

231 What are the qualifications to become a Board of Health member currently and will they remain the same or change due to the current climate?

232 Last year, I attended a 2 day training for the Quality Improvement (QI) process. There was a trainer brought in from Missouri who was an expert in the QI field. The training was housed at the Oklahoma City County Health Department. I'm unsure if there was a charge for the room rental. While I learned a lot from this training, it definitely seemed like it was not mission critical and frivolous spending for an agency in major financial trouble.

233 If a supervisor asks you to work at another county health department other than your home base, shouldn't you get driving time charged to the other county? Also, since we would have to have comp time for going over 8 hours, then our base county is losing time. We are putting the other site on our Time and Effort so hopefully the other county will have to pay. I am sure my thoughts and tears are the same as the other OSDH employees but I just wanted to reach out.

I am a widow

[REDACTED]. I have only my salary to live on. I am one of the individuals who is exempt from the furlough because I do not make \$35k. I came to OSDH [REDACTED] years ago and I make the same salary as when I started. I have moved to two different positions in my [REDACTED] years but the moves have all been lateral pay.

236 I work two jobs. OSDH from 8am until 4:30 pm. Then I leave and go to my night job from 5-9 every weeknight and I do an 8 hour shift on Saturday and 8 hour shift on Sunday.

Honestly, I am scared to death each day not knowing what the future holds for me. I am [REDACTED] years old. I am not a "hirable" age so finding a professional job would be very difficult. I am [REDACTED] years away from Medicare so I am looking at [REDACTED] years of paying my health insurance which the state has been so generous to provide for my [REDACTED] years.

I feel so very betrayed by the leaders of our Agency and it is just not fair that we are having to bear the consequences of their actions.

Thank you for your time to speak to the assembly on Thursday. We were able to ask questions. While the meeting left us with many questions - still unanswered - I appreciate your effort.

I will keep you in my prayers and pray you have the knowledge and skill to put the Agency back on track.

Thank you for your time.

237 I believe it would save the Agency thousands if not millions to look into our marketing contract with VI. They charge outrageous amounts of money for design, production & commercials when OSDH provides those services for free. I understand we have to use them for ad buys and social media advertising but we don't need them to provide all those services. Also, we don't understand why things aren't more clear with what they are charging us. Is there no oversight on these contracts?

238 Please investigate Canadian County. The merit system is much like the one that was being applied at state. If you dig deep enough you will find rotten.

239 Our video conferencing equipment is brand new but unusable. We were told it's an issue OMES is working on but it's been two years. Sure would save tax payer money if it worked properly. I've been told several times that our Adobe software won't work the way it's supposed to because some features are disabled. They say it's to remain HIPPA compliant but how am I supposed to do my job when I have to continue to trouble shoot problems with OMES over and over again? The whole point of having Adobe is to create campaigns for the public. There isn't any private information being shared. Plus I take a HIPPA training for pete's sake. I know the rules! I don't even have access to private confidential records. Sometimes being over-cautious can be counter productive to the mission. Create a separate server or something, I dunno.

242 I think moving WIC into the central office would save on costs. We send mail back and forth often.

243 I believe better training about existing policies is needed. There is not enough information on our Administrative procedures and often things get overlooked. Everyone should have general training on how budget & funding works. Some people don't know there are policies and procedures on ordering items for their program.

244 is there a way to maximize billing? It is my understanding there are only 2-3 employees who are responsible for billing insurance companies and they have no prior experience with billing and coding. It is an expense but it seems like having someone with knowledge of billing and coding would be beneficial in the long run .

247 not able to view video yet

248 One of my biggest concerns is the cuts that are taking place. Dental and child abuse awareness programs, which directly impact individuals are no longer in existence but we still have funding for staffing for the Office of Partner Engagement and there area consultants, formally known as Oklahoma Turning Point Consultants to attend one monthly meeting to "engage" coalitions to improve health outcomes but we are cutting direct services? At one time this group may have been effective however it has turned into individuals attending meetings and leaving, doing nothing to cultivate the areas that they are responsible for. I am in hopes that the health department gets back to what our mission is.

249 Why would us [REDACTED] have to go through a RIF. if we are not the parties that created the budget shortfall the place to be RIF should be with the deputies and directors and supervisors that could of would of but did nothing to stop the misappropriation. I have been with the state [REDACTED] years but only [REDACTED] yrs with the [REDACTED] and even at the start of my employment we could not even get a glue sticks. i bought my at the Dollar Tree for a \$1. they even threaten to go through our draws and take any excess supplies Debra Nickles was apart of that project. i very mucn appreciated your talk with employees yesterday. i beneeve you caimed their rears.

As you examine aspects of OSDH that may be "bloated", please look into the Center for Wellness (CAW) and Office of Partner Engagement (OPE)

250 1)CAW- Large number of employees without visible public health impact.

2) Grants funding CAW might possibly implement at the local level (by current staff) as local employees know communities better.

3) OPE-Staff housed in the counties

are duplicating duties that can be performed by local health department staff.

4) OPE staff utilize local health department resources - maintenance and operation costs with minimal results. Primarily attend monthly coalition meetings that health department staff from that county are also attending.

would like.

This agency has the ability to utilize the Office of Communications as a marketing team. There is a potential here for millions of savings in just a few short years. I know there are things that I don't know or understand but there needs to be more transparency about our marketing contract as well as more oversight. There also needs to be an enforcement of existing policies.

Currently, there are ways to track printed materials & evaluate cost savings in the Office of Communications. There are also ways to film, record audio, edit & generate video social media campaigns. With all materials created to educate the public and support program services, the Office of Communications is responsible for ensuring our content is culturally sensitive & ADA compliant. Responsibilities also include ensuring that our branding & identity guidelines have been met, and our legal requirements have been properly practiced.

These responsibilities are not known or followed by OSDH staff or VI Marketing. OSDH personnel were told to go through the Office of Communications and it's even in our Admin Procedure. It's simply not happening.

251 So back to the millions in savings

I've personally witnessed many programs designing their own brochures and printing on their own. Not only does it look unprofessional but they are often not equipped with the knowledge about printing. I once saved Vital Records \$18,000 on a print job by using my expertise. Imagine what else can be done with that kind of money? Another example: A program area paid for VI to run a social media campaign. They were required by their grant to do this. However, VI charged them for design services, credit card fees & a few other questionable charges. Why? Let's say they had \$5,000 to spend on their required social media campaign. Well, VI charged them about \$1,500 to do design work that I could have done for FREE. That money could have gone to more Ad Buys. Those advertisements could have reached 10,000 more people.

I think there needs to be a representative from Communications throughout the project. Not just setting up a meeting between VI & the program. These programs don't know what they are doing. They just get charge for whatever VI wants to charge them for. I think that's insane! The program areas have also complained that they don't understand the jargon & are sometimes left out of the conversation. Should they be working on million dollar contracts and not understanding what they are paying for? Nope

I'm going to just leave it at that for now. I really appreciate being able to be heard and hope someone is willing to listen.

252 In my many years of working for H.D, I have seen the regional district be lead in this way: ADMINISTRATOR, ADMIN. ASSISTANT. Then we started a couple years ago seeing APO's. Last year saw, I don't even know what they are called, 2 or 3 people that are the administrator's "entourage" that follows them around or comes in place of them to visit the counties. We may not even SEE our administrator for months. THE ADMINISTRATOR did this job well by himself; who are they? They get paid more than RN's with BSN's.

Consultants:

253 Why do we have so many. I get it that we have grants (MCH, Title X); but we have so many. They visit yearly to make sure we have the correct forms, etc. for when we have federal audit every 3-5 years or so. We don't need multiple consultants; our DON and such can make this part of their job duties.

254 I have only worked for OSDH for less than a year; however I have worked for 2 other state agencies in the past. And the one thing that I find time and time again with state agency jobs is that there are so many people that don't do the work that they are paid for. I unfortunately agree that some people that work for OSDH and other state agencies need to lose their jobs, but not in a RIF situation because someone screwed up the department. Can you start looking at the people who don't do their jobs and start looking at the people who are not needed instead of cutting programs.

I know that this is a huge undertaking. To be honest, it's frightening to know that the people who are around you making decisions about what programs and staff should be cut do not have a clue about public health and how to improve health.

Public health promotes and protects the health of people and the communities where they live, learn, work and play.

Ask your team when you meet with them to tell you (and explain how the health department is addressing them) what the Public Health 10 Essential Services are?

The 10 Essential Public Health Services describe the public health activities that all communities should undertake:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

255

I know that it's about the dollars, but think about programs when you make final decisions. Asks programs to submit information about how they address goals Public Health is trying to achieve to decrease mortality and morbidity... Ask your statistics section, what health issues need to be addressed to decrease mortality and morbidity.. You probably just look at the OK Stats site you mentioned yesterday because I'm sure the work to determine this has already been done...

There are a lot of disgruntled people posting to this secure server.. Although some of the things they mention may be valid, others may be flawed due to perception. Hopefully you will distinguish between the two.

Thank you for this opportunity to provide feedback....

Hello. I work at the Center for Health Innovation and Effectiveness. You might be wondering what we do and why we are here. I wanted to take the opportunity to tell you. Our Center, or "CHIE" as we like to call ourselves, works to improve population health through innovative efforts in the areas of health care delivery, health care payment, and health care access. We also provide project management for high-priority statewide initiatives aimed at improving health.

I believe CHIE will be vital to transforming OSDH into the most effective version of itself. I recently read a statement that, today, a person's zip code is a stronger determinant of health than his/her genetic code. Public health is changing, and I know our agency can work together to align our priorities with this reality. I also know that CHIE will be an essential part to making that change.

256 Prevention and wellness, along with non-health sectors, must be a part of our public health infrastructure if we are to improve population health. CHIE's role has been aligning health care systems with these needs. For example, we have been involved in instituting quality measures within HHS contracts to leverage efforts towards these areas. We also played a vital role in the Governor's Health 360 initiative, which inventoried efforts across the state related to one health outcome (obesity) and assessed those efforts and investments.

I believe increased collaboration between CHIE and our agency's public health care system could lead to great things. Siloes in our agency have stifled the extraordinary talent of the staff at this agency. I hope that you will take into consideration how much we can and want to contribute to the hard work that is needed.

Thank you.

257 County Administrators really need to make sure they spend time in EACH county. Blowing in and out for a few minutes is not good for employee morale. CHD staff are stressed, and the absence of leadership only increases levels of uncertainty. Administrators should be a sounding board and a voice of reason and comfort. Their presence is vital during this hard time our agency is facing.

258 It's extremely irresponsible how we handle our PMPs. I fill it out myself, it doesn't greatly impact my job and then I end up grading it myself. Also, it forces it to be written in a way that doesn't work for everyone. It would also be nice to have goals for each department as a whole to encourage a teamwork effort.

another state city health department and another state health department before coming home. I do consider it an honor to work for my Home State. I have always maintained my State of Oklahoma Registration OSDH Occupational Licensing and have seen that program and process grow and evolve over the years. First observation is the top heavy Human Resources Division of State Government, there are so very many associated with this organization it seems disproportionate compared to the people employed, especially since my job was matched to me through a computer based program and not an actual person. Very large Over Sized State HR anyhow I was interviewed and ultimately hired and work as a [REDACTED] in [REDACTED]. I do inspections on a routine basis for restaurants, lodging, public bathing, respond to animal bites investigations, occasionally sell temporary food vendor permits, review plans for new food service operations, I interact with people everyday. Public Service is my life and providing consumer protection responding to complaints and being a resource for others is something I take great pride in. I say all that to say this, I do not have this position as a Health Inspector because I need to feel important, I truly care about making a difference in the lives of others, supporting the shareholders our clients the men and women in the communities that are providing a service too ie; the business owners, cafeteria lady, church camp organizers, main street directors, whoever. The second thing I noticed about the state was the large number of Leadership Teams, managers and Director types that there are, there are more leaders than there are employee that come in direct contact with the people, the clients, our shareholders and they spend an insane amount of time traveling to and from having weekly and monthly meetings it seems crazy to have meetings on top of meetings for hours and hours at a time, I have noticed the back conference room in my county the leadership group will be in there from 9am until 2 pm seriously weekly and when they call all the nurses together they are traveling from all over the place. There are so many Administrators throughout the state and they get together and have meetings also, its very unusual and again mostly these people that are considered Leadership do not interact with Any of our health department clients? I do realize that there is a certain amount of Directors needed to direct and oversee, but again there seems to be a very unusual amount of these folks with the title Administrator, Administrative Programs Officer, Administrative Assistant and Administrative Technician Are those all the same thing? Now the Admin Tech are the ones that actually man the office and see and interact with our clients, but the others only interact with themselves, again having meetings and driving from one county health department to another having more meetings. Perhaps a better plan would be to have our State Health Department Central Office and then regions and combining some of the repeat things that are done?

259 Third I feel like there needs to be a better assessment process of food service frequency of inspections (how often) and the number of licensed facilities and those numbers looked at in terms of who does what, For example the previous State I moved from was twice the size in terms of number of counties and when you look at the total number of State employees Oklahoma has twice as many State Inspectors? So for years you are hired to work for a certain Administrator in that territory and that county only? They pump of the times you inspect to make your annual number, its weird why you would not encourage an inspector to inspect in more than one county? Take a look at the number of inspectors vs. the number of Licensed Facilities and compare that to other States surrounding us...we can do better.

Forth: State Code compliance, so public health and consumer protection are related however a big piece of the puzzle that was noticeably missing is the need and value of Code Enforcement, when I asked this question I was told we allow due process and are a service providing agency and not about creating a hardship for businesses and business owners. I get it and I support the helping philosophy, however there is a very large disparity between providing a service, protecting public health and code enforcement. There needs to be a clearly defined legal process which allows fines and penalties for non compliance, for example my Food Code Inspection form has 58 line items those never change, what is so hard about identifying the essential elements of that document to serve as a more beneficial tool and effective for providing code compliance and protection to public health. I was told that a prominent business owner in our state who was a chronic repeat code violator (Braums Executive) also served as a Health Liaison? Not that I am all about fines and penalties but public health does serve the masses and sometimes you do need to hold businesses accountable for not spending the money to provide facility maintenance, employee training, and other violations.

Example: No Hand sink 1,500 fine Historically go back and look at the code enforcement cases and the length of time it took and the crazy due process it takes for any action to be taken at all?? We can do better... Lets look at streamlining this process

Fifth: Education and Training

So all our occupationally licensed professionals in our state are required to fulfill an ongoing continuing education component or CBU's to maintain said license, so what's wrong with requiring an educational component for our food service workers, at the federal level and other states they require at least each licensed inspected food service have a certified food manager there to be held accountable for the basic

260 IRENE needs to be updated. It's simply not effective when trying to find forms, policies or information in general about what program areas do. Why isn't there available information about what department or service area does what? Am I supposed to just 'know' ? The Administrative Procedures don't outline everything. If someone could restructure IRENE and make it easier to use that would be great.

261 a way to help morale.... jeans everyday, unless otherwise necessary...ie meeting with the public....etc

262 We should update our website. It's awful. It serves the public poorly. I work here and I can't even find stuff on there!

pression,

I appreciate your honesty. However the more we (my staff and I) think about your "bloat" comment, the more worried we become. We do not know what you think is bloat or what you think is important for public health.

264 You mentioned wanting people to stay. I'm having trouble assuring my staff and am worried for them. You can understand why they are working on their resume this weekend. I am also. I'm a program manager and have 12 years of management experience. I've also turned around departments in three companies. I would love to be a part of the solution but my staff and I need to know we will have that opportunity.

I hope you can address this soon.

Thank you for coming to help us.

Mr. Doerflinger,

265 First, thank you for the steps you are taking to place our agency in a positive direction. Many in the counties that provide frontline services have seen our agency and outcomes declining for along time due to "getting away from core public health" and trying to save the world through so many grant projects and community projects that are spinning their wheels with no accountability and outcomes/real #'s to show for it. I have been with the agency for [REDACTED] years and have seen many changes in the way we provide services and over time we have hindered the access to services that are really needed in clinic to prevent unwanted pregnancy, prevent and protect the public from infectious disease by replacing clinic services with "community outreach" by others who are not accountable or qualified to educate about such topics. Nurses are the front line that provide accurate prevention and do the actual "preventing and protecting" whether it be pregnancy or disease. As clinic services have been pushed as second place to community grant projects, teen pregnancy rates and std rates have increased. Health educators that go into the schools tie up costly positions that could be done by CHD nurses who are better qualified with degrees/licenses in nursing and special training in these areas. Health educators provide services mostly in schools who are in session about 7 months a year and leaves these positions with 5 months of quite a bit of non-productive sitting and getting paid as well as benefits. There is also no real accountability for their time and efforts. I know this because I supervise some of these positions, which is very difficult long distance and unable to know what is being done because the outcomes are not measurable and the rates of STD's and pregnancy have increased rather than decreased. It has all been part of the OHIP plan with previous leadership.

Secondly, I know RIF's may be necessary, being this situation has gotten so far out of hand that it may not be avoidable. You mentioned in the videoconference that poor performers need to leave the agency. I agree with this statement; however, there are issues with these long timers that are non productive because they have longevity. I have some great motivated nurses who are very driven to work hard and achieve productivity but they will likely be RIF'd due to their shorter time here. That is not always the case, but it is in some areas. Some staff are just hanging on and letting the new staff do the work and discipline has a history of not being a very simple/successful task in our agency due to our merit protection system. It would be wonderful, if RIF's were to be necessary, that the supervisor and directors have some weight in this decision at the local level, rather than the higher up merit system who have no knowledge of the staff. Staff who will likely be left behind, are likely to leave within a year or so to retire, and new staff will need to be rehired and thus retrained which takes at least 6 months. We have newer staff that are well trained and invested in and are doing great work, and now will likely be let go and we will start over. This doesn't seem right, although may not be unavoidable, though I would touch on this point. I don't know that the central office is always aware of this due to out of sight out of mind from the county level. Many of the staff that need to go are already disgruntled due to the many changes and changes still to come that it has created poor morale as well-they tend to complain about local leadership but it is really due to supervisors being the messenger of all the bad new or changes from the top. I appreciate your transparency and willingness to take feedback. I don't know that this has ever been available. You have a tough job on your hands, I hope you are here long enough to make change and enforce the needed changes. My plea is to divert some of the community work back to the CHD staff that provide the actual direct service to teens, infant, adults and high risk individuals. I think money could be saved by having the right individuals(clinic staff/nurses) provide much of the same services inside the department and outside in community, that are currently being paid out by grants that have gone by the wayside but CHD have absorbed into the gravy train benefit plan.

The purchasing process: the segregation of duties hurts more than it helps, and leads to redundancies, inefficient processes, extremely long delays in the payment of invoices, worst of all areas are in the complete dark on what has or has not been paid, and are then subjected to what seems to be a punitive IPO process for errors that are sometimes due to the finance department. The term contract monitor does not remotely apply to some of us overseeing contracts.

Training: In addition to the comment at the meeting last week about managers and supervisors being trained on the finance aspect, those working in finance need to be trained as well.

267 However, I'd venture to say that the problems, complacency the agency faces are due to a culture that has historically ensured mediocrity by keeping employees in the dark; stifling creativity; sending the message that managers and employees are not trusted to do their jobs or given the tools to perform successfully, etc. When employees are told they cannot receive an Exceeds Standards on their PMP's that devalues, degrades and demoralizes.

Going forward, the leaders should create a shared vision that should be fostered up, down and across the organization. The "us" vs. "them" mentality needs to stop. Most public health employees have a passion for what they do but the divide and rule tactic has created a host of problems that range from mistrust, subservient behavior, a constant need to cover yourself etc. all while squashing ingenuity.

269 Rarely saw the commissioner or senior deputy. And if you were not part of one of the senior deputy's pet services or 'Centers' you were just a 3rd class employee anyway. I wonder how much money has already gone to Orion.

270 Being treated like a criminal every day when coming to work is demoralizing. I would feel safer if the guards were looking out for people who are no longer employed at the agency coming in the doors instead of hassling people who are trying to come to work about how their cell phone might be some sort of firearm.

271 Since the financial crisis came to light, I have seen all county health departments being treated as cookie cutter. Freezing all hiring without moving individuals around where they are more needed makes no sense to me. Obviously a county of 100,000 needs more staff than a county of 10,000. I would like to see some reorganization based on population size as a consideration. There should be a minimum required for each county for staff as well as days open. Smaller counties can travel to larger counties to assist on closed days while larger counties can help cover staff when necessary. Cookie cutter simply is not a viable solution when each counties needs are so different.

272 Did you all make sure to revoke Cline's passport?

I appreciate your taking time to outline your vision to restore OSDH to a sound financial footing, and offer these comments.

First, furlough and RIF in business rarely generate significant revenue streams of the caliber you seek to achieve financial solvency. Recent history offers two examples: the collapse of Lehman Bros., in NYC and the hostile takeover of Forest Pharmaceuticals in NJ. Both started the same way, and both ended up losers. The victims were the most valuable resource to their respective companies â€” the employees.

This sort of action is futile â€” it takes diligent short, medium, and long-term fiscal legislative actions to stop the bleed and preserve the jobs of people who are on the front lines caring for the citizens we've been sworn to protect. Additionally, loss of local level staff creates huge gaps on our response planning that cannot be backfilled by volunteers because we just don't have that resource in abundance in rural Oklahoma.

273 Second, timing of this action at holiday season is disastrous. Why? This is an unconscionable business practice and serves only to demoralize the remaining workforce. When the governor and the legislative leadership announced 23 Oct that the budget had "something for everyone," did they consider the absurdity of that statement?

Thirdly, leadership must revisit the course of balancing a checkbook. This is not rocket science. Money comes in, money goes out and you must stay in the black. Taxpayers are much more receptive to a government meeting needs with a budget surplus than government turning to them for a bailout. My parents taught me that if you don't have the money in your pocket, don't buy it -- and don't borrow unless you can pay it back on time, every time.

Lastly, transparency is only as good as the window one looks thru â€” if you want to stay out of the headlines, keep your WindexÂ® and paper towels handy.

Thx for listening --

Preston,
274 The State of Oklahoma is Hemorrhaging financially...Are you interested in creating revenue for the people of Oklahoma? There are neighboring states who have no worries about paying teachers or giving state employees raises...they have replaced their bridges and roads...created new jobs...every tax payer received a tax refund because of the excess. Please use any creative way to generate revenue for the people of the state of Oklahoma and stop the financial hemorrhaging of Oklahoma.
Thank-you for your time and consideration,

275 The amount of hurdles we have to go through to meet with other people (due to unwritten overly diplomatic rules) impedes our ability to make progress. To meet with someone at a certain level or higher I have to ask my supervisor who asks her supervisor who asks another supervisor who tells the supervisor who asked who tells the other supervisor who asked who tells my supervisor who tells me. It reminds me of the old joke - "how many state employees does it take to (fill in the blank with anything)." The joke isn't funny though because it's true. Also, the sheer volume of people required for approval for grant-required items is mind boggling. We have stayed in a steady state of asking for extensions from funders because we are awaiting internal approvals. This should be neither common practice or acceptable. After years of micro management, people seem to have accepted the status quo of tardiness and half-completed objectives. It is my desire for this agency to use this transition as an opportunity to streamline protocols allowing the hard working, content area experts here to push forward. We will never move the health needle as long as the overly cumbersome micro management exists.

276 Maternal & Child Health has several administrative assistants who, by their own accounts, are often under-tasked. No reason for there to be so many individuals doing nothing, or duplicating tasks.

277 Why aren't we billing private insurances??

278 Metal detectors. I suggest we get rid of the metal detectors or everyone has to go through it. The people that were fired/resigned were not required to go through them. They are the ones that obviously could not be trusted. It seems like this is a wasted expense to make every employee go through these things.

279 One suggestion for our agency is to ensure that Directors and Program Managers have full access to information regarding budgets. Often with grants, programs can track spending. However, with rotating funds, it always seems that full disclosure is not received. Therefore, some programs are not even told how much they are bringing into the agency. During the last few months, it seemed as if weird things were going on with the budget meetings. Funding was missing or programs were told they didn't spend the money in time for grant requirements. Programs have had to stay on top of the funding and their documentation. When speaking up, programs were not appreciated and frowned upon.

280 Suggestion: When a change is made in security I suggest a notification email is sent to all employees of the change. 1.) We are asked to badge in at the metal detector and again 10 feet later. We have already badged in at the gate to enter the parking garage. This makes no sense to the employee to badge in three times. 2.) now the employees are required to show their lighted cell phone screen to the guard when going through the metal detector... this makes no sense to the employee. I asked the guard why we are doing this and he was happy to tell me why. He has been called names because he is required to ask this of us, but employees are taking it out on him. He is just doing his job. Employees are stressed and it is just one more log on the bonfire. Security has asked [REDACTED] to send an email to the employees so they understand when and why a security change is made. It is only consideration to the employees and to our guards when these changes are made. It seems this is part of transparency.

281 I have been in this agency for over 11 years. Though some areas have seen "bloat," there are many programs that have had to function "very lean" while still serving huge populations (like all babies in the state). These programs not only did their job, but have been nationally recognized for their efforts and have been examples for other states. These programs have functioned with being understaffed (i.e. long periods of unfilled positions due to hiring freezes), limited space (i.e. not all staff have a desk much less space for equipment/supplies for county items), money being taken away (i.e. non-line item funding from legislature), and physically unhealthy working spaces. It was mentioned that environment matters. However, the agency has trained the staff not to expect adequate care and respect. For example, floors have not been vacuumed for several years unless staff wanted to bring their own equipment and do it on their time off. Another example is the ceilings that either have massive dirt/dust or possible black mold. Our office has experienced more sickness as well as more staff having to get on weekly allergy shots. Differences are actually noted when staff are on vacation and leave the building. Though some of this could be physiological, it seems like the physical environment also plays a part. Staff are constantly expected to function at a superior rate while being treated inferiorly.

282 Suggestion: Reviewing programs and spacing to determine needs. Also suggest looking into possible health concerns that would prevent employees from being healthy which reduces productivity. PMP ratings: We are not allowed to receive an overall "exceeds standards" on our PMP because the overall health rating in the great State of Oklahoma is poor. We can receive an "exceeds standards" but not the overall rating. This really brings down employee morale. We haven't been able to get a cost of living or pay raise for 11 years, now we have taken a 10% pay cut. Most of us have assumed the jobs of others as they have retired or quit, we work our heads off and we can't get an overall exceed standards no matter how hard we work. Could you please change that? We have our PMP's next month. Please consider this change. Thank you.

283 I for one am desperate to know the state of my job and whether payroll will be met. I have been a dedicated employee for [REDACTED] years. My income is the main income for our household, I carry insurance benefits and life insurance benefits for my husband and I and our son. I MUST have time to find an income source if the Health Department is going to dissolve. Even a temporary restructuring is not an option for me. I can't go without income. I won't go into my feelings of frustration and true sadness over the position the Health Department is in financially. Besides my possible loss of a job, we have clients who use the Health Department as their main health services. The possible impact to our community is huge.

Please keep us posted on the financial situation of the Health Department, I for one need time to adjust my bills and look for a job if necessary. I feel like we've been ignored long enough as these decisions were being made which impacted our very jobs. Please share what is going on with payroll alone. I really need to know for MY peace of mind. Whatever the answer is, I just need to know.

Thank you.

286 It seems apparent by social media comments on press releases from various sources that past employees from all ranks had expressed misconduct and their concerns were not taken seriously. Perhaps contacting those past employees would give more insight of what appears to be just the tip of the iceberg. As a Manager of county employees I hate and am sickened by the fact that we/they will possibly pay for the mistakes and incompetence of those above us for which we had no control over.

Topics of concern:

1. Supply Shortage/Vaccines for Children: Traffic does not come into the Health Department because supplies/vaccines are not available. When vaccines are not available at my doctor's office for my children, I know that I cannot come to the Health Department. I have private insurance, and all of the vaccines my kids need are earmarked for the Vaccines for Children Program. The supply is often backlogged, and Central Office will not send needed vaccines for those with private insurance.

287 2. Please research and educate yourself on the Tobacco Settlement Endowment Trust (TSET), and the grants held by the Health Dept. The grants are 100% funded by the trust. It has been very confusing for us to be included in the furlough. TSET pays for fringe, benefits, salary, and even allows for 10% admin fees. In certain cases this can total \$30k. These programs are 110% funded once you think about it.

3. There have been several instances where inefficiency has been a deterrent. The Central Office sends the Health Dept. verified payroll reports to be reimbursed by the grant. Unfortunately, these verified payrolls are sent 3-5 months after the fact. If these reports were sped up, money would be returned in a more timely manner.

4. Financials. We have had various talks with the financial department in Central Office in determining fringe amounts to be charged in grants. The numbers often vary from person to person, and do not always make sense in how they are calculated.

288 We all are aware that the budget is the main priority as we are in much need for funding. I am in high hopes that within changing of senior leadership that new leadership will come out and visit counties. There is a lot of turn over within Region 1 and these individual county health department locations. Much concern and discussion has been conducted with grievance officers and others to help with how staff is treated by administration. There continues to be nothing done and eventually these individuals that do voice concern are retaliated and ran off to take jobs elsewhere. We continue to see it. And for those of us that continue to stay we continue to be directly and indirectly bullied to the point if we do voice concerns or question administration this is held over us for a long time and at times are humiliated in front of our peers. We have lost some great staff due to the amount of workplace hostile environments that are created by our administrator. I myself continue to avoid at all costs interaction with my administrator due to the lack of job opportunities in my area. There have been a dozen complaints that have been filed down state and nothing gets done. I myself have tried to file a grievance and the individuals that over see that in so many words told me there was nothing she could do to help me. We have a code of ethics that we are supposed to go by and that are expected of us however we continue to be treated with no respect and expected to work within a hostile work environment. I am in hopes that when the budget is worked out that one day we can be heard out here in the rural counties within region 1.

289 I have heard that there was quite a bit of money that had accrued as a result of assisted living deficient practice penalties. I have also heard this money was to be used at the 'discretion of the Commissioner.' This may be an area to look into. There are also substantial funds accrued for the Federally certified nursing homes deficient practice citations. Hopefully, there have not been any federal funds mishandled!

290 For those of us who are not vested, are over [redacted] I'm [redacted] and are at the low end of the point system (like myself) and very likely to be affected by the RIF my suggestion is that you give me and others in my category the opportunity to know asap what our status is so this waiting in the dark can stop. In my case I need to file for social security so that I will have an income since I will not be eligible for State Retirement (until I am [redacted] years old). To apply for SS I need to know my potential income for 2018. If I don't know whether or not I will have any I cannot answer a very relevant question about 2018 income earnings and therefore cannot file. I am sure there are others with similar needs to mine. (non-vested and in the SS income age bracket).

I am sure if there were enough people like me willing to go the SS route it would drastically help drop the numbers of those that have to go. Especially those that still have a career life ahead of them or want to make the best of the State Retirement they are vested for. (The stress here is ungodly and I am aware of two employees who filed grievances against each other in the last week).

Thank you for listening.

292 Currently all clerical staff, AT, AA, all make the same amount no matter how long they have worked here. We have come that have been here for 28 years, and the ones coming in that have been here 1 month make the exact same pay. Will this ever be addressed?

At one time, new employees were making more than the ones that had been here for 10+ years!!

293 We house staff in one county and pay them to drive to work in another county every day. Why not hire them in the county they will be working??

I am an employee of ██████ County Health Department and have a few suggestions that I feel would improve budget shortages in our county. First, apply a mandatory fee for repeat STD testing. We see multiple client's that come in routinely for testing because they choose not to use condoms. I believe there should be a limit on the number of times a client can be tested, free of charge, each year. I also believe that client's that are treated for an STD and do not follow the no sexual contact for 7 days from when they receive treatment and for 7 days from when their partners receive treatment should have to pay for the medication to be
294 retreated. Second, women that continuously come in late for their Depo shot should be charged for the required pregnancy test that must be done in order for them to receive their Depo. Society has developed an "entitled" type attitude that has become acceptable, and people are not being held accountable for their own actions. Lastly, I believe that the Cherokee Nation should be approached for funding/donations to go towards the services we provide to it's citizens. For example, the Cherokee Nation does TB quantiferon blood draws on all of their employees and when the results are positive they are referred to the health department for evaluation and treatment if necessary. We have also been getting client's that usually go to the Cherokee Nation for birth control and well woman exams that were no longer able to get in to be seen at CN clinics due to staff shortages. I know that we often partner with them to promote health events.

Submitted from a member of staff.

I do have a question about the video conference.

If Mr. Doerflinger has kept his title Secretary of Finance and this allows him to be in on budget negotiation, how is that not a conflict of interest? I am NOT being negative or trying to speak badly about the
295 situation. I am just trying to understand it in my own head. You have taught me to always consider the possibility of a conflict of interest and to remember pursuant to the OSDH Employee Ethics Handbook, a conflict of interest arises when an employee participates or takes part in any action or proceeding on the part of the agency which would result in financial gain or personal advantage to the individual or others. I understood this to mean "myself" or "other employees" but how does our "agency" not fit this description too?

Just in case he needs/wants to address.

296 You the leaders are taking the fat from the poorest people and not from the top where it should be trimmed.

The Parent Pro Pilot program is in 5 counties as a pilot project to prevent child abuse and produce healthier babies and teach parenting skills to new and previous mothers. This is a home visitation program. The previous Agency Leadership elected to cancel the program and terminate all the staff. This program provides services to more residents than any previous home visitation program. In Creek County the current
299 caseload is 57 families being provided services and 28 families on the wait-list for services. There is one staff vacancy for a Social Services Specialist. These services in Creek County are provided by 2 Registered Nurses (provide medical oversite), 1 Social Services Specialist (provides direct services) and 1 patient navigator to recruit and advertise the program to make residents aware of the service available. This is an excellent program with very good outcomes. The family is followed until the newborn is 4 years of age. It is my opinion that the program is well worth saving. The staff has been trained so no more expensive training will be involved. I realize that funds are short at this time but perhaps that local funds could be used to fund some of this program. Thank you for your consideration. Almost two years ago, under Julie Cox-Kain's direction, the Health Promotion office was closed. This office provided the strategic direction, evidence-based programming, and support necessary for local county
300 health departments. It is vital this office is reopened to improve health outcomes and provide the most evidence based strategies to the people of Oklahoma. Staff from this office were reorganized and are expected to continue providing health promotion to the residents of our state while also performing the new job Julie directed them to. It is important for the state health department to reopen the Office of Health Promotion and align the right departments for the sake of improving the lives of Oklahomans.

I have worked for the state for ██████ years and ██████ state agencies. When I first came here I felt like OSDH was a dictatorship not a state agency. I would also like to clarify that we are forced to be involved in the State campaign by forcing our division to be involved in some kind of fundraiser for the campaign. We were told last week that we are not forced to do so, but that is not true, it is all about perception, not what the
301 higher up management want people to believe or make them look bad. That is not being "real" with everyone. Second it is very frustrating when we here things on the news before we hear them from leadership. For example the situation that is going on now. To piggy back on that we came to work and were surprised that we had to go through security. No one informed us of what was going to happen, which lead us to believe that this agency continues to be in secret. Third it is hard to work even for directors. They can be very controlling (fear of being real and human) and it puts a huge toll on work performance for the division. It is so hard to wake up each morning knowing that I have to come to work and have a thumb put on my every move. The truth comes out whether we confide in a friend or ask our church to pray for us because of the management from this place. I do not feel that I am respected or valued at my job. That my opinion matters.

I understand that we are close to implementing additional fees for some Programs that currently are delivered at no cost to the client. The services are STD and TB. OSDH has traditionally chosen to not charge for these services due to the negative impact that charges would have on our public health mission.

302 I want you to know that North Carolina has a statute that permits the health department to send claims for STD and TB services to third parties (Medicaid and private insurance carriers) but forbids placing charges on individual client accounts.

Please pursue such a law here before agreeing to implement fees that will aid in the spread of these diseases in Oklahoma.

303 Preston, I am so grateful that we appear to be on the right path. Thank you for making this your priority. This is my [REDACTED] year with OSDH and I am passionate about my programs. I had been considering retiring after I became eligible in September. However, now I have hopes that the fear based management we have been living under is a thing of the past and that "transparency" is now what we can look forward to. If there is anything I can do as a worker bee to help please do not hesitate to ask.

304 Suggestion to evaluate counties that have millage that reimburses the state for employee salaries to not have furlough days. This does not save the state any money and looks bad to both tax payers and the county commissioners that we have the money to locally pay staff, and are limiting the services we can offer.

306 I would like to request the state evaluate what we can approve to be locally purchased by counties with sufficient budget such as vaccines and medications that we are unable to obtain from state at this time.

309 We have been told that all of the Galt employees will be gone at the end of the year. If OSDH get the appropriated funds to help with the budget, will the Galt employees still lose their jobs on 12/31/17? Thank you [REDACTED]

311 In the video conference it was stated that all accreditation efforts would stop, due to lack of return on investment. I wanted to make sure you are aware that currently there are 4 counties who are in the middle of the process; 2 with action plans due in Jan, 1 waiting for a site visit and 1 that has applied but hasn't submitted documentation. I am just what your thoughts are for those counties, since money has already been spent? We would kindly request that every area and department be re-evaluated with equality. My colleagues and I come in every day like every other employee, work on our projects, and aim to create a healthier Oklahoma. At times, we have worked over 40 hours a week and give our all to this agency. Unfortunately, it feels like a target is on our back because we work in a "Center." This is unfair. No one should be punished based on who they fell under in the organizational chart. We also feel betrayed by the former Senior Leadership. We hope that future changes are not based on retribution, but take into account what actually impacts public health. Thank you.

313 I think to most all of us in the county health departments we are clear that programs will be lost in order to achieve the return to core missions. While it is encouraging to hear that representatives from the health departments will be at the table I hope that means more than just the Regional Directors. I think District Nurse Managers are a great source that know the day in and day out of clinical functions in the health departments as well as Business Managers. They also see directly the importance of the programs in their communities and those that are not as helpful. It has been nice getting more information than we have ever been given in regard to our communities futures.

314 Before I moved to Oklahoma I use to work at a health department in North Carolina. We had hours of 8:30 am - 4:30 pm every day with a one hour lunch. We only worked 7 hours a day and 5 days a week--so we were only paid 35 hours a week to save the state money. I thought it might be an idea to save money for the future? Also, maybe charge \$1 for birth control pick up for patients? I truly hope you figure out a way to save jobs and prevent a reduction in force.

(1) It would be wonderful if the County Health Departments could partner with area vo-techs to foster and increase work-based learning opportunities for those individuals who are interested in working in public health (Admin & Clinical). Internships and Apprenticeships would be a great way to strengthen Oklahoma's workforce and provide on-the-job training. Possibly through scholarships or grants, that would not have to be funded by OSDH.

315 (2) For Early Intervention/SoonerStart referrals received from the Department Of Human Services for foster children, age 3 and under-we currently have 3 separate agencies that touch the referrals. DHS faxes the referral to County Health Department employees that process the referral including assignment to Department of Education Resource Coordinators, who in turn coordinate services for the client. Currently, there are 3 separate databases (KIDS, PHOCIS & ED PLAN) that are not common to the 3 agencies. Would like to see the overall process reviewed and possibly streamlined with the goal of 1 central data base between the 3 agencies.

First of all THANK YOU,

I hope that now some of my frustration will be alleviated. Yes! I have been screaming for transparency and communication.

Hopes for a brighter tomorrow with core public health.

316

STOP - lead testing in WIC - soonercare providers are paid a monthly fee to provide services to their assigned patients. WHY do we do this testing at the health department also? WASTED Money

Stop with duplicating services that the private providers are able to bill for through OKHCA and should be doing as part of their care.

We should get back to competently monitoring and identifying community health problems and hazards, communicable disease, disease prevention and education, along with emergency management. doing tasks such as: Immunizations, WIC, Family Planning, STD's and communicable disease.

Good Evening,

Although I have been an employee of the State of Oklahoma for many years, I began working for the State Department of Health in [REDACTED], Oklahoma at [REDACTED] County Health Department. I accepted a position as [REDACTED] in the [REDACTED]. From the beginning of my employment, I had questions about how my program was handled. This was a Federally funded program. I researched the grant to determine how the program was to run. I had many questions that could not be answered. There was a certain amount of funding for my program, but my coworkers and I were never really able to access this money. We spent our own money to supplement the program needs. There were many reasons, I believe that this program did not become permanent. From day one we had problems getting our training. [REDACTED] was a program that was more Social Service minded, it could not be handled like a community nursing service. I could go on, and if needed will continue, but right now, this explanation is not needed.

Another reason, and this is only my educated opinion, it seemed as though the program was never supposed to work, it was used to get a small influx of money for a program that was purchased at the same time. I remain here at the Health Department because I believe I can be of some help. I and many others have shown that we are willing to jump in and do anything that is needed. I have seen many capable people (employees) try to make positive change in our local public health agency. Many, including myself have applied for positions with higher authority and more responsibilities hoping that we could affect our agency and community.

318

Again, I have worked at [REDACTED] and have seen agencies who try to promote from within, and those who do not. The morale of the employees is affected by their belief that they are not valued. Many employees leave OSDH, because Administrators and the State office would rather hire from outside instead of retaining good dependable workers. I applied for a position and was interviewed 3 times. Each time they hired someone from outside the Agency. We could cut costs just by hiring from within, because training would be minimal. We put give brand new employees, with no experience with supervising, no experience with the department, no interpersonal skills, and no training supervisor positions. We use people with master's degrees to deliver cars or as go-fers. We abuse those that dare to make suggestions. We have a county health department where the client has to see 6 employees to receive family planning services. Would you want to see 6 people if you went to your doctor's office.

The agency is top heavy, and it seems that the higher a person moves up, the less that person has to do. I do not have a problem with a good work ethic, but it seems that those without my education work awfully hard, with very little gratitude.

We have completed many surveys about our morale, but no one listens to the employees, or they would understand why we have high turnover. My coworker had a paycut of \$3 an hour, at the same time we hear that persons get raises of \$17,000.

I wish you luck. And I will continue to do the very best that I can do at my level. Thank you for your courage.

I have been here about 2 1/2 years; I have an accounting degree and came from a university setting. I work in the counties, and my first question as a new Business Manager was "what's out budget?" And was told, "you won't be able to get to that number", which seems to be true:

County employee salaries are budgeted at the state level, with almost no input from managers. The funding changes monthly - now we know because of short cash.

The counties cannot always get medical supplies or vaccine, which affects our services, and reduces revenue to the agency. We haven't been allowed to purchase vaccine locally, which reduces our services through no fault of the county.

The counties pay for "Unique Program Expenses" (grant expenses), mark "reimburse" in our expenditure program, tell out county commissioners that we are being reimbursed, but the funds are never returned to the CHD.

I talked with financial employees and internal auditor about this UPE problem, and pointed out that this was grant mismanagement.

319 When we went for our county budget meeting in the spring, which by the way is a joke - it's not a budget meeting, it's a way for the state OSDH to see how much millage they can take - we were told "OSDH cannot pay the people we have."

None of the issues that are coming out were a secret. Every AA in the state knows they don't get cash back for the UPE expenses. Every county knows that revenue due back to the CHD's is not returned. But these issues have never been addressed. Just glossed over. In September this year, CFHS told us that they received a promise for an additional \$6M from CHD's county millage; but while they were asking for it, they still lied to the CHD Regional Directors and let those Directors lie to the County Commissioners, employees and counties about why we needed more funds.

On the revenue side, it is evident that medical billing is not done properly. We hired a new COO 2 1/2 years ago, and my understanding is that we do not have one single new contract with an insurance company. Claims are not worked in a timely manner, and then it is usually too late to bill Medicaid. The billing used to be worked in the counties. Maybe we need to go back to that. We know our clients, and maybe the billing mistakes that I track and work with Central Office to correct would be decreased.

Our Finance department has not been responsive; the travel claims for County employees are often delayed with no explanation. The Assistant CFO stood in front of all the Business Managers last fall (Nov 9), and told them that the state travel rules had changed November 1, that he only knew about in October. He sounded like a liar, and I believe he was lying. If he wasn't lying, then he, the financial staff, the legal staff and our liaison were all incompetent.

Here's what I would like to see to help the CHD's and the state:

320 The health department got rid of the dental education in the county health departments, but Dental Health Services still has a director, is there a reason for that?

321 By now I am sure that you have received multiple messages with suggestions that we should start charging for services for things like STD. While I can see some good that would do in possibly bringing in a little money or maybe just covering lab cost, I also can see a world of harm that could create. Most of the clients that we see can not necessarily afford things like this or they would go to a primary doctor. While the thought of charging seems great to most nurses that I have visited with I would caution you to consider the ramifications. Think about the syphilis outbreak we are currently still fighting. Consider how most all of these people did not just come in willingly at first and most would have never been able to pay for treatment. Had they been charged for treatment many of these citizens would have just lived with the repercussions of having the curable disease. I feel that the same would happen with most other treatable diseases if we are not careful in what changes we make. I am a social worker for the department and have worked here around [redacted] years. I deal with the indigent daily and feel like I have a good grasp on most of our clients financial systems. With that being said I do see some modifications that could possibly be made to things like the time frame in between testing, risk factors, etc. where we could have some money savings in that capacity. I do know that we refer out numerous people for TB testing for jobs and schools. I do think that this may be a better way to charge clients. TB skin testing is cheap and doctors offices are charging for that and for clientele that would be able to pay for it. Thank you for taking the time to read and consider this and I do beg of you to think holistically when considering taking payment for services and the affect it could have in the long run.

322 I am a under [redacted] year employee here at the OSDH and since my time here at the agency I have several concerns. Over the past several years I have noticed that there is a lot of OVER spending, travel that could be avoided with just a video conference rather than spending time and money on travel for a 1-3 or 4 hour "meeting". I have come to notice in the main office as well as other sites a lot of " remodeling" or 1/2 done remodeling, a lot of space wasted / offices not used. I am an advocate for the public and I see soo much wasted funds and a lot of people that are not held accountable for their actions. Who monitors these expenditures and how could that be a priority when the state is in such a crunch / need for money? The employees don't get raises and are expected to live off a salary from 10 years ago, the cost of living goes up seem like every month and the employees are overlooked and are expected not to have any additional yearly cost because they are " state" employee's. The insurance is over priced and is not beneficial for the employees and their families. I love having a job at the " state" , but the picture I was painted did not turn out to be as beautiful as I dreamed it would be. People that are not governed have a license to run loose, that include all people! I believe there is hope for the OSDH and the agency as a whole, this will take time and a lot of man power. Revamping the whole system is necessary and will come at a price, but the price will have to be paid. Every fish isn't bad.....but every fish isn't good either!!!!

Thank you very much for volunteering for this role. I appreciate your hard work, honesty and transparency. I will be honest I feel naA ve and betrayed.

323 I work in a very small clinic in a county with three small towns. There are no doctors in this county. The past administration had intentions of taking away our (annual exam)family planning services. I beg you not to let this happen. We have very young girls that come in for confidential services. What will happen to those young teens? I do fear an upswing in teen pregnancies for the smaller counties. Although I wish it weren't a necessary service, we will never be able to change young hormones. It is hard enough getting these young girls across our small town to the health department let alone another county for services they wish their parents not to know about.

Again, I wish to thank you for your service to our department and to our state.

324 Approximately 40% of STD clients seen in Cleveland County are Oklahoma county residents. There are several reasons behind this. Cleveland County doesn't charge and at one point (prior to the furlough and short staffing) could get an appointment easier. If doesn't seem fair to Cleveland County or the public health lab to see these clients. I actually didn't think it was unfair for former senior leadership to ask for reimbursement. Is this a possibility? Is it possible that some services need to be rendered in the county in which you live? Just some thoughts.

We need to start with training, resources, partnerships, structure, purpose and leadership.

As a newer employee I was shocked to learn that my new employee training was to spend all day learning the organizational chart. I feel that it is important to understand the different departments but I learned nothing about how to do my time, travel or my job. At the county level there is no system in place for new hire orientation or training either, I had to train myself. While my position falls under community services I have no department or department head either. I am trying to market the health department and its services with little to no materials. It feels like there has been no investment in the employees or the health department itself. We have very little presence in the community. Rather than the public hearing about all of our problems they should be hearing about the positive things we do for the state and why we are of value. they need to know the services we offer such as flu shots, WIC, health education, etc. When you ask someone about the health department and what we offer, I often get immunizations or pregnancy testing, if they can't answer that question and if they don't know what we do then they aren't going to come through our doors.

325 People have said they stay away from us because of all the paperwork. For people with regular insurance it is just part of it. But those that struggle with health literacy and have to rely on public services it is often a barrier for them. They get frustrated and feel invaded, they often have problems keeping up with personal materials and records. I'm not sure what we can do to work on that. Its bad enough when they walk through the doors it is an uninviting environment. We sometimes lack leadership and the resources to implement strategies to reach our goals. Instead of working like a well oiled machine we are so compartmentalized that we don't work together, not only county vs. central office but also within each individual office. We also are very inconsistent in services from county office to county office, lacking in standardization and fidelity.

I feel that partnering with other state agencies as well as the Tulsa and OKC health departments would be valuable. We are all working towards the same goal. I think they are great resource for sharing information and knowledge.

I know I am asking a lot since there is no budget but I think we are failing in not applying and using grant money to help us reach our goals. We also are all over the place in our technology and way behind using outdated platforms (website and Irene).

It is no longer a matter of doing more with less it is a matter of the health departments are as underserved as the population they reach. I think the health department can be turned around and reorganized to meet the needs of the state and its people.

I am happy to be a part of the team and do what I can to be effective in my position with what I have, but I feel that we are being held back and with the right leadership we could be so much more.

326 Each unit in Financial Services needs to be reviewed to determine workload distribution vs. number of staff/positions. There are revenue-producing units working with very limited resources while other units have more resources than needed.

327 There is a concern related to how fundraising money is currently being handled in the central office and the lack of accountability in maintaining these funds.

329 I know some counties are self-sufficient and are able to reimburse the state for expenses and salaries. Hopefully this is considered when possible RIFS come in to play
On Monday, November 6th, we received an e-mail to give us the "highlights of the conference". When I watched the news last night I was shocked by the omitted highlights in the e-mail. Not once was there mentioned the possibility that over 2000 employees could lose their jobs or that Governor Fallon was opposed to appropriating the funds needed to make next months payroll.

330 These type of omissions have always plagued the communication system from the State level to the County level. I was very excited when Secretary Doerflinger was put in charge. I felt that finally someone from the outside is seeing what we have been dealing with and changes are coming. Then less than a week after Secretary Doerflinger tells us that we will be told all information before the news I hear from the news about the possibility of loosing my job.

How can anyone have confidence in our agency if the same people are continuing with the same nonchalant attitude about communicating with the counties.

331 Hey there. I work in [REDACTED] and I know my boss has said multiple time that the folks in finance have moved our money around and she doesn't know where it is. I know you already know that there was shuffling going on but you might check the Title X funding and see where that went . The last I heard we was missing 10 million dollars. I love my job and I love the people I work with. I'm a single mom and I can't afford to be laid off or not be paid for a month. I'm concerned that the legislatures are not going to help us out. I mean we've got people calling us terrorists. This is a crazy and a very SCARY time here. I appreciate your communication with us via the meeting over at the auditorium but while everyone else is putting their faith in you, I'm just a little more leery about it. I don't feel secure in my job and that is something I've always had in my years here. It's awful. Please look at the Title X funds. That is our federal money and we can't find it. We desperately need it.

332 I don't know if it is possible but I am having a hard time trusting the senior management that is still currently employed and advising Mr. Doerflinger. Many other employees are concerned as well and it would be nice to have some reassurance that the leaders who are still employed were not part of the mismanagement and are looking at the situation objectively.

333 Suggestion: Why don't we have all these "Mandatory" trainings done via VC and recorded with sign-in sheets i.e. culture and ethics? this would allow for services to continue and each CHD to schedule their own individual time to take the "required" trainings as well as prevent having to pay for travel.
I would like to express my opinion on the furlough. I feel that everyone, regardless of salary, should take 1 day instead of select employees taking 2 days. I have read the opinion/rationale as to why it is being done this way, but I feel the dire situation would be taken more seriously by all if it was required. I have heard employees not affected by the furloughs refer to it as their "free day" when the nurse is on furlough,
334 discussing bringing reading, sewing, etc to be done on that day. Also, if I am required to take a furlough day, I feel I should have input as to which day off is best, and that is not at all the case. The furlough day is being prescheduled for me.

335 From what I have seen, our agency has the tendency to try to control outside partners (even when we're not in charge). We have got to learn how to be team players with external partners rather than an all-controlling entity. We have damaged relationships because of this and it makes people want to avoid working with us. We also force people to wait for forever for our agency's approval (even when it isn't necessary) and stalled external progress by our utterly absurd approval chain. All of these fail-safes haven't kept misinformation or misdeeds from happening. We need to avoid punishing the masses who are doing right through eternal thick red tape intended for those who would do wrong. People intent on doing wrong are going to do whatever they want anyway. Mishandling funds has cut the agency off at the knees. But we will succumb to death by policy and procedure if we don't let people do the jobs they were hired to do and bless external partners to do what they don't need our permission to do to begin with.

336 Since I have been working for the health department we have continued to add paper work, aka forms that are used in clinics. We have added so much paperwork for our front line clerical it is almost impossible to check our clients in under 30-45 minutes. Their time is so rushed and when we have audits come thru we get written up because we have left off a form. Some appointments can require easily 15 different papers to be filled out. We have gotten so focused on paperwork and programs that could fit in to existing programs we forgot what we are here to do. We need to get back to the basics.
Just wondering if anyone has looked into the Center for the Advancement of Wellness. At the county level, we just can't seem to be able to pin point what they do. A lot of what they say they do, we do at the county
339 level. We believe that their programs need to be looked in terms of duplicated services which county employees are already providing at the ground level.

340 can directors take a pay cut since they mostly attend meetings most days + they receive cars and phones?
~~I am sure you are looking at every department, but if I could give my opinion, I would look into.~~
Emergency Preparedness--yes, PH belongs at the table, how that looks I don't know, but what I see is that they are often the employees who are no where to be found

TSET--yes, I like what they are able to do, but I don't believe they belong in PH. often this job requires passing policies, which can be a conflict of interest for a state employee..they are also a drain to the local offices with supplies, space

Turning Point--another area where there is duplication of services. Often they have such a large amount of territory they can't possibly be effective.

341 Accreditation Officer--if we aren't applying why do we have people in these roles doing work that doesn't really mean anything at this point in time, its time to let them go

Peer Breastfeeding Counselors--another area of duplication of services...and really how much have our numbers changes since implementation. people can be referred to the breastfeeding hotline with questions, its not cost effective to have someone in the office on the off chance that someone might need them when they are here, most times its when their not

the "center" need I say more?!

unfortunately, this agency followed money but never really had a plan for when the money ran out--it definitely isn't letting people go..this has always been a problem

342 What really do the TSET people do? at our clinic they come in late if they even show. They attend meetings only. They never help with community engagement and leave by 4PM.
This is a very sweet gig but I bet we could live without them. Truly

343 TSET = cush job with no real duties.
344 If we don't make payroll, will we still have health insurance? I know that it is being said there is no way we won't, but I can't afford to be wrong about this. My husband's [REDACTED] meds will cost me \$3k a month with no insurance.
345 OSDH has gone through this kind of stuff before only to result in the people who caused it being gone and the people left behind having to do more training as a show that we're "really" doing something to counteract what caused our scandal in the first place. Those of us still employed didn't do anything wrong. We'd like to just get back to doing our jobs. Spending a day or so in training to show that we know how to act and not do bad things is a waste of time and purely political. If we want to prove to the public and the capital that we won't do bad things anymore, we need a total culture change here at OSDH. No more doing things this way just because that's the way it's always been done. Don't just make a show of change but really change.

The following is an executive summary of an Public Health Leadership Project. While it was presented in 2013, the importance is more relevant than ever. One of our major recommendations was to examine all HRSA funding provided to OSDH and then to the state to identify ways in which we could work together. In July 2017, after discussions with HRSA regional leadership, OSDH convened a HRSA grantee meeting and identified strategies to begin leveraging resources and targeting specific health outcomes. Agency leadership's support is critically needed to make this a priority project. I'm happy to discuss the OPHLI project or the more recent HRSA grantee meeting any time.

Leveraging Resources: A Public Health Imperative

347 Although primary care and public health share a goal of promoting the health and well-being of all people, the two disciplines have historically operated independently of one another. Problems that stem from this separation have long been recognized, but new opportunities are emerging for bringing the sectors together in ways that will yield substantial and lasting improvements in the health of individuals, communities, and populations. (IOM, March 2012, Primary Care and Public Health; Exploring Integration to Improve Population Health)

In today's environment of scrutiny and scarce resources, there is no room for duplication of services and effort. Health organizations must implement new business strategies that seek new resources in order to meet the demand for health system efficiency and effectiveness. These resources can include money, people, partnerships, or equipment so that maximum use can be achieved. Leveraging resources combines existing and new resources to accomplish a goal, promote growth, and make more from what is available. Collaboration can maximize resources, enabling partners to accomplish as a group what they could not accomplish individually.

Oklahoma's public health system can make a positive impact on health outcomes by leveraging resources to facilitate access to primary and preventative health care. This project recommends identifying existing local health department resources and developing recommendations that can be used to implement strategies to leverage resources to achieve targeted health improvements.

Oklahoma State government employment in general is a wild beast out of control. It's not just OSDH. Working for State government alters a person from the inside out.

When I started 6 years ago, I came from corporate business and from self-employment. I knew that a paycheck was a privilege and not a right and that hard work earned a salary. But, working for the State tends to change that mindset.

In the beginning, as a tax payer, I was appalled at the waste all around me and I made attempts to sound the alarm. My frustrations led to my inept supervisor handing me an EAP card. It was at this time, that I learned you must adapt and assimilate into the system or you will not survive it.

351 My next assignment in OSDH was being a part of a federal program that was filled with way too many admin assistants. As a matter of fact, I was told by my supervisor that down time was a good thing and that "everyone needs at least an hour and a half just to sit and do nothing".

Next I worked in purchasing. There was plenty to do. It wasn't rocket science but it seemed like people were content to let the work pile up.

Now I work in an area where there is still too many people and not enough work. I've learned though, as many in the building have, that working for government involves entitlement and free money (grants). I've learned that programs at OSDH demand to spend, spend, spend tax payer dollars even when what it is spent on isn't needed...job security I guess.

I don't know how this beast can be tamed but hopefully the tax payer will some day stop having to pay for the sins of the State.

Hi Preston!

353 I just want to thank you for trying to help OSDH! I appreciate everything you're trying to do for us!

I've noticed the State office sending forms and supplies by fedex (usually overnight) instead of utilizing the courier on several different times. The courier comes by the county offices every day to collect our lab specimens and deliver them to the OSDH lab. The courier also picks up our forms/supplies from OSDH and delivers weekly to the county health departments.

354 Got wind today that [REDACTED] is telling her directors to press on with accreditation and Reaccreditation. I know in [REDACTED] we have been told we are pressing ahead. Should this happen the local media will find out we are spending over 50K for this "golden seal" and it will not look great. This is tragic and goes against what you said and the leadership you want to see- Best Wishes Preston!

355 We even have an accreditation coordinator that sits in her office all day. She has no education background or degree and our clerks up front could really use her help to pull charts but this is the mess accreditation has caused- Comanche county

I believe it would save the tax payers a lot of money if we could greatly cut back on the family planning program.

A practical way to do this is to have these patients seen by private physicians; since a great percentage of them are on a family planning waiver -- we are duplicating services and making a boondoggle on our budgets at the health department by doing something in which the patient would be better served out in the community with their personal physician.

357 Another great suggestion, set up a place around the Oklahoma City area where on certain days of the week a licensed physician would come in and do tubal ligations. We need to be proactive and many of our patient's are done having kids anyways. Either that or contract it out to a surgical center or something like that. Why pay several, 80 or 90k plus per year, APRN's to incessantly prescribe birth control when the problem can actually be fixed.

Our goal is to empower our clients and maybe, if we are good enough at it, actually save the taxpayers.

Good Morning. I am really disappointed in the fact that people we trusted and believed in have left us high and dry. I am happy that we have people in here now that care, because this is my second family and I hate to see this happening.

I want all employees that is including all upper management as well to be treated with respect, I want us to be kept updated with things that are going on at all times, mgmt. has failed to do that after their meetings.

We are here for the public and us, moral is really down, has been done for a long time and that needs to be back again.

I know we have a long road ahead of us and I believe that you can make it work for us.

358 I love my job very much and would love to continue here at the Health Department. I love dealing with the public and want to always be here for them. I have had customers come in and wanted to talk to someone and I was here for them, it helped them to talk and they were happy when they left. We need to be here for them, keep our counties and state safe. We need to be strong again.

I am believing in you and the staff that you have to get things right for us. Look forward to introducing myself to you.

There are things that I would like to see happen, but I can give those to you later. I believe in getting us back on top is the main priority at this time.

359 As we need to transition to being much more lean and efficient in our agency, I would propose consideration of utilizing the skillset housed in the Center for Health Innovation and Effectiveness. This team has been involved in the evaluation of strength of evidence, and return on investment to best determine how to most effectively use limited resources. We have experience utilizing national tools and building algorithms to objectively look at statewide programs and practices. Examples include statewide obesity programs via Health 360, the Governor's Health Workforce Subcommittee for Tort Reform, and the OSDH Regulatory Scope to name a few. We also have worked to secure technical assistance grants that brought national expertise in from NGA, ASTHO and NASHP to our state and purposes. This experience will serve the agency transition team well to ensure budget-minded decision making to achieve population health. With the need to build a new strategic plan that will impact health outcomes most efficiently, it would seem that CHIE is well suited to serve in this role.

Good morning,

Thank you for your efforts to secure funds to keep our agency running while working to develop a long-term plan to ensure OSDH is not in this situation again.

I also appreciate your message to employees last week. This definitely raised spirits and provided a sense of optimism for staff.

360 In the time since your message, the confidence level of employees has waned somewhat. Many single parent employees are not able to continue employment with us if other opportunities exist. Several of our nursing staff are interviewing and plan to accept job offers if they are made. We are also losing other long-term, experienced staff as they are able to find employment elsewhere.

You have volunteered to do what it takes to guide us through this crisis and hope there is a resolution soon. Again we appreciate what you are doing and understand there is much more going on behind the scenes that can't be discussed or shared at this time.

Even before the current financial situation was known, morale in the agency was very low. We as OSDH employees were expected to follow more stringent ethical standards than contained in the Ethic Rules by the Oklahoma Ethics Commission. Under different financial circumstances, the agency could participate in rewarding employees for their job performance rather than a feeling of punishment for past sins.

I work primarily in Family Planning and I see ways in which we can improve and save money. A huge problem has been with billing OHCA. So many claims are denied due to coding errors because we do not have an expert to guide us through this. With time limits to submit claim, many are denied and we never regain those funds because our time limit runs out. Fixing billing would bring millions back to the health department and would be a good investment.

361 I have also noticed that client's insurance status can change at any time. We issue supplies 3 months at a time. If that person had no insurance at their initial annual visit, she gets supplies from our health department. If they do have insurance, they usually get a prescription. When they come for supply pickup and see a nurse, that person is usually not screened to see if they now qualify for Medicaid. If they do then qualify for Medicaid or have obtained other insurance, the nurse still gives them supplies because that is what was done before. Nurses need to be very aware of the cost associated with handing out supplies instead of calling in the prescription for the client who now has insurance. Clerical should also rescreen and try to get clients on Medicaid whenever possible.

362 Why do we have four RNs who do the exact same job functions yet they are paid by different sources? Two are child health, one is emergency preparedness, and one is infection control per their payroll. Yet they all provide WIC, Family planning, STD, and Tb services as well as communicable diseases found in the community?

363 Why are employees who are 100% funded by external sources (CDC, TSET, etc.) furloughed? It feels like OSDH misused the external funding and we are paying the price. Why are we being punished when our salary and benefits are not paid by OSDH?

364 On abundance of supplies that probably will not get used - There is a "hoarding" mentality/culture that has been fostered by unpredictable availability of supplies. We need to improve our current system to make sure that supplies are ordered/moved/available to CHD clinics when they need it and do not have to worry about not having any to order. Managers (from program level to direct patient care) should be given guidance and be held accountable in preventing waste and manage inventory to prevent expiring supplies. We need to foster a culture of stewardship.

365 As conversations about going back to the core function of OSDH is happening, will retention of human resources to provide those core function be discussed and will those people be informed so they don't leave?
It may be difficult to attract qualified people later (plus the brain/skill drain and cost of training new employees) due to our current situation.

367 Are we looking at quality and cost effective evidence-based public health strategies to put in place as we move forward to the "new" OSDH?
Why is it some Managers have no degree?

Some raises were given between 2013-2015 to directors/Managers and bonus?

368 OSDH have had grievances and nothing

done to correct the problem only a slap on the hand, have had staff arrested for domestic violence and she still was able to keep her job? [REDACTED] is the Supervisor.

I have been with the HD for almost [REDACTED] years and I LOVE my job. I have had several positions during my tenure and my current position is probably the most rewarding. My current position allows me too see not only long term results in the health of Oklahomans, but immediate results as well.

369 There was discussion about furloughs approximately 6-7 years ago, but they never happened. Leadership claimed the need for furloughs was alleviated through attrition. We believed this. However, we now know this was not the case. Some employees left, but they hired new employees; in new programs, with larger salaries. We all watched as they discontinued more and more direct service programs and added jobs that were not essential in improving or protecting the health of Oklahomans (i.e. Accreditation, etc.). There are also some pilot projects out there that are not as successful in some counties that they are in others and I don't think that's due to the area of implementation, but rather than the manner of or lack of implementation on behalf of employee efforts. I agree with your statement that there is "some bloating" within the agency. I'm sure your risk assessment will reveal all of this information, but I can't sit back and make the assumption, like many of my coworkers, that someone else is reporting this information. I hope this is simply reiterating what you have already heard. I am concerned for my job, the jobs of my friends and coworkers, this agency, and the state of Oklahoma. I'm praying for guidance for you, our leadership, the auditors, the legislature, and all Oklahomans.

370 OSDH could save money by performing IGRA (TB blood test) instead of the 100 year old subjective TB skin test (avg of 8400 TST per yr). We complete hundreds of UNNECESSARY TB workups with 2 chest X-rays and treatment. If IGRA testing was processed within the state lab we could also bill for it increase funds. There are many cost analysis out on the web for review. Thanks for considering my suggestion.

376 I appreciate the opportunity to provide suggestions. Now that leadership has changed, there seems to be a lack of representation for prevention and a person that has a strong public health background. I would suggest that OSDH bring in some national resources to help make decisions regarding cuts to programs and positions.

Mr. Doerflinger,

378 Thank you for taking on the daunting task of righting the wrongs within our agency. You are in my prayers. I would also like to thank you for having the intestinal fortitude to stand before the staff of OSDH and update them on the situation and provide an opportunity to ask questions. In the short time you have been here, you have done more to calm fears than previous leadership has done in the past 18 years to my knowledge. I would encourage you to continue sharing information with staff in a timely manner, even if it's bad news. The waiting and not knowing is extremely stressful to already burdened staff. I am very optimistic about the joint commission on health. I truly believe for it to be effective, it needs to be comprised of members from rural health areas as well. I believe your selection for the head of the commission is a strong leader, but the joint commission needs to represent the diverse populations served. My last comment, as I'm certain you are far too busy with the financial crisis we are currently suffering to entertain my comments further... the card we received with the quote...while it was a nice gesture, I'm not certain it was well received by the staff. Many staff members asked if they could trade it for a paycheck or an exemption from being furloughed. I believe an email of encouragement would have been as effective and less expensive. Thank you for your time.

379 Why is Muskogee County still undergoing a renovation when half of the office is being made to furlough. This looks bad on a agency that reports to have no money but to do a remodel. Our patients don't understand that these funds come from different sources. So the building will look nice but no one will be in the building...

380 Is Child Guidance on the list to remove? Other programs/agencies can do the same services.

In an effort to call more public attention to this serious budget issue at the Health Department, how about furloughing, everyone that can be furloughed, all on the same day, for example the first Wednesday of each new pay period, to show how this is disrupting people's lives.

382 We want to get this agency straightened out the best and most effective way possible.

Thank you for your time and your help.

There is hope.

One reason the proposed cigarette tax keeps failing because it is transparently disingenuous. If the true purpose was the health of Oklahomans, it would make more sense to tax restaurant meals per ticket/receipt - perhaps 50 cents at fast food restaurants and \$1 at remaining restaurants.

Supposedly the goal of the cigarette tax is to improve health by reducing smoking, but if that worked, that revenue would continue to decline whereas a restaurant tax would certainly continue - with an equitable distribution of the burden, responsibility, and pride in helping by way of each payer contributing to a solution.

Some would argue that it's okay to choose cigarettes to tax because the product harms the user, but so does eating high salt and high fat foods prepared at restaurants. Since Oklahoma ranks high in obesity, this would should lower health care costs too.

383 Some would argue that it's okay to choose cigarettes to tax because the smoke smell is offensive or they are allergic. If those same persons truly care about allergies and air quality (rather than just wanting to punish the people they scorn) where is their request to ban fragrance generating items in every state non-smoking location? Those perfumed items cause hives, migraines, and aggravate asthma.

Smokers are compelled to purchase tobacco products due it is addictive nature and likely to help with coping whereas there are options when compelled to obtain a meal.

It appears that those for the cigarette tax are either a larger group of bullies targeting a hated smaller group, indifferent because it doesn't affect them, or willing to take the 'easy' answer rather than working toward a true solution.

This is an opportunity to have the right kind of input on our revenue source.

Please ensure this insight makes it past any potential screener who might dismiss this message without recognizing its truth.
I realize you must be swamped, but a little disappointed that I have not received even an acknowledgement for my feedback.

384 I sincerely hope this site was not set up to placate the employees to make them think you are listening to them. I was so hopeful when you came in. Every morning, I tried to come to work with positive attitude, and with the recent news about our agency, it's hard to be positive. Each time I pull in the parking lot, the anxiety started to accumulate. Everyone has to wait in line to go through the metal detector, if anyone beeping, they have to come back and go through again. From time to time, there are some new hassles came up, such as asking people to light up their cellphones.

385 I don't know to what extent this will go, maybe soon we have to take off shoes and belt? Look around the state, how many state agencies doing this?
I felt the management doesn't trust people come here to work every day, or maybe the word 'trust' does not even exist in there. As people said, those decision makers parked in the back of the building and don't have to go through all these anyway, so they don't care.

386 We have been told that if someone comes to pick up family planning supplies or presents for a pregnancy test then that is billable to them and their insurance under the family planning program. However, if they want those and then say they also want STD testing while they are here, then that visit becomes not billable because they are two different programs and they can only have one program visit per day between STD and FP. It would be wise that, in this situation, the client return on a separate day so that the FP part is still billable as it should be. The nurse could still check with the nurse practitioner, if available, to see if that client could be worked in as a FP problem apt on that day because the NP could do both those in the problem visit and then both would be billable. This would resolve two problems that the health department consistently has. One would be not being able to bill when we should be able to. The other is that combining so many services to one nurse is very time consuming and when a client is allowed (for example) a 15 minute slot for a pregnancy test, a 15 minutes slot for supply pick up, and a 30 minute slot for STD check... but the client was only initially here for a 15 minute supply pickup, then you can see where appointment slot appts will not be able to be kept up with. This also very common practice and can happen several times a day.

387 When talking about making the agency more efficient, I am looking at our benefits package that we renew every year. I have always covered just myself because my spouse has insurance at their place of employment. I have always gotten back a small amount on each paycheck from benefit allowances I did not use. This year is the first year that money would come out of my check because benefits were more than benefit allowance. I start talking to SEVERAL employees who tell me that they cover their spouses because they get back money from benefit allowance even though their spouse is covered elsewhere. Some people get back anywhere from 50-200 a month because of this. So I tried it and yes, if I cover my spouse on medical, I get money back on my check each month (and the agency is paying for insurance on my spouse that he doesn't need.) This makes no sense. People shouldn't benefit financially from covering their spouse and putting the extra burden of insurance coverage on the state. Take that incentive away and people will stop covering spouses and children that really don't need it.

388 Why do we as a health department pay so much for Children First Program that only help limited numbers of families in Oklahoma?

389 1. Please look at the number of staff that are under disciplinary problems. 2. Look at closing the satellite county health department that are not seeing clients. Keep the large health department open that actually are delivering services and staff those counties to deliver services needed that private sector will not see. 4. Understand that employees have been reprimanded for speaking up or pressured until leg. The main reason no trust. 5. Involve county staff more in the solution process. We do the work but have had minimum input and have had a lot of wasteful spending. Look at pharmacy and the supply area with printing forms etc. 6. We need customer service training and also not allow bullying from our supervisors, regional supervisors who yell and scream and act inappropriate but nothing done except pressure on the employee. More open forums. We do have bloat. One county pressured to get numbers while another county sits all day and crochet and sew and numbers reflect it.. they get the same pay not fair. I've worked in large county and productivity is pushed and quality care and customer services. But I get questioned all the time why we are pressured by director and other counties with same or more staff aren't and sent into the community because have no clients and can't justify time. Slot of waste. Waste with travel those staff traveling between those counties to deliver services for maybe 10 people. Quadrant or regional centered around the larger health department and staff adequate. Maybe only one adjourning satellite health department if numbers reflect the need.

The agency has allowed employees only at OSDH when position come open to transfer multiple times and each time get a raise. This is not fair to the county level when that opportunity is rare. They are allowed to transfer with no limit within OSDH ivory tower . This is not fair.

I thank you I'm a believer that must get cleaned up and on right track because we are a valuable agency to our citizens of Oklahoma and I want to feel proud and not fearful.....,

390 Why is Parents as Teachers aka parentPRO a health department program that is not implemented as the program is designed to be? I mean if it's going to be model after Children First program why not just keep Children First instead of change Parent as Teachers to fit someone desires or wants.

391 The morale out in the county health departments are very low right now, which I know is no big surprise due to what we are going thru. The announcement's on Irene are of no help. It is very confusing when we read about Halloween costume contest, cupcake wars, cake walks, sales of branded items along with charitable contributions. When we are working out in the county we have NO time for any of those types of activities. We feel like they are rubbing our faces in the fact that we are not in the central office. It might help with the morale if those kind of celebrations at the state office were not broadcasted for all to see in the county offices. For years I have thought our agency was trying to improve the health outcome of Oklahomans and when you see cake walks and cupcake wars I feel like we have become hypocrites'.

394 This is Sara & this is a test

396 Please look at how cost effective Health Educators are. I have witnessed numerous Health Educators doing absolutely nothing hours upon end. Total waste of tax payers money.

in Protective Health Services/Long Term Care, the department has required any surveyor to stay overnight if that surveyor will be on survey for more than one day and they are traveling more than 60 miles from their duty station. It does not matter whether they are traveling 61 miles or 101.

This is a gross misuse of funds, and it is not what the travel policy 3-05 states. The policy states in order for travel to be reimbursed, a person must be over 60 miles from their duty station and the time required to travel back and forth must be substantially more than a normal work day. It does not state you have to stay over if you are traveling more than 60 miles.

397 I had suggested that a formula be created, such as an Excel formula, to help determine whether the overnight stay was justified. A formula taking into account wages and multipliers; fuel, per diem, and hotel costs; and vehicle maintenance costs. I was told this was a good idea. I offered to create the formula but was told someone else could do it. As of today, that formula has not been created, and this was approximately one year ago when I made the suggestion.

The costs involved in requiring a surveyor to stay overnight is unreal when compared to letting them drive an additional few miles each day. Not only would it save money, the travel required in our department is a leading cause of employee unhappiness, thereby affecting retention rates.

I have been in this department for almost 11 years, and this is the way it has been since I started.

399 We should charge for some services even if it is a small fee to weed out the abuse and haphazard use of services. For example, clinics constantly have people come in for TB skin tests for employment, school, etc. and then they don't return for their reading. Then they turn around and come back to have another skin test placed, wasting resources and manpower to repeat the same service.

400 I heard today, 11/09/17, Gov. Fallen denied the request for \$30 million, is that true? I pray it's not. Thank you for everything you are doing to help us.

404 Once the RIFs are processed, it seems we could do with less HR staff. We certainly won't need a recruiter. Hiring less staff will most likely mean we need fewer Personnel Liaisons, since it may be that OSDH will hire fewer employees for a long time to come.

405 We do not practice what we "preach." We inspect facilities and impose penalties when they do not comply with various standards, yet our own buildings would never pass. We do not comply with fire codes.

405 Elevators in Tulsa bounce and sway and the fire escapes are locked requiring employees to use the elevators. Inspectors should visit every health department facility and submit the results. Very few facilities are safe, much less healthy.

407 we need to know the worst case scenario plan in the event that payroll cannot be met. the transparency promised has been sorely lacking of late. most of our employees are living direct deposit to direct deposit and we need to know what will happen and where we are at so we can come up with our own worst case scenario plan.

409 Please consider disbanding the maternity clinic in Canadian County. It is a waste of money and time. These patients can go see a doctor since, if they are legal, they will get Medicaid to pay for it. We need to stop duplicating a service that is already provided. The patient's have to eventually transfer out to a physician for care. Why not just go to the obgyn doctor in the first place.

411 So is Doerflinger getting paid from both agencies? Transparency?

412 What are our core services?

414 We just received your most recent email. Thank you for the update. Can you please clarify what was meant by "posting a new notification that allows the flexibility to amend our furlough plan if necessary?" I am sure there are many others that would appreciate clarification. Thank you.

415 In regard to the email just sent, does "flexibility to amend our furlough plan as necessary" mean that those who earn below \$35,000 per year may be furloughed, as well? Thank you.

416 Contract workers work when they want to and not when needed so why have them..... they complain to the administrator when not getting worked but pick when they want to work which is not when needed in clinic, we will have a full staff sitting all day on days that the schedules are not full and they will not work on a Monday or Friday because they need long weekends. No more contract workers if they can't help in clinic when needed. why waste that money, county or state!!

417 Coordinating nurses getting paid to visit their mom's house, take extra long lunches, abuse comp time, staying late because they came in late and was buying groceries and shopping. Employees bringing their groceries to work to cook supper for their families on state time or going to the gym and being late every day and working in their workout clothes, this is unacceptable at other places of business so why is it acceptable here, they should not be doing this while being paid, either they should be using their annual/sick leave or not getting paid to do their personal business, when addressed with the supervisors about this we were told as long as their numbers are good they really can't be told to not do these things. Why are we paying people to do these things? We need time clocks because too many people abuse their time and leave, this might put an end to paying people when they aren't here or for coming in late. The T&E system is too trusting

418 Close county health departments that have two sites.

420 Reduce non-essential personnel like breast feeding counselors, what a waste of money.

422 Pill poppers...prescription drug abuse by employees because we don't drug test. Rampant!

Mr. Doerflinger,

423 As I continue to ponder the situation with our agency, I understand the mismanagement of the previous leaders have moved us all into the situation we are in. I have been in nursing for years and over the years, especially since Dr Cline's direction, I have seen community programs such as Turning Pt, health educators, and pregnancy prevention educators that enter the schools or attend a lot of meetings BUT the pregnancy rates, STD rates have gone up and the Immunizations rates have gone down. Home visitation lacks in productivity as well. I don't feel that these programs are accountable nor are their productivity measurable nor are they true core PH. I don't feel that those positions are qualified to teach about such subjects by these laypersons that have had little training. Much of the RIF was previously target at clinic nurses who have degrees in nursing and have copious amounts of training in Communicable Disease and Public Health. The "Bloat" I feel is the programs that work about 3 hours a day and do very little to show for their salary and the prevention rates have not improved from those costly efforts. However, the education that is provided by an RN in the health department-- are PUBLIC HEALTH EXPERTS. Public Health Nurses are the forefront of direct care and accurate preventive education. I plea that you consider this when making decisions regarding CHD changes. Nurses make critical judgement calls with infants, communicable disease investigations, and make other assessments that are caught and referred to physicians for critical issues. It is imperative that nurses continue to be the direct line to public health. I supervise positions that are non-productive that straggle in to work and go here and there to talk to schools and their productivity is nil and their salary is very high in addition to fringe. A nurse can do many jobs, but no one can do a nurse's job but a nurse. My prayers are with you and your leaders under you as you make these difficult decisions. Thanks for all you are doing!

Maybe \$\$

425 Osdh for many years was going to change to AMANDA software. Then it was stoped. (how much was spent on this and to who) Now they say we are getting new bids for another software conversation. Note: okla state is using Access 2007 software for our state licencing. Now that Mary Fallan sign off in new regulation efft. Sept 11 2016. All our agency and individual licence which will be over 10,000 will all be due on the same date June 30th. We must grow with our state and get ONLINE licencing. Now we only take mail application and mail out licencing. Which I am sure is \$\$\$\$ crazy on postage and overhead in paper and ect.. Please note the software we are using Access. Very out dated.

So now the answer is to furlough the people at the bottom income level for OSDH?

427 This ship is sinking fast. How do you expect people to lock arms and stay with this debacle?
You haven't even begun to skim the top which is where this problem originated.

428 I wonder if it would be possible to furlough everyone on the same day. Furlough on Fridays. That way people could pick up a part time job on the weekends. It would be very helpful for families to be able to get an extra job.

430 For those of us who are not being furloughed, would you consider taking volunteers at this time to furlough?

432 In light of the new modified furlough (for ALL employees) I think that a good idea to save money and to appease people would be to just close all offices on Fridays (unpaid of course) All of the employees are wanting that day for their furlough anyways and not much work is being done that day with so many people missing.

As an employee of OSDH it is a conflict of interest for me to work as a paramedic in the state of Oklahoma. Since day one I could not regulate the two EMS agency I last worked for at all.

As [REDACTED] the furlough is going to make it impossible for me to make ends meet with the current work restrictions.

EMS offers opportunities to work 24+ hour shifts and just working two shifts a month it would offset the loss caused by the furlough.

433 With that being said I'd like to request the conflict of interest be temporarily lifted so I and others can gain part time employment at our previous employer we will never be allowed to inspect or regulate. Without this temporary change OSDH is causing me and many others financial hardship.

Thank you for your time and consideration, it is imperative this restriction be temporarily lifted so we can continue to support our families and provide oversight to EMS agencies across the state to ensure the public's safety.

434 If you are going to furlough ALL employees, why not just close all of the offices one day a week or one day every two weeks, whichever you are going to choose to do, rather than run each day on a skeleton crew.

I just received my 30 day furlough notice. Is there somewhere that I can find out how much my paycheck will be with the furlough?

435 Also, just an FYI, next year my out of pocket insurance cost with no changes made will be going from \$28 per paycheck to \$84. I know you are just cleaning up the mess that someone else made, but real people are going to be living with the choices of do I pay the electric bill or buy food. How do you look into your child's eyes and tell them that Santa Claus won't be visiting this year.

Everyday we help people find the resources they need so they don't have to be in these situations, but now we are in need of help and there are no resources for us.

If you cannot help us at least make the people who has turned our lives upside down accountable for their actions.

Due to staff furloughs for all I would like to recommend county health departments close on Fridays. That would enable everyone to obtain a second job through the holidays.

A reduction in time consuming activities like voter registration, tobacco questionnaire/counseling and other non core health department functions.

Family planning services currently offer multiple varieties of birth control like arm implants, copper intrauterine device and hormone intrauterine system as well as several varieties of oral birth control pills.

436 Consider offering fewer methods of birth control for cost savings.

Consider a copay for every client like they would pay with insurance even \$5 or \$10 would be better than nothing.

There are multiple infant programs like Children First, WIC plus and more ~ could these programs be combined to streamline education and assistance?

Thank you for considering suggestions.

437 Children First program has been cut down to very few staff; I believe less than 70. This is not a core service that H.D should continue. Our county doesn't get covered by the 2 RN's that used to see our pts.

439 Why is Canadian County paying a "full time" employee to work part time, accrue leave and have insurance if we are furloughing the actual full time employees? I understand that people want to go back to school and better themselves but not at the expense of the rest of the employees at this time.

440 State office has increased the nurses paperwork significantly in recent years. This has slowed us down in clinic and makes it more difficult to provide services to the people we actually work for -- the people of Oklahoma.

441 Since our wonderful leaders have decided to furlough ALL employees, how do you expect ME, the ONLY source of income for my household, to survive? I already live paycheck to paycheck because of the low salary, and now you expect me to take a cut? I would honestly like to know, how am I supposed to pay my bills, my mortgage, put gas in my car to get to work, put food on the table, when you are taking what little money I have?

442 Preston, your email on Thursday was an update that was as pleasant as possible under the current state of affairs. However, having an email about furloughs being changed to include all staff is troubling to say the least. The worst part about that email is the timing. The fact that the email came out when the OSDH staff was off for a holiday, undermined your reputation of transparency you have stated you want. Multiple members of my area feel this is more of the same, say one thing and do another. Don't lose the momentum you gained in your short time here. The drums of an exodus are getting louder and I know neither of us want that.

Commissioner Doerflinger:

We so very much appreciate the opportunity to share ideas and input, given our current situation. Since most of the employees here do like to be problem solvers, and with that said, we have a couple of other ideas we wanted to share.

- 443 1. Since the latest round of emails received indicate a modified furlough plan may be coming, the amended furlough plan will have an even greater impact on services initiated by front line clerical workers. As a large county health department who is currently down 7 full time clerical employees, rather than have supervisors try to schedule furlough days on top of already severe clerical and nursing staff shortages, has consideration been given to a four day work week across the agency? For example, designation of "Furlough Fridays", where we would provide services Monday-Thursday only?
2. On the subject of RIFs, we realize there are state statutes in effect that govern how they will be done. We realize you also are looking at a strategic roll-out if RIFs have to be done. Has consideration been given to offering an incentive to those only who are pension eligible (Rule of 62, 80 or 90), as was done in 2016? Additionally, if an employee were within 18 months of meeting a rule of retirement, could service time or age be added to help the employee meet a retirement rule to be pension eligible. This would allow senior employees to leave the payroll, while at the same time would allow junior employees to stay on the payroll? This is done in the private business world, and seems to work well when there are force surplus situations.

Thanks so very much again for your time and efforts, as we very much respect what you are trying to do to get our agency back on the right track.

444 I was told that the reason an invoice went unpaid (and accrued late fees) was because the error, which was a typo and easily corrected with an email or phone call back to me, could not be fixed because folks in Payables were told to NOT contact program staff for any reason. I didn't even know the invoice went unpaid until the vendor contacted me to tell me I could not order the other items on my PO until our outstanding invoice was paid. This is not the first time our dept has accrued late fees due to unpaid invoices for items already encumbered.

445 Since all staff will be furloughing wouldn't it be easier to just close the county health department 1 day a pay period so that it doesn't effect clinic. We would all be here to see clients and we would all be gone the same day so there would be no shutting down of clinics. It would also help with utilities

446 Due to the announcement of all employees now being included in the furlough, I suggest a 4 day work week every other week. Ex. Monday off, work Tuesday-Friday. or work Monday - Thursday, off Friday.

447 I understand there is a plan to possibly furlough all employees. I have a monthly budget and this furlough, if enforced, will create an unnecessary financial hardship. Why are employees -who had nothing to do with the mismanagement/fraud- being penalized for the failure of senior leadership? How will we recoup this financial loss? Will we be given emergency assistance for help with rent, utilities, groceries, etc.,?

452 I think now would be a good time to look at the role of Regional Directors. Since it is the Business Managers and Administrative Support staff that works with each counties budget and fiscal responsibilities it is unclear the role a Regional Director facilitates.

453 I think sending a furlough email when no one was here and off for Holiday was terrible. Really that is putting it mildly. I aware of the 30 day notice and the dates. Still terrible.

The County HD's have been asked to pay an ever-increasing amount of their payroll with local millage funds. The funding sheets provided by Financial Services do not match the payroll billing, or the data charge billing. You will notice that the salary funding for many employees changes every month. Also, some of it makes no sense: a C-1 nurse who should be funded through the C-1 program might be funded on local millage one month, but not the next.

454 we should go to a salary billing program where each employee position is funded: state, grant, revolving or local millage. Then that funding stays set each month until a deliberate change is made....by the county, NOT central office. The salary funding information has been kept so secret that it is impossible to understand.

Just a thought -- why not close the clinics every other Friday if it comes to furloughing everyone? That would save heating and electricity as well.

455 I am hoping and praying it doesn't come to that as many of us in the lower pay grades live paycheck to paycheck. In my case I'm looking at \$200 a month less, and it will take a huge bite out .. not sure where it will come from, especially with insurance going up, too.

I have suggestion.

456 Why not furlough everyone at the same time. Lets say pick either a Friday or Monday and furlough all County Health Department's and OSDH, at the same time. That would save a considerable amount of money on payroll and utilities and it would also make the furlough scheduling process much simpler.

Just a few thoughts:

457 1) If ALL employees are going to be furloughed, wouldn't it make sense to furlough everyone (state office and counties) on the same day. This would not only streamline things but would also save on overhead.

2) Consider individuals that make over 100,000 a year taking a furlough day every week for the next 6 months

3) Stop all trainings that are not federally mandated

4) Stop OPHLI, which is extremely costly and starts back up tomorrow.

458 I would like to suggest that if everyone agency wide is going to be furloughed that we furlough all staff at central office and out in the counties on the same day. This would not only save on employee payroll, but also on overhead. I would like to also suggest that all employees making over \$100,000 per year take a furlough day every week, and not just one per pay period. Another suggestion is cutting down on the number of times a form is revised. I believe forms should be revised once per fiscal year. We waste a lot of tax payer money paying to have forms printed and then when someone comes along and revises the form we are instructed to throw our old forms in the trashcan and start with the new form, on rare occasions we are told it is acceptable to use up the old forms we have and begin using the revised form once we have depleted our stock of outdated forms.

459 3301-Thank you for the opportunity you are giving us to give you feedback. We here at the county health departments are very saddened with the news of rift and furloughs we know what has to be done to help out situation so we feel it would be a good idea to just furlough everyone at the same time. it would be great as you could save money on electric bills as well as the overall cost in one day.
I would love to start out by saying thank you for the opportunity for our voices to be heard.

I'm just going to be plain and simple. Being here in the short time, I have learned that there are areas within OSDH that could be more advanced and not as complicated for all employees.

These are the issues that I believe could save our money and employees...

- 4 day work weeks would save for EVERYONE. County and State

460 - Once a year updates on all paper forms-- this will save money on paper fro the state and especially fro the counties when we cannot order because they are out of the specific form we need. There will be less confusion due to many counties not knowing when the updates are because there are so many during the year. We would ALL be on the same page.

- Trainings are expensive... less there are more money we save. We bought the I POWER for a reason and only use it a small amount of times. We don't use them for training...

461 Why can we not contact the state office directly. I am told it is our policy that we can ONLY go through our Regional Director. What policy? Really I can't communicate with the central office on my own? Well my Regional Director never keeps us updated or informed and when asked directly for information we are rewarded with short non-informative answers. While he may not think it's important to communicate with staff it is the wedge that divides us when we know from other counties that their Regional Directors keep them informed. IF you are looking to cut jobs I would hate to see people go but it sounds to me like this position is out dated and over inflated.

462 What does the news release today mean? 49 agency hold harmless. Does this mean we have funding or does it mean we are just not held liability for missing funds?
463 I wish there was a little more transparency about the situation. The most recent email said there would be a modified furlough plan but didn't contain any details. December is already a stressful month for many. Many people have children to provide Christmas for, vacations, family visits planned. I think it would be nice to send an email out saying this is worse can situation so we can be prepared. Then its a relief if it isn't as bad as originally thought but right now everyone is on edge and speculating.

I am not seeing much transparency at this time from senior level management. We get a blanket email about furlough's that said basically nothing to us. We already are getting screwed over at the bottom as a result of incompetency of management.

464 What does that letter mean? The county directors aren't taking the initiative and explaining it.

Thank you

OSDH seems to still be following the same old leadership style. The announcement of a modified furlough notice on a day when most employees where out of the office appears both unfair and dishonest. While this action may have been needed to meet specific payroll timelines, the lack of leadership in the agency is still apparent. Regardless of the intent, it appears to show a significant amount of cowardice. There has been no additional information following this notice. Transparency, honesty, integrity, accountability, and trustworthiness are only words when they are not backed by action. That is another issue in this agency:
465 leaders say one thing and do another. They do not hold themselves to the same rules others are obligated to follow. Once again, it is time to show real leadership in this challenging time. Yet, most OSDH leaders are still hiding from staff and ignoring their distress. My graduate education is in leadership, public policy, and public administration. I would be happy to provide evidence based suggestions that could be realistically applied in OSDH.

467 I am a GALT employee and my position is 100% funded by a CDC Grant. I'm having difficulty understanding why I'm required to take furlough since OSDH does not fund my position. And, in the event that my position is eliminated, due to the current financial condition of OSDH, how much notice will I be given? Thank you.

As a employee who doesn't have as much longevity as others I appreciate that you are going to look also look at people's work ethic and productivity as well as length of time. With that being said I had a couple of suggestions.

1. Could the insurance denials be sent to counties for the office to work and try to get money back.

468 and

2. Our office is still doing walk in's which sometimes is backed up and a little overwhelming with the shortage of staff, could we switch to appointments only?

469 We need to be charging for services ! I guarantee you people will pay 10.00-15.00 for STD testing and/or treatment. The same goes for contraception. Have you thought about closing or cutting back the days open at smaller sites ? I travel to different sites and there are some days when I see no clients at all. There is usually a nurse, a PCA and 2 clerks. I've never seen more than 8 clients in one day. We need to be charging for STD testing when it is required for immigration. Clinics open 4 days/week with earlier/later hrs.

470 Eliminate all unclassified positions in the Health Department.

471 when will employees know if payroll is going to be made in 10 days?

472 I would like for the health dept to shut down every other Friday. That way the furlough would be taken care of

473 So is the Incident Command System still in place since Julie Cox Kain is gone?

Mr Doerflinger,

Let me begin by saying "Thank you" for the video conference meeting with all County staff and for following through on the transparency you promised in that video conference over the past two weeks. I know the task you have taken on is not a small one. I appreciate the efforts you are making to correct this mess our agency is in.

I agree there is "bloat" within our agency. I cannot speak of much at the State level as I am not there. I can speak of things I see which I believe could be handled differently from a Local/County level. Some of these things do include items which take place at the central office as seen from the county viewpoint.

^

Forgive me if what follows appears to be random. I am just noting things as I see them from my position.

^

Duplication of Efforts"ParentPro vs Children First " ParentPro is a pilot program which carries out basically the same services as the Children First program. However, the staff requirements of the ParentPro pilot are over the top and cost the agency dollars that could be better spent elsewhere. We have had the Children First program in our district for many years. That program has functioned well and benefited many families in our area with as little as one FTE shared between two counties and up to three FTEs covering our larger county. Our clients were being seen in a four county area with less staff than the ParentPro pilot currently has in place to serve one county.

^

474 Record Consultants vs Business Managers " On a Local level, Business Managers are a greater asset to the agency. With fewer counties to cover than Record Consultants, Business Managers are able to be present in each county regularly and for longer periods of time. Having an understanding of county purchasing rules, they are able to better review the purchasing processes of each of their counties to ensure spending follows the proper guidelines. Having more time in their counties also allows them to commit significant time to chart reviews. This is invaluable as they are continually able to work with both nursing and clerical staff to ensure charts contain proper and adequate documentation to stay in compliance with not only OSDH policy and procedures, but also follow grant requirements which fund the various programs within the clinics.

Business Manager positions came into play as part of a Corrective Action Plan submitted to the State Board of Health to address substantial findings of Cash Audits conducted by Internal Audit in FY13. I believe if audit reports from the full audits of FY14 were to be compared to audit reports conducted within the current FY, the improvement would speak to the benefits Business Managers have brought to the agency at the Local level.

Record Consultants are in our county offices once every three months. During these visits, they are looking through the financial records the Business Managers reviewed at the end of each month. They complete chart reviews once per year. Both of these seem to be, in my opinion, "too little too late". Financial errors and/or chart errors need to be addressed in a timelier manner than quarterly or annually. Business Managers address financial and chart concerns on a monthly basis and help keep staff up to date and alert to areas where improvement is needed.

Business Managers also have relationships with the court house staff and County Commissioners which Record Consultants are unable to develop due to the lack of time they are actually present in each county. These relationships between the Health Department and County Commissioners are critical bridges not only in local partnerships but in building/sustaining essential County and State relationships.

As county staff, the payroll of Business Managers may be funded at the Local level therefore not costing the state as much money as that of Record Consultants which are fully funded at the State level.

I have given the benefits of the Business Managers from the Local level but there are also areas they could be utilized in the place of Record Consultants at the State level. As policy and procedures are reviewed for updates and forms are revised, the Business Managers have the knowledge gained by the interaction with frontline and nursing staff on a daily basis. Those staff members are not always brought to the table when I feel there a lack of "internal controls" missing in our budget and funding process. The way the current system is set up involves a mainframe system(FISCAL) and a access database system(Budget Manager).

477 Budget information is manually populated/updated in FISCAL. This information is accessible and changeable by multiple users, not all residing in budget and funding. Because of the mainframe system that is in place, the analyst that is responsible for a specific budget can have their budget changed and there is no record of who did it or when/why it occurred. This is something that happens repeatedly and is a concern especially for those that are "responsible" to speak to the budget and why it is or is not a certain way.

478 With a possibility of all personnel being furloughed, can we not just close all state and county health departments on the 1st and 3rd Fridays?

481 An email went out saying the agency had submitted a revised written notification of furlough. I have not seen where that was made available to employees.

482 When will employees know if they will be furloughed?

I have been employed with the state Health Department for less than 1 year. I came from the private sector. Here are my observations and recommendations:

1. The agency needs to have the largest garage sale or find a way to get rid of all the unused and outdated furniture, computers, office workspaces, and other items that could be sold. This would generate some revenue.

2. I work for the [REDACTED] program. You could move our office to the Tulsa County Health Department at 51 & 129th. This would save money on rent and utilities. Some staff would be happy because it would be closer to home, and we wouldn't be working on the only floor not renovated. Who wants to go into a stinky 1980s bathroom, and it smells like that too!

3. Move our department under the Education department. We receive federal funding and the state Education department serves as our contract provider. This would be one way to eliminate employees taking money from federal to cover state budget problems.

484 4. I understand that we don't have any money right now, but it would be prudent to embrace technology. Meaning, start having the IT department work on digitizing our service provider notes and other paperwork. This would allow everything to be on a computer. The future plan would be to let all clinicians type their service provider notes on an Ipad with an attached keyboard. The paperwork could also be sent to link up to EdPlan. I cannot even begin to think about how much money this would save the state on copy paper. Everything would be digital! This would save HOURS of time for clerical staff. I'm not saying layoff clerical staff either. They still would be needed to do their jobs handling referral and other pertinent duties. No office can live without support staff. They keep offices moving forward.

5. You don't need to bring back the ParentPro program because Sooner Start Child Development Specialists provide parenting skills and help. This is a prime example of how people within our agency don't know what we do. This could have saved thousands of dollars.

6. Another program that could have saved thousands of dollars is to not have the Parent Promise program or child abuse and neglect program. Sooner Start Child Development Specialists daily work with abused and neglected children. We do need more mental health training. If you want to spend money on mental health, hire more clinical mental health specialists and counselors for Sooner Start. We have a growing amount of children and families needing mental health services, but we don't have the expertise to address all of these issues. This is where training and allowing us to become mental health endorsed would be helpful.

7. Marketing. We need to hire someone to communicate within our agency and the community about Sooner Start. Most people do not have a clue about the program. Research shows Early Intervention plays a large role in a child's success for the future. Let's showcase our success and how we can help families.

486 I understand that PHAB (accreditations) is back on and been approved to continue in The Comanche County Health Department

487 The county health departments have not received any communication from Mr. Doerflinger since the November 1st video conference. We were told at this vc that we would not hear any information from the news outlets. It appears that the only information we have received is from the 3 major news outlets. When can we expect an update from Mr. Doerflinger? The stress levels at the county levels are extremely high. When can we expect to receive an update on pending furloughs and RIF's?

488 One of the key messages that was communicated to employees was transparency and communication. It has been 3 weeks since we were notified of a RIF plan but there have not been any follow-ups or any additional information provided. Staff are asking what is the plan after next week if we do not get the \$30 million. Do they have to report to work knowing there are not funds to cover their salary? What are the expectations? When will the RIF plan be communicated?

489 One of the key messages that was communicated to employees was transparency and communication. It has been 3 weeks since we were notified of a RIF plan but there have not been any follow-ups or any additional information provided. Staff are asking what is the plan after next week if we do not get the \$30 million. Do they have to report to work knowing there are not funds to cover their salary? What are the expectations? When will the RIF plan be communicated?

490 Are we working for free this next 2 weeks? Shouldn't we be given the option of not being here if we aren't getting paid? Why haven't we heard anything from you since the first few news conferences. Your "transparency" vow has not held up. We are in the dark. Please tell us something.

491 It was reported on the news this morning that OSDH does not have enough money to pay employees past November. Is this true?

492 we are hearing a lot of information on the news, is there a way to let us know more information or at least let us know if what the news is saying is correct or not. I have noticed that most of us are watching the news for information. I think just addressing what is on the news to us would help. It would be nice to feel informed and as of right now we are not.

493 staff are reporting that channel 8 news at the 10:00 hour stated OSDH had no money to make payroll after November. Just FYI Certain people will be responding to that.

494 Immunization Service field staff were ordered by phone in June of 2017 on how they were to code their T&E's (3 hrs to one code, 3 hours to another, 1 hour to another, and 1 hour to another) regardless of what they worked on for the day. This call was made by their supervisor in Central office. They were told this would not be put in writing. Just look at Immunization Service Field staff T&E's from June forward and see how time is coded, as opposed to pre-June.

496 A lot of money could be saved by limiting the number of state allocated cell phones, ipads, hot spots etc. Most employees rarely use these devices for any work-related projects. Most often it is a status symbol. Most divisions do not require a 24 hr standby by so why cell phones?
We are paying OMES too much for their services. Most of their employees are involved in projects where the cost benefit is minimal. And IT is quite inefficient. Many projects within that could use IT support would be up and running if the IT support was efficient. Adding to the cost is the Informatics division. What that division has managed to do is add to the number of employees and a lot of high talk.

Do we know if Medicaid billing is being followed up on? We can see in Phocis when an insurance batch is submitted to pay. I thought we would be able to see payments received, but so far, I haven't looked at any records that show a payment.

497 I would like to know if the claims are being worked and re-submitted for payment. That lost revenue would go a long ways towards balancing our budget!

That billing used to be done in the County HD's - seems like it would be more efficient to bring it back!

499 I think some divisions who claim to be self sustaining need to be looked at closer because their budgets might have been used to shore up holes in the books
501 Out in the counties where there are 2 nurses and 2 clerks 4 day work weeks would be so much easier for everyone. If clerical gets included in the furloughs will make a bigger hardship. If we all just worked 4 days would be so much easier. Then all staff would be at work on the same days thus seeing more patients.
I thought pooling the agencies office supplies was not a good idea either because those supplies were bought with specific grant or program monies. Then to try and get anything is a pain going through the WASH program. Then we have to buy it again which sounds wrong in every way they should be given out. So we are "buying" them again and they were already purchased once. Then the person who doles it out says all the supplies aren't even on the inventory. So things are hidden and put back. It cost more money I bet than is has been worth in staff time and the grief it takes to go through the inventory doler outer. And the idea sounded illegal to start with as it was bought with specific funds in the first place.

503 The second thing I would like to say is the state car program is another big waste of money. OR renting a car from Enterprise. I don't know whose hand is in Enterprise's back pocket but renting the cars is even worse than the ones the state owns. By the time we spend employee time, pay someone to manage it at OSDH, me to manage it you spend more money than paying mileage. We needed more cars out in the counties. There is someone at each location managing the cars. We pay the employee to take the car in for service etc. but not ones getting mileage. If there were a true cost analysis we would see that it takes more time in employee costs than it does to have the cars. I have trouble recruiting employees due to this burden of switching cars, more travel time getting to work switching cars, being in traffic etc. I am managing the five we have in addition to the huge job I have of managing [REDACTED] employees, [REDACTED] dollars worth of contract employees, the building management and inventory and everything else I do...about 3.2 million of people and M&O budget...and I can tell you it is a huge cost to pay people to manage those cars. Throw in the cost to fix and maintain the cars, someone to buy them insure them, etc. Now I get the manage the 5 cars we have assigned here and make sure on the furlough days they are checked out by someone or if they are on annual leave. I spend now about an hour or two a week on it. Arranging it, plus the time to send in all the forms, and let someone know who is driving what. Then I got an e-mail that all my people were supposed to check out a car daily no matter if it was over 100 miles or not. We did get exempt from that and just to manage our 5 cars. I had a whole crew of people that would have quit and I have spent years recruiting and training them. I had one quit last week due to the furlough; she'd been here 11 years.

504 Discontinue OPHLL. Produces junk science. Costly. A lot of wasted man hours.

505 Instead of allowing employees to book their own airline tickets (and they should be given option to either have agency book, or book if they can secure at less than X price), we are forced to have agency book airlines. I don't know what deals they are getting, but I could book a return ticket to Atlanta for \$350 o so, and the agency is paying \$680.

506 In recent years, I have seen a number of positions created in or through the commissioners office which were not essential in years past. These position are paid better than most of the positions in our agency and I'm not sure we seen a return on the dollars invested. One such position is the "Business Manager". The work product we see from that position usually is in the form of emails letting us know the snack bar is closing early; advertising the activities of the SCC (once a year); and advertising the Employee Recognition efforts (jeans days, etc.) I wish no ill towards the person in this position but I can't see their role as essential to the work and mission of our agency.

507 Why has the COO been allowed to put persons in positions with above average salaries without advertising and interviewing for those positions? I thought there were hiring rules with State Agencies?

508 I'm concerned with some of the actions of the COO regarding her micromanaging and lack of public health experience. To me, it feels very similar to the way the previous authority ruled.

509 MY THOUGHTS ON THE SITUATION WE'RE IN I BELIEVE IF FURLOUGH SHOULD BE ONLY FOR EMPLOYEES THAT MAKE OVER \$35,000 YEAR. THEY'RE MORE OF THEM I'VE BEEN TOLD.. MY THOUGHTS ARE THAT IF RIF GOES INTO PLACE THE ONES WITH LEAST SENORITY IN WHAT EVER CATEGORY THEY RIF SHOULD BE THE ONES WITH LEAST SENORITY. Thank you for the opportunity to share ideas and concerns, anonymously if necessary. This is not the first furlough or RIF transition I have been in. One great success a former employer agreed to was the closing of business one day per week. Administration determined whether a Monday or a Friday would be more beneficial for overall services. The three day weekend allowed the "infrastructure of the employer's workforce" the everyday employee that was committed to the cause, to plan accordingly for finances (getting a PT job during the reduction), childcare, transportation, etc. It is difficult to currently do these things when furlough days are scattered throughout the work week and not on a set schedule. The employer also saw a decrease in expenditures such as utilities. Gaining some insight with a simple survey from your employees GOES A LONG WAY! If nothing else, their voice is heard.

511 Just wanted to say I appreciate your communication today. Being out in the county, it helps to hear from the state office regularly and especially in these trying times. Thank you!

512 Thank you for working so hard to get the supplemental appropriation and to figure out this mess!

513 Seminole County has two sites. The county seat is in Wewoka. The Wewoka HD needs to be closed. We do not see enough clients to make it worth staying open. The County Commissioners will not allow us to close but does not offer any help financially or with staffing to keep it open. Now with the furlough's we are loosing every nurse that we have. By December Seminole CHD will not have one nurse working in that clinic. So to keep both sites open after that is ridiculas. Your help in getting the Wewoka site closed would be greatly appreciated. And would save some money. Sorry but I have worked too long for the Dept of Health to think my email address is safe.

514 With current furloughs there are days we don't have enough staff to run clinic so they use 999 contract nurses to fill the gap. Many are upset that they would furlough a full time employee and pay a contract nurse to work in their place that day just doesn't make since if we are trying to save money because we pay them more hourly than we make. All nurses in my county have resigned this week because of furloughs and this reason they don't understand why their time is being replaced with a contract nurse.

515 Our agency has put into place layer after layer of oversight into every process. We waste a great deal of time and resources because it can take weeks or months to gain approvals, route requests, etc. It would make much more sense to put guidelines in place; expect people to follow them; hold them accountable when they don't. We should allow approvals at the lowest level that is safe and legal in order to actually make reasonable progress on our goals and objectives. Some of the processes I am describing are grant submissions, HHS approvals, contracting, and purchasing. Our layers of oversight greatly exceed the minimum necessary. Thank you for considering ways to streamline our processes in order to save tax payer dollars and maximize the utilization of available resources.

516 In our area some of us have files that we have to share and/or put on certain devices for work and there's really no other way to do it than to use a flash drive or SD card. I've spoken with my supervisor about and asked that something be worked out with OMES so that we can do this without skirting or defying the rules that OMES has set out about not plugging drives into work computers. My concern was brushed off as not important and nothing was done about it. I'm not comfortable with flouting the OMES rules and still think there's a viable solution that could be reached.

517 Thank you for your diligent efforts for helping us get on track. We in the outlying counties are plugging along, supporting each other and serving the general public, while "faking it to, to we make it." Several of us are falling apart, our blood pressure is almost stroke level and some have been placed on BP medication. WE have been on pins and needles watching the sessions, reading the outcomes and watching our Governor. WE are on top of it! Mrs. Fallon said Thursday during a press conference, she would not sign it and more than likely veto it. She was not in agreement to using one time funds. It's everyone's fault from Dr.Cline on up (Leadership, Governor, etc.) that allowed this to happen so long. My question is: What do we do next IF Governor Fallon doesn't sign it? Are the few OMES people that are temporarily detailed to OSDH costing us extra? Thank you for allowing us to vent and taking our concerns seriously, because they are, this is our livelihood that has been taken from us.

518 Again, I'm doing my job, supporting my agency and will continue to move forward. There's one thing the past OSDH leadership or others will NOT take away from me, and that is my INTEGRITY! Using video conference equipment instead of driving to a county for a meeting. This would save money by not having to pay for people for mileage. Pittsburg has 2 Programs Officers and Pontotoc County doesn't. Their is not leadership at Pontotoc county because the Director will not let supervisors do their job. The Director lets one employee drive around town and smoke, this happens 5 to 8 times per day.

520 Ask for Voluntary additional furloughs before going across the board with furloughs. Many of us are willing and can better afford the cut. Please don't furlough the clerks that don't make enough to put food on the table.

521 Considering the culture of this organization, and how I have observed criticism of current "leadership" staff members in the past, I choose not to provide meaningful input, fearing retaliation/retribution. I have experienced this in the past and the same persons responsible for past actions are still employed at the Health Department.

Thank you for the opportunity, though.

522 If the furlough goes into effect for every employee, close down the county health departments on a Monday or a Friday every other week. That way there are three consecutive days with computers turned off, lights turned off, and a/c or heater turned low. This will save money on utilities and will save supervisors from trying to schedule furlough days for EVERY employee. It's time consuming to set a furlough schedule and we are a smaller county. It will also give employees a three day weekend so the furlough won't feel as bad as a punishment as it really is.

523 When medication in the counties expires we have to box it up and return it to the state. I am not sure if there is possibly a reimbursement opportunity or not but if not it seems like a total wasted shipping effort when RN's in the county could keep a waste log and dispose of medication in our biohazard waste. It would save time and shipping cost.

524 Since ODSH has received the monies to help with payroll will the furloughs still continue until June,

While I enjoy my job here at OSDH Central Office working in [REDACTED]. I work my back side off just making sure all our stuff gets out in a timely manner. I've gone above and beyond my job scope. I have to wonder how it is that we hired a person to assist in my department with the same job title as myself as well as the same pay. This person has been here 6 months, I've tried to train the new employee, the Galt employee the new employee replaced, tried to train this new employee, my supervisor with the joke of a job she does (she didn't even train me) has tried to train the new employee and yet all the new employee can do is answer a phone! Leaving me to do the work for 5 Reviewers and my supervisors stuff from time to time. I don't understand why we have a 1 year probation period if we can't enforce it!

525 There is social hour in our area for hours almost every day! They turn on their computers to make it look as if they are busy working but they are watching movies or playing on their phones! One has been caught sleeping, several times and is still here and nothing has been done other than being told don't sleep up here! My supervisor took a 2 hour lunch the other day and sat back there the whole time watching a movie on her tablet! When I need to get ahold of my boss for a phone call or what have, she never answers even if she is setting right there by the phone! She has told us several times that we need to leave the front desk and come look for her that she is working, but all you ever find when you go look for her is she's putting on makeup or brushing her hair or in another office talking about finding a husband or whatever! Why is this behavior ok?

Our area is a very laid back department and we all love that. However, I feel that some take advantage of it and abuse it! Here's to a change and getting rid of the BLOAT!

First off, thank you for providing the opportunity to share concerns and ideas to improve the situation here at OSDH. I have a couple suggestions.

528 I hope we do not have to go to an agency wide furlough involving all staff, but if we do, may I suggest the counties be allowed to take their furlough days on the same day and close their offices? This would be beneficial in saving on utilities and less stressful on staff trying to cover clinics while already short staffed. Piece-mealing together a schedule while trying to cover our clinics is very stressful.

Additionally, I think it would be beneficial for our staff (especially clinicians) to have a review of how to best document for billable services. In this climate where every penny counts, I question if we are capturing all billable monies, agency wide.

Thank you.

Our department has a mandatory 2 day staff meeting every month that could be condensed to one day and could be online in the form of a webinar or Skype. Otherwise everyone drives in, receives per diem, travel time, hotel rooms and could be done much more efficiently. We have mentioned this many times as some people drive as far as 3 and 4 hours to attend. Responses are 'we have always made this two days, so we will continue'.

530 Also, state vehicles. It is my understanding we pay \$620/month for a state vehicle. My travel has never been that much since being in this position. So, rather than pay the lesser amount, I was issued a state vehicle just because our department does not want to give back the state vehicle to fleet management. While I can imagine this is a great scenario for some, I am more centrally located in my region, so travel has never cost that much. Just some thoughts. Thank you for your time.

531 Mr. Doerflinger asked that we (the employees) be transparent with him and the agency during the all-county videoconference on Nov 2. I would like to ask that He and this agency also be transparent with those employees who have chosen to remain with this agency. Please understand that our trust with OSDH has been greatly shaken. We represent OSDH in our communities and with our partners and now our partners at this time are looking at us like "what is happening and why?" It is directly affecting them in a monetary way as they are not able to receive TSET Healthy Incentive Grants and/or they are not able to promote these TSET Healthy Incentive Grants. We, the employees at the county level deserve some information and explanation very soon please.

Thank you for this portal where we can share our concerns. Thank you for listening.

532 I feel that we should utilize video conference more for meetings: It would decrease the amount of time we are out of clinics and decrease the amount of mileage that is being paid out due to travel. Most all meetings could be conducted via video conference.

I've been internally debating about whether to write you (afraid, as I have a tendency towards logorrhea, you may be frightened into immediate retreat). I'll do my best to keep my wordiness within reason but just want to share a few sentiments with you. Or perhaps reiterate what's already been shared.

Let me do begin though with a sincere word of thanks - for stepping in, stepping up, and with such a positive attitude. That in and of itself says a great deal and seems encouraging. Your confidence and humility (your ability to admit what you don't know) combined are winsome in my book and serve to incite a good deal of trust already.

You mentioned the "bloat" within this agency. I guess I'm just wanting to touch base here and ensure you're clear where the bulk of that bloat is? This isn't to insult your intelligence or ability at all - just to share where it appears from the perspective of a service provider. So, I'd hope you're looking into redundant middle management positions both at county and state levels. Beyond that, I'd hope you might somehow ingeniously devise a mechanism for input as to individual's performance. For instance, some technical supervisors for clinic-based services are excellent while others are, well, lacking and the epitome of the bloat you so astutely mentioned.

In the case that you're getting the opportunity to discuss programs with supervisory level leadership up there at the state, and you've unfortunately encountered my "technical supervisor" specifically, let me just say for Child Guidance Services that it is not only a program that could/should be generating significant revenue; but also that it is one that has the potential to greatly impact families and communities while simultaneously decreasing the need for prolonged/future services.

533 Furthermore! Child Guidance Services could be revamped to not only better generate said revenue, but also to grow and really be at the forefront of many public health issues that pertain to early years. (I've at one point gotten far too excited here and created at a very rudimentary level, a proposal for all of this including the partnerships within the community that could/ought to be strengthened.) At any rate, just as an example, technology and excess screen time - especially in early years and on the early developing brain - this will become a public health issue. Promise. And we should be educating moms-to-be and families about this and how to be mindful. (I could elaborate but won't inundate you with irrelevancies right this second. Just understand that on top of what we already do and are addressing, there is room for significant growth, improvement and change within our specific program.)

We provide a lot of services for our families ranging from newborn hearing screenings all the way to treatment (speech therapy, family counseling) and a myriad of beneficial services in between. I understand we can't be everything to everyone. I agree. But these are services that in rural areas especially or for those unable to pay privately, would go unprovided and these children and their families end up becoming more costly to our state when not able to receive the help they need early on - when it matters most.

That's 3 points. I'll try and wrap it up. Despite having several thoughts, soapboxes and insights I myself find ingenious, ha! I started with this program a bit over a year ago and I sought this position with this program/OSDH after having worked in a myriad of settings SLPs are qualified to work in because it seemed a nice combination of most of the things I loved about each of those settings. I love providing speech therapy through public health because communication - that freedom and human gift - that ability to help the children and families who need my help shouldn't be affected by income, insurance or inability to travel. Additionally, if a family is unable to pay or if insurance refuses/doesn't cover a diagnosis, I love that through Guidance, they still get the same quality of care they would receive anywhere else. (That being said, our state, our agency - yeah, we're in a mess for sure. So, we need to be billing for services as able - letting our clinical services bring dollars back into our agency. Anyway, I'm at a page with small margins so perhaps a discussion for another day.)

Praying for you - strength, endurance, discernment in your decisions and peace as you make those decisions!

535 When Mr. Doerflinger spoke of "bloat" at OSDH, the first areas which came to mind were the Center for Health Innovation and the Center for the Advancement of Wellness. Granted I am not aware of what type of service these centers provide, nor do I know their funding source. It seems no one really knows their purpose, thus making it worth the time to investigate and determine if these centers are truly in line with the mission of the agency.

itâ€™s not true, and itâ€™s all accounted for then I suggest we still do the following ASAP to protect it from possibly being misappropriated/lost in the future:

1. We need separate accounts ASAP to prove to the Feds that we are tracking and using their grant money as directed. Title X federal inspectors have told OSDH to do this numerous of times and it has not been done. Its just like how Planned Parenthood got into trouble using one account to hold both their Federal Grant Title X money and also private donations. They could not prove to the Feds that the grant money was not being used to provide for abortions (abortions is a direct violation for the use of Title X monies). So now the feds have stopped giving Title X grant money to Planned Parenthood. So to prevent federal grant money from being taken away from OSDH we must fix this today and prove to HRSA before they come that you made a drastic move to restore confidence from both the Feds and state tax payers. For example, I am paid by Title X grant money for 60 percent of my salary and 40 percent from Title V grant money. The remain funds from those two grants needs to be moved ASAP to separate accounts and then managed DIRECTLY by the grant director(s), not by someone (OSDH finance department) who has no idea what the grant requirements are of the money that we received. So that means an accountant (and if we donâ€™t employ accountants then that is another problem OSDH needs to fix asapâ€we cant have non accountants in those positions) needs to be either moved from the finance office to the Maternal Child Health (MCH) division where the Title X Grant Director works or MCH needs to hire an accountant for those two accounts (or better yet, manage any and all MCH grants and other monies). Then the grant director(s) will know exactly how much he or she has left to spend and if the Feds drops the Grant Award amount (which you forecast will happen soon and often) then the Director of the grant will know if he or she needs to let someone go due to federal grant budget cut backs. So the decision to hire and fire is done at the grant director level where it should have been all along.

2.If an OSDH division works solely off state tax dollars then that money can be divided up (at the Commissioner discretion) and then when the money is given to a specific OSDH division they should also have an accountant working in that division to balance/account for those dollars which will be spent specifically for their goals/objectives.

536 3. We need to stop furloughs for employees that are paid solely by federal grant dollars (like me for example). Because from the meeting yesterday the finance guy said we are only saving 600K and only 200K is saving state dollars. We cannot use the other 400K that comes from federal grants to patch holes in the budget because we canâ€™t spend federal grant monies on anything other than what the grant requirement has been designated for (we canâ€™t pay other people salaries or contract bills with those moniesâ€we can only spend it on things that we said we would spend it on in our grant proposal that was accepted by the feds prior to being awarded those grants). So the federal dollars that you are taking from me and other federal paid employees still needs to be spent on something inside of the prescribed grants (like the Title X and Title V programs that we do in MCH). So if we donâ€™t stop the furloughs then we have the following negative impacts: 1. If we canâ€™t spend the money that we saved from furloughed federal grant paid employees before the federal grant contract expires then we could have a smaller grant award(s) from a numerous amounts of OSDH federal grants next cycle. 1.a. also why would we punish federal grant paid employees with a furlough that doesnâ€™t help OSDH to patch holes in expendituresâ€this will drive so many people to quit??? 2. IF we donâ€™t stop this furlough now then we canâ€™t prepare and submit competitive federal grants because we will not know how many people we can pay salary for (people might quit) nor how much we can spend on supplies for each federal grant (because with less employees means less we can help the people of Oklahoma) then that means we canâ€™t make a competitive grant bid. If we donâ€™t have a competitive grant bid we could lose the grant (our Oklahoma grant money could be given to other states) all together (so many grants can be lost or dollar amount decreased due to our non-needed furloughs (of federal grant employees)â€this will put OSDH in a worse position). 3. Employees who are furloughed that are paid by federal grants are very upset and stressed out and might want to leave OSDH to work someplace else. 4. Furloughed federal grant employees are doing less work (only working 9 days instead of 10 in a pay period) to accomplish already overwhelming tasks that are currently assigned to us because of multiple reasons (no one wants to work for OSDH: lack of competitive wages, no pay raises, hire freezes, lack of confidence in the leaders, furloughs, loss of money, etc.).

4. We can go on with furloughs for state dollar employees to help pay for expenses that are not covered by federal grant dollars (200K savings).

5. I thought when DHS went through furloughs that they also understood the federal grant risks so they didnâ€™t furlough those employees in the past right?

We cannot make things worse by not doing these suggested changes please? I am willing to help out in any way.

Thank you sir,

538 The amount of racist and sexual language used every day at OSDH is appalling. I have overheard lewd and/or racist comments in trainings, in the office, and all around the building, even with department heads listening in!

539 Please look at the RIF plans for the agency. It calls for total elimination of several classifications (PCAâ€™s, LPNâ€™s, AT2â€™s, AT4â€™s, PIOâ€™s) almost all of these are in County Health Departments. Rather than eliminate ask the RHD;s about what is best for the county(s) they serve. For instance LPNâ€™s in the counties I have do nothing but WIC services and in large counties 5 days a week 8 hours a day and there is always an RN present in the larger counties. If they are eliminated RNâ€™s will have to do the WIC services at an increased cost. In one of my counties I have 3 LPNâ€™s and a WIC caseload of 2500/3000. It would be best for agency to keep the LPNâ€™s. Another is the PIOâ€™s there are only a few in the agency. They do news releases to local outlets on all the programs we offer, produce Newsletters that are distributed county wide, give presentations to groups on services available. A statement was made by one of the committee members that "the counties get all the news releases they need from the state office" and that is not the case. Each county has different needs. The PIO also serves on the EPRS team as a PIO. The AT4â€™s (I have 2) and they serve as supervisors of the clerical staffs. If they go someone else will have to do that service. AT2â€™s I have 4 and they are less costly than level 3â€™s. The PCAâ€™s assist the nurses, do all the lab services, and serve as the interpreter in a lot of cases. If they go the RNâ€™s will have to pick up their duties. And the language line will have to be used at a very high cost. I just want to ask you to look at this and then do what is best for the agency. This plan will cause a big impact on the counties. Thanks for your consideration.

Keeping employees after the first year even though concerns were identified early. This keeps employees who want to learn be held back due constant monitoring of the employees who wish to not uphold the standard and perform their job.

540 Being able to use to tools provided to educate employees with raw data to show the improvements they need to make. Constant reminders gets old. Even when told to write things down if they do not understand. In other words, poor performance over an extended period of time.

Taking away hotel points for those that stay out in the field a majority of the time. Do not understand why those were taken away. The employees are the ones that stay away from their families and this was a perk for the time away.

541 Transition WebEx's to a platform which will allow employees to schedule their own WebEx in place of having to request through COPS. Frequently there is a delay in services utilizing the current email request feature.

542 Due to recent financial events and indiscretions, RIF's will be necessary in order for the agency to continue its work that helps to protect AND improve the health of all Oklahomans. In the past year, many new employees have been hired at the county and central office level. Since these employees are still on probation, I feel that their employment status should be considered before a RIF is considered for long term and dedicated employees. To my understanding, terminating employment status of probationary employees is much easier than that of a non-probationary, classified worker. Our seasoned workers are more fluent in our mission and have committed much more time to our purpose. Additionally, some new hires are not able to complete the full range of job duties for several months. An example of this would be public health specialists. A new PHS is not capable of completing job duties until at least 6-9 months of training is provided. Thus, these staff members spend 3-6 months shadowing or working closely with a fully trained staff member. In this situation, two employees are being paid for the work of one person. In difficult times, difficult choices are required. It is our duty to keep our agency afloat because every Oklahoman counts on our agency to keep them safe and healthy.

543 Something that should be taken into consideration is we are not electronically filing the family planning claims. The nursing staff are not certified coders, and the coding is probably not correct all the time. We have had NO training on how to appropriately code the FP visits, we were just given a list of approved codes that are changed all the time when they figure out that certain things are not working. The FP department is losing money like crazy because not only of coding issues but billing. Most insurance companies want the filing to be electronic, some of them are still accepting paper billing, but it is just a matter of time before they will stop accepting the paper billing. Then we will not be able to recoup any of the money that is out there for the services. This will require funding, of course, to get the e-filing up and running, but if it is not done, we will not be able to file at all. The Nurse Practitioners get emails all the time on how FP is losing money, and I know that they respond back with incorrect filing procedures and nothing ever gets done. I know your list is long, but this should be on it somewhere. Itâ€™s worth checking out at some point. Thank you for your help, you were thrown into the fire, but I believe it is up from here. Thanks again.

544 Here's an interesting thing. I am told we have 2 (TWO) individuals at OSDH that do ALL the billing for our family planning services statewide. I have no rocks to throw at these 2 individuals. They are working their rears off and are months behind because they are GROSSLY understaffed. There is \$ to be made for some of our services, but our agency needs to hire some billing coders. Private practice does not do business like us, and yet we wonder why we are losing \$. We simply do not do a decent job of capturing what billing we could. I'm not saying we should become "for profit"; I'm saying lets learn to bill correctly and get paid for what services we've rendered to support our agency. Even the clinicians (APRNs, RNs, etc.) in the local offices are not well versed on how to appropriately bill. We can do better.

I would like to see the billing to Medicaid fixed because it appears that we are losing out on revenue. The billing used to be done at the County level, and the counties would work the claims. Who is actively working the claims now? I am looking at the record for a C1 client; the bill to Sooner Start is \$67.50 per encounter. I can see (Thanks for [REDACTED] efforts in PHOCIS) the dates that billing was sent to Medicaid:

5/2/17 - billed 8/14/17
5/30/17 - billed 8/15/17
6/13/17 - billed 8/15/17
7/18/17 - billed 8/15/17
8/10/17 - billed 8/16/17

Total of \$337.50 billed, no payment received.

I know there has been some progress made on the speed of billing - claims are supposed to be sent at 48 hours after service. My concern is that if we haven't received payment on the May charges, Medicaid will not pay after 6 months, so because of OSDH central office billing inability to properly take care of business, we will lose this income.

545

C1 is a program that costs more than it brings in, and if we don't aggressively go after the income it does generate, how can we continue?

If this billing was handled in the local office, it would be monitored and billed properly.

I've thought for a long time that one way to handle insurance billing is to hire a few "hot-shot" billers, pay them well, and let them work the claims aggressively. We should be able to make this work if we go after the revenue - doctor's offices do!

Our local CHD's do not trust the billing department to do their job, and the example above is one reason. Multiply that example by 10K clients, and there is over \$3M not received. Three great billers making \$60K or above would be good value, but if they follow the example that current staff follows, leaving paperwork to pile up, not following through in a timely manner, not enough oversight...

Thank you for your efforts. The CHD's that I talk with are frustrated because they are the front line - doing the work, creating the future income, and we have no proof that the income is coming in. So, when you tell the CHD's that they will lose staff because of the inefficiencies, we are left with frustrated and angry staff. They are ready to have a voice in the future of OSDH.

546

As a bilingual employee and using my skills on a daily basis to translate for Spanish speaking clients upfront when checking in and out and in the back for nurses or phone calls, It is not appropriate for OSDH to only compensate some of their employees and not others like me. Every other job I have had has given me an automatic raise in my pay for utilizing my bilingual skills. I was told 3 years ago when I was hired that I would be compensated and until this day I have not. I would really suggest that HR looks into this and fixes this so I may be compensated.

Many OSDH employees had suspicions that the Commissioner and Deputy Commissioner were misusing appropriated funds as well as grant funds. However, not having proof of the misuse, it was difficult to know to whom to report these suspicions. We were also aware of several cases of retaliation by the leadership. If someone did report anything improper done by them, that staff person would have been fired.

547 One possible solution is to set-up an e-mail for the Board of Health that only the Board office holders can access. Having communication received and processed via an office in OSDH on the third floor does not instill confidence that the communication is confidential. I realize the Board of Health secretary is required to maintain confidentiality of Board activities. Having the secretary's office on the third floor in the Commissioner's suite of offices (particularly under the most recent leadership) lacked the appearance of "safety" for OSDH staff.

Please understand that I am not questioning [REDACTED] integrity but wonder if she would have been pressured to reveal information if a concern or complaint was sent to the Board. Recent leadership created an organizational atmosphere of retaliation, "witch hunt," and cronyism that was not conducive to reporting improprieties for fear of the staff member losing their job.

- Thank you for working to correct the agencies financial woes and remembering that OSDH staff are people trying to do the best job possible within the constraints created by recent leadership.

I would suggest you look to the immunization division if you would like to see examples of mismanagement of funds.

The current director [REDACTED] did her utmost (and succeeded) to rid the division of YEARS of experienced personnel. Her experience with immunizations which would include the grants; spending plans; and funding needed to run the division was non existent. She took a division that had always been able to support itself and ran it aground.

She made sure that persons with years and years of experience left the division and then hired friends and colleagues from her old department . She hired them as contract employees paying them astronomical salaries, and pay significantly more than long term employees were making.

The rollout of OSIIS (the state vaccine registry)

549 was done by people she hired that came from her former division and who had absolutely no experience with the program, the registry or vaccines. Those friends (now employees) were responsible for training the field staff, most of whom had several years experience. This was a waste of resources because the newly hired trainers knew nothing about the previous system or the newly created system, and could not answer questions made by field staff. The rollout to participating providers was not completed by field staff but by the newly employed central office staff- who again could not answer questions or explain the differences in the program. This resulted in field staff having to correct the many issues that stemmed from that training.

Lori Linstead continually stated that the division was "out of control" but she continued to rid herself of field staff and hire at the central office.

The central office staff outnumbers the field staff -

The experience of the central office staff combined is less than the experience of many of the field staff as individuals , but at a significant cost increase.

The health department lost people who knew how to manage the program at a profit and knew how to work within the spending plan. If you were to look at the years previous to Linstead's™ reign and the years that she has been there - you will see that the above statements are all true.

550 When will the RIF start? And why do you not put out the list so the ones of us on it can plan for this horrific event. It's cruel to sit on it and not let us know anything.

Thanks

551 Would be helpful if agency TRAIN (training courses) offered during this time were tailored to meet CURRENT needs, i.e.:
- How do Lead through change
- Change Management 101
- Dealing with anxiety in the Workplace
- How to Identify and Implement Work Efficiencies
- Helping Employees Appropriately Deal with Stress in workplace
- Keys to effective communications during times of stress and change
- The important of Self-Care During Stressful Times
- How to adapt to change

552 I want to know when we will start getting travel reimbursement again. The claims are supposed to be paid within 45 days and for my September claim we are quickly approaching, if not already surpassed, that time frame.

553 How much longer until we know for sure about furloughs for the rest of us? And the RIFF for that matter. I need this information as soon as possible! As does everyone else in the OSDH.

554 it has been too long without significant to employee communication. After the initial meeting Nov 2 we have been given very little if any update. 3 1/2 weeks is a long time with out an update and job status still up in the air.

557 Approximately 4 years ago it was discovered that money was missing from several county health departments. The money was taken by trusted employees with many years of service. In one instance the suspicion was even reported to the administrator but she believed and trusted the employee. The BOH instructed our deputy to find a way to track funds coming in and going out of the health departments and that deputy came to our director and our group of 8 (we are now down to 7) and asks us if we could help. We stepped up. We developed forms, policy, procedures. We trained, reviewed, corrected, improved the process and forms, and trained & reviewed some more. Several of our group took on the task of balancing the cash in every county health department. That wasn't an easy task since they had never had to balance their cash before and we had to do a year's worth at one time. And we answered to the deputy at the central office and not to the administrator in the county so we could be brutally honest about what we found. Our reward for all our work was that they hired 16 to 18 Business Managers to the tune of over 1.5 million dollars in salary and benefits, paid them more than we were making, gave them fewer counties to cover than we were covering, allowed them to accrue comp time and/or overtime and turned everything we'd created over to them along with several other of our jobs. We were told since they answered to the administrators, we would still be the oversight because we answered to the deputy and ultimately the board. Once again you have the fox watching the hen house. And now, we are set to lose 1/3 of our group because the administrators have convinced everyone that we duplicate the work of their business managers. Forget the fact that it was our work to begin with, we created it and we were proud of it, or the fact that they could have just hired a couple more of our group for a whole lot less money, we stepped up when we were asked for help. And when push comes to shove and their jobs are at stake, are the business managers going to do what their administrator (their boss) tells them to do or are they going to say, "I don't answer to you" and report the truth? We all know what's happened in the past. And when something happens again, this time there won't be enough of us to pick up the pieces. Of course, that's after we get the knife out of our back.

558 Getting rid of the metal detector and xray machine in the basement entrance for employees would significantly improve morale. It is a huge inconvenience, and almost every morning I hear moans and groans from co-workers about it. The guards do not seem to pay attention anyway, and the rules are only haphazardly enforced half the time. For instance, if an employee has a cell phone in their purse or briefcase, it scans and is allowed in the building. If an employee puts a cell phone on the table next to the detector, sometimes the guards ask for employees to "light up" the screen to make sure it isn't a weapon. Other times the phone just lies on the table until the employee passes through the detector. If a cell phone is enclosed in something else, a guard never asks for the screen to be lit. I've brought both scissors and knives into the building in my lunch bag or work bags. Allegedly neither of these are allowed in the building, but they've never been noticed on xray by any guard. The metal detector and xray machine do not make anyone feel safer. They are an irritant. Having to remove jewelry, belts, and shoes is so frustrating! Not one single county health department has such measures in place.

If guests to the health department need to be screened, then leave the security equipment on the first floor, but get rid of the nuisance for employees entering through the basement.

559 Please do not get rid of the non-classified records consultants! They are their lifeline and help to the clerks and AA and APOs. Please reconsider... Please.....

560 Canadian county needs to combine the two health departments to save money. Yukon has a new building.

562 Why was Dr. Cline and Julie Cox-Cain allowed to resign instead of being fired by the Board?

564 Why do county health departments process Medicaid applications? Department of Human Services previously processed Medicaid applications. When OSDH agreed to assume responsibility for processing applications, I believe the agency was under the impression we would benefit financially from processing the applications as well as ensuring that the clients we provide services to would be Medicaid eligible, and thus we would be reimbursed for services provided. Processing applications are very time consuming for the clerical staff. It is my understanding that the agency does not gain substantial financial reimbursement, but continues to provide this service.

565 It is very clear the climate of the health department however it is really sad that we not only get furloughed and told to do our jobs everyday and keep striving, then when we are asked for tools to do our jobs are told no. It is really hard to continue to do our jobs when there are items we still need to successfully meet our job requirements. It would be nice if a clearer message was sent across to us all on what exactly are considered items that we can purchase, even though they are not coming out of the state budget. *Would be great if administrators got that message as well because some allow things and some counties are literally working with nothing.

566 Thank you for the information shared at the Leadership meeting today. I must say that not knowing if you will have a job or not is the most stressful situation I have been in thus far in my career. All because
people where in charge that failed to dot the I's and cross the T's. Which is heart breaking when you have complete faith and trust in those leading you! With that said, I feel that we need to have better checks and
balances mechanism in place to follow the money trail regarding enforcement. In the past, we have not been really sure where the money goes once the enforcement is issued or a legal case is conducted, etc. and
then when accounting gets the funds they are not communicating when and how much they received, or which account it went into etc. You have multiple cogs effecting the wheel and I am afraid that there is lack
of communication between the multiple departments that have a hand on acquiring enforcement funds. These funds could greatly make a difference if they were managed and communicated more efficiently. I feel
that this is a matter that needs more investigation to see where the gaps in communication/systems function are in an effort to better account for what funds we do have available for agency use.
Human Resource policies need to be revised or actually implemented as necessary. As a supervisor, your hands are tied when it comes to employee discipline. It is absurd to spend time documenting when an
567 employee is continually late for work or using leave without pay almost every pay period or violating other policy only to contact HR and absolutely nothing be done. This has led to other staff copying the
behavior, as nothing has ever been done to correct it (over many years). Our discipline process is simply nonexistent. Very frustrating -- As a supervisor, you just try to maintain control and calmness, but you can
not enforce any policy.

573 Please keep cleaning house at the state office, those salaries should put an end to the furloughs. Thank you
I cannot believe the Health Department is using agency funding to put our nurses in the schools. I was told the schools pay part of the salary. What kind of deal is this??
The school districts get enough of my property tax money they can pay their own staff 100% and quit sucking money off the Health Department. My suggestion is Health Department management pull them out of
574 the schools and put them in clinic where they are needed. Who's idea was this to put them in the schools in the first place? Much less paying part of their salary so they can work some other place other than the
Health Department.
Thank you.

575 Hello. I have a concern with nurses leaving the agency and the county health departments turning right around and hiring them back as contract nurses. This has happened in Canadian county and Pottawatomie
county.
Can you please look into the C-1 program especially in the counties. They expectations is to have 25 clients or see 40 clients a month. That's 2 a day.. 2... while on the clinic side we see upwards to 100/day some
days... depending on the day and what walks in or what is scheduled. C-1 has NEVER performed to the standard that was set. There are multiple other agencies in the counties that provide the same or similar
services.

576 Please look into how the Lead nurses are scattered out all over the state supervising staff some up to a 3-4 hour drive away. How does that work with a 6-8 hour round trip. When do they have any time to work?
And how does it work when there are Lead Nurses headquartered in clinics without any staff in that district. Why are they not reassigned so there is not waste in time, money and resources on travel, etc. and who
are they accountable to? Just observations from various clinic staff

Dear Preston,

Having been a Public Health Nurse for over [REDACTED] years, I have seen the ups and downs of our agency. But I have never been more concerned than I do right now in regards to loosing Public Health Services in Oklahoma.

I know you have said that you are going to get back to the basics of Public Health, but my concern is what that definition is and who it is coming from. I know you are very busy and probably stressed beyond all comprehension regarding how this is going to turn out, but you need to talk to the core of Public Health...the County Health Departments. I saw you in Cleveland County, but did you talk to those people standing behind you? Did you ask them what they are concerned about losing, besides their jobs?

577 I was prompted to write this as I watched Fox News talk about the Syphilis outbreak in Oklahoma County. Yes, they do have a lot of cases going on there, but do you not think the outlying counties are just as busy? While City-County is definitely in the news, the other County Health Departments work independently of them. OCCHD can hire as they see fit, yet the surrounding counties of Logan, Cleveland, and Canadian County cannot say "come one, come all, and we will take care of you".

I don't begin to understand all the financial goings on, but I know that the CORE Public Health services involve STD testing and treatment - we're making appointments, going from seeing 20 per day, to maybe 10 a day. Wonder how that is affecting this outbreak? We, in the past, have been told to decrease FP services...who's going to see that 15 year old that is having unprotected sex, and probably passing STDs? Who's going to take care of that 15 year olds baby who will be subject to Child Abuse, because there is no one to talk to about Post Partum Depression? The list goes on and on...supplies for STDs, Family Planning, Immunizations. All that is true Public Health.

Please take the time to visit other County Health Departments besides OCCHD and TCCHD. Talk to the Administrators of their districts, talk to what frustrates the staff out here trying to hang on to the Public Health that we know and love. The previous administration didn't care what we looked like, and didn't ask us about the changes they THOUGHT were good for Oklahoma. We are hoping you will take a different tack and learn all there is to know before deciding on what we can afford, and not depend on those that are still far removed from the counties. That 15 year old deserves that.

Thanks.

578 I have worked as a Public Health Nurse for the past [REDACTED] years. [REDACTED] This is a job that I have loved & not everyone can say that they have loved their job for that many years. I have been blessed!! I did not put in for retirement because of the financial situation that we are in the middle of now--I had already turned in retirement papers before this all came out in the news. I am still concerned for the co-workers that I am leaving behind & am hoping that this financial situation can be resolved. The furlough days are really a burden for the ones left behind that have families & was especially a blow right here at the holidays. We have had our "ups & downs" in the past [REDACTED] years, but I don't remember it ever being this bad. I am the 2nd nurse from our clinic to leave this month which really increases the burden on the rest of the crew. Our clerks, also, are down to the bare minimum (one of them retires today, also, & one other clerk left earlier this month to go to a different job with another agency). I work with a great group of co-workers who really care about all of our clients!! I know you are doing what you can to rectify this situation & I want you to know that you are in my prayers!

579 Through our region 1 health departments we have supervisors that are not qualified to be supervising the positions that they are over. In previous years I have tried to discuss this with HR and was told someone would get back to me and then I received a reprimand from my administrator because it got back to her that I had discussed a concern for our structure in our region. At times supervisors over a group of individuals are not asked to sit in on interviews because the administrator or her assistant have already hand selected who they want to receive that position. We have supervisors that have on knowledge to what the programs they are supervising do or what their mission is however these individuals are the ones that approve everything. Supervisors are selected on if they will to ask questions and just continue to do what is told of them and the 2 supervisors that landed in a supervisor role due to seniority do not get to take part in other supervisor activities, planning, and meetings due to the fact they do question senior leadership in our region. Employees in the field hope that county health departments are looked at as wells center office. I would leave me email but have lost faith in anything being anonymous due to past experiences.

as a nurse for [redacted] years with [redacted] with OSDH, having worked in all aspects of nursing... state health depts. are essential. there are so many that cannot afford insurance and have no means to any health care. I understand that the health dept is gearing towards healthy life style teaching, more in the public teaching... which is fantastic! accept... who are we teaching? the lions club, the 6th graders? if this is our path we need to go into the communities at the level of those that have no other means. if we eliminate the clinical services Oklahoma will be #50 in all things bad public health wise. many other states charge a small fee for the services we have provided for no charge. we have a lot of border state residents that know this and utilize our services. as a human and a nurse I want all to receive care, but why does it have to be at the cost of our poor state? I don't know any answers to the problems we face as an agency at this time. I do know that if RIF's are implemented and services are cut to public health teaching only.... Oklahoma will continue to suffer for generations to come. its a sad day when mismanagement has put such an important service and the loyal employees in the gutter. shame on you Mr. Cline.

580 all I ask is that during the decision making of what to do to keep us afloat.... don't make it all about some grants we could get if we stand on the street corner or go to ladies auxillary lunch with no smoking signs. make it about continuing to provide direct clinical services to those that have NO other options. they cant travel to HUB clinics. they are homeless. they are jobless. myself and everyone in my clinic are willing to roll up our sleeves and make this work. none of us are ready to be sent home, jobless, or furloughed for less pay (and at Christmas, wow) or to see those we serve be resourced out to things they have no way of obtaining.

sure hope I don't regret sending this. it sure feels good to be able to express with no fear tho. may it be so.

may fair and helpful solutions be found.

God Bless Oklahoma

581 In my 18 yrs with the health dept I've never seen a bigger waste in areas than I have in the past recent years. One of those areas is the WIC Peer Counselors. Please, whatever concept there may be for them, it may look good on paper, but not in action. We have terrific, skilled nurses and WIC certified technicians that have been answering breastfeeding questions, concerns, issues for many, many years. There has been a 24/7 1-800- Breastfeeding Hotline English/Spanish in place for many years that is answered by LICENSED LACTATION CONSULTANTS. The Peers aren't allowed to address concerns or issues. they are merely "cheerleaders". with all the problems in fundings, can this money used for Peers not used more wisely? In our office, the peers are difficult to supervise, and literally cause more problems than is necessary, but nonetheless, why do we even have them? Please consider this issue. Thank you for your time.

582 One way to save money is in EPRS should get rid of the Regional Planners. They make more money than the LERCS do and are continually duplicating the responsibilities of the LERC. In and Emergency the Local is the first line of defense and the last to clean up. The LERCS gave the local relationship and trust of the County Partners. They have taken the Plans to a all new high. The counties are so much more prepared than when the regionals were responsible for response. The LERCS work directly for the Regional Administrative Directors. Thank You

583 One way to save money is in EPRS should get rid of the Regional Planners. They make more money than the LERCS do and are continually duplicating the responsibilities of the LERC. In and Emergency the Local is the first line of defense and the last to clean up. The LERCS gave the local relationship and trust of the County Partners. They have taken the Plans to a all new high. The counties are so much more prepared than when the regionals were responsible for response. The LERCS work directly for the Regional Administrative Directors. Thank You

584 Management jumps all over the nurses at the bottom about the followups on our patients. One, in particular, I think is ridiculous and demeans the patient is dysplasia. Once the patient has been informed they have an abnormal pap smear and should followup with their physician that should be it on our end. Instead we have to keep calling and sending them letters to contact us so we can harass them on their pap smear followups. Maybe we should just get out of the pap smear business altogether. We are already duplicating services that sooner care/family planning waiver pays for patients to see their private doctor. When we provide duplicate services and pay APRNs big bucks to do something the family planning waiver already covers. APRNs do not followup for anything. It is a waste of good money and stretches the nurses at the bottom who already are doing everything.

Why are we duplicating these services. We serve the people of Oklahoma. We want the best care possible for the people of Oklahoma. The health department aprns are limited in what they can do while private doctors can do more services.

My suggestion is to eliminate or greatly cut back on family planning services.

We are short staffed at the bottom level. The poor lab lady had to leave early one day and the labs were not processed. Guess what, the clinic nurses catch hell for forgetting something they ordinarily do not process. However, we will try to remember this for future reference.

585 We have a county director who would not hire an additional lab person but yet would allow a new hire to go through APRN school and keep her on the payroll as a clinic nurse in the interim. (Which took her away from clinic much of the time). Once she graduated and got her APRN it was pushed through to bump her up to APRN status before these hiring cutbacks went into effect. In which her clinic nurse slot was not filled.

The reason why I spoke of the APRN is because of the injustice of the hiring priorities and management protocols to screw over the clinic nurses.

589 Doesn't it cost money for a contract worker to come in to the office on their day off, while working their other job, and use our fax machines and facility for their other job?

590 Staff at the county sites would like to know asap when/if we are being furloughed and/or rif. A suggestion would be that if rif is put into place that we have those all on the same day so the general public can understand what is really happening with our agency.

591 CMAD is a grant database. I am getting access in it. Note: a coworker was showing my some work she done in it this year. PROBLEM IS: The p.o. we were looking at showed income they started with was around 29,000 but that is changing to around 109,000. Just income. Travel showed each month around 100.00 to 150.00 each month supplies are almost zero. So in the 12 months the numbers are going to change from the first proposal. Moving money..... to her income line item from other line items. My coworker said well this is her last grant with us anyways. No RED flags on it. I would think this is some kind of \$\$\$ problem. Might want to look into it.

<https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>

592 If you have a chance to look this over, it think it is very insightful. Public health can be much for financially efficient by focusing on population based health, instead of individualized health care management (clinical approach). Moving away from clinical services is not easy, but it could dramatically reduce cost and would eliminate the redundancy of services provided in the community. A limited nursing staff could focus on education and would make a larger impact. The sad reality is that moving in such an innovative direction is not easy but, with proper management and oversight, it could lead to a leaner and more productive agency. Thanks for considering my recommendation.

594 In the past the leadership above has disapproved any attempt to obtain grants from Federal or other health agency related sites for training. Many of these grants actually pay for the travel and tuition for a person to attend a course. I do not understand why we cannot accept or apply for free money.

595 A few years ago many Health Dept staff who received a "meets standard" on their PMP's received an one time \$1000 "bonus". Knowing now that questionable financial practices were going on then I am curious how they were able to come up with the money to provide such a "bonus" to so many employees.

597 Preston, I want to say thank you again for all you are doing to help us. I know you do not have an easy job.

598 We need some information from OSDH to give to the public immediately. In my area, I have had 4 nurses leave in the last week with 3 more giving resignations and leaving mid-December (1 aprn, 1 rn, 1 cwnt). We can no longer provide many services due to no staff. I have one county with no staff and am trying to stretch the other staff to cover. We were already down to bare bones and now I have had 7 people resign. Most places don't provide STD testing for those without insurance and with a syphilis outbreak, this could get very ugly. I don't have staff for communicable disease outbreaks, TB outbreaks (we have 1 active case in a nursing home right now), STD outbreaks, etc. We need some direction and support and some information to give to the public regarding decreases in services.

Even if we can re-hire in the future, it takes many months for staff to be trained and I also need staff to train them.

599 I think your emails after 5:00 pm on a Friday are ill timed.

600 Since the Records Consultants had to cancel their meeting for Thursday and Friday because of travel expense I expect to here that the District Nurse Managers canceled theirs too. Records Consultants didn't meet
last month to save on travel so we could this month. Reviewing Insurance Billing and corrections, reviews and other county issues is just as important as nursing issues and gift exchanges.
Last minute notices can't happen again. We have to give 48 hour notice to the hotel or pay a penalty.
No favoritism can be shown at this time. Everyone is stressed enough.
This was released on November 30th in the News verbatim: Furloughs are still in effect at the health department for employees making more than \$35,000 per year, although a planned reduction in force has been
601 put on hold. The agency has about 2,000 employees.

If this is true, can you please tell us. Christmas is quickly approaching.
602 Has anyone looked at the director (there are 4) to employee ratio for the public health lab? And how many reports (direct & indirect) each one has)?
Why does OSDH no longer value our employees and take initiative to have our employees receive supply flu shots. They can charge our healthchoice insurance. Every state agency that I have worked for
605 considered it a critical task to take care of our employees and thus take care of our clients. They had a day when all of the employees would receive their flu shots. I got mine at Walgreens. We have not even
received an email reminding us to get our flu shots. This is one of the reasons OSDH employees feel that they are not valued. It is the simple things.
Why would the OSDH retirement coordinator be requesting an employee who is trying to retire to sign an "EMPLOYEE NOTICE OF RESIGNATION"? There is S02 for Retirement, but I am not wanting to
606 resign - I am wanting to retire.

GOOD MORNING. AS YOU KNOW, THE RUMORS ARE LYING. ONE RUMOR IS OF GREAT CONCERN TO ME. WE HAVE HEARD THAT NON-Classified employees will be released, and walked out of their work places as if they did
something wrong. One of the employees that I am worried about is our Record consultant. She is non-classified only because she is a Senior Record Consultant. Other RC's who are classified, are not as proficient
as the Seniors. The Senior RC's do all the training, they are our go-to person in the counties for all Records questions, for questions we have on the LEP and Phocis programs, billing, etc. I will be very
disappointed in this agency if they take such a drastic step.

The cost to morale when you treat a long-time, successful employee this way is big. Also, we will be left without the expertise needed to perform our duties effectively.
607 If this rumor is true, I request that any pending actions be placed on hold and a more thorough investigation of county needs and current resources be performed.

At a minimum, these great employees deserve written notice of at least 30 days.

Sincerely -

608 I don't know if you have addressed over use of FedEx when sending things out to the counties but Children First has been know to send three plastic lapel pins to our county via FedEx when they could have just put
them in the weekly shipments we get.
Although there have been no public announcements, word regarding the membership of the Joint Commission on Public Health has gotten out. I have serious concerns regarding the credibility of the commission
610 considering some of the potential members. Please carefully consider those that are recommended for the membership. Age and experience does not always reflect wisdom, and old friends rarely provide the
diversity of thought so valuable for such an important endeavor. Respectfully...
While we are not in short supply or rumors, I've heard from a credible source that the members of the Joint Commission have been identified. I've also heard a list of names. There seems to be little, if any,
611 representation from the central office and only one, maybe two regional directors. Public Health, for the most part, occurs in communities. Why not include at least three current regional directors to get a broad
perspective of public health . Why are we looking back to previous directors to guide the path for the future of public health in Oklahoma?
612 When are county sites going to be notified of layoffs?? We are really anxious to know if we still have jobs. We need to know and it increases our daily stress levels worrying about it

613 We really need more feedback than we are getting. We have SO many rumors going that everyone is being furloughed and we have people looking to leave and leaving as a result. Could you please send us more information. From every side we are hearing that there is nothing to this being transparent. I have personally been defending Preston as I understand that that everything cannot be shared and it takes time. Please send out more information on where we stand. Thank you

614 This is a concern of quite a few people in the Public Health Lab (PHL). Why have technical lab positions been eliminated (these are the ones that actually do the work in the lab), but yet all the director positions have been retained? The PHL has almost as many directors as it has lab supervisors (supervisors manage the day-to-day operations in their respective labs and also do testing-the lab could not operate without the supervisors). The directors get paid quite a bit more than any of the technical staff. The directors are on a different floor than the labs and make sure they (the directors) are well taken care of-most of them couldn't care less about the laboratory staff. Only the technical director comes down to the lab on a regular basis and actually seems to care about the lab staff. The directors have plenty of time for drinking coffee and chatting with each other, but are mostly indifferent to the concerns of the lab staff. It's no wonder the morale at the PHL is below the basement. The only thing that keeps this place going is the incredible laboratory staff that work their butts off!

~~these are just some ideas for helping to streamline health department procedures.~~

County office frontline nurses are expected to follow up on communicable disease outbreaks. There is not enough frontline nursing staff to adequately follow up with these outbreaks which are put on the computer by state office officials. Because we are also having to do general clinic as well. Something state office officials do not do at all.

I would like to see, perhaps, more involvement by state office officials in the investigation of communicable disease outbreaks. At this point, it is just passed on to the frontline nurses to do everything while state office officials could be more

proactive and do the investigation themselves.

As a result, there would be a better team spirit. At this point, it is only a one way street and it is always to the frontline nurses disadvantage.

615 On another subject, there are many fine employees at state office who really do not do anything except draw a big check and go on state sponsored retreats to learn more about what other states are doing. They then try to change our protocols. This has a twofold result: it helps justify their position and it makes more work for the frontline nurses.

An example of this: the breastfeeding peer counselors who will no longer be allowed to issue breast pumps. State office mandates the nurses issue the pumps which have been issued in the past by breastfeeding peer counselors. The reason this was mandated was because some high official up there went to Texas and saw the nurses were issuing breast pumps and thought "we gotta do it that way because of our funding". What a crock.

If it is because of funding then the frontline nurses should be getting a million dollars a year because we end up doing everything .

Thank you for your time and all you are doing for the good people of Oklahoma.

What happened to your promise that we would know RIF details before the media?????

616

617 IT WOULD REALLY BE NICE IF YOU WOULD'VE INFORMED EMPLOYEES OF WHAT KOCO CHANNEL 5 IS DISPLAYING AS BREAKING NEWS. THANKS SO MUCH.

618 You assured us that we would learn things from the state office before they broke on the news. This is very distressing for employees. We deserve more consideration. <http://www.koco.com/article/oklahoma-state-department-of-health-notifying-employees-of-layoffs/14390495>

I got a phone call from a friend that said they read on Facebook where OSDH was letting employees go today. I would like to say it is HORRIBLE to learn of my co-workers fate (and maybe my own) from social media instead of my employer. Now I sit here wondering if I am next. The new transparency that was talked about is NOT transparent at all on the local level. I talk to coworkers in other districts and regions.

The regional directors are NOT giving the same information to their employees. Mine isn't telling us ANYTHING!!! The regional director next to us is trying to be much more transparent with employees there.

619 My trust has been lost with OSDH leadership. Even with new leadership the trust MUST be earned and not given. Trust starts with being honest and transparent. I would like to know when OSDH plans on being more transparent to the LOCAL LEVEL, public health workers that are out here trying to make a difference. Trust me it is hard to show up at this place with a positive feeling. Everything other than seeing OSDH leadership resigning has been a horrible experience to go through.

It has been repeatedly communicated to OSDH employees that there was going to be transparency in the process and at the all employee meeting we were told that we would no longer be "finding out information from the news" and instead would be informed by the leadership of the agency.

620 So I am trying to understand how today (Friday, December 8th) my co-workers and I are finding out from the local news that layoffs are being announced today and people have already been let go. I saw the first news story an hour ago and still have not received any official communication from the agency. How is this transparency? How do you expect us to focus on our work? We have been repeatedly told that we should not spread rumors, but without communication from senior leadership what do you expect us to do? Rumor is all of the information that we have.

621 It's ridiculous that we're hearing more on the local news right now than we're hearing officially from our own agency. The silence and lack of communication is killing morale more than any layoff, especially with Christmas in two but weeks. Just what you're doing and do it. Quit dragging it out and let us get on with it without feeling like we have an axe over our heads.

622 Why are we hearing about layoffs from the media before we hear about it from OSDH leadership?

Hi Preston,

This morning (December 8, 2017) my entire family was texting me because they are seeing news reports of Health Department Lay Offs! All are concerned and frantic wondering if that included me! No one at the Department has had any communication regarding any plans before they are given to the press despite comments about being transparent. Our mid-level management, and the level above that, had no idea this was going on either. It seems like the least someone could do is to let employees know that information will be going out to the press even though you cant give us specific information. And if this is something you did not release to the press, you have underestimated the impact the decisions being made about the livelihood of the Department of Health employees behind closed doors has on everyones emotions and well being. While we are all aware of the difficulties of the department and the hard choices that are being made there is no reason for people to be quietly walked out of the building. This action adds to the distrust that has been part of the culture of this agency for far too long.

This type of deceptive action also lowers productivity since there was no warning to prepare for the termination of our co-workers. It is human nature to be hurt by this and to look to others for support and answers as well as spreading the news around program to program, floor to floor, throughout the building, and, obviously out to the press. How do you expect work to get done when we are blindsided like this? And when are we going to see lay-offs and cuts taken where a real difference can be seen to the bottom line. This agency is so top heavy itâ€™s amazing the building can stand up against a gentle breeze, much less the famed Oklahoma winds. Why are the people who put their heart and soul into making these programs successful, and cost the agency the least, walked out while the those who cost the agency the most, appear to care more about bank accounts then people, and make the least impact to peoples lives continue to collect paychecks, comp time, benefits, and praise?

623

No one came to work this Friday morning, two weeks before Christmas, expecting to walk into the devastating news of lay-offs. News which can almost be considered gossip since the information was not formally announced by the people we should expect this to come from. Now we will all spend the rest of the day wondering who will be next, me? And, once again, we can expect news cameras pointed at us as we leave work today emotionally shaken, confused, angry, and most of all, deceived once again.

Being the career politician you are, Preston, I do understand your priority is to leave your breif time at the Department of Health as the hero who saved the agency from devastation and bancrupcy, in the eyes of the other career politicians anyway. Deception and secrecy are the primary mode of operation in government but you did stand up in front of a room full of concerned employees and repeatedly talk about transparency and how the lines of communications will remain open. We missed the part where we would be getting our information from the media. And your â€œkeep your chin up, continue to tow the lineâ€ emails which contain no real information or honest support do not come close to any promise of communication or transparency.

You can lessen the uncertainly by keeping your word on transparency, Preston.

624 This is a horrible day for the health department and I am ashamed to be called not only a state employee, but especially a OSDH employee. You, Mr. Doerflinger have lost my vote of confidence, my trust, and my respect.

625 Those of us left are already carrying a heavy load and with those employees being let go we will be even more burdened. You say the work can be absorbed by other positions you bring your little happy self to the counties and sit on the front line where our staff are being yelled at, yes yelled at, by clients when we cannot get them in in a timely manner. the people who make the least in this agency are being burdened the most. this is disgusting.

626 I'm so disappointed in you. In your meeting you said you were not going to let dead weight stay just because they had seniority. I figured I'd be going because I'm one of the two last clerks hired. I take my job very seriously and volunteer at every opportunity to do extra work or work on a project and I am here EVERY SINGLE MORNING before 8:00 (by 10-15 minutes) so that there is someone here when the clients come through when the doors are opened. I am the ONLY one clerk here at 8:00. The other three clerks come in any time from 8:05 to 8:20-25 on a late day. One of the senior clerks (that you have left in place) will call in and it's not unusual for her to say she won't be in until 10 or 12 or say she has errands and won't be in today--no notice at all, not caring what it will do to the rest of the team. There's a running joke when she's late on Friday or Monday whether she'll be in at all because she's known for calling in one of those days to say she won't be in. I see that there was no investigation into the employees attendance/PMPs to make your final decision but I didn't really think there would be. I had hope but I'm not surprised. It's much easier for you to just go by seniority regardless of the results. You have done a real disservice to the people of ██████████ Rifting the clerks you did and leaving "dead weight" here to man the front line.

627 How can a 1 nurse county health department continue to provide any services when the 1 nurse was included in the RIF? I know of two counties that are now WITHOUT a public health nurse at all directly because of the RIF. It is beyond my comprehension how core missions can be carried out in these 2 counties. Please give me a response.

628 I really do not understand the thinking in determining who is to be on the RIF list. You have Administrative Assistants, which do both their jobs PLUS Admin. Tech. jobs. The positions we train. Would it not make more sense to keep the A.A.'s so that two positions can be taken care of? This whole process is ridiculous. I know you probably won't answer me but, did you not ask the Administrators for the counties which postions were the biggest benefit to the counties? I have been here 5 years, trained several employees yet I am the one being RIFED. Not the AT's, which have only been here 1-2 years. Does that make sense to you? It sure doesn't to me. I can only pray that something will be done to save OUR jobs!!!
Sir

629 I was reading about your deposition at the special session. Sir you have been totally fooled by the OK and Tulsa county bosses. They are worse than the OSDH in cooking up numbers. They claim that they have improved the health of the population they serve. This is the biggest lie ever. The State lags behind in our Health indicators because of these two counties where most health indicators are pitiful , but their claim is otherwise

Second the employees that have been RIFed are not the ones or the areas who do no work. The worst are the ones that have used up the funds incessantly such as the Center of Wellness, Center for Health Innovations , Performance Management , Health Informatics and Center for Health Statistics. The last two have survived through their associations with the upper management, state capitol and by manipulatively expanding their areas for job security. These divisions have not done anything that is efficient or useful

Dear Mr. Doerflinger,

630 I am hopeful this will not fall on a deaf ear. Today I learned that I am losing several staff members due to the RIF. I do understand the RIF is necessary and I'm not writing about that. My concern is that I don't understand why the requests of the Regional Directors regarding which staff to cut were not taken in to consideration. I am told that I must decrease from 5 to 3 Level 3 RN supervisors. Case in point: Instead of cutting my newest RN 3 supervisor in the RIF, who is least qualified, instead it's my most senior, most valuable to the agency RN 3 supervisor that was cut--against the specific request of the Regional Director. I am not sure that the new RN 3 supervisor (who has been a supervisor less than 18 months) can even handle the task of supervising 2 counties. But my veteran RN 3, who is always the knowledgeable leader in addition to being the CPR instructor for 6 counties, is not even given any consideration--in a county that provides the highest percentage rate of service per county population. Wow. This is the epitome of poor decision making that evidently OSDH continues to practice. I am sorely disappointed.

Good afternoon Preston,

You had made a commitment when you started here as interim commissioner that you valued transparency and open communication in your tenure here. I believe at the time you announced this was your view that many felt heartened and glad to hear those words. However, I now believe that you have a distinctly different definition of what open and transparent communication looks like than many of the employees here after seeing the way the employees who were terminated were treated on December 8th. There was no notice ahead of time given to these individuals, nor was there any communication from you what was happening at the time and this resulted in a chaotic situation that fostered rumors and fear. That does not appear to fit at all with a commitment to "honest and transparent communication" as you initially pledged was important to you. Many of us first learned that these individuals were being terminated second-hand through news reports many hours before any statement was made by your office regarding this decision.

631 Now the following week Monday morning there are stacks of spreadsheets on each floor with names of individuals facing a termination with no context or explanation as to how this decision was reached. In addition, based on your comments in public to the House Special Investigation Committee regarding "we're going to have more difficult decisions ahead of us" it now sounds like you are foreshadowing a euphemism for further layoffs. It is again unclear to me what this type of comment will relay other than that the employees who have (as of the time of writing this) not been terminated should prepare for yet addition fear about their futures with no communication to them directly about what plans for closures, additional layoffs, or program changes may be. It would seem to me sir that you are not being open in your communication to the employees you pledged to be open with. While I do not think any of us expect to be in attendance for all decisions, the lack of roadmap for what decisions you are making is doing nothing but create fear and anxiety at the agency you are tasked with restoring a sense of consistency to. Please consider fulfilling your pledge to communicate more openly and honestly with your workforce so that we do not have to read about events through news reports before we hear about them internally from leadership.

I have only worked in a County Health Department for several years now. One of the things that seems to be a constant battle is having two sets of rules. The way the OSHD wants things done and the way the Director at County level says things can be done. If we are one agency with multiple locations, shouldn't we all function the same? I find that to be confusing. An example.....Public health nurses in the schools. There are a handful of full time nurses who currently work in the schools. All work under the same director. The only director who puts nurses in the schools. It's confusing because there is "the state way" and "the Jay way." And sometimes those two ways collide leaving a gray area that shouldn't be. And why is it that county health departments are paying contract nurses, staff when others are losing their jobs because of budget issues?

633 How does that work?

I'm so sorry in advance for this because I'm sure you've heard it a bajillion times but I just can't for the life of me understand letting go of *good,* hard-working, underpaid clerical and nursing staff while retaining the useless, mindless middle management positions right there at the central office. Public health is about people available out in the counties to serve the public. We don't need the bloat-y positions you so astutely acknowledged micro-managing those services and being overpaid for what minimal effort they do intermittently make. Beyond that, we were already working quite short-handed so this should be interesting going forward. Are we now going to (continue to) be paying travel to cover multiple sites and even further short-staffed? I know this will make no difference but it makes me feel better to think someone up there in the ivory towers might hear this for what it is - just a simple expression of the magnitude of complete suckery that is this decision-making and process in its entirety. Iâ€™m sure youâ€™re doing your best but honestly? Cutting the people that actually do the work? Mmmmmâ€¦just doesnâ€™t seem all that great of a â€œstrategic plan.â€ Oh, and one more thing â€œ just band aid it. Tell everyone up front â€œ who is being let go and timelines. Having administration post lists and employees going to check like third graders checking to see if they made a sports team or not â€œ doesnâ€™t seem quite right? Youâ€™re notifying people of their livelihoods. Treat the matter with the gravity it holds and treat these people with the respect they deserve. The morale isnâ€™t ideal as it is. No need to further worsen it.

634 perhaps as a cost saving measure, the health department could abolish the school nurse program. This is where a health department nurse becomes a school nurse which pulls her out of helping in clinic. I don't quite understand this line of reasoning since we are very short handed in clinic the way it is presently.

635 thank you for your time.

636 Hello, to you Mr. Doerflinger; I am one of the unfortunate employee who made the list of the RIF. This saddens me very much I enjoy my job and I see many people who I have helped they are very important to me I wish I could continue to work even if it was without pay. I serve many Hispanic people they come to me to help them since they don't understand the language my county is on of the few counties that have Spanish speaking interpreters. I am very fortunate to have worked her for [redacted] years , I enjoy what I do I wish that you reconsider some of these positions since I was under as a PCA my positions was abolished that is how it read at the top of the list. I am a [redacted] with [redacted] children like many of my coworkers we are worried and scared of what we are going to do each of us with our own situation. I pray in God that all of this can soon be resolved and that we all can still have a job I have been here for [redacted] years I have given the state all these years I hope I can continue for the sake of your community especial the Hispanic community. I believe that with prayer everything is possible I pray for you and everyone who is in charge . I pray that you find in your heart to do the right thing for all of us . This is not our fault yet we have to pay the consequences by losing our job. please reconsider ; in the name of JESUS God Bless.
angry! ANGRY! I am a [redacted] year old widow who gave 11 wonderful and fulfilling years to this agency and the State of Oklahoma. Now, due to no fault of my own, I find myself out of a job. You are an
637 APPOINTED person - you did not apply for this job - yet you come in here, with no knowledge of public health, and start hacking away. I don't have friends in high places to put in a word for me to avoid getting cut and I certainly don't have the money to buy my way out of losing my job. IT IS NOT FAIR AND SIMPLY WRONG!

Hello (again)...
638 I'm going to do my very darndest to remain in a tone of civility here but the morale continues to diminish with the *good* people you have left making plans to leave. Which, maybe is exactly what you want to save a dime. I don't know. I don't care. I just need you to understand as fully as you're able that these people would stay if you could make the remainder of your decisions/cuts based upon common sense rather than whatever mary poppins brand measuring stick you've made up there. Middle management - get rid of it all. Upper management that lacks empathy and any trace of human decency - get rid of that immediately (e.g., regional directors that question clinicians and nurses who exude any level of understanding with their clients or coworkers). Please consider your opportunity to not be an asshat. Thanks!

640 I wanted to clarify something based on the recent news. I am from a smaller health department that is having to limit certain clinics and send our staff to cover other counties because of our limited "direct patient care" staff. With the recent RIF, we have lost employees that are hard working and continue to have some employees that I would think are considered as "bloat". I wanted to express frustration about having to work hard along side some whom do not work hard. This decision has not been something for our county that I believe to have increased our productivity but make it worse. And we are expected to see the same number of clients? We have a person whom I am unsure of their title that I am sure has a high point status with the company. This person, shreds paper, opens bandages, and counts out condoms. Maybe looking at counties as individuals instead of as a state as a whole (and their titles), we could actually decrease our bloat where it is necessary and increase our abilities to see as many clients as possible, and maybe make money instead of losing it. We have someone who is working in other clinics and being told to claim it with their grant. This is something that needs to be addressed individually to truly decrease "bloat".
A suggestion for cutting back at the health department:

Eliminate the maternity clinic in the few health departments that still do this free service.
The maternity patients come to the health department and have expensive lab work drawn
And if the maternity patient does not stay with the health department as a maternity patient for a certain length of time, the health department will not get reimbursed for all their expenses, including costly labs, through Medicaid/soonercare. This is a black hole for money. Maternity patients have to all eventually go see a private physician in their private clinics anyways as
641 the health department does not deliver babies (even for the illegals). Why does the health department want to undertake this type of service when it is such a liability?

Just a suggestion for your consideration.

642 I was very disappointed to hear Mr. Doerflinger's comments regarding the recent RIF. "Cutting 200 positions should not have an impact on services" and "I'm not concerned about service delivery being affected by the elimination of these positions". I would be interested to hear what facts you have to back up those statements. As an OSDH county employee of over [redacted] years, I can tell you most definitely these cuts will affect services dramatically. Your statements are a "slap in the face" to hard working county employees who have, for the most part, been understaffed for the last 2 years. I would invite you to visit a county health department and actually see the work that is done each and every day.

643 As a suggestion to help frontline nurses and to encourage a more proactive stance from state office, have the STD division enter the HIV and STD information they want into phiddo. They can get it from the state labs who process this information. It would be appreciated by those who have already entered this information into the patient's chart. If Jan Fox wants needless repetition let her put her shoulder to the wheel. She has done her part in making our life here at the lower levels more busy. I know I know they can't do that because that would take all their time.

Either way thank you for your time and help and for at least reading my suggestion.

644 Who told you that "services would not be impacted"? Because from a county perspective, that is a lie. Cleveland County went from 5 APRNs to 2, and FP services in the district went from weekly to monthly. Yes, services WILL be impacted. Now that 15 year old in the rural area will only have one shot at getting in for birth control (yes, teens ARE having sex!). Now we are setting them up for teen pregnancy, poverty, child abuse, infant mortality, and the list goes on and on. Please do not say in public that services are not being impacted. The citizens of the Counties know that yes, THEY ARE BEING impacted because we do not have enough staff to see the clients that we were seeing 3 months ago. You just listened to the wrong people. This RIF was just like the previous administration, with a few of their pet projects getting axed. It still hit the counties really hard. Know who is counseling you!!!!!!!!!!!!!!!!!!!!!!

Dear Preston,

Thank you for providing us the opportunity to express our concerns on an individual level.

You mentioned in your public address the agency has bloat and one of your primary objectives is to identify these areas. Being a long standing Health Department employee, I agree whole heartedly with your statement and realize this agency has needed to be on a diet for some time now. Common strategies for completing this task begin by identifying the agency's key future objectives and maintain only employees essential for that plan to succeed. It is best for these employees to be identified by their productivity, quality of work, willingness to learn new tasks and other similar traits which ultimately support the agency's mission statement.

Normally, these quality employees and their position are identified by speaking with department heads, reviewing PMPs and reviewing the employee's position as originally described in the vacancy announcement. While all these tactics are legitimate and can help identify key employees and positions, I don't believe these tactics allow one to get to the heart of the problem.

645 In every department there are positions that should be eliminated, consolidated or employees who should be replaced. These positions and employees cannot be identified by the strategies listed above. Why do you ask? For one thing we have department heads that blatantly ignore their poor performers and as a result do not address these employees' issues through the progressive discipline process. These poor performers' PMPs indicate they have meet standards for years and yet because of their supervisor's lack of initiative, their presence slowly erodes a department's morale and motivation. These supervisors instead of dealing with the difficult employee slowly turn those duties over to their high performers to take up the slack causing overload and burnout. The supervisor also attempts to fix the problem by hiring temporary and GALT employees to take on these duties. These actions only create resentment in anger in their department resulting in abnormally high turnover. Also, there are employees who on paper appear to have a position with legitimate responsibilities but in reality spend most of their day enjoying the social aspect of work. These employees often receive a highly paid supervisor salary where in return their only output is to approve a T&E and assign their tasks to lower level staff. These employees are draining our agency of vital resources, both human and monetary.

This bloat must be identified in a more untraditional manner. I believe a survey or interviews should be developed that allows the lower level employees to openly speak about the things they see occurring in their department. These employees are typically the ones called to complete their supervisor's work or that of their poor performing co-worker. When others would turn a blind eye, these employees would most likely to tell the truth because they have been looking for their voice for a very long time. I realize what I am asking may be akin to a modern day witch hunt and that is not my intent. What I want is for hard working employees to keep their jobs and those who are not performing to be removed or replaced by those who want to support the agency's objectives.

Sincerely,

Concerned Employee

646 Reading about the Board of Health session on Channel 5's website makes me ask why isn't the Board of Health being held accountable? Where is their transparency into what they knew and when they knew of the financial problems? Looks like an executive order from the Governor could easily replace them and give the OSDH a brand new clean slate!

647 I am writing you in response to my RIF after [redacted] years with this agency. I am trying to understand how nurses in the same position I'm in, but been here less than 2 years get to keep their job, yet I don't. How is rural OK going to survive?

648 I just read this: "When questioned about how many of the people losing their jobs in are county departments versus the central office, Doerflinger answered: "The majority are in the counties." online...

How can you possibly justify this??? Juuuuuuuust wondering.

650 One of the tabs on the RIF Plan spreadsheet is titled "Otherwise Occupied" and nobody seems to be able to explain what the list is for. One of the columns is "Expected Announcement Date" and the date listed is 1/1/2018. Is this the list of the next round of RIFs?

652 Mr. Doerflinger - I appreciate your hard work to help this agency. It is greatly appreciated and badly needed. Thank you for opening up this portal to receive our feedback. I am disheartened by the layoffs and that most of the "bloat" was determined to be the boots on the ground in the county health departments. I know you are making hard decisions, but for example... in one of our county health departments, we have started telling the local hospital that delivers babies to let new moms know that they "need to have a plan to feed their babies for the first 4-6 weeks" because that is how far out we are having to schedule WIC certification appointments. In the past they would be seen within a week. This is because we do not have the staff (nursing/clerical) for these appointments. I believe this is a critical issue that affects infant outcomes, maternal health (stress, depression, child abuse.) and this is only one issue that I highlight. I'm not sure how the decision was made to cut so many staff at the county-level but it seems to have been done without realizing the full impact. Thank you for time and all of your work.

656 As we progress forward with the RIF anticipated March 3, 2018, one suggestion in which this transition can possibly be smoother: with patient care assistants leaving on the above date, perhaps we could empower some of our other health department employees to assist in this transition. Have the early intervention nurses be trained in to do the pca duties such as medication inventory etc. This would greatly help free up the short staffed clinic nurses to see patients. The early intervention nurses could adjust their schedules so they could be back in the office by, lets say, 4:00 pm to process labs and do the inventories. Early intervention nurses are RNIIIâ€™s -- their higher status should not exempt them from helping out. Perhaps this could be further checked into. And maybe with the right person inviting them to be a team player they may eagerly accept this challenge. The PCAs have some time before their departure date could train them in to help out.

Thank you for your consideration and time.

658 We need to go back to doing urine samples on the STD testing. That will cut costs in speculums, biohazard bags, and disposing of biohazard waste.

659 Look, you asked for everyone to respect other peopleâ€™s privacy knowing good and well that these poor peopleâ€™s names were going to be posted on every single floor in central office and in every single clinic. Thatâ€™s so contradictory. And you know good and well that while layoffs are hard anytime, that it was especially cruel and heartless to not wait until after Christmas at least. I came to OSDH four years ago and I love my job and I love the people I work with but I no longer trust our leadership and I definitely donâ€™t trust you. I expected more out of this agency. These folks give themselves over fully to these jobs for many years and were laid off, again right before Christmas, to pay for something that we had absolutely zero part in. Itâ€™s not our debt to pay. You guys need to figure it out, and not at our expense. And one more thing: your goal to be transparent has failed. We are still getting important information last. Maybe you should try telling us stuff first so we can stop stressing every time we watch the news. Just a thought. I donâ€™t think itâ€™s too much to ask, especially since weâ€™re being expected to clean up a mess we didnâ€™t make. In fact, we donâ€™t even have a choice or a voice in the matter. Ugh.

660 In regards to your email from today, I have a question that was not listed. Is closing County Health Departments something you see in the future to help with the budget? Also, why are there so many RIF's in the counties where it doesn't seem there are many at the state office?

662 Recommend the RIF/Early departure date be available to all staff as approved by their director. Perhaps the amount of time the employee can leave early can be tied to the years of service.

663 Mr. Doerflinger,

Please see Administrative Policies and Procedure 6-38. Please refrain from any more political statements. If I can't do it, neither can you. If your cabinet position conflicts with your interim position, quit one of them. Lack of ethics has run amuck here, please refrain from using your position to say who should or shouldn't run for an office.

664 Mr. Doerflinger,

Please see Administrative Policies and Procedure 6-38. Please refrain from any more political statements. If I can't do it, neither can you. If your cabinet position conflicts with your interim position, quit one of them. Lack of ethics has run amuck here, please refrain from using your position to say who should or shouldn't run for an office.

Mr. Doerflinger,

665 Please see Administrative Policies and Procedure 6-38. Please refrain from any more political statements. If I can't do it, neither can you. If your cabinet position conflicts with your interim position, quit one of them. Lack of ethics has run amuck here, please refrain from using your position to say who should or shouldn't run for an office.

Suggestions for helping the budget.

667 Phase out the WIC and Family Planning programs.

There are other places out there where patients can get WIC services and Family Planning can be obtained through their private physician.

I think when we got away from our core services and started doing all of these other things; the budget just snowballs and it opens the door for financial abuse and fraud on many different levels.

Thank you for reading my suggestion.

When looking at my co-workers pay which was posted in the break room, I noticed one RNII was getting paid every two weeks about \$115 more than the other RNIIs. I learned this was because she got her lactation consultant certificate which the department helped her get. As a result, she is getting paid more money. She doesn't use it and I think the department should stop this subsidy.

668 We have Breastfeeding Peer counselors who do that anyways.

I wish I could get paid more for attending some conference and getting a certificate. Please, at least, consider pulling this lactation consultant salary subsidy statewide.

Thank you.

669 A suggestion to help save the department some money: phase out the health department nurses that are in the schools. Make the school districts pay 100% of their own nurses salaries.

The Health Department should pay nothing for the school districts to have school nurses. What kind of department are we running? The next we will have is home healthcare. Farming out our nurses when they are needed to provide core services in the clinic does not make sense. It is a waste of good money. Please consider phasing out that program. Thank you very much for your consideration.

State agencies, in addition to OSDH, should be explored for oversight, management, efficiency, and waste. Private industry methods of operation do not usually allow such a snowballed problem as seen with OSDH. Arrogance, disregard of responsibility, or just best of intentions can all result in the same catastrophic results. Coding, billing, and collections is a defined process in healthcare; OSDH disregarded this process and initiated their own brand. Revenue loss resulted, and continued in spite of input from employees with varying degrees of experience in this arena. Seeking the advice/guidance of established, experienced shareholders, from employees within to agencies without, is often prudent. Waste abounds within OSDH. The lack of use of the new video conference capability is another example. A completely new system has been installed within the last 5 years but continuously kicks viewers off and requires reconnecting, the visual is often non-viewable. The prior system was operational but under utilized to a huge extent.

670 Many trainings, etc., that I have attended and had lodging and mileage paid for, could readily have been conducted by video conference. The Electronic Health Record is a defined collection of information. OSDH has not been able to develop an employee Dashboard computer access to allow toggling between programs easily, or even within the same program. System use requires multiple sign-ins, closing and reopening programs, such as seen in the Inventory system. Electronic records are partially utilized along with paper chart component utilization. Employee performance issues, such as daily attendance, arriving to work on time, attitude, and interactions with both clients and co-workers, are usually addressed in private industry in such a manner that encourages/demands adherence to a set standard for retention of employment. This is quite different within some areas of OSDH and does not provide incentive for those employees without attendance/attitude issues to continue in the same manner. The state of Oklahoma's health will be negatively impacted by the current OSDH mess, and public health for our State will be dramatically changed going forward. I am deeply concerned that other State agencies, may have very similar, and as yet unidentified, financial and management problems, I sincerely hope someone is checking.

I'm comparing our local salary billing for October with the RIF plan affected employees: In Latimer County, the only employee on the RIF is 100% millage funded. In Sequoyah County, one RIF employee is 100% state funded, the other is 100% millage funded. Losing an employee whose salary is covered by millage funds does not save any state dollars.

672 I have been told that when we lose county funded positions, the billing department will change the funding of someone else to county millage. What has not been considered is that our County Commissioners see that billing, and they are upset that people they have been paying for are being let go. They will not want to keep paying the same millage for a non-millage funded position.

I would like to see the budget on each salaried position - millage/state/grant. That budget should not change. In the past, Finance, billing, CFHS have changed the billing from month to month, which led in part to this problem. Can we please go to a clear budget system?

So there is no approval process to keep your severance package and leave before March 2nd? We are being forced to find another job, yet you are holding us hostage from taking one. We are already being punished for things outside of our control and then you add stipulations on top of all it?

674 I am not one to pat myself on the back, but when made your list, you never looked at the job duties of that person. I am the only one in this county that does what I do. Now I have to train someone that will be eligible for retirement in just a few short years. This isn't just for me; you are pushing mountains of knowledge out the door, that can never be brought back. I don't think it is understood at your level what you have actually done to this agency by the choices you have made.

The least you could do is allow us to leave early to take other employment and keep our package. We did not want to leave, you forced us out.

675 are contract workers suppose to work their other jobs while working at HD? she can come in and use the equipment here to work her second job then be on the phone to her other employer/patients and not help in clinic like she is needed/hired to do. she was a full time employee for years then quit and rehired back in 30 days as contract so it's not as if she knows that could be a conflict of interest or that she's getting paid to do both jobs at once. wow

677 I am wondering how Mr. Doerflinger can get in front of the committee and say there is "bloat" at the county level and the RIF of approximately 200 employees will not affect services in any way. #1-He is either a bald-faced liar or #2-He has no idea what services are provided or the workings of the county health departments. And either of those choices are unacceptable.