# OKLAHOMA STATE DEPARTMENT OF HEALTH SFY 2013 BUDGET AND EXPENDITURE FORECAST: AS OF 04/23/2013

| SUMMARY                            |           |                |                    |                     |                            |                    |                     |
|------------------------------------|-----------|----------------|--------------------|---------------------|----------------------------|--------------------|---------------------|
| Division                           |           | Current Budget | <u>Expenditure</u> | <u>Encumbrances</u> | Forecasted<br>Expenditures | Surplus/ (Deficit) | Performance<br>Rate |
| Public Health Infrastructure       |           | \$23,379,281   | \$13,560,440       | \$5,094,016         | \$3,919,444                | \$805,381          | 96.56%              |
| Protective Health Services         |           | \$66,669,836   | \$47,249,049       | \$4,010,969         | \$12,559,202               | \$2,850,616        | 95.72%              |
| Prevention & Preparedness Services |           | \$60,835,678   | \$36,134,302       | \$15,585,120        | \$6,115,898                | \$3,000,358        | 95.07%              |
| Information Technology             |           | \$7,363,900    | \$5,198,090        | \$2,205,277         | \$0                        | (\$39,467)         | 100.54%             |
| Health Improvement Services        |           | \$25,754,916   | \$11,496,645       | \$6,846,787         | \$6,308,935                | \$1,102,549        | 95.72%              |
| Community & Family Health Services |           | \$237,891,707  | \$150,236,384      | \$17,422,378        | \$67,837,931               | \$2,395,014        | 98.99%              |
| Totals:                            |           | \$421,895,318  | \$263,874,910      | \$51,164,547        | \$96,741,410               | \$10,114,451       | 97.60%              |
| <90%                               | 90% - 95% |                | 95%-102.5%         |                     | 102.5% - 105%              | >105               | %                   |

#### **Expenditure Forecast Assumptions**

- Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget period
- Encumbrances shown as actual as of the report date
- Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- Surplus/(Deficit) is projected as of June 30, 2013

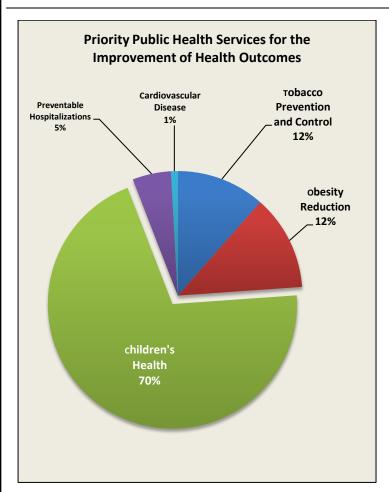
#### **Explanation of Dashboard Warning(s)**

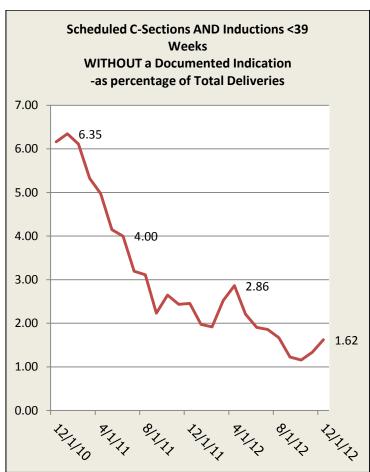
- •Overall the Department is forecasted to spend 97.60% of its budget.
- •All areas are forecasted to achieve "Green Light" status through June 30, 2013.
- •Budget forecasts do NOT include projections of sequestration or budget reductions in the current year nor have written notifications of budget reductions been made.
- •All expenditures will be monitored closely and adjustments in spending will be made as needed to ensure optimal budget performance for the Department.

## Oklahoma State Department of Health Board of Health – Financial Brief May 14, 2013

### The SFY 2013 Budget by Public Health Priority Children's Health

These programs include health promotion and interventions aimed at reducing poor health outcomes and excess deaths in Oklahoma. These programs have been highlighted by the Oklahoma Board of Health, Oklahoma Health Improvement Plan or OSDH Sr. Leadership as needing priority attention for the improvement of health outcomes. These programs encompass essential public health services number 1, 3, 4, 5, 6 & 9.





- Children's Health includes programs that focus on improving health over a life course and span the period from preconception to adolescence. Specific programs include Family Planning, Perinatal Health, Teen Pregnancy Prevention, Maternity, Children First, Pediatrics, Maternal and Child Health (MCH) Assessment and administration.
- One million dollars in state appropriation was provided in state fiscal year 2013 to support child health
  programs including Every Week Counts, a program aimed at increasing gestational age at the time of birth
  and reducing non-medically indicated inductions and cesarean sections.
- Studies show that preterm infants have more complications, longer hospital stays, more rehospitalizations and greater risk of death. Investments in preventing preterm births save healthcare costs produce better outcomes and save infant lives.