



AGENCY SUPERVISORY SPAN OF CONTROL REPORT (EXEMPTION REQUEST AND PROPOSED NEW RATIO)



In accordance with the requirements of ORS 291.227, the Oregon Health Authority presents this report to the Department of Administrative Services for consideration of a new Agency maximum supervisory ratio for the 2019-2021 biennium.

Supervisory Ratio for the last quarter of 2017-2019 biennium

OHA's "actual supervisory ratio" as reported by DAS on December 1, 2017 is 1:11¹

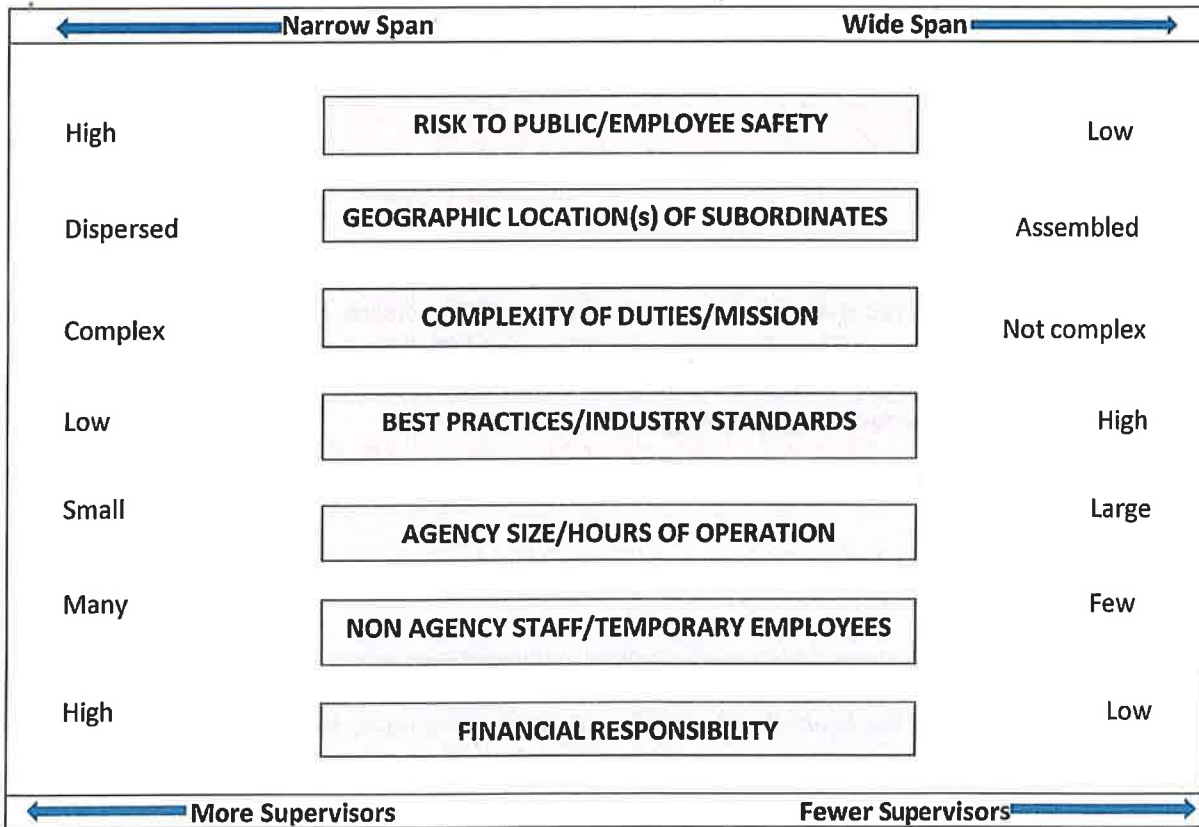
The Agency actual supervisory ratio is calculated using the following calculation:

410	=	356	+	55	-	1
(Total supervisors)		Employee in a supervisory role)		(Vacancies that if filled would perform a supervisory role)		(Agency head)
4537	=	4000	+	537		
(Total non-supervisors)		(Employee in a non-supervisory role)		(Vacancies that if filled would perform a non-supervisory role)		

The Agency has a current actual supervisory ratio is:

1:11.07	=	4036	/	436
(Actual span of control)		(Total non - Supervisors)		(Total Supervisors)

When determining an agency maximum supervisory ratio all agencies shall begin of a baseline supervisory ratio of 1:11, and based upon some or all of the following factors may adjust the ratio up or down to fit the needs of the agency.



¹ NOTE: The numbers originally reported by the agency in December 2017 were developed using a different methodology, which utilized only PICS data (relative authority). At that time, the agency reported 4,238 non-supervisors, and 404 supervisors, or 4,642 total position in our budget authority, with a ratio of 1:10.49. The ratio/numbers reported above are being re-reported using the same data-set, and the new methodology (employees + vacancies).

RATIO ADJUSTMENT FACTORS [ORS 291.227 (2) (a thru g)]

a) Safety of the public or of State employees a factor to be considered in determining the agency maximum supervisory ratio? Yes No

The safety and health of Oregonians is a major governmental priority and the reason the Oregon Health Authority was established. OHA's activities are indicative of these priorities, and include:

- Delivering integrated physical, behavioral, and oral health care services.
- Monitoring and addressing water quality.
- Strengthening the coordinated care model.
- Improving health outcomes health policy, and clinical improvement services.
- Administering health plans, group insurance policies and flexible spending accounts for state employees and their dependents.
- Administering medical, dental, vision and other benefits for Oregon's school districts community colleges, and education service districts.
- Addressing behavioral and social drivers of health by working to ensure that physical and social environments promote health.
- Reducing the need for costly health care services.
- Ensuring compliance with regulatory and health based standards.
- Protecting Oregonians from environmental health hazards.
- Preventing chronic disease, child developmental delays, and physical and behavioral problems.
- Ensuring emergency public health services in natural and human caused disasters.
- Helping people recover from their mental illness and return to life in their communities.

All of these Agency functions contribute to the safety, health, and the overall quality of life of all Oregonians and requires a narrow span of control to administer and provide oversight to this major governmental priority.

b) Is geographical location of the agency's employees a factor to be considered in determining the agency maximum supervisory ratio? Yes No

The nature of the Agency's work has statewide impact and touches all Oregonians, spanning the four corners of the state. The Agency has presence in forty-five distinct facilities and in 18 cities, including rural and major metropolitan areas, ranging from St. Helens to Ontario; and from La Grande to Medford. Such broad dispersion requires a narrow span of control for effective oversight.

c) Is the complexity of the agency's duties a factor to be considered in determining the agency maximum supervisory ratio? Yes No

The public's health is a major indicator of quality of life. OHA's mandate is a primary driver affecting quality of life of all Oregonians. To ensure that the Agency's mandate is met requires a complex framework of activities and a narrow span of control in order to provide the appropriate oversight to staff. The complexity of the Agency's duties is further reflected through the knowledge, skills, and abilities that are required by the majority (57%) of Agency positions in order to perform their deliverables. To determine Agency complexity, the Agency has made a thoughtful exposition of the complexity of its programs, and provided an objective framework to determine the complexity of individual Agency positions in addressing this complexity factor (see attached Agency brief).

d) Are there industry best practices and standards that should be a factor when determining the agency maximum supervisory ratio? Yes No

OHA, as an organization, is complex. The various components (e.g., OSH, HSD, PEBB, OEBC, etc.), which the State of Oregon has brought together under one umbrella, are discrete governmental functions-yet interrelated. However, in most states, these various functions are performed by distinct organizational entities. Given the multi-program nature of the Agency, and its multiple objectives, it is not possible to obtain a span of control ratio, or schema that would reflect an industry best practice or standard, in relation to such a broad and varied mandate. Neither federal, nor state governmental entities that OHA is aware of, survey for span of control data on an industry-wide basis that would be an analogue to the varied functions OHA performs. There are private sector organizations that provide span of control research and other related benchmarking data, but they are limited to unrelated private sector industries (e.g. finance, insurance, technology, utilities, etc.). Furthermore, the data is restricted to a few companies and only provided these data to their members. Although some of these members may include public sector entities, the data does not have "industry wide" breadth, to establish relevant benchmarks for OHA's organizational needs, or establish a best practice. Ultimately, from the Oregon State Hospital as a 24/7 Psychiatric hospital to the Public Health Division, there is no industry span of control standard that works for OHA as a whole.

e) Is size and hours of operation of the agency a factor to be considered in determining the agency maximum supervisory ratio? Yes No

The size of the Oregon Health Authority employs over 4,000 employees and is one of the largest agencies in the executive branch of Oregon state government. The Oregon State Hospital provides services 24/7. Agency FTE's allocated to the OSH program constitute 57% of all OHA positions. From the total size of the agency to the hours of operation, span of control is imperative to the success of delivering services to Oregonians.

In addition, the emergency support function (ESF-8), provided by the Agency, and requires the associated staff to be prepared, at a moment's notice, in the event an emergency situation arises.

f) Are there unique personnel needs of the agency, including the agency's use of volunteers or seasonal or temporary employees, or exercise of supervisory authority by agency supervisory employees over personnel who are not agency employees a factor to be considered in determining the agency maximum supervisory ratio? Yes No

The Agency has classes of workers that are neither permanent nor limited duration. These workers include temporary workers (including GALT temporary workers), contractors, interns, student workers, and volunteers that in many instances work under the control of Agency supervisory positions. The duties performed by these workers range from audiologists to trauma managers. These classes of workers not only need to be on-boarded through the ad hoc personnel processes that have been established (e.g., background checks, system password issuance, computers, desks, etc.), but in some instance may require supervisory oversight to ensure the State's and Agency's performance standards are met. These activities add to the managerial burden. Hence, these workers are within the span of control relationship of the organization.

g) Is the financial scope and responsibility of the agency a factor to be considered in determining the agency maximum supervisory ratio? Yes No

The 2017-19 Governor's Budget for the Oregon Health Authority seeks to protect and promote the health and safety of all Oregonians; and, reinforces the State's commitment to making the public's health a foundational pillar of the State's goal to enhance the quality of life of all Oregonians. Funding for OHA's mandate reflects the importance that both the Legislature and the Governor has placed on this priority. To provide for this important goal, over \$20.4 billion dollars have been allocated to the Agency's mission. This budgetary allocation is the largest of any other State agency and constitutes 64% of the budget allocated to human services category; and 28% of all expenditures in relation to all other State agencies.

AGENCY PROPOSED RATIO

Based upon the above factors and the attached rationale the agency proposes a Span of Control Ratio of:

1 Supervisory employee to 8.60 Non-supervisory employees (1:8.60)

Unions Requiring Notification:

- American Federation of State, County and Municipal employees (AFL-CIO) Local 3327/Council 75 (OHA Physicians & Registered Nurses)
- Service Employees International Union Local 503, OPEU

Date(s) of union notification:

Institutions: October 9, 2018
AFSCME Physicians
AFSCME Registered Nurses
SEIU Institutions
SEIU Human Services: October 11, 2018

OREGON HEALTH AUTHORITY (Authorizing signatures)

OHA Director:  Date: 11/10/19
OHA Budget Director:  Date: 11/10/19
OHA HR Appointing Authority:  Date: 11/10/19

DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS)

EXEMPTION GRANTED? Yes No

DAS Director: _____ Date: _____