

Oklahoma Senate Committee on Appropriations

2013-14 Performance Report

Oklahoma State Department of Health - 340

AGENCY MISSION STATEMENT:

To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy.

Adopted: August 17, 2013

LEAD ADMINISTRATOR:

Terry L. Cline, Ph.D., Commissioner of Health. 1000 NE 10th Street, Oklahoma City, Ok 73117. (405) 271-4200. TerryC@health.ok.gov.

GOVERNANCE:

The State Board of Health shall consist of nine members, appointed by the Governor and confirmed by the Senate, possessing qualifications listed in 63 O.S. 1991, § 1-103. The State Board of Health shall elect annually from its membership a President, Vice President and Secretary. The Board shall adopt rules for its government, and may adopt an official seal for the State Department of Health. It shall hold such meetings as it deems necessary. Each member of the Board shall be paid travel expenses, as provided in the State Travel Reimbursement Act.

The Board shall have the following powers and duties:

- Appoint and fix the compensation of a State Commissioner of Health;
- Adopt such rules, and standards as it deems necessary to carry out any of the provisions of this Code;
- Accept and disburse grants, allotments, gifts, devises, bequests, funds, appropriations, and other property made or offered to it; and
- Establish such divisions, sections, bureaus, offices, and positions in the State Department of Health as it deems necessary to carry out the provisions of this Code.

Membership:

R. Murali Krishna, M.D., Ronald Woodson, M.D., Martha A. Burger, M.B.A., Jenny Alexopoulos, D.O., Terry R. Gerald II, D.O., Charles W. Grim, D.D.S., M.H.S.A., Cris Hart-Wolfe, Timothy Starkey, M.B.A., Robert S. Stewart, M.D.

Subcommittees:

Executive Committee: The Executive Committee, to the extent authorized by law, acts on behalf of the Board between meetings carefully following existing Board policy and after consultation with other members as required.

Finance Committee: Participates in the budget process taking into account Board and Department priorities and reports to the Board monthly.

Accountability, Ethics, and Audit Committee: Represents the Board in meeting its obligation of oversight, reviews internal and external audit reports, and provides the Board with information for these activities.

Public Health Policy Committee: Receives policy and resolution recommendations, initiates policies and resolutions for review and action by the Board. Develops the annual State of the State's Health Report.

Board Development Committee: Assist the Board in identifying areas for improvement, guiding change, and generally enhancing performance management. Research and promote resources and educational opportunities for Board member development in the area of governance.

GOVERNANCE ACCOUNTABILITY:

The Oklahoma State Board of Health meeting agenda and materials, including minutes, are posted at http://www.ok.gov/health/Organization/Board_of_Health/index.html. There is not an attendance policy for State Board of Health members or the Commissioner of Health, however, the practice is that all BOH members attend a regular meeting once during each quarter of the calendar

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year pursuant to OAC 310:1-3-1. All current BOH members and the Commissioner of Health have complied.

OAC 310:1-3-1. Meetings

The Board shall hold such meetings as it deems necessary, with a regular meeting once during each quarter of the calendar year. Special meetings may be called by the President in his discretion, and shall be called when four (4) members of the Board request of the President, in writing, that such a meeting be called.

MODERNIZATION EFFORTS:

The following is a list of modernization efforts undertaken by the OSDH since July 1, 2010. Also included are statutory changes that prompted the modernization efforts and the resultant cost savings or additional cost burdens.

- In accordance with Title 62 OS Sec 41.5 p-1 (HB 1032, 2009), the department entered into a statewide contract in October 2011, with CSDC Systems to implement an online licensure system. The online licensure system will allow licensure activity to be transacted through a web portal thus creating efficiencies and cost savings within government agencies. OSDH and CSDC are currently conducting employee training and converting historical data in preparation of implementation of the remaining licensure programs. The Governmental Technology Applications Review Board has approved the credit card payment process which will automate much of the fee collections associated with licensing activities. Although savings should eventually result from implementation of the online system, the cost of implementation is expected to be \$560,000 plus staff time. The system is ready for testing in early 2014 and will be implemented in phases.
- The department continues to make progress towards electronic filing rather than paper files. This makes better use of valuable building space and creates efficiencies in staff efforts to retrieve the records. As part of the central office building renovation, the department is greatly decreasing its storage space, which will help accommodate a reduction in leased office space with an anticipated savings of \$200,000 per year. Additionally, decreasing the number of pages printed will lead to approximately \$56,000 reduction each year on copy paper.
- In accordance with HB 1304 (2011), the department has participated in the effort to consolidate Information Technology (IT) functions into the Information Services Division (ISD) of the Office of Management and Enterprise Services. OSDH took the lead by being the first "giant" agency to have its IT operations consolidated with ISD. OSDH and ISD continue to work collaboratively to integrate OSDH's IT infrastructure with ISD's shared services.

The following are actions taken by the OSDH to cut costs and/or eliminate waste:

- In July of 2011, OSDH implemented electronic signature of Time and Effort reports. Prior to electronic signature, agency employees printed, signed, and routed timesheets for supervisory signature and submission to payroll. Employees and supervisors now electronically verify time using an electronic signature system. Savings were generated throughout the department in personnel costs associated with the process as well as reduced paper, printing, sorting, filing and other costs. This initiative saves OSDH approximately \$941,000 per year.
- In October of 2012, the department initiated a multi-year renovation of its central office building. The windows, and heating, ventilation, and air conditioning are over forty years

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old and are not energy efficient. By replacing these with more modern, energy efficient fixtures, over \$170,000 per year. Additionally, space in the building will be used more efficiently, allowing the department to cancel leases for office space and move more employees into the existing space, saving \$200,000 in lease costs annually.

- Starting in the fall of 2013 and nearing completion as of January 2014, the department consolidated its printers and related devices in the central office building. At the beginning of the project there were 577 printers, faxes, and copiers made by 12 different manufacturers, representing 232 models. At the end of the project, there will be 100 multi-function devices handling printing, copying, scanning, and faxing. Cost savings will be approximately \$260,000 once fully implemented.
- In early FY2014, the department initiated a centralized billing project, in which all third party billing for health services will be created in a central billing office. This will create administrative efficiencies and greater consistency in billing practices. For instance, printing and mailing invoices at the central office will take advantage of automated equipment in the mailroom and better postage rates. This effort is also a modernization project in which clients will be able to check and pay their bills online.

CORE MISSION:

What services are you required to provide which are outside of your core mission? Are any services you provide duplicated or replicated by another agency? Are there services which are core to your mission which you are unable to perform because of requirements to perform non-core services elsewhere?

The core mission of public health, to protect and promote the health of the citizenry, is broad and encompasses the services provided by the department. However, the agency has developed a core services and business planning document in order to assure maintenance of public health imperatives and priority programs annually. An example of the OSDH utilizing these documents was the downsizing, reorganizing and refinement of Child Guidance Services in SFY '10.

PRIVATE ALTERNATIVES:

Are any of the services which are performed by the agency also performed in the private sector in Oklahoma? In other states? Has the agency been approached by any foundation, for-profit or not-for-profit corporation with efforts to privatize some of the functions of the agency?

Public health typically provides gap services to citizens or services in which there is no private sector alternative. When there is a private sector alternative available those services are contracted to reduce services performed by the OSDH or augment services in an effort to meet the demand. An example is the network of WIC providers which is made up of county, state, and private providers. Any effort to privatize services should be undertaken through the establishment of metrics to ensure appropriate comparisons between governmental services provided and the private sector alternative.