



Health and Human Services System Strategic Plan 2013-17

Volume II



Health and Human Services Commission

Department of Aging and Disability Services

Department of Assistive and Rehabilitative Services

Department of Family and Protective Services

Department of State Health Services



Health and Human Services System Strategic Plan 2013-17

Volume II



Health and Human Services Commission

Department of Aging and Disability Services

Department of Assistive and Rehabilitative Services

Department of Family and Protective Services

Department of State Health Services

Additional copies are available from:
Texas Health and Human Services Commission
Strategic Decision Support
(512)424-4268
P.O. Box 13247
Austin, Texas 78711-3247

The electronic strategic plan is compatible with JAWS and other screen readers. For additional accommodations, please contact DARS at cper@dars.state.tx.us.

Texas Health and Human Services System Strategic Plan 2013-17

Table of Contents, Volume II

<i>Appendix A: Description of Planning Process</i>	<i>A-1</i>
<i>Appendix B: Organizational Charts</i>	<i>B-1</i>
<i>Appendix C: Five-Year Projections for Outcomes</i>	<i>C-1</i>
<i>Appendix D: Performance Measure Definitions</i>	<i>D-1</i>
<i>Appendix E: Strategic Staffing Analysis and Workforce Plan</i>	<i>E-1</i>
<i>Appendix F: Survey of Employee Engagement</i>	<i>F-1</i>
<i>Appendix G: Historically Underutilized Businesses Plan</i>	<i>G-1</i>
<i>Appendix H: Workforce Development System Strategic Planning</i>	<i>H-1</i>
<i>Appendix I: Technology Initiative Assessment and Alignment</i>	<i>I-1</i>
<i>Appendix J: Glossary of Acronyms</i>	<i>J-1</i>

List of Tables and Figures

Figure A. Map of the Health and Human Services System Regions	iii
Table F.1. SEE Response Rates for Agencies in the HHS System	F-2
Figure F.1. 2012 SEE Survey Constructs for HHS System	F-4
Table G.1 Statewide HUB Goals by Procurement Categories, Fiscal Year 2011	G-2
Table G.2 HHS System Expenditures with Historically Underutilized Businesses, by Agency, Fiscal Year 2011	G-4

Figure A
Map of the Health and Human Services System Regions



Figure A. Health and Human Services System - Strategic Decision Support.

Appendix A

Description of Planning Process

This Health and Human Services (HHS) System Strategic Plan for 2013-17 is the fifth plan developed since the consolidation of HHS agencies according to House Bill 2292, 78th Legislature, Regular Session, 2003. It addresses requirements for the Coordinated Strategic Plan (CSP) required by Texas Government Code, Section 531.022, and the biennial Strategic Plan of Operation required by Texas Government Code, Chapter 2056.

In January 2012, the HHSC Executive Commissioner convened an executive planning session with HHS agency commissioners and HHSC deputies. The attendees discussed cross-agency issues and individual agency challenges and opportunities. From these discussions, the HHS System Strategic Priorities were identified and refined, outlining high-level directives that the HHS agencies will take to address the challenges and opportunities during the five-year planning period. The HHS System Strategic Priorities are listed in Chapter 2 of this Strategic Plan.

As with the previous planning cycle, the HHSC planning staff was assigned to coordinate with HHSC divisions and the four HHS agencies. Leadership in each of the agencies and divisions appointed a liaison to act as a single point of contact for planning responsibilities and activities. Liaisons were also responsible for obtaining necessary departmental information and approval. In the draft Plan that was developed, each agency has its own Strategic Plan chapter and contributes shared material to Chapter 4, HHS System Cross-Agency Planning and Other Efforts.

A draft of the Strategic Plan was posted on the HHS website in May, 2012, to enable public review and comment. Comments were also received via electronic mail and printed mail.

To address the CSP statutory requirement for public hearings, including at least one in a rural area, the HHS agencies held hearings in Brownwood on May 23, 2012, and in San Antonio on May 30, 2012. A statewide videoconference was conducted on May 31, 2012, providing stakeholders an opportunity to gather at HHSC regional offices in Abilene, Austin, Beaumont, Corpus Christi, Edinburg, El Paso, Grand Prairie, Houston, Lubbock, San Antonio, and Tyler.

Agency councils were briefed on the planning process, and council members provided feedback at meetings held from January through June 2012. Council

members also participated in the public hearings process, and some were briefed by their respective agency commissioner and the Executive Commissioner.

In June 2012, the draft document was revised with public input considered, and the final Strategic Plan was submitted by the July 6, 2012 deadline.

At each HHS agency, the Strategic Plan is put into effect through the operational planning process begun in fiscal year 2010. Each fiscal year, agency commissioners, HHSC deputy executive commissioners, and the HHSC Inspector General develop a written operational plan to identify strategies and clearly defined activities that allow the agency or division to implement the Strategic Plan. Agency Operational Plans focus on communicating an agency or division's progress in addressing the key challenges and opportunities identified in the Strategic Plan. The linkage between the Strategic Plan and the agency Operational Plan is essential to ensuring the HHS System is coordinated in achieving the Strategic Priorities.

Appendix B

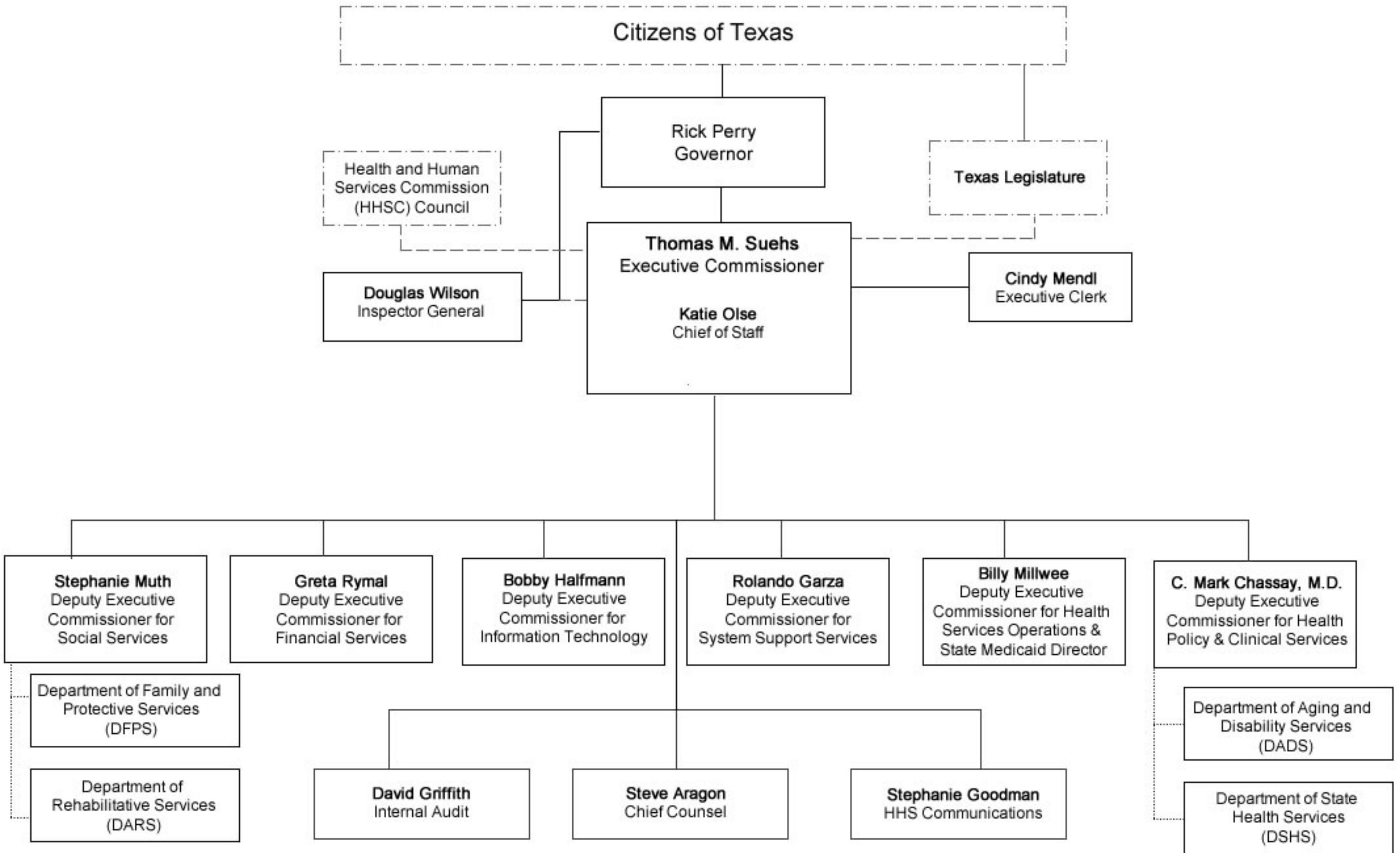
Organizational Charts

Organizational charts for the Health and Human Services System agencies may be found on the following pages.

Organizational charts may also be found via the Internet links below.

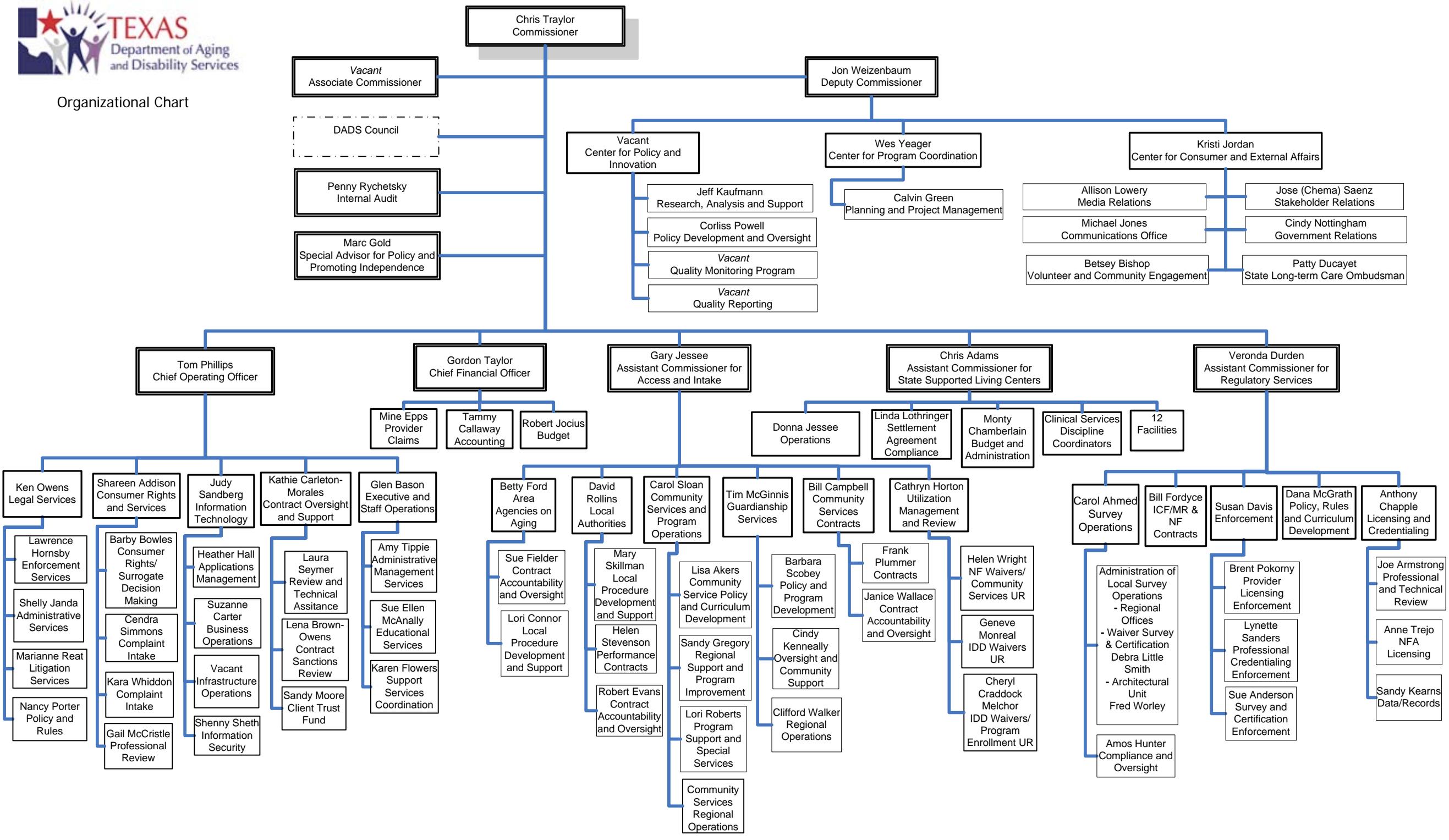
- [Health and Human Services Commission](#),
- [The Department of Aging and Disability Services](#),
- [The Department of Assistive and Rehabilitative Services](#),
- [The Department of Family and Protective Services](#), and
- [The Department of State Health Services](#).

HEALTH AND HUMAN SERVICES COMMISSION



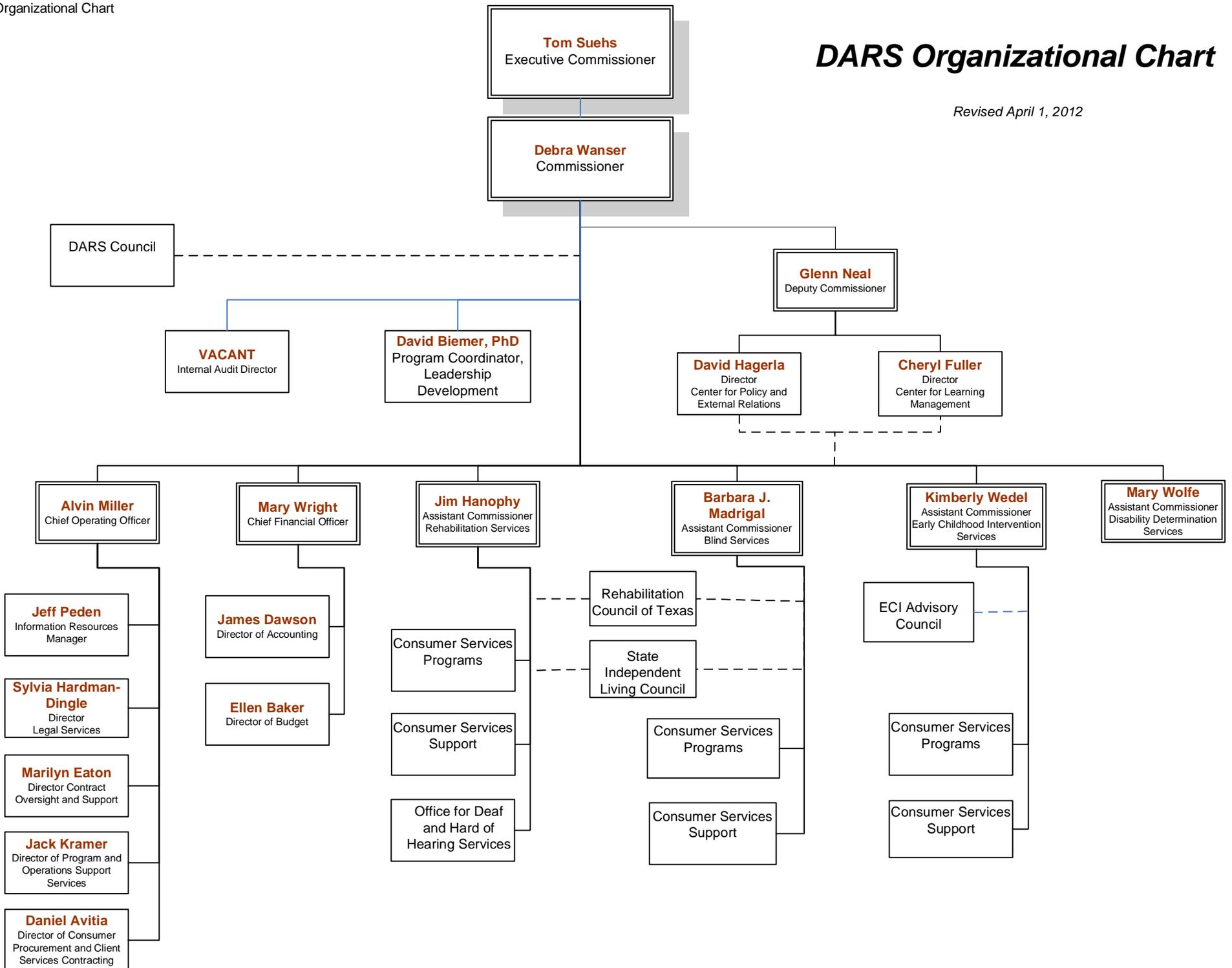


Organizational Chart

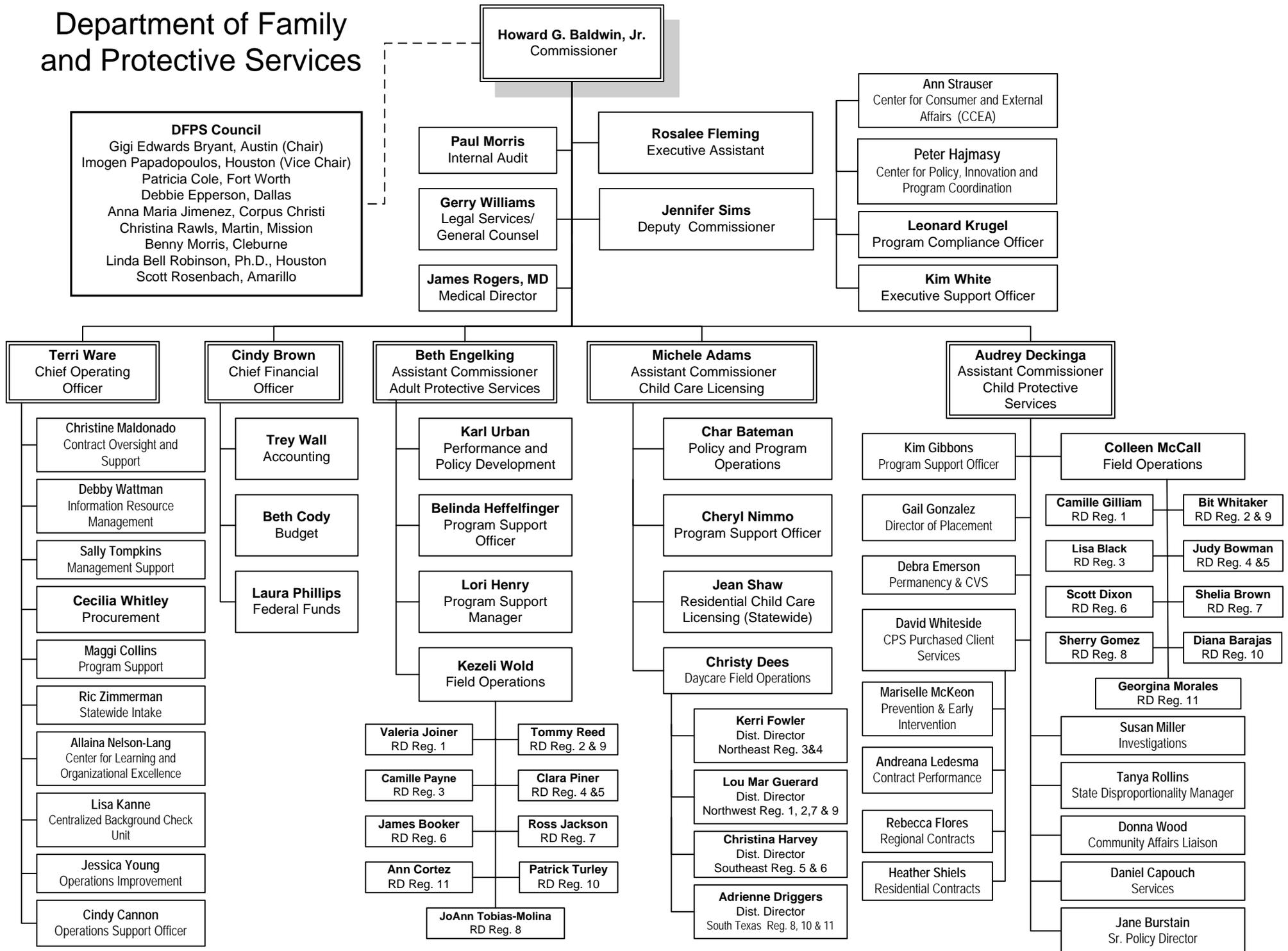


DARS Organizational Chart

Revised April 1, 2012

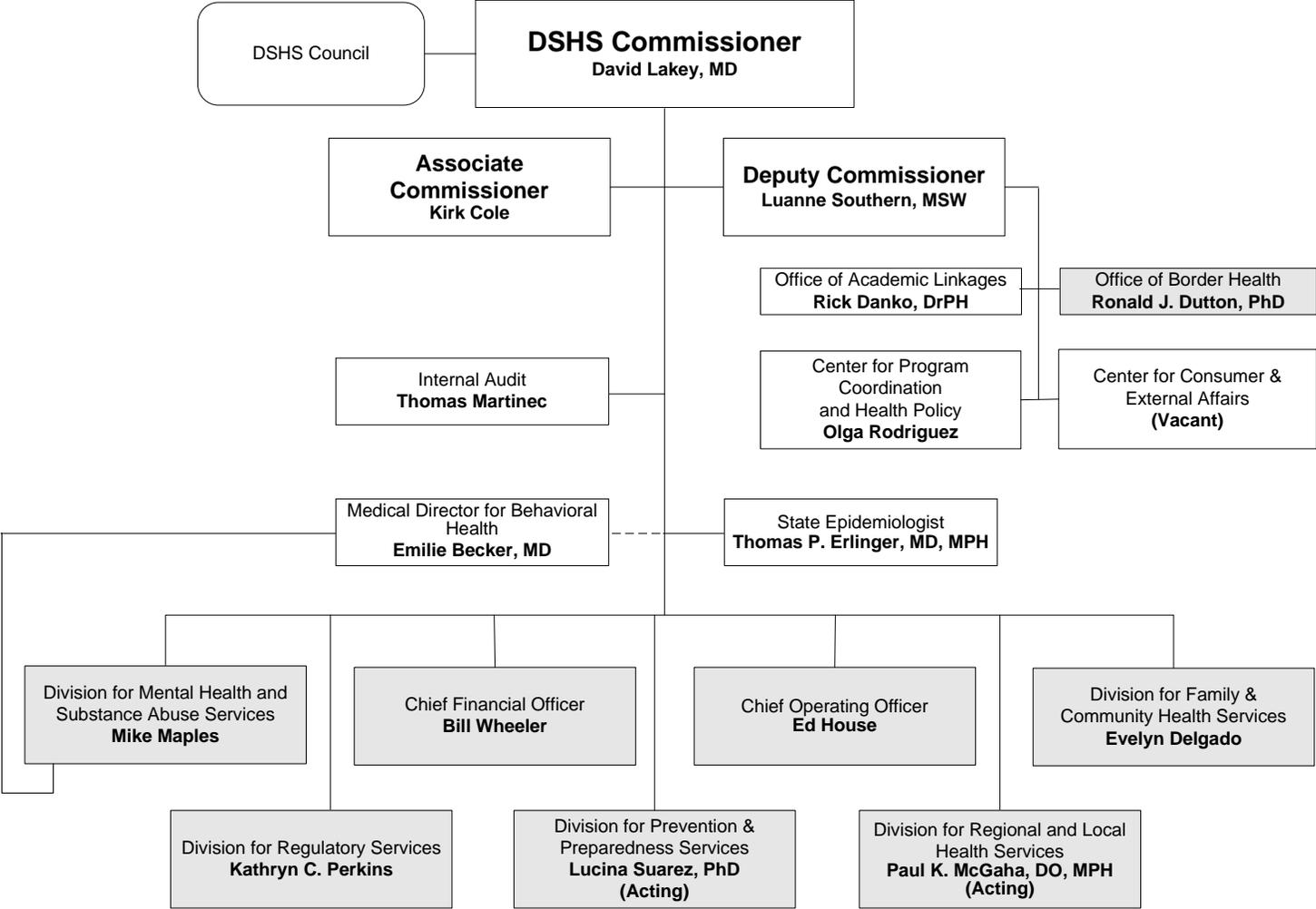


Department of Family and Protective Services



Department of State Health Services Organizational Chart

June 6, 2012



Appendix C

Five-Year Projections for Outcomes

At printing time for this Strategic Plan, final projections for outcomes for the five-year planning period of 2013-17 were not available for all HHS System agencies. When the projected outcomes have been approved, they will be submitted in a subsequent printing, along with *Appendix D, Performance Measure Definitions*.

Appendix D

Performance Measure Definitions

At printing time for this Strategic Plan, final performance measure definitions were not available for all HHS System agencies. When the definitions have been approved, they will be submitted in a subsequent printing, along with *Appendix C, Five-Year Projections for Outcomes*.

Appendix E

Strategic Staffing Analysis and Workforce Plan

for the Planning Period 2013–17

Executive Summary

The Health and Human Services (HHS) System Strategic Staffing Analysis and Workforce Plan is an integral part of the agency's staffing plan. Workforce planning is a business necessity due to a number of factors, including:

- ◆ constraints on funding;
- ◆ increasing demand for HHS services;
- ◆ increasing number of current employees reaching retirement age resulting in fewer, less experienced workers available as replacements; and
- ◆ increasing competition for highly skilled employees.

HHS agencies are proactively addressing this challenge by preparing for the future and reducing risks. Designed for flexibility, the HHS System Strategic Staffing Analysis and Workforce Plan allows HHS executive management to make staffing adjustments according to the changing needs of HHS agencies.

State leaders in Texas recognize the importance of workforce planning. As part of their strategic plans, state agencies are required under the Texas Government Code, Section 2056.0021, to develop a workforce plan in accordance with the guidelines developed by the State Auditor's Office (SAO). To meet these requirements, this Appendix to the HHS System Strategic Plan for the Fiscal Years 2013-17 analyzes the following key elements for the entire HHS System and each individual HHS agency:

- ◆ **Current Workforce Demographics** – Describes how many employees work for the agency, where they work, what they are paid, how many of them are return-to-work retirees, how many have left the agency, how many are expected to retire, and whether or not minority groups are underutilized when compared to the state Civilian Labor Force (CLF) for Equal Employment Opportunity (EEO) job categories. The workforce is examined by gender, race, age and length of state service.
- ◆ **Expected Workforce Challenges** – Describes anticipated staffing needs based on population trends, projected job growth and other demographic trends. A detailed examination of each identified shortage occupation jobs was conducted to identify and understand retention and recruitment problems.
- ◆ **Strategies to Meet Workforce Needs** – Describes recruitment and retention strategies that address expected workforce challenges for shortage occupation jobs.

The following is the detailed HHS System Strategic Staffing Analysis and Workforce Plan.

HEALTH AND HUMAN SERVICES SYSTEM STRATEGIC STAFFING ANALYSIS AND WORKFORCE PLAN

TABLE OF CONTENTS

Executive Summary	E-3
HEALTH AND HUMAN SERVICES SYSTEM	E-7
Overview	E-7
Vision	E-7
Philosophy	E-8
Workforce Demographics	E-8
Turnover	E-17
Retirement Projections	E-22
Critical Workforce Skills	E-23
Environmental Assessment	E-24
Expected Workforce Challenges	E-26
Development Strategies to Meet Workforce Needs	E-35
HEALTH AND HUMAN SERVICES COMMISSION	E-41
Mission	E-41
Scope	E-41
Core Business Functions	E-42
Workforce Demographics	E-43
Turnover	E-48
Retirement Projections	E-49
Expected Workforce Challenges	E-50
Development Strategies to Meet Workforce Needs	E-64
DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES	E-67
Mission	E-67
Scope	E-67
Core Business Functions	E-67
Workforce Demographics	E-68
Turnover	E-73
Retirement Projections	E-74
Expected Workforce Challenges	E-75
Development Strategies to Meet Workforce Needs	E-79
DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES	E-81
Mission	E-81
Scope	E-81
Core Business Functions	E-81
Workforce Demographics	E-83

Turnover E-87
Retirement Projections E-88
Expected Workforce Challenges..... E-89
Development Strategies to Meet Workforce Needs E-98

DEPARTMENT OF AGING AND DISABILITY SERVICES E-101
Mission E-101
Scope E-101
Core Business Functions..... E-101
Workforce Demographics E-103
Turnover E-108
Retirement Projections E-110
Expected Workforce Challenges..... E-110
Development Strategies to Meet Workforce Needs E-129

DEPARTMENT OF STATE HEALTH SERVICES E-131
Mission E-131
Scope E-131
Core Business Functions..... E-131
Workforce Demographics E-132
Turnover E-137
Retirement Projections E-138
Expected Workforce Challenges..... E-139
Development Strategies to Meet Workforce Needs E-170

*Prepared by: System Support Services
Human Resources Office*

HEALTH AND HUMAN SERVICES SYSTEM

OVERVIEW

The 78th Legislature (Regular Session, 2003) transformed the Health and Human Services (HHS) agencies listed in Article II of the General Appropriations Act by creating an integrated, effective and accessible HHS System that protects public health and brings high-quality services and support to Texans in need.

The HHS System consists of the following five agencies:

- ◆ **Health and Human Services Commission (HHSC).** Includes providing leadership to all HHS agencies, administering programs previously administered by the Texas Department of Human Services and oversight of HHS agencies. Began services in 1991.
- ◆ **Department of Family and Protective Services (DFPS).** Includes all programs previously administered by the Department of Protective and Regulatory Services. Began services on February 1, 2004.
- ◆ **Department of Assistive and Rehabilitative Services (DARS).** Includes programs previously administered by the Texas Rehabilitation Commission, Commission for the Blind, Commission for the Deaf and Hard of Hearing and Interagency Council on Early Childhood Intervention. Began services on March 1, 2004.
- ◆ **Department of Aging and Disability Services (DADS).** Includes intellectual and developmental disability and state supported living center programs previously administered by the Department of Mental Health and Mental Retardation, community care and nursing home services and long-term care regulatory programs of the Department of Human Services and aging services programs of the Texas Department of Aging. Began services on September 1, 2004.
- ◆ **Department of State Health Services (DSHS).** Includes programs previously administered by the Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, the Health Care Information Council and mental-health community services and state hospital programs from the Department of Mental Health and Mental Retardation. Began services on September 1, 2004.

VISION

A customer-focused health and human services system that provides high-quality, cost-effective services resulting in improved health, safety, and greater independence for Texans.

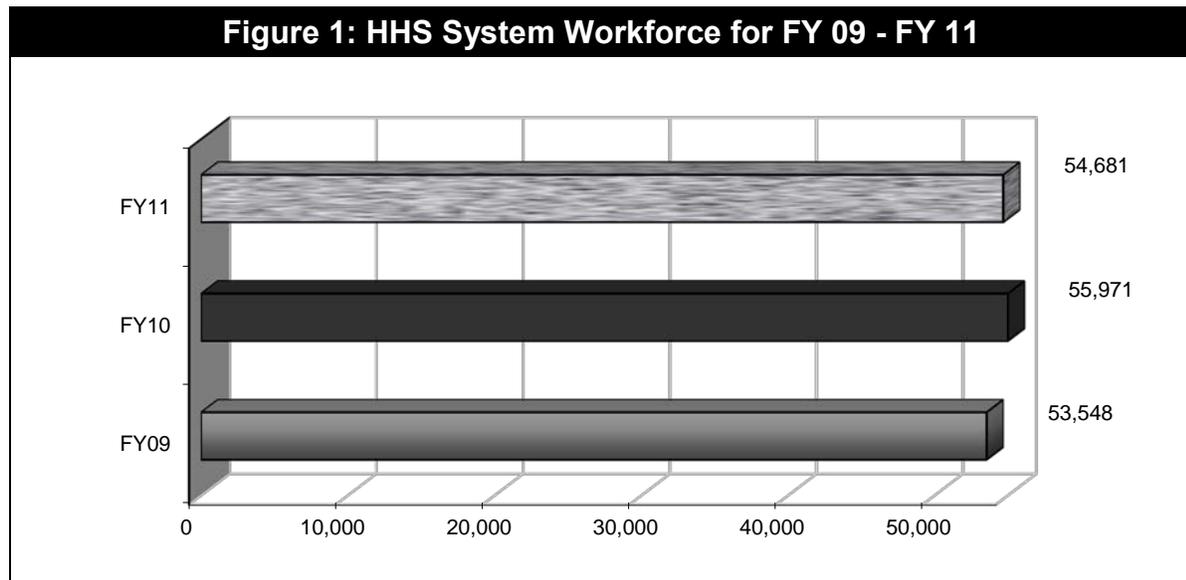
PHILOSOPHY

We will work to continually improve our customer service, quality of care, and health outcomes in accordance with the following guiding principles:

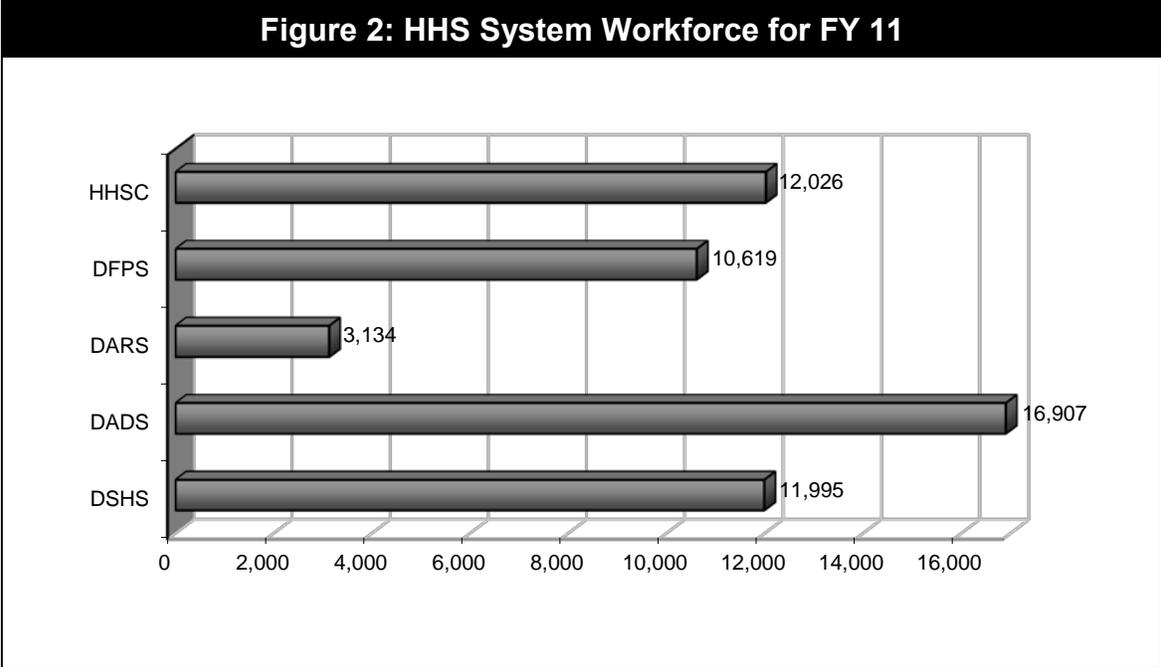
- ◆ Texans are entitled to openness and fairness, and the highest ethical standards from us, their public servants.
- ◆ Taxpayers, and their elected representatives, deserve conscientious stewardship of public resources and the highest level of accountability.
- ◆ Texans should receive services in an individualized, coordinated, and efficient manner with a focus on providing opportunities to achieve greater independence.
- ◆ Stakeholders, customers, and communities must be involved in an effort to design, deliver, and improve services and to achieve positive health outcomes and greater self-sufficiency.

WORKFORCE DEMOGRAPHICS

Between August 31, 2009 and August 31, 2011, the HHS workforce increased by about two percent (adding 1,133 workers, for a total of 54,681 full-time and part-time employees).¹



¹ HHSAS Database, as of 8/31/11.



Gender

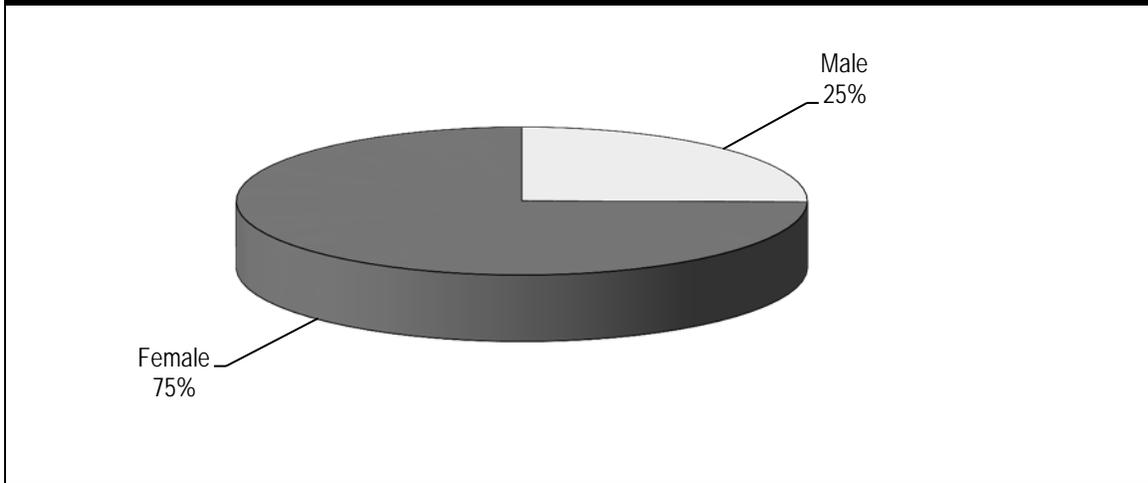
Most HHS employees are female, making up about 75 percent of the HHS workforce.²

Table 1: HHS System Workforce Gender for FY 09 – FY 11

Gender	FY 09	FY 10	FY 11
Male	24.8%	25.0%	25.2%
Female	75.2%	75.0%	74.8%

² HHSAS Database, as of 8/31/11.

Figure 3: HHS System Workforce by Gender for FY 11



Race

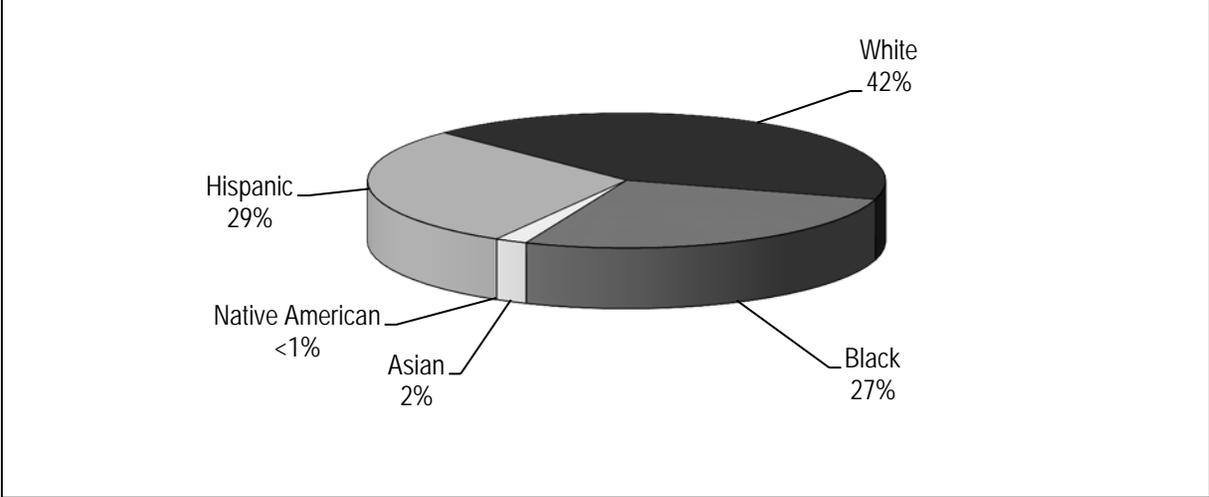
The workforce is diverse, with approximately 42 percent White, 29 percent Hispanic and 27 percent Black.³

Table 2: HHS System Workforce Race for FY 09 – FY 11

Race	FY 09	FY 10	FY 11
White	43.2%	42.4%	41.8%
Black	26.3%	26.6%	26.6%
Hispanic	28.0%	28.5%	29.0%
Native American	.6%	.6%	.6%
Asian	1.8%	2.0%	2.0%

³ HHSAS Database, as of 8/31/11.

Figure 4: HHS System Workforce by Race for FY 11



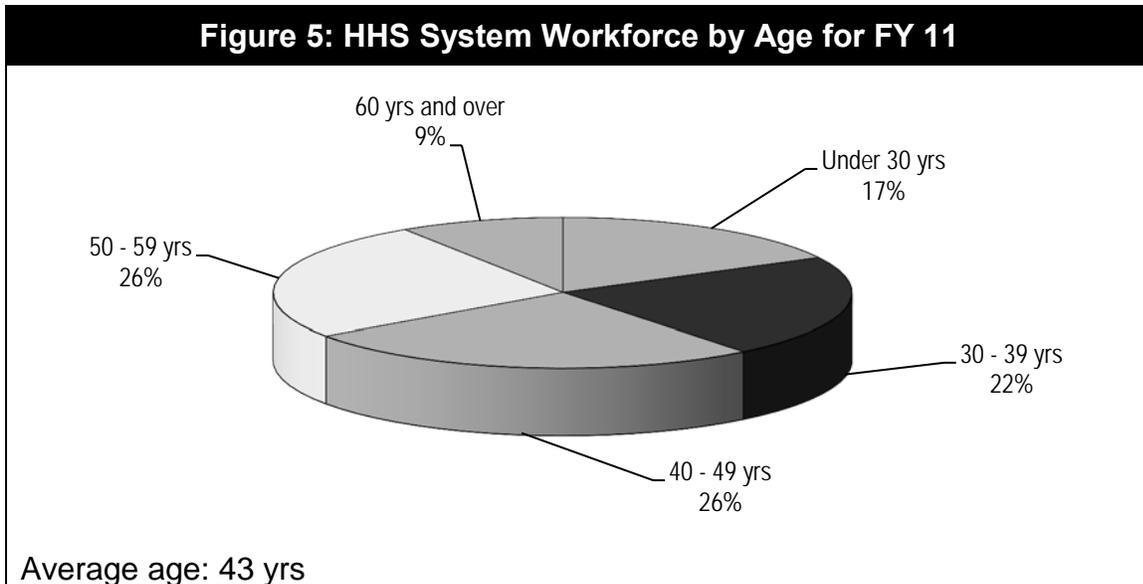
Age

The average age of an HHS worker is 43 years of age.⁴

Table 3: HHS System Workforce Age for FY 09 – FY 11

Age	FY 09	FY 10	FY 11
Under 30	17.8%	18.3%	17.3%
30-39	21.6%	21.9%	22.0%
40-49	26.0%	25.6%	25.9%
50-59	26.4%	25.6%	25.6%
Over 60	8.2%	8.6%	9.2%

⁴ HHSAS Database, as of 8/31/11.



Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis was conducted for each HHS agency using the Two Standard Deviation Rule. This rule compares the actual number of employees to the expected number of employees based on the available state CLF for Black, Hispanic and Female employees. Differences greater than two standard deviations are considered statistically significant. For purposes of this analysis, a group is considered underutilized when the actual representation in the workforce is more than two standard deviations below what the expected number would be based on the CLF.

The HHS Civil Rights Office (CRO) reviewed and conducted analyses for each individual agency's workforce to determine where underutilization was identified.

The utilization analysis of the HHS agencies for fiscal year 2011 indicated underutilization in the DADS and DSHS workforce. The following table summarizes the results of the utilization analysis for the agencies of the HHS System.

Table 4: HHS System Utilization Analysis Results^{5 6 7}					
Job Category	Agency				
	HHSC	DFPS	DARS	DADS	DSHS
Officials/ Administrators	No	No	No	No	No
Professionals	No	No	No	No	No
Technicians	No	No	N/A	No	No
Protective Service	N/A	No	N/A	No	No
Para-Professionals	No	No	No	Hispanic	No
Administrative Support	No	No	No	No	Black
	N/A	N/A	N/A	Black Hispanic Female	Black Hispanic Female
Skilled Craft	N/A	N/A	N/A	Black Hispanic Female	Black Hispanic Female
Service Maintenance	N/A	N/A	N/A	Hispanic	Hispanic

Although underutilization was identified in the Skilled Craft job category, it should also be noted that this job category comprises only 1.2 percent of the HHS System workforce.

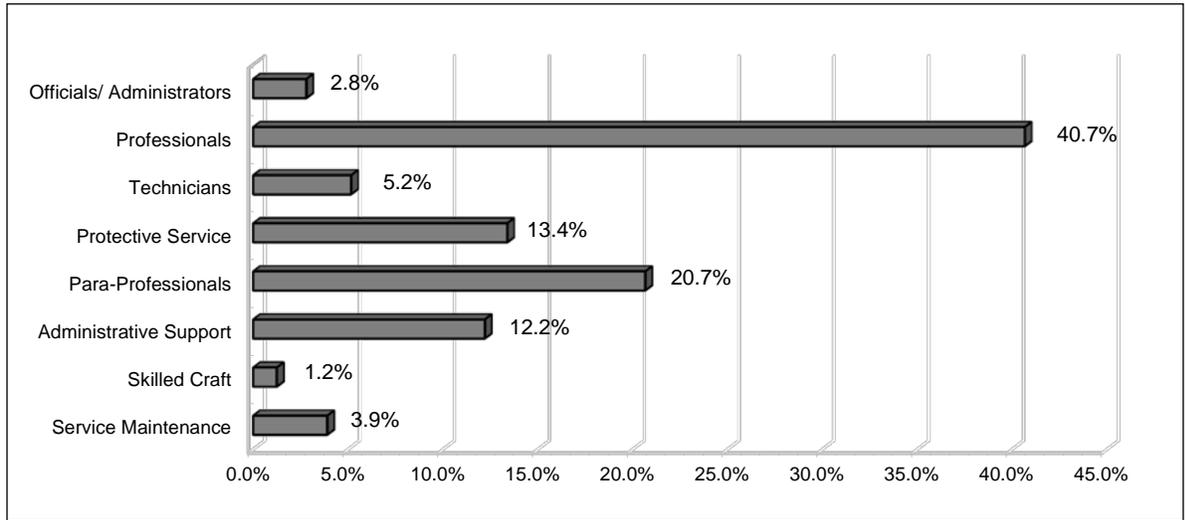
The other job categories showing underutilization are Para-Professionals, Administrative Support, and Service Maintenance. Due to a shift of the EEO category of a number of employees during fiscal year 2011, Para-Professionals now represent 20.7 percent of the HHS System workforce while Service Maintenance now represents 3.9 percent. Administrative Support represents 12.2 percent of the HHS System workforce. Underutilization within those job categories is discussed in greater detail under the individual agency data.

⁵ HHSAS Database, as of 8/31/11.

⁶ CLF data – EEOC publications, “Job Patterns for Minorities and Women in State and Local Government, 2003” for Texas; and “Job Patterns for Minorities and Women in Private Industry, 2003” for Texas. Modified 6/08/05.

⁷ “N/A” indicates the number of employee in this category was too small (less than 30) to test any differences for statistical significance.

Figure 6: HHS System – Percent of Employees by EEO Category



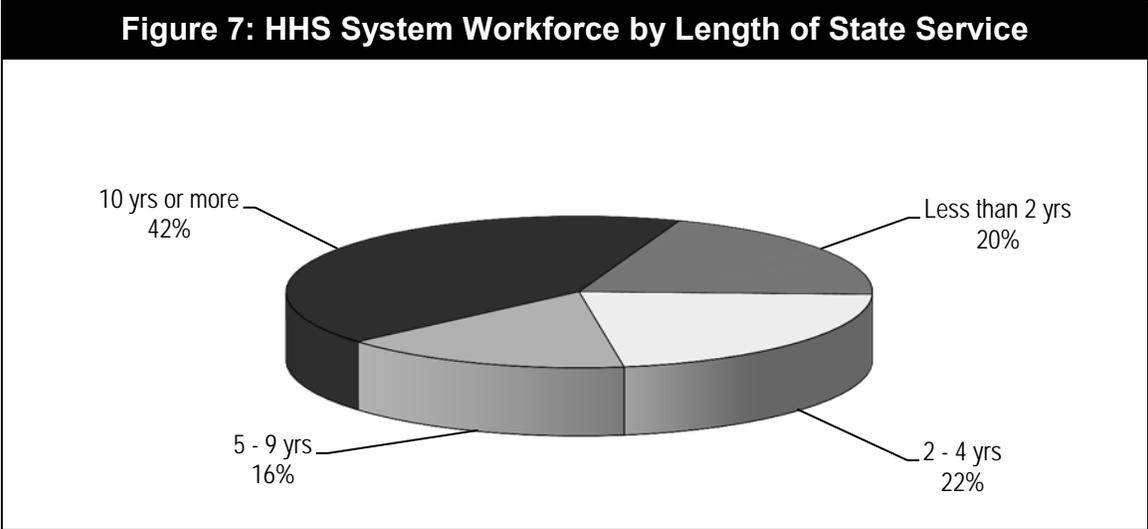
State Service

Approximately 42 percent of the workforce has 10 or more years of state service. Less than a quarter of the workforce have been with the state for less than two years.⁸

Table 5: HHS System Workforce Length of State Service for FY 09 – FY 11

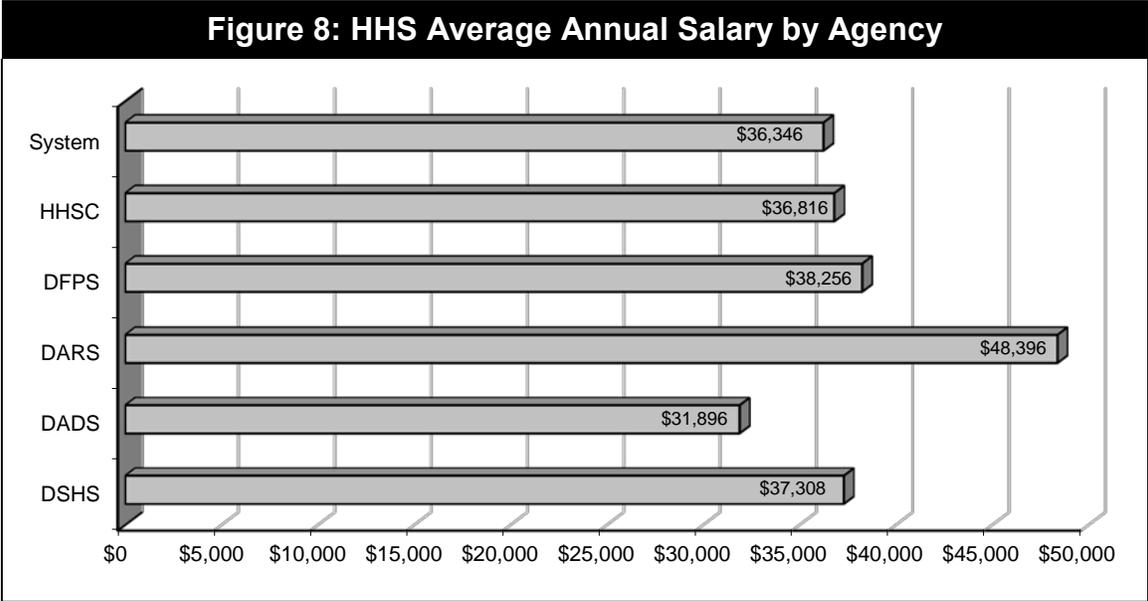
State Service	FY 09	FY 10	FY 11
less than 2 yrs	24.3%	23.1%	20.5%
2-4 yrs	17.7%	20.9%	22.0%
5-9 yrs	16.0%	15.4%	16.0%
10 yrs or more	42.0%	40.6%	41.5%

⁸ HHSAS Database, as of 8/31/11.



Average Annual Employee Salary

On average, the annual salary for an HHS System employee is \$36,346. DARS has the highest average annual salary at \$48,396 and DADS has the lowest at \$31,896.^{9 10}



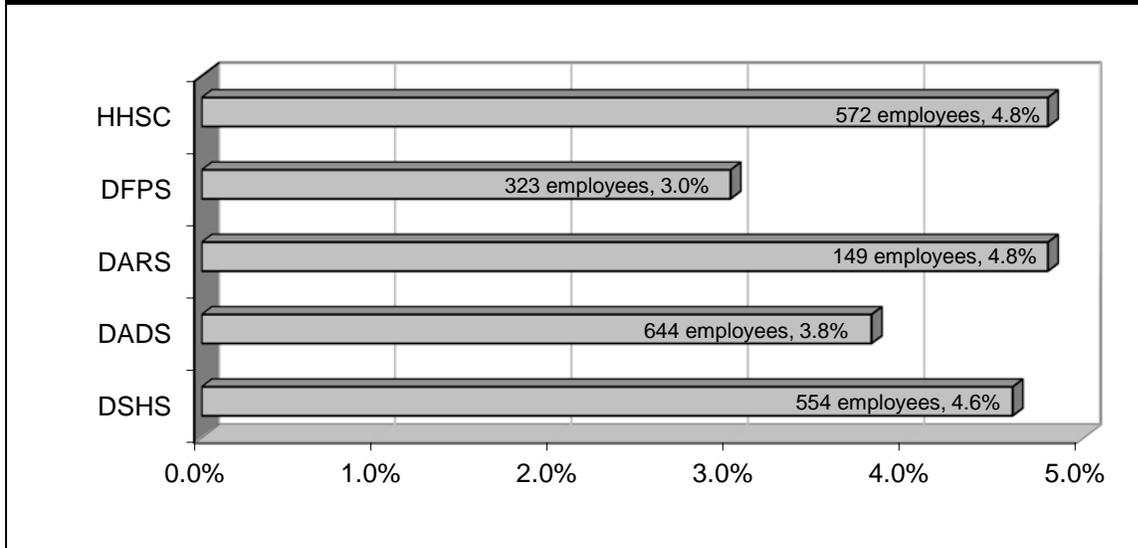
⁹ HHSAS Database, as of 8/31/11.

¹⁰ DFPS average salary includes CPS Stipend pay (CPI).

Return-to-Work Retirees

HHS agencies routinely hire retirees to support both ongoing operational needs and to assist in implementing new initiatives. When recruiting for shortage occupations, special skill required positions or for special projects, retirees provide a good source of relevant program-specific knowledge. Rehired retirees constitute about four percent of the total HHS workforce.¹¹

Figure 9: HHS Return-to-Work Retirees by Percent of Agency Workforce



Agency management understands that demographic trends over the next decade will increasingly impact recruitment from typical sources. As turnover continues to be high for core jobs across the HHS System, the loss of experienced workers will demand a concentrated focus on hiring retired workers to fill these needs. Retired workers who have institutional knowledge will be needed to pass their expertise to others.

Dealing with this “graying” workforce will require HHS agencies to attract more people to apply for work, encourage them to work longer and help make them more productive. Creative strategies will need to be devised to keep older workers on the job, such as hiring retirees as temps; letting employees phase into retirement by working part time; having experienced workers mentor younger employees; promoting telecommuting, flexible hours and job-sharing; urging retirement-ready workers to take sabbaticals instead of stepping down; and/or offering bonuses to forestall retirement.

Recent legislative changes have posed additional challenges for recruiting these retired workers. Beginning September 1, 2009, the amount of time a retired

¹¹ HHSAS Database, as of 8/31/11.

employee must wait before returning to state employment increased from 30 to 90 days. In addition, state agencies that hire return-to-work retirees must pay the Employees Retirement System of Texas (ERS) a surcharge that is equal to the amount of the State's retirement contribution for an active employee.

Of special concern to HHS is the possibility that the current practice of rehiring retirees may inhibit talented staff from moving into management or other senior positions. To address this problem and ensure that the agency considers and documents the selection of retirees, HHS has adopted a requirement that, before offering a supervisory position to a retiree, the hiring authority must document that:

- ◆ the retiree is the only candidate qualified to occupy the position; or is the best qualified candidate for the position; and
- ◆ agency or program efficiency, quality, or effectiveness will improve if the retiree is selected, or deteriorate unless the retiree is selected.

To promote the development of staff, HHS agencies must continue to grow the skills and talents of managers as part of a plan for succession. The HHS System has demonstrated this belief by establishing a HHSC Leadership Academy, a formalized interagency succession planning and mentoring program. The academy provides training and mentoring opportunities to enhance the growth of high-potential managers as they take on greater responsibility in positions of leadership. The primary goals of the academy are to:

- ◆ prepare managers to take on higher and broader roles and responsibilities;
- ◆ provide opportunities for managers to better understand critical management issues;
- ◆ provide opportunities for managers to participate and contribute while learning; and
- ◆ create a culture of collaborative leaders across the HHS system.

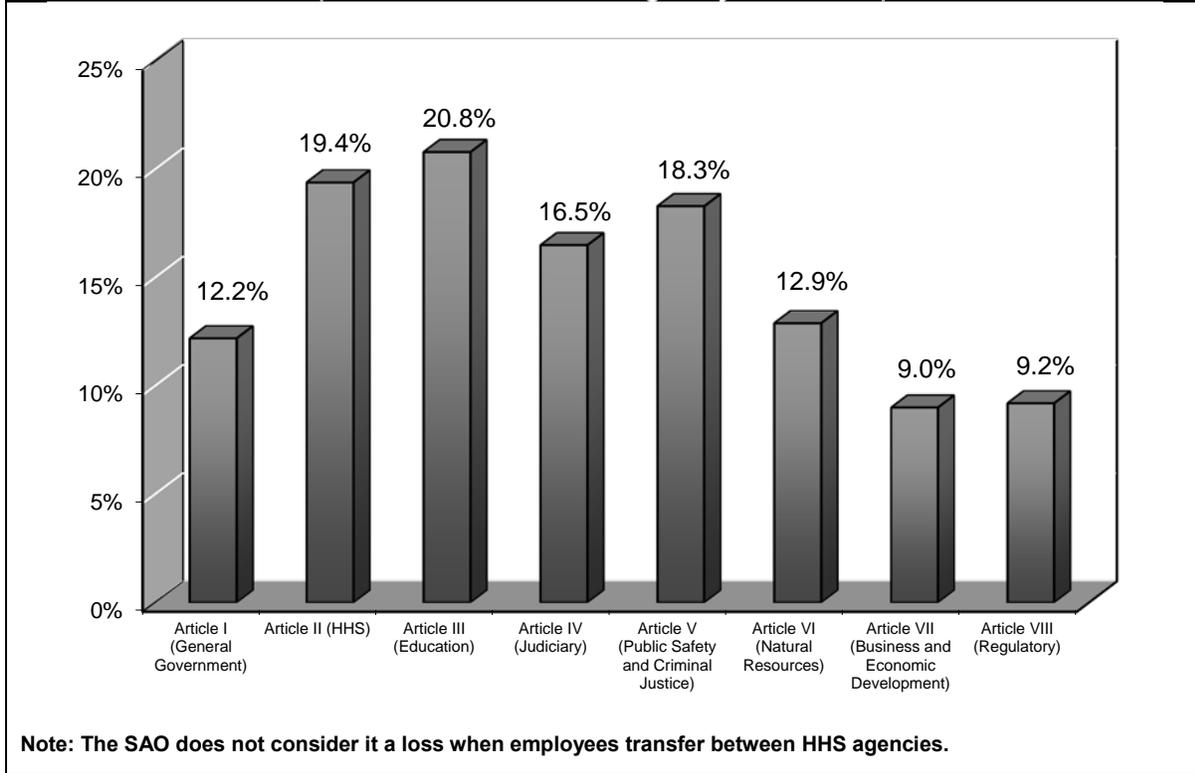
Through this planned development of management skills and the careful selection of qualified staff, HHS will continue to meet the challenges posed by increased retirements.

TURNOVER

The Article II (HHS agencies) employee turnover rate during fiscal year 2011 was 19.4 percent, as identified by the State Auditor's Office (SAO). When compared to the turnover rates of other General Appropriations Act articles, HHS agencies had the second highest turnover rate.¹²

¹² State Auditor's Office (SAO) Reports "Classified Employee Turnover for Fiscal Year 2011."

**Figure 10: Turnover Rate by Article for FY 11
 (excludes inter-HHS agency transfers)**



**Table 6: HHS System Workforce - Turnover for FY 09 – FY 11
 (excludes inter-HHS agency transfers)**

	FY 09	FY 10	FY 11
HHS System	17.5%	18.2%	19.4%

DADS experienced the highest turnover rate (29.9 percent), with the lowest turnover rate at DARS (9.9 percent).¹³

The SAO does not consider transfers between agencies as a loss to the state and therefore does not include this turnover in their calculations. However, when transfers between HHS agencies are taken into account, the HHS turnover rate increases from 19.4 percent to 20.6 percent. This additional turnover is significant because replacement costs are incurred by the agencies to process terminations and hires, to train new staff for different jobs and to recruit staff to replace those who have moved to another agency.¹⁴

¹³ State Auditor’s Office (SAO) Reports “Classified Employee Turnover for Fiscal Year 2011.”

¹⁴ Ibid.

**Table 7: Turnover by HHS Agency
 (includes inter-HHS agency transfers)**

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	12,496	1,872	15.0%
DFPS	11,313	1,945	17.2%
DARS	3,237	322	9.9%
DADS	18,391	5,497	29.9%
DSHS	12,613	2,345	18.6%
Grand Total	58,050	11,981	20.6%

Certain job families have significantly higher turnover than other occupational series, including Direct Care Workers¹⁵ at 38.9 percent, Licensed Vocational Nurses at 34.1 percent, Registered Nurses at 25.1 percent, Child Protective Services (CPS) Workers¹⁶ at 24.5 percent.¹⁷

¹⁵ Direct Care Workers include DADS Direct Service Professionals (Mental Retardation Assistants I-IV) and DSHS Psychiatric Nursing Assistants.

¹⁶ CPS Workers include CPS Specialists and CPS Investigators.

¹⁷ HHSAS Database for FY 2011.

Table 8: FY 11 Turnover for Significant Job Families¹⁸

Job Title	Average Annual Headcount	Separations	Turnover Rate
Direct Care Workers ¹⁹	11,076	4,307	38.9%
Licensed Vocational Nurses (LVNs)	1,260	429	34.1%
Registered Nurses (RNs)	2,439	611	25.1%
Dietetic and Nutrition Specialists	90	22	24.6%
Child Protective Services (CPS) Workers ²⁰	5,094	1,247	24.5%
Food Service Workers	1,051	249	23.7%
Physicians ²¹	121	28	23.2%
Dentists	28	6	21.6%
Registered Therapists	247	52	21.1%
Psychiatrists	146	29	19.9%
Social Workers	199	38	19.1%
Pharmacy Technicians	76	14	18.4%
Psychologists	82	15	18.4%
State Wide Intake (SWI) Specialists ²²	347	64	18.4%
Rehabilitation Teachers	129	22	17.1%
Public Health Technicians	655	111	17.0%
Eligibility Workers ²³	6,054	1,024	16.9%
Eligibility Clerks	2,030	344	16.9%
Nurse Practitioners and Physician Assistants	36	6	16.7%
Rehabilitation Therapy Technicians	1,108	182	16.4%
Adult Protective Services (APS) Specialists	728	115	15.8%
State Wide Intake (SWI) Supervisors	42	6	14.3%
Pharmacists	95	13	13.8%
Microbiologists	118	16	13.6%
Vocational Rehabilitation Counselors	694	72	10.4%
Epidemiologists	91	9	9.9%
Claims Examiners	577	55	9.5%
Health Physicists	66	6	9.2%

¹⁸ Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

¹⁹ Direct Care Workers include DADS Direct Service Professionals (Mental Retardation Assistants I-IV) and DSHS Psychiatric Nursing Assistants.

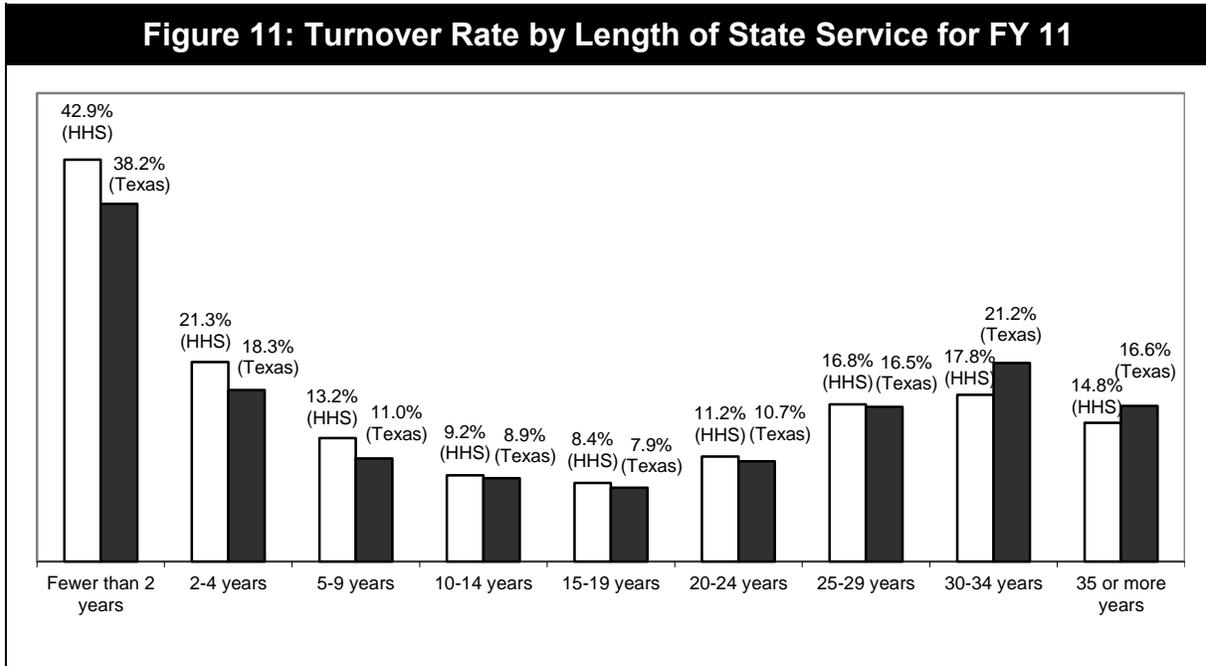
²⁰ CPS Workers include CPS Specialists and CPS Investigators.

²¹ Physicians include Resident Physicians and Physicians I – IIIs.

²² SWI Specialists include SWI Specialists I-V.

²³ Eligibility Workers include Texas Works Advisors, Medical Eligibility Specialists and Hospital Based Workers.

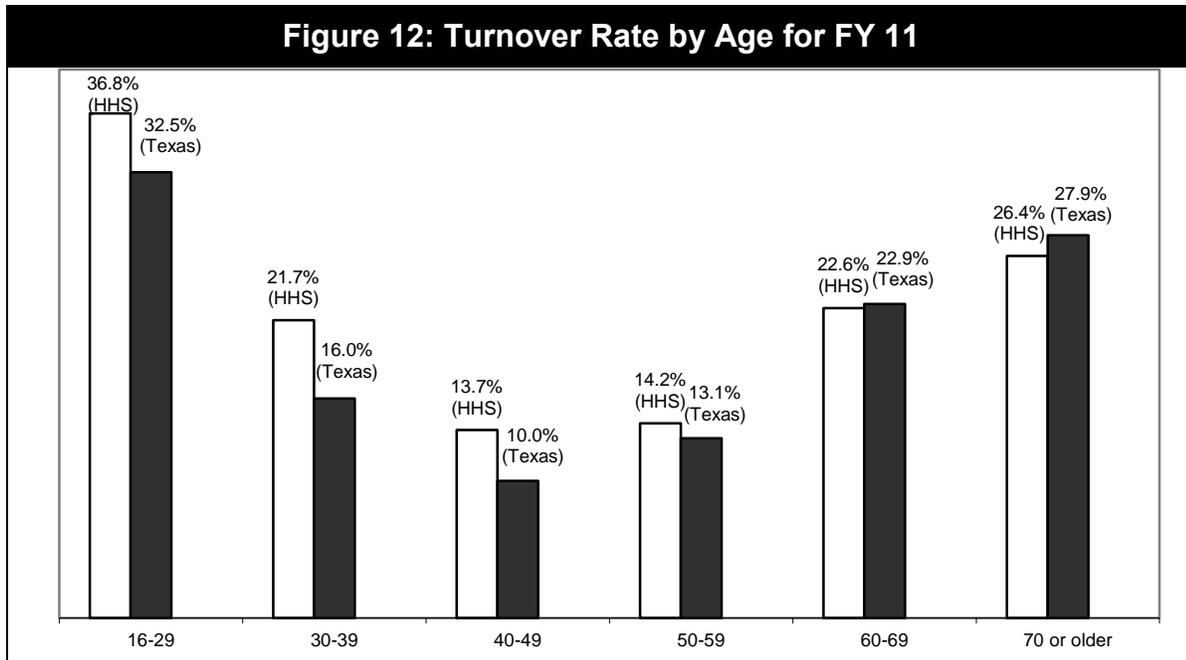
Of the total losses during fiscal year 2011, approximately 76 percent were voluntary separations and 24 percent were involuntary separations.^{24 25} Voluntary includes resignation, transfer to another agency and retirement. Involuntary includes dismissal for cause, resignation in lieu of separation, reduction in force and separation at will.²⁶



²⁴ Death accounted for .7% of separations.

²⁵ State Auditor’s Office (SAO) FY 2011 Turnover Statistics.

²⁶ State Auditor’s Office (SAO) Reports “Classified Employee Turnover for Fiscal Year 2011.”



RETIREMENT PROJECTIONS

Today, about 10 percent of the HHS workforce is eligible to retire. Within the next five years, the number of eligible employees will increase to 22 percent.²⁷

Table 9: HHS System Projected Retirement Eligibility through Rule of 80 (FY 11 – FY 16)

Agency	FY 11		FY 12		FY 13		FY 14		FY 15		FY 16	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
HHSC	1,202	10.0%	1,463	12.2%	1,776	14.8%	2,130	17.7%	2,495	20.7%	2,895	24.1%
DFPS	683	6.4%	803	7.6%	989	9.3%	1,179	11.1%	1,367	12.9%	1,589	15.0%
DARS	522	16.7%	618	19.7%	729	23.3%	849	27.1%	948	30.2%	1,075	34.3%
DADS	1,429	8.5%	1,775	10.5%	2,144	12.7%	2,548	15.1%	2,989	17.7%	3,420	20.2%
DSHS	1,343	11.2%	1,681	14.0%	2,019	16.8%	2,406	20.1%	2,818	23.5%	3,257	27.2%
Grand Total	5,179	9.5%	6,340	11.6%	7,657	14.0%	9,112	16.7%	10,617	19.4%	12,236	22.4%

The steady increase in the number of employees eligible to retire means the HHS agencies will lose some of their most knowledgeable workers, including many employees in key positions. Effective succession planning and employee development will be critical in ensuring there are qualified individuals who can replace those leaving state service.

²⁷ HHSAS Database, as of 8/31/11. Projections include current return-to-work retirees.

CRITICAL WORKFORCE SKILLS

The current climate of the information age, advances in technology, increasing population for the state, consolidation of services, right-sizing and outsourcing will continue to place increased emphasis on the demand for well trained and skilled staff.

The outsourcing and self-service automation of major HR functions, such as employee selection, have made it critical for HHS managers and employees to improve and commit to a continual learning of human resource policy, employee development, conflict resolution, time management, project management and automation skills.

It is important for HHS agencies to employ professionals who have the skills necessary for the development, implementation and evaluation of the health and human services programs. These skills include:

- ◆ Analytic/assessment skills;
- ◆ Policy development/program planning skills;
- ◆ Communication skills;
- ◆ Cultural competency skills;
- ◆ Basic public health sciences skills;
- ◆ Financial planning and management skills;
- ◆ Contract management skills; and
- ◆ Leadership and systems thinking skills.

Most management positions require agency program knowledge and the majority of these jobs are filled through the promotion of current employees. As HHS agencies continue to lose tenured staff, effective training will be needed to ensure that current employees develop the skills necessary to transfer into management positions.

In addition, as the Spanish speaking population in Texas increases, there will be an increased need for employees with bilingual skills, especially Spanish-English proficiency.

ENVIRONMENTAL ASSESSMENT

The Texas Economy

The Texas economy emerged from the worldwide recession during 2011. By December of 2011, all of the 433,400 jobs lost during the recession had been replaced.²⁸

The Comptroller's office reported that in 2011, the Texas' real gross domestic product grew by 2.4 percent, signaling a return to economic growth. This continued economic recovery could have a profound impact on the recruitment and retention challenges facing HHS agencies.²⁹

Poverty in Texas

As the number of families living in poverty increases for the state, the demand for services provided by the HHS System will also increase.

The U.S. Department of Health and Human Services defined the poverty level for 2011 according to household/family size as follows:

- ◆ \$22,350 or less for a family of four;
- ◆ \$18,530 or less for a family of three;
- ◆ \$14,710 or less for a family of two; and
- ◆ \$10,890 or less for individuals.³⁰

It is projected that in 2013, 4.6 million Texas residents, or 17.3 percent of the population, will live in families with annual incomes below the poverty level.³¹ For children under the age of 18, the projected poverty rate is 22.6 percent for 2013.

Unemployment

Another factor that directly impacts the demand for HHS System services is unemployment. In Texas, the January 2012 statewide unemployment rate was 7.3 percent, below the national rate of 8.3 percent.³²

²⁸ "Comptroller's Economic Outlook," (web page: <http://www.texasahead.org/economy/outlook.php>), last accessed on 1/25/12.

²⁹ Ibid.

³⁰ "Annual Update of the HHS Poverty Guidelines," Federal Register (76 FR 3637), webpage (<https://www.federalregister.gov/articles/2011/01/20/2011-1237/annual-update-of-the-hhs-poverty-guidelines>), last accessed on 3/5/12. Note: Guidelines apply to the 48 Contiguous States and D.C.

³¹ U.S. Census Bureau, March 2007 Current Population Survey (CPS), 2007, for Texas; Texas State Data Center Population Migration Growth Scenario 2002-2004, v. 10/06; HHSC Strategic Decision Support.

³² Bureau of Labor Statistics, seasonally adjusted unemployment rate for 16 years and over.

Health Care Reform

On March 23, 2010, the President signed into law national health care legislation that will require most Americans to have health insurance, add millions of people to the Medicaid rolls and subsidize private coverage for low- and middle-income people, at a cost to the government of \$938 billion over 10 years, according to the Congressional Budget Office. Overall, it is expected to extend coverage to 32 million additional Americans by 2019.

This legislation is also expected to impact the demand for healthcare jobs which are already experiencing national shortages, such as Registered Nurses and Physician Assistants.

Other Significant Factors

With over 25 million residents, Texas is one of the faster growing states in the nation. In just one period, April 1, 2010 to July 1, 2011, the population of Texas increased by almost half a million, the largest population increase in the country.³³ The Texas population is expected to continue to increase. By 2020, the Texas population is expected to reach 30 million residents.³⁴

The Texas population will become increasingly diverse over the next 10 years, as the overall percentage of Whites continues to decline. By the year 2020, Hispanics, African-Americans/Blacks, Asian/Pacific Islanders and American Indians/Alaskan Natives are projected to make up 53 percent of the state population. The largest increase is Hispanic, representing 37 percent of the state's population by 2020.³⁵

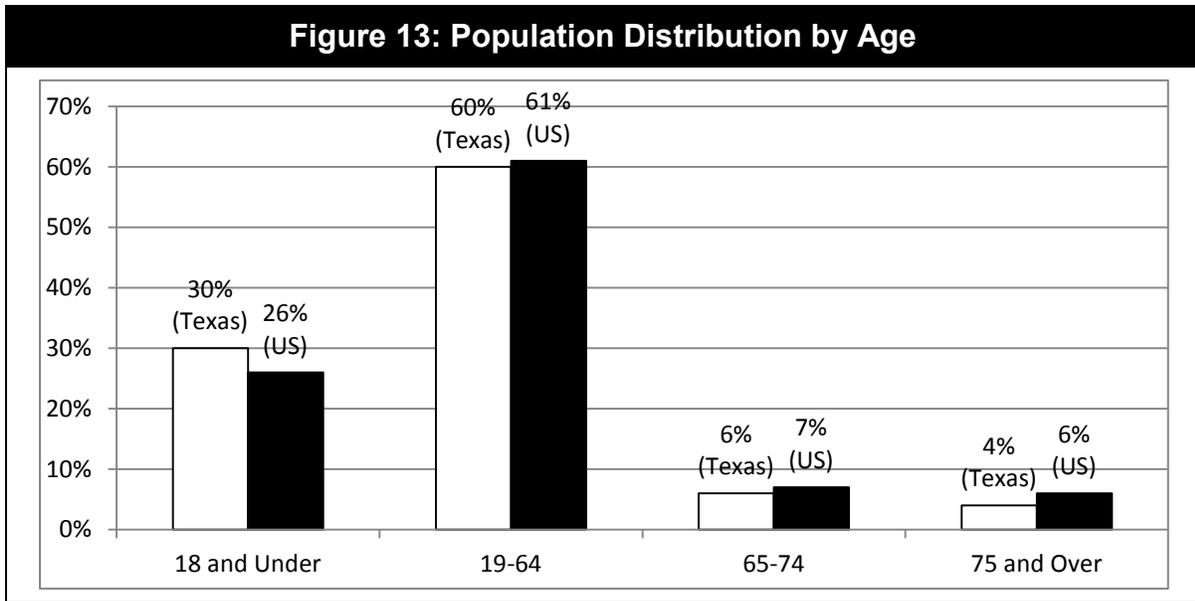
The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (60 percent) being between age 19 to 64, followed by those 18 and under (30 percent) and those 65 and over (10 percent).³⁶

³³ "Texas Gains the Most in Population Since the Census," U.S. Census Bureau (web page: <http://www.census.gov/newsroom/releases/archives/population/cb11-215.html>), last accessed on 3/29/12.

³⁴ Office of the State Demographer, Texas State Data Center.

³⁵ Policy Alert Supplement, November 2005, The National Center for Public Policy and Higher Education, web page http://www.highereducation.org/reports/pa_decline/states/TX.pdf, last accessed on 1/12/06.

³⁶ The Kaiser Family Foundation, Texas: At-A-Glance, web page <http://www.statehealthfacts.org>, last accessed on 4/23/12.



Population projections through 2010 show that the number of Texas residents aged 18 and under will increase by 200,000; the number of adults ages 18 through 64 will increase by about 1,200,000; and the number of adults over 64 will increase by about 284,000.³⁷ In the longer term, the Texas State Data Center estimates that by 2040, the number of persons older than age 65 will increase by 295 percent.³⁸ This projected aging of the Texas labor may have a major impact on growth of the labor force by dramatically lowering the overall labor force participation rate.

EXPECTED WORKFORCE CHALLENGES

HHS agencies will need to continue to recruit and retain health and human services professionals, such as Nurses (Registered Nurses and Licensed Vocational Nurses), Pharmacists, Vocational Rehabilitation Counselors, Epidemiologists, and Sanitarians. Additionally, certain jobs will continue to be essential to the delivery of services throughout the HHS System. Many of the jobs are low paying, highly stressful and experience higher than normal turnover, such as Office of Eligibility Services Staff, Protective Services Workers (Adult and Children), Direct Care Workers (Direct Service Professionals³⁹ and Psychiatric Nursing Assistants) and Food Service Workers.

³⁷ The Kaiser Family Foundation, Texas: At-A-Glance, web page <http://www.statehealthfacts.org>, last accessed on 4/23/12. Note: Texas data from 2009-2010, US data from 2010.

³⁸ New Texas State Data Center Population Projections from The University of Texas at San Antonio, web page <http://txsdc.utsa.edu/tpepp/2006projections/summary/>, last accessed on 4/4/08.

³⁹ Direct Service Professionals include Mental Retardation Assistants I - IV.

Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs)

The nation and Texas continue to face a shortage of RNs, which is predicted to worsen over the next twenty years as baby boomers age and the need for health care grows. Though current economic conditions have served to lessen the nursing crisis, some experts argue that the recession may have the effect of worsening the nursing shortage in the near future.⁴⁰ With state nursing schools facing budget cuts, they may be less able to hire enough faculty members to train new nurses to meet projected needs.⁴¹

The U.S. nursing shortage is projected to grow to 260,000 registered nurses by 2025.⁴² RNs constitute the largest healthcare occupation, with 2.6 million jobs in the U.S. Job opportunities for RNs are expected to grow faster than the average for all occupations.⁴³ In addition, it is projected that there will be 581,500 new RN jobs by 2018.⁴⁴ With this level of job growth, it is projected that there will not be enough qualified applicants to meet the demand.

Texas is also experiencing a critical shortage in RNs. It is projected that between 2005 and 2020, the demand for nurses in Texas will increase by 86 percent, while the supply will grow by only 53 percent.⁴⁵ Although numbers vary from study to study, most concur that the nursing shortage is the most severe health workforce shortage currently facing both the nation and Texas.⁴⁶ Texas is far below the national average of the nurse-to-population ratio (782 Nurses per 100,000 people), with the state ratio being 609 Nurses per 100,000 people. By some estimates, Texas will need an additional 138,000 Nurses in the next 10 years.⁴⁷

Factors contributing to the current shortage include the steep population growth (resulting in a growing need for health care services), an aging nursing workforce, an overall aging and service-demanding population and an increased need for

⁴⁰ "Dallas-Fort Worth graduates find that nursing is no longer a recession-proof field," web page <http://www.star-telegram.com/topstories/story/1935020.html>, last accessed on 2/16/10.

⁴¹ "Has the Recession Solved the Nursing Shortage? Experts say No," Robert Wood Johnson Foundation, April 17, 2009, web page <http://www.rwjf.org/pr/product.jsp?id=41728>, last accessed 3/17/10.

⁴² Peter I. Buerhaus, David I. Auerbach, and Douglas O. Staiger, "The Recent Surge in Nurse Employment: Causes and Implications" Health Affairs, 28, no. 4 (June 2009), web page <http://www.specialtystaffinc.com/news/headline/85>, last accessed on 3/17/10.

⁴³ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

⁴⁴ Ibid.

⁴⁵ "Texas Nursing: Our Future Depends on It. A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013," Texas Center for Nursing Workforce Studies, March 2009. Web page <http://www.dshs.state.tx.us/chs/cnws/TexasTeam/TexasStrategy.pdf>, last accessed March 17, 2010.

⁴⁶ State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

⁴⁷ MedicineWorld.org, "Lack of Resources, Not Lack of Students, Cause Nurse Shortage," web page <http://medicineworld.org/cancer/lead/12-2005/lack-of-resources-not-lack-of-students-cause-nurse-shortage.html>, last accessed on 1/17/06.

specialized nursing skills. This crisis is emerging just as skilled nurses are retiring and job opportunities in health care are expanding. The projected rates of growth in the youth, elderly and minority populations in Texas will result in an increased demand for health services from HHS System agencies.

Together, DADS and DSHS employ approximately 2,180 RNs and 1,130 LVNs.⁴⁸ As the demand for nursing services increases and the supply decreases, the recruitment and retention of Nurses becomes more difficult and the need for competitive salaries will become more critical.

Currently, the average annual salary for DADS and DSHS RNs during fiscal year 2011 was \$53,696 and \$34,302 for LVNs during the same time period.⁴⁹ These salaries fall below both national and state averages for these occupations.⁵⁰ Nationally, the average annual earnings for RNs in 2010 was \$69,110 and \$42,040 for Licensed Practical Nurses and LVNs.⁵¹ In Texas, the average annual earnings for RNs in 2010 was \$67,580 and \$42,260 for Licensed Practical Nurses and LVNs.⁵² In addition, the State Auditor's Office 2010 market index analysis found the average state salary for RNs ranged from six to 15 percent behind the market rate, while average LVN state salaries were 19 percent behind the market rate.⁵³ Many private hospitals are further widening the salary gap by offering signing bonuses. The non-competitive salaries offered by HHS agencies are directly contributing to the HHS System's difficulties recruiting qualified applicants. Posted vacant positions are currently taking several months to fill. The System is also losing existing staff to higher paying private health care jobs at an alarming rate (turnover of 25 percent for RNs and 34 percent for LVNs).⁵⁴

As the nursing workforce shortage continues and as a significant portion of System nurses approach retirement, it is expected that recruitment and retention of Nurses will continue to be a problem for the System.

⁴⁸ HHSAS Database, as of 8/31/11.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/30/12.

⁵² Ibid.

⁵³ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

⁵⁴ HHSAS Database, FY 2011 data.

Pharmacists

Pharmacists represent one of the largest health professional groups in the U.S., with over 270,000 active Pharmacists as of May 2010.⁵⁵ While the overall supply of Pharmacists has increased in the past decade, there has been an unprecedented demand for Pharmacists and for pharmaceutical care services. This need is expected to grow faster than the average for all occupations due to the increased pharmaceutical needs of a growing elderly population and increased use of medications. It is projected that there will be a demand for approximately 70,000 new Pharmacists by 2020, or a 25 percent increase in the number of total jobs.⁵⁶ However, the number of available Pharmacists is expected to grow only modestly.

HHS agencies employ 93 Pharmacists, with an average annual salary of \$92,485.⁵⁷ This salary falls significantly below the market rate. The average annual salary for Pharmacists nationally is \$112,160 and \$113,570 in Texas.⁵⁸ In addition, the State Auditor's Office 2010 market index analysis found the average state salary for Pharmacists ranged from 16 to 32 percent behind the market rate.⁵⁹ This disparity is affecting the System's ability to recruit qualified applicants for open positions. Pharmacist positions often remain unfilled for several months.⁶⁰

With Pharmacist turnover at about 14 percent, HHS agencies have often used contract Pharmacists to meet program needs. These contracted Pharmacists are paid at rates that are well above the amount it would cost to hire Pharmacists at state salaries. With a significant number of Pharmacists nearing retirement age (or have already retired and returned to work), recruitment and retention will continue to be a problem for the System.

Eligibility Services Staff

HHSC employs over 8,600 individuals in Eligibility Services positions, representing about 72 percent of the HHSC workforce. The majority of these individuals are employed as Texas Works Advisors, Medical Eligibility Specialists, Hospital Based Workers, Eligibility Clerks and Eligibility Supervisors.⁶¹

⁵⁵ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 3/26/12.

⁵⁶ Ibid.

⁵⁷ HHSAS Database, as of 8/31/11.

⁵⁸ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/16/12.

⁵⁹ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

⁶⁰ HHSAS Database, FY 2011 data.

⁶¹ Ibid.

Turnover for Eligibility Services staff is high at about 16 percent, with the highest turnover experienced by Medical Eligibility Specialists at a rate of 20 percent, followed by Eligibility Clerks at a rate of 19 percent and Texas Works Advisors at a rate of 17 percent.⁶²

Special retention strategies continue to be used to address this high turnover, including an expedited hiring process to fill vacancies as quickly as possible, assigning peers and mentors to new eligibility staff that have completed training and a pilot to explore the advantages of telework.

Protective Services Workers

In 2010, there were 295,700 Protective Service Worker jobs in the U.S., with a projected job growth of 19.7 percent by 2020.^{63 64}

There are approximately 5,680 Protective Services Workers employed by DFPS as Child Protective Service (CPS) Specialists, CPS Investigators, Adult Protective Service (APS) Specialists and State Wide Intake (SWI) Specialists.⁶⁵ The average annual salary for these Workers is \$36,894, a salary below both the national and state average annual salary.⁶⁶ Nationally, Protective Services Workers earn \$43,850 annually.⁶⁷ The State Auditor's Office 2010 market index analysis found the average state salary for CPS Specialists to be 27 percent behind the market rate, while APS Specialists were 24 percent behind the market rate.⁶⁸

The 82nd Legislature (Regular Session, 2011) continued its support of ongoing improvements of DFPS by authorizing funds to allow the agency to continue to provide the salary retention supplement of \$5,000 established by the 79th Legislature (Regular Session, 2005) for CPS Investigation Caseworkers and Supervisors.

The 81st Texas Legislature (Regular Session, 2009) directed DFPS to develop a plan to improve employee morale and retention. Since turnover peaked at 23.2 percent in fiscal year 2008, DFPS has steadily improved. A combination of extensive internal efforts and economic factors helped reduce the turnover rate to 17.2 percent

⁶² HHSAS Database, FY 2011 data.

⁶³ Occupational title used is Child, Family and School Social Workers.

⁶⁴ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 3/26/12.

⁶⁵ HHSAS Database, as of 8/31/11.

⁶⁶ Ibid.

⁶⁷ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 3/26/12.

⁶⁸ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

in fiscal year 2011.⁶⁹ During the next decade, the significant increase in the Texas population, especially the aging population, will require additional APS Workers, which could further exacerbate the high turnover rate.

Vocational Rehabilitation Counselors

As of May 2010, there were 129,800 Rehabilitation Counselor jobs in the U.S., with a projected job growth of 28 percent by 2020.⁷⁰ Nationally, there is a shortage of qualified vocational rehabilitation counselors.

DARS employs 675 Vocational Rehabilitation Counselors, with an average annual salary of \$48,108.⁷¹ The State Auditor's Office 2010 market index analysis found the average state salary for Vocational Rehabilitation Counselors ranged from three to 10 percent behind the market rate.⁷²

The federal requirements for Vocational Rehabilitation Counselors to have a master's degree in rehabilitation counseling and/or to be eligible to take the Certified Rehabilitation Counselor certification exam have made it increasingly difficult to fill vacancies with qualified individuals. As a result, the agency has established incentive programs to assist current employees in obtaining the appropriate credentials.

Epidemiologists

DSHS employs 90 full-time Epidemiologists who are responsible for monitoring health status, investigating health hazards, evaluating the effectiveness of health services and monitoring and responding to health emergencies.

Although epidemiology is known as the core science of public health, Epidemiologists comprise less than one percent of all public health professionals.⁷³

⁶⁹ HHSAS Database, FY 2011 data.

⁷⁰ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 3/26/12, last accessed on 3/26/12.

⁷¹ HHSAS Database, as of 8/31/11.

⁷² State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

⁷³ Melissa Taylor Bell and Irakli Khodeli. "Public Health Worker Shortages," The Council of State Governments, November 2004.

As of May 2010, there were approximately 5,000 Epidemiologist jobs in the U.S., with a projected job growth rate of 24 percent by 2020.⁷⁴

The shortage of Epidemiologists may be partly explained by the high level of education required for this profession. DSHS Epidemiologists earn an average annual salary of \$52,337,⁷⁵ significantly below the average wage paid nationally (\$69,660), and also lower than the Texas average of \$57,130.^{76 77} The State Auditor's Office 2010 market index analysis found the average state salary for Epidemiologist IIs to be eight percent behind the market rate.⁷⁸

Barriers to recruiting and retaining Epidemiologists in the public health field include noncompetitive salaries and a general shortage of professionals.

The agency is currently experiencing difficulty filling vacant Epidemiologist positions. While the overall turnover rate for Epidemiologists at DSHS is well managed at about 10 percent, vacant positions often go unfilled for months.^{79 80} One factor that may potentially add to this problem is the percent of these highly skilled employees who may retire from the agency in the near future. Almost a third of the agency Epidemiologists will be eligible to retire in the next five years.⁸¹

Sanitarians

The System employs 127 Sanitarians across the state.⁸² Registered Sanitarians at DSHS inspect all food manufacturers, wholesale food distributors and food salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions. They conduct a multitude of environmental inspections, such as children's camps, asbestos abatement, hazardous chemicals/products and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer

⁷⁴ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 3/26/12, last accessed on 3/26/12.

⁷⁵ HHSAS Database, as of 8/31/11.

⁷⁶ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 10; last accessed on 4/23/12. Note: The Employees are listed under the Occupational title of Child, Family and School Social Workers.

⁷⁷ Ibid.

⁷⁸ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

⁷⁹ HHSAS Database, FY 2011 data.

⁸⁰ Ibid.

⁸¹ HHSAS Database, as of 8/31/11.

⁸² Ibid.

products. The U.S. Food and Drug Administration (FDA) and the Consumer Products Safety Commission (CPSC) have little manpower and therefore depend on the state programs to protect citizens. DSHS Sanitarians also respond to a variety of emergencies, including truck wrecks, fires, tornados, floods and hurricanes and are the first line of defense against a bioterrorist attack on the food supply.

Higher starting salaries offered by local health jurisdictions, federal counterparts (U.S. Food and Drug Administration, USDA and the Consumer Product Safety Commission) and private industry, have made it extremely difficult for DSHS to hire Sanitarians to fill vacant positions. In addition, these organizations have been hiring many of the agency's highly trained staff, leaving even more positions vacant.

Historically, the agency has faced special challenges filling vacancies in both rural and urban areas of the state. The vacancy rate for Sanitarians is currently high at about 15 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work. These vacancy problems are expected to worsen as employees approach retirement. Over 35 percent of current sanitarian staff will be eligible to retire by the year 2016.⁸³

Direct Care Workers (Direct Service Professionals⁸⁴ and Psychiatric Nursing Assistants)

There are about 9,810 Direct Care Workers employed in DSHS state mental health hospitals and in DADS state supported living centers. These positions require no formal education to perform the work, but employees are required to develop people skills to effectively interact with consumers. The physical requirements of the position are difficult and challenging due to the nature of the work.

The pay is low, with an average hourly rate of \$10.87.⁸⁵ The State Auditor's Office 2010 market index analysis found the average state salary for Mental Health/Mental Retardation Services Aides/Assistants/Supervisors to be 17 percent behind the market rate, and Psychiatric Nursing Aids/Assistants to be 28 percent behind the market rate.⁸⁶

The overall turnover rate for employees in this group is high, at 38.9 percent annually.⁸⁷ Taking into account these factors, state hospitals and state supported

⁸³ HHSAS Database, as of 8/31/11.

⁸⁴ Direct Service Professionals include Mental Retardation Assistants I-IV.

⁸⁵ HHSAS Database, as of 8/31/11.

⁸⁶ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

⁸⁷ HHSAS Database, FY 2011 data.

living centers have historically experienced difficulty in both recruiting and retaining these workers. Little change is expected.

Food Service Workers

There are approximately 960 Food Service Workers employed across Texas in state mental health hospitals, state supported living centers and rehabilitation centers.⁸⁸

The physical requirements are very demanding and there are no formal education requirements. Since meals are prepared seven days a week, some of these employees are required to work on night and weekend shifts.

The average hourly rate paid to Food Service Workers is \$9.81. Turnover in Food Service Worker positions was high, at 24 percent during fiscal year 2011.⁸⁹ The State Auditor's Office 2010 market index analysis found the average state salary for Food Service Worker Is to be 10 percent behind the market rate, and Cooks ranged from 16 to 11 percent behind the market rate.⁹⁰

⁸⁸ HHSAS Database, as of 8/31/11.

⁸⁹ Ibid.

⁹⁰ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

Gap	HHS agencies do not attract enough qualified applicants for critical and/or difficult to fill jobs.
Goal	Establish efficient and effective recruiting initiatives to attract qualified applicants.
Rationale	If HHS agencies are going to recruit effectively, the agencies must recognize that attracting and assessing applicants from outside traditional pools and resources will be a necessity.
Strategies	<ul style="list-style-type: none"> ◆ Implement an HHS internship program to attract future employees in hard-to-fill job classes. ◆ Provide summer and co-op placements for high school and college students. ◆ Provide college tuition reimbursement or scholarships for high-potential high school graduates in exchange for a certain number of years of service. ◆ Create customized recruitment strategies based on managers' staffing goals, current/future program priorities and specific job vacancies. ◆ Increase recruitment efforts for 'critical' occupations, such as: <ul style="list-style-type: none"> ○ Office of Eligibility Services Staff; ○ Protective Services Workers; ○ Direct Care Workers (Direct Care Professionals and Psychiatric Nursing Assistants); ○ Physicians and Psychiatrists; ○ Dentists; ○ Nurses; ○ Pharmacists; ○ Psychologists; ○ Vocational Rehabilitation Counselors; ○ Epidemiologists; and ○ Sanitarians. ◆ Provide assessment tools to identify applicants who have an aptitude for the position for which they apply. ◆ Prepare and implement targeted recruitment plans. ◆ Use aggressive recruiting efforts, such as extensive internet

	<p>recruiting, attendance at technical job fairs and same day hiring at job fairs.</p> <ul style="list-style-type: none"> ◆ Develop media presentations to assist in recruiting efforts. ◆ Post jobs using the full salary range or market comparable salaries to attract qualified applicants. ◆ Rehire skilled retirees. ◆ Use recruitment and retention bonuses to attract applicants for high turnover and critical positions. ◆ Offer alternative work schedules to attract applicants, such as telecommuting, job sharing and part-time work. ◆ Provide incentives for employee referrals that result in successful hiring of qualified applicants. ◆ Offer jobs placements for people exiting the military (i.e., Military Outplacement Services). ◆ Concentrate efforts to recruit older workers and individuals seeking a second career.
--	---

Retention Strategies

Gap	There is a high rate of attrition for younger employees, less tenured employees and employees performing stressful jobs.
Goal	Create an environment whereby employees and applicants will view their HHS agency as an employer of choice.
Rationale	If HHS agencies are to be successful in retaining good employees, employees need to be treated well and rewarded for outstanding job performance.
Strategies	<ul style="list-style-type: none"> ◆ Obtain funding and implement a compensation program intended to attract, retain and reward employees and to make salaries more competitive. Compensation strategies might include the use of: <ul style="list-style-type: none"> ○ salary equity adjustments; ○ promotions; ○ merit raises, including one-time merit awards; ○ retention bonuses; and ○ hiring above the salary minimum at comparable market rates. ◆ Develop strategies to address turnover, including:

	<ul style="list-style-type: none">○ ensure sufficient FTEs are available for the volume of work to be accomplished;○ provide a realistic preview of the job during the interview process;○ provide adequate training to ensure success of the employee in completing assignments and duties;○ ensure that supervisors set clear expectations of the new hire (and all employees);○ assign a current employee as a peer mentor in the same job to assist the new employee in acclimating to the new position and ensure support from a lead worker; and○ have the supervisor hold frequent meetings with the new employee to provide immediate feedback and information on how to improve within the position. <ul style="list-style-type: none">◆ Ensure separating employees participate in exiting surveys available through the SAO Exit Survey process and analyze the Survey Responses to determine appropriate actions for improving retention.◆ Grant administrative leave for outstanding performance.◆ Establish flexible work schedules to retain staff and meet the needs of HHS agencies, using:<ul style="list-style-type: none">○ telecommuting;○ job sharing;○ regular, instead of rotating, shift work for employees who desire a more regular and predictable schedule;○ part-time jobs; and○ flex hours.◆ Audit HHS agency positions to ensure salary and FLSA parity among job classes that perform like and similar duties across all HHS agencies.◆ Create career ladders, where job duties are clearly differentiated within the levels of a job series, to counter the lack of advancement opportunities and the impact of management/supervisory restrictions.◆ Obtain funding and provide professional development training in the employee's career field for all employees in the System.◆ Obtain funding and provide personal development training that will benefit both the employee and the System for all employees in the System.◆ Expand the HHS Wellness Program to promote organizational satisfaction, reduce employee stress and reduce turnover.
--	---

- ◆ Ensure that the Employee Assistance Program (EAP) provider makes regular presentations to large employee groups on topics of interest, such as stress in the work place, employee burnout and prevention strategies.
- ◆ Implement an HHS employee recognition program to ensure that employees know that their work is valued and appreciated by:
 - providing non-monetary incentive awards and recognition to high-performing employees;
 - having senior management routinely visit employees in their job areas and thank them for being a part of the team; and
 - having agency heads and executive staff send notes, memos and emails, thanking and congratulating employees who perform exceptionally well on special projects and provide exceptional customer service to internal and external consumers.
- ◆ Recognize supervisors and managers who have decreased employee turnover.
- ◆ Recognize supervisors and managers who receive high praise from their employees and who get the job done with a high degree of excellence.
- ◆ Provide training for supervisors and managers – and require attendance and successful completion – on topics of agency policy and positive performance to ensure that new employees receive better on-the-job training, coaching, recognition and supervision.
- ◆ Fund and encourage managers to use educational leave, stipends and scholarships to prepare employees for future employment in “critical” or “hard-to-fill positions.”
- ◆ Develop “grow your own” employee training programs to ensure adequate staffing and reduce the overburden for employees in shortage occupations.
- ◆ Implement strategies to hire “soon to be qualified” individuals - even if they have not completed required certifications.
- ◆ Seek additional pay for employees who handle difficult consumers or who are routinely placed in difficult situations.
- ◆ Explore opportunities for job rotation, job sharing, etc. for employees in extremely difficult and stressful jobs.
- ◆ Expand the practice allowing retirees to return to positions within the HHS System to ease recruiting and retention issues.

- ◆ Communicate to employees the value of their employee benefits as part of their total compensation package. (During fiscal year 2011 the total benefits package, according to the State Auditor’s Office, was 68 percent salary and 32 percent benefits).⁹¹
- ◆ Remind employees that the HHS System allows FLSA exempt employees to bank compensatory time, which is often not done in the private sector.
- ◆ Remind employees that the HHS System provides some benefits that other employers and some state agencies don’t provide, such as Sick Leave Bonus Days.
- ◆ Invest funds to “upgrade” the physical facilities in which employees work.
- ◆ Recognize employees who align with and support the vision and mission of the HHS System.

⁹¹ “A Report on State Employee Benefits as a Percentage of Total Compensation,” State Auditor’s Office (SAO) Report Number 12-705, February 2012.

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

The mission of the Health and Human Services Commission (HHSC) is to maintain and improve the health and human services system in Texas, and to administer its programs in accordance with the highest standards of customer service and accountability for the effective use of funds.

SCOPE

HHSC was created in 1991 to provide strategic leadership to HHS agencies. HHSC oversees the consolidated operation of the HHS system in Texas. HHSC has responsibility for strategic leadership, administrative oversight of Texas health and human services programs and provides direct administration of some programs, including:

- ◆ Texas Medicaid;
- ◆ Children's Health Insurance Program (CHIP);
- ◆ Temporary Assistance for Needy Families (TANF);
- ◆ Supplemental Nutrition Assistance Program (SNAP);
- ◆ Family Violence Services;
- ◆ Refugee Services;
- ◆ Integrated Eligibility Services;
- ◆ Disaster Assistance;
- ◆ Border Affairs; and
- ◆ Fraud and Abuse Prevention and Detection.

The agency is accountable to Texans, ensuring that the other four HHS agencies provide quality services in the most efficient and effective manner possible.

HHSC has approximately 12,000 employees who work throughout Texas, supporting the agency, the other HHS agencies and Texans in need.⁹²

⁹² HHSAS Database, as of 8/31/11.

CORE BUSINESS FUNCTIONS

The core functions of HHSC include the following:

- ◆ Health and Human Services Administrative System Oversight. The HHSC oversight function is critical to the successful delivery of effective and efficient health and human services in Texas. Within HHSC, employees performing these functions work together to provide support and direction to the HHS agencies in implementing legislation, streamlining services and facilitating cross-agency innovation. HHSC divisions listed below are key to the Health and Human Services System oversight function:
 - Office of Inspector General;
 - Ombudsman/Consumer Affairs;
 - Consolidated Financial Services, including Strategic Planning and Evaluation, Data Management, Research, Forecasting and Rate Analysis;
 - Consolidated Information Technology Support;
 - Consolidated Human Resources, Time, Labor and Leave and Payroll;
 - Consolidated Civil Rights Services;
 - Consolidated Contracts and Procurement Services;
 - Consolidated Facilities Support Services for State Supported Living Centers and Hospitals;
 - Enterprise Fleet Management;
 - Consolidated Risk Management;
 - Consolidated Regional Administrative Services; and
 - Facilities Leasing.
- ◆ Medicaid Program Administration. HHSC employees performing this function administer the statewide Medicaid program using a comprehensive approach to integrate Medicaid client health services with other direct service delivery programs. Medicaid administration includes the following programs:
 - Aged and Disabled Financial Eligibility Determinations;
 - Pregnant Women;
 - Children and Medically Needy;
 - Medicare Savings Programs;
 - Integrated Managed Care (STAR+PLUS);
 - Medicaid Vendor Drug Program;
 - Medical Transportation;
 - Health Steps – Medical and Dental;
 - Family Planning;
 - Health Care Delivery Models for Aged, Blind and Disabled Recipients;
 - Comprehensive Health Care for Children in Foster Care;
 - Medicaid Buy-In Program;
 - Medicaid Access Card Project;
 - Women’s Health Program;
 - Medicaid for Breast and Cervical Cancer;
 - Refugee Medical Assistance; and

- Medicaid for Transitional Foster Care Youth.
- ◆ Children’s Health Insurance Program (CHIP) Administration. HHSC employees performing this function are responsible for ensuring health insurance coverage for eligible children in Texas. CHIP Services Administration includes the following programs:
 - Immigrant Health Insurance;
 - School Employee Children’s Health Insurance Program (CHIP);
 - CHIP Vendor Drug Program; and
 - CHIP Perinatal.
- ◆ Social Services Program Administration. The administration of eligibility programs is the largest program function within HHSC. Employees performing this function administer the statewide social services programs using a comprehensive and integrated approach for determining eligibility policy and providing eligibility services for the state and federal programs administered by HHSC, including:
 - Temporary Assistance for Needy Families (TANF);
 - Supplemental Nutrition Assistance Programs (SNAP);
 - Children’s Health Insurance (Medicaid and CHIP);
 - Financial Eligibility for Medicaid for the Elderly and People with Disabilities (MEPD);
 - Nutrition Education and Outreach;
 - 2-1-1 Information and Referral Network;
 - Family Violence Services;
 - Refugee Affairs Assistance;
 - Healthy Marriage Services;
 - Alternatives to Abortion; and
 - Disaster Assistance and Case Management.
- ◆ Eligibility Services. The agency administers an eligibility determination system for the programs administered by HHSC that provide assistance to families in need through:
 - Eligibility Offices in 197 counties;
 - Customer Care and Call Centers;
 - Centralized Operations and Processing Centers;
 - Eligibility Support Services; and
 - Document Processing Services.

WORKFORCE DEMOGRAPHICS

On August 31, 2011, HHSC employed about 12,000 full and part-time employees. The majority of these employees (about 72 percent) are eligibility staff located in offices throughout the state.⁹³

⁹³ HHSAS Database, as of 8/31/11.

Job Families

Approximately 93 percent of HHSC employees (11,166 employees) work in 13 job families.⁹⁴

Table 10: Largest Program Job Families and Average Salaries

Job Family	Number of Employees	Average Salary
Eligibility Workers ⁹⁵	5,816	\$31,112
Clerical Workers	2,293	\$25,910
Program Specialists	840	\$51,240
Program Supervisor	512	\$46,843
System Analysts	400	\$58,440
Managers	298	\$64,987
Public Health Technicians	281	\$31,894
Investigators	236	\$43,733
Auditors	138	\$54,347
Directors	138	\$98,132
Training Specialists	111	\$47,003
Accountants	103	\$40,572

Salary

HHSC employees earn an average annual salary of \$36,816.⁹⁶

Gender

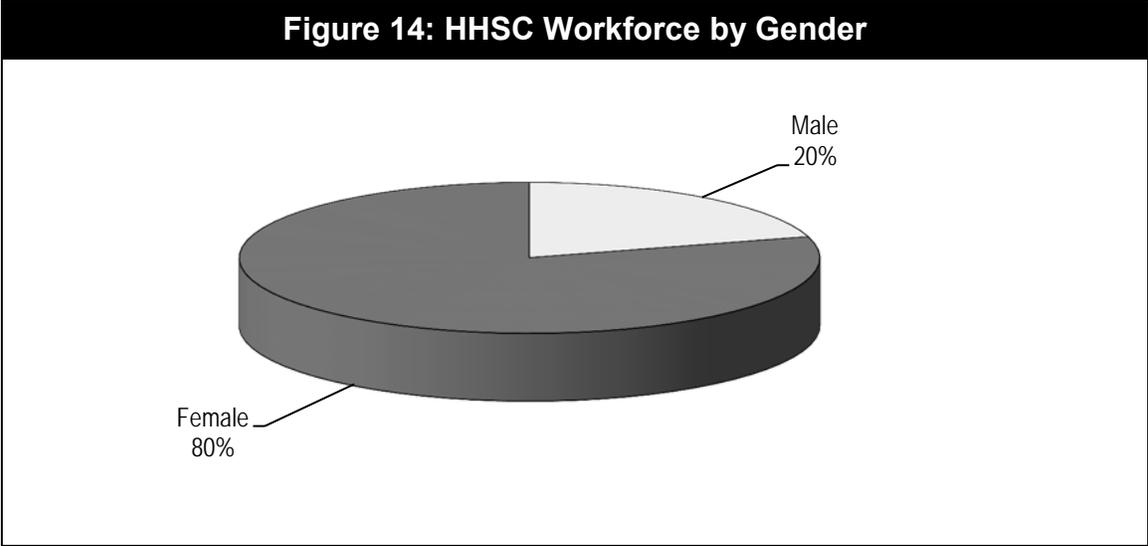
The HHSC workforce is primarily female, representing approximately 80 percent of all agency employees.⁹⁷

⁹⁴ HHSAS Database, as of 8/31/11.

⁹⁵ Eligibility Workers include Texas Works Advisors, Hospital Based Workers and Medical Eligibility Specialists.

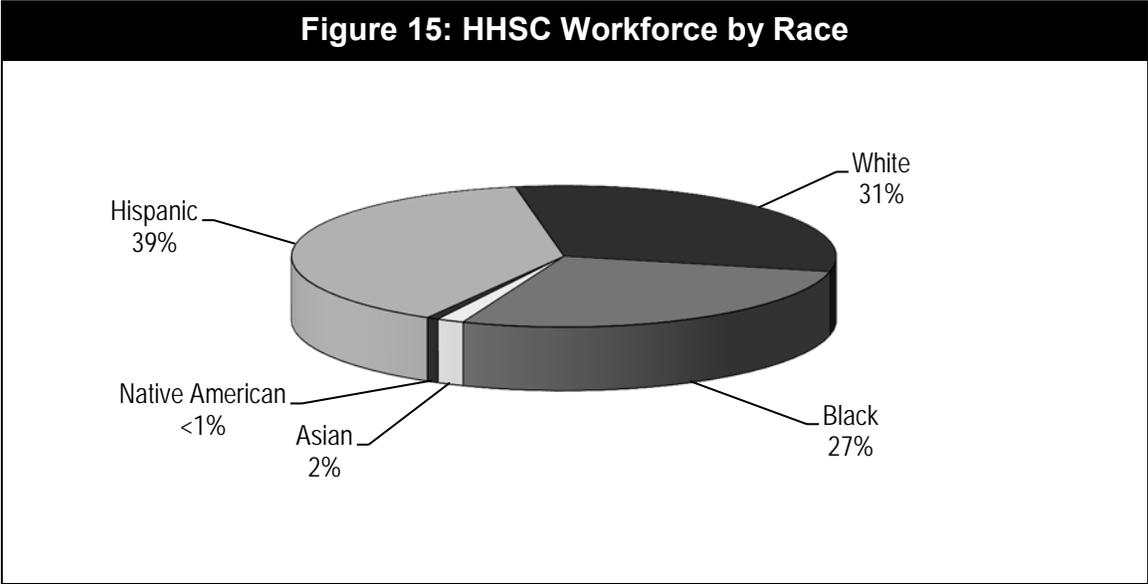
⁹⁶ HHSAS Database, as of 8/31/11.

⁹⁷ Ibid.



Race

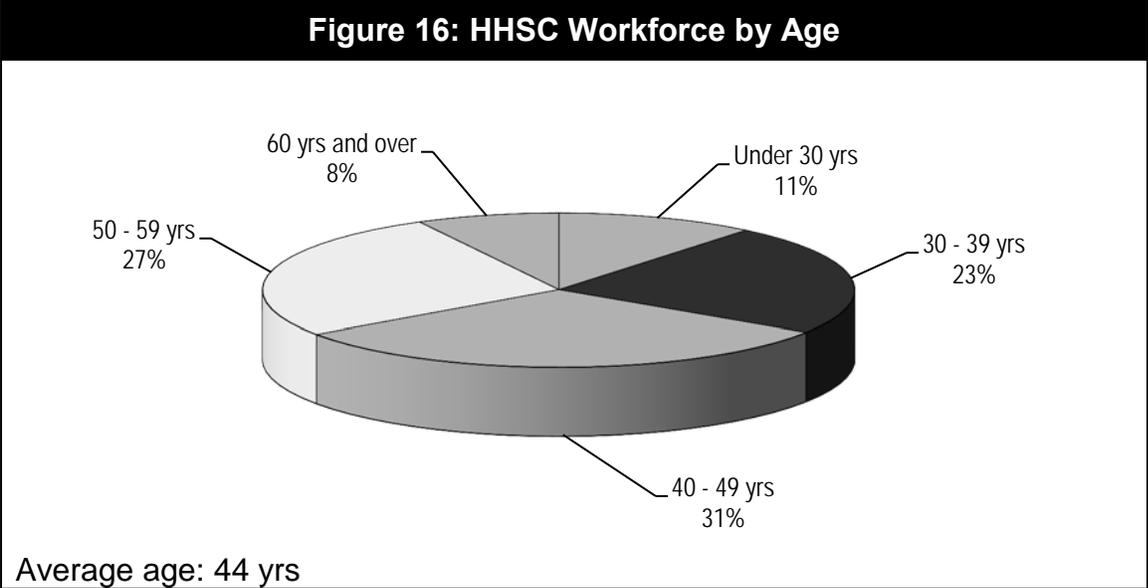
The largest racial group in the HHSC workforce is Hispanic. This group makes up approximately 39 percent of all agency employees, followed by White employees at approximately 31 percent and Black employees at approximately 27 percent.⁹⁸



⁹⁸ HHSAS Database, as of 8/31/11.

Age

The average age of an HHSC employee is 44 years. About 66 percent of the HHSC workforce are 40 years or older.⁹⁹



Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis indicates no underutilization within the HHSC workforce.^{100 101}

⁹⁹ HHSAS Database, as of 8/31/11.

¹⁰⁰ Ibid.

¹⁰¹ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/8/05.

Table 11: HHSC Utilization Analysis Results

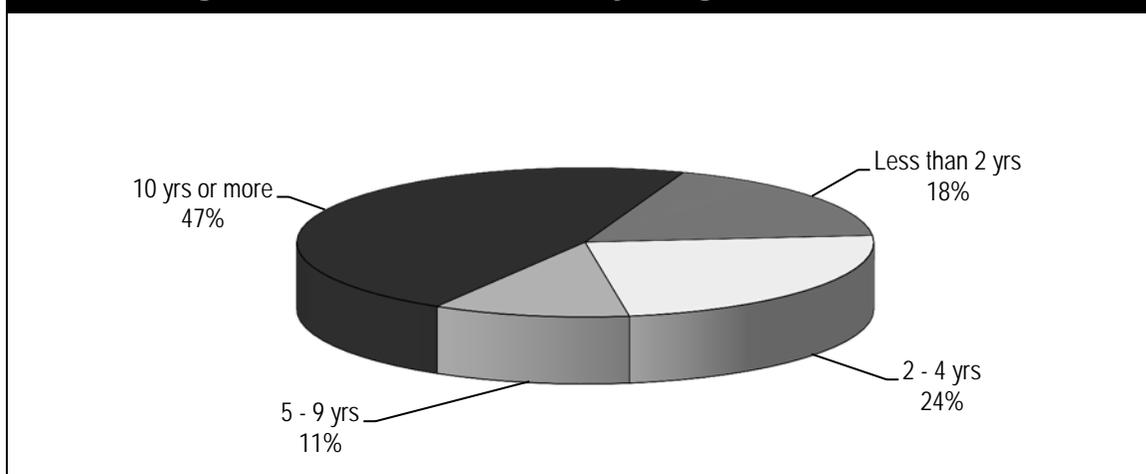
Job Category	Black			Hispanic			Female		
	HHSC %	CLF %	Underutilization (If Yes, # needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	19.2%	7.2%	No	20.6%	12.3%	No	60.0%	32.6%	No
Professionals	28.3%	9.4%	No	37.4%	11.6%	No	78.3%	49.0%	No
Technicians	18.5%	13.9%	No	53.8%	19.7%	No	75.4%	42.1%	No
Protective Service	0.0%	18.0%	N/A	0.0%	23.1%	N/A	0.0%	21.6%	N/A
Para-Professionals	24.1%	14.3%	No	24.8%	25.7%	No	72.3%	56.3%	No
Administrative Support	27.3%	19.4%	No	46.1%	26.8%	No	88.4%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	0.0%	35.2%	N/A	0.0%	16.5%	N/A
Service Maintenance	40.0%	20.4%	N/A	40.0%	43.7%	N/A	0.0%	44.4%	N/A

Note: "N/A" indicates that the number of employees in this category was too small (less than thirty) to test any differences for statistical significance.

State Service

HHSC has a tenured workforce, with nearly half of the employees having 11 or more years of state service.¹⁰²

Figure 17: HHSC Workforce by Length of State Service



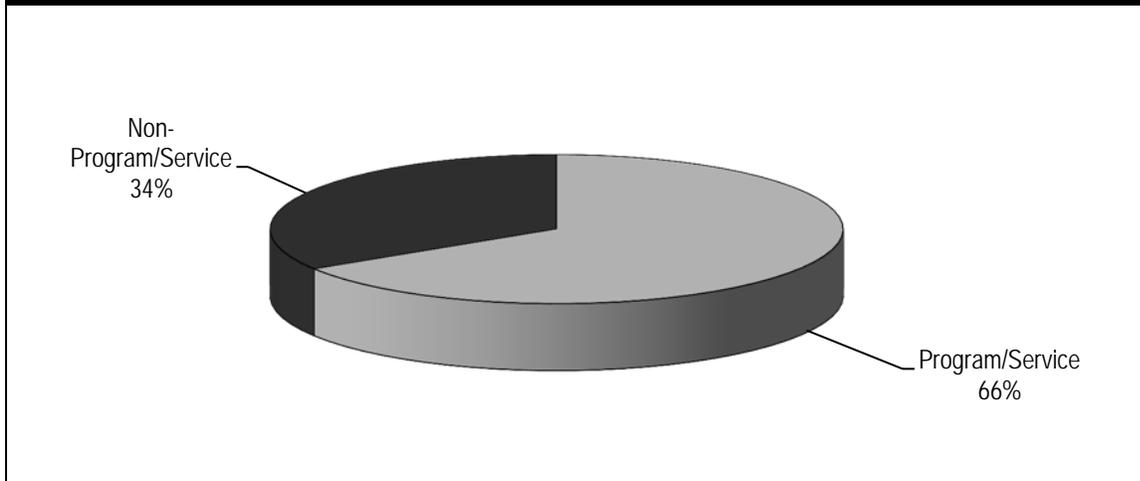
Return-to-Work Retirees

HHSC employs 572 return-to-work retirees. The majority of rehired retirees work in program/service areas.¹⁰³

¹⁰² HHSAS Database, as of 8/31/11.

¹⁰³ Ibid.

Figure 18: HHSC Return-to-Work Retirees



TURNOVER

The turnover rate during fiscal year 2011 was 15.0 percent. This rate is slightly below the statewide turnover rate of 16.8 percent for all agencies. The majority of these separations (approximately 80.7 percent) were voluntary separations from state employment.¹⁰⁴

Table 12: Reason for Separation

Reason	Separations	Percentage ¹⁰⁵
Voluntary Separations		
Personal reasons	1,022	54.6%
Transfer to another agency	193	10.3%
Retirement	296	15.8%
Involuntary Separations		
Termination at Will	25	1.3%
Resignation in Lieu	26	1.4%
Dismissal for Cause	292	15.6%
Reduction in Force	3	0.2%

¹⁰⁴ State Auditor's Office (SAO) FY 2011 Turnover Statistics.

¹⁰⁵ Death accounted for 0.8% of separations (15 separations).

Table 13 indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2011.¹⁰⁶

Job Family	Average Annual Headcount	Separations	Turnover Rate
Public Health Technicians	294	70	23.8%
Eligibility Workers ¹⁰⁸	6,054	1024	16.9%
Eligibility Clerks	2,030	344	16.9%
OIG Registered Nurses (RNs)	72	12	16.8%
Property Managers	71	12	16.8%
Purchasers	96	14	14.6%
OIG Auditors	123	17	13.9%
Directors	144	17	11.8%
System Analysts	415	49	11.8%
Managers	303	32	10.6%
OIG Investigators	244	25	10.2%

RETIREMENT PROJECTIONS

Currently, about 10 percent of the agency's workforce is eligible to retire from state employment. About 24 percent of the HHSC workforce will reach retirement eligibility by the year 2016.¹⁰⁹

Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2011	1,202	10.0%
2012	1,463	12.2%
2013	1,776	14.8%
2014	2,130	17.7%
2015	2,495	20.7%
2016	2,895	24.1%

¹⁰⁶ HHSAS Database, FY 2011 data.

¹⁰⁷ Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

¹⁰⁸ Eligibility Workers include Texas Works Advisors, Medical Eligibility Specialists, and Hospital Based Workers.

¹⁰⁹ HHSAS Database, as of 8/31/11.

EXPECTED WORKFORCE CHALLENGES

HHSC was created to provide leadership and innovation necessary to administer an efficient and effective HHS system for Texas. The agency oversees the consolidated HHS system, provides centralized support services for all HHS agencies and administers critical state programs, such as Medicaid, CHIP and eligibility determination. With this array of programs and services, it is essential for HHSC to recruit and maintain a skilled workforce to meet the diverse needs of the agency.

The 82nd Texas Legislature (Regular Session, 2011) appropriated approximately \$34.8 billion to HHSC for the fiscal year 2012 - 2013 biennium, a 2.8 percent decrease under appropriated funds for the previous biennium. In addition, the agency was allocated 178 new positions, a 1.5 percent increase over the positions allocated during the previous biennium.

The major workforce challenge for the agency continues to be the recruitment and retention of Eligibility Determination staff. Ongoing strategies to address these challenges include expedited hiring process to fill vacancies as quickly as possible, assigning peers and mentors to new eligibility staff that have completed training and a pilot to explore the advantages of telework. With a number of enhancements to the technology and systems that support the eligibility process, HHSC is focusing on ways to make the functions performed by eligibility staff as efficient as possible. Such gains in efficiency will help ensure that eligibility staff are able to complete their work assignments within their regular schedules and will significantly reduce the need to work extended hours to keep pace with the high volume of applications. To this end, HHSC is implementing projects that support clients' access to self-service features through YourTexasBenefits.com. These projects are expected to improve the client experience and reduce the number of tasks that staff must complete by giving HHSC clients the ability to apply, look up and access information and submit changes related to their benefits.

An additional development that has impacting agency staffing is the expansion of Medicaid managed care. Under managed care, the state pays a set fee each month to a health plan to provide care for a Medicaid client, who selects a primary doctor from the plan's network to coordinate his or her care. This emphasizes more coordinated and efficient client treatment.

In a continuing effort to identify innovative, state-based solutions to Texas' health care needs, the state sought and received approval of a waiver that allows the state to expand Medicaid managed care while preserving hospital funding. The managed care portion of the waiver allows statewide Medicaid managed care expansion which was mandated by the 82nd Texas Legislature (Regular Session, 2011) in South and rural Texas. As of March 1, 2012, approximately 80 percent of Medicaid clients in Texas are served through the Medicaid managed care model. Agency Medicaid/

CHIP division staff in Managed Care Operations and the Transformation Waiver Operation and Cost Containment units will be responsible for the implementation and monitoring of this expansion. To support this effort, the Health and Human Services Executive Commissioner has approved an additional 21 staff (15 for Managed Care Operations and six for Transformation Waiver Operation and Cost Containment). These staff will be responsible for:

- ◆ monitoring contracts with managed care organizations;
- ◆ responding to client, provider and health plan complaints;
- ◆ ensuring quality of care;
- ◆ developing reports for HHSC's federal partner, the Centers for Medicare and Medicaid Services, including tracking, trending, and analyzing data received related to operations and quality improvement; and
- ◆ overseeing financial monitoring of managed care organizations.

Through an analysis of workforce factors, including but not limited to the number of employees by job family, occupancy by core job families, turnover rates, vacancy rates and workforce challenges, the following job families were identified as requiring the most attention: Eligibility Services Staff, Public Health Technicians and Office of Inspector General (OIG) staff.

Eligibility Services Staff

Across the state, there are about 8,610 Eligibility Services employees with the agency, accounting for about 72 percent of the HHSC workforce. Turnover for these employees is high, at about 16 percent.

The majority of these individuals (5,816 employees or 96 percent) are employed as Texas Works Advisors, Medical Eligibility Specialists, Hospital Based Workers, Eligibility Clerks and Eligibility Supervisors.¹¹⁰

Texas Works Advisors

There are over 4,700 Texas Works Advisors within HHSC that do eligibility determination for SNAP, TANF and Medicaid for children, families and pregnant women. The typical Texas Works Advisor is 41 years of age and has an average of eight years of service.¹¹¹

¹¹⁰ HHSAS Database, FY 2011 data.

¹¹¹ Ibid.

Figure 19: HHSC Texas Works Advisors – Length of State Service

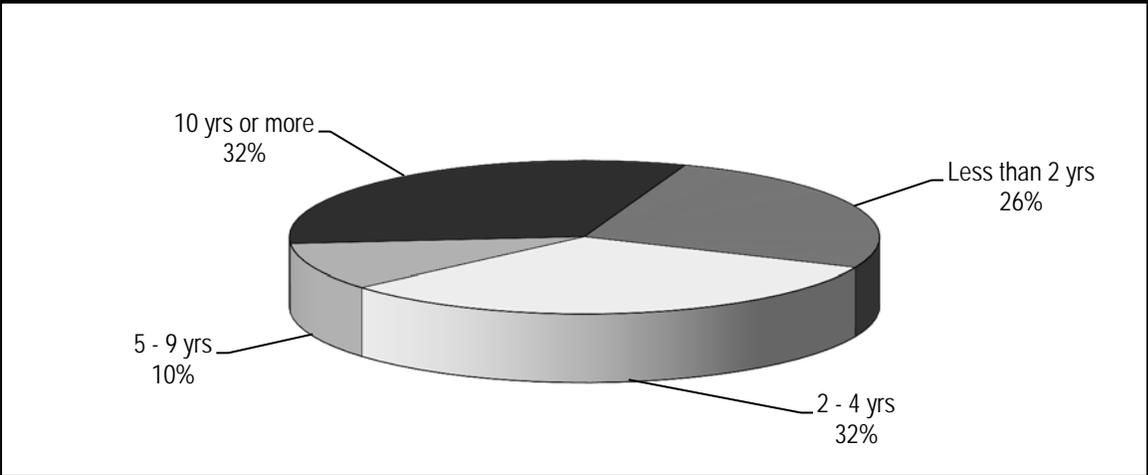
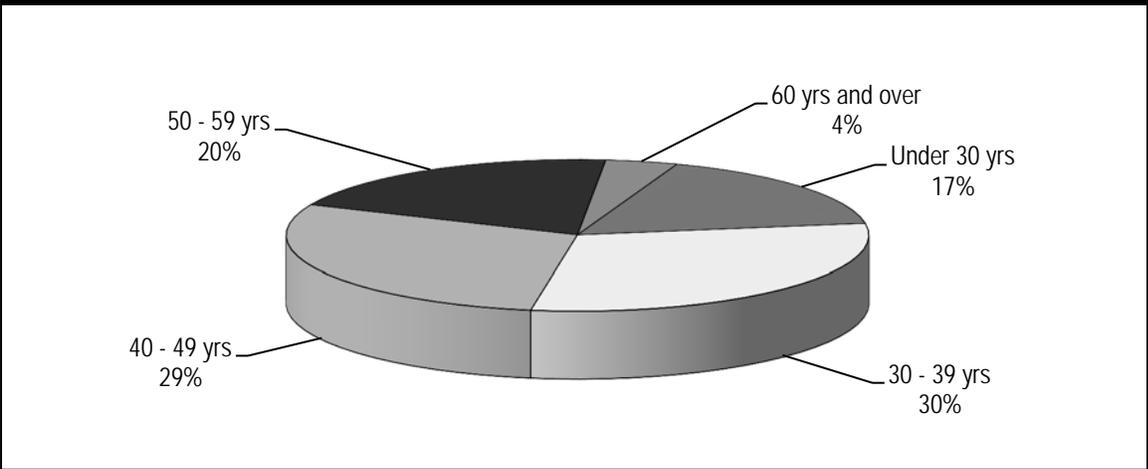


Figure 20: HHSC Texas Works Advisors – Distribution by Age



Turnover for these employees is high at about 17 percent, representing a loss of about 630 workers in fiscal year 2011.¹¹²

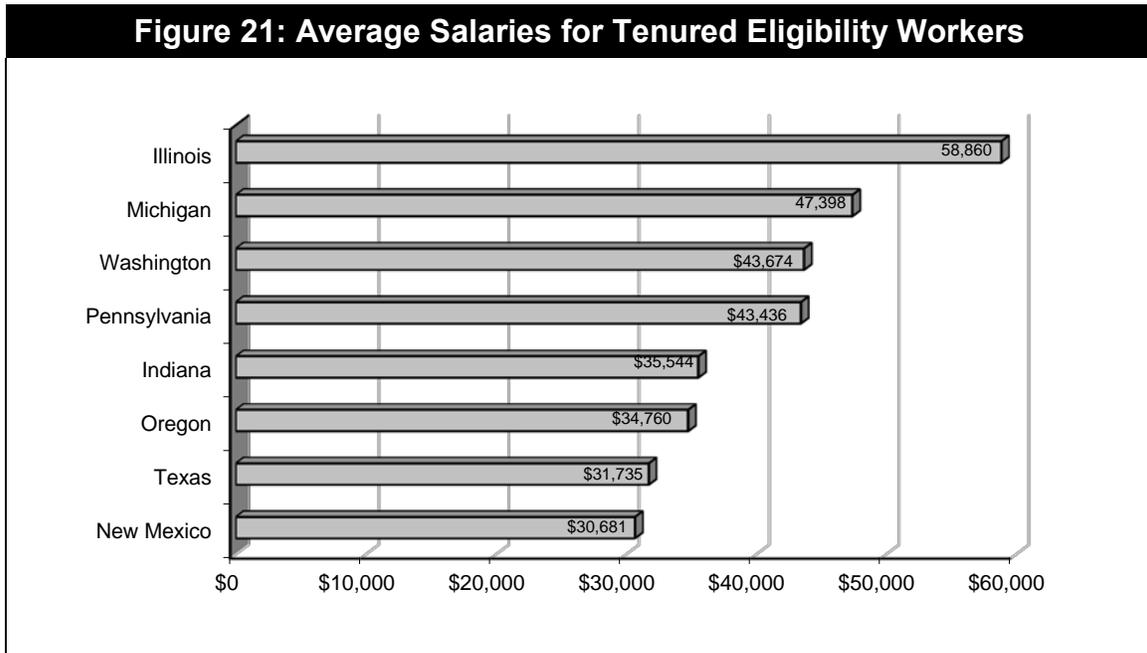
In addition, HHSC has experienced difficulty in finding qualified candidates for new worker positions. Due to this shortage of qualified applicants, vacant positions go unfilled for an average of almost three months.¹¹³

Salary is one factor that may be contributing to the agency’s difficulty in recruiting and retaining Eligibility Workers. A 2010 Texas State Auditor’s survey of the salary

¹¹² HHSAS Database, FY 2011 data.

¹¹³ Ibid.

earned by tenured eligibility workers in 11 states indicated that Texas ranked near the bottom.¹¹⁴



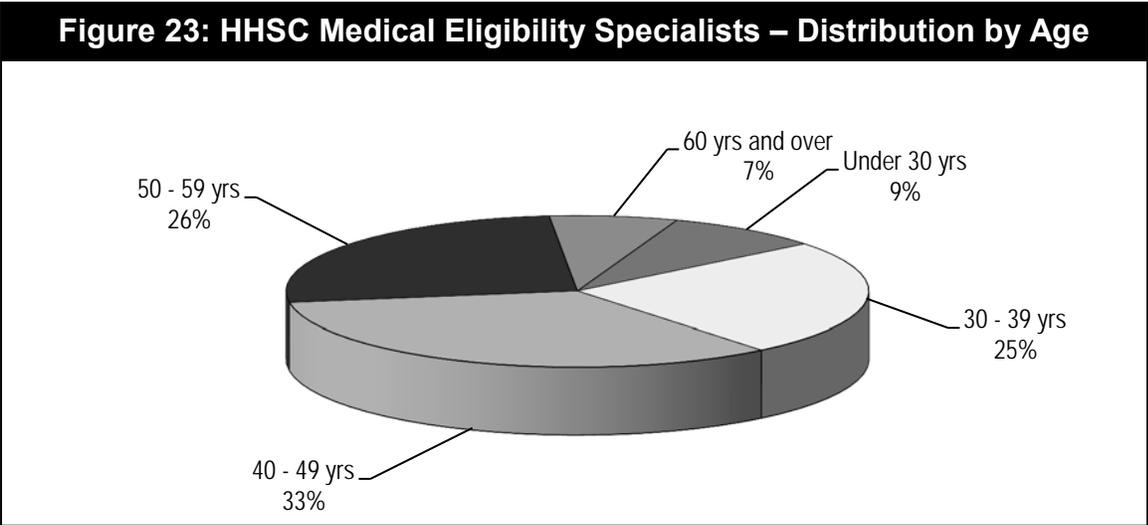
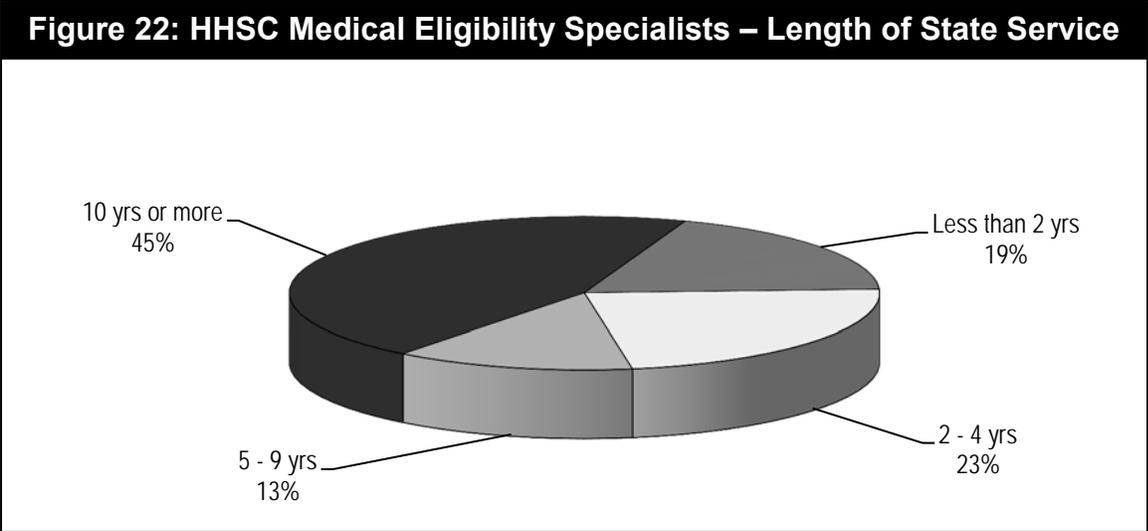
Recruitment and retention of these employees remain a continuing challenge for the agency.

Medical Eligibility Specialists

Within HHSC, there are over 700 Medical Eligibility Specialists determining eligibility for Medicaid for Elderly and People with Disabilities (MEPD). Medical Eligibility Specialists have, on average, about 11 years of state service, with an average age of 44.¹¹⁵

¹¹⁴ State Auditor's Office (SAO) Report No. 10-026 "An Audit Report on the Supplemental Nutrition Assistance Program at the Health and Human Services Commission," March 2010.

¹¹⁵ HHSAS Database, FY 2011 data.



Turnover for these employees is high at 20 percent, a rate higher than for all other Eligibility Workers, and representing the loss of over 153 employees in fiscal year 2011.¹¹⁶

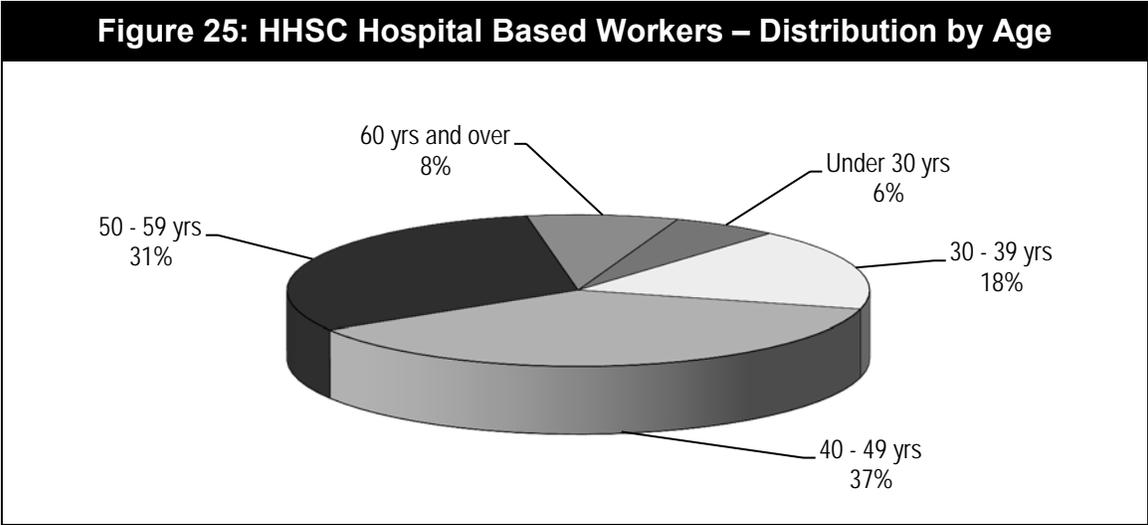
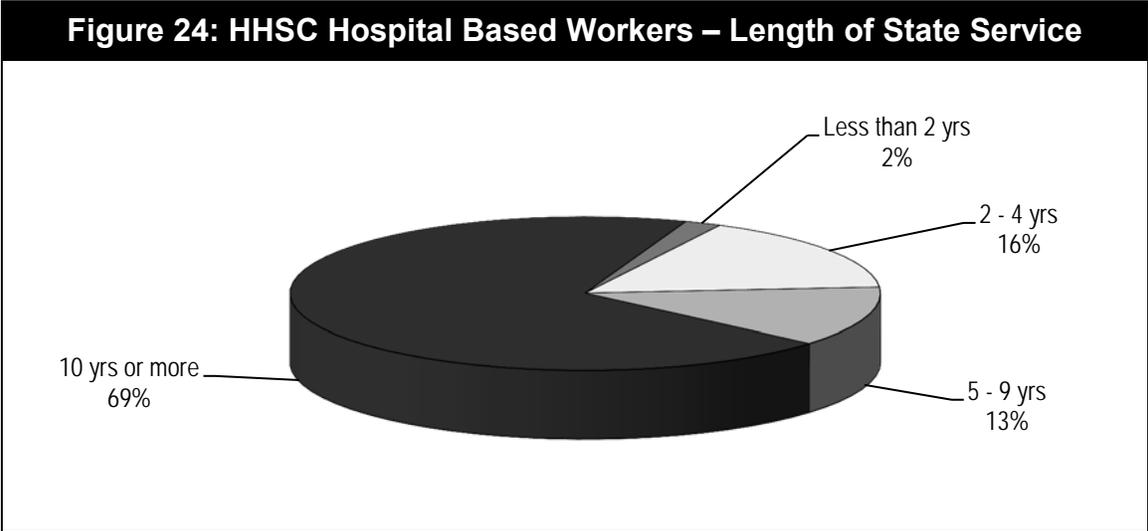
Retention of these Specialists is an ongoing challenge.

Hospital Based Workers

HHSC has about 360 Hospital Based Workers stationed in nursing facilities, hospitals, and clinics rather than in eligibility offices to determine eligibility for SNAP, TANF and Medicaid. These highly-tenured workers have an average of 15 years of

¹¹⁶ HHSAS Database, FY 2011 data.

state service (almost 70 percent of these employees have 10 or more years of state service), with an average age of 46.¹¹⁷



Turnover for these employees is currently slightly below the state average (of 16.8 percent) at 13 percent.¹¹⁸

Eligibility Clerks

HHSC employs about 1,900 Eligibility Clerks, with 72 percent of these employees working in Clerk III positions. The typical Eligibility Clerk III is 44 years of age and has an average of nine years of state service.¹¹⁹

¹¹⁷ HHSAS Database, FY 2011 data.

¹¹⁸ Ibid.

Figure 26: HHSC Eligibility Clerk IIIs – Length of State Service

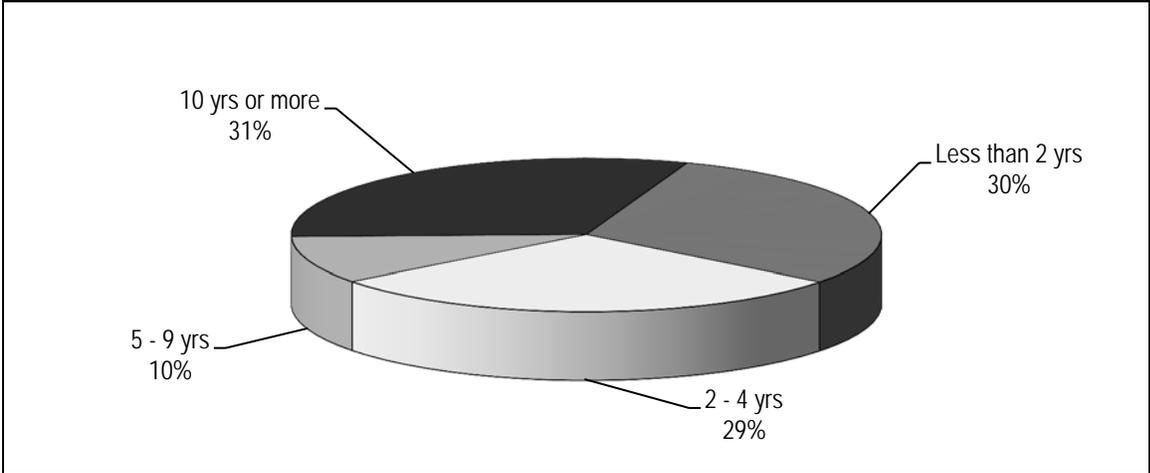
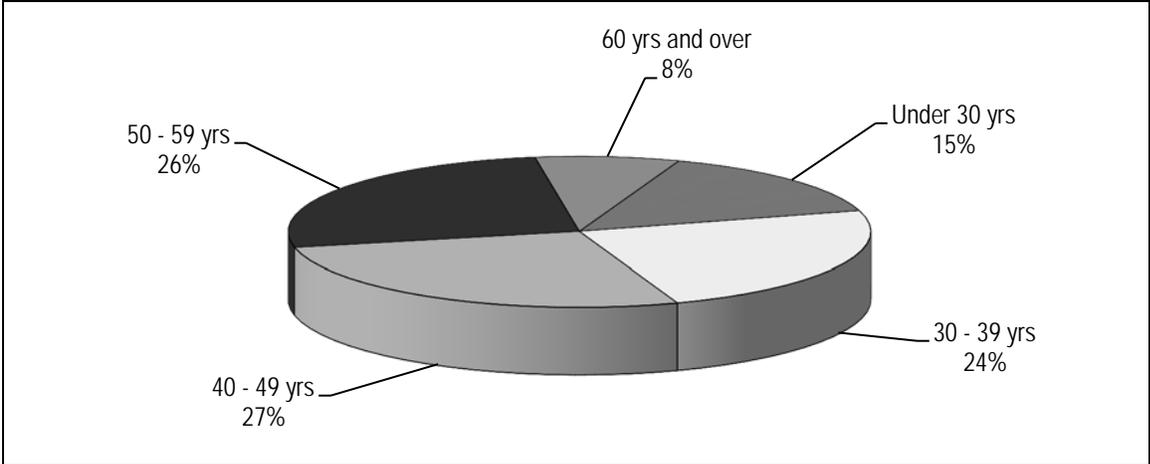


Figure 27: HHSC Eligibility Clerk IIIs – Distribution by Age



The turnover rate for Eligibility Clerk IIIs during fiscal year 2011 was about 19 percent, representing the loss of 286 employees. This rate is significantly higher than the statewide turnover rate of 16.8 percent.¹²⁰

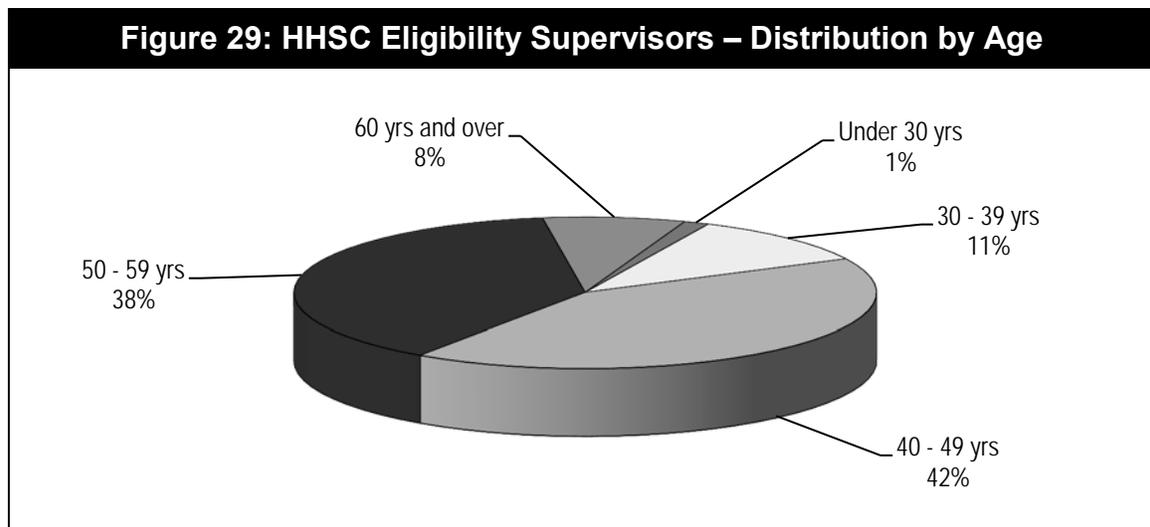
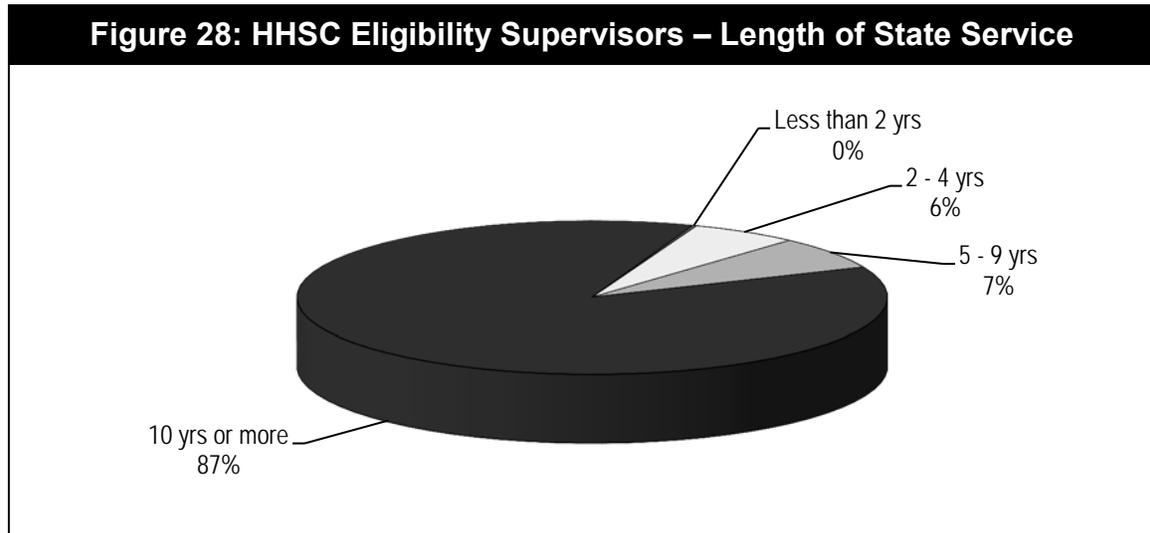
Recruitment and retention for these jobs are ongoing challenges.

Eligibility Supervisors

Approximately 490 Eligibility Supervisors are employed within HHSC. These highly-tenured Supervisors have an average of 19 years of state service (87 percent of

¹¹⁹ HHSAS Database, FY 2011 data.
¹²⁰ State Auditor’s Office (SAO) FY 2011 Turnover Statistics.

these employees have 10 or more years of state service), with an average age of 49.¹²¹



Though turnover for these employees is well managed at eight percent, 49 percent of these employees will be eligible to retire in the next five years.¹²²

The agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.

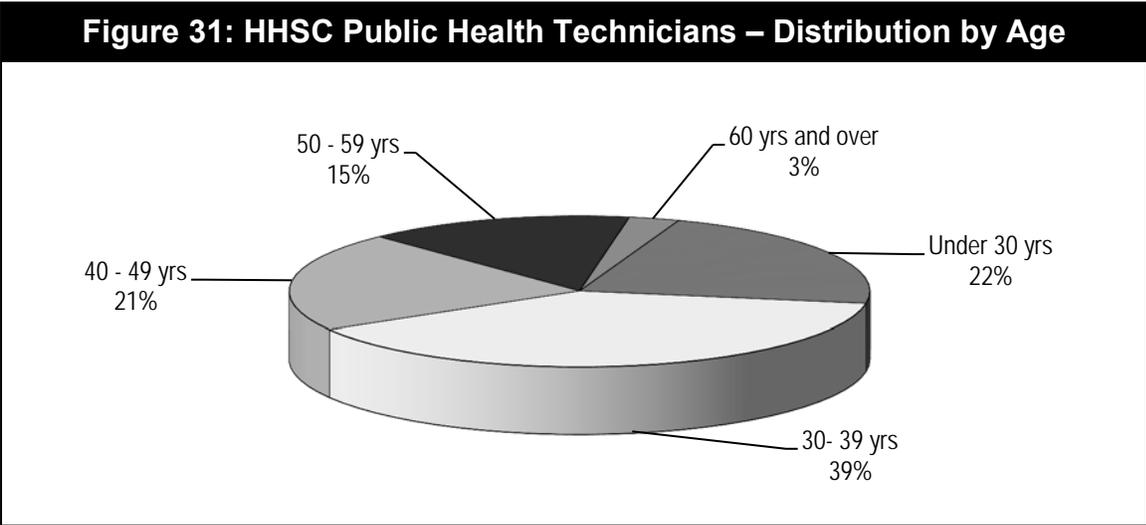
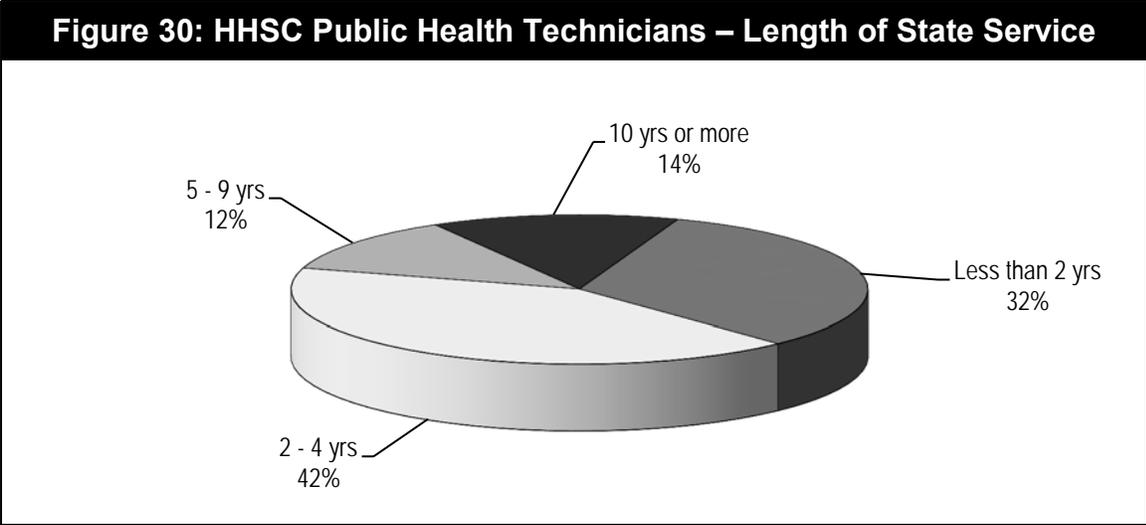
¹²¹ HHSAS Database, FY 2011 data.

¹²² Ibid.

Public Health Technicians

There are about 280 Public Health Technicians with HHSC, with all but two of these employees working within the Medical Transportation Program. In a call center environment, these employees arrange non-emergency transportation for certain Medicaid recipients.

The typical Public Health Technician is about 38 years old and has an average of only five years of state service. Only a quarter of these employees have more than four years of state service.¹²³



Turnover for Public Health Technicians is one of the highest at the agency, at 24 percent. Given that the turnover rate for comparable private sector call center staff

¹²³ HHSAS Database, FY 2011 data.

regularly reach up to 40 percent, strong and creative retention strategies are needed to contain and reduce turnover for this employment group.¹²⁴

Office of Inspector General (OIG) Staff

Across the state, there are about 620 OIG employees with the agency. The majority of these individuals (423 employees or 68 percent) are employed as Registered Nurses, Auditors and Investigators.¹²⁵

Registered Nurses (RNs)

There are about 70 RNs employed as Nurse IVs within the Office of Inspector General (OIG), with the majority (75 percent) working in Quality Assistance.¹²⁶

OIG Nurse IVs conduct hospital and nursing facility medical investigations and reviews to determine accuracy of data. They conduct investigations and examinations of alleged violations of laws, rules and regulations regarding fraud in Medicaid coding, and perform utilization reviews on Medicaid recipients in Medicaid approved hospitals to determine necessity of admission and the accuracy of diagnosis and procedural coding. Employees in this classification also conduct Long Term Care Minimum Data Set (MDS) assessment reviews in Medicaid approved nursing facilities to determine the accuracy of assessment data provided by the nursing facility to ensure accurate payment.

OIG Nurse Reviewers requires at least one full year of training to be independent to conduct both hospital and nursing facility reviews.

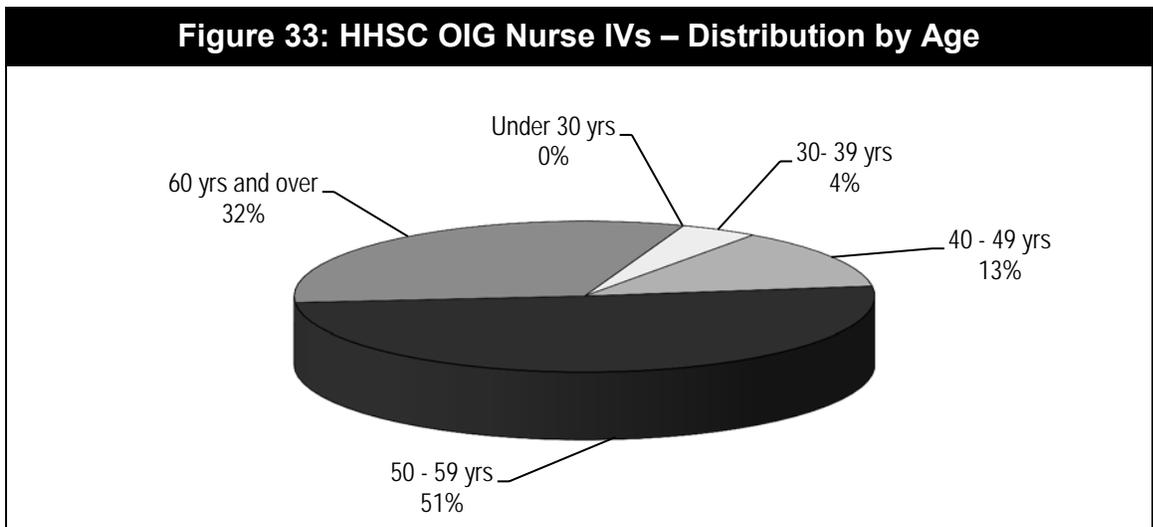
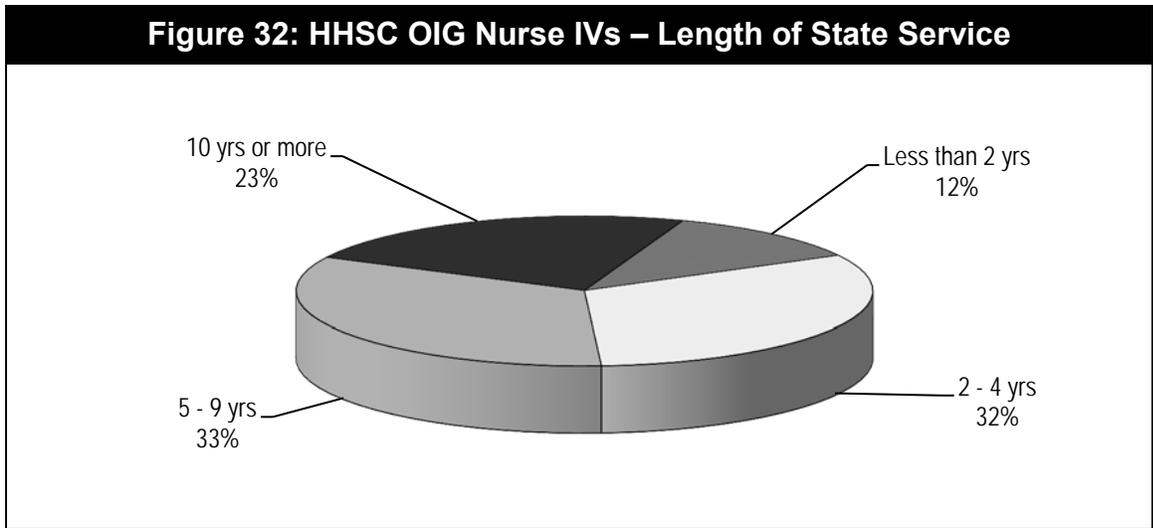
The typical OIG Nurse IV is about 55 years old and has an average of approximately eight years of state service.¹²⁷

¹²⁴ HHSAS Database, FY 2011 data.

¹²⁵ Ibid.

¹²⁶ HHSAS Database, as of 8/31/11.

¹²⁷ Ibid.



The turnover rate for OIG Nurse IVs is considered high at about 17 percent.¹²⁸

Recruitment and retention of the RNs remains one of the most critical issues for OIG due to extensive travel requirements and salary constraints. OIG Nurse IVs earn an average annual salary of \$55,669, which is below both the state and national average.¹²⁹ The average annual earnings for RNs in 2010 was \$67,720 nationally, and \$66,180 in Texas.¹³⁰ The State Auditor's Office 2010 market index analysis

¹²⁸ HHSAS Database, FY 2011 data.

¹²⁹ HHSAS Database, as of 8/31/11.

¹³⁰ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

found the average state salary for RNs ranged from six to 15 percent behind the market rate.¹³¹

The high turnover of most qualified staff has shown an increasing tendency to leave the agency to accept higher paying jobs in the public and private sector. In addition, in the past year, several RN reviewers have reached retirement eligibility. This trend is expected to continue, with 20 percent of current OIG Nurse IVs eligible to retire in the next five years.¹³²

Recruitment and retention for these jobs are ongoing challenges.

Auditors

There are about 140 Auditor positions with HHSC, with about 86 percent working in the Office of Inspector General (OIG). Of these staff, about 72 percent work in Audit Consolidated, and the remaining 28 percent are divided among numerous units within OIG, including Medicaid/CHIP Audit, WIC Vendor Monitoring and Hospital Audits.

HHSC Internal Auditors perform operational and performance audits of programs, processes and systems in HHSC and across HHS agencies. OIG Auditors are responsible for performing contractor and medical provider audits and reviews to help ensure compliance with state and federal laws, rules and regulations and to identify potential overpayments. Employees in these classifications prepare audit reports that make recommendations for increasing operational efficiency, strengthening management controls, mitigating business risks and improving compliance.

The typical OIG Auditor is about 49 years old and has an average of 13 years of state service.¹³³

¹³¹ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

¹³² HHSAS Database, as of 8/31/11.

¹³³ Ibid.

Figure 34: HHSC OIG Auditors – Length of State Service

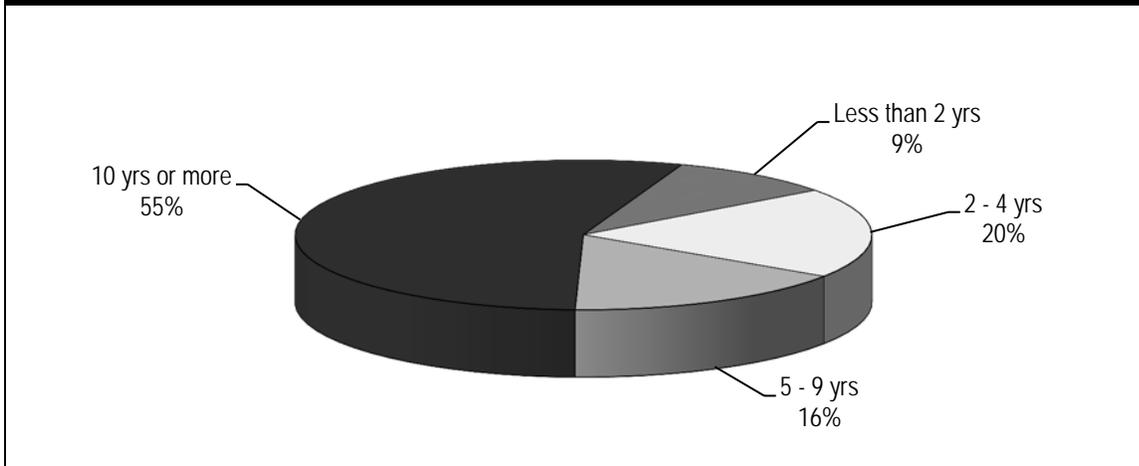
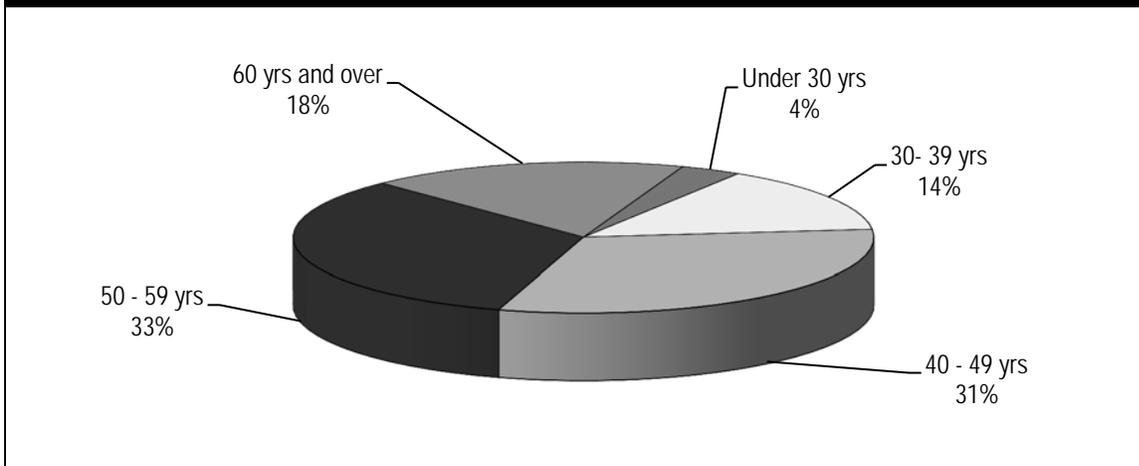


Figure 35: HHSC OIG Auditors – Distribution by Age



HHSC OIG Auditors earn an average annual salary of \$51,011, which is below both the state and national average.¹³⁴ The average annual earnings for Accountants and Auditors in 2010 was \$70,130 nationally, and \$17,120 in Texas.¹³⁵ In addition, the State Auditor's Office 2010 market index analysis found the average state salary for Auditors ranged from six to 17 percent behind the market rate.¹³⁶

Turnover for these employees is slightly below the state average at about 14 percent, representing the loss of 17 employees in fiscal year 2011.¹³⁷

¹³⁴ HHSAS Database, as of 8/31/11.

¹³⁵ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

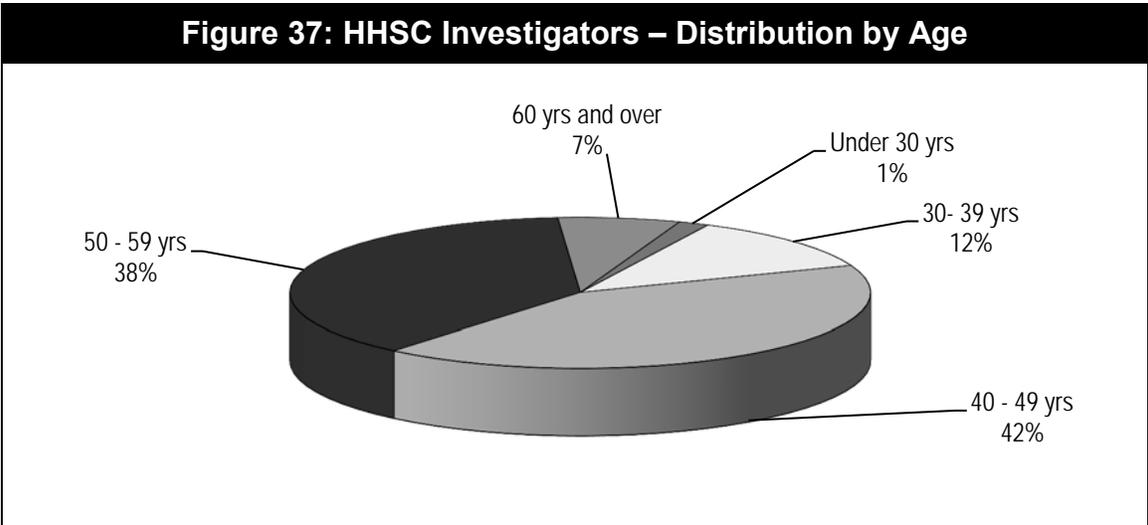
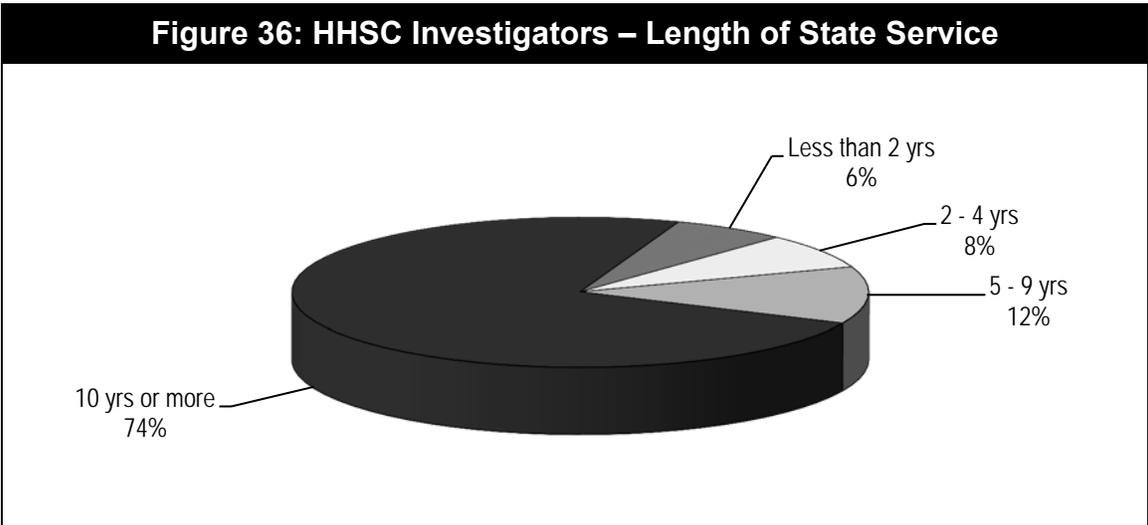
¹³⁶ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

¹³⁷ HHSAS Database, FY 2011 data.

HHSC may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. About 30 percent of these employees will be eligible to retire by 2016.¹³⁸

Investigators

There are approximately 236 Investigators with HHSC, with all of these employees working within the Office of the Inspector General (OIG). Most OIG Investigators (about 70 percent) are in the General Investigations section of the Enforcement division. The typical Investigator is about 48 years old and has an average of 16 years of state service. Nearly three quarters of these employees have 10 or more years of state service.¹³⁹



¹³⁸ HHSAS Database, FY 2011 data.

¹³⁹ Ibid.

Investigators at HHSC earn an average annual salary of \$43,733, which is below both the state and national average.¹⁴⁰ The State Auditor's Office 2010 market index analysis found the average state salary for Investigator IVs to be 20 percent behind the market rate.¹⁴¹

Though turnover for these highly-tenured employees is well managed at about 10 percent, over 30 percent of these employees will be eligible to retire within the next five years.¹⁴²

With this high eligibility for future retirement, recruitment and retention for these jobs will continue to be ongoing challenges.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

The HHSC workforce will continue to require a wide variety of skilled professional staff. The knowledge, skills and abilities necessary to perform mission essential tasks within the agency will require a more highly skilled and educated workforce. Critical competencies essential to meet the mission and goals of the agency are:

- ◆ Automation skills;
- ◆ Business acumen;
- ◆ Ability to interpret and implement state and federal statutes;
- ◆ Communication and negotiation skills;
- ◆ Contract management skills;
- ◆ Management and supervisory skills;
- ◆ Ability to create and interpret policy;
- ◆ Analytical and conceptual skills such as planning, evaluation and problem solving;
- ◆ Oversight and performance monitoring skills; and
- ◆ Increased administrative skills to ensure the efficiency, quality and effective management of services to the consumer populations.

¹⁴⁰ HHSAS Database, as of 8/31/11.

¹⁴¹ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

¹⁴² HHSAS Database, FY 2011 data.

Recruitment Strategies

HHSC faces a challenge in recruiting and retaining a diverse workforce. The agency must aggressively recruit qualified employees for all jobs. Strategies the agency can use to address recruitment of qualified employees include:

- ◆ Competitive salaries utilizing the full salary group range;
- ◆ Raising entry-level salaries;
- ◆ Recruitment bonus payments;
- ◆ Professional development and education assistance;
- ◆ Flexible scheduling, hoteling, and telework;
- ◆ Defined career progression programs;
- ◆ Intern programs; and
- ◆ Partnering with colleges and universities to recruit hard-to-fill jobs.

The agency has many recruitment opportunities available. Recruitment programs, such as attendance at job fairs and college recruitment fairs and participation in intern programs, professional organizations and Internet recruitment venues may be used.

Retention Strategies

Competency gaps identified for existing staff can be addressed through internal and external training, electronic training initiatives, education programs offered through colleges and agency mentoring programs. Other retention strategies the agency may use include:

- ◆ One-time merit awards;
- ◆ Salary equity adjustments;
- ◆ Retention bonus payments;
- ◆ Performance recognition;
- ◆ Defined career progression;
- ◆ Mentoring programs;
- ◆ Professional development and education assistance;
- ◆ Basic and advanced computer training;
- ◆ Management skills training;
- ◆ Cross training;
- ◆ Review and evaluate the current eligibility worker compensation plan;
- ◆ Use of the Comprehensive Management Improvement Plan, which includes providing improvements in training, standardized performance expectations, and opportunities for advancement;
- ◆ Enhance the work environment for staff by upgrading of telephone equipment and facilities;
- ◆ Expand the agency-specific questions on the Survey of Employee Engagement to include questions relating to employee retention, and post the analysis of the survey results on the agencies Intranet;

- ◆ Continue the practice of the agency's Executive Commissioner and members of the executive team traveling to regional offices, visiting with leadership and frontline staff and answering questions on a face-to-face basis;
- ◆ Continue training agency supervisors/managers/leaders to perform their job duties and support their staff by strengthening their understanding of leadership and retention;
- ◆ Certification and/or licensure fee reimbursement;
- ◆ Tuition reimbursement/granting of academic stipend and educational leave; and
- ◆ Production based pay incentives.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

MISSION

The mission of the Department of Family and Protective Services (DFPS) is to protect children, the elderly and people with disabilities from abuse, neglect and exploitation by involving clients, families and communities.

SCOPE

DFPS was created with the passage of H.B. 2292 by the 78th Legislature, (Regular Session, 2003). Previously called the Department of Protective and Regulatory Services, DFPS is responsible for protecting children, adults who are elderly or have disabilities living at home or in state facilities; and licensing group day-care homes, day-care centers and registered family homes. The agency is also charged with managing community-based programs that prevent delinquency, abuse, neglect and exploitation of Texas children, elderly and disabled adults.

Every day, over 10,500 DFPS employees in more than 249 offices across the state, protect the physical safety and emotional well-being of the most vulnerable citizens of Texas.¹⁴³

CORE BUSINESS FUNCTIONS

DFPS has the following four major programs areas that deliver client services to Texans in need:

- ◆ The Child Protective Services (CPS) Division:
 - Investigates reports of abuse and neglect of children;
 - Provides services to children and families in their own homes;
 - Contracts with others to provide clients with specialized services;
 - Places children in foster care;
 - Provides services to help youth in foster care make the transition to adulthood; and
 - Places children in adoptive homes.
- ◆ The Adult Protective Services (APS) Division investigates:

¹⁴³ HHSAS Database, as of 8/31/11.

- Reports of abuse, neglect and/or exploitation of elderly adults (defined as 65 years and older) and adults with disabilities who reside in the community. If appropriate, provides or arranges for protective services, which may include referral to other programs, referral for guardianship, emergency assistance with food, shelter and medical care, transportation, counseling or other remedies; and
- Reports of abuse, neglect and/or exploitation of clients receiving services in state supported living centers and/or state contracted settings that serve adults with intellectual and developmental disabilities.
- ◆ The Child Care Licensing (CCL) Division safeguards the basic health, safety and well-being of Texas children. Employees in this program:
 - Develop and enforce minimum standards for child-caring facilities and child-placing agencies;
 - Investigate complaints and serious incidents involving day care and residential-care facilities and, if necessary, take corrective or adverse action; and
 - License group day care homes, day care centers, registered family homes, child-placing agencies and private and publicly owned residential child-care facilities.
- ◆ The Statewide Intake (SWI) Division is the agency's automated call center. It receives information from the general public who want to report suspicions of abuse/neglect of children or abuse/neglect/exploitation of adults with disabilities and persons 65 years or older. This call center remains open 24 hours a day, seven days a week.

WORKFORCE DEMOGRAPHICS

DFPS is the fourth largest agency in the HHS System. The agency currently employs a little over 10,500 employees, with the majority of the workforce located in offices throughout the state.¹⁴⁴ The DFPS workforce is diverse. To better illustrate this diversity, the following demographic categories are examined:

Job Families

The majority of DFPS employees work in Protective Services Worker job classifications, with the largest number of employees in Child Protective Services Worker positions.¹⁴⁵

¹⁴⁴ HHSAS Database, as of 8/31/11.

¹⁴⁵ HHSAS Database, as of 8/31/11. Note: References to "CPS Workers" in this document refer to both CPS Specialists and CPS Investigators.

About 90 percent of DFPS employees (9,552 employees) work in only 12 job families.¹⁴⁶

Table 15: Largest Program Job Families and Average Salaries¹⁴⁷

Job Family	Number of Employees	Average Salary
Child Protective Services (CPS) Workers ¹⁴⁸	4,663	\$37,115
Clerical Workers	1,069	\$26,172
CPS Supervisors	920	\$47,333
Adult Protective Services (APS) Specialists	691	\$36,281
Human Services Technicians	573	\$25,697
State Wide Intake (SWI) Specialists ¹⁴⁹	330	\$35,044
Family Services Specialists	334	\$46,373
Program Specialists	319	\$49,780
Inspectors	307	\$35,776
System Analysts	119	\$56,862
Managers	116	\$62,824
APS Supervisors	111	\$46,100

Salary

DFPS employees are, on the average, the second highest paid employees in the HHS System, earning an average annual salary of \$38,256.¹⁵⁰

Gender

Females make up 83 percent of the agency workforce.¹⁵¹

¹⁴⁶ HHSAS Database, as of 8/31/11.

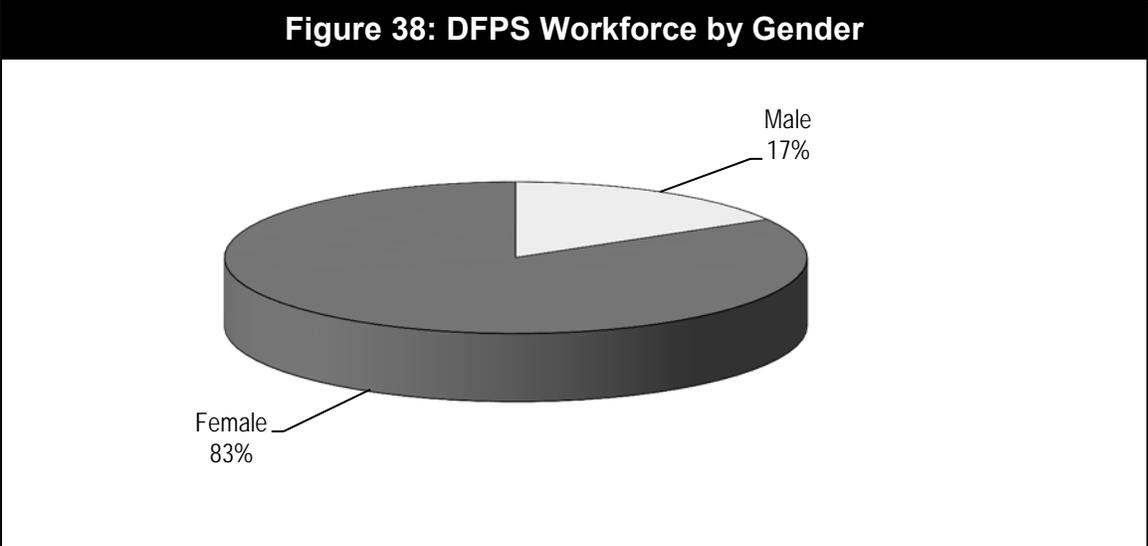
¹⁴⁷ Includes CPS Stipend pay (CPI).

¹⁴⁸ CPS Workers include CPS Specialists and CPS Investigators.

¹⁴⁹ SWI Specialists include SWI Specialists I-V.

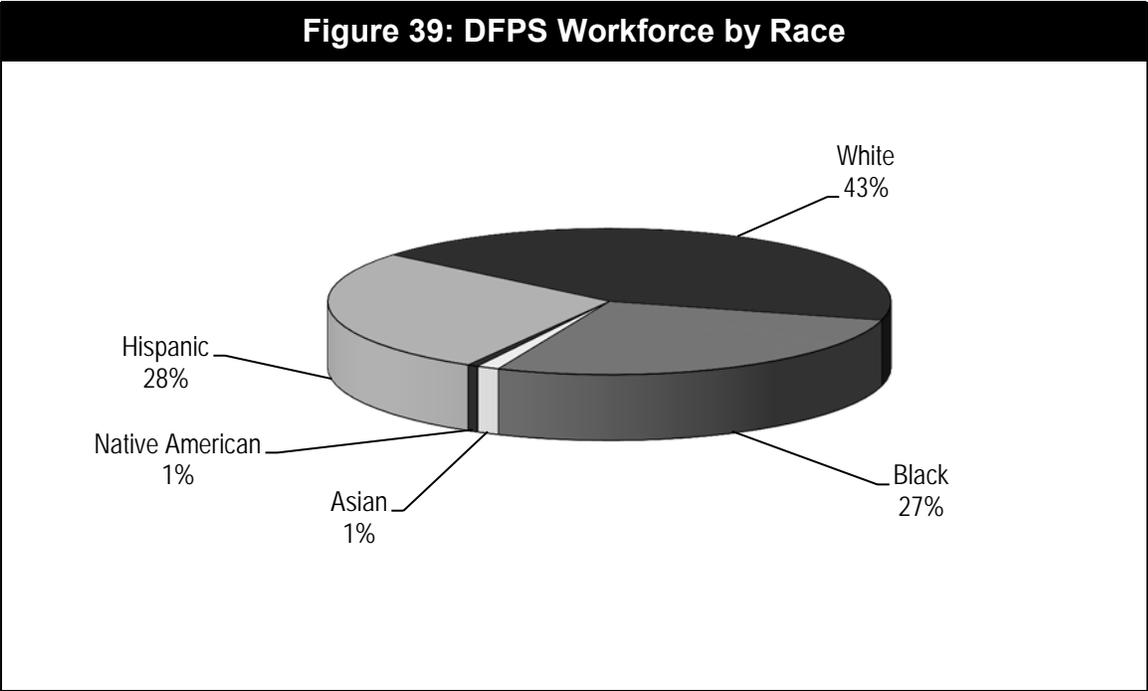
¹⁵⁰ HHSAS Database, as of 8/31/11.

¹⁵¹ Ibid.



Race

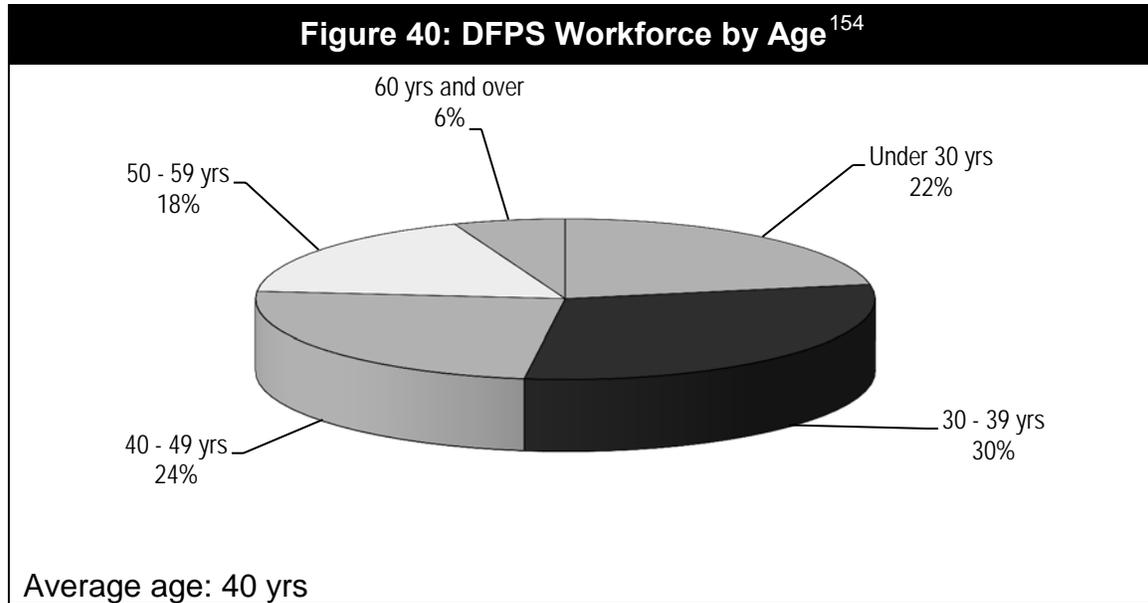
White employees represent the largest racial group at 43 percent, followed by Hispanic employees at 28 percent and Black employees at 27 percent.¹⁵² The agency encourages diversity in its workforce, which is supported by its hiring practices.



¹⁵² HHSAS Database, as of 8/31/11.

Age

The average age of a DFPS employee is 40 years, the youngest of all HHS agencies. Over 50 percent of the agency's workforce are under 40 years.¹⁵³



Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis of the DFPS workforce does not reflect underutilization.^{155 156}

¹⁵³ HHSAS Database, as of 8/31/11.

¹⁵⁴ Percentage Totals do not equal 100% due to rounding.

¹⁵⁵ Ibid.

¹⁵⁶ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/8/05.

Table 16: DFPS Utilization Analysis Results

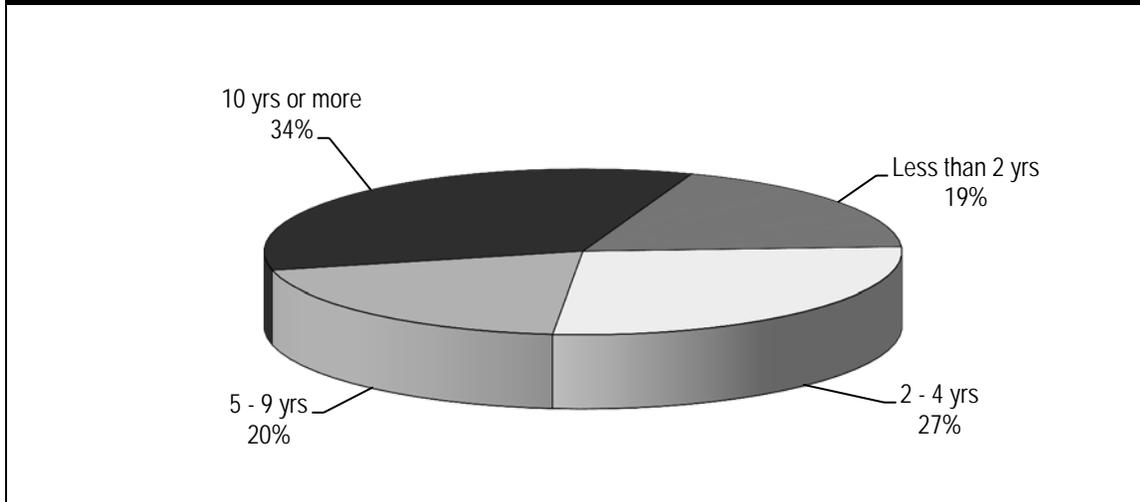
Job Category	Black			Hispanic			Female		
	DFPS %	CLF %	Underutilization (If Yes, # needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	19.1%	7.2%	No	20.2%	12.3%	No	75.8%	32.6%	No
Professionals	19.2%	9.4%	No	23.1%	11.6%	No	67.4%	49.0%	No
Technicians	28.3%	13.9%	No	25.3%	19.7%	No	81.8%	42.1%	No
Protective Service	28.8%	18.0%	No	26.0%	23.1%	No	84.1%	21.6%	No
Para-Professionals	31.1%	14.3%	No	40.0%	25.7%	No	90.1%	56.3%	No
Administrative Support	26.9%	19.4%	No	38.0%	26.8%	No	95.3%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	0.0%	35.2%	N/A	100.0%	16.5%	N/A
Service Maintenance	0.0%	20.4%	N/A	0.0%	43.7%	N/A	0.0%	44.4%	N/A

Note: "N/A" indicates that the number of employees in this category was too small (less than thirty) to test any differences for statistical significance.

State Service

Not only does DFPS have the youngest workers, it also has the least tenured. About 66 percent have less than 10 years of state service.¹⁵⁷

Figure 41: DFPS Workforce by Length of State Service

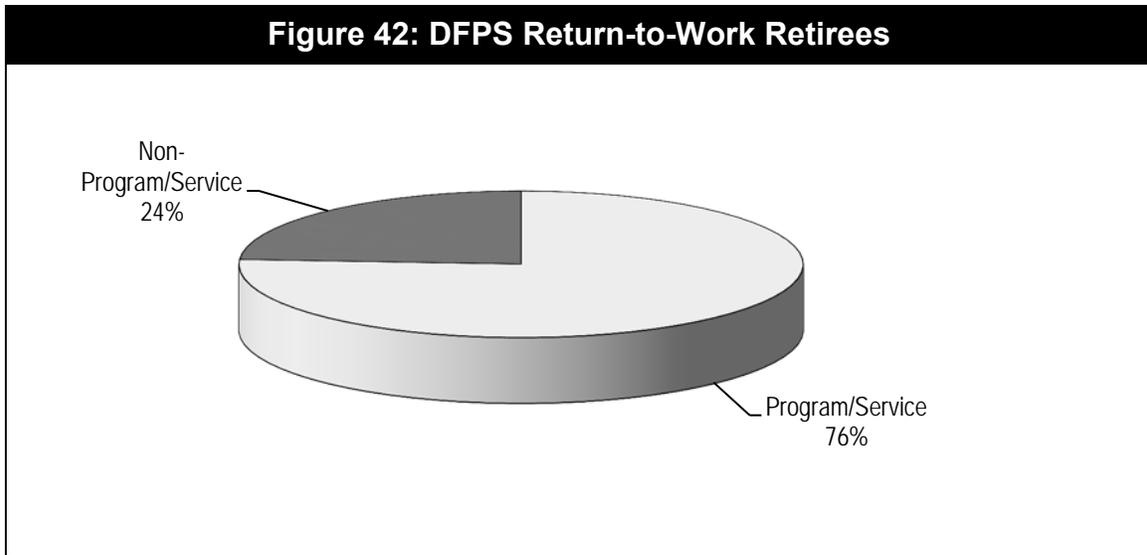


Return-to-Work Retirees

DFPS employs 323 return-to-work retirees. The majority of these retirees (76 percent) work in the program/service related areas.¹⁵⁸

¹⁵⁷ HHSAS Database, as of 8/31/11.

¹⁵⁸ Ibid.



TURNOVER

The turnover rate during fiscal year 2011 was 17.2 percent. This rate is slightly higher than the statewide turnover rate of 16.8 percent. The majority of these separations (approximately 87 percent) were voluntary separations from state employment.¹⁵⁹

Table 17: Reason for Separation

Reason	Separations	Percentage ¹⁶⁰
Voluntary Separations		
Personal reasons	1,396	71.8%
Transfer to another agency	137	7.0%
Retirement	154	7.9%
Involuntary Separations		
Termination at Will	10	0.5%
Resignation in Lieu	111	5.7%
Dismissal for Cause	127	6.5%

The table below indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2011.¹⁶¹

¹⁵⁹ State Auditor's Office (SAO) FY 2011 Turnover Statistics.

¹⁶⁰ Death accounted for .5% of separations.

¹⁶¹ HHSAS Database, FY 2011 data.

Table 18: FY 11 Turnover for Significant Job Families¹⁶²

Job Family	Average Annual Headcount	Separations	Turnover Rate
Child Protective Services (CPS) Workers ¹⁶³	5,094	1,247	24.5%
Contract Specialists	57	12	21.1%
State Wide Intake (SWI) Specialists ¹⁶⁴	347	64	18.4%
Adult Protective Services (APS) Specialists	728	115	15.8%
System Analysts	124	18	14.5%
Directors	63	9	14.4%
Clerical Workers	1,162	162	13.9%
Attorneys	88	12	13.6%
Human Services Technicians	625	74	11.8%
Accountants	72	8	11.1%
Inspectors	324	36	11.1%
Human Services Specialists	73	8	11.0%

RETIREMENT PROJECTIONS

Currently, about six percent of the DFPS workforce is eligible to retire from state employment. Over the next five years, approximately 15 percent of the DFPS workforce will reach retirement eligibility. This is the lowest projected percentage of all HHS agencies.¹⁶⁵

Table 19: DFPS Projected Retirement Eligibility through Rule of 80 (FY 11 – FY 16)

Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2011	683	6.4%
2012	803	7.6%
2013	989	9.3%
2014	1,179	11.1%
2015	1,367	12.9%
2016	1,589	15.0%

¹⁶² Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

¹⁶³ CPS Workers include CPS Specialists and CPS Investigators.

¹⁶⁴ SWI Specialists include SWI Specialists I-V.

¹⁶⁵ HHSAS Database, as of 8/31/11.

EXPECTED WORKFORCE CHALLENGES

There are almost 300,000 Child, Family and School Social Workers in the U.S., with a projected 19.7 percent increase in job openings by the year 2020.¹⁶⁶

The 82nd Legislature (Regular Session, 2011) appropriated approximately \$2.8 billion to DFPS for the fiscal year 2012-13 biennium operating budget, a 3.9 percent increase over appropriated funds from the previous biennium. In addition, the Legislature authorized funds to allow the agency to continue to provide the salary retention supplement of \$5,000 established by the 79th Legislature (Regular Session, 2005) for Child Protective Services Investigation Caseworkers and Supervisors.

The 82nd Texas Legislature (Regular Session, 2011) again directed DFPS to develop a plan to improve employee morale and retention. Since turnover peaked at 23.2 percent in fiscal year 2008, DFPS has steadily improved. A combination of extensive internal efforts and economic factors helped reduce the turnover rate to 17.2 percent in fiscal year 2011.

Retaining workers remains a difficult challenge for the agency. The work is face-to-face, emotional, difficult and often crisis driven. It requires staff to interact regularly with vulnerable children and adults in dire need and with those who may be maltreating them.

To retain trained, competent staff while providing the highest quality services for DFPS consumers over the next five years, the agency must:

- ◆ Competitively recruit, retain and train quality staff to adequately manage increasing caseloads and provide quality services to clients;
- ◆ Meet the training demands of new staff, explore innovative ways to improve skills and provide policy refresher training for supervisors and caseworkers; and
- ◆ Continue intensive hiring efforts for new staffing positions and fill Protective Services Worker positions that are experiencing high turnover.

Child Protective Services (CPS) Workers

There are 4,663 filled CPS Worker positions (2,753 CPS Investigators and 1,910 CPS Specialists). CPS Workers are young (nearly 40 percent are under 30 years of age), with an average age of approximately 36 years and an average of 5 years of state service.¹⁶⁷

¹⁶⁶ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 3/26/12.

¹⁶⁷ HHSAS Database for FY 2011.

Figure 43: CPS Workers at DFPS – Distribution by Age

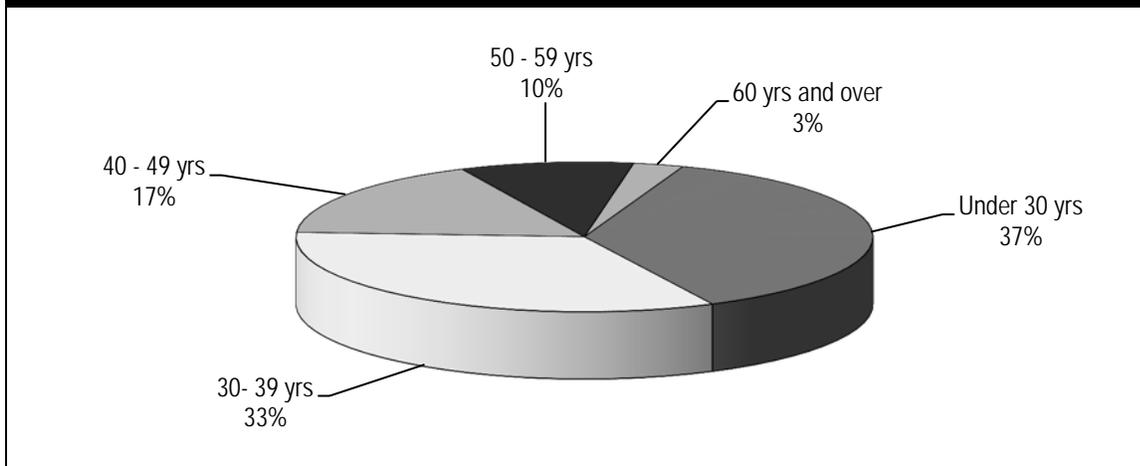
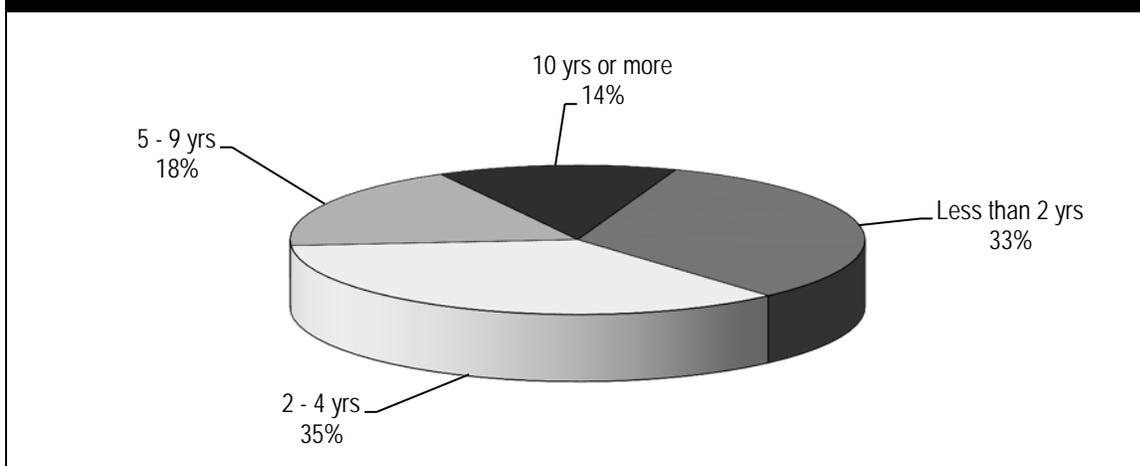


Figure 44: CPS Workers at DFPS – Length of State Service



Turnover with this group of employees is considered high, at approximately 25 percent.

One factor impacting recruitment and retention are non-competitive salaries. CPS Workers earn an average annual salary of \$37,115.¹⁶⁸ The State Auditor's Office 2010 market index analysis found the average state salary for CPS Specialists to be 27 percent behind the market rate.¹⁶⁹

Recruitment and retention of employees with an aptitude for CPS casework continues to be a challenge for the agency.

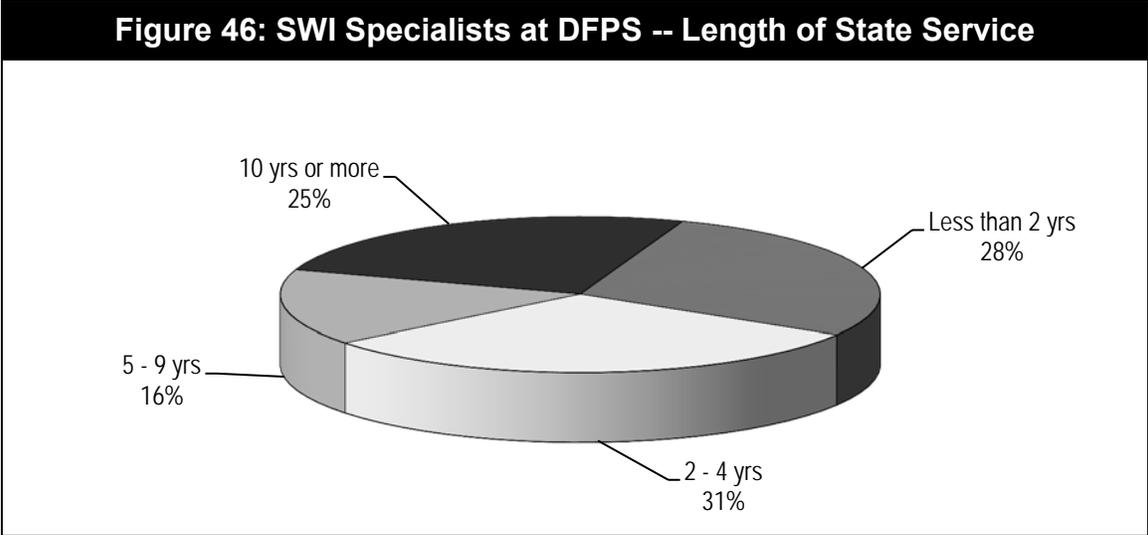
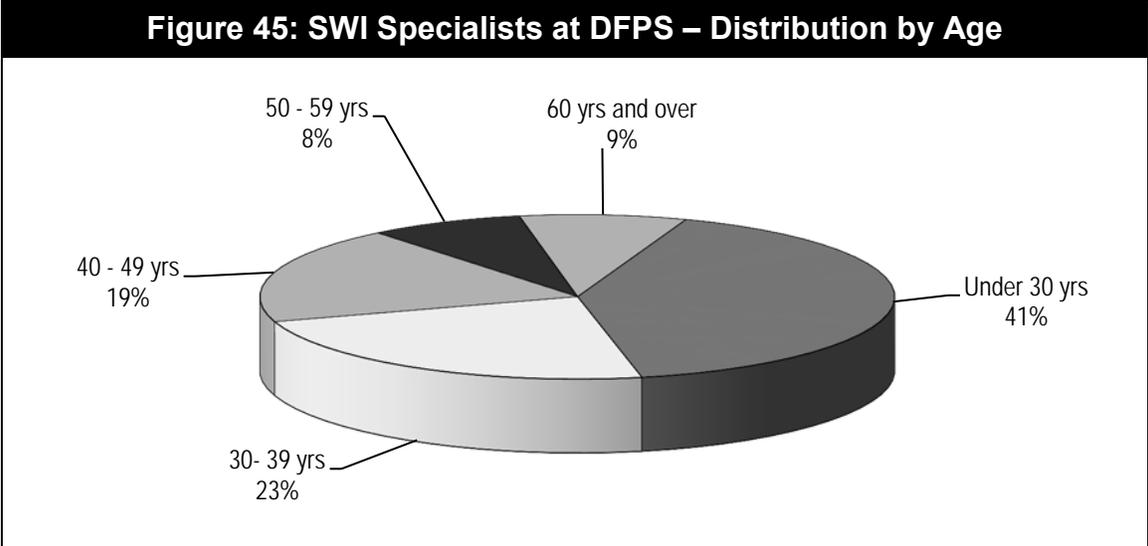
¹⁶⁸ HHSAS Database, as of 8/31/11.

¹⁶⁹ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

Statewide Intake Specialists (SWIs) ¹⁷⁰

There are approximately 330 SWI Specialists with DFPS. With an average age of about 37, approximately 41 percent of these Specialists are under 30 years of age. SWI Specialists have an average of about seven years of state service, with almost 30 percent having less than two years of state service.

Turnover for SWI Specialists is considered high at approximately 18 percent.¹⁷¹

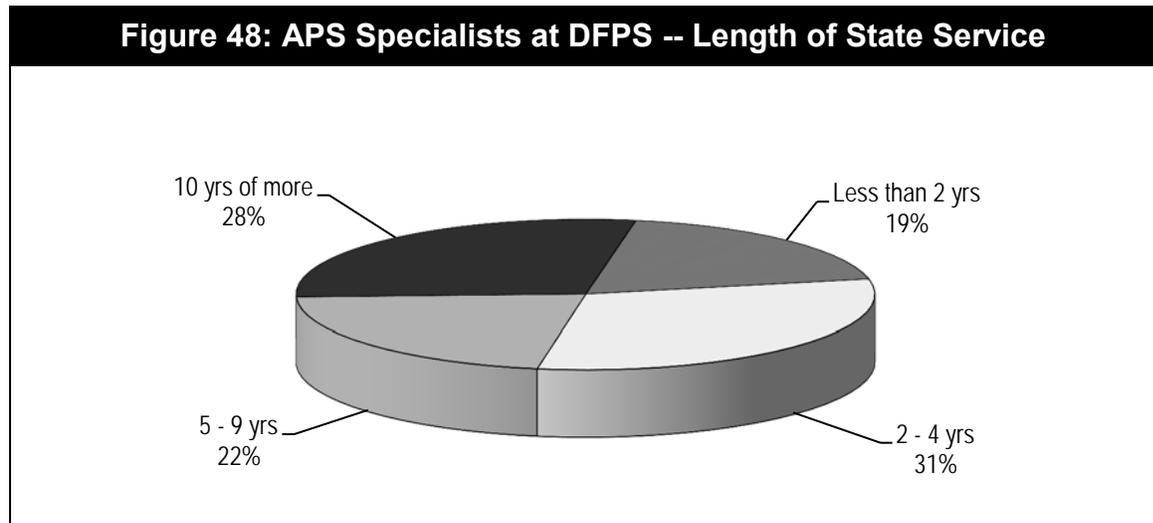
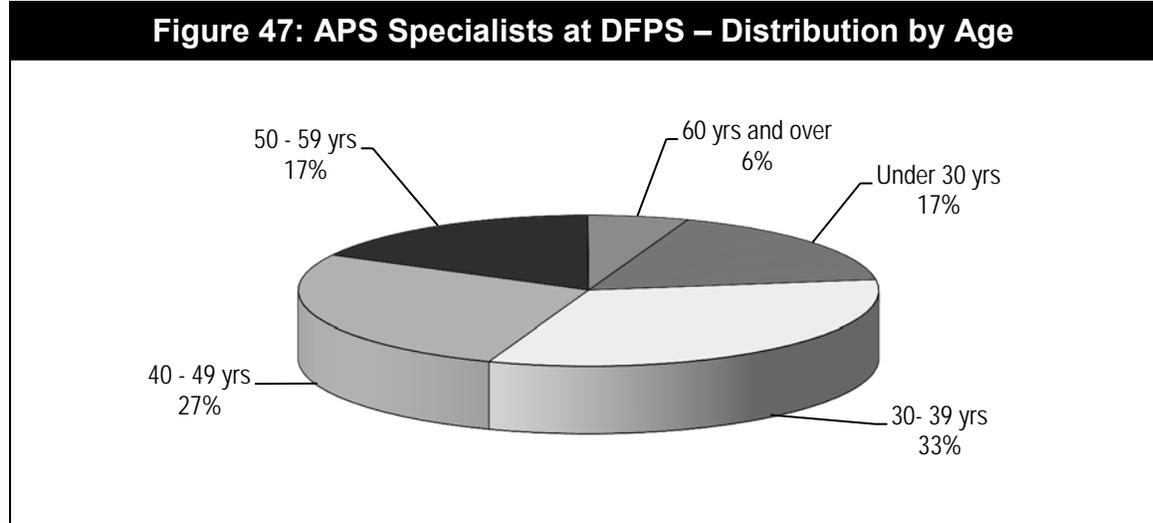


¹⁷⁰ SWI Specialists include SWI Specialists I-V.

¹⁷¹ HHSAS Database, as of 8/31/11.

Adult Protective Services (APS) Specialists

There are almost 700 APS Specialists with DFPS. The typical APS Specialist is 41 years of age and has an average of eight years of state service. About half of these employees have less than five years of state service.^{172 173}



APS Specialists earn an average annual salary of \$36,281.¹⁷⁴ The State Auditor’s Office 2010 market index analysis found the average state salary for APS Specialists to be 24 percent behind the market rate.¹⁷⁵

¹⁷² HHSAS Database, as of 8/31/11.

¹⁷³ Ibid.

¹⁷⁴ Ibid.

¹⁷⁵ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

During fiscal year 2011, APS Specialist turnover reached 15.8 percent, slightly below the state average of 16.8 percent.^{176 177}

With the aging of the Texas population, the agency anticipates an increasing demand for Adult Protective Services.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

- ◆ Continue to provide an internet resource. By clicking on the "Jobs" link from <http://www.dfps.state.tx.us>, users are taken to the "Come Work for Us" page that includes CPS job preview video and written realistic job previews for Child Protective Services jobs as well as a screening test that asks applicants questions to help them decide if CPS is the right fit for them prior to applying.
- ◆ Continue to use the following targeted employment selection tools to help identify the most qualified applicants:
 - a pre-screening test for job applicants to assess skills and performance capabilities.
 - a behavioral descriptive interview guide, geared at assessing how each candidate would respond to real life work situations.
- ◆ Continue to target recruitment efforts to individuals who hold a bachelor's degree or advanced degree in at least one of the following academic areas:
 - Social work
 - Counseling
 - Early Childhood Education
 - Psychology
 - Criminal Justice
 - Elementary or Secondary Education
 - Sociology
 - Human Services
- ◆ Continue to provide a \$5,000 annual stipend to investigation caseworkers and investigation supervisors, as authorized by the General Appropriations Act.
- ◆ Continue efforts to recruit bilingual workers by using consistent testing for bilingual skills and implementing a consistent policy for bilingual pay.
- ◆ Provide an increased starting salary (6.8 percent or 3.4 percent) to Social Work graduates hired into CPS.
- ◆ Provide the following focused recruitment activities for jobs with low applicant pools and high vacancy rates:
 - Offer 6.8 percent above base.

¹⁷⁶ HHSAS Database, FY 2011 data.

¹⁷⁷ State Auditor's Office (SAO) FY 2011 Turnover Statistics.

- Provide recruitment bonuses to certain staff.
- Attend job fairs and organize hiring fairs in specific areas to interview many staff in one or two days.
- Partner with DFPS Media Specialists to produce special interest stories about jobs.
- Add training sessions to accommodate all new hires.
- Increase hiring specialist resources for targeted areas.
- Work with contracted partners to expedite certain hiring activities.
- Post jobs on job search Web sites or newspapers that target needed professionals.
- Request certain positions be posted as a "hot job" in accessHR.

Retention Strategies

- ◆ Continue to provide a \$5,000 annual stipend to investigation caseworkers and investigation supervisors, as authorized by the General Appropriations Act.
- ◆ Continue "Rookie Year On-boarding," with supervisors providing targeted support throughout the first year.
- ◆ Continue to provide programmatically focused Basic Skills Development training programs that ensure that caseworkers are prepared to perform all their assigned tasks.
- ◆ Continue to allow direct delivery staff and their supervisors to earn pay increases by achieving specific amounts of tenure, completing approved training programs and maintaining satisfactory performance.
- ◆ Continue to offer staff training that provides an integrated, competency-based, training curriculum framework that supports a continuum of learning and skill development from beginner to advanced management levels.
- ◆ Continue to recognize new employees' tenure during each of their first four years with the agency by providing tenure certificates.
- ◆ Provide the following focused retention activities for jobs with high turnover, high caseloads, and high vacancy rates:
 - Bring program/division teams together to help with workload in specific areas.
 - Pay a percentage of earned overtime for certain staff.
 - Add caseworker staff as the budget and FTE cap permit to reduce caseloads.

To meet the workforce demands over the next several years, DFPS will need to focus on aggressive recruitment and retention strategies.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

MISSION

The mission of the Department of Assistive and Rehabilitative Services (DARS) is to work in partnership with Texans with disabilities and families with children who have developmental delays to improve the quality of their lives and to enable their full participation in society.

SCOPE

DARS administers programs that ensure Texas is a state where people with disabilities and children with developmental delays enjoy the same opportunities as other Texans to live independent and productive lives. The Department has four program areas: Rehabilitation Services, Blind Services, Early Childhood Intervention Services and Disability Determination Services. Through these program areas, DARS provides services that help Texans with disabilities find jobs through vocational rehabilitation, ensures that Texans with disabilities live independently in their communities and helps children with disabilities and developmental delays reach their full potential.

Approximately 3,130 DARS employees, in offices throughout the state, work to improve the quality of the lives of Texans with disabilities.¹⁷⁸

CORE BUSINESS FUNCTIONS

DARS provides services to consumers through the following program areas:

- ◆ Division for Rehabilitation Services (DRS) provides services in the following program areas:
 - Vocational Rehabilitation. Program staff assist Texans with disabilities prepare for, find and maintain suitable employment.
 - Office for Deaf and Hard of Hearing Services. Program staff work in partnership with people who are deaf or hard of hearing to eliminate barriers and improve communication access for people who are deaf or hard of hearing.

¹⁷⁸ HHSAS Database, as of 8/31/11.

- Independent Living Services and Independent Living Centers. Program staff promote self-sufficiency despite significant disability by providing people with improved mobility, communication, personal adjustment and self-direction skills.
- Comprehensive Rehabilitation Services. Program staff assist persons with traumatic spinal cord and traumatic brain injuries by sponsoring intensive therapies to increase independence.
- ◆ Disability Determination Services (DDS) employees make disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance and/or Supplemental Security Income. Staff examine and review medical evidence provided by claimants or their medical providers and make the determination on whether or not a claimant is disabled under the law.
- ◆ Division for Blind Services (DBS) provides services through the following programs:
 - Vocational Rehabilitation. Program staff assist adult consumers whose visual disabilities (visual impairments or total blindness) may limit their ability to work in their current jobs or secure new jobs.
 - Business Enterprises of Texas. Program staff manage the program developed under federal law to provide food management opportunities for Texans who are blind or visually impaired.
 - Independent Living. Program staff assist adult consumers who are blind or visually impaired to learn adaptive skills to enable them to continue to live independently and confidently with vision loss.
 - Criss Cole Rehabilitation Center. Program staff provide a residential based intensive training in basic blindness skills for adult Texans who are blind or visually impaired due to a medical condition or accident which may progress to total blindness.
 - Blind Children's Vocational Discovery and Development. Program staff assist children who are blind or visually impaired to develop their individual potential.
 - Blindness Education, Screening and Treatment. Program staff assist in the prevention of blindness through education, screening and treatment.
- ◆ Early Childhood Intervention (ECI) Services employees coordinate a statewide system of early childhood intervention services for families of infants and toddlers, birth to age three, with disabilities or developmental delays. Services are provided through community centers, school districts, education service centers and private non-profit organizations.
- ◆ The DARS Autism Program champions excellence in the delivery of services for families of children with autism. Services are provided through grant contracts with local community agencies and organizations that provide applied behavioral analysis (ABA) and other positive behavior support strategies.

WORKFORCE DEMOGRAPHICS

DARS is the smallest agency in the HHS System. The agency currently employs approximately 3,130 full and part-time employees, with the majority of DARS employees (about 83 percent) assigned to offices throughout Texas.¹⁷⁹ The remaining 17 percent are assigned to Central Office in Austin.¹⁸⁰ To better understand the agency's unique workforce, the following demographic categories are examined:

Job Families

About 89 percent of DARS employees (2,776 employees) work in 10 job families, with the largest number of employees in Vocational Rehabilitation Counselor positions (675 employees or 22 percent).¹⁸¹

Table 20: Largest Program Job Families and Average Salaries

Job Family	Number of Employees	Average Salary
Vocational Rehabilitation Counselors	675	\$48,108
Claims Examiners	542	\$47,215
Rehabilitation Services Technicians	345	\$35,329
Clerical Workers	331	\$36,720
Program Specialists	324	\$62,388
Human Services Specialists	179	\$38,812
Managers	152	\$73,991
Administrative Support Workers	86	\$48,104
Rehabilitation Teachers	82	\$36,829
System Analysts	60	\$63,640

Salary

DARS employees earn an average annual salary of \$48,396.¹⁸²

Gender

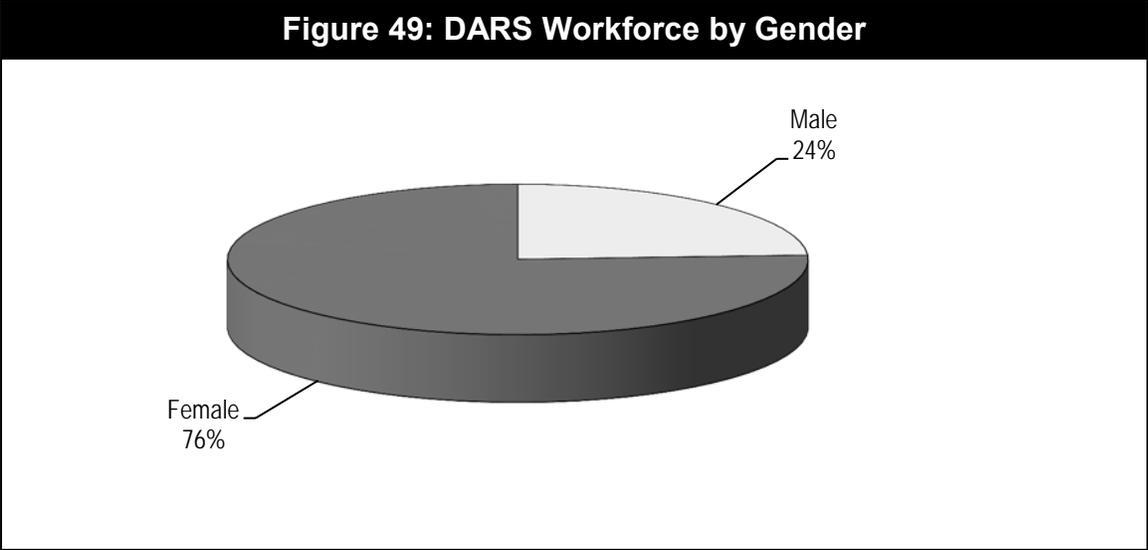
DARS employees are primarily female, representing approximately 76 percent of the agency workforce (2,395 employees).¹⁸³

¹⁷⁹ HHSAS Database, as of 8/31/11.

¹⁸⁰ Ibid.

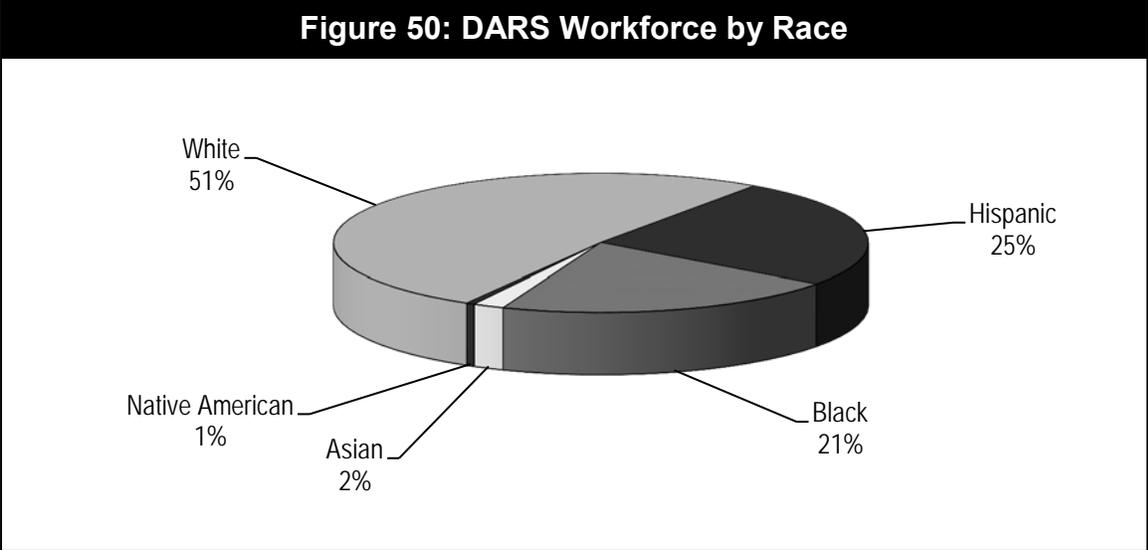
¹⁸¹ Ibid.

¹⁸² Ibid.



Race

Approximately 1,611 or 51 percent of DARS employees are White, followed by Hispanic employees at 25 percent or 795 employees and Black employees at 21 percent or 651 employees.¹⁸⁴

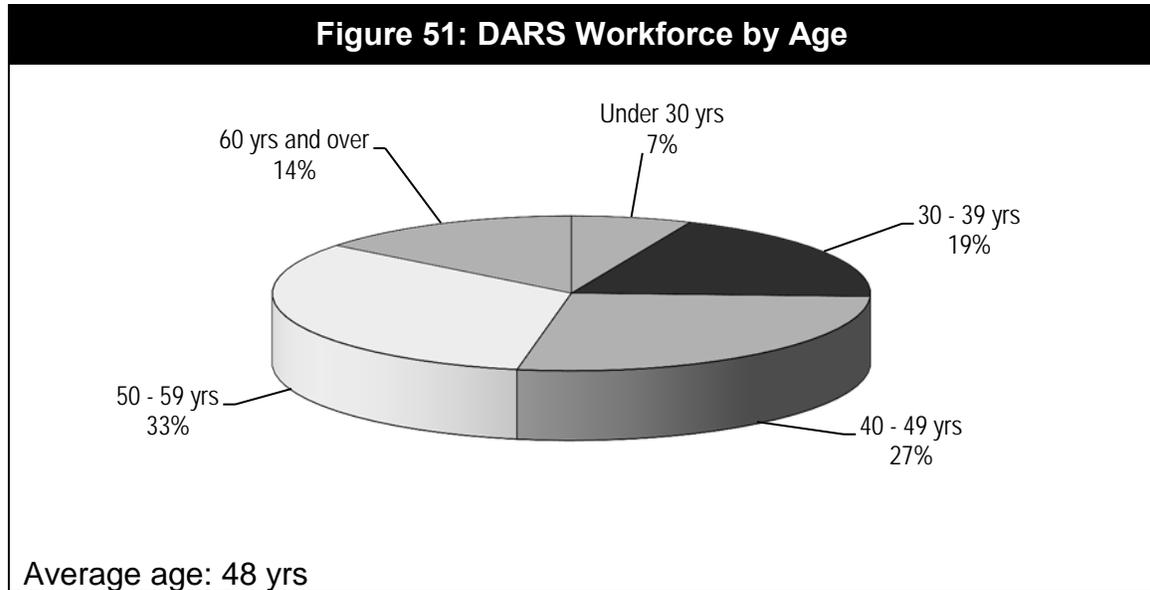


¹⁸³ HHSAS Database, as of 8/31/11.

¹⁸⁴ Ibid.

Age

Approximately 74 percent of DARS employees are age 40 or older, with the average age being 48 years.¹⁸⁵



Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis indicated no underutilization within the DARS workforce.^{186 187}

¹⁸⁵ HHSAS Database, as of 8/31/11.

¹⁸⁶ Ibid.

¹⁸⁷ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 06/08/2005.

Table 21: DARS Utilization Analysis Results

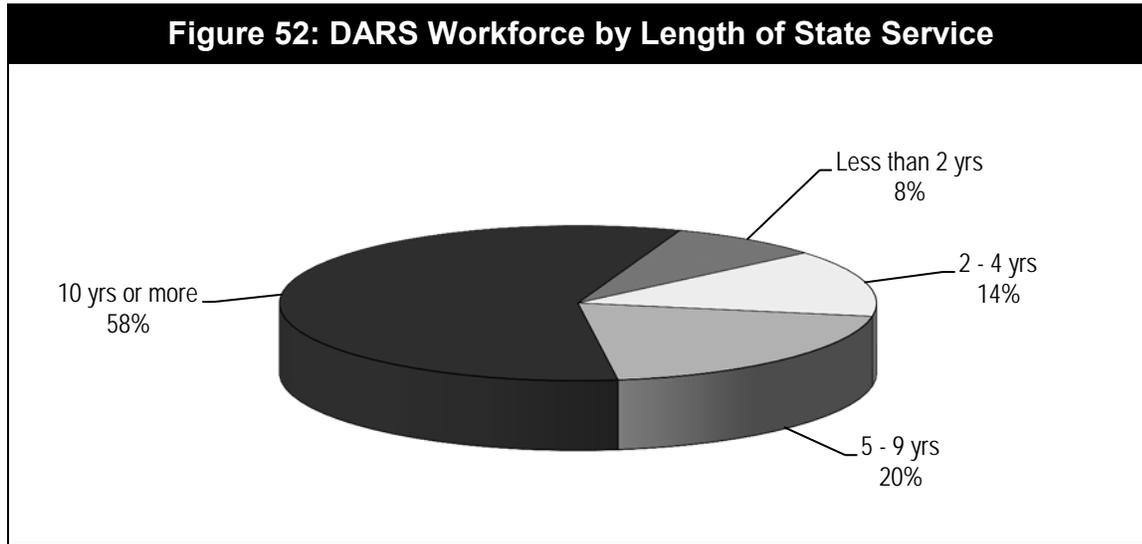
Job Category	Black			Hispanic			Female		
	DARS %	CLF %	Underutilization (If Yes, # needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	15.5%	7.2%	No	18.1%	12.3%	No	50.3%	32.6%	No
Professionals	20.2%	9.4%	No	23.5%	11.6%	No	75.7%	49.0%	No
Technicians	4.8%	13.9%	N/A	23.8%	19.7%	N/A	52.4%	42.1%	N/A
Protective Service	0.0%	18.0%	N/A	0.0%	23.1%	N/A	0.0%	21.6%	N/A
Para-Professionals	28.2%	14.3%	No	32.1%	25.7%	No	93.1%	56.3%	No
Administrative Support	24.4%	19.4%	No	39.2%	26.8%	No	91.5%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	80.0%	35.2%	N/A	20.0%	16.5%	N/A
Service Maintenance	72.7%	20.4%	N/A	0.0%	43.7%	N/A	54.5%	44.4%	N/A

Note: "N/A" indicates that the number of employees in this category is too small (less than thirty) to test any differences for statistical significance.

State Service

DARS has a stable, long tenured workforce, with about 92 percent of the workforce having more than two years of state service, and almost 60 percent having at least 10 years of state service.¹⁸⁸

Figure 52: DARS Workforce by Length of State Service

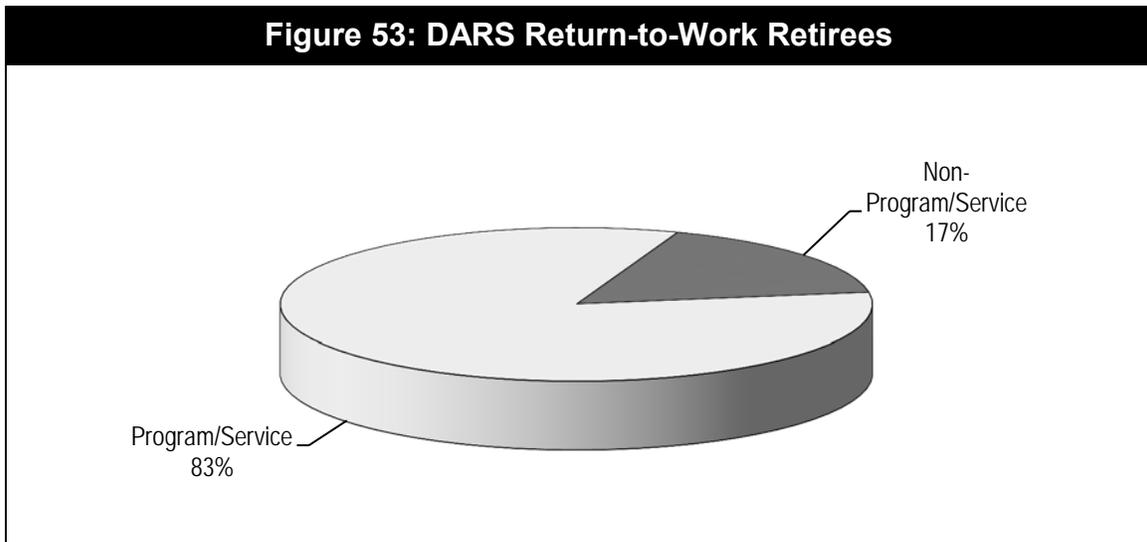


Return-to-Work Retirees

DARS employs 149 return-to-work retirees, representing about five percent of its total workforce. The majority of these retirees (83 percent) work in program/service related areas.¹⁸⁹

¹⁸⁸ HHSAS Database, as of 8/31/11.

¹⁸⁹ Ibid.



TURNOVER

The DARS turnover rate during fiscal year 2011 was 9.9 percent, the lowest of all HHS agencies. This rate is significantly lower than the statewide turnover rate of 16.8 percent. The majority of these separations (approximately 86 percent) were voluntary separations from state employment.¹⁹⁰ This low turnover rate contributes to having a highly-tenured, well trained workforce.¹⁹¹

Table 22: Reason for Separation

Reason	Separations	Percentage ¹⁹²
Voluntary Separations		
Personal reasons	135	41.9%
Transfer to another agency	25	7.8%
Retirement	116	36.0%
Involuntary Separations		
Termination at Will	2	0.6%
Resignation in Lieu	7	2.2%
Dismissal for Cause	34	10.6%

¹⁹⁰ State Auditor's Office (SAO) FY 2011 Turnover Statistics.

¹⁹¹ HHSAS Database, FY 2011 data.

¹⁹² Death accounted for 0.9% of separations.

Table 23 indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2011.¹⁹³

Job Family	Average Annual Headcount	Separations	Turnover Rate
Human Services Technicians	38	9	23.5%
Program Supervisors	17	4	23.2%
Accountants	40	7	17.7%
Directors	41	7	17.2%
Rehabilitation Teachers	84	14	16.8%
System Analysts	65	9	13.9%
Rehabilitation Services Technicians	360	44	12.2%
Vocational Counselors	688	70	10.2%
Claims Examiners	576	55	9.6%

RETIREMENT PROJECTIONS

Currently, about 17 percent of the DARS workforce is eligible to retire from state employment. Over the next five years, approximately a third of the DARS workforce will reach retirement eligibility.¹⁹⁵ These eligibility levels are the highest of all HHS agencies.

Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2011	522	16.7%
2012	618	19.7%
2013	729	23.3%
2014	849	27.1%
2015	948	30.2%
2016	1,075	34.3%

¹⁹³ HHSAS Database, FY 2011 data.

¹⁹⁴ Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

¹⁹⁵ HHSAS Database, as of 8/31/11.

EXPECTED WORKFORCE CHALLENGES

With over 25 million residents, Texas is one of the faster growing states in the nation. In a one year period, April 1, 2010 to July 1, 2011, the population of Texas increased by about half a million, the largest population increase in the country.¹⁹⁶ By 2020, the Texas population is expected to reach 30 million residents.¹⁹⁷

This population growth is expected to directly increase the number of consumers receiving DARS services. Projected trends that support this increase include the following:

- ◆ The number of children born with severe visual impairments and blindness is growing.¹⁹⁸ With advances in modern technology, medicine and science, more children with multiple disabilities are surviving. These children have complex physical, mental health, mobility and societal needs and require a variety of service delivery options.
- ◆ The number of blind and visually impaired children who receive special education services through the agency's Blind Children's Vocational Discovery and Development Program is increasing. Blind and visually impaired students increased by 487 from fiscal year 2009 to 2011.¹⁹⁹

More individuals who are blind or visually impaired are applying for services through the agency's Vocational Rehabilitation, Independent Living and Blind Children's programs. As a result, caseload sizes continue to increase. The ability to hire and retain a sufficient number of qualified, direct service delivery staff is essential to meet the needs of this population. Without adequate staff, the Division for Blind Services (DBS) will no longer be able to provide timely and effective services for persons who are blind or visually impaired. Within the next five years, more than a third of DBS employees will be eligible for retirement.²⁰⁰ DBS anticipates being challenged with having to replace experienced staff with less experienced employees.

Another major challenge to the agency is the continuing recruitment difficulties experienced by the Division for Disability Services (DDS). For fiscal year 2012, the Social Security Administration (SSA) anticipates operating under an ongoing Continuing Resolution and/or limited funding for the Disability program, either of which will include a mandatory hiring freeze. As a result:

- the Texas Division for Disability Services (DDS) cannot fill or hire for any position(s) that is posted as an external hire;

¹⁹⁶ U.S. Census Bureau, December 21, 2011, web page. <http://www.census.gov/newsroom/releases/archives/population/cb11-215.html>, last accessed on 3/29/12.

¹⁹⁷ Office of the State Demographer, Texas State Data Center.

¹⁹⁸ Brigitte Volmer, et al., "Predictors of Long-term Outcome in Very Preterm Infants: Gestational Age Versus Neonatal Cranium Ultrasound," *Pediatrics*, November 2003.

¹⁹⁹ DARS Annual Reports for Fiscal Years 2009 and 2011.

²⁰⁰ HHSAS Database, as of 8/31/11.

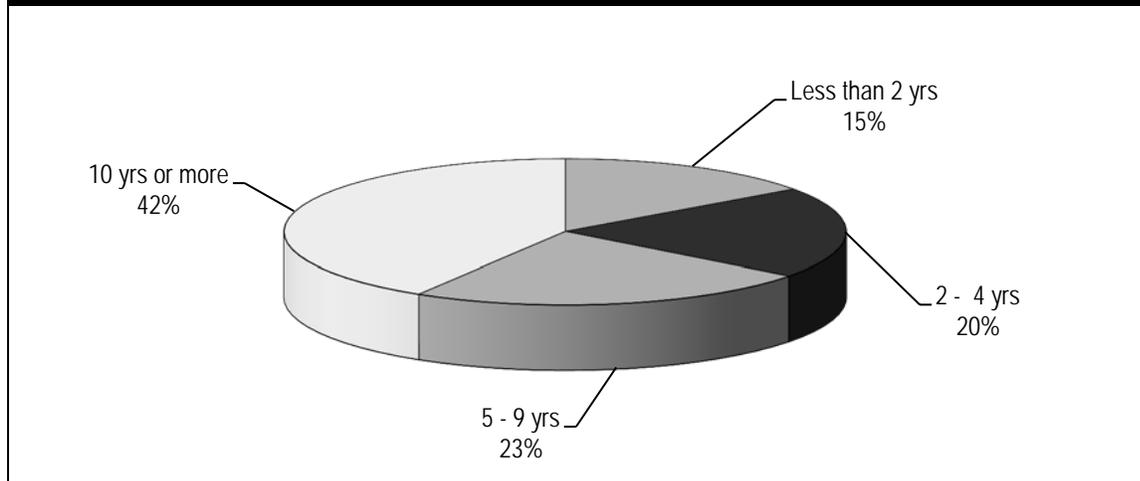
- the attrition at the Texas DDS of Disability Specialist (DS) positions continues to increase, which will eventually lead to backlogged caseloads; and
- the inability to hire critical positions could negatively impact service delivery.

To meet the needs of this expanding population of consumers and to compensate for the potential loss of over a third of the agency's highly skilled and tenured workforce, the agency will need to aggressively recruit and retain its highly skilled direct-delivery Vocational Rehabilitation Counselors, Claims Examiners, Independent Living Workers, Blind Children's Specialists and Rehabilitation Teachers.

Vocational Rehabilitation Counselors

As of May 2010, there were 129,800 rehabilitation counselors in the U.S. By 2020, this workforce group is expected to increase by 28 percent.²⁰¹ Within DARS, 675 Vocational Rehabilitation Counselors are employed in the Division for Rehabilitative Services (DRS) and the Division for Blind Services (DBS).²⁰² These counselors have an average of 10 years state employment and an average age of approximately 45 years.²⁰³

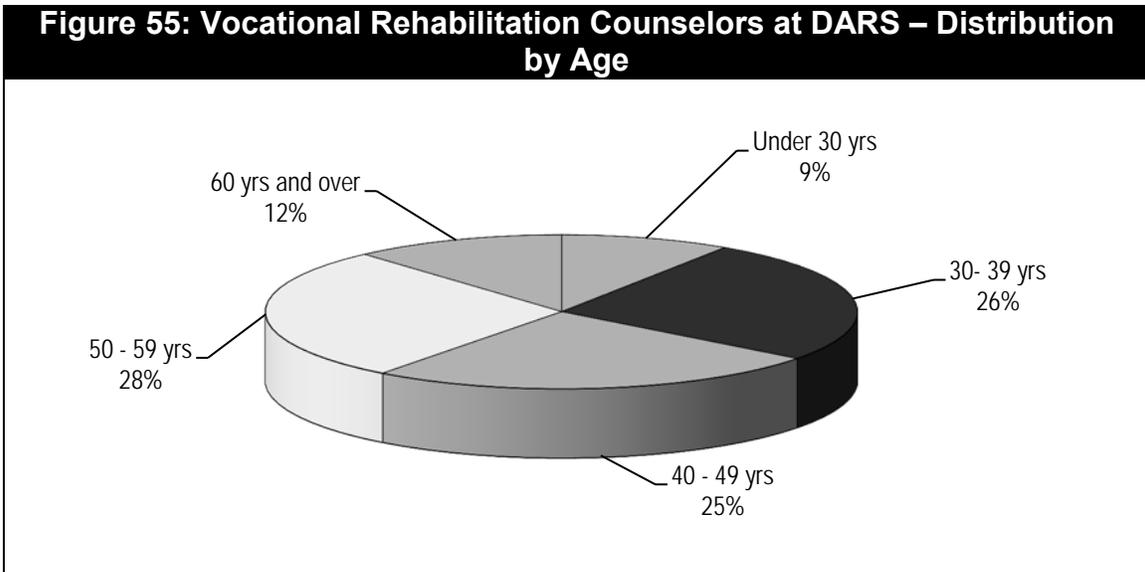
Figure 54: Vocational Rehabilitation Counselors at DARS – Length of State Service



²⁰¹ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 3/30/12.

²⁰² HHSAS Database, as of 8/31/11.

²⁰³ Ibid.



DARS Vocational Rehabilitation Counselors earn an average annual salary of \$48,108.²⁰⁴ The State Auditor’s Office 2010 market index analysis found the average state salary for Vocational Rehabilitation Counselors ranged from three to 10 percent behind the market rate.²⁰⁵

This highly skilled and tenured group of employees is also nearing retirement age, with 22 percent of current counselors eligible to retire in the next five years.²⁰⁶ To maintain current service levels to the expanding population of consumers, DARS must provide incentives to retain current counselors, provide succession planning opportunities to develop existing staff and aggressively recruit new counselors.

The educational and certification requirements for the Vocational Rehabilitation Counselor positions (a federally mandated Comprehensive System of Personnel Development [CSPD] program) have made recruitment difficult and challenging. Entry-level counselors must have a college degree and meet eligibility requirements for Certified Rehabilitation Counselors (CRC) within seven years and nine months of hire. Counselors must also satisfy extensive training requirements after their hire, making the retention of these highly skilled employees both critical and costly to the agency.

Due to the comprehensive and specialized training program, as well as the ongoing training that newly hired counselors must take, retention of these employees is crucial. Currently, agency counselors are separating from employment at an annual

²⁰⁴ HHSAS Database, as of 8/31/11.

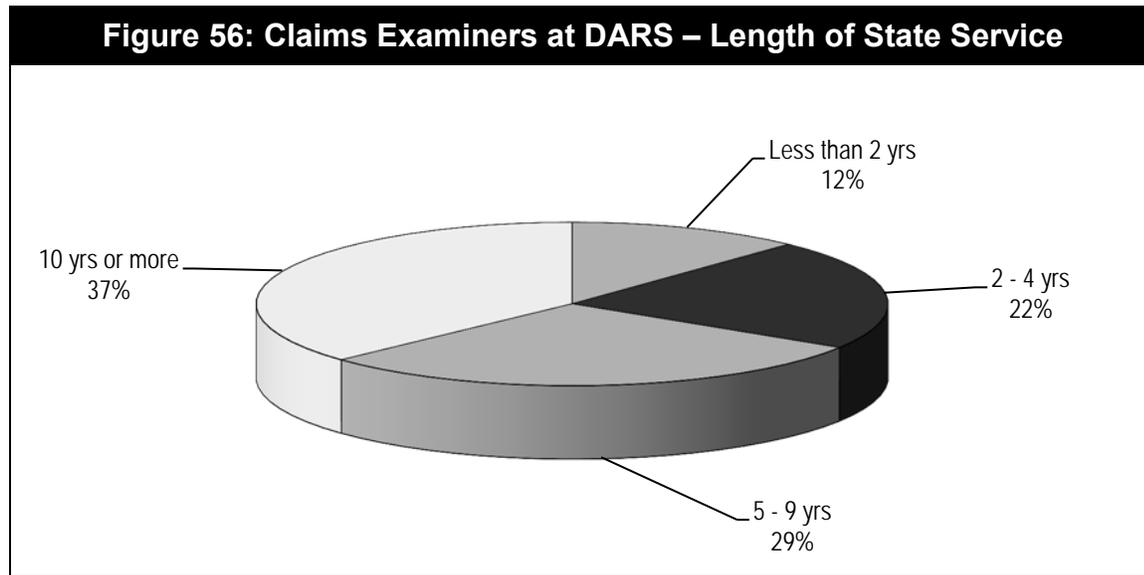
²⁰⁵ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

²⁰⁶ HHSAS Database, as of 8/31/11.

rate of 10.2 percent.²⁰⁷ Though low, this loss rate should be closely monitored to identify any trends that may develop.

Claims Examiners

Within DARS, 542 Claims Examiners are employed in the Division for Disability Determination Services (DDS).²⁰⁸ DARS Claims Examiners have, on average, about 10 of state service, with an average age of about 42 years.²⁰⁹ About 20 percent of current examiners will be eligible to retire by the year 2016.²¹⁰

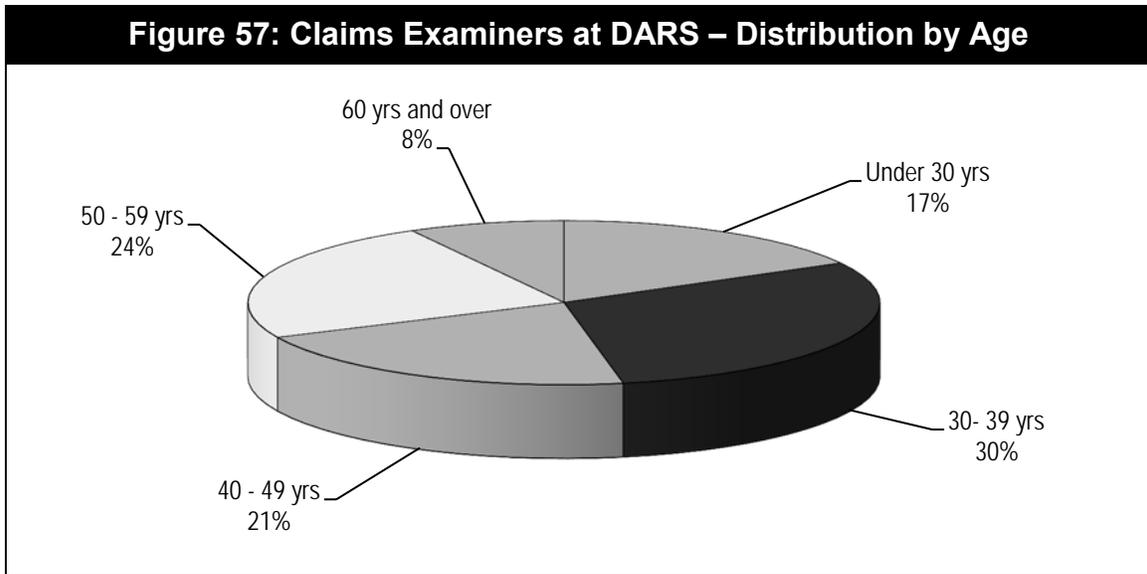


²⁰⁷ HHSAS Database, FY 2011 data.

²⁰⁸ HHSAS Database, as of 8/31/11.

²⁰⁹ Ibid.

²¹⁰ Ibid.



Entry-level Claims Examiners must have a Bachelors degree and complete a two year training program before they can begin to perform their job duties. It typically takes a minimum of two years for DARS examiners to be fully competent in their work.

Though Claims Examiners are separating from employment at an annual rate of only 10 percent, the vacancies that have occurred tend to remain open for months.²¹¹ In addition, about 20 percent of these employees will be eligible to retire in the next five years.

These employees are currently earning an average annual salary of \$47,215.²¹² The State Auditor's Office 2010 market index analysis found the average state salary for Claims Examiners ranged from three to 18 percent behind the market rate.²¹³

Due to the current external hiring freeze and cost of this extensive training that newly hired examiners must take to become fully competent in their job, continuous monitoring of retention of these employees will remain a priority for agency management.

DDS is currently addressing strategies which include reassignment of various positions within DDS to Claims Examiner positions, modifying unit sizes, and utilization of contract workforce.

²¹¹ HHSAS Database, FY 2011 data.

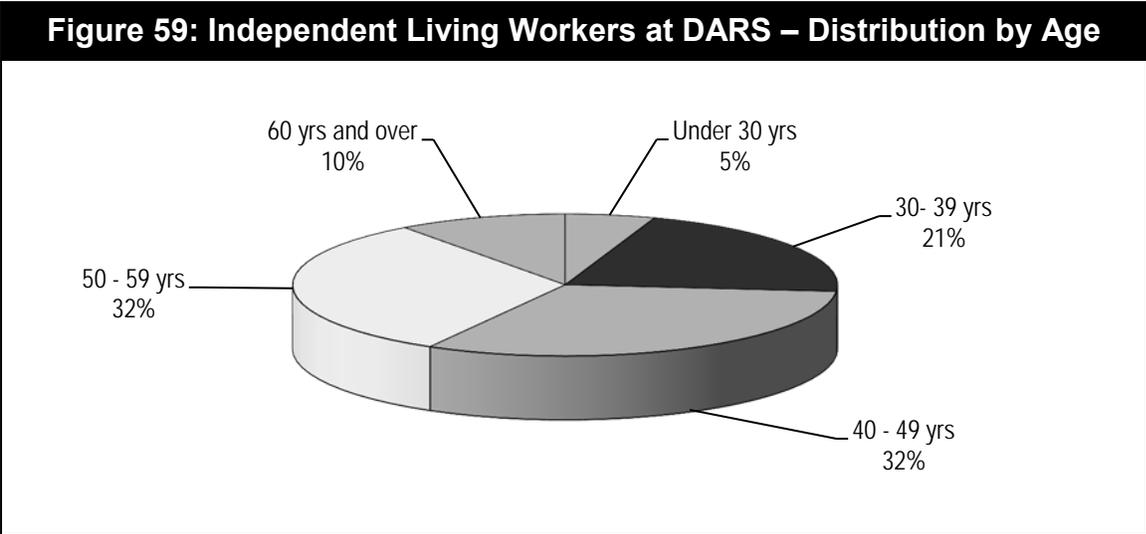
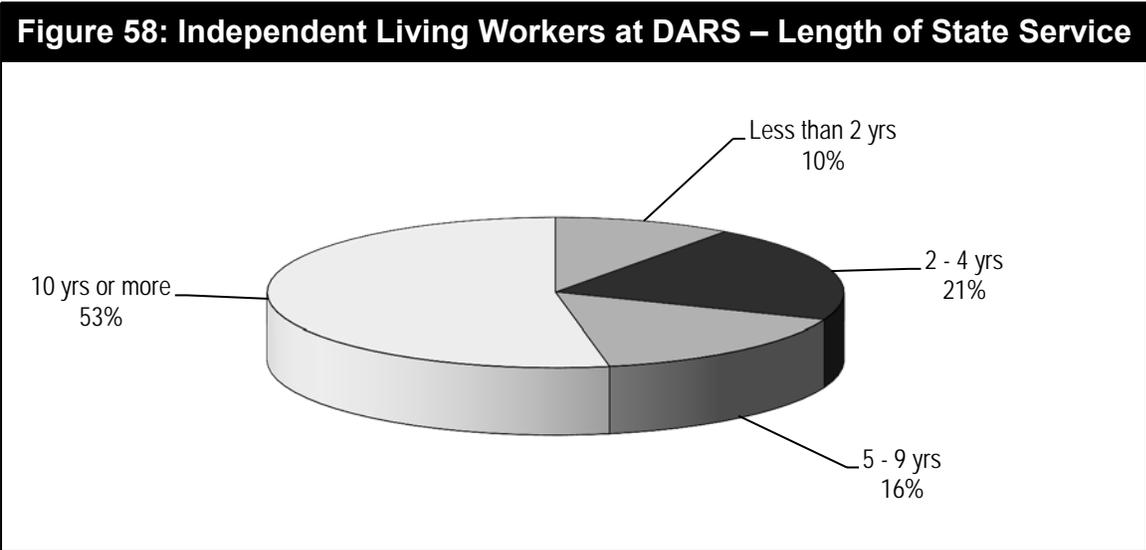
²¹² HHSAS Database, as of 8/31/11.

²¹³ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

Independent Living Workers

Within DARS, 19 HHS Program Coordinators, Human Services Specialists and Rehabilitation Teachers are employed as Independent Living Workers for the Division for Blind Services (DBS). These workers assist individuals who are blind or visually impaired to live as independently as possible within their community by adjusting to blindness through the development of travel skills, skills of daily living, communication skills, support systems and quality of living.

DARS Independent Living Workers have, on average, 13 years of state service, with an average age of 48 years.²¹⁴



²¹⁴ HHSAS Database, as of 8/31/11.

The agency has historically had difficulty recruiting qualified applicants statewide, especially in remote geographic locations.

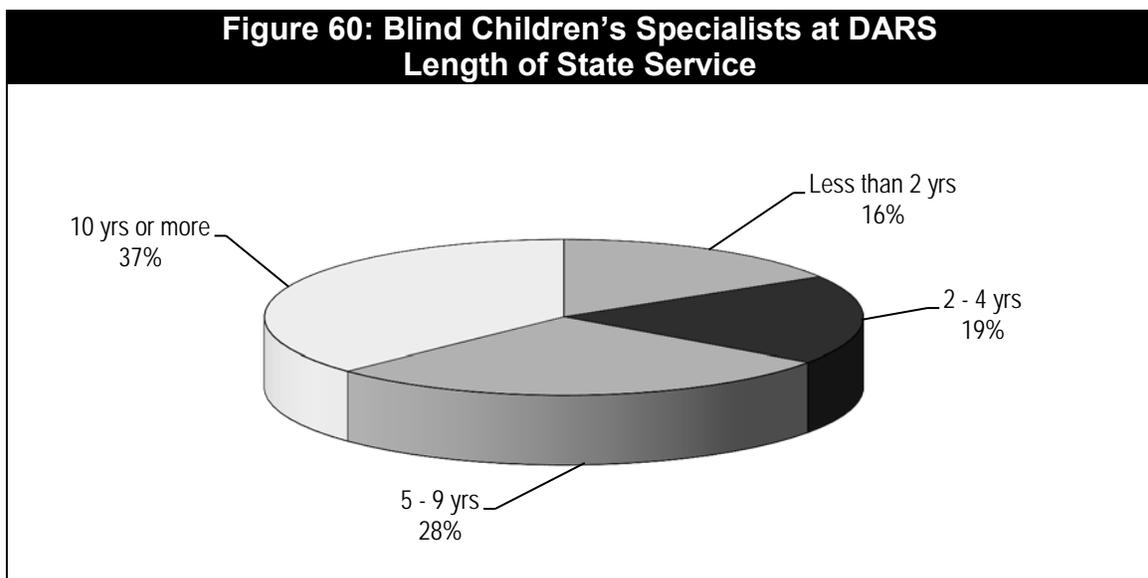
There are currently no college programs for this occupation and few individuals in the labor market possessing the knowledge and experience in working with individuals who are blind. To partially offset these limitations, new employees are required to complete an extensive two year training program to become competent in their job.

With six Independent Living Workers (or 32 percent) eligible to retire in the next five years, the agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.²¹⁵

Blind Children’s Specialists

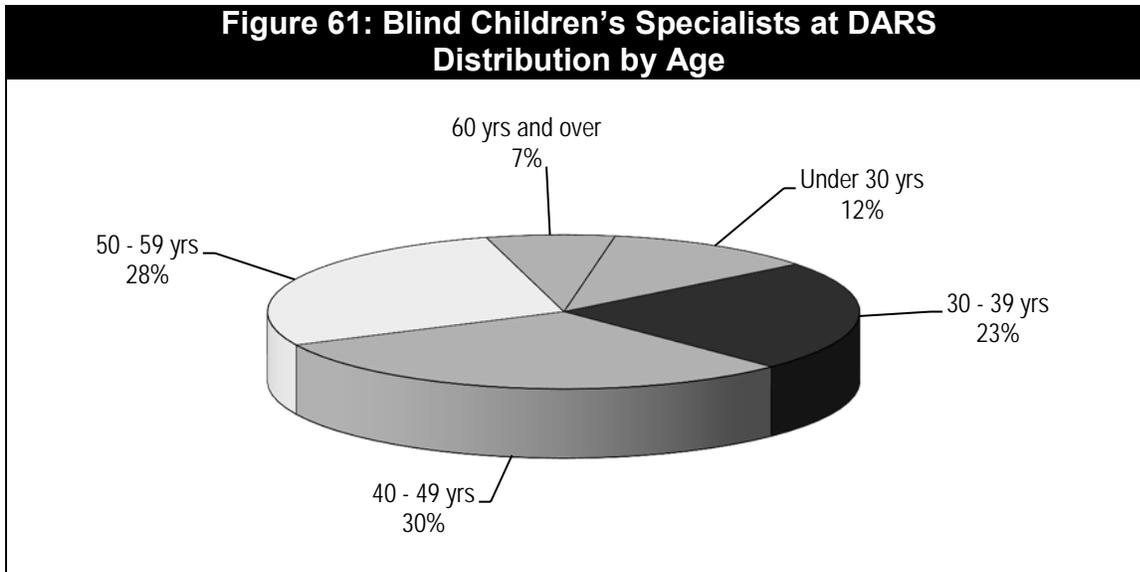
Within DARS, 43 of the agency’s Rehabilitation Teachers, HHS Program Coordinators, and Human Services Specialists work in the Division for Blind Services (DBS) as Blind Children’s Specialists These employees assist blind children and their families with counseling, information, support, training and guidance that foster vocational discovery and development while promoting the blind or visually impaired child’s self-sufficiency.

Blind Children’s Specialists have, on average, 11 years of state service, with an average age of 45 years.²¹⁶



²¹⁵ HHSAS Database, as of 8/31/11.

²¹⁶ Ibid.



The agency may face significant recruitment challenges in the next few years to replace those tenured employees who are eligible for retirement. Almost a quarter of these employees (23 percent) will be eligible to retire in the next five years.²¹⁷

Rehabilitation Teachers

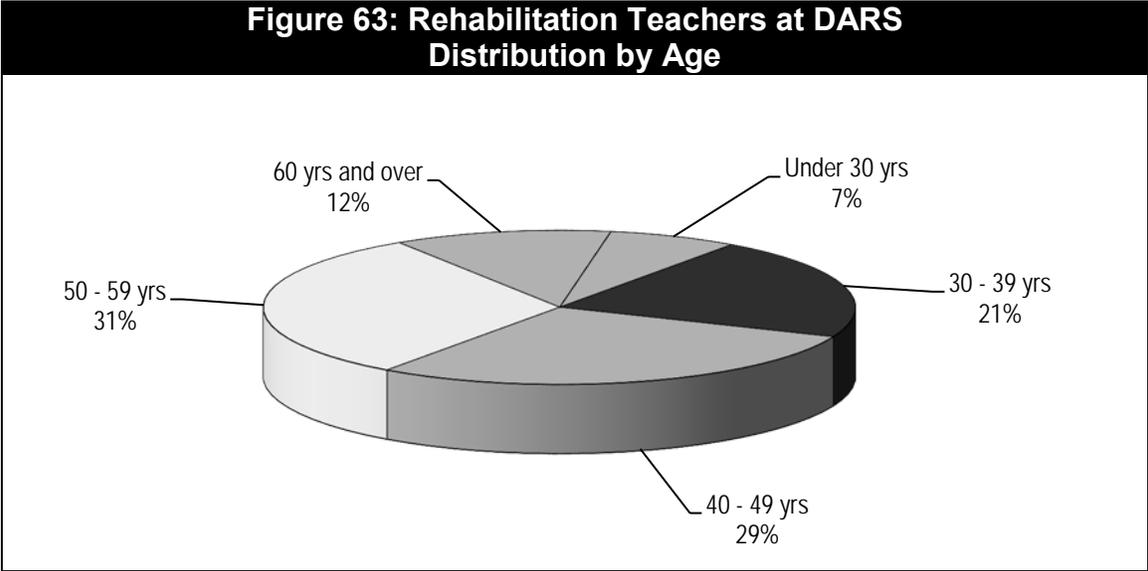
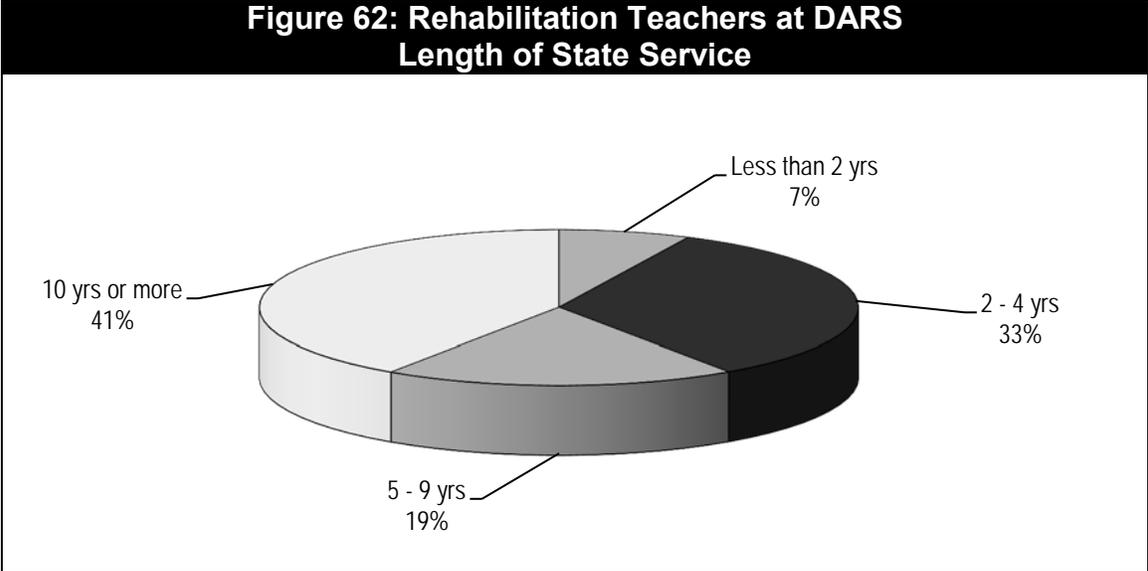
Within DARS, 42 Rehabilitation Teachers, HHS Program Coordinators, Rehabilitation Services Technicians, and Human Services Specialists are employed as Rehabilitation Teachers in the Division for Blind Services (DBS) and the Division for Rehabilitation Services (DRS).²¹⁸ These employees assist consumers who are visually impaired and/or multi-disabled in developing, achieving, and maintaining essential independent living and employment objectives.

Rehabilitation Teachers have, on average, 10 years of state service, with an average age of 46 years.²¹⁹

²¹⁷ HHSAS Database, FY 2011 data.

²¹⁸ HHSAS Database, as of 8/31/11.

²¹⁹ Ibid.



The agency may face significant recruitment challenges in the next five years, as over 26 percent of these employees become eligible for retirement.²²⁰

²²⁰ HHSAS Database, FY 2011 data.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

- ◆ Continue to allow supervisors to use the full salary range when posting vacant positions, maintaining the flexibility to set the starting salary based on an applicant's education level, certification and related work experience.
- ◆ Continue to work closely with colleges and universities offering graduate degrees in rehabilitation counseling by:
 - Working in partnership with university advisory committees;
 - Maintaining/establishing intern programs and training placement positions for Vocational Rehabilitation Counselors;
 - Making site visits and classroom presentations to familiarize prospective graduates of career opportunities; and
 - Sending DARS Vocational Rehabilitation Counselor vacancy announcements to the universities.
- ◆ Continue to use internet job posting/recruitment websites, professional publications, newspapers and trade associations to announce job vacancies.
- ◆ Explore expanded use of social media resources; e.g. LinkedIn.
- ◆ Work with the Social Security Administration on a national recruitment and retention strategy for Disability Determination Services (DDS) nation-wide implementation.
- ◆ Continue to review current job descriptions to ensure the essential job functions are in alignment with division/programmatic needs and an ever changing environment.
- ◆ Employ the new DARS Workforce planning process to provide DARS management with accurate, complete, timely and relevant staffing and workforce information for future recruitment, training, retention and related workforce planning activities designed to meet needs of consumers today and into the future.

Retention Strategies

- ◆ Evaluate the results of future surveys of Employee Engagement and address identified employee and management issues that could potentially improve retention.
- ◆ Identify trends or recurring reasons employees separate from employment with DARS to determine whether strategies can be developed to improve retention.
- ◆ Hire employees with values that are in alignment with established DARS values.

- ◆ Continue to promote the use of internal postings within DARS and encourage managers to promote from the internal applicant pool when filling vacant positions.
- ◆ Continue to award career ladder promotions when appropriate.
- ◆ Continue to encourage professional development through Certified Rehabilitation Counselor (CRC) Certification by providing a financial incentive (e.g. when a counselor is eligible to take the CRC exam, the agency pays the cost of the application fee, examination fee and in-state travel expenses to take the exam).
- ◆ Develop, implement and make training available to Claims Examiners that focuses on the key skills of assessing symptoms, credibility of medical information, weighing medical options and analyzing a person's ability to function.
- ◆ Make training available to Vocational Rehabilitation staff to ensure that work is in compliance with federal regulations, is of high quality and is documented in a clear, concise manner.
- ◆ Increase Professional Skill Enhancement Training.
- ◆ Evaluate the potential of including Claims Examiners in Social Security Administration succession planning/career development training opportunities.
- ◆ Make full use of agency-wide recognition programs and benefits to identify and reward top performers.
- ◆ Employ flexible work schedules and/or telework to attract or retain employees in positions that lend themselves to this flexibility.
- ◆ Use aggressive and creative recruitment and retention strategies will be necessary to ensure the agency maintains a fully employed, qualified workforce.
- ◆ Develop and deploy management training that capitalizes on the strengths and differences of a multi-generational workforce who must work together toward a common purpose.

DEPARTMENT OF AGING AND DISABILITY SERVICES

MISSION

The Department of Aging and Disability Services' (DADS) mission is to provide a comprehensive array of aging and disability services, supports, and opportunities that are easily accessed in local communities.

SCOPE

The agency provides a continuum of long-term services and supports which are available to older individuals or individuals with disabilities. In addition, the regulatory component of DADS licenses and/or certifies providers of these services and monitors compliance with regulatory requirements.

CORE BUSINESS FUNCTIONS

DADS provides long-term services, supports, licensure, certification regulation, and outreach services. Functions listed below are provided either by DADS, Local Authorities (LAs), Area Agencies on Aging (AAAs) or other contracted providers.

- ◆ **Intake, Access and Eligibility.** Promotes eligibility determination and access to appropriate services and supports and the monitoring of those services and supports.
 - Intake, Access and Eligibility to Services and Supports
 - Guardianship
- ◆ **Community Services and Supports – Entitlement.** Provides Medicaid-covered supports and services in homes and community settings which will enable older persons, persons with disabilities and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization.
 - Primary Home Care (PHC)
 - Community Attendant Services (CAS)
 - Day Activity & Health Services (DAHS)
- ◆ **Community Services and Supports – Waiver Programs.** Provides supports and services through Medicaid waivers in home and community settings which will enable older persons, persons with disabilities and others who qualify for

institutional care but can be served at home or in the community to maintain their independence and prevent institutionalization.

- Community Based Alternatives (CBA)
 - Home and Community-based Services (HCS)
 - Community Living Assistance & Support Services (CLASS)
 - Deaf-Blind With Multiple Disabilities (DBMD)
 - Medically Dependent Children Program (MDCP)
 - Texas Home Living Waiver (TxHmL)
 - ◆ **Community Services and Supports - State.** Provides non-Medicaid services and supports in homes and community settings which will enable older persons and persons with disabilities to maintain their independence and prevent institutionalization.
 - Non-Medicaid Services
 - Community Services for Persons with Intellectual Disabilities
 - Promoting Independence through Outreach, Awareness, and Relocation
 - In-Home and Family Support
 - ◆ **Program of All-inclusive Care for the Elderly (PACE).** Promotes the development of integrated managed care systems for older persons and persons with disabilities.
 - ◆ **Nursing Facility Payments.** Provides payments which will promote quality of care for individuals with medical problems that require nursing facility or hospice care.
 - Nursing Facility Payments
 - Medicare Skilled Nursing Facility
 - Hospice
 - Promoting Independence By Providing Community-based Services
 - ◆ **Intermediate Care Facilities for Persons with Intellectual Disability (ICF/ID) Program.** Provides residential services and supports for persons with intellectual and developmental disabilities (IDD) living in ICFs/ID.
 - ◆ **State Supported Living Centers.** A state supported living center (SSLC) is campus-based and provides direct services and supports to persons with IDD. A SSLC provides 24-hour residential services, comprehensive behavioral treatment services and health care services including physician services, nursing services and dental services.
 - ◆ **Capital Repairs and Renovations.** Efficiently manages and improves the assets and infrastructure of state facilities.
 - ◆ **Regulation, Certification, and Outreach.** Provides licensing, certification, and contract enrollment services, as well as financial monitoring and complaint investigation, to ensure that residential facilities, home and community support services agencies, and persons providing services in facilities or home settings comply with state and federal standards and that individuals receive high-quality services and are protected from abuse, neglect and exploitation.
 - Facility and Community-Based Regulation
 - Credentialing/Certification
 - Long-term Care Services and Supports Quality Outreach
-

- ◆ **Indirect Administration.** Assures efficient, quality, and effective administration of services provided to older individuals and individuals with disabilities.
 - Central Administration
 - Information Technology Program Support
 - Regional Administration

WORKFORCE DEMOGRAPHICS

DADS is the second largest state agency, and the largest of the five HHS agencies. The agency employs about 17,000 individuals, and represents about 31 percent of the HHS workforce.²²¹ The majority of the agency’s employees (13,279 employees or 79 percent) are assigned to 12 state supported living centers, which are 24-hour residential facilities, caring for people with intellectual and developmental disabilities (IDD).²²² The remaining 21 percent of DADS employees work in a regional or state office.

To better understand the agency’s workforce, the following demographic categories are examined:

Job Families

About 80 percent of DADS employees (13,602 employees) work in 10 job families.

Table 25: Largest Program Job Families and Average Salaries

Job Family	Number of Employees	Average Salary
Direct Service Professionals ²²³	6,972	\$22,553
Registered Nurses	1,184	\$55,136
Clerical Workers	1,140	\$27,217
Human Services Specialists	988	\$32,549
Rehabilitation Technicians	716	\$23,744
Licensed Vocational Nurses	652	\$35,912
Program Specialists	627	\$47,813
Food Service Workers	621	\$20,456
Custodians	380	\$19,715
Maintenance Technicians	322	\$28,306

²²¹ HHSAS Database, as of 8/31/11.

²²² Ibid.

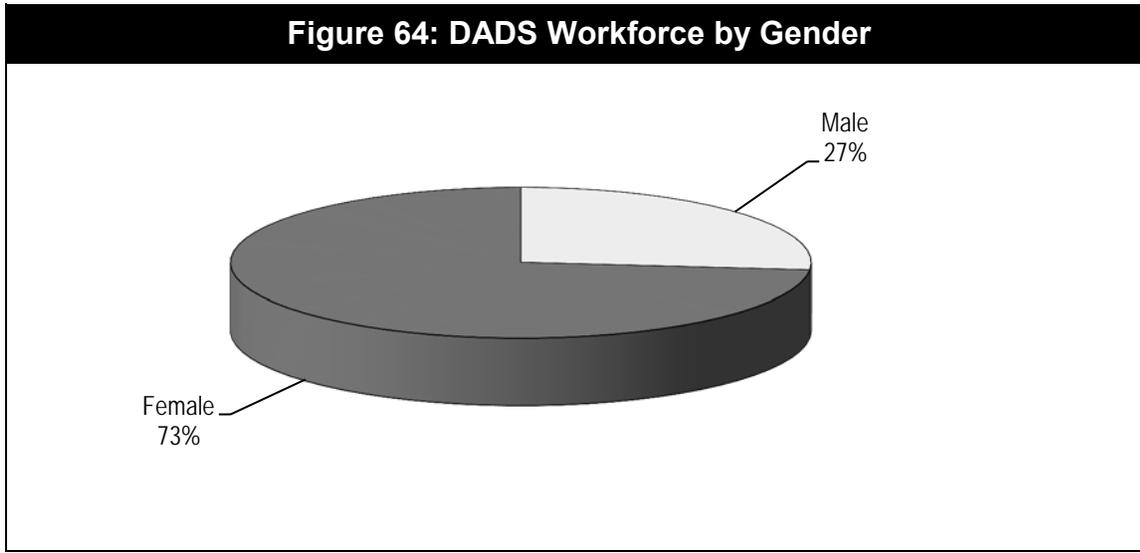
²²³ Direct Service Professionals include Mental Retardation Assistants I-IV.

Salary

DADS employees, on average, are the lowest paid employees in the HHS System, earning an average annual salary of \$31,896.²²⁴

Gender

The majority of DADS employees are Female, comprising approximately 73 percent of the workforce (12,416 employees).²²⁵



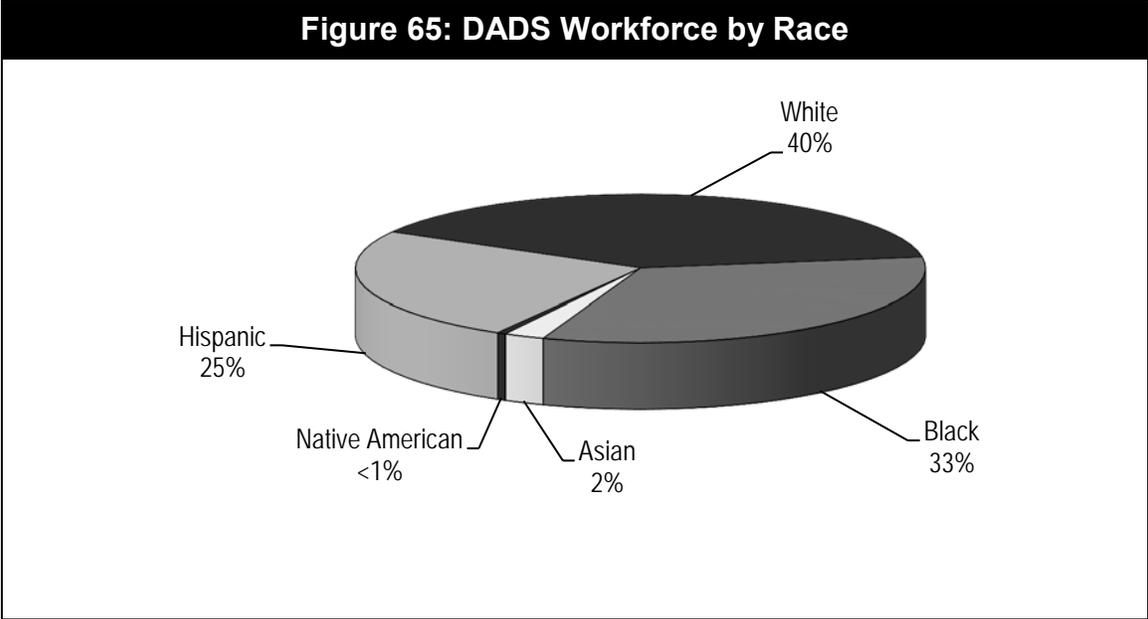
Race

White employees represent the largest racial group at 40 percent, followed by Black employees at 33 percent and Hispanic employees at 25 percent.²²⁶

²²⁴ HHSAS Database, as of 8/31/11.

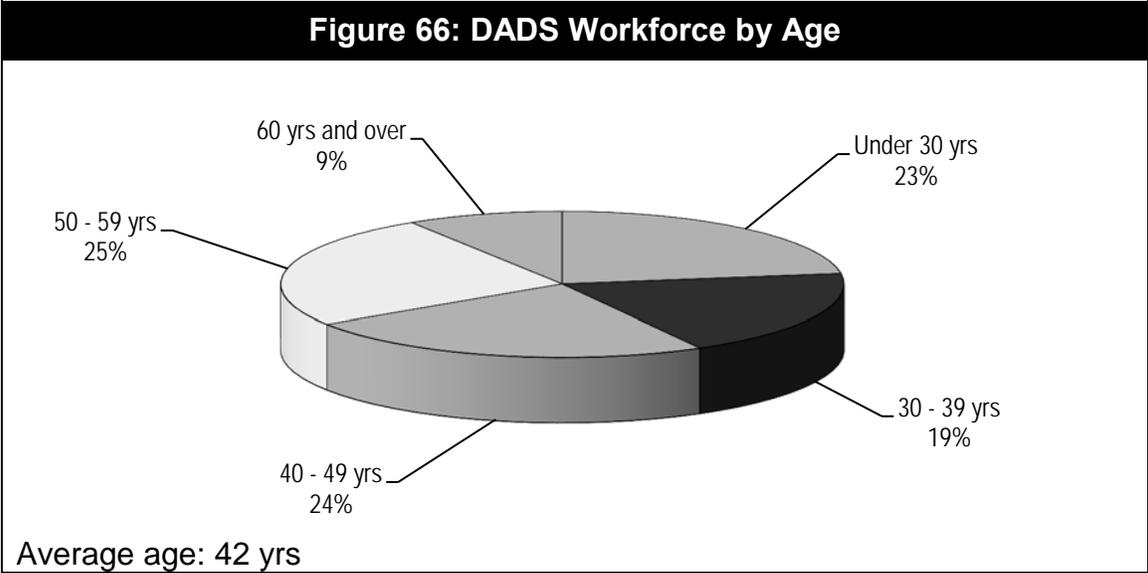
²²⁵ Ibid.

²²⁶ Ibid.



Age

The average age of a DADS employee is 42 years. Over 58 percent of the agency's workforce are 40 years or older.²²⁷



²²⁷ HHSAS Database, as of 8/31/11.

Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available statewide Civilian Labor Force (CLF) for each job category.

The utilization analysis of the DADS workforce, as indicated in Table 26, reflects underutilization in the following areas:

- ◆ Hispanic employees in the Para-Professionals job category;
- ◆ Black, Hispanic and Female employees in the Skilled Craft job category; and
- ◆ Hispanic employees in the Service Maintenance job category.^{228 229}

In cases where the analysis identified underutilization, the minimum number of additional employees needed to bring that group within two standard deviations has been identified.

Table 26: DADS Utilization Analysis Results

Job Category	Black			Hispanic			Female		
	DADS %	CLF %	Underutilization (If Yes, # needed)	DADS %	CLF %	Underutilization (If Yes, # Needed)	DADS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	15.2%	7.2%	No	10.3%	12.3%	No	67.2%	32.6%	No
Professionals	19.2%	9.4%	No	24.3%	11.6%	No	76.9%	49.0%	No
Technicians	28.2%	13.9%	No	20.4%	19.7%	No	83.5%	42.1%	No
Protective Service	25.0%	18.0%	No	29.5%	23.1%	No	37.1%	21.6%	No
Para-Professionals	47.8%	14.3%	No	24.2%	25.7%	39	72.5%	56.3%	No
Administrative Support	17.9%	19.4%	No	27.8%	26.8%	No	90.9%	78.8%	No
Skilled Craft	6.0%	14.7%	18	25.1%	35.2%	18	3.7%	16.5%	31
Service Maintenance	33.5%	20.4%	No	33.5%	43.7%	96	69.2%	44.4%	No

The fiscal year 2011 results for underutilization in the Service Maintenance category represent a significant shift compared to fiscal year 2010. During fiscal year 2010, Civil Rights Office (CRO) staff noted that many of the direct care staff at DADS facilities appeared to be misclassified as Service Maintenance rather than Para-Professional for EEO-4 reporting purposes. This had a significant impact on the results of the utilization analysis for fiscal year 2010, causing it to appear as if there were high rates of underutilization for Hispanics in the Service Maintenance category at DADS. During fiscal year 2011, CRO worked with HR staff and staff from the COO's office at DADS to reassign direct care staff at the facilities to the more appropriate job category of Para-Professional. The job classifications impacted by this change include the Direct Service Professionals at DADS (formerly known as MRAs). EEO-4 instructions from the federal EEOC indicate that the Para-Professional category, which includes positions like recreation assistants,

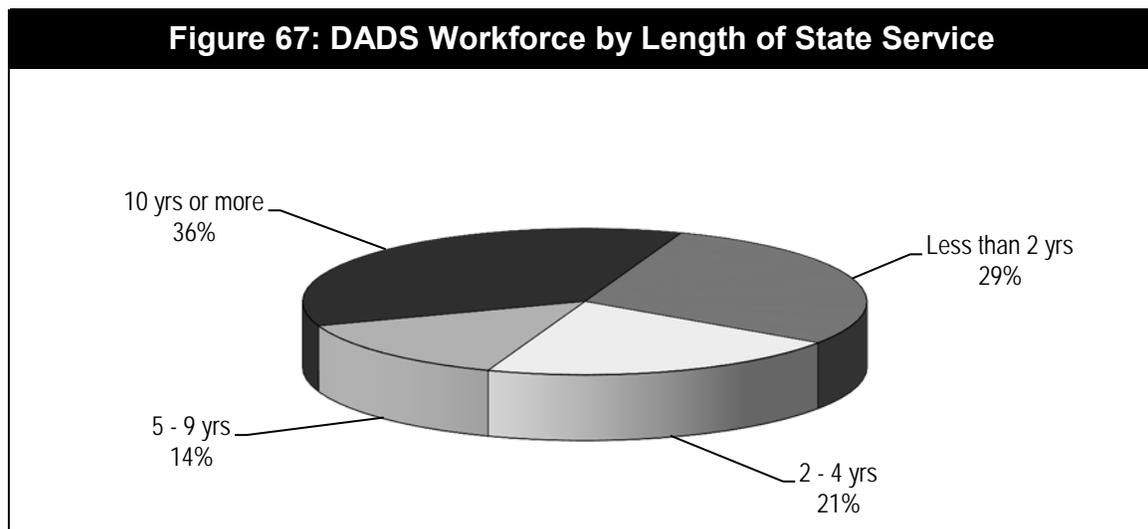
²²⁸ HHSAS Database, as of 8/31/11.

²²⁹ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/08/05.

homemaker aides, home health aids, medical aides, and similar types of positions, is a much more appropriate categorization for the Direct Service Professional positions than Service Maintenance. The reassignment of these positions also resulted in a more accurate representation of the utilization of these groups in the DADS workforce. Although there was still some underutilization noted for Hispanics in the Service Maintenance category at DADS for fiscal year 2011, the rate was much lower than that noted in fiscal year 2010. As a result, the numbers should be much more manageable for DADS as they work to develop a recruitment plan for addressing the underutilization of Hispanics in this category.

State Service

About 36 percent of the DADS workforce have 10 or more years of state service. Approximately 64 percent of the agency's employees have less than 10 years of state service.²³⁰



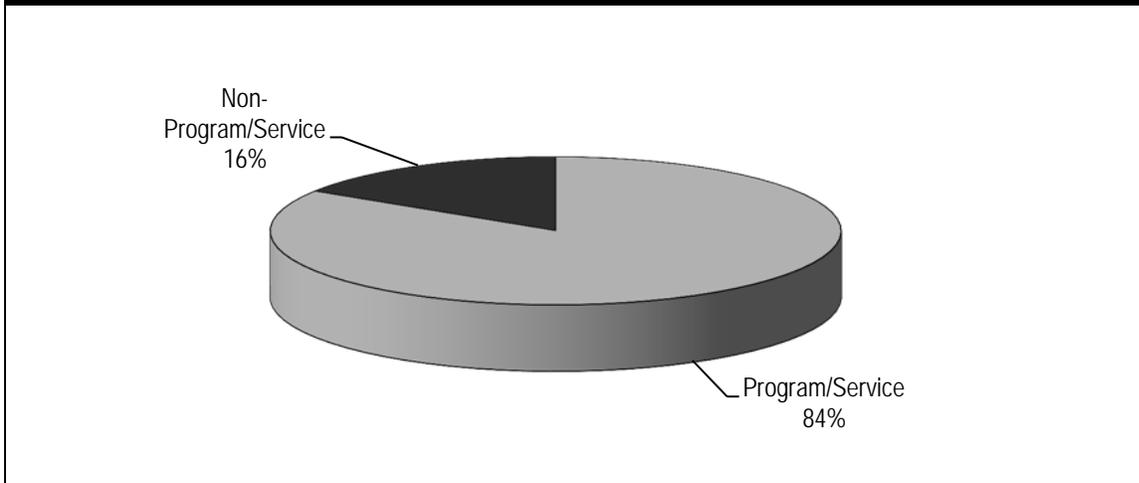
Return-to-Work Retirees

DADS employs 644 return-to-work retirees, representing about four percent of its total workforce. The majority of these retirees (84 percent) work in program/service related areas.²³¹

²³⁰ HHSAS Database, as of 8/31/11.

²³¹ Ibid.

Figure 68: DADS Return-to-Work Retirees



TURNOVER

The DADS turnover rate during fiscal year 2011 was about 30 percent (a workforce loss of some 5,497 employees), the highest of all HHS agencies. This rate is almost double the statewide turnover rate of 16.8 percent for all agencies. While the majority of those leaving the agency left for voluntary reasons (about 69 percent), a significant number were dismissed for cause (about 29 percent).²³²

Table 27: Reason for Separation

Reason	Separations	Percentage ²³³
Voluntary Separations		
Personal reasons	3,143	57.2%
Transfer to another agency	238	4.3%
Retirement	398	7.2%
Involuntary Separations		
Termination at Will	23	0.4%
Resignation in Lieu	92	1.7%
Dismissal for Cause	1,565	28.5%
Reduction in Force	8	0.1%

²³² State Auditor's Office (SAO) FY 2011 Turnover Statistics.

²³³ Death accounted for .5% of separations.

Table 28 indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2011.²³⁴

Table 28: FY 11 Turnover for Significant Job Families²³⁵			
Job Family	Average Annual Headcount	Separations	Turnover Rate
Psychiatrists	21	12	57.8%
Direct Service Professionals ²³⁶	7,975	3,391	42.5%
Licensed Vocational Nurses (LVNs)	745	295	39.6%
Security Officers	215	74	34.5%
Physicians	47	16	34.0%
Government Relations Specialists	3	1	30.8%
Pharmacy Technicians	33	10	30.8%
Psychologists	26	8	30.5%
Dentists	17	5	29.9%
Rehabilitation Teachers	15	4	27.1%
Registered Nurses (RNs)	1,297	348	26.8%
System Support Specialists	12	3	26.1%
Dietetic and Nutrition Specialists	28	7	24.8%
Food Service Workers	681	167	24.5%
Laundry Workers	76	18	23.8%
Human Services Technicians	77	18	23.4%
Registered Therapists	190	44	23.1%
Human Services Specialists	1,077	245	22.7%
Architects	14	3	22.2%
Social Services Surveyors	86	19	22.2%
Custodians	404	86	21.3%
Social Workers	20	4	19.8%
Associate Psychologists	286	56	19.6%
Pharmacists	46	9	19.6%

²³⁴ HHSAS Database, FY 2011 data.

²³⁵ Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

²³⁶ Direct Service Professionals include Mental Retardation Assistants I-IV.

RETIREMENT PROJECTIONS

About nine percent of the agency’s workforce is currently eligible to retire from state employment. About 20 percent of the DADS workforce will reach retirement eligibility by the year 2016.²³⁷

Table 29: DADS Projected Retirement Eligibility through Rule of 80 (FY 11 – FY 16)

Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2011	1,429	8.5%
2012	1,775	10.5%
2013	2,144	12.7%
2014	2,548	15.1%
2015	2,989	17.7%
2016	3,420	20.2%

EXPECTED WORKFORCE CHALLENGES

DADS will experience several significant issues relating to staffing levels throughout the agency. With the loss of 60 FTEs associated with licensing and survey activities for Assisted Living and Adult Day Care facilities in FY 2011, the agency’s ability to provide regulatory oversight will be challenged.

DADS anticipates increases in workforce demand for long-term services and supports, regulating licensed/certified entities providing long-term services and supports and providing residential services for persons with intellectual and developmental disabilities living in state supported living centers.

With the implementation and expansion of STAR+PLUS, DADS expects significant reductions in the number of staff in the Access and Intake program area. The impact of this change affected all regions, with a total reduction of approximately 340 agency positions.

Growth in home health/hospice and assisted living providers will lead to increased licensing, survey and enforcement activity. This increase in providers will impact the workload of both Regulatory Services and Consumer Rights and Services.

DADS IT remains understaffed to meet the increasing demands of the agency’s customers. Consequently, new initiatives and projects must be outsourced. It is anticipated that functions formerly performed by agency staff will be contracted out

²³⁷ HHSAS Database, as of 8/31/11.

and former core IT functions (e.g., Data Center or Network operations) will be outsourced.

In addition to these challenges, DADS anticipates continued difficulties in recruiting and retaining qualified and experienced employees due to the lack of competitive wages, increased job duties, and the available supply of medical professionals.

Through an analysis of workforce factors, including but not limited to the number of employees by job family, occupancy by core job families, turnover rates, vacancy rates and workforce challenges, the following job families were identified as requiring the most attention: Direct Service Professionals, Food Service Workers, Nurses (Registered Nurses and Licensed Vocational Nurses), Psychiatrists, Physicians, Nurse Practitioners and Physician Assistants, Pharmacists, Registered Therapists and Dietetic and Nutrition Specialists.

Direct Service Professionals²³⁸

There are almost 7,000 Direct Service Professionals in state supported living centers across Texas, representing approximately 41 percent of the agency's total workforce.²³⁹ These employees provide 24-hour direct care to over 4,000 people who reside in state supported living centers. They directly support these individuals by providing services including basic hygiene needs, dressing and bathing, general health care, and dining assistance. They support life-sustaining medical care such as external feeding and lifting individuals with physical challenges. A trained and experienced direct care staff is essential to ensure consumer safety, health and well-being.

There are no formal education requirements to apply for a job in this series; however, extensive on-the-job training is required. It takes six to nine months for a new Direct Service Professional to become proficient in the basic skills necessary to carry out routine job duties.

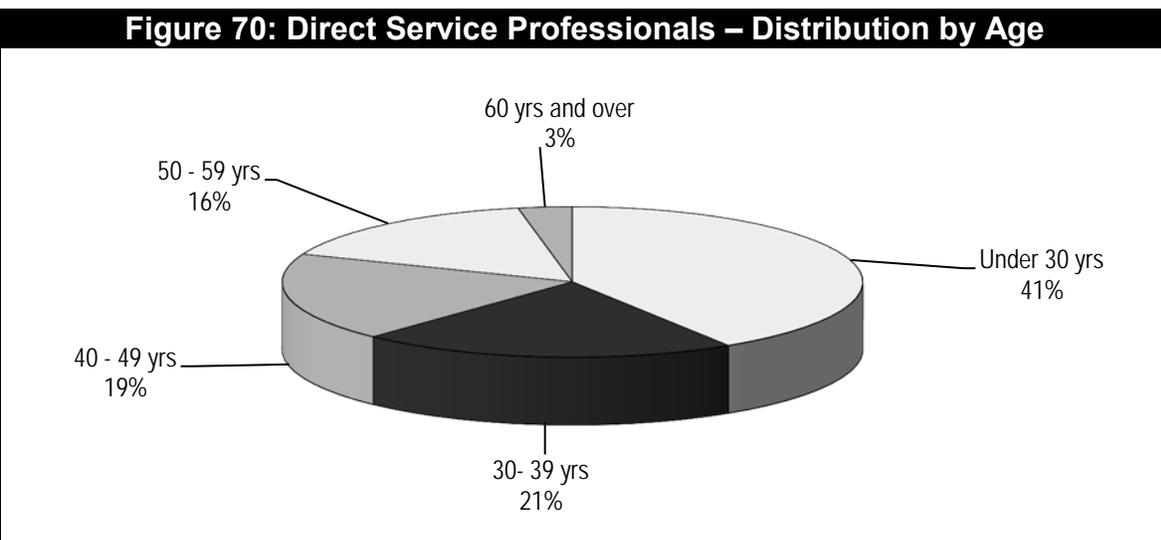
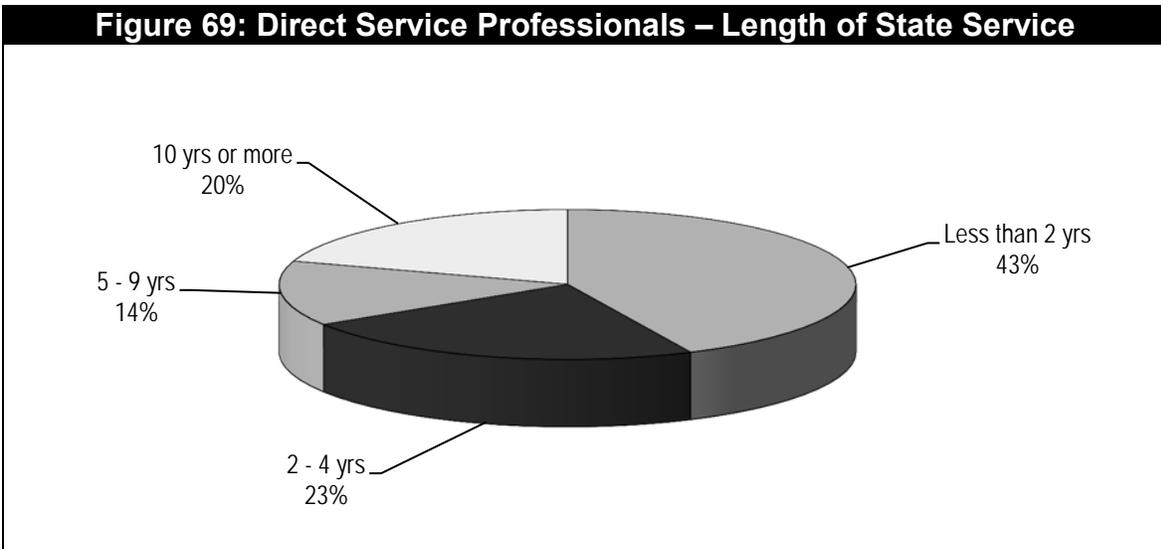
Employees who perform this work must interact with consumers on a daily basis. The work is performed in shifts throughout the day and night. The pay is low and the work is difficult and physically demanding.

A typical Direct Service Professional in the agency is 36 years old and has about six years of state service.²⁴⁰

²³⁸ Direct Service Professionals include Mental Retardation Assistants I-IV.

²³⁹ HHSAS Database, as of 8/31/11.

²⁴⁰ Ibid.



Turnover for Direct Service Professionals is very high, at about 43 percent.²⁴¹ This is the second highest turnover rate of any job category in DADS, reflecting the loss of almost 3,400 workers during fiscal year 2011. The average hourly salary rate is \$10.84 per hour.²⁴² The State Auditor’s Office 2010 market index analysis found the average state salary for Mental Health/Mental Retardation Services Aides/ Assistants/Supervisors to be 17 percent behind the market rate.²⁴³

To deal with these retention difficulties, several state supported living centers have used contract staff to provide required coverage. Aside from being costly, the

²⁴¹ HHSAS Database, FY 2011 data.

²⁴² HHSAS Database, as of 8/31/11.

²⁴³ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

agency has experienced other challenges and problems with contracted staff, since these staff do not work consistently with the consumers and are therefore not able to carry out program plans fully. Contract staff are often placed for a very short time and do not always work with the same consumers. This also results in disruption to the consumer's lives and can suspend progress made toward their development goals.

To address these difficulties, DADS has plans to increase entry level salaries for new Direct Service Professionals and for currently employed Direct Service Professionals during fiscal years 2014 and 2015.

Retention of these workers remains a major challenge for DADS. Maintaining required staffing levels of Direct Service Professionals in state supported living centers is critical in meeting Intermediate Care Facilities for Persons with Intellectual Disability (ICF/ID) certification requirements.

Food Service Workers ²⁴⁴

There are about 620 Food Service Workers employed in DADS state supported living centers throughout Texas.²⁴⁵ The physical requirements are very demanding and there are no formal education requirements for the jobs. Food preparation is performed multiple times each day of the week, requiring a large staff at each location, using a combination of full-time and part-time employees.

The typical Food Service Worker is about 45 years of age and has an average of approximately 10 years of state service.²⁴⁶

²⁴⁴ Food Service Workers include Food Service Workers, Managers and Cooks.

²⁴⁵ HHSAS Database, as of 8/31/11.

²⁴⁶ Ibid.

Figure 71: Food Service Workers at DADS – Length of State Service

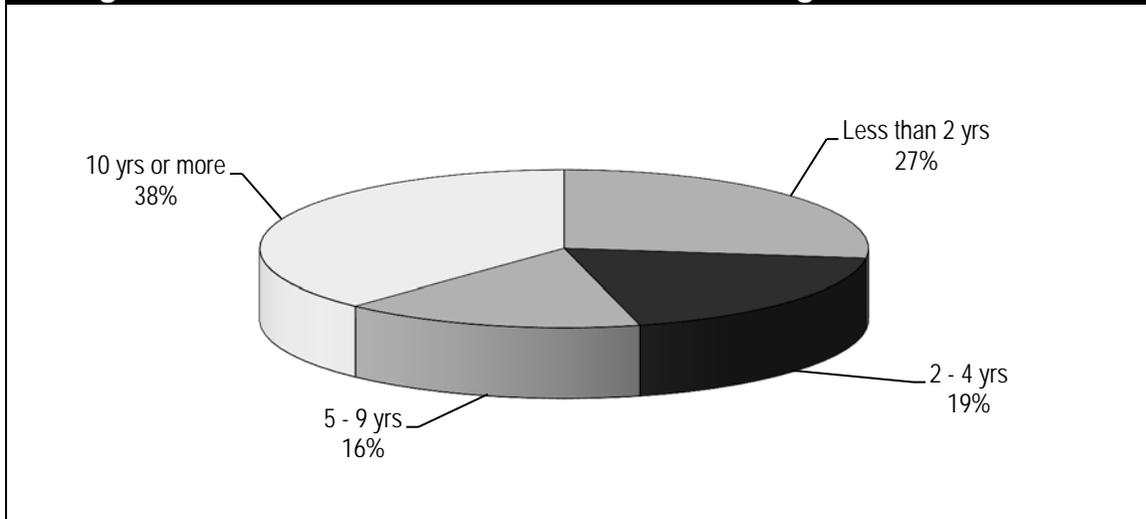
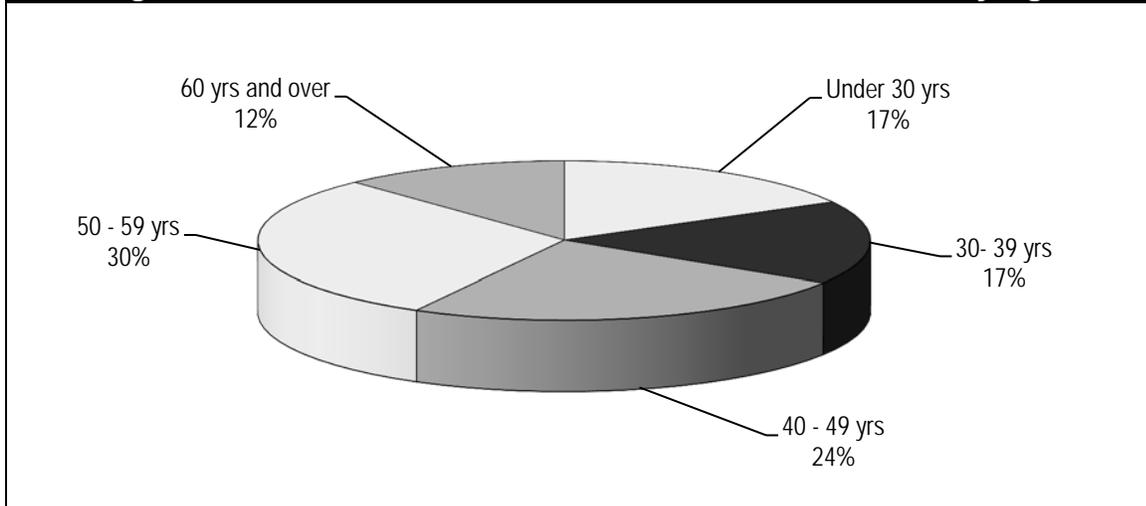


Figure 72: Food Service Workers at DADS – Distribution by Age



Turnover in Food Service Worker positions is high, at 24.5 percent. Pay is low, with an average wage of \$9.83 per hour.^{247 248} The State Auditor’s Office 2010 market index analysis found the average state salary for Food Service Worker Is to be 10 percent behind the market rate, and Cooks ranged from 16 to 11 percent behind the market rate.²⁴⁹

Retention and recruitment of these workers remains a major challenge for DADS.

²⁴⁷ HHSAS Database, FY 2011 data.

²⁴⁸ HHSAS Database, as of 8/31/11.

²⁴⁹ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs)

Nationwide, the nursing shortage is reaching crisis proportions. It is projected that there will be a need for 495,500 new RN jobs by 2020.²⁵⁰ Job opportunities for RNs are expected to grow faster than the average for all occupations.²⁵¹ With this level of job growth, it is projected that there will not be enough qualified applicants to meet the increased demand.

The nursing shortage is the most significant healthcare workforce staffing concern facing both the nation and Texas.²⁵² It is projected that between 2005 and 2020, the demand for nurses in Texas will increase by 86 percent, while the supply will grow by only 53 percent.²⁵³ The Texas nurse-to-population ratio is far below the national average of 782 Nurses per 100,000 people, with the state ratio being only 609 Nurses per 100,000 people. By some estimates, Texas will need 138,000 additional Nurses in the next 10 years to satisfy staffing demands.²⁵⁴

Nurses are generally required to work shifts. The work is difficult, requires special skills and staff often work long hours because of staffing shortages. All of these job factors contribute to higher than average turnover rates.

Although there are 96 nursing school programs across the state, most of them have more applicants than room for new students and only about two-thirds of enrolled students actually graduate.²⁵⁵ ²⁵⁶ The shortage of trained instructors limits both the number of accepted students and the number of available classes offered.

One recent study published in December of 2011 may indicate that the nursing shortage may be improving. The study reported a 62 percent increase in the number of new nurses from 2002 to 2009. If this trend continues, the number of nurses in 2030 may be enough to satisfy demand.²⁵⁷

²⁵⁰ U.S. Department of Labor, Bureau of Labor Statistics, Employment Projections: 2010-20 News Release, web page <http://www.bls.gov/news.release/ecopro.htm>. last accessed on 4/10/12.

²⁵¹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

²⁵² State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

²⁵³ “Texas Nursing: Our Future Depends on It. A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013,” Texas Center for Nursing Workforce Studies, March 2009. Web page <http://www.dshs.state.tx.us/chs/cnws/TexasTeam/TexasStrategy.pdf>, last accessed 3/17/10.

²⁵⁴ MedicineWorld.org, ‘Lack of Resources, Not Lack of Students, Cause Nurse Shortage,’ web page <http://medicineworld.org/cancer/lead/12-2005/lack-of-resources-not-lack-of-students-cause-nurse-shortage.html>, last accessed on 1/17/06.

²⁵⁵ Texas Board of Nursing, web page <http://www.bne.state.tx.us/nursingeducation/approved-programs.html>, last accessed on 4/22/10.

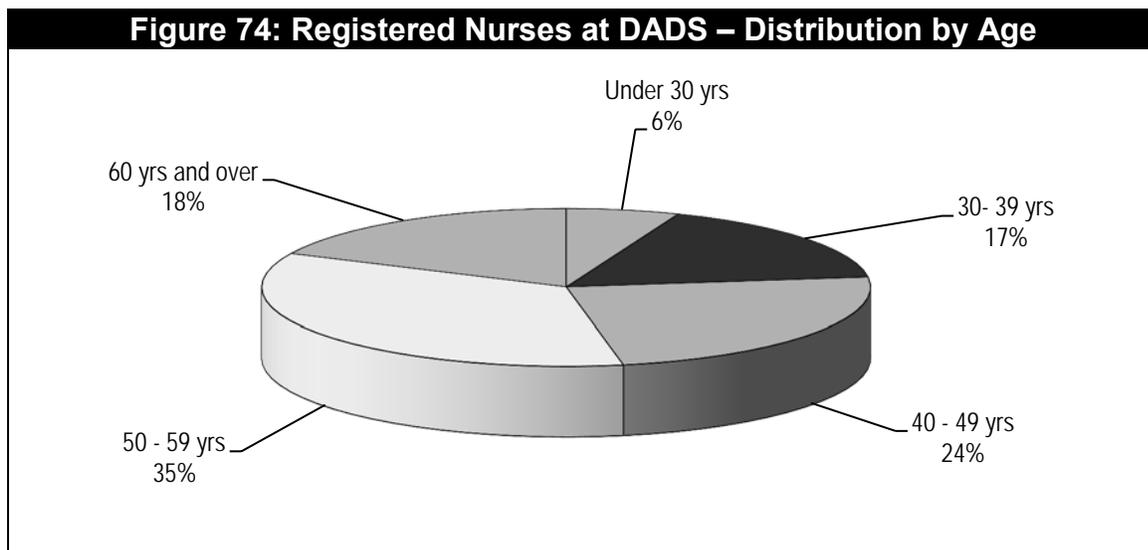
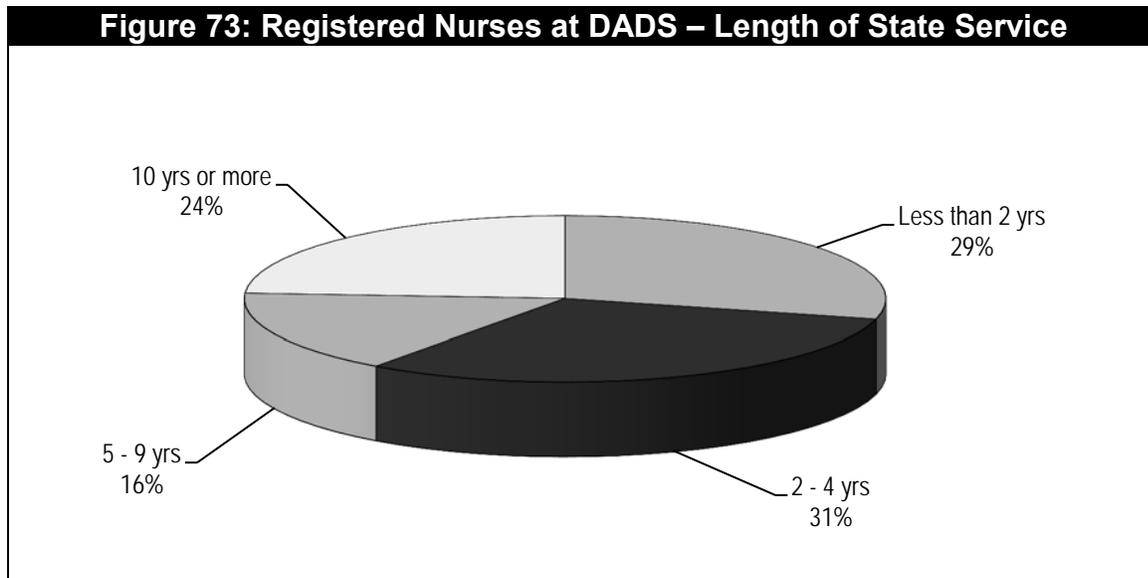
²⁵⁶ “Professional Nursing Education in Texas: Demographics & Trends: 2006.” Department of State Health Services, web page <http://www.dshs.state.tx.us/chs/cnws/2006ProfNrsEdRpt.pdf>, last accessed 3/17/10.

²⁵⁷ Auerbach, David, Buerhaus, Peter, Staiger, Douglas. “Registered Nurse Supply Grows Faster than Projected Amid Surge in New Entrants Ages 23-26”, Health Affairs, 30(12), December 2011.

Registered Nurses (RNs)²⁵⁸

There are approximately 1,180 RNs employed by DADS.²⁵⁹ The majority of these employees (about 64 percent) work at state supported living centers across Texas.

The typical RN at the agency is about 49 years old and has an average of approximately seven years of state service.



The turnover rate for RNs is considered high at about 27 percent.²⁶⁰

²⁵⁸ HHSAS Database, as of 8/31/11.

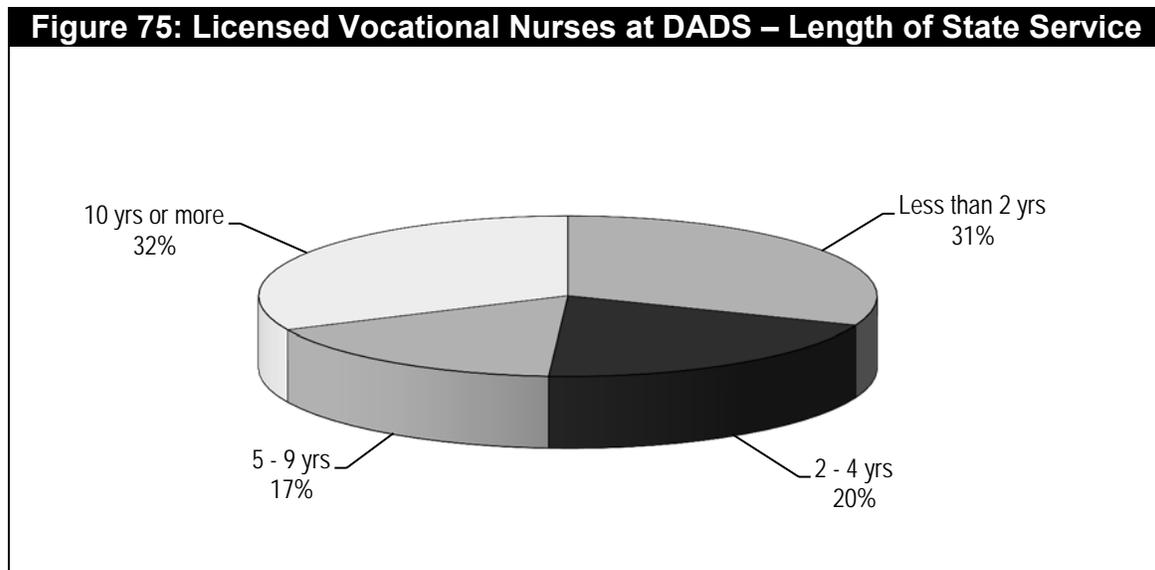
²⁵⁹ Ibid.

DADS RNs earn an average annual salary of \$55,136, which is below both the state and national average.²⁶¹ The average annual earnings for RNs in 2010 was \$67,720 nationally, and \$66,180 in Texas.²⁶² In addition, the State Auditor’s Office 2010 market index analysis found the average state salary for RNs ranged from six to 15 percent behind the market rate.²⁶³

The agency finds it difficult to fill vacant nurse positions. At DADS, there are always vacant nursing positions that need to be filled. With a high vacancy rate for these positions (at approximately 12 percent), RN positions often remain open for months before being filled.²⁶⁴ In order to provide quality nursing care for consumers it is essential that the agency maintain the lowest vacancy rate.

Licensed Vocational Nurses (LVNs)

There are about 650 Licensed Vocational Nurses (LVNs) employed by DADS in state supported living centers across Texas.²⁶⁵ The typical DADS LVN is about 44 years old and has an average of approximately eight years of state service.²⁶⁶



²⁶⁰ HHSAS Database, FY 2011 data.

²⁶¹ HHSAS Database, as of 8/31/11.

²⁶² U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

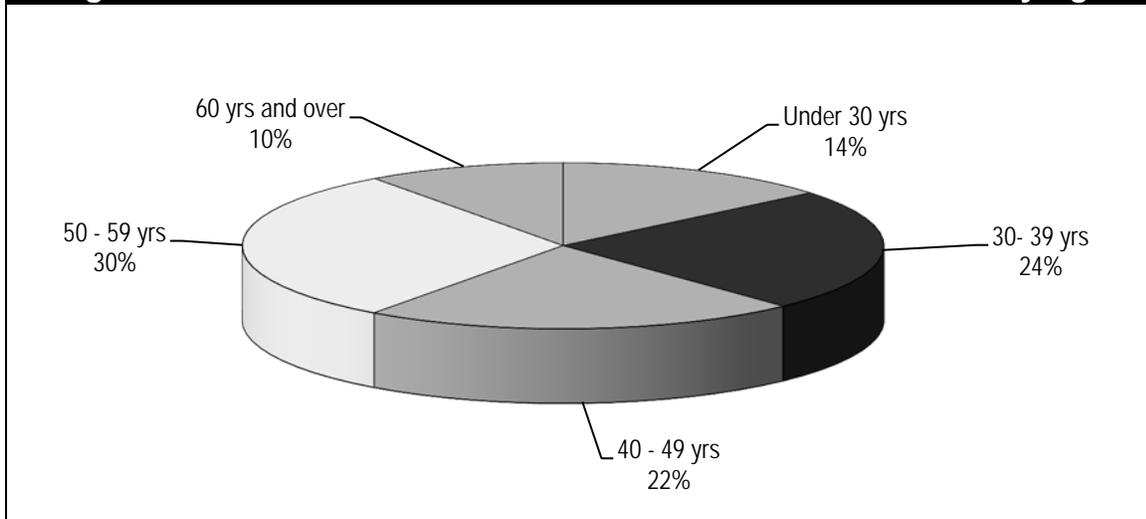
²⁶³ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

²⁶⁴ HHSAS Database, FY 2011 data.

²⁶⁵ HHSAS Database, as of 8/31/11.

²⁶⁶ Ibid.

Figure 76: Licensed Vocational Nurses at DADS – Distribution by Age



As with RNs, the nursing shortage is also impacting the agency's ability to hire and retain LVNs. Turnover for LVNs is the third highest in the agency at about 40 percent. DADS experienced almost 300 LVN separations last fiscal year.

Currently, the average annual salary for DADS LVNs during fiscal year 2011 was \$35,912.²⁶⁷ This salary falls below both national and state averages for this occupation.²⁶⁸ Nationally, the average annual earnings for Licensed Practical Nurses and LVNs was \$42,040, and \$42,260 in Texas.²⁶⁹ The State Auditor's Office 2010 market index analysis found the average state salary for LVNs was 19 percent behind the market rate.²⁷⁰

With a high vacancy rate of about 12 percent, vacant positions often go unfilled for several months.²⁷¹

Psychiatrists

The 19 Psychiatrists working at DADS are assigned to state supported living centers in senior level Psychiatrist III positions. Full staffing of these positions is critical to providing psychiatric services needed by residents.

²⁶⁷ HHSAS Database, as of 8/31/11.

²⁶⁸ Ibid.

²⁶⁹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

²⁷⁰ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

²⁷¹ HHSAS Database, FY 2011 data.

DADS Psychiatrists have, on average, about 10 years of state service, with an average age of 53.²⁷²

Figure 77: Psychiatrists at DADS – Length of State Service

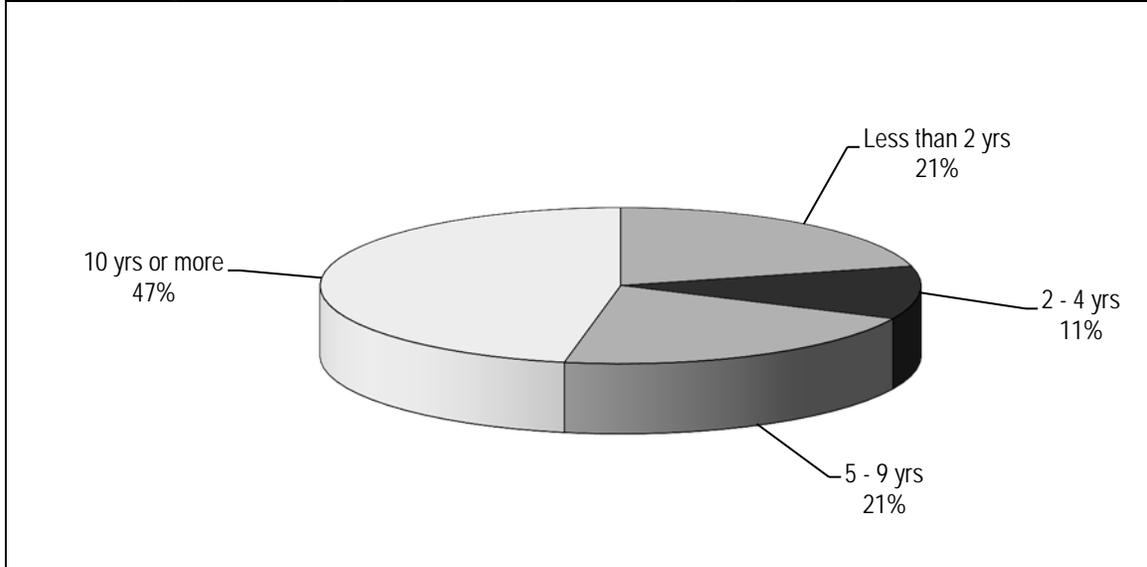
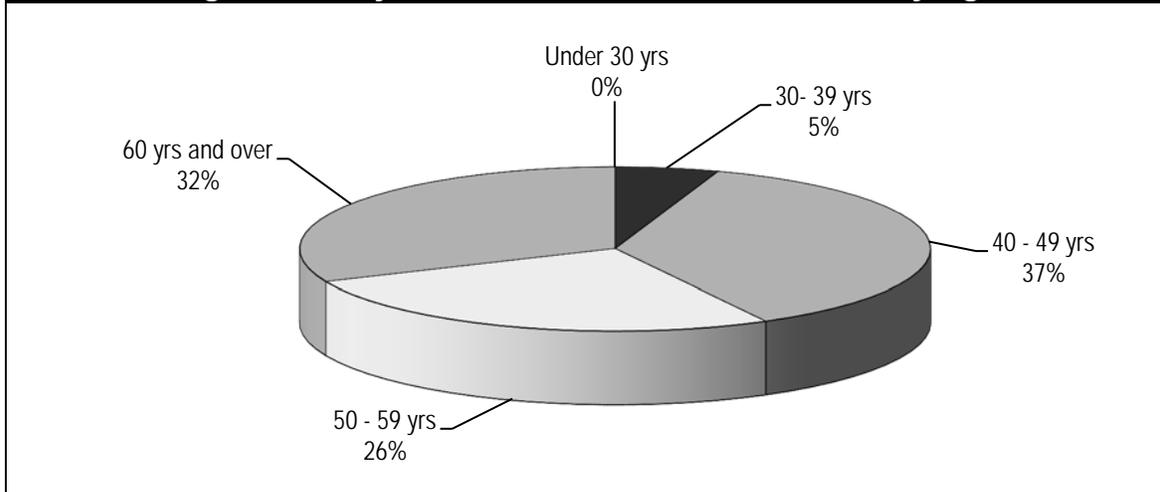


Figure 78: Psychiatrists at DADS – Distribution by Age



Turnover for Psychiatrists is the highest in the agency, at about 58 percent.²⁷³

With a very high vacancy rate of 30 percent, vacant positions go unfilled for months.²⁷⁴ In fact, many agency postings and advertisements for these positions result in no responses from qualified applicants.

²⁷² HHSAS Database, as of 8/31/11.

²⁷³ HHSAS Database, FY 2011 data.

²⁷⁴ Ibid.

To deal with these recruitment and retention difficulties, the agency has often used contract Psychiatrists to provide required coverage. These contracted Psychiatrists are paid at rates that are well above the amount it would cost to hire Psychiatrists at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$95²⁷⁵ paid to agency Psychiatrists). Aside from being more costly, the agency has experienced other problems with contracted Psychiatrists, including a lengthy learning curve, difficulty in obtaining long-term commitments, excessive staff time spent procuring their services, difficulty in obtaining coverage, dependability and inconsistency of services due to their short-term commitment.

To meet the health needs of individuals residing in state supported living centers, it is critical that the agency fill all budgeted Psychiatrist positions and is able to effectively recruit and retain qualified Psychiatrists.

Physicians

There are 41 Physicians at DADS.²⁷⁶ These highly skilled and tenured employees primarily work at state supported living centers across Texas.²⁷⁷ Full staffing of these positions is critical to direct-care services.

DADS Physicians have, on average, about 10 years of state service, with an average age of 58. Local Physicians who have established long term private practices often apply as a staff Physician at state supported living centers late in their working career to secure retirement and insurance benefits, thus explaining the reason for the high average age. Only two full-time Physicians are under 40 years of age.²⁷⁸

²⁷⁵ HHSAS Database, as of 8/31/11.

²⁷⁶ Ibid.

²⁷⁷ Ibid.

²⁷⁸ Ibid.

Figure 79: Physicians at DADS – Length of State Service

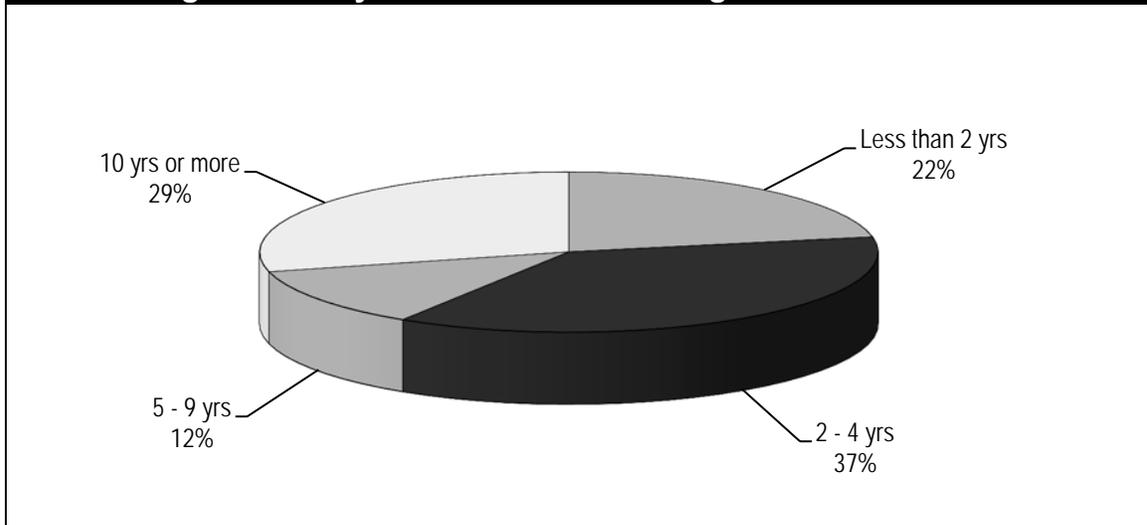
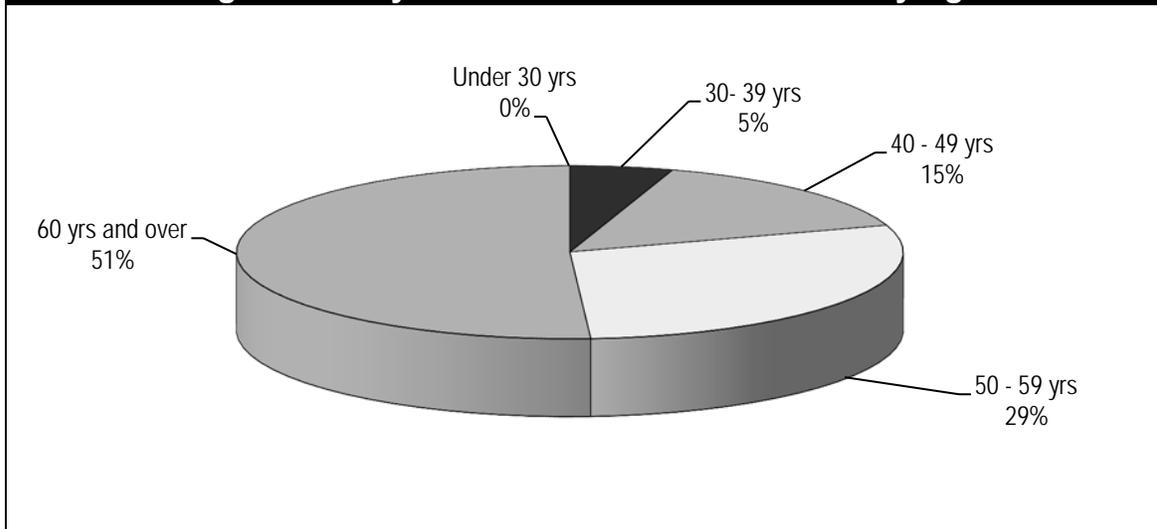


Figure 80: Physicians at DADS – Distribution by Age



Turnover for Physicians is significantly above the state average at 34 percent.

To deal with these recruitment and retention difficulties, the agency has often used contract Physicians to provide required coverage. These contracted Physicians are paid at rates that are well above the amount it would cost to hire Physicians at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$87²⁷⁹ paid to agency Physicians). Aside from being more costly, the agency has experienced other problems with contracted Physicians, including a lengthy learning curve, difficulty in obtaining long-term commitments, excessive staff time spent procuring their services, difficulty in obtaining coverage, dependability and inconsistency of services due to their short-term commitment.

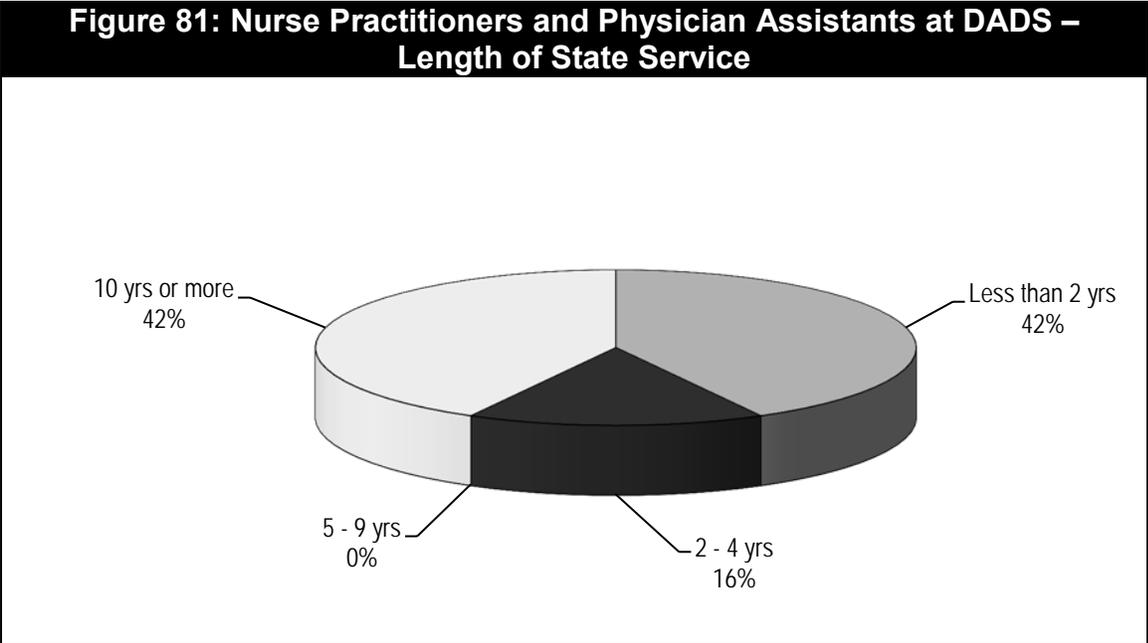
²⁷⁹ HHSAS Database, as of 8/31/11.

To meet the health needs of individuals residing in state supported living centers, it is critical that the agency recruit and retain qualified Physicians. However, due to the short supply and large demand, state supported living centers are experiencing difficulty hiring Physicians.

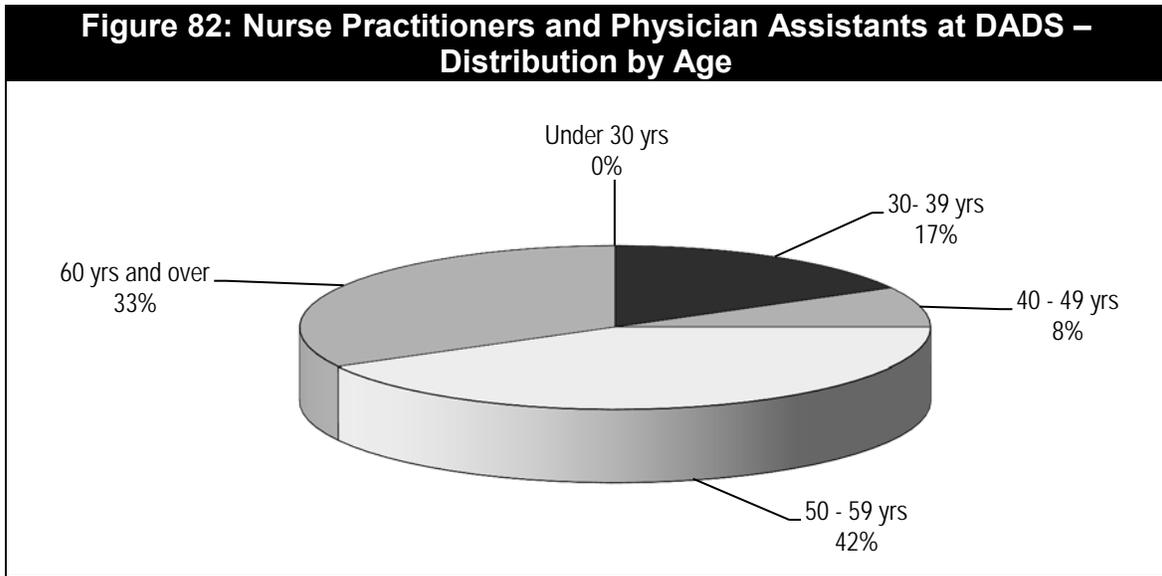
Nurse Practitioners and Physician Assistants

Under the supervision of a physician, the 12 Nurse Practitioners and Physician Assistants working at DADS are responsible for providing advanced medical services and clinical care to individuals who reside in state supported living centers.

These highly skilled employees have, on average, about nine years of state service, with an average age of 54.²⁸⁰



²⁸⁰ HHSAS Database, as of 8/31/11.



Though turnover for Nurse Practitioners and Physician Assistants is currently well managed at about nine percent, a third of these employees will be eligible to retire in the next five years. With the short supply and high demand for these highly skilled professionals, the agency will need to develop creative recruitment strategies to replace employees.²⁸¹

Pharmacists

Pharmacists represent one of the largest health professional groups in the U.S., with over 270,000 active Pharmacists as of May 2010.²⁸² While the overall supply of Pharmacists has increased in the past decade, there has been an unprecedented demand for Pharmacists and for pharmaceutical care services. This need is expected to grow faster than the average for all occupations due to the increased pharmaceutical needs of a growing elderly population and increased use of medications. It is projected that there will be a demand for approximately 70,000 new Pharmacists by 2020, or a 25 percent increase in the number of total jobs.²⁸³ However, the number of available Pharmacists is expected to grow only modestly.

There are 45 Pharmacists working at DADS. The typical Pharmacist is about 49 years old and has an average of 8 years of state service.²⁸⁴

²⁸¹ HHSAS Database, FY 2011 data.

²⁸² U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 3/26/12.

²⁸³ Ibid.

²⁸⁴ HHSAS Database, as of 8/31/11.

Figure 83: Pharmacists at DADS – Length of State Service

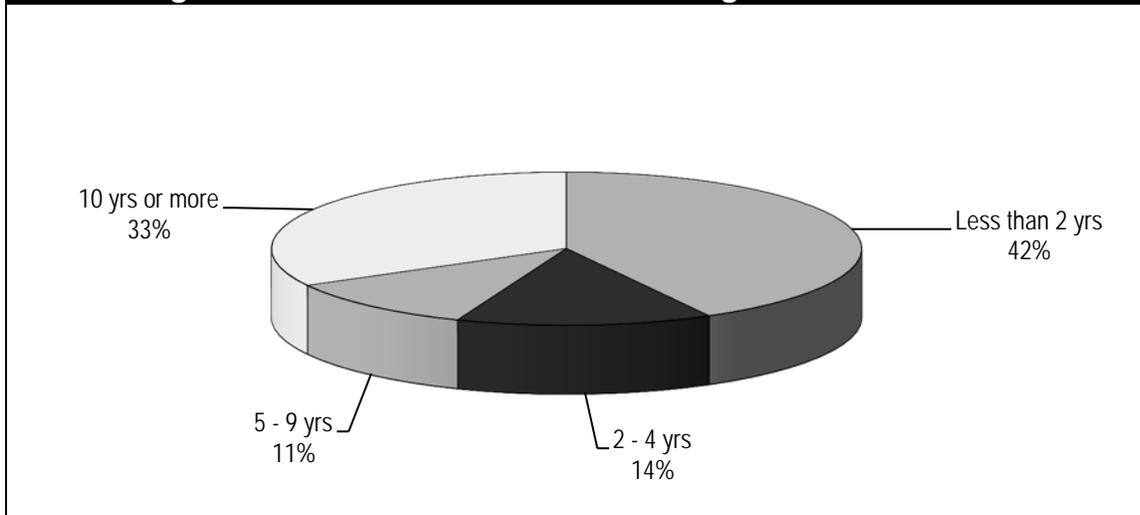
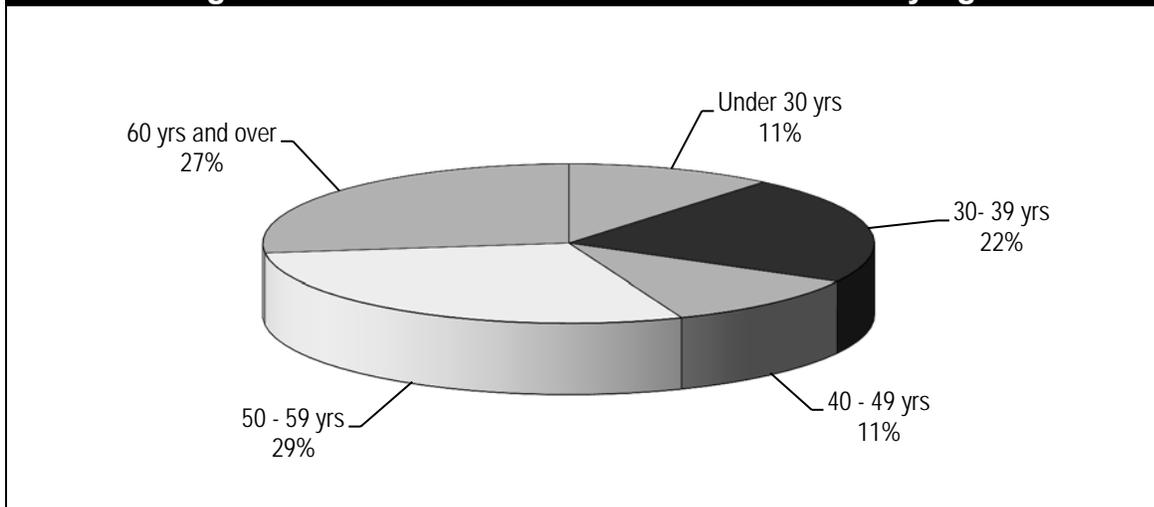


Figure 84: Pharmacists at DADS – Distribution by Age



Pharmacists at DADS earn, on average, an annual salary of \$92,749.²⁸⁵ This salary falls significantly below the state and national market rates. The average annual salary for Pharmacists nationally is \$112,160 and \$113,570 in Texas.²⁸⁶ In addition, the State Auditor's Office 2010 market index analysis found the average state salary for Pharmacists ranged from 16 to 32 percent behind the market rate.²⁸⁷ This disparity has historically affected the agency's ability to recruit qualified applicants for vacant positions.

²⁸⁵ HHSAS Database, as of 8/31/11.

²⁸⁶ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/16/12.

²⁸⁷ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

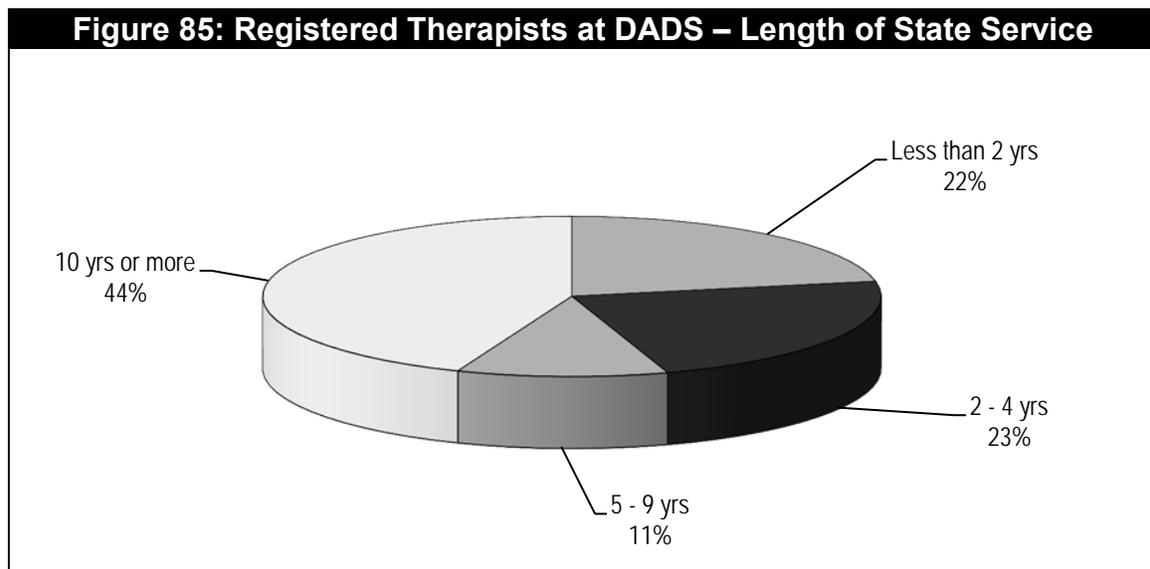
Turnover for Pharmacists is currently high at nearly 20 percent. The vacancy rate for these positions is also high, at about 10 percent, with Pharmacist positions often remaining unfilled for several months before being filled.²⁸⁸

DADS has often used contract Pharmacists to meet program needs. These contracted Pharmacists are paid at rates that are typically above the amount it would cost to hire Pharmacists at state salaries.²⁸⁹ With 20 percent of the agency's Pharmacists eligible to retire by the year 2016, this practice is expected to continue.

Registered Therapists

There are about 175 Registered Therapists at DADS. These employees primarily work at state supported living centers across Texas.²⁹⁰ These therapists include a variety of specializations, including Speech-Language Pathologists and Audiologists, Occupational Therapists and Physical Therapists. Full staffing of these positions is critical to direct-care services.

DADS Registered Therapists have, on average, about 11 years of state service, with an average age of 47.²⁹¹



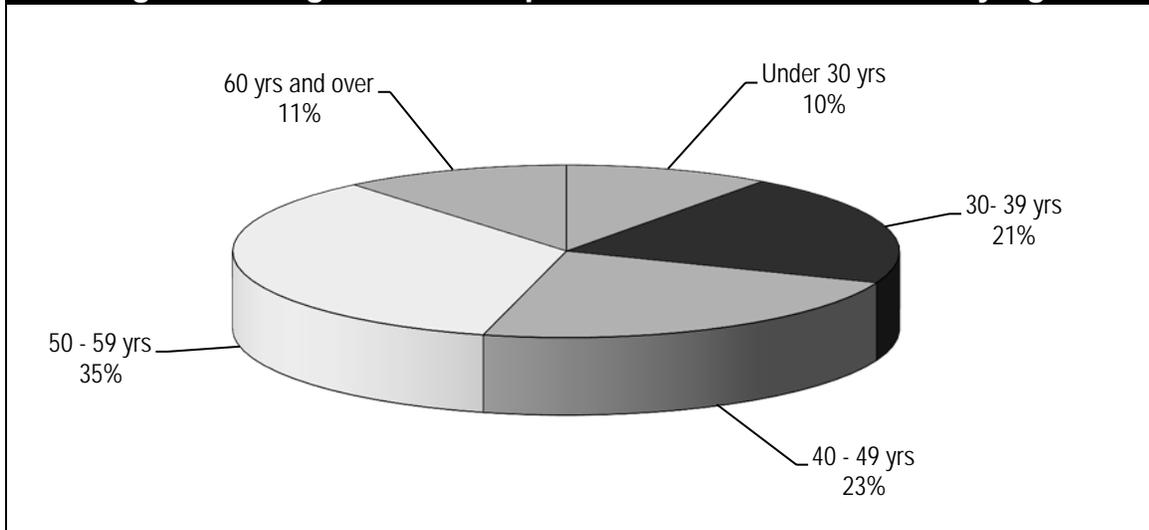
²⁸⁸ HHSAS Database, as of 8/31/11.

²⁸⁹ HHSAS Database, FY 2011 data.

²⁹⁰ HHSAS Database, as of 8/31/11.

²⁹¹ Ibid.

Figure 86: Registered Therapists at DADS – Distribution by Age



Turnover for Registered Therapists is significantly above the state average at 23 percent.²⁹²

In addition, the agency may face significant challenges in the next few years to replace those employees who are eligible for retirement. Nearly a third of these employees (29 percent) will be eligible to retire by the year 2016.²⁹³

The agency is also experiencing difficulty filling vacant positions. The vacancy rate for these positions is very high, at about 22 percent, with positions often remaining unfilled for months.²⁹⁴

Low pay is a factor in the inability to attract qualified Registered Therapist applicants. DADS Registered Therapists earn an average annual salary of \$64,296.²⁹⁵ The average annual salary for Registered Therapists nationally is \$76,173 and \$78,426 in Texas.²⁹⁶ In addition, The State Auditor's Office 2010 market index analysis found the average state salary for Registered Therapists ranged from 12 to 37 percent behind the market rate.²⁹⁷

²⁹² HHSAS Database, FY 2011 data.

²⁹³ Ibid.

²⁹⁴ HHSAS Database, as of 8/31/11.

²⁹⁵ Ibid.

²⁹⁶ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/16/12. Note: Reported salaries represent the weighted average for Occupational Therapists, Audiologists, Speech-Language Pathologists and Physical Therapists.

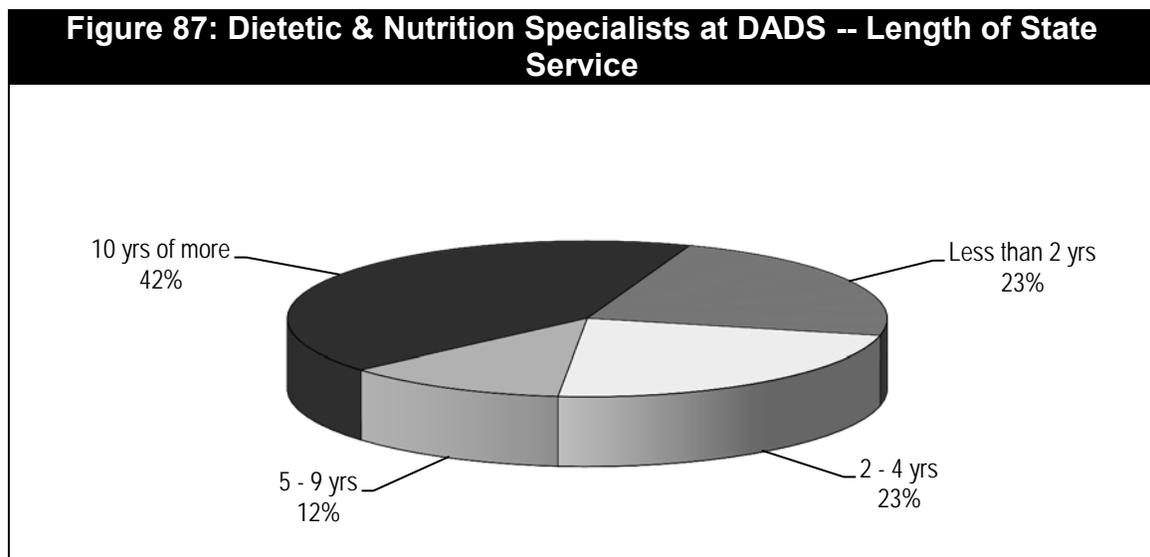
²⁹⁷ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

The agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.

Dietetic and Nutrition Specialists

There are 26 Dietetic and Nutrition Specialists at DADS. These employees primarily work at state supported living centers across Texas.²⁹⁸ These employees evaluate the nutritional status of consumers; develop, implement, and evaluate nutritional care plans; and provide nutritional training to staff and family members.

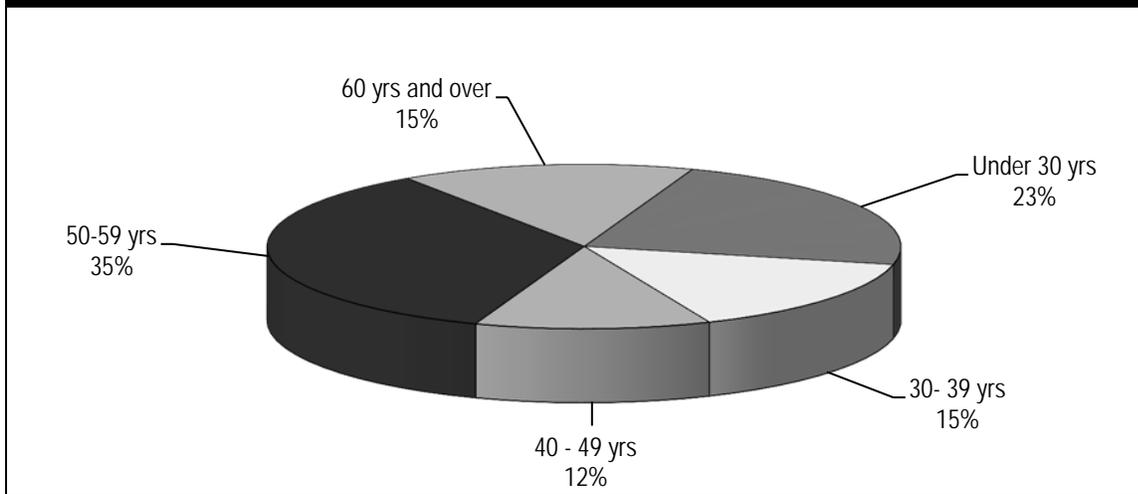
Dietetic and Nutrition Specialists have, on average, 10 years of state service, with an average age of 46 years.²⁹⁹



²⁹⁸ HHSAS Database, as of 8/31/11.

²⁹⁹ Ibid.

Figure 88: Dietetic & Nutrition Specialists at DADS – Distribution by Age



Dietetic and Nutrition Specialists earn an average annual salary of \$43,874.³⁰⁰ This salary falls below the national and state market rates. The average annual salary for Dietetic and Nutrition Specialists nationally is \$55,460 and \$52,830 in Texas.³⁰¹ The State Auditor's Office 2010 market index analysis found the average state salary for Dietetic and Nutrition Specialist IIs and IIIs to be 14 percent behind the market rate.³⁰²

This disparity has affected the agency's ability to recruit qualified applicants for vacant positions. The vacancy rate for these positions is high, at about 13 percent, with Dietetic and Nutrition Specialist positions often remaining unfilled for several months.³⁰³

In addition, turnover for Dietetic and Nutrition Specialists is high at approximately 25 percent.³⁰⁴

The agency may face significant recruitment challenges in the next few years to replace those skilled and tenured employees who are eligible for retirement. Over a quarter of these employees (27 percent) will be eligible to retire in the next five years.³⁰⁵

³⁰⁰ HHSAS Database, as of 8/31/11.

³⁰¹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/17/12.

³⁰² State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

³⁰³ HHSAS Database, as of 8/31/11.

³⁰⁴ Ibid.

³⁰⁵ HHSAS Database, as of 8/31/11.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

DADS continues to employ numerous strategies to recruit highly qualified health professionals to fill vacancies at the agency's state supported living centers, including:

- ◆ Partnering with various colleges, universities, professional associations and organizations to increase awareness of job opportunities available.
- ◆ New recruitment brochure.
- ◆ Placing advertisements in newspapers, trade journals, professional magazines, radio, and television.
- ◆ Increasing the usage of the internet by posting hard-to-fill positions on Texas Health Match, 3rNet, and CareerMD.
- ◆ The "Tell a Friend" campaign designed to encourage employees to spread the word about job opportunities within the agency.
- ◆ Using mailing lists (for Physicians, Psychiatrists, Nurses, Pharmacists and Registered Therapists) to launch a direct mail campaign to increase awareness of job opportunities at DADS.
- ◆ Contracted with professional staffing agencies to assist the agency in finding physicians to fill vacancies at the state supported living centers.
- ◆ Adjusting salaries to be more competitive with the private sector

Other strategies include:

- ◆ Increasing presence at college/university and professional career fairs.
- ◆ Posting "Hiring Banners" in front of the facilities.
- ◆ Hosting on-site job fairs.
- ◆ Sending direct mail to schools of medicine, occupational and physical therapy and speech-language pathology and audiology.

DADS continually monitors how employees find out about jobs through the employee feedback form. This information helps us to focus on those strategies that are working. Additional strategies under consideration include:

- ◆ Hiring J-1 Visa Waiver applicants. The J-1 Visa Waiver allows a foreign student who is subject to the two-year foreign residence requirement to remain in the U.S. upon completion of degree requirements/residency program, if they find an employer to sponsor them. The J-1 Visa Waiver applies to specialty occupations in which there is a shortage. The J-1 Waiver could be used to recruit medical doctors for a minimum of three years.
- ◆ Hiring H1-B, specifically transfers. The H1-B visa is a non-immigrant visa which allows employers to temporarily employ foreign individual who are in occupations that require a high degree of specialized knowledge.

Retention Strategies

DADS has implemented several retention strategies that include:

- ◆ Adjusting salaries to assist in retaining:
 - Direct Support Professionals
 - Nurses (RNs and LVNs)
 - Pharmacists
 - Physicians
 - Psychiatrists
 - Registered Therapists
- ◆ Using the full salary range for posting hard-to-fill positions.
- ◆ Promoting from within the agency when qualified applicants are available.
- ◆ Promoting succession planning/career development through the agency's "Building the Bench" program, which promotes professional development.

Additional strategies under consideration:

- ◆ Providing retention bonuses to employees in high turnover positions.
- ◆ Providing skill building training to improve employee competencies and better qualify them for advancement opportunities.
- ◆ Fully using available recognition programs and benefits to identify and reward top performers.

DEPARTMENT OF STATE HEALTH SERVICES

MISSION

The mission of the Department of State Health Services (DSHS) is to improve health and well-being in Texas.

SCOPE

DSHS administers and regulates public health and behavioral health programs.

CORE BUSINESS FUNCTIONS

DSHS is a multifaceted agency responsible for oversight and implementation of public health and behavioral health services in Texas. With an annual budget of \$2.9 billion, DSHS ranks fifth among state agencies, and with a workforce of approximately 12,000, DSHS is the third largest Texas state agency employer. The DSHS mission is accomplished through the procurement or provision of services and supports that have a direct impact on the citizens of Texas. DSHS administrative and service areas include:

- ◆ **Chief Operations Officer**
 - Operations Management
 - Executive/Operations Support
 - Information Technology
 - Vital Statistics
 - Center for Health Statistics
 - Legal Services
 - Contract Oversight and Support
 - Business Continuity Services
- ◆ **Chief Financial Officer**
 - Accounting
 - Budget
 - Client Services Contracting
- ◆ **Family and Community Health**
 - Contractor Services
 - Family Health Services
 - Nutrition Services
 - Maternal and Child Health
- ◆ **Mental Health and Substance Abuse**

- Program Services
- Hospital Services
- Contractor Services
- ◆ **Regional and Local Health**
 - Health Service Regions
 - Regional and Local Program Support
 - Local Health Authority for Cities/Counties without a Local Health Department
- ◆ **Prevention and Preparedness**
 - Disease Registries
 - Community Preparedness
 - Environmental Epidemiology
 - Infectious Disease Surveillance, Prevention, and Treatment
 - Chronic Disease Prevention and Control
 - Laboratory
 - Contractor Services
- ◆ **Regulatory**
 - Enforcement
 - Health Care Quality
 - Environmental and Consumer Safety

WORKFORCE DEMOGRAPHICS

DSHS is the second largest agency in the HHS System. Statewide, the agency employs approximately 12,000 full and part-time employees, representing about 22 percent of the HHS System workforce. The majority of these employees (7,614 employees or about 64 percent) work in inpatient facilities across the state.³⁰⁶ To better understand the agency's unique workforce, the following demographic categories are examined:

Job Families

About 70 percent of DSHS employees (8,361 employees) work in 10 job families.³⁰⁷

³⁰⁶ HHSAS Database, as of 8/31/11.

³⁰⁷ Ibid.

Table 30: Largest Program Job Families and Average Salaries

Job Family	Number of Employees	Average Salary
Psychiatric Nursing Assistants	2,837	\$22,721
Clerical Workers	1,394	\$26,346
Program Specialists	1,005	\$48,889
Registered Nurses (RNs)	997	\$51,986
Licensed Vocational Nurses (LVNs)	482	\$32,123
Rehabilitation Technicians	342	\$23,777
Custodians	341	\$20,026
Public Health Technicians	340	\$34,816
Food Service Workers	335	\$19,999
Managers	288	\$64,679

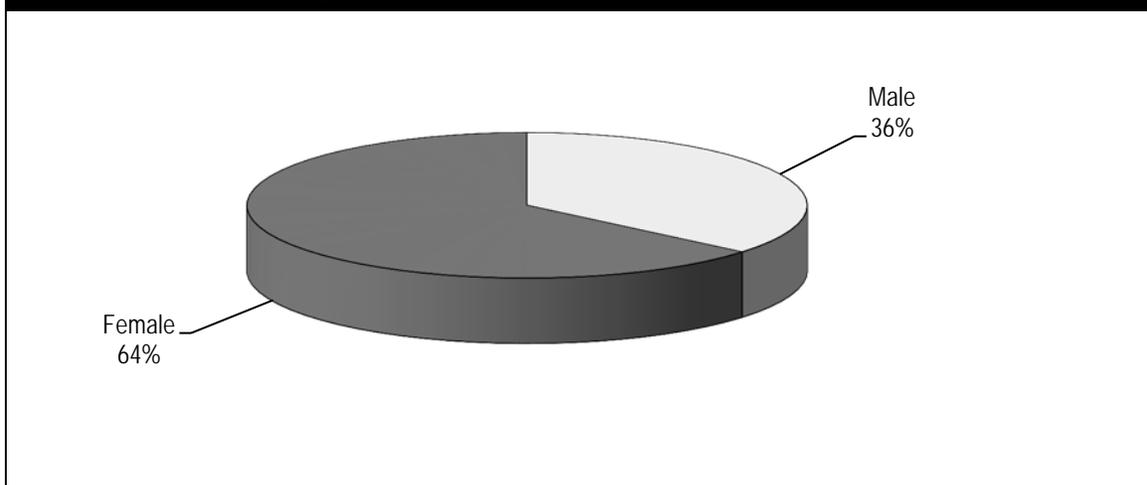
Salary

DSHS employees earn an average annual salary of \$37,308, which is slightly higher than the HHS System average annual salary of \$36,346.³⁰⁸

Gender

Females make up approximately 64 percent of the agency workforce.³⁰⁹

Figure 89: DSHS Workforce by Gender

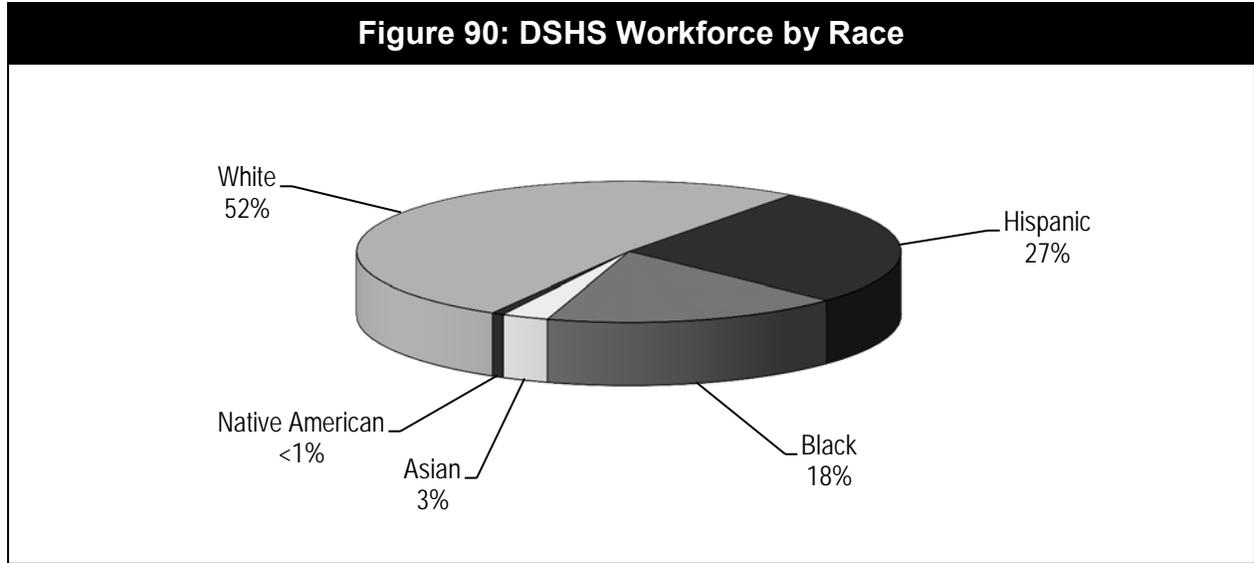


³⁰⁸ HHSAS Database, as of 8/31/11.

³⁰⁹ Ibid.

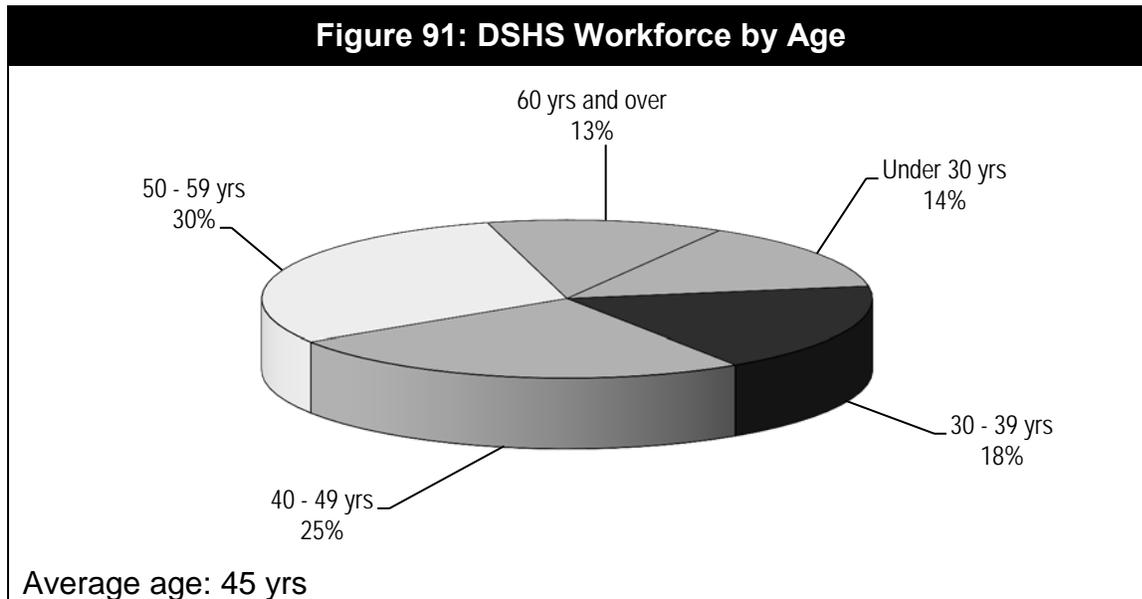
Race

White employees represent the largest racial group at 52 percent, followed by Hispanic employees at 27 percent and Black employees at 18 percent.³¹⁰



Age

DSHS employees have an average age of 45 years. Approximately 68 percent of the DSHS workforce is 40 years or older.³¹¹



³¹⁰ HHSAS Database, as of 8/31/11.

³¹¹ Ibid.

Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis of the DSHS workforce, as indicated in Table 31, reflects underutilization in the following areas:^{312 313}

- ◆ Black employees in the Administrative Support job category;
- ◆ Black, Hispanic and Female employees in the Skilled Craft job category; and
- ◆ Hispanic employees in the Service Maintenance job category.

In cases where the analysis identified underutilization, the minimum number of additional employees needed to bring that group within two standard deviations has been identified.

Table 31: DSHS Utilization Analysis Results

Job Category	Black			Hispanic			Female		
	DSHS %	CLF %	Underutilization (If Yes, # needed)	DSHS %	CLF %	Underutilization (If Yes, # Needed)	DSHS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	9.2%	7.2%	No	19.4%	12.3%	No	55.3%	32.6%	No
Professionals	10.8%	9.4%	No	19.3%	11.6%	No	66.7%	49.0%	No
Technicians	17.2%	13.9%	No	29.9%	19.7%	No	72.0%	42.1%	No
Protective Service	15.5%	18.0%	No	21.8%	23.1%	No	17.8%	21.6%	No
Para-Professionals	29.5%	14.3%	No	32.1%	25.7%	No	55.0%	56.3%	No
Administrative Support	15.7%	19.4%	26	33.6%	26.8%	No	88.3%	78.8%	No
Skilled Craft	5.6%	14.7%	17	29.6%	35.2%	1	4.0%	16.5%	27
Service Maintenance	26.2%	20.4%	No	38.9%	43.7%	12	62.6%	44.4%	No

The fiscal year 2011 results for underutilization in the Service Maintenance category represent a significant shift compared to fiscal year 2010. During fiscal year 2010, Civil Rights Office (CRO) staff noted that many of the direct care staff at DSHS facilities appeared to be misclassified as Service Maintenance rather than Para-Professional for EEO-4 reporting purposes. This had a significant impact on the results of the utilization analysis for fiscal year 2010, causing it to appear as if there were high rates of underutilization for Hispanics in the Service Maintenance category at DSHS. During fiscal year 2011, CRO worked with HR staff and staff from the COO's office at DSHS to reassign direct care staff at the facilities to the more appropriate job category of Para-Professional. The job classification impacted by this change was the Psychiatric Nursing Assistant (PNA) classification. EEO-4 instructions from the federal EEOC indicate that the Para-Professional category,

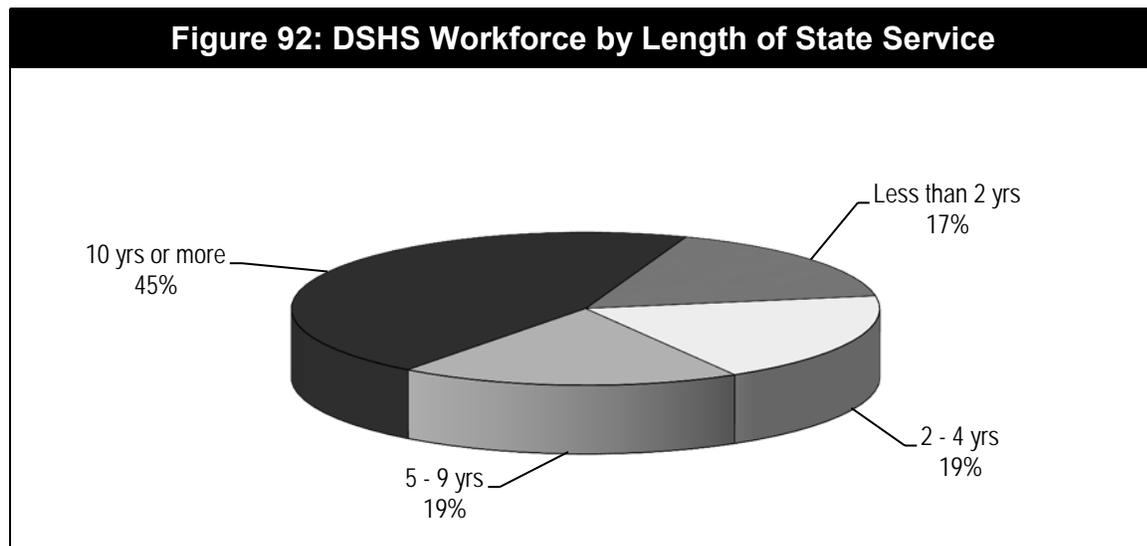
³¹² HHSAS Database, as of 8/31/11.

³¹³ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/8/05.

which includes positions like recreation assistants, homemaker aides, home health aids, medical aides, and similar types of positions, is a much more appropriate categorization for the PNA positions than Service Maintenance. The reassignment of these positions also resulted in a more accurate representation of the utilization of these groups in the DSHS workforce. Although there was still some underutilization noted for Hispanics in the Service Maintenance category at DSHS for fiscal year 2011, the rate was much lower than that noted in fiscal year 2010. As a result, the numbers should be much more manageable for DSHS as they work to develop a recruitment plan for addressing the underutilization of Hispanics in this category.

State Service

Approximately 45 percent of the DSHS workforce has 10 or more years of state service. About 36 percent of the DSHS employees have less than five years of state service.³¹⁴

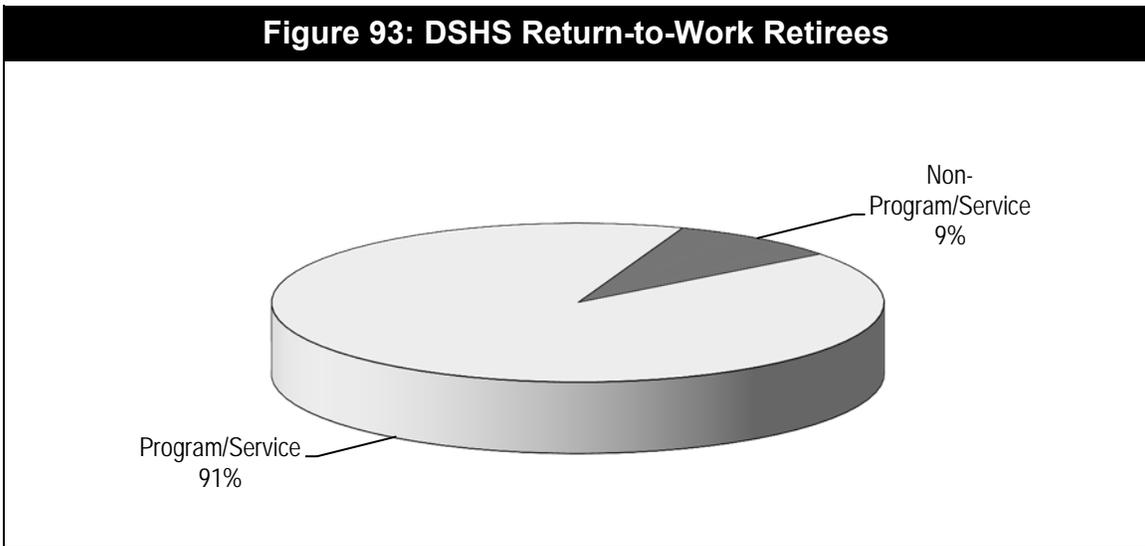


Return-to-Work Retirees

DSHS employs 554 return-to-work retirees. The majority of these retirees (91 percent) work in program/service related areas.³¹⁵

³¹⁴ HHSAS Database, as of 8/31/11.

³¹⁵ Ibid.



TURNOVER

The DSHS turnover rate during fiscal year 2011 was about 19 percent, slightly higher than the statewide turnover rate of 16.8 percent. The majority of these employee separations (approximately 77 percent) were voluntary.³¹⁶

Table 32: Reason for Separation

Reason	Separations	Percentage ³¹⁷
Voluntary Separations		
Personal reasons	1,326	56.5%
Transfer to another agency	151	6.4%
Retirement	337	14.4%
Involuntary Separations		
Termination at Will	3	0.1%
Resignation in Lieu	37	1.6%
Dismissal for Cause	463	19.7%

The table below indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2011.³¹⁸

³¹⁶ State Auditor's Office (SAO) FY 2011 Turnover Statistics.

³¹⁷ Death accounted for 1.2% of separations.

³¹⁸ HHSAS Database, FY 2011 data.

Table 33: FY 11 Turnover for Significant Job Families³¹⁹

Job Family	Average Annual Headcount	Separations	Turnover Rate
Medical Aides	20	9	45.0%
Laundry Workers	54	19	35.5%
Psychiatric Nursing Assistants	3,099	915	29.5%
Licensed Vocational Nurses (LVNs)	515	134	26.0%
Nurse Practitioners	22	5	23.0%
Registered Nurses (RNs)	1,050	242	23.0%
Food Service Workers	362	81	22.4%
Medical Technologists	101	22	21.8%
Nutritionists	70	15	21.4%
Security Workers	181	38	21.0%
Human Services Specialists	161	33	20.5%
Associate Psychologists	50	10	20.2%
Budget Analysts	47	9	19.0%
Social Workers	179	34	19.0%
Inspectors	138	26	18.9%
Rehabilitation Technicians	352	65	18.5%
Human Services Technicians	96	17	17.7%
Physicians ³²⁰	67	11	16.5%
Custodians	359	57	15.9%
Drivers	44	7	15.8%
Financial Analysts	26	4	15.2%

RETIREMENT PROJECTIONS

Currently, approximately 11 percent of the DSHS workforce is eligible to retire from state employment. Over the next five years, over one-fourth of the agency workforce will reach retirement eligibility.³²¹

³¹⁹ Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

³²⁰ HHSAS Database, as of 8/31/11. Note: Physicians include Resident Physicians and Physicians I – IIIs.

³²¹ HHSAS Database, as of 8/31/11.

**Table 34: DSHS Projected Retirement Eligibility through Rule of 80
 (FY 11 – FY 16)**

Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2011	1,343	11.2%
2012	1,681	14.0%
2013	2,019	16.8%
2014	2,406	20.1%
2015	2,818	23.5%
2016	3,257	27.2%

EXPECTED WORKFORCE CHALLENGES

DSHS anticipates that as the population of the State increases, there will be a need for additional health related services. Projected job growth will heighten competition for qualified applicants from other health service sectors, including the federal government and the private sector. The aging population and increasing life span with accompanying ongoing multiple chronic health conditions will likely increase the need for healthcare services delivery.

The DSHS regulatory program activities saw tremendous growth. Additionally, programs added by both federal and state government have increased the need for licensure, investigatory and enforcement activities. In the Foods Licensing Program, there is anticipated new legislation which will increase the workload for current positions. For every new licensee there is an associated increase in the workload for compliance and enforcement staff. To keep pace with population growth and the number of licenses, DSHS must recruit trained professionals capable of performing the technical inspections and reviews necessary to protect the health of the state. With the rapidly growing number of licenses and resource constraints due to the state's challenging budget situation, the risk-based approach is becoming more critical to assure that DSHS resources are used in an efficient and effective manner that is most protective of public health while still assuring that licenses are issued in a timely manner.

To align regulatory resources to meet demands, DSHS has initiated an internal self-evaluation of all regulatory programs and functions to identify opportunities for improving the system. The examination will include examination of the appropriate level of staffing required to perform the statutorily required regulatory activities. A report will be submitted to legislative and state leadership prior to the 2013 legislative session.

Potential significant changes in the labor market, or in healthcare policy, could jeopardize the recruitment, development, deployment and retention of the DSHS workforce. As the agency adjusts to federal healthcare policy changes and federal funding reductions, DSHS will continuously work to align the agency organizational structure and business processes to accommodate these environmental shifts.

In addition to these challenges, DSHS anticipates continued difficulties in recruiting and retaining qualified and experienced employees due to the lack of competitive wages, increased job duties, and the available supply of clinicians and other qualified public health professionals.

Shortage occupation job families that will require targeted recruitment attention are Psychiatric Nursing Assistants, Nurses (RNs and LVNs), Nurse Practitioners and Physician Assistants, Epidemiologists, Sanitarians, Health Physicists, Dentists, Physicians, Psychiatrists, Psychologists, Pharmacists, Substance Abuse Counselors, Social Workers and Financial Analysts.

Psychiatric Nursing Assistants

There are approximately 2,800 Psychiatric Nursing Assistants employed in DSHS state mental health hospitals.³²² These positions require high school education or equivalency to perform the work; however, there is extensive on-the-job training.

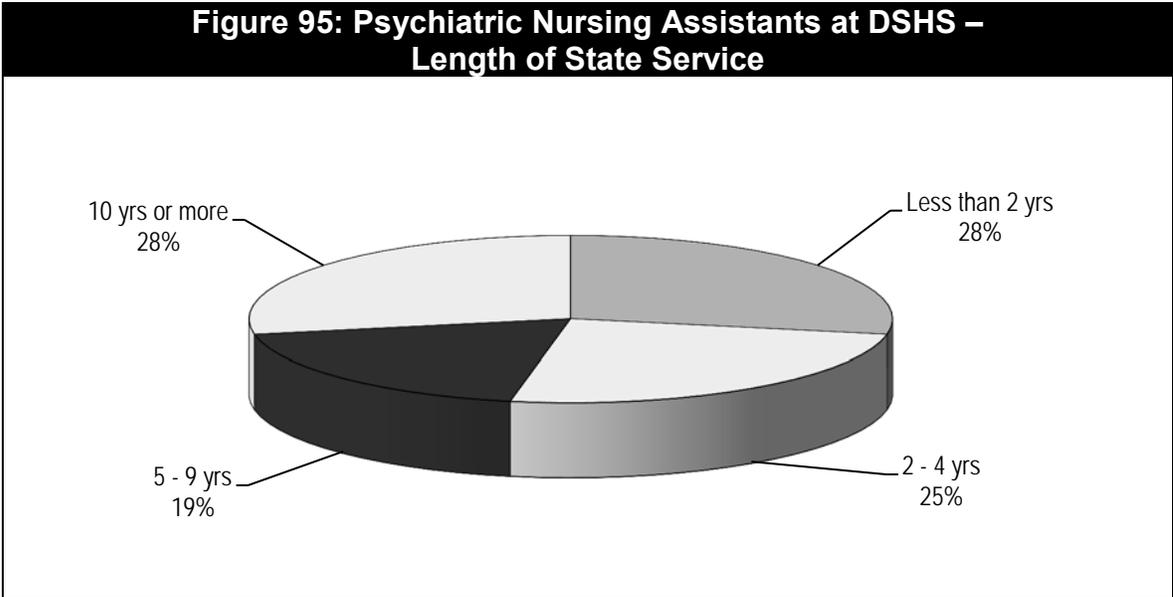
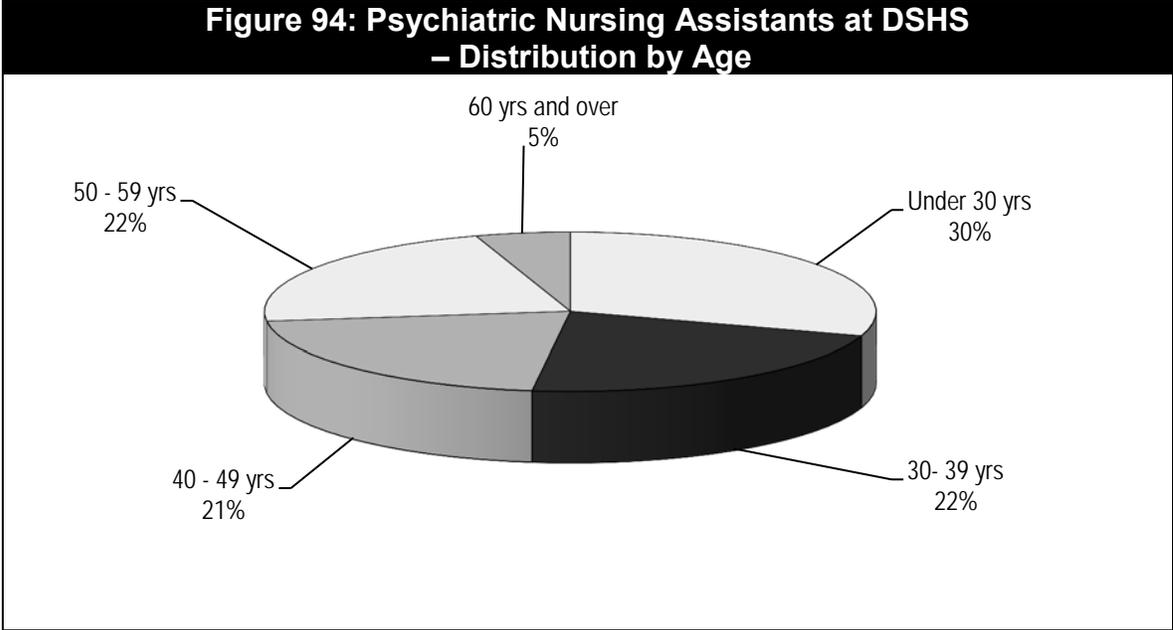
Workers are assigned many routine basic care tasks in the state hospitals that do not require a license to perform, such as taking vital signs, and assisting with bathing, hygiene and transportation. These employees are required to interact with patients on a daily basis. They are likely to be the first to intervene during crisis situations, and are the frontline staff most likely to de-escalate situations to avoid the need for behavioral restraints. They also have a higher potential for on-the-job injuries, both from lifting requirements and intervention during crisis situations.

The work is performed in shifts throughout the day and night. The pay is low and the work is difficult.

The average Psychiatric Nursing Assistant is about 39 years old and has an average of eight years of state service.³²³

³²² HHSAS Database, as of 8/31/11.

³²³ Ibid.



Pay is low, with an average hourly wage of \$10.92 per hour.³²⁴ The State Auditor’s Office 2010 market index analysis found the average state salary for Psychiatric Nursing Aids/Assistants to be 28 percent behind the market rate.³²⁵

Turnover for Psychiatric Nursing Assistants is high at about 29 percent, one of the highest turnover rates for any job category in DSHS.³²⁶ About 78 percent of these

³²⁴ HHSAS Database, as of 8/31/11.

³²⁵ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

separating employees were in entry-level Psychiatric Nursing Assistant I positions (716 losses or a 38 percent turnover rate). Further complicating this situation, many of the applicants for these entry-level positions lack the experience needed to work with patients and often lack the physical ability necessary to carry out their job duties.

To address these difficulties, DSHS has plans to increase entry level salaries for new Psychiatric Nursing Assistants and for currently employed staff during fiscal years 2014 and 2015.

Recruitment and retention of these employees remains a major challenge for DSHS.

Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs)

Nationwide, the nursing shortage has reached crisis proportions. It is projected that there will be a need for 495,500 new RN jobs by 2020.³²⁷ Job opportunities for RNs are expected to grow faster than the average for all occupations.³²⁸ With this level of job growth, it is projected that there will not be enough qualified applicants to meet the increased demand.

The nursing shortage is the most significant healthcare workforce staffing concern facing both the nation and Texas.³²⁹ It is projected that between 2005 and 2020, the demand for nurses in Texas will increase by 86 percent, while the supply will grow by only 53 percent.³³⁰ The Texas nurse-to-population ratio is far below the national average of 782 Nurses per 100,000 people, with the state ratio being only 609 Nurses per 100,000 people. By some estimates, Texas will need 138,000 additional Nurses in the next 10 years to satisfy staffing demands.³³¹

DSHS nurses are generally required to work shifts and weekends. The work is demanding, requires special skills and staff often work long hours with minimal staffing. The work is also physically demanding, making it increasingly more difficult

³²⁶ HHSAS Database, FY 2011 data.

³²⁷ U.S. Department of Labor, Bureau of Labor Statistics, Employment Projections: 2010-20 News Release, web page <http://www.bls.gov/news.release/ecopro.htm>, last accessed on 4/10/12.

³²⁸ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

³²⁹ State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

³³⁰ “Texas Nursing: Our Future Depends on It. A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013,” Texas Center for Nursing Workforce Studies, March 2009. Web page <http://www.dshs.state.tx.us/chs/cnws/TexasTeam/TexasStrategy.pdf>, last accessed 3/17/10.

³³¹ MedicineWorld.org, ‘Lack of Resources, Not Lack of Students, Cause Nurse Shortage,’ web page <http://medicineworld.org/cancer/lead/12-2005/lack-of-resources-not-lack-of-students-cause-nurse-shortage.html>, last accessed on 1/17/06.

for the aging nursing workforce to keep up with these work demands. All of these job factors contribute to higher than average turnover rates.

Although there are 96 nursing school programs across the state, most of them have more applicants than room for new students and only about two-thirds of enrolled students actually graduate. The shortage of trained instructors limits both the number of accepted students and the number of available classes offered.^{332 333}

One recent study published in December of 2011 may indicate that the nursing shortage may be improving. The study reported a 62 percent increase in the number of new nurses from 2002 to 2009. If this trend continues, the number of nurses in 2030 may be enough to satisfy demand.³³⁴

Registered Nurses (RNs)

There are about 1,000 RNs employed by DSHS.³³⁵ The majority of these employees (about 80 percent) work at state hospitals across Texas.

About 11 percent of the agency's RNs work in Health Services Regions, providing direct care and population-based services in the many counties in Texas that have no local health department. These RNs are often the individuals who are on the frontline in the delivery of public health services to rural communities throughout the state.

The typical RN at the agency is about 49 years old and has an average of approximately 10 years of state service.³³⁶

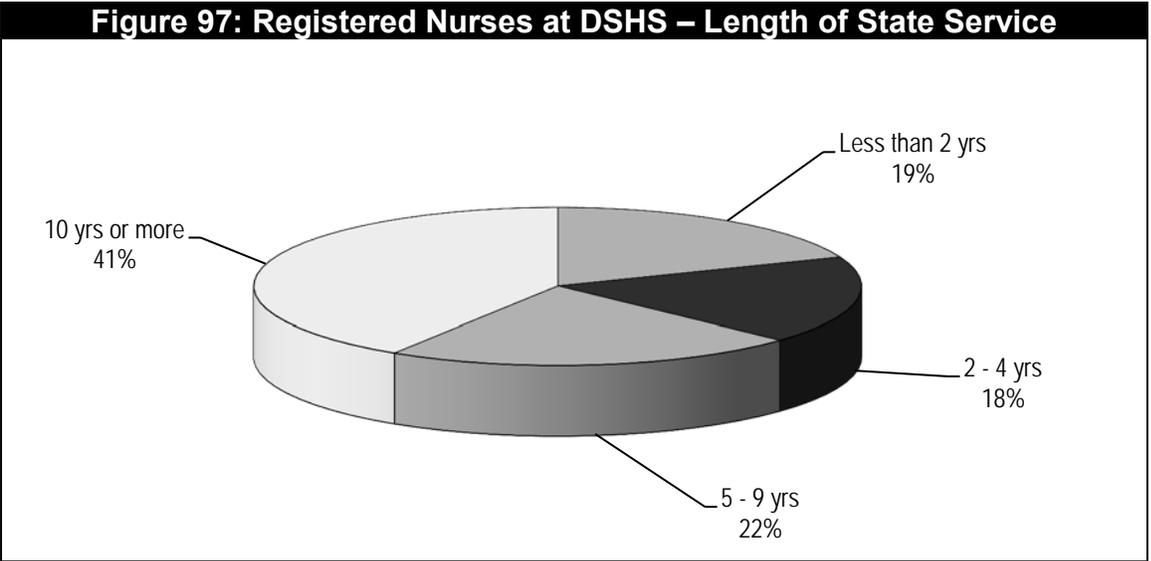
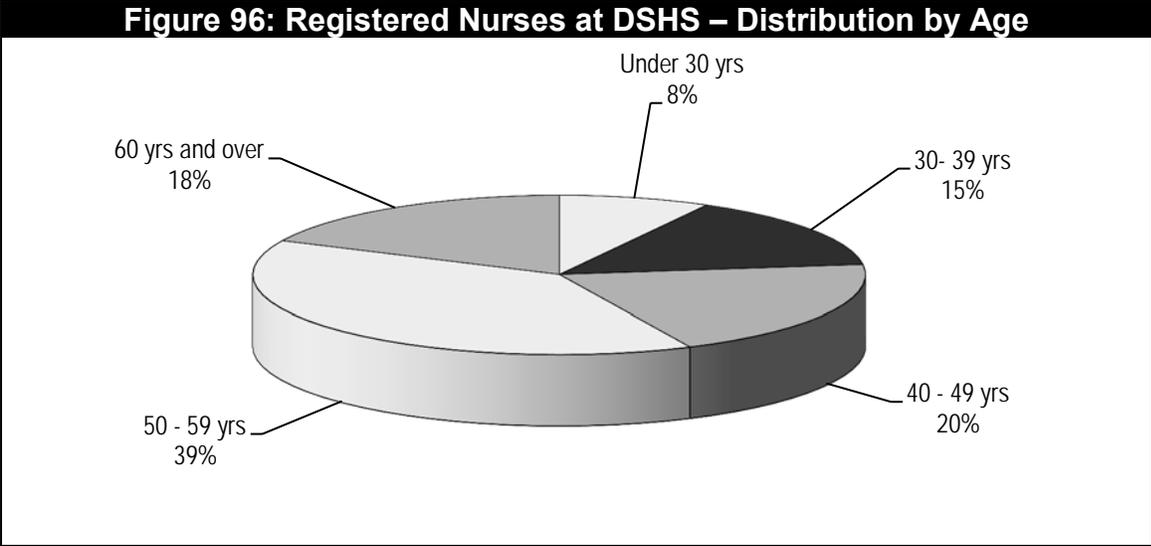
³³² Texas Board of Nursing, web page <http://www.bne.state.tx.us/nursingeducation/approved-programs.html>, last accessed on 4/22/10.

³³³ "Professional Nursing Education in Texas: Demographics & Trends: 2006." Department of State Health Services, web page <http://www.dshs.state.tx.us/chs/cnws/2006ProfNrsgEdRpt.pdf>, last accessed 3/17/10.

³³⁴ Auerbach, David, Buerhaus, Peter, Staiger, Douglas. "Registered Nurse Supply Grows Faster than Projected Amid Surge in New Entrants Ages 23-26", Health Affairs, 30(12), December 2011.

³³⁵ RNs include 21 Nurse Practitioners.

³³⁶ HHSAS Database, as of 8/31/11.



The turnover rate for RNs is considered high at about 23 percent.³³⁷

DSHS RNs earn an average annual salary of \$51,986, which is below both the state and national average.³³⁸ The average annual earnings for Registered Nurses in 2010 was \$67,720 nationally, and \$66,180 in Texas.³³⁹ In addition, the State

³³⁷ HHSAS Database, FY 2011 data.

³³⁸ HHSAS Database, as of 8/31/11.

³³⁹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

Auditor’s Office 2010 market index analysis found the average state salary for Registered Nurses ranged from six to 15 percent behind the market rate.³⁴⁰

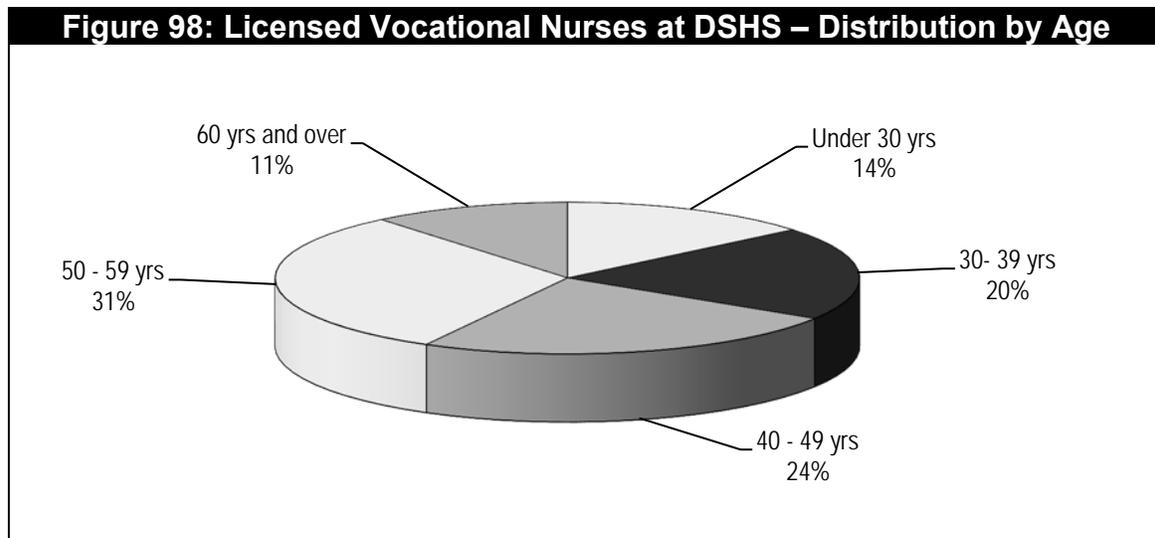
The agency continues to experience difficulty filling vacant positions. The Texas Hospital Association confirmed that vacancy rates for RNs in Texas ranged from 14.6 percent in critical care occupations to about 10 percent in emergency rooms.³⁴¹ In order to provide quality nursing care for patients it is essential that the agency maintain the lowest vacancy rate. The agency is striving to maintain vacancy rates for nursing positions at a level below 10 percent at any given time. The vacancy rate for RNs at DSHS is currently slightly below the desired rate at 9.3 percent, though these positions often remain unfilled for several months.

Licensed Vocational Nurses (LVNs)

There are approximately 480 Licensed Vocational Nurses (LVNs) employed by DSHS. The majority of these employees (about 93 percent) work at state hospitals across Texas.

About four percent of the agency’s LVNs work in Health Services Regions, assisting in communicable disease prevention and control and the delivery of population-based services to women and children.

On average, a DSHS LVN is about 45 years old and has 10 years of state service.³⁴²

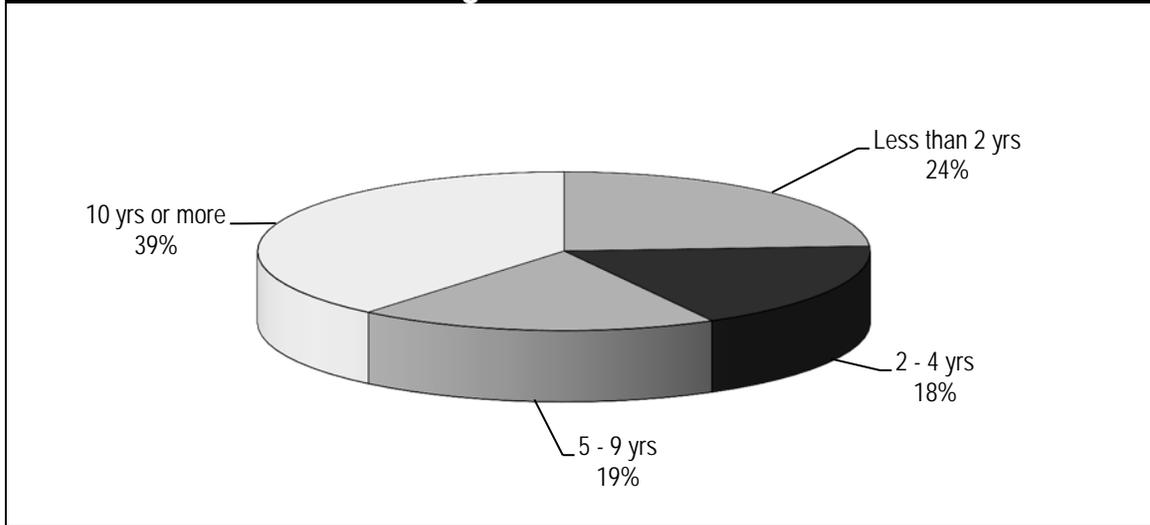


³⁴⁰ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

³⁴¹ Texas Hospital Association. “Hospital Workforce Study.” Austin, Texas. 2004, as cited in “The state of the Nursing Workforce in Texas,” Statewide Health Workforce Symposium Policy Brief, 3/4/1004.

³⁴² HHSAS Database, as of 8/31/11.

Figure 99: Licensed Vocational Nurses at DSHS – Length of State Service



As with RNs, the nursing shortage is also impacting the agency's ability to attract and retain LVNs. Turnover for LVNs is currently high at about 26 percent.³⁴³

Currently, the average annual salary for DSHS LVNs during fiscal year 2011 was \$32,123.³⁴⁴ This salary falls below both national and state averages for this occupation. Nationally, the average annual earnings for Licensed Practical Nurses and LVNs was \$42,040, and 42,260 in Texas.³⁴⁵ The State Auditor's Office 2010 market index analysis found the average state salary for LVNs was 19 percent behind the market rate.³⁴⁶

Many LVNs come into the mental health hospital system with limited training in caring for psychiatric patients. DSHS State Hospitals invest in employee training to ensure the highest quality of nursing care. The high turnover for LVN positions has a direct impact on the training resources dedicated to this occupational group. Decreasing turnover levels will significantly reduce the amount of time spent on training new employees.

³⁴³ HHSAS Database, FY 2011 data.

³⁴⁴ HHSAS Database, as of 8/31/11.

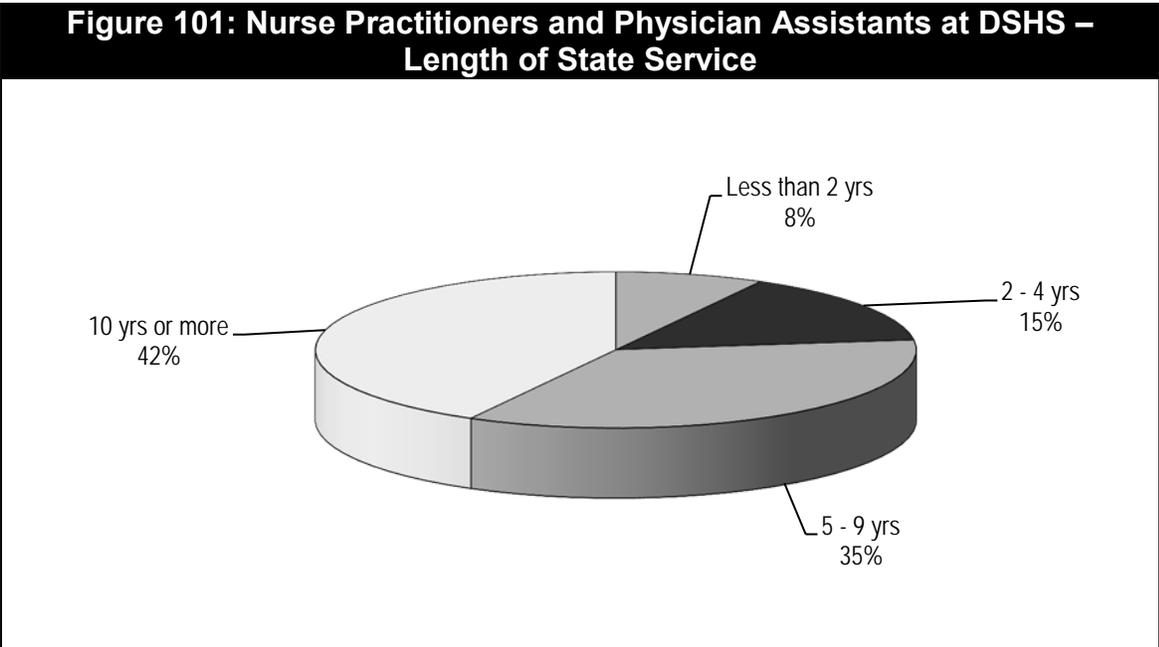
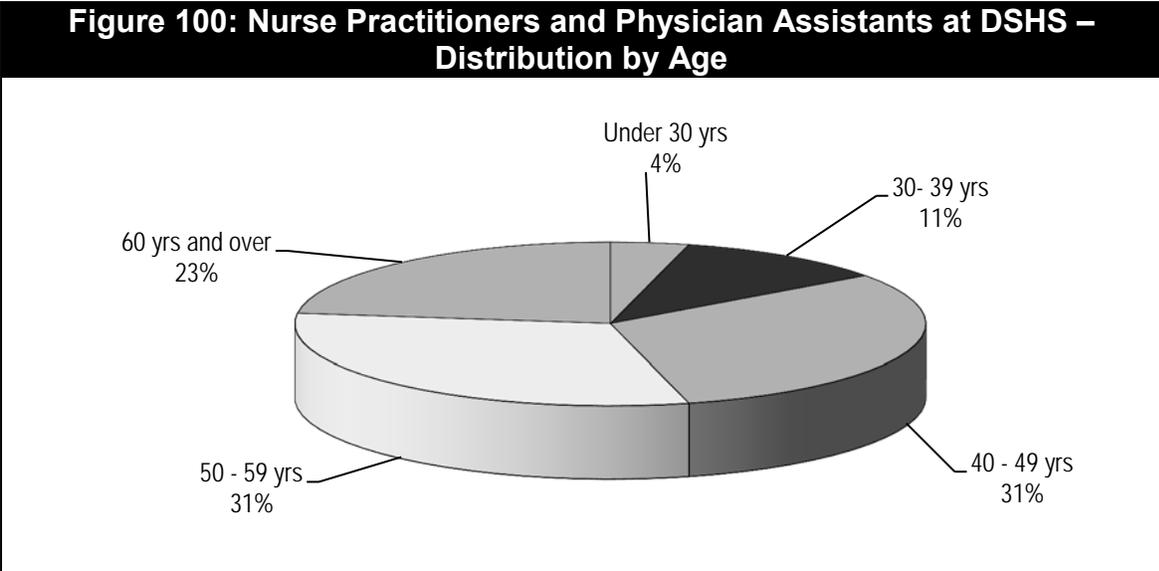
³⁴⁵ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

³⁴⁶ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

Nurse Practitioners and Physician Assistants

Under the supervision of a physician, the 26 Nurse Practitioners and Physician Assistants working at DSHS are responsible for providing advanced medical services and clinical care to individuals at state hospitals across Texas.

These highly skilled employees have, on average, about 12 years of state service, with an average age of 51.³⁴⁷



³⁴⁷ HHSAS Database, as of 8/31/11.

Turnover for Nurse Practitioners and Physician Assistants is considered high at about 20 percent.

DSHS has also experienced difficulty filling vacant Nurse Practitioners and Physician Assistant positions. With a vacancy rate for these positions at about 13 percent, vacant positions go unfilled for months.

With 35 percent of these highly skilled employees eligible to retire in the next five years, recruitment and retention for these jobs will continue to be ongoing challenges,³⁴⁸

To address these difficulties, DSHS has plans to increase entry level salaries for new Nurse Practitioners and Physician Assistants and for currently employed staff during fiscal years 2014 and 2015.

Epidemiologists

One of the public health professions currently experiencing shortages is Epidemiology.³⁴⁹ Epidemiology is the study of how often diseases occur in different groups of people and why. Epidemiology is the scientific basis for all decision making in the field of public health.

DSHS employs about 90 Epidemiologists who provide services in the areas of infectious disease and injury control, chronic disease control, emergency and disaster preparedness, disease surveillance and other public health areas.³⁵⁰ They provide critical functions during disasters and pandemics and other preparedness and response planning.

On average, it takes a year for a new Epidemiologist to learn his or her job within the agency. It may take several years to develop the specialized expertise required of senior Epidemiologists to support the state and protect public health.

DSHS Epidemiologists have, on average, about 11 years of state service, with an average age of approximately 43.³⁵¹

³⁴⁸ HHSAS Database, FY 2011 data.

³⁴⁹ "2007 State Public Health Workforce Survey Results," The Association of State and Territorial Health Officials, web page <http://www.astho.org/pubs/WorkforceReport.pdf>, last accessed on 4/29/08.

³⁵⁰ Ibid.

³⁵¹ HHSAS Database, as of 8/31/11.

Figure 102: Epidemiologists at DSHS – Distribution by Age

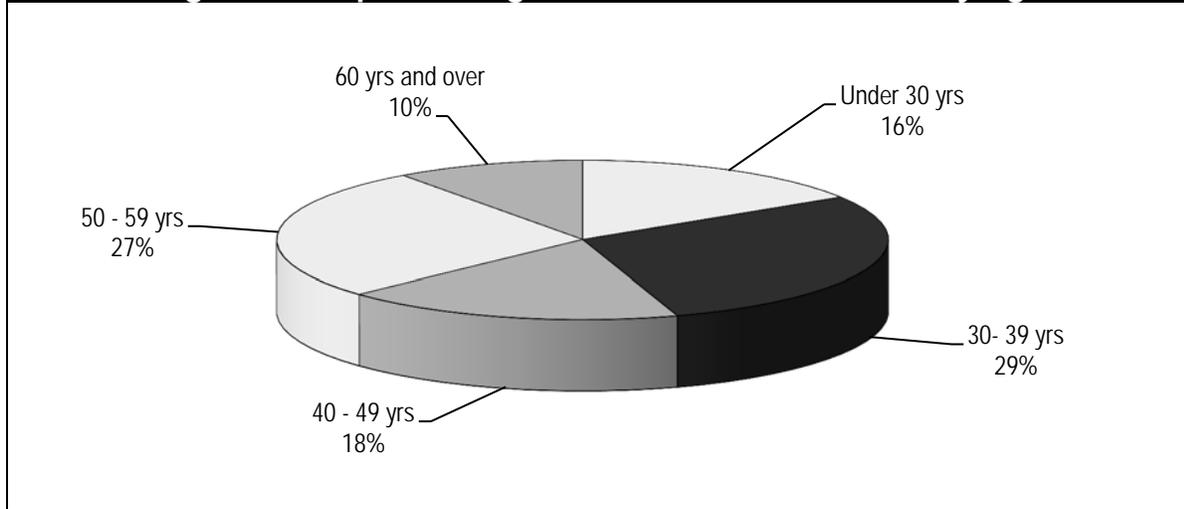
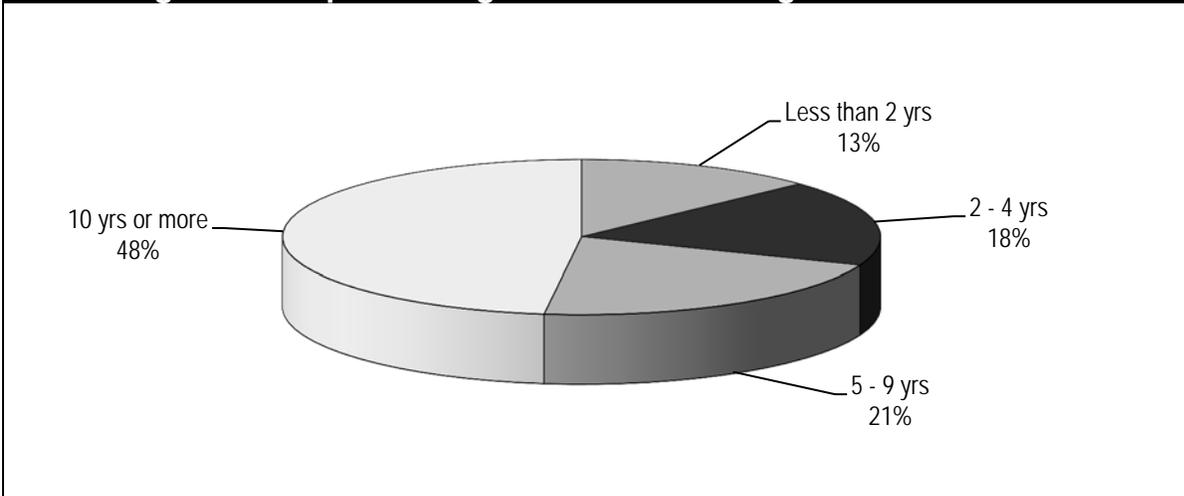


Figure 103: Epidemiologists at DSHS – Length of State Service



While the overall turnover rate for Epidemiologists at DSHS is well managed at about 10 percent, vacant positions often go unfilled for months.³⁵²

In addition, DSHS may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. Almost a third of these employees will be eligible to retire in the next five years.³⁵³

Low pay is a factor in the inability to attract qualified Epidemiologist applicants. DSHS Epidemiologists earn an average annual salary of \$52,337.³⁵⁴ The average

³⁵² HHSAS Database, FY 2011 data.

³⁵³ HHSAS Database, as of 8/31/11.

³⁵⁴ Ibid.

annual salary for Epidemiologists nationally is \$69,660 and \$57,130 in Texas.³⁵⁵ The State Auditor's Office 2010 market index analysis found the average state salary for Epidemiologist IIs to be eight percent behind the market rate.³⁵⁶

The agency will need to closely monitor this occupation due to the nationally noncompetitive salaries and a general shortage of professionals performing this work.

Sanitarians

Another public health profession currently experiencing shortages is environmental health workers (i.e., Sanitarians).³⁵⁷

There are about 130 Sanitarians employed with DSHS.³⁵⁸ Registered Sanitarians at DSHS inspect all food manufacturers, wholesale food distributors, food salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions and conduct a multitude of environmental inspections such as children's camps, asbestos abatement, hazardous chemicals/products and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer products. The U.S. Food and Drug Administration (FDA) and the Consumer Products Safety Commission (CPSC) have little manpower and therefore depend on the state programs to protect citizens. DSHS Sanitarians also respond to a variety of emergencies, including truck wrecks, fires, tornados, floods and hurricanes. They are the first line of defense against a bioterrorist attack on the food supply.

On average, Sanitarians employed with the agency are 49 years old and have about 12 years of state service. About 57 percent of these employees have 10 or more years of state service.³⁵⁹

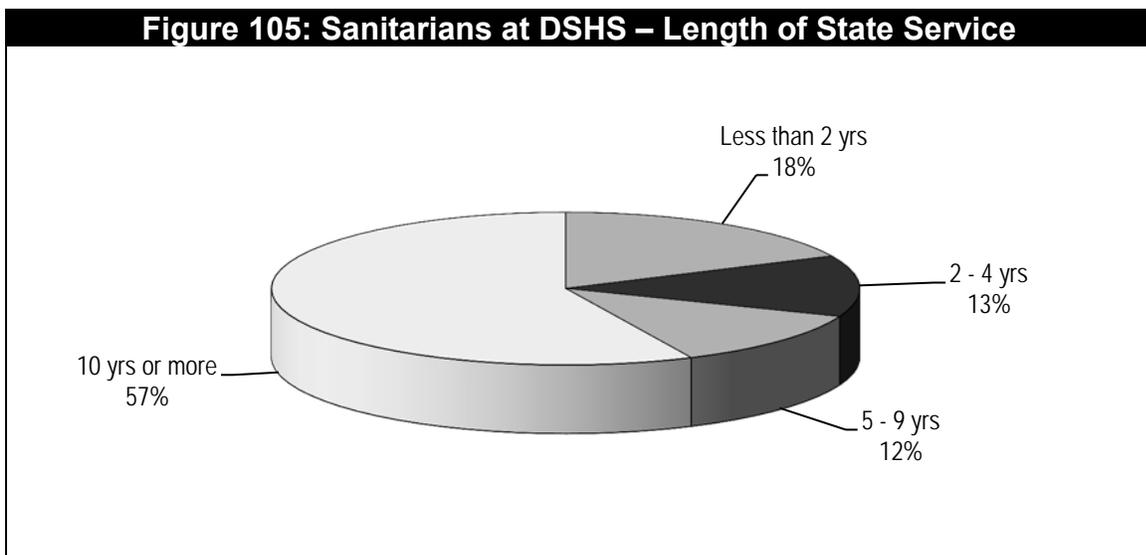
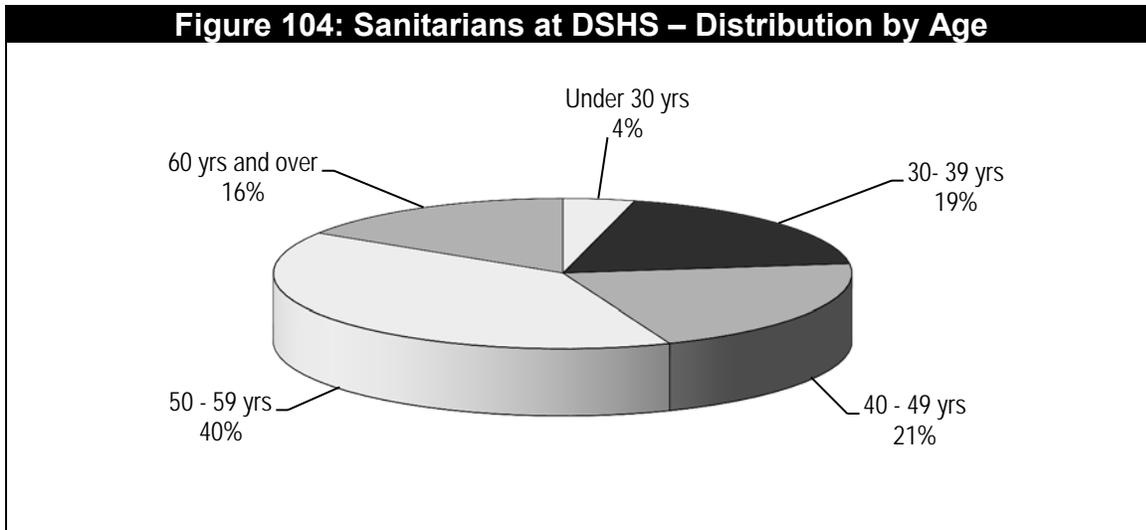
³⁵⁵ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

³⁵⁶ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

³⁵⁷ "2007 State Public Health Workforce Survey Results," The Association of State and Territorial Health Officials, web page <http://www.astho.org/Programs/Workforce-and-Leadership-Development/2007-State-Public-Health-Workforce-Survey-Results/>, last accessed on 4/21/09.

³⁵⁸ HHSAS Database, as of 8/31/11.

³⁵⁹ Ibid.



Turnover for Sanitarians is low at only six percent. However, the vacancy rate for these positions is high at about 15 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.

Historically, the agency has faced special challenges filling vacancies in both rural and urban areas of the state. In addition, the state requirement for Sanitarians to be registered and have at least 30 semester hours of science (in addition to 18 hours of continuing education units annually) has made it increasingly difficult to find qualified individuals.³⁶⁰

³⁶⁰ HHSAS Database, FY 2011 data.

Recruitment problems are expected to worsen as employees approach retirement. Approximately 35 percent of current sanitation staff will be eligible to retire by the year 2016.³⁶¹

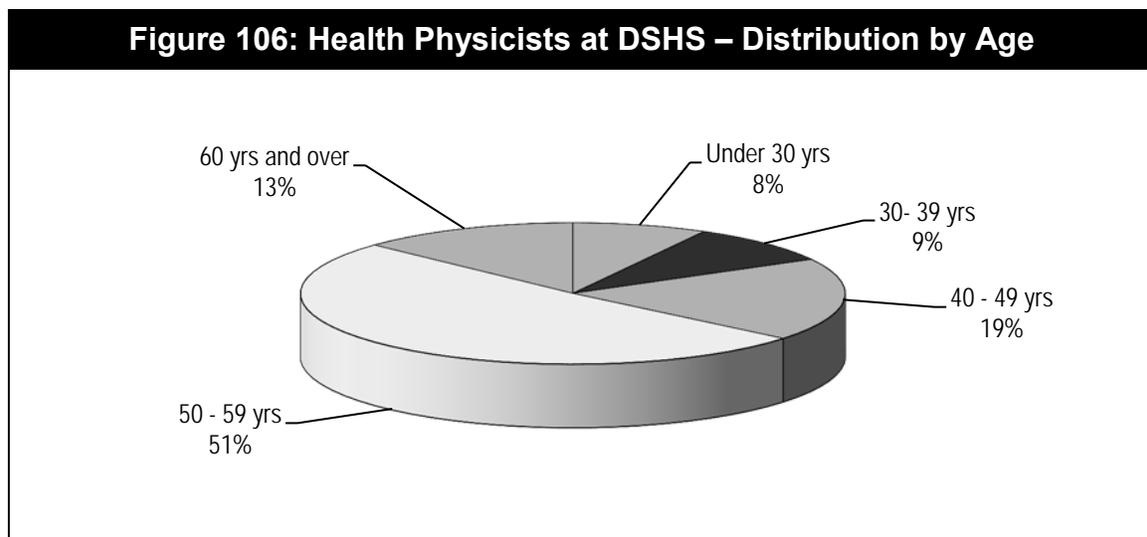
Considering these factors, the agency will need to develop creative recruitment strategies to replace these skilled and highly tenured employees.

Health Physicists

Another profession currently experiencing national shortages is the Health Physicist profession.

Within DSHS, there are 63 Health Physicists. These workers plan and conduct complex and highly advanced technical inspections of industrial x-ray units, general medical diagnostic x-ray units, fluoroscopic units, mammographic units, C-Arm units, radiation therapy equipment, and laser equipment to assure user's compliance with applicable State and Federal regulations.

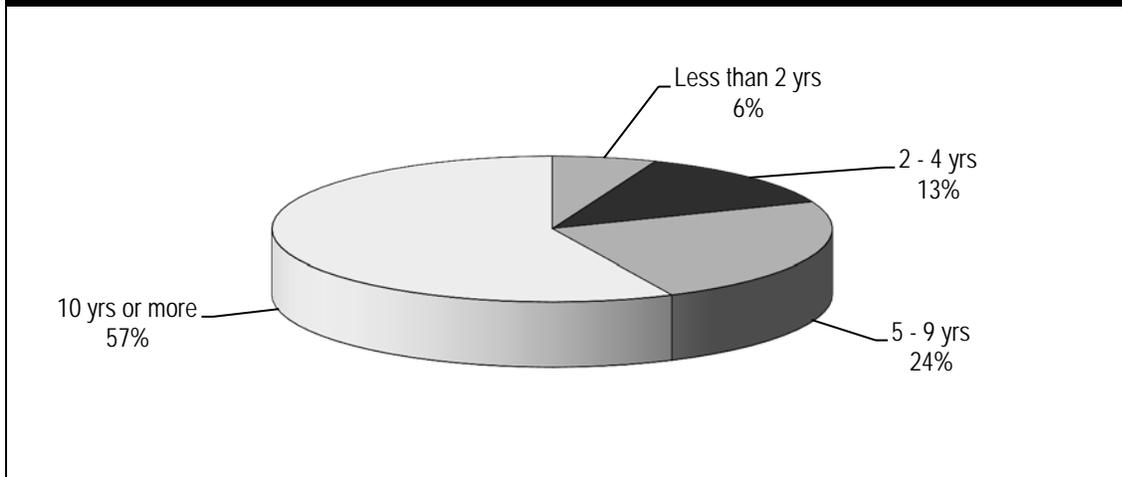
DSHS Health Physicists have, on average, 14 years of state service, with an average age of 50 years. Almost 60 percent of these employees have 10 or more years of state service.³⁶²



³⁶¹ HHSAS Database, as of 8/31/11.

³⁶² Ibid.

Figure 107: Health Physicists at DSHS – Length of State Service



DSHS Health Physicists earn an average annual salary of \$57,647, which is below the average wage paid nationally (\$67,340), and also lower than the Texas average of \$66,200.^{363 364 365}

Turnover for Health Physicists is low at only nine percent. However, the vacancy rate for these positions is high at about 10 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.

With nearly 40 percent of Health Physicists at DSHS eligible to retire in the next five years, the agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.³⁶⁶

Dentists

The demand for Dentists nationwide is expected to increase as the overall population grows. Employment of Dentists is projected to grow by 21 percent through 2020.³⁶⁷

There are 10 Dentists employed by DSHS.³⁶⁸ Central Office staff and five regional dental teams conduct dental surveillance, data collection and reporting and provide

³⁶³ HHSAS Database, as of 8/31/11.

³⁶⁴ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12. Note: The Employees are listed under the Occupational title of Occupational Health and Safety Specialists.

³⁶⁵ Ibid

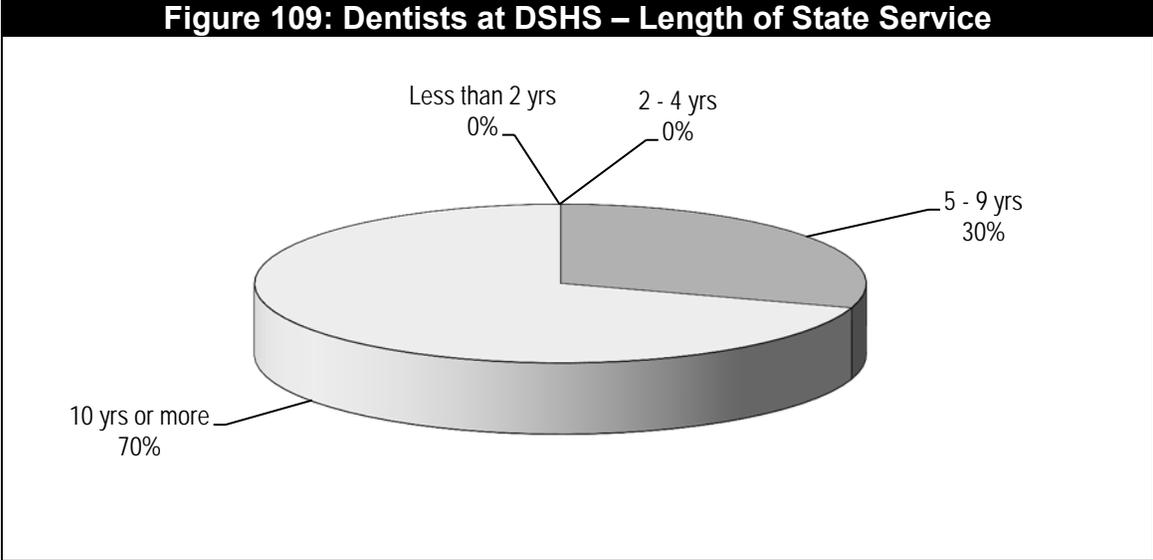
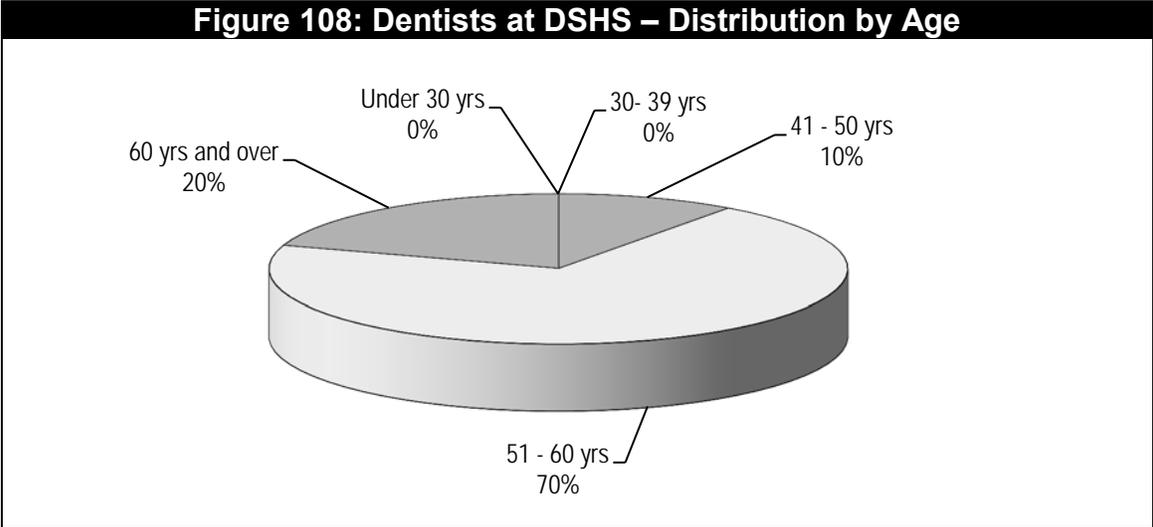
³⁶⁶ HHSAS Database, as of 8/31/11.

³⁶⁷ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 4/25/12.

³⁶⁸ HHSAS Database, as of 8/31/11.

preventive oral health services. Services are provided primarily to low-income, pre-school and school-age children in rural areas with limited or no access to these services. State hospital Dentists provide preventive care, emergency dental interventions and other treatment services to patients.

The typical agency Dentist is about 56 years old, with an average of 13 years of state service.³⁶⁹



Though turnover for Dentist positions is currently well managed at about nine percent, vacant positions are going unfilled for many months.³⁷⁰

³⁶⁹ HHSAS Database, as of 8/31/11.

³⁷⁰ Ibid.

It has become extremely difficult to recruit and attract qualified Dentists at the starting salary levels offered by the agency. In addition, most Dentists do not have the experience or interest to work with the challenging special patient populations served by DSHS.

There is a large disparity between private sector and agency starting salaries. Dentists at DSHS earn, on average, an annual salary of \$90,690.³⁷¹ This salary falls significantly below the market rate. The average annual salary for Dentists nationally is \$161,750 and \$171,330 in Texas.³⁷² The State Auditor's Office 2010 market index analysis found the average state salary for Dentist IIs to be 23 percent behind the market rate.³⁷³ This disparity is affecting the agency's ability to recruit qualified applicants for open positions.

DSHS may face significant recruitment challenges in the next few years to replace those who are eligible for retirement. Half of these employees will be eligible to retire in the next five years.³⁷⁴

Physicians

There are 63 Physicians at DSHS.³⁷⁵ These Physicians are essential to providing medical care in state hospitals, health service regions and agency program areas. They take the lead role in diagnosing, determining a course of treatment, making referrals to outside medical hospitals, prescribing medications and monitoring the patients' progress toward discharge. Physician services in state hospitals are essential to the ongoing monitoring and management of an increasing number of complex chronic medical conditions, such as diabetes, seizure disorders, hypertension and chronic obstructive pulmonary disease (COPD). These employees are critical to the agency's preparedness and response to medical services provided by the state and to major public health initiatives, such as obesity prevention, diabetes, disease outbreak control and others. In addition, agency Physicians serving as Regional Directors are required by statute to serve as the Local Health Authority (LHA) in counties that do not have a designated LHA. As such, they establish, maintain and enforce quarantines, in addition to reporting the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction.

³⁷¹ HHSAS Database, as of 8/31/11.

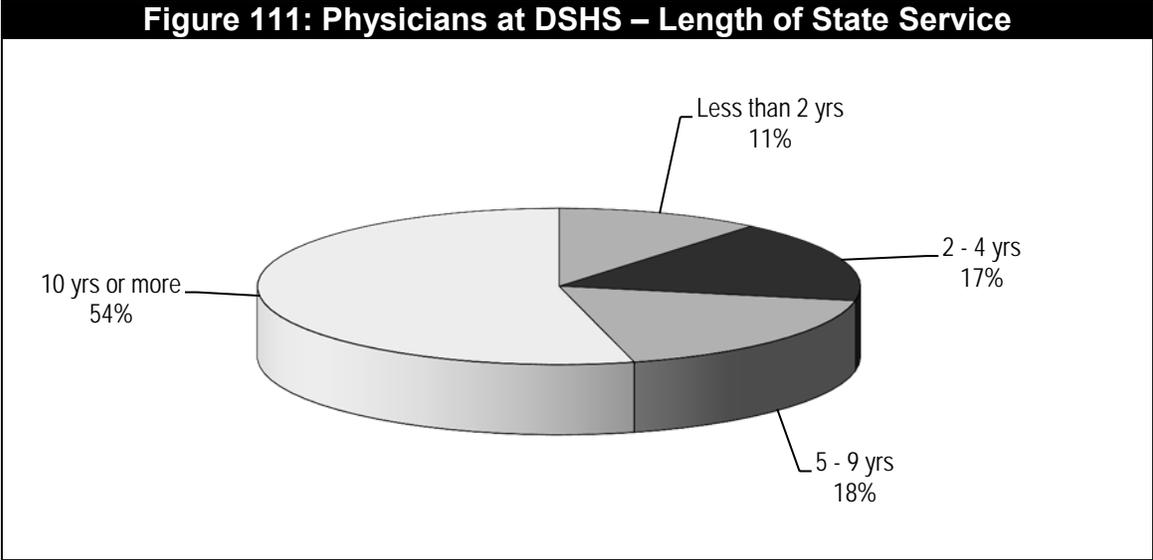
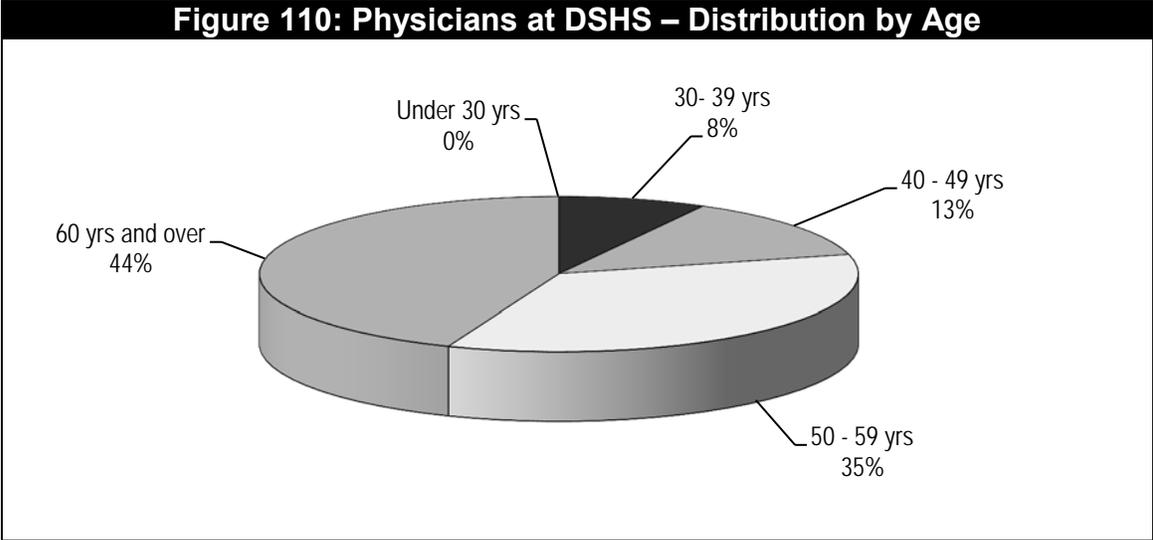
³⁷² U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/25/12.

³⁷³ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

³⁷⁴ HHSAS Database, as of 8/31/11.

³⁷⁵ Ibid. Note: Physicians include Resident Physicians and Physicians I – IIIs.

DSHS Physicians have, on average, about 13 years of state service, with an average age of 58. Local Physicians who have established long term private practices often apply as Physicians at DSHS hospitals late in their working career to secure retirement and insurance benefits, contributing to the high overall age. Only 13 full-time Physicians are under 40 years of age.³⁷⁶



Turnover for Physicians is at about the same level as the state average, at 16 percent.³⁷⁷

In addition, the agency may face significant challenges in the next few years to replace those employees who are eligible for retirement. Over half of these

³⁷⁶ HHSAS Database, as of 8/31/11.

³⁷⁷ HHSAS Database, FY 2011 data.

employees (51 percent) will be eligible to retire by the year 2016.³⁷⁸ As retirement opportunities near, the agency may lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to match and even harder to recruit.

The agency is also experiencing difficulty filling vacant positions. With a high vacancy rate for these positions of about 21 percent, it can take almost a year to fill a physician position with someone who has appropriate skills and expertise.³⁷⁹

Non-competitive salaries are having a significant effect on retaining qualified Physicians with the agency. Agency Physicians earn an average annual salary of \$145,990.³⁸⁰ This salary falls below the market rate. The average annual salary for Physicians nationally is \$184,650 and \$184,300 in Texas.³⁸¹ The State Auditor's Office 2010 market index analysis found the average state salary for Physician IIs was seven percent behind the market rate.³⁸²

The state hospital system faces increasing difficulty in recruiting and retaining qualified Physicians. This has resulted in excessively high work loads for the Physicians on staff and often increases the patient-to-doctor ratio. The hospitals are seeing more and more medically acute patients in the state hospital system, requiring close medical monitoring of their conditions.

To deal with these recruitment and retention difficulties, the agency has often used contract Physicians to provide required coverage. These contracted Physicians are paid at rates that are well above the amount it would cost to hire Physicians at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$70³⁸³ paid to agency Physicians). These contracted Physicians may not be immediately available in an emergency (increasing the risk to patients) and are unable to provide the individualized treatment that arises from daily contact with staff and patients. Consequently, the patient's length of stay increases and annual number of patients served decreases. The frequency of use of outside medical services also increases when a physician shortage exists.

Recruitment of qualified candidates, as well as retention of these highly skilled and knowledgeable employees, continues to be a challenge for the agency.

³⁷⁸ HHSAS Database, FY 2011 data.

³⁷⁹ HHSAS Database, as of 8/31/11.

³⁸⁰ Ibid.

³⁸¹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/25/12.

³⁸² State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

³⁸³ Ibid.

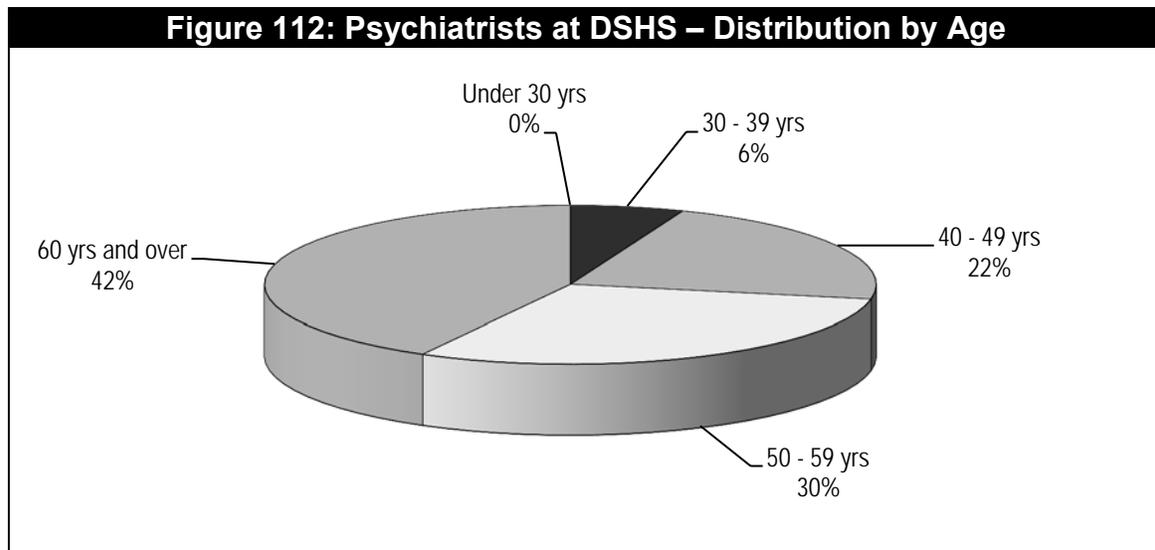
Compensation levels need to be increased to effectively compete in a market where qualified applicants are in short supply and healthcare competitors offer a higher starting salary. The cost of obtaining clinical staff through a placement service or contract far exceeds the cost of hiring and retaining an agency physician. Attracting and keeping clinical staff that are trained in the use of DSHS electronic equipment and clinical practices, as well as familiarity with the consumer population, is more productive and cost-effective.

To address these difficulties, DSHS has plans to increase entry level salaries for new Physicians and for currently employed staff during fiscal years 2014 and 2015.

Psychiatrists

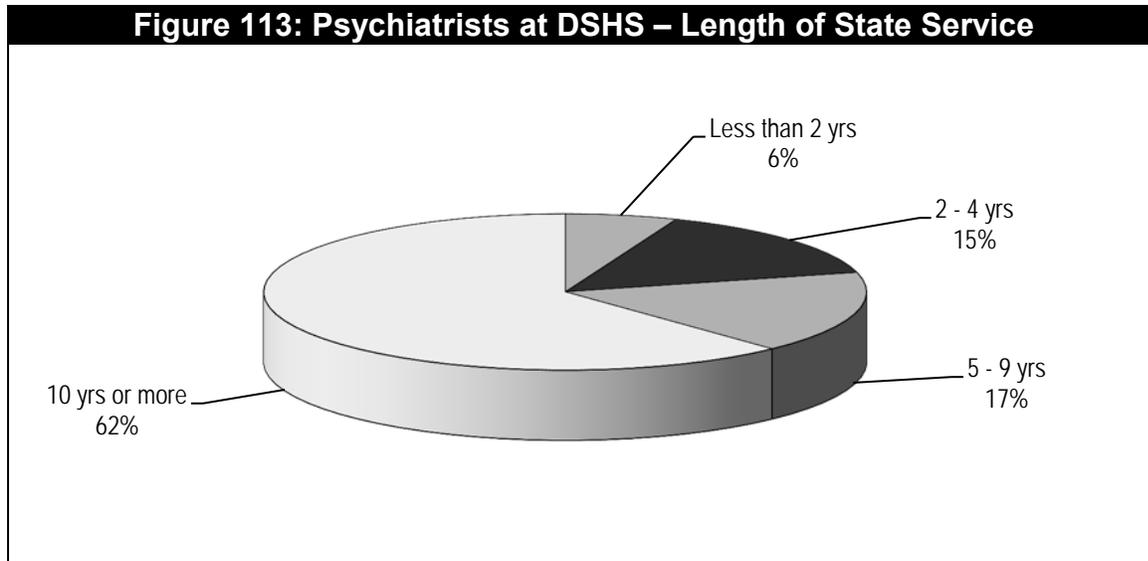
There are currently 125 Psychiatrists at DSHS.³⁸⁴ These highly skilled employees provide essential medical and psychiatric care in state hospitals. They take the lead role in diagnosing, determining a course of treatment, prescribing medications and monitoring the patients' progress.

DSHS Psychiatrists have, on average, about 14 years of state service, with an average age of 57. Over 60 percent of these employees have 10 or more years of service.³⁸⁵



³⁸⁴ HHSAS Database, as of 8/31/11.

³⁸⁵ Ibid.



Annual turnover for Psychiatrists is slightly below that state average at 14 percent.³⁸⁶

Texas has a severe shortage of Psychiatrists. It has been reported the supply ratio for Psychiatrists in the state of Texas has decreased from 6.2 per 100,000 adults in 1985 to 5.6 in 2005. In general, the supply of Psychiatrists is lower in rural and border counties. The need to recruit and retain professionals is crucial to the mental health care of residents in these underserved areas.³⁸⁷

DSHS Psychiatrists earn an average annual salary of about \$174,467.³⁸⁸ Market surveys indicate that this salary is below the entry level salary for the private sector in Texas. This discrepancy in earnings has created difficulties in attracting qualified applicants. With a high vacancy rate of 18 percent, most vacant Psychiatrist positions go unfilled for months.³⁸⁹ These difficulties are expected to continue, as almost half of these highly skilled and tenured employees become eligible to retire in the next five years.³⁹⁰

The state hospital system faces increasing difficulty in recruiting qualified Psychiatrists. This has resulted in excessively high work loads for the Psychiatrists on staff, reducing the ability of hospitals to function at full capacity, placing hospital accreditation at risk and increasing the average length of stay.

³⁸⁶ HHSAS Database, FY 2011 data.

³⁸⁷ "Highlights: The Supply of Mental Health Professionals in Texas – 2005," DSHS Center for Health Statistics, Publication 25-12347, 2006, webpage <http://www.dshs.state.tx.us/chs/hprc/MHhigh05.pdf>, last accessed on 4/29/08.

³⁸⁸ HHSAS Database, as of 8/31/11.

³⁸⁹ HHSAS Database, FY 2011 data.

³⁹⁰ HHSAS Database, as of 8/31/11.

To deal with these recruitment difficulties, the agency has often used contract Psychiatrists to provide required coverage. These contracted Psychiatrists are paid at rates that are well above the amount it would cost to hire Psychiatrists at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$84³⁹¹ paid to agency Psychiatrists). These contracted Psychiatrists may not be immediately available in an emergency (increasing the risk to patients) and are unable to provide the individualized treatment that arises from daily contact with staff and patients. Consequently, the patient's length of stay increases and annual number of patients served decreases. Since medical records of patients are almost completely electronic, Psychiatrists are required to be proficient at computer entry and documentation. It often takes many weeks to train a contract Psychiatrist on the nuances of the electronic medical record system.

Due to the complex medical and mental challenges that individuals residing in state hospitals exhibit, it is critical that the agency is able to effectively recruit and retain qualified Psychiatrists. Continued targeted recruitment strategies and retention initiatives for these highly skilled professionals must be ongoing.

Psychologists

The 56 Psychologists working at DSHS are assigned to state hospitals. Full staffing of these positions is critical to providing psychological services needed to patients.

DSHS Psychologists play a key role in the development of treatment programs for both individual patients and groups of patients. Their evaluations are critical to the ongoing management and discharge of patients receiving competency restoration services, an ever growing patient population in the state hospitals. They also provide testing and evaluation services important to ongoing treatment, such as the administration of IQ, mood, and neurological testing instruments.

These highly skilled and tenured employees have, on average, about 12 years of state service, with an average age of 48.³⁹²

³⁹¹ HHSAS Database, as of 8/31/11.

³⁹² Ibid.

Figure 114: Psychologists at DSHS – Distribution by Age

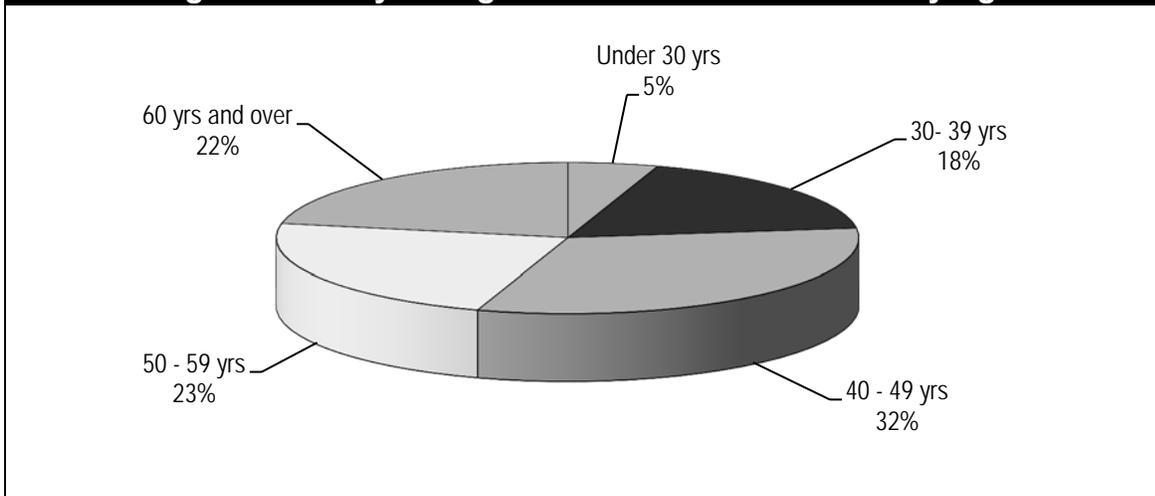
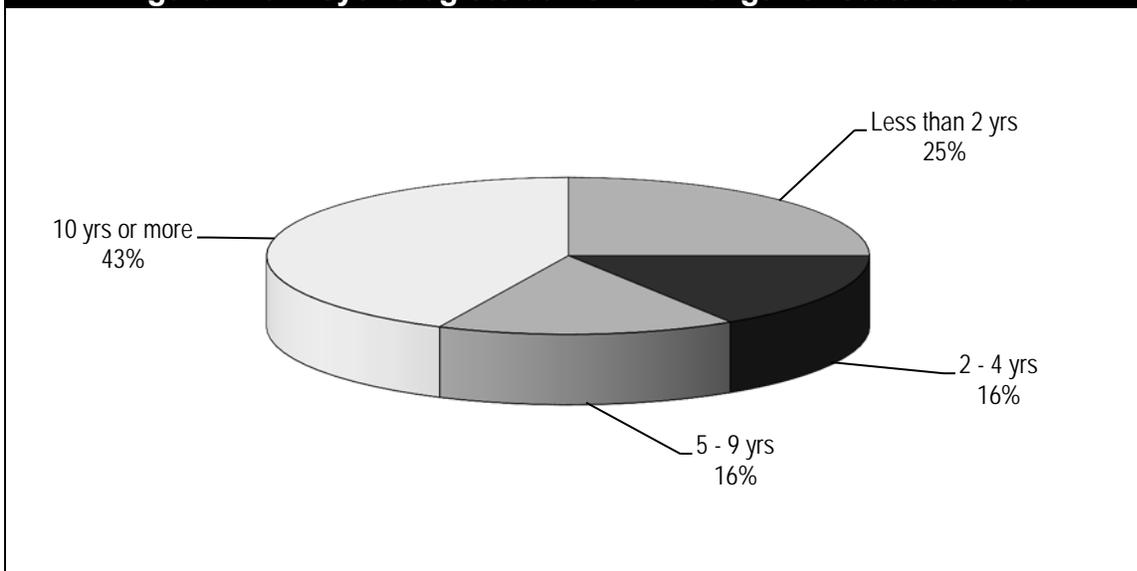


Figure 115: Psychologists at DSHS – Length of State Service



Though turnover for Psychologists is well managed at about 13 percent, the agency may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. About a third of these employees will be eligible to retire in the next five years.³⁹³

It is critical that the agency fill all budgeted Psychologist positions and is able to effectively recruit and retain qualified Psychologists.

³⁹³ HHSAS Database, FY 2011 data.

Pharmacists

Pharmacists represent one of the largest health professional groups in the U.S., with over 270,000 active Pharmacists as of May 2010.³⁹⁴ While the overall supply of Pharmacists has increased in the past decade, there has been an unprecedented demand for Pharmacists and for pharmaceutical care services. This need is expected to grow faster than the average for all occupations due to the increased pharmaceutical needs of a growing elderly population and increased use of medications. It is projected that there will be a demand for approximately 70,000 new Pharmacists by 2020, or a 25 percent increase in the number of total jobs.³⁹⁵ However, the number of available Pharmacists is expected to grow only modestly.

There are 38 Pharmacists working in various capacities at DSHS.³⁹⁶ For example, Pharmacists are essential to the timely filling of prescribed medications for patients in state hospitals and work within other areas of DSHS, such as the Drugs and Medical Devices program, the Kidney Health Program and the agency's Pharmacy Branch. The majority of these employees are in Pharmacist II positions (35 employees or 92 percent).

DSHS Pharmacists play a key role in the monitoring of costs and inventory of medications, and in the ongoing monitoring of in-patients' medication histories, needs and potential adverse drug issues. They provide important clinical consultation to psychiatrists and physicians regarding complex medical and psychiatric conditions that may be intractable to traditional medication treatment interventions.

The typical Pharmacist is about 51 years old and has an average of 12 years of state service. Forty-seven percent of these employees have 10 or more years of service.³⁹⁷

³⁹⁴ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 3/26/12.

³⁹⁵ Ibid.

³⁹⁶ HHSAS Database, as of 8/31/11.

³⁹⁷ Ibid.

Figure 116: Pharmacists at DSHS – Distribution by Age

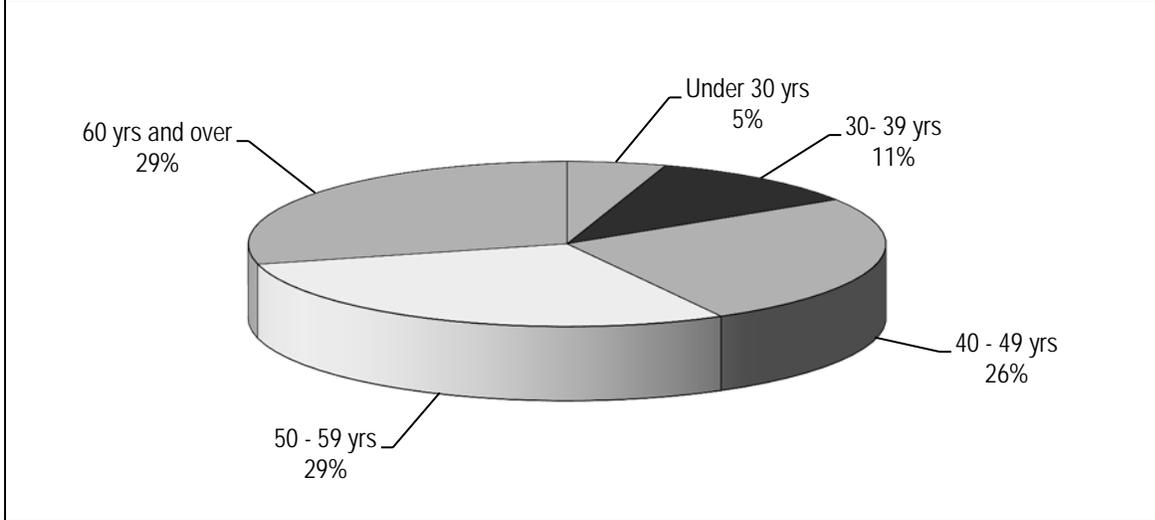
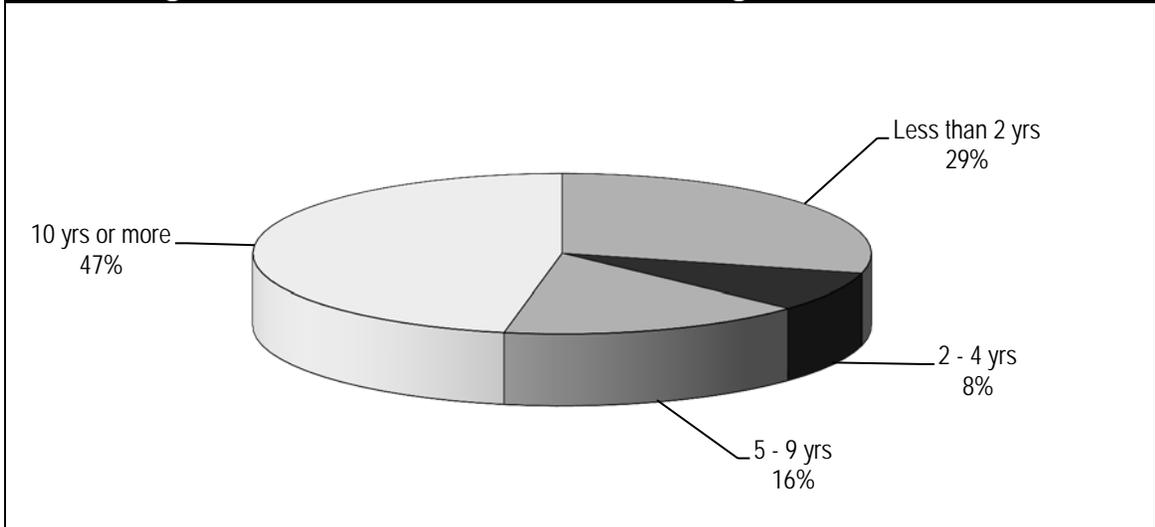


Figure 117: Pharmacists at DSHS – Length of State Service



Pharmacists at DSHS earn, on average, an annual salary of \$94,716.³⁹⁸ This salary falls significantly below the market rate. The average annual salary for Pharmacists nationally is \$112,160 and \$113,570 in Texas.³⁹⁹ The State Auditor's Office 2010 market index analysis found the average state salary for Pharmacists ranged from 16 to 32 percent behind the market rate.⁴⁰⁰

³⁹⁸ HHSAS Database, as of 8/31/11.

³⁹⁹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

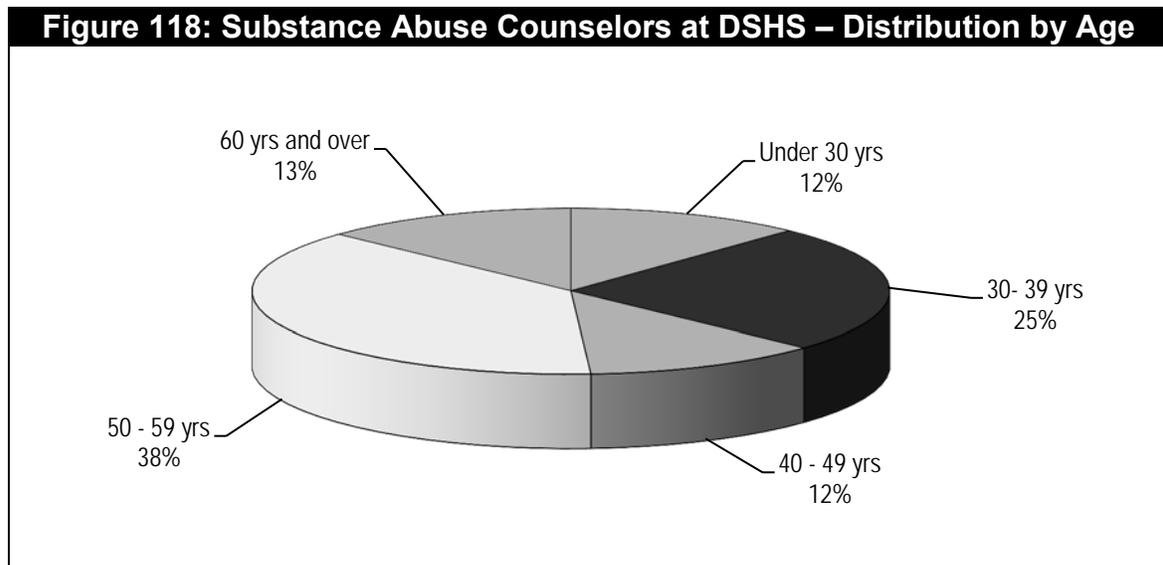
⁴⁰⁰ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

Though turnover for Pharmacists is currently well managed at about five percent, the agency may face significant recruitment challenges in the next five years, as over 40 percent of these employees become eligible for retirement.⁴⁰¹

Substance Abuse Counselors

There are approximately eight Substance Abuse Counselors at DSHS.⁴⁰² These highly skilled clinicians provide substance abuse services for co-occurring psychiatric and substance disorder (COPSD) patients at state hospitals across the state.

DSHS Substance Abuse Counselors are about 47 years old and have an average of 11 years of state service.⁴⁰³

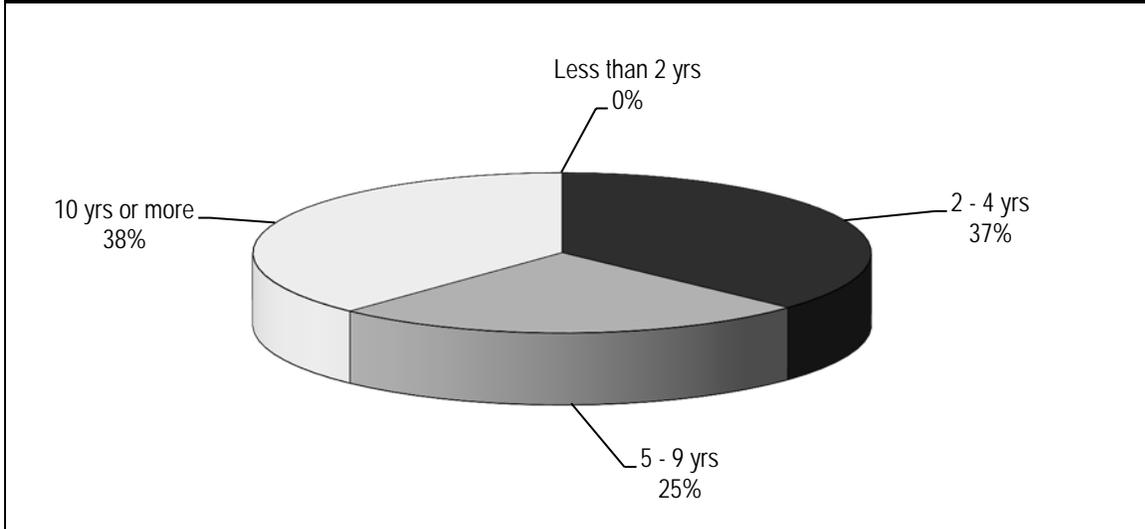


⁴⁰¹ HHSAS Database, as of 8/31/11.

⁴⁰² Ibid.

⁴⁰³ Ibid.

Figure 119: Substance Abuse Counselors at DSHS – Length of State Service



Substance Abuse Counselors at DSHS earn an average annual salary of about \$32,575.⁴⁰⁴ This salary falls below the market rate. The average annual salary for Substance Abuse Counselors nationally is \$41,030 and \$36,920 in Texas.⁴⁰⁵ The State Auditor's Office 2010 market index analysis found the average state salary for Substance Abuse Counselor IIs to be 28 percent behind the market rate.⁴⁰⁶

Though the overall turnover rate for Substance Abuse Counselors is manageable at around 13 percent, almost 40 percent of the employees will be eligible to retire by the year 2016.⁴⁰⁷

DSHS may face significant recruitment challenges in the next few years to replace those who retire.

Social Workers

There are approximately 170 Social Workers at DSHS.⁴⁰⁸ These employees are critical to managing patient flow in state hospitals and take the lead role in communicating with patient families and community resources. Social Workers provide essential functions within the agency that include:

⁴⁰⁴ HHSAS Database, as of 8/31/11.

⁴⁰⁵ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

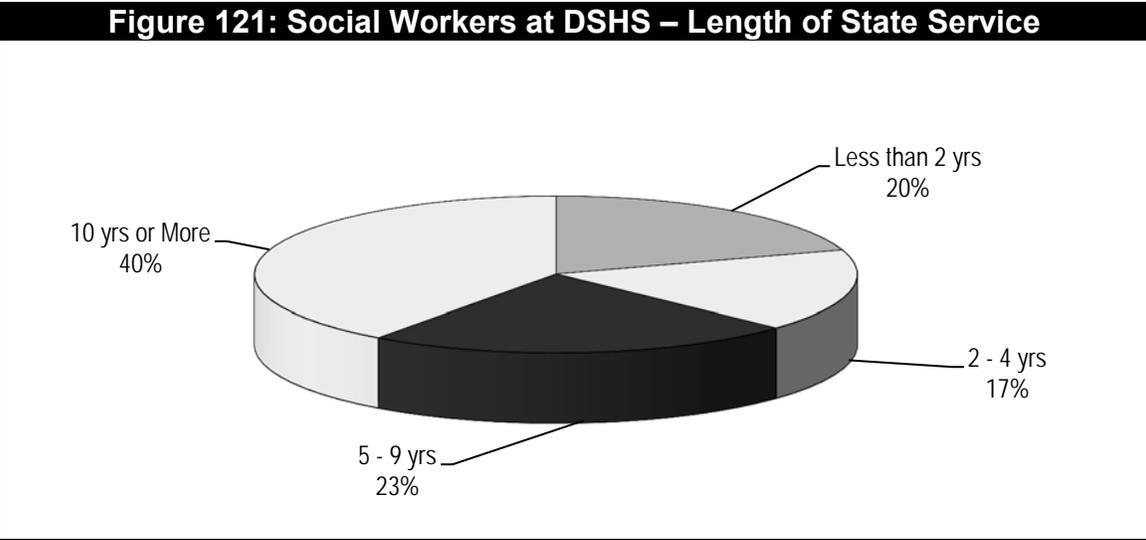
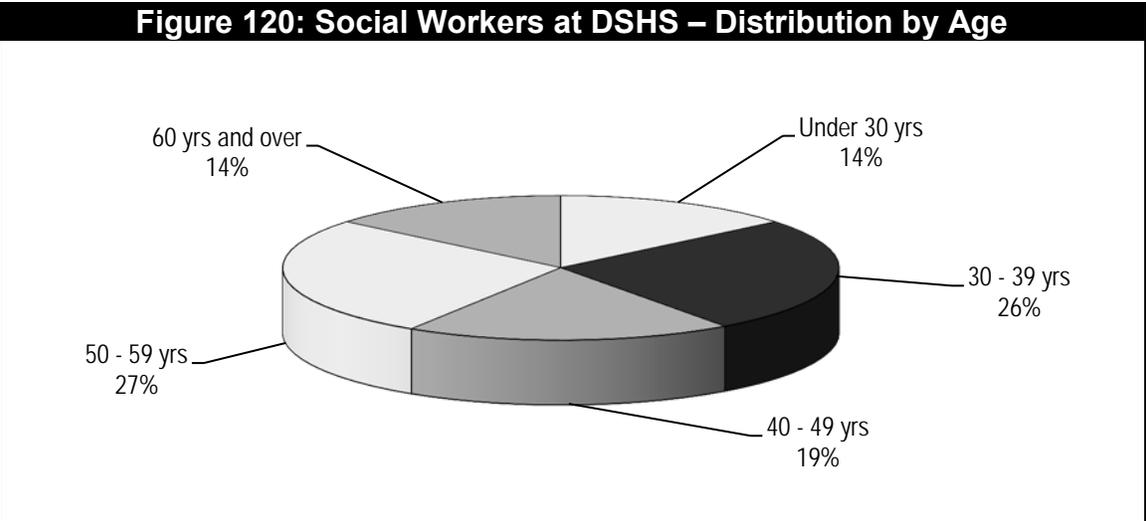
⁴⁰⁶ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

⁴⁰⁷ HHSAS Database, as of 8/31/11.

⁴⁰⁸ Ibid.

- ◆ Conducting psychosocial assessments, therapeutic treatment and case coordination for individuals receiving services from DSHS in-patient psychiatric hospitals and the Waco Center for Youth; and
- ◆ Developing, administering and implementing a range of public health and behavioral health programs throughout the DSHS service delivery system.

DSHS Social Workers are about 45 years old and have an average of 11 years of state service.⁴⁰⁹



The overall turnover rate for Social Workers is high at around 19 percent, with over a quarter of current Social Workers eligible to retire by 2016. In addition, vacant

⁴⁰⁹ HHSAS Database, as of 8/31/11.

positions often go unfilled for several months until a qualified applicant is available.⁴¹⁰

Factors impacting recruitment include non-competitive salaries, credentialing requirements and increased need for individuals with Spanish-English bilingual skills.

DSHS competes with both the federal and local governments, as well as the military and the private sector employers for Social Worker applicants. Many times the competitors are able to offer a higher starting salary. DSHS Social Workers earn an average annual salary of \$39,296, which is significantly below both the state and national average.⁴¹¹ The average annual earnings for Healthcare Social Workers in 2010 was \$50,500 nationally, and \$53,180 in Texas.⁴¹² The State Auditor's Office 2010 market index analysis found the average state salary for Social Worker I-IIIs ranged from 18 to 20 percent behind the market rate.⁴¹³

Considering these factors, recruitment and retention for these jobs are ongoing challenges.

Financial Analysts

There are about 25 Financial Analysts at DSHS, with the majority of these employees (80 percent) working for the Chief Operating Officer.

These Financial Analysts perform complex financial monitoring of government, educational, non-profit and/or for-profit entities contracted to administer various programs for the agency. They examine, investigate, and review accounting records, financial statements, management practices, and internal controls to ensure compliance with federal and state laws and/or regulations as well as DSHS policies, regulations, and contract provisions.

The typical Financial Analyst is about 54 years old and has an average of approximately 12 years of state service.⁴¹⁴

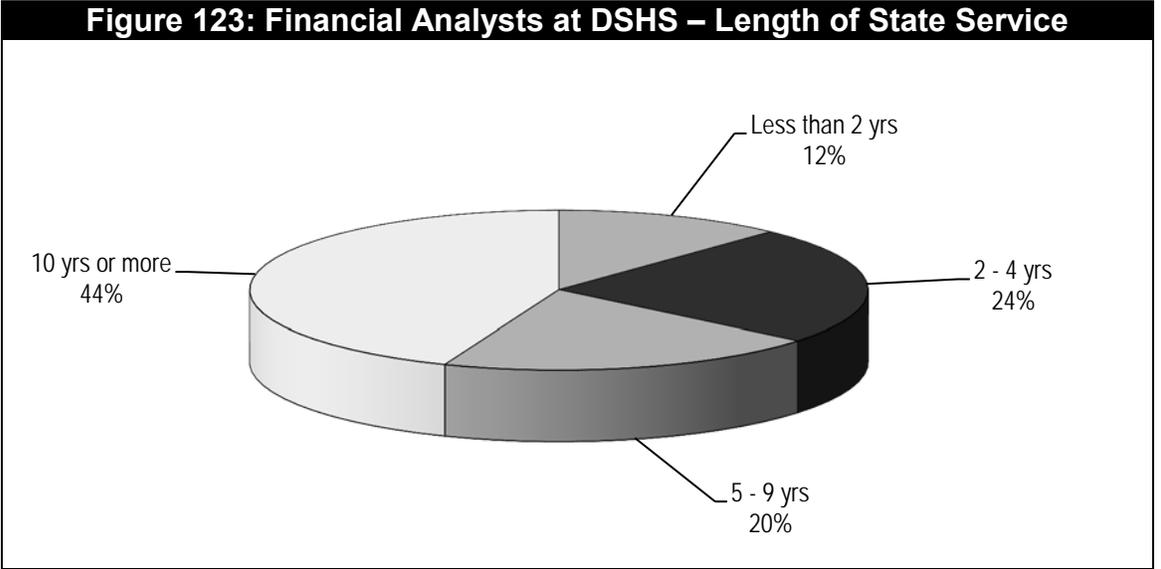
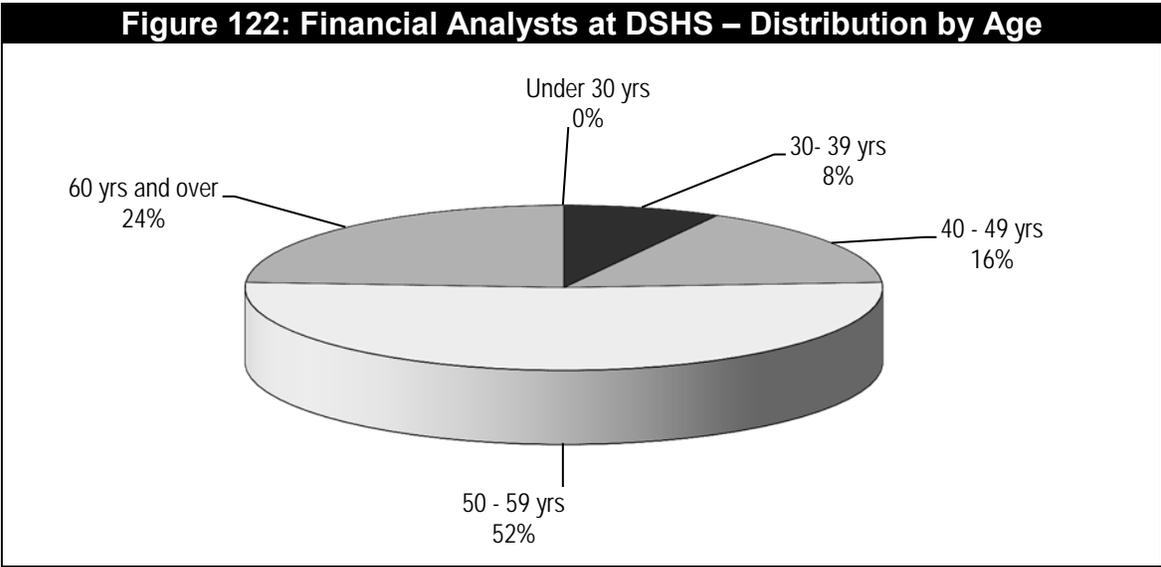
⁴¹⁰ HHSAS Database, FY 2011 data.

⁴¹¹ HHSAS Database, as of 8/31/11.

⁴¹² U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

⁴¹³ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

⁴¹⁴ Ibid.



The turnover rate for Financial Analysts is slightly below the state average of 16.8 percent at 15 percent.⁴¹⁵

DSHS Financial Analysts earn an average annual salary of \$48,698, which is significantly below both the state and national average.⁴¹⁶ The average annual earnings for Financial Analysts in 2010 was \$87,740 nationally, and \$84,050 in Texas.⁴¹⁷ The State Auditor’s Office 2010 market index analysis found the average

⁴¹⁵ HHSAS Database, FY 2011 data.
⁴¹⁶ HHSAS Database, as of 8/31/11.
⁴¹⁷ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2010; last accessed on 4/23/12.

state salary for Financial Analysts ranged from 18 to 20 percent behind the market rate.⁴¹⁸

The agency is also experiencing difficulty filling vacant positions. The vacancy rate for these positions is very high at about 29 percent, with positions often remaining unfilled for over 300 days.⁴¹⁹

In addition, the agency may face significant recruitment challenges in the next few years to replace Financial Analysts who are eligible for retirement. Over a third of these employees will be eligible to retire in the next five years.⁴²⁰

Recruitment and retention for these jobs are ongoing challenges.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

- ◆ Solidify a “pipeline” from academia to DSHS for students to learn about the work of the agency and gain experience, skills and qualifications through internships.
- ◆ Continued use of social work, nursing, medical student, psychiatric resident and other medical professional student/intern rotations at state hospitals.
- ◆ Work with Nurse Practitioner educational programs to develop, fund and promote specialty psychiatric Nurse Practitioner tracks with rotations in state hospitals.
- ◆ Continued use of internet-based job postings, billboards, job fairs, professional newsletters, list serves and recruitment firms.
- ◆ Offer incentives and educational leave to encourage DSHS non-licensed staff in hospitals to train to become RNs or other critical shortage staff.
- ◆ Involvement in HHS System-wide efforts to address health and human services workforce issues, including recruitment of staff to fill essential positions.
- ◆ Continued posting of difficult-to-recruit positions in professional publications.
- ◆ Review current Sanitarian salaries from local health departments, industry and the federal government and make necessary salary adjustments.
- ◆ Facilitate use of a “Sanitarian-In-Training” model, whereby individuals with appropriate education and experience but who lack the required license may be hired at a lower pay group in a related classification (as Environmental Specialist

⁴¹⁸ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

⁴¹⁹ HHSAS Database, FY 2011 data.

⁴²⁰ Ibid.

ls) and provided the opportunity to obtain their license and supplement their field experience. Once such an individual has successfully become a Registered Sanitarian, the employee would be promoted to the Sanitarian job series.

- ◆ Consider increasing the salary for Psychiatric Nursing Assistants,
- ◆ Evaluate options for paying for continuing education programs.
- ◆ Enhance capacity to recruit bilingual workers by providing a 6.8 percent salary incentive for assuming the duty of providing interpreter services to consumers.
- ◆ Consider the use of recruitment bonuses and moving allowances for highly competitive job categories such as Physicians, Psychiatrists and Pharmacists.
- ◆ Consider agency rules governing the hiring of licensed psychological personnel to include license-eligible personnel.
- ◆ Increase commitment to and effectiveness of recruiting a racially and ethnically diverse workforce.
- ◆ Implement continuous business improvement processes to ensure work systems are effective and efficient so that employees are able to focus on their specific duties.

Retention Strategies

- ◆ Involvement in HHS System-wide efforts to address health and human services workforce issues, including retention of staff filling essential positions.
- ◆ The development of a methodology for performance-based merits.
- ◆ Explore opportunities for flexible work schedules, telework, mobile work and alternative officing.
- ◆ Continue to provide adequate training to assist employees in preparedness of their jobs and expand opportunities for cross-training.
- ◆ Improve the work environment through provision of adequate technological tools, streamlined business processes and additional supervisory training.
- ◆ Improve employee communications.
- ◆ Consider opportunities to provide formally approved continuing education for various licensed healthcare professionals that meet requirements for credentialing.
- ◆ Provide workforce support and expertise in areas of recruitment and retention to work units.
- ◆ Continue to fund stipends for Psychiatrists-in-training at state hospitals.
- ◆ Consider opportunities to mentor professional staff.
- ◆ Recognize and reward employees who make significant contributions to public health.
- ◆ Increase commitment to and effectiveness of retaining a racially and ethnically diverse workforce.

Appendix F

Survey of Employee Engagement

Introduction

The Survey of Employee Engagement (SEE), designed by and conducted under contract by the University of Texas School of Social Work, offers participating agencies the opportunity to observe agency employees' perceptions and opinions of their employment experience. Understanding how employees perceive various aspects of the workplace is critical to identifying and successfully implementing needed organizational changes. Data gathered over time provides additional insight into trends in employee perceptions.

Response Rate

The University of Texas School of Social Work views the percentage of agency employees participating in the SEE as an indicator of organizational health, with higher response rates being an indicator of healthy investment by employees in an organization. Response rates greater than 50 percent and response rates that are rising over time are viewed as positive, while response rates lower than 30 percent may indicate a strong basis for concern. In 2012, 53,311 surveys were distributed to Health and Human Services (HHS) System employees, with 33,201 employees providing responses. The response rate of 62 percent was an increase from the 2010 response rate. This is viewed as an average response rate. The response rates listed below for each agency in the HHS System show that the Department of Assistive and Rehabilitative Services (DARS) again had an exemplary response rate, with the Health and Human Services Commission (HHSC) also registering a high response rate and the greatest gain since the previous year. The Department of Family and Protective Services (DFPS) continued to have a high response rate and improved over previous years.

**Table F.1
 SEE Response Rates for Agencies in the HHS System**

Agency	2006	2008	2010	2012
HHSC	53%	45%	61%	80%
Department of Aging and Disability Services (DADS)	41%	32%	50%	49%
DARS	82%	82%	82%	84%
DFPS	66%	67%	66%	70%
Department of State Health Services (DSHS)	46%	41%	50%	51%

Table F.1: Health and Human Services Commission.

Structure of the SEE

The SEE addresses five workplace dimensions: work group, information, accommodations, organizational features, and personal demands. Together these dimensions reflect aspects of the total work environment.

Fourteen survey constructs support the five workplace dimensions. The constructs are designed to profile organizational strengths and weaknesses so that interventions can be targeted appropriately. These constructs, which are sets of related questions, offer data about how employees view the organization. They provide management with information about what actions might strengthen the organization. In addition to the dimensions and constructs, which are based on 71 questions used statewide in the administration of the SEE, the HHS System agencies also included in the survey 15 questions designed by each agency for its own use and 5 questions used at all System agencies.

Scores for the constructs range from a low of 100 to a high of 500, with 350 as the neutral point on the scoring continuum. Scores greater than 350 suggest that employees perceive a construct more positively than negatively, and scores of 375 or greater indicate areas of substantial strength. Conversely, scores below 350 indicate employee perceptions leaning to the negative, and scores below 325 should be viewed as a source of significant concern and receive immediate attention.

Highlights of HHS System Results

This section addresses highlights of the survey results for the HHS System at the construct level. As indicated in Figure F.1, construct scores of the HHS System were clustered in a modestly negative to moderately positive range between 325 and 385, with one exception.

HHS employees gave their highest score to the Strategic construct. This indicates a strong degree of confidence in the ability of the HHS System agencies to respond to external factors that play a role in defining the organizations' missions, visions, and services. Implied in this construct is the ability to understand the environment and to seek out and work with relevant external stakeholders.

Closely related to the Strategic construct is the Supervision construct, which received the second highest score of 383. This construct focuses on the nature of supervisory relationships within HHS with an emphasis on aspects of leadership, communicating expectations, and a sense of fairness between supervisors and employees. A high score in this construct implies that employees view supervisors as fair, helpful, and critical to the work flow process.

Most noteworthy in terms of a result on the negative side are employee perceptions reflected in the Fair Pay construct. As in 2010, this was by far the lowest-scoring construct for HHS System employees. This construct consists of questions relating to whether salaries keep up with inflation, whether salaries are competitive with similar jobs in an employee's community, and whether people are paid fairly for their work. A score of 1.75 on the question of whether pay keeps up with rising living costs pulled down the score for this construct to 195 shown for this construct in Figure F.1.

The survey also contains data about the climate, or work environment. Climate is measured by five categories which include atmosphere, ethics, fairness, feedback, and management. Like constructs, climate area scores can also range from 100 to 500. Climate areas also use scores of 325 and 375 to indicate areas of concern and strength, with 350 being neutral. Questions on the survey pertaining to climate areas addressed employee perceptions relating to the more integrated HHS System created following House Bill 2292, 78th Legislature, Regular Session, 2003. Overall, all climate area scores slightly decreased from 2010, with decreases ranging from one to four points. The two highest scoring climate areas are atmosphere and ethics with scores of 366 and 359, respectively. The positive atmosphere score indicates that employees view the organization as being more free of harassment, which helps to establish a community of reciprocity. The positive ethics score indicates that employees perceive other employees to be ethical in their behavior and that ethical violations are appropriately handled, which helps to build trust within the organization.

Figure F.1
2012 SEE Survey Constructs for HHS System

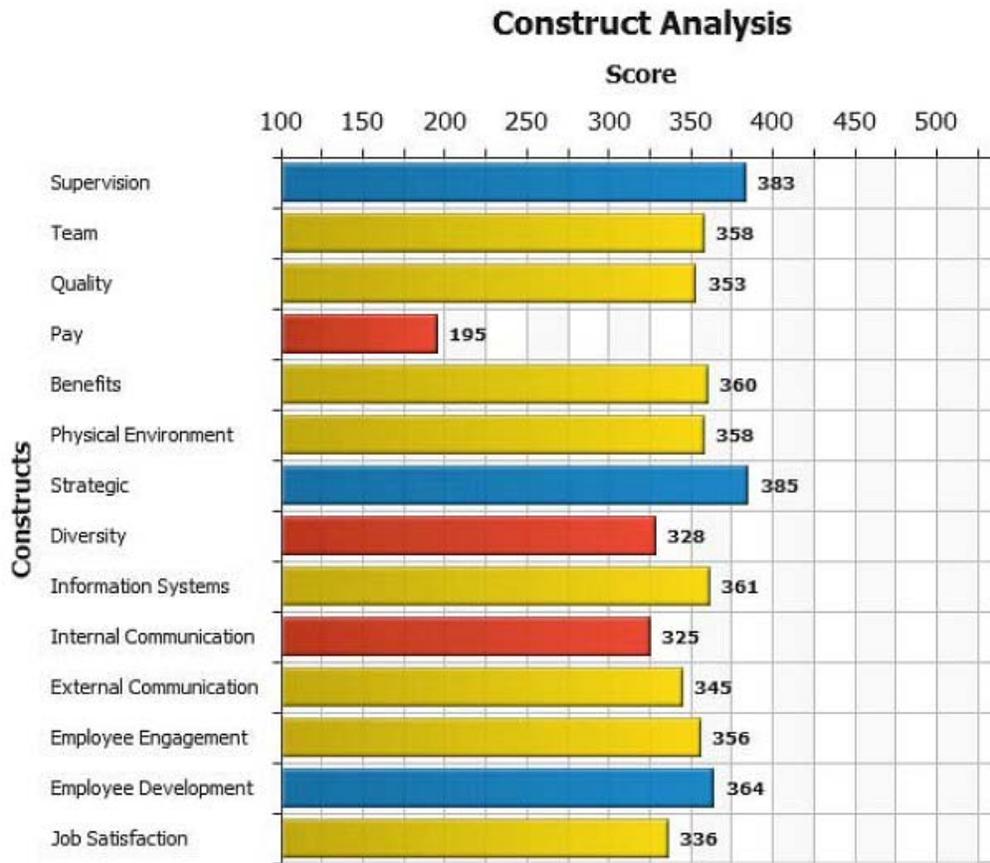


Figure F.1: University of Texas School of Social Work, HHS System Survey of Employee Engagement, 2012.

Appendix G

Historically Underutilized Businesses Plan

The Health and Human Services (HHS) System administers programs to encourage participation by historically underutilized businesses (HUBs) in all contracting and subcontracting by HHS agencies. The System's HUB Programs are designed to enhance the ability of HUBs to compete for HHS System contracts, increase agencies' awareness of such businesses, ensure meaningful HUB participation in the procurement process, and assist HHS System agencies in achieving its HUB goals.

Each state agency is required to include in its strategic plan a HUB plan. The section below describes in its entirety a coordinated HUB plan that covers the HHS System's HUB programs as a whole.

Goal

The goal of the HHS System HUB Plan is to promote fair and competitive business opportunities that maximize the inclusion of minority-owned businesses and women-owned businesses that are certified HUBs in the procurement and contracting activities of HHS System agencies.

Objective

The HHS System strives to meet or exceed the Statewide Annual HUB Utilization Goals and/or agency-specific goals that are identified each fiscal year (FY) in the procurement categories related to the HHS System's current strategies and programs.

Outcome Measures

In accordance with Section 2161(d)(5) of the Texas Government Code and the State's Disparity Study, state agencies are required to establish their own HUB goals based on scheduled fiscal year expenditures and the availability of HUBs in each procurement category.

In procuring goods and services through contracts, the HHS System, as well as each of its individual agencies, will make a good faith effort to meet or exceed the statewide goals, as described in Table 4.1, and/or agency-specific goals for HUB participation for the contracts that the agency expects to award in a fiscal year.

Table G.1
Statewide HUB Goals by Procurement Categories, Fiscal Year 2011

PROCUREMENT CATEGORIES	UTILIZATION GOALS
Heavy Construction	11.9%
Building Construction	26.1%
Special Trade Construction	57.2%
Professional Services Contracts	20.0%
Other Services Contracts	33.0%
Commodity Contracts	12.6%

Table G.1: Data from FY 2011 Statewide HUB Report, Texas Comptroller of Public Accounts.

The HHS System will collectively use the following outcome measure to gauge progress:

- Total expenditures and the percentage of purchases awarded directly and indirectly through subcontracts to HUBs under the procurement categories.

Each HHS System Agency may track additional outcome measures.

HHS System Strategies

When feasible, the HHS System will consider setting higher goals for its contract opportunities. Factors to consider will include:

- 1) HUB availability,
- 2) Current HUB usage,
- 3) Geographical location of the project,
- 4) Contractual scope of work,
- 5) Size of the contract, or
- 6) Other relevant factors not yet identified.

The HHS System agencies will also maintain and implement policies and procedures, in accordance with the HUB rules, to guide the agencies in increasing the use of HUBs by contracting directly and/or indirectly by subcontracting.

The HHS agencies employ several additional strategies, such as:

- Tracking the number of contracts awarded to certified HUBs as a result of HHSC outreach efforts;
- Obtaining assurances that contractors will make a good-faith effort to subcontract with HUBs identified in its subcontracting plan and maintain the commitment throughout the contract;
- Using available HUB directories, the internet, minority or women trade organizations or development centers to solicit bids;
- Maintaining a HUB Office, including a full-time HUB Coordinator and two HUB Administrators at the HHSC headquarters for effective coordination; and/or
- Developing and implementing a HUB Governance Plan and providing updates to the Executive Commissioner and CEOs on Enterprise HUB Program activities, related initiatives and projects.

Output Measures

The HHS System will collectively use and individually track the following output measures to gauge progress:

- The total number of bids received from HUBs,
- The total number of contracts awarded to HUBs,
- The total amount of HUB subcontracting expenditures,
- The total amount of HUB Procurement Card expenditures,
- The total number of mentor-protégé agreements,

- The total number of HUBs awarded a contract as a direct result of the HHSC outreach effort, and
- The total number of HUBs provided assistance in becoming HUB certified.

Additional output measures which may be used by specific System agencies:

- Total number of external outreach initiatives such as HUB forums attended and sponsored, and
- Total number of internal outreach initiatives such as agency HUB vendor presentations (Internal HUB Forums) and individual vendor meetings.

HUB External Assessment

According to the Comptroller of Public Accounts FY 2011 Statewide Annual HUB Report, the HHS System collectively awarded 21.05 percent of all contract funds to HUBs. Table 4.2 specifies details of the total FY 2011 expenditures for each HHS agency and total spending with HUBs directly and indirectly through subcontracting.

Table G.2
HHS System Expenditures with Historically Underutilized Businesses, by Agency, Fiscal Year 2011

Agency	Total Expenditures	Total Spent with All Certified HUBs	Percent
HHSC	\$710,375,926	\$138,686,329	19.52%
DADS	159,376,480	27,528,287	17.27%
DARS	32,778,851	6,576,239	20.06%
DFPS	59,018,316	17,751,010	30.08%
DSHS	340,922,754	57,498,566	16.87%
Total	\$1,302,472,327	\$280,040,431	21.50%

Table G.2: Data from FY 2011 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.

The HHS System agencies made a number of internal improvements to help meet statewide and/or agency-specific HUB goals. HHS System agencies initiated an aggressive outreach effort to educate HUBs and minority businesses about the procurement process. In addition, the HHS System agencies developed and implemented a HHS HUB Governance Plan to assist with the continuous implementation, coordination, oversight, and management of the HHS agency's HUB Program initiatives in accordance with the HUB statute, rules and/or policies throughout the HHS System.

Other areas of progress include:

- Promoting HUB usage within agencies' procurement card programs;
- Signing a Memorandum of Cooperation between HHSC and two entities: the Texas Association of African-American Chambers of Commerce and the Texas Association of Mexican-American Chambers of Commerce;
- Conducting post-award meetings with contractors to discuss the requirements related to the HUB Subcontracting Plan and monthly reporting;
- Advertising HHSC contract opportunities on the Electronic State Business Daily (ESBD) and while attending external outreach events; and
- Developing an HHSC Business Opportunities Page on its website to maintain awareness for all HUBs.

Additional goals include:

- Enhancing outreach efforts internally and externally by promoting access, awareness, and accountability through education and training;
- Enhancing minority- and woman-owned businesses' participation in System-sponsored HUB Forums where exhibitors may participate in trade-related conferences;
- Enhancing HHS System HUB reporting capabilities;
- Expanding HHS System mentor-protégé program vision to maximize the state's resources through cooperation and assistance from other public entities and corporate businesses; and
- Promoting and increasing awareness of subcontracting opportunities in HHS System contracts, which are identified in contractors' HUB Subcontracting Plans.

Appendix H: Workforce Development System Strategic Planning

This Appendix is submitted in accordance with Texas Government Code, §§2308.104 and 238.1015. This statutory mandate requires the Texas Workforce Investment Council (TWIC) or the Council to facilitate the seamless delivery of integrated workforce services to the state. The Texas Workforce Investment Council, created in 1993 by the 73rd Texas Legislature, is charged in both state and federal law with the responsibility to assist the Governor and the Legislature with strategic planning for and evaluation of the Texas workforce system. The Council serves as the State Workforce Investment Board under the federal Workforce Investment Act. Development of an integrated strategic plan for the workforce system is one of the Council’s chief responsibilities. A strategic perspective enables the Council to effectively facilitate planning and evaluation across eight agencies with multiple programs (including HHSC and DARS) that comprise the Texas workforce system.

System partner agencies include:

- ▶ Economic Development and Tourism (EDT)
- ▶ Texas Department of Criminal Justice – Windham School District (TDCJ)
- ▶ Texas Education Agency (TEA)
- ▶ Texas Health and Human Services Commission – Department of Assistive and Rehabilitative Services (HHSC DARS)
- ▶ Texas Higher Education Coordinating Board (THECB)
- ▶ Texas Veterans Commission (TVC)
- ▶ Texas Workforce Commission (TWC)
- ▶ Texas Youth Commission (TYC)

The Governor approved *Advancing Texas: Strategic Plan for the Texas Workforce Development System FY2010-FY2015 (Advancing Texas)* on October 23, 2009. The first update to the plan, incorporating input from all partner agencies, was considered by the Council in March 2012 and subsequently approved by the Governor on May 24, 2012.

The matrix below lists Long Term Objectives (LTOs) for which one or more partner agencies are responsible.

Responsible Agencies	Ref. No.	Long Term Objective
THECB, TWC	S1	Produce each biennium, commencing in 2010, a report that documents an assessment of the number and type of postsecondary education and training credentials (certificate, level two certificate, associate, bachelor’s and advanced degrees) required to match the demand for a skilled and educated workforce. The assessment will include the number of forecast net job openings by occupation at each level of postsecondary education and training and the number of credentials needed to match that forecast.
TEA	S2	By 2013, Texas will decrease high school dropout rates by implementing rigorous Career and Technical Education

Responsible Agencies	Ref. No.	Long Term Objective
		(CTE) as part of the recommended or advanced high school graduation program.
TEA, THECB	S3	By 2013, education and training partners will have the infrastructure necessary (policies, procedures, data processes, rules, and capabilities) to facilitate the effective and efficient transfer of academic and technical dual credit courses from high schools to community colleges and four year institutions.
HHSC (DARS)	C1	By 2013, the blind and disabled populations will achieve additional employment outcomes.
TVC	C2	By 2013, the veteran population will achieve additional employment outcomes.
TEA, TWC	C3	By 2013, design and implement integrated Adult Education and workforce skills training programs to enhance employment outcomes for the English language learner population.
TEA, TWC	C4	By 2013, design and implement targeted Adult Education programs to enhance employment outcomes for populations requiring workplace literacy skills.
HHSC (DARS), TDCJ, THECB, TVC, TYC	P5	Partner agencies will gather data from employer customers at appropriate intervals to determine employer needs and satisfaction.
HHSC (DARS), TDCJ, TVC	P6	Partner agencies will use the employment data/outcomes of their programs to understand and improve those programs.

Part 1: Long Term Objectives (LTO)

LTO Reference No.:	C1	Key Actions/Strategies for FY 2013-2017
		<p>The department developed and is implementing new, innovative projects that are partnerships between community rehabilitation providers and employers. These projects promote opportunities for consumers to become employed with partner employers (or employers within similar industries) and for employers to have access to trained potential employees. The department is using these projects to help individuals with disabilities achieve additional employment outcomes. These projects are intended to serve as pilots to the development of ongoing VR program models to strengthen how DARS works with businesses.</p> <p>Projects were developed, implemented and led by the Division for Rehabilitation</p>

Services with the Division for Blind Services involvement and participation during FY2011 to support new FY2013 employment outcomes. As a result of the success of the pilot projects, new employer-based skills training programs have emerged. The pilot projects were transitioned into sustainable, ongoing fee-for-service partnerships with community rehabilitation providers and various businesses. New training opportunities with business partners have evolved by replicating this model. New provider standards will be published to encourage continued growth of employer-based skills training projects.

LTO Reference No.:	P5	Key Actions/Strategies for FY 2013-2017
---------------------------	-----------	--

DARS developed surveys and a process for routinely obtaining feedback from businesses to evaluate businesses' use of DARS vocational rehabilitation services, as well as their satisfaction with those services. Survey results help DARS determine how well DARS is meeting businesses' needs. Web-based surveys are sent to businesses immediately upon completion of services provided and/or after successful consumer placements.

DARS will continue to send surveys to businesses who received services and support from DARS in:

- Hiring a consumer referred by DARS (to determine whether or not an appropriate applicant referral was made and if the applicant was hired, and if not, why not);
- Job retention services (to determine if services provided to the business assisted the business in retaining a valuable employee);
- Training such as sensitivity and diversity training (to determine if the business believed they received the education necessary to effectively understand disabilities and abilities of employees with disabilities).

Using the surveys to gauge business feedback is critical to the evaluation of DARS business relationships.

LTO Reference No.:	P6	Key Actions/Strategies for FY 2013-2017
---------------------------	-----------	--

DARS will continue to improve services to businesses by evaluating effectiveness of services provided. DARS routinely provides data to managers for program evaluation and improvement.

DARS surveys are used to recognize when DARS has provided effective services to business, as well as to identify areas for internal development and training for continuous improvement.

Part 2: Narrative

DARS collaborates with workforce partners at the local, state and federal level to leverage system capabilities and improve employment and wage outcomes for eligible individuals with disabilities.

Within the Texas workforce system, DARS specifically:

- Coordinates and aligns with other Texas workforce system partners providing services DARS consumers to ensure services are cohesive and integrated. This is accomplished through active participation on local and state workforce development boards.
- Develops and enhances employer relations to ensure Texas employers are aware of and understand the capabilities of current and future workers who receive DARS services. This is accomplished by establishing and maintaining ongoing relationships with employers throughout the state.
- Develops and deploys assistive technologies so that Texas workers with disabilities will have a broader range of employment options. This is accomplished by assessing the specific needs of each worker and providing the appropriate access solution on a timely basis.

As outlined in *Advancing Texas* and in collaboration with our workforce partners, DARS is engaged in the following activities.

C1 By fiscal year 2013, the blind and disabled populations will achieve additional employment outcomes.

The department evaluated proposals from business and community rehabilitation partner providers, and awarded contracts to nine partner projects across the state. Projects are based on three key deliverables:

1. Consumers receive industry specific training on the business site.
2. Consumers acquire soft skills through training.
3. Consumers complete training, go to work and remain employed.

The projects are documenting goals achieved during the first year. DARS continues to monitor the contracts and provide technical assistance. These projects will continue as fee-based services after the contracts are completed.

The projects that were initially awarded became fee-for-service contracts and continue to operate and function under the same criteria established at the onset of the contracts. In addition, the pilots were used as a “model” for new embedded training programs which are operating across the state resulting with employment goals being realized by participants.

P5 Partner agencies will gather data from employer customers at appropriate intervals to determine employer needs and satisfaction.

The department created and implemented two surveys to routinely obtain feedback from businesses:

1. The **Business Satisfaction Survey** is designed to obtain feedback on DARS services related to consultation and training on disability and disability awareness for businesses.
2. The **Applicant Hiring and Retention Satisfaction Survey** is intended to gather feedback on services related to providing qualified candidates with job retention and employment accommodations/technical assistance.

Business partners' levels of satisfaction have been very high for DARS' services (e.g., potential hire, job retention assistance, accommodations and technical assistance, and diversity awareness presentations). DARS has used feedback to make service improvements with regard to business relationship development. DARS continues to design and implement program changes as appropriate.

The surveys have been found to be very useful and DARS continues to utilize these surveys to continue to gather information, improve upon services and recognize staff for their commendable work.

P6 Partner agencies will use the employment data/outcomes of their programs to understand and improve those programs.

DARS uses survey feedback to routinely identify areas of strength, weaknesses and other trends in service delivery across the state. DARS uses this information to identify opportunities for staff coaching and training, staff recognition, program improvements and replication of successful practices.

Appendix I

**Technology Initiative Assessment and
Alignment**

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Governance: Establishment of IT framework focusing and enhancing critical processes and key management practices assuring the investment generates business value while mitigating associated risks.	DADS	Technology Investment Planning (TIP). Status: Planning.	All Agency Objectives	P1, P2, P4, P5, P6, P7, P8, P9	Trust: Technology investment planning provides transparency for decisions that affect the agency.	Citizen or customer satisfaction	Barrier: Competing priorities.
Governance	DARS	Establishment of IR Service-Oriented Delivery (not a capital project in the Information Technology Detail). Status: Research & analysis completed.	All Agency Objectives	P1 through P10	Innovate: Establishing a business driven investment framework enables DARS to leverage appropriate assets and resources across the enterprise. Trust: Promote transparency accounting of agency services, data, vulnerabilities, and practices. Deliver: Maximize the state's investment in technology solutions.	Operational efficiencies, Citizen or customer Satisfaction	Barriers: Executive sponsorship and enterprise alignment.
Governance	HHSC	Demand Management. Status: Development Stage.	All Agency Objectives	P3; P4	Trust & Deliver: By optimizing use of IT resources in the Application Development organization with the use of programmatic and fiscal policies to influence the aggregate demand for IT services within the application organization.	Operational efficiencies; Compliance	Barriers: Need for a strategic IT vision without compartmentalization; Elimination of Funding.
Governance	HHSC	Texas Integrated Eligibility Redesign System (TIERS) Governance Improvements. Status: Implemented Stage.	All Agency Objectives	P3; P4	Trust & Deliver: Develop, coordinate and implement programmatic and fiscal policies to ensure that IT services within the Chief Information Officer functional organizations perform within the TIERS project strategic vision.	Operational efficiencies; Compliance	Barriers: Need of formal coordination within the current TIERS environment; coordination of financial policies with Client Modernization Project implementation.
Information Security: The protection of data and its systems from unauthorized access or use.	DADS	Implement Recommendations from Security Audit Findings at State Supported Living Centers. Status: Planning.	State Supported Living Centers	P9	Trust: Securing data provides a foundation for public trust with the proposal to implement the recommendations including but not limited to improved physical security for hardware and data as a result of a HHSC Security Audit.	Security improvements, Compliance	Capabilities: 1) Good, mature foundational Security Standards are in place; 2) Skilled, motivated staff are on payroll; 3) A sound security integration strategy and security architecture vision will be finalized by March 2013; and 4) Continued joint Data Loss Prevention (DLP) initiative with the HHSC will provide added monitoring support. Barriers: New Data Center Services (DCS) processes could impact implementation schedule.

*Statewide Technology Priorities: P1 - Cloud; P2 - Data Management; P3 - Data Sharing; P4 - Infrastructure; P5 - Legacy Applications; P6 - Mobility; P7 - Network; P8 - Open Data; P9 - Security and Privacy; P10 - Social Media.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Information Security	DADS	Implement Recommendations from Security Audit Findings at State Supported Living Centers. Status: Planning.	State Supported Living Centers	P9	Trust: Securing data provides a foundation for public trust with the proposal to implement the recommendations including but not limited to improved physical security for hardware and data as a result of a HHSC Security Audit.	Security improvements	Capabilities: Ample management and program area support is in place for a successful implementation. Barriers: Aging buildings and delicate environmental controls may require unforeseen advance remediation. (Note: This exceptional item has been moved to Facilities and renamed "Construction to provide physical security of Information Technology assets at SSLC campuses".)
Information Security	DARS	Hitachi ID Identity & Access Management (IAM) rollout (not a capital project in the Information Technology Detail). Status: Infrastructure is completed. Role mining and Role-based access control (RBAC) templates currently in process.	All Agency Objectives	P2 through P5, P7 through P9	Connect: Implementing an accessible Identity & Access Management (IAM) solution allows all employees regardless of physical status to self manage their passwords and associated identities for all technologies requiring authentication. Trust: This IAM suite will provide a full accounting of all user provisioning and associated lifecycle activities relating to technical access and associated permissions. Deliver: This application suite will empower our mobile workforce to self manage their IDs or passwords both in the office and on the road, 24 hours a day, seven days a week without the need for staffing to support this function.	Operational efficiencies, customer satisfaction, security improvements, and compliance	Barriers: 1) Current staffing levels impede the ability to easily integrate all technologies due to capacity limitations. The IAM suite affords a work around in these cases. 2) Also, available project resources to engage the business units in the role mining and Role Based Access Control (RBAC) templates will delay the rollout due to the inherent time constraints.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Information Security	DARS	Annual Risk Assessment process (not a capital project in the Information Technology Detail). Status: Cross agency deployment of RSA's eGRC (enterprise governance, risk, and compliance) solution.	All Agency Objectives	P2 through P5, P7 through P10	Innovate: The cross agency implementation of an eGRC (enterprise governance, risk, and compliance) allows HHS agencies to enjoy significant cost savings while gaining access to true enterprise class technology to better manage security events and to perform annual risk assessments. Trust: This system, while facilitating an improved security event response capability for all participating agencies, will also provide very granular information for public record requests relating to Information Security events. Deliver: Lastly, this system will allow the operational and IT security support staff to preemptively respond to threats which could impact our mobile workforce.	Operational efficiencies, customer satisfaction, security improvements, and compliance	Barriers: Requires cross agency coordination and collaboration, but no clear barriers foreseen at this time.
Information Security	HHSC	Data Loss Prevention and Detection. Status: Implementing.	All Agency Objectives	P9	Innovate: Improve HHS Enterprise Security with additional technology, enhanced processes and integration of activities throughout the organization.	Security improvements Compliance	Barriers: Limited personnel resources devoted to the operation and implementation of improved security measures.
Information Security	HHSC	Data Classification and Inventory of Classified Information. Status: Initiating.	All Agency Objectives	P9	Innovate: Improve HHS Enterprise Security with additional technology, enhanced processes and integration of activities throughout the organization.	Security improvements Compliance	Barriers: Limited personnel resources devoted to the operation and implementation of improved security measures.
Information Security	HHSC	Incident Management System Implementation and Process Improvement. Status: Initiating.	All Agency Objectives	P9	Innovate: Improve HHS Enterprise Security with additional technology, enhanced processes and integration of activities throughout the organization.	Security improvements Compliance	Barriers: Limited personnel resources devoted to the operation and implementation of improved security measures.
Information Security	HHSC	Improved Risk Assessment Process. Status: Initiating.	All Agency Objectives	P9	Innovate: Improve HHS Enterprise Security with additional technology, enhanced processes and integration of activities throughout the organization.	Security improvements Compliance	Barriers: Limited personnel resources devoted to the operation and implementation of improved security measures.

*Statewide Technology Priorities: P1 - Cloud; P2 - Data Management; P3 - Data Sharing; P4 - Infrastructure; P5 - Legacy Applications; P6 - Mobility; P7 - Network; P8 - Open Data; P9 - Security and Privacy; P10 - Social Media.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Information Security	HHSC	Improve authentication. Status: Planning.	All Agency Objectives	P9	Innovate: Improve HHS Enterprise Security with additional technology, enhanced processes and integration of activities throughout the organization.	Security improvements Compliance	Barriers: Limited personnel resources devoted to the operation and implementation of improved security measures.
Information Security	HHSC	Enhance Threat Detection and Malware Prevention. Status: Planning.	All Agency Objectives	P9	Innovate: Improve HHS Enterprise Security with additional technology, enhanced processes and integration of activities throughout the organization.	Security improvements Compliance	Barriers: Limited personnel resources devoted to the operation and implementation of improved security measures.
Information Security	HHSC	Texas Integrated Eligibility Redesign System (TIERS) Security Program Implementation. TIERS Reprocurement RFP. Status: Ongoing.	Enterprise Oversight and Policy, Chip Services, Program Support, Information Technology Projects	P9	Trust: Provide a secure, safe environment for clients' confidential data.	Security Improvements	Barrier: Established a comprehensive framework.
Information Security	HHSC	Identity & Access Management. Status: Planning.	All Agency Objectives	P9	Innovate, Trust, and Deliver: Enterprise Single Sign-On will deploy a desktop agent that allows users to access multiple applications using stored credentials.	Operational Efficiencies, Customer Satisfaction, Security Improvements, Foundation for future Operational Improvements, Compliance	Barrier: Dependent upon agency implementation of active directory across the user base.
Data Sharing: Development of policy and technical mitigation processes for secure data exchanges.	DARS	Agency data loss prevention (not a capital project in the Information Technology Detail). Status: Actively adopting Office 365 hosted e-mail solution along with Voltage encryption, migrating to Globalscape File Transfer Protocol platform and participating in the HHS remote access standardization initiative.	All Agency Objectives	P1 through P9	Innovate: These measures are not only adding to the "defense in depth" strategy of HHS Information Security, they are also allowing our partners, clients and the agencies to work with the peace of mind that their data is secure and all lifecycle activities are being monitored for security practices and status. Trust: These measures offer the public a sense of security and trust in working with state agencies and exchanging sensitive, private information. Deliver: These technologies also protect our mobile workforce as they perform their job functions while at non-state operated facilities.	Operational efficiencies, customer satisfaction, security improvements, and compliance	Capabilities: All of these initiatives are across HHS agency endeavors. Barriers: Currently, there are no foreseeable barriers to address.

*Statewide Technology Priorities: P1 - Cloud; P2 - Data Management; P3 - Data Sharing; P4 - Infrastructure; P5 - Legacy Applications; P6 - Mobility; P7 - Network; P8 - Open Data; P9 - Security and Privacy; P10 - Social Media.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Data Sharing	DSHS	Clinical Management from Behavioral Health Services (CMBHS). Status: Under Contract.	Hospital Facilities and Services	P3, P9	Innovate: As a cornerstone of a planned technology roadmap, the Clinical Management for Behavioral Health Services (CMBHS) system is designed, in part, to replace expensive maintenance costs of mainframe legacy systems with web based application servers that provide real-time data access. Deliver: More thorough client assessment leads to improved treatment plan and better services for clients.	Operational Efficiencies, Security Improvements	Barrier: Staffing Limitations.
Data Sharing	DSHS	Preventable Adverse Events (PAE). Status: Not started.	Prevention and Preparedness Services	P3, P9	Trust: This will result in providing interested parties a clear and transparent data related to hospitals, surgical centers, and any pediatric inpatient unit.	Compliance	Barriers: Privacy Issues, Staffing Limitations.
Data Sharing	HHSC	Eligibility as a Service (EaaS). Status: Current.	Enterprise Oversight and Policy, Chip Services, Program Support, Information Technology Projects	P3	Connect: The Eligibility as a Service initiative will establish a centralized repository for information related to eligible clients receiving benefit services. This repository will be available to all qualifying information trading partners. The data exchange interfaces will be supported through open, industry standard technologies allowing for efficient and easy exchange of information.	Citizen or customer satisfaction	Barriers: Developing or finding technical mechanisms to transform data to support use of real-time eligibility source for trading partners via a web service. This web service will use near real-time connectivity / updates from Texas Integrated Eligibility Redesign System (TIERS) to access the most up-to-date eligibility data based on TIERS Type of Assistance (TOA).
Data Sharing	HHSC	Enterprise Data Warehouse. Status: Current.	Enterprise Oversight and Policy, Chip Services, Program Support, Information Technology Projects	P3	Innovate: Providing savings and information needed for business requirements.	Foundation for future operational improvements	Barriers: Providing a consolidated view of diverse data sources currently stored in a variety of formats and locations. Diverse regulations: Medicaid, Children's Health Insurance Program (CHIP), food stamps and Temporary Assistance for Needy Families (TANF). Efforts to detect fraud and abuse while reducing overall costs to taxpayers, providing the state's human service needs and priorities in the future, and improving delivery of health care services.
Data Sharing	HHSC	Enterprise Data Governance. Status: Current.	Enterprise Oversight and Policy, Chip Services, Program Support, Information Technology Projects	P3	Innovate: Providing information with changing policy requirements.	Foundation for future operational improvements	Barriers: Accurately interpreting and analyzing data from different Medicaid systems with confidence that data attributes and definitions conform to Medicaid enterprise standards established through data governance policies and procedures.

*Statewide Technology Priorities: P1 - Cloud; P2 - Data Management; P3 - Data Sharing; P4 - Infrastructure; P5 - Legacy Applications; P6 - Mobility; P7 - Network; P8 - Open Data; P9 - Security and Privacy; P10 - Social Media.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Data Sharing	HHSC	Enterprise Content Management. Status: Planned.	All Agency Objectives	P3	Innovate: The Enterprise Content Management initiative will provide a centralized repository for the efficient storage and retrieval of digital image content. This repository will result in reduced office space needs, improved access to images, use of images in automated solutions and overall improved client services.	Foundation for future operational improvements	Barrier: Sharing and managing content across the enterprise in a consistent and structured format.
Data Sharing	HHSC	SharePoint - Cloud Offering. Status: Planned.	All Agency Objectives	P1	Innovate: By incorporating new technology avenues for the best business practices.	Foundation for future operational improvements	Barriers: Evaluating SharePoint in the cloud offering to analyze its features as well its limitations. Building the structure and framework required for the organization and pilot projects that require collaboration, content repository and distribution.
Data Center Transformation: Texas Data Center Services (DCS) offers mainframe, server, bulk print and mail, and co-location services to state agencies initiated in 2005 by the Texas Legislature.	DADS	Bring DADS Cloud Infrastructure Server out of agency support and into Data Center Services technical support as an in scope asset of Data Center. Status: Planning.	All Agency Objectives	P1	Innovate: DADS is one of the first HHSC agencies to implement a cloud solution using technology similar to the new data center service provider supporting DADS business applications and infrastructure.	Operational efficiencies	Capabilities: Project is a funded item. Barriers: Limited staff, limited resources and funding, competing priorities, privacy issues, contract issues, shared environments, potential impact to other agencies, and lack of documented service level agreements.
Data Center Transformation	DADS	600 Servers Shared Between DADS and HHSC. Status: Planning.	All Agency Objectives	P2	Trust: Sharing servers between agencies has proven to make accountability difficult; this effort will separate the DADS and HHSC servers and data improving service and support for both agencies.	Foundation for future operational improvements	Capabilities: Project is a funded item. Barriers: Limited staff, limited resources and funding, competing priorities, privacy issues, contract issues, shared environments, potential impact to other agencies, and lack of documented service level agreements.
Data Center Transformation	DARS	Data Center Consolidation (capital project in the Information Technology Detail). Status: New contract began on May 1, 2012.	All Agency Objectives	P4	Deliver: Provide back-end service infrastructure needed to deliver IT services to the end users. Innovate: Provide new technologies and service delivery infrastructure that is flexible, secure, and highly available.	Operational efficiencies, Foundation for future operational improvements, Compliance (as required by State law or regulations)	Barriers: Cost of Data Center Services contract vs. DARS available funding could impact the level of participation in the Data Center Services (DCS) contract.
Data Center Transformation	DFPS	Data Center Transformation. Status: In progress.	All Agency Objectives	P2, P3, P9	Innovate: By providing continuous, seamless access to data.	Operational efficiencies	N/A

*Statewide Technology Priorities: P1 - Cloud; P2 - Data Management; P3 - Data Sharing; P4 - Infrastructure; P5 - Legacy Applications; P6 - Mobility; P7 - Network; P8 - Open Data; P9 - Security and Privacy; P10 - Social Media.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Data Center Transformation	HHSC	Consolidation - tracking completion of the scheduled migration for approved HHSC applications to the DCS consolidated data centers. Status: Ongoing.	All Agency Objectives	P4	Innovate, Deliver: By providing and initiating migrations most beneficial for the client and employees.	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Triage - tracking completion of approved HHSC replacement hardware for aged or unstable servers with a focus on servers that would remain in the Winters data centers. Status: Ongoing.	All Agency Objectives	P4	Innovate, Deliver: By replacing aging hardware for a stable environment allowing employees to accomplish their work requirements.	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Stabilization - tracking the completion of approved HHSC backlog requests, projects, and incidents with a focus on providing a stable environment to HHSC. Status: Ongoing.	All Agency Objectives	P4	Innovate, Deliver: By providing an environment to focus on the client's needs.	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Infrastructure Modernization: Improvement of IT infrastructure to provide enhancements of the availability and capability of data.	DADS	Tex-AN (Next Generation) NG. Status: Planning.	All Agency Objectives	P7	Deliver: This project will migrate HHSC telecommunication services from outdated technology, that is being replaced industry-wide, to AT&T's new Virtual Private Network (VPN). This is expected to be a more cost effective solution, offering additional features and functionality, accessible throughout the State.	Foundation for future operational improvements	Barriers: 1) Need for stronger project management procedures. 2) Clarification on business justification, cost to HHS agencies and benefits to HHS agencies. 3) Greater knowledge or information of project deliverables. 4) Clarification on scope of work, assumptions, constraints, and criteria for success. 5) Clarity on roles and responsibility for agency project managers and representatives. 6) Clarification on Executive Steering Committee's role and how decisions are made. 7) Clarity or additional information on tasks to be performed by agencies, staff resources, and additional costs to agencies. 8) Limited budget availability. 9) Need for stronger communications, planning, and execution efforts.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization	DADS	Increase Bandwidth at five (5) State Supported Living Centers. Status: Planning.	State Supported Living Centers	P7	Deliver: Electronic records for healthcare facilities have been mandated by the federal government and will improve services to people living at State Supported Living Centers (SSLCs). Network & communication upgrades are expected to greatly increase staff mobility and productivity at the SSLCs.	Foundation for future operational improvements	Capabilities: Ample management and program area support is in place for a successful implementation. Barriers: Aging buildings and delicate environmental controls may require unforeseen advance remediation, hazardous materials may be present in various locations, and costs may run high. Insufficient funding for needed infrastructure improvements at the State Supported Living Centers.
Infrastructure Modernization	DADS	Infrastructure Assessment at twelve (12) State Supported Living Centers. Status: Planning.	State Supported Living Centers	P4	Deliver: Electronic records for healthcare facilities have been mandated by the federal government and will improve services to people living at State Supported Living Centers (SSLCs). Network & communication upgrades are expected to greatly increase staff mobility and productivity at the SSLCs.	Foundation for future operational improvements	Capabilities: Ample management and program area support is in place for a successful implementation. Barriers: Aging buildings and delicate environmental controls may require unforeseen advance remediation, hazardous materials may be present in various locations, and costs may run high. Insufficient funding for needed infrastructure improvements at the State Supported Living Centers.
Infrastructure Modernization	DADS	Implement Results of Infrastructure Assessment at twelve (12) State Supported Living Centers. Status: Planning.	State Supported Living Centers	P4	Deliver: Electronic records for healthcare facilities have been mandated by the federal government and will improve services to people living at State Supported Living Centers (SSLCs). Network & communication upgrades are expected to greatly increase staff mobility and productivity at the SSLCs.	Foundation for future operational improvements	Capabilities: Ample management and program area support is in place for a successful implementation. Barriers: The facilities are dated, hazardous materials may be present in various locations, and costs may run high. Aging buildings and delicate environmental controls may require unforeseen advance remediation. Insufficient funding for needed infrastructure improvements at the State Supported Living Centers.
Infrastructure Modernization	DADS	Recommend Additional/Expanded Web Portal at HHSC. Status: Planning.	All Agency Objectives	P4	Connect: The portal will improve client access to services by adding or expanding the Web portal at HHSC. Many DADS applications also use the portal.	Foundation for future operational improvements	Barrier: Insufficient funding for portal improvements.
Infrastructure Modernization	DARS	Seat Management Services (capital project in the Information Technology Detail). Status: Contract for refresh has been awarded. Rollout will begin September 2012.	All Agency Objectives	P4	Deliver: Provide up to date end user computing technologies that support present and future end user computing needs by refreshing agency desktops and notebooks.	Operational efficiencies	Capabilities: This is a recurring and funded item, so no known barriers at this time.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization	HHSC	Data Center Facilities Upgrade: Upgrade key data center facility infrastructure components to improve reliability, availability, and security of key computing resources. This upgrade will focus on electrical infrastructure components to install and utilize a power generator system and related electrical system enhancements. Status: Planning.	All Agency Objectives	P4, P5, P6, P7, P8	Connect, Innovate, and Deliver: By providing the capability and availability of data when needed.	Operational efficiencies, Citizen or customer satisfaction, Security improvements, Foundation for future operational improvements	
Infrastructure Modernization	HHSC	Texas Integrated Eligibility Redesign System (TIERS) Technology Roadmap for Equipment and Software and Annual Equipment & Software Refresh Plan. TIERS Reprocurement RFP. Status: Underway, pending negotiations.	All Agency Objectives	P4, P5, P6, P7, P8	Connect, Innovate, and Deliver: By providing the capability and availability of data when needed with the regulation changes.	Operational efficiencies, Citizen or customer satisfaction, Security improvements, Foundation for future operational improvements	
Infrastructure Modernization	HHSC	Mobility and Telework enablement, Contact Center Upgrades, System Integration. Normalize feature functionality across enterprise, Architectural Roadmap Projects. Status: In Planning.	All Agency Objectives	P4, P5, P6, P7, P8	Connect, Innovate, and Deliver: Enabling and providing capability to employees to conduct work.	Operational efficiencies, Citizen or customer satisfaction, Security improvements, Foundation for future operational improvements	Capabilities: In house expertise in support of telecommunications infrastructure. Barriers: Resource constraints and funding limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization: Improvements of IT systems to provide increased capabilities or enhancements to the current applications.	DADS	Regulatory Services Systems Modernization Project. Status: Planning.	Regulation, Certification, and Outreach	P5	Connect & Trust: Modern web-based applications improve client access to services and facilitate transparency.	Operational efficiencies	Capabilities: Current agency capabilities that may advance the agency's ability to successfully implement this technology initiative: Staff augmentation contractor will be hired to begin working on Software Requirements Specifications. Barriers: 1. Potential lack of funding for this effort. 2. Competition with other priorities and assignments that may have precedence. 3. Additional maintenance costs or COT vendor support costs in maintaining or supporting existing applications. 4. Subject matter experts that developed home grown or non-standard applications may not be available for requirements gathering. 5. Regulatory Services resources may not be available for requirements gathering. 6. Complexity of business function and database structure will be difficult and lengthy to document.
Systems Modernization	DADS	State Supported Living Centers Electronic Treatment Record Implementation (Avatar). Status: Planning.	State Supported Living Centers	P2	Innovate: DADS State Supported Living Centers (SSLCs) and DSHS State Hospitals will both benefit from Implementation of electronic records through shared systems with the improvement of services and benefits for SSLC's.	Operational efficiencies	Capabilities: Ample management and program area support is in place for a successful implementation. Barriers: Aging buildings and delicate environmental controls may require unforeseen advance remediation, hazardous materials may be present in various locations, and costs may run high. Insufficient funding for needed infrastructure improvements at the State Supported Living Centers.
Systems Modernization	DARS	ReHabWorks, the development and deployment of a web-based case management system (capital project in the Information Technology Detail through 2013). Status: Deployed in Division of Rehabilitation Services and working towards deployment in Division for Blind Services.	2-1-3 (Division of Blind Services [DBS] - Vocational Rehabilitative Services for Persons who are Blind or Visually Impaired) and 2-3-1 (Division of Rehabilitation Services [DRS] - Rehabilitate & Place People with Disabilities in Competitive Employment)	P2, P5	Deliver: The ReHabWorks application promotes an agile workforce by replacing two different legacy applications used within Division of Blind Services and Division of Rehabilitation Services. The one common application will provide agile opportunities not only within IR (now supports just one case management application), but also for users of ReHabWorks (common business rules, shared best practices).	Operational efficiencies, Foundation for future operational improvements, Compliance	Capabilities: This is a funded item and can draw upon experience from a previous deployment of the application in the Division for Rehabilitation Services.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DARS	Internet redesign (not a capital project in the Information Technology Detail). Status: Awaiting provisioning of hardware from new Data Center Services (DCS) vendor.	All Agency Objectives	P8	(Connect) Provide a more useable and functional interface for the public seeking information on agency services.	Citizen or customer satisfaction	Barrier: Requires additional server solution from Data Center Services (DCS), so on hold until that is provided.
Systems Modernization	DFPS	Desktop Services Lease. Status: Ongoing.	All Agency Objectives	P3	Deliver: Replacing desktop computers on a regular schedule ensures that DFPS staff will continue to have computers that are capable of operating the more current computer software and peripheral hardware that will allow them to keep up with program changes and legislative mandates.	Operational efficiencies	N/A
Systems Modernization	DFPS	Software Licenses. Status: Ongoing.	All Agency Objectives	P2	Connect, Innovate: By providing the availability of information when needed.	Operational efficiencies	N/A
Systems Modernization	DFPS	Information Management Protecting Adults and Children in Texas (IMPACT) Foster Care Redesign. Status: Planning.	Reduce Child Abuse or Neglect and Mitigate Its Effect	P2	Connect: This project involves continued enhancements of the IMPACT system. These enhancements are necessary to improve system usability and to continue effectively supporting service delivery. This aspect of the project will improve services to children and youth placed in foster care.	Citizen or customer satisfaction, Operational efficiencies	N/A
Systems Modernization	DSHS	Texas Integrated Network (TXIN). Status: Contract Negotiation.	Community Health Services	P3, P9	Innovate: The system moves the Women, Infants, and Children (WIC) program from a distributed legacy architecture to a centralized system that takes advantage of existing and emerging technologies to better serve WIC participants and staff. Connect: The system includes expanded access for current and potential WIC participants via social media and web portals to streamline both the initial contact and ongoing participation in the WIC program.	Operational Efficiencies, Citizen or customer satisfaction Security Improvements	Barrier: Privacy Issues.

*Statewide Technology Priorities: P1 - Cloud; P2 - Data Management; P3 - Data Sharing; P4 - Infrastructure; P5 - Legacy Applications; P6 - Mobility; P7 - Network; P8 - Open Data; P9 - Security and Privacy; P10 - Social Media.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DSHS	Purchased Health Services Unit and Title V Maternal Child Health Fee-for-Service Consolidated System (PHSU). Status: Planning.	Community Health Services	P3, P9	Connect: This will enable clients to update their information (a sub service portal)	Operational efficiencies, Citizen or customer satisfaction, Security improvements	Barrier: Staffing Limitations.
Systems Modernization	DSHS	Trauma Registry. Status: Under contract.	Prevention and Preparedness Services	P3, P5, P7, P9	Innovate: Leveraging technology for hospitals and Emergency Medical Services (EMS) enables staff to track and perform data analysis more efficiently.	Operational efficiencies, Citizen or customer satisfaction, Security improvements, Compliance	Barrier: Staffing Limitations.
Systems Modernization	DSHS	Cancer Registry. Status: Implemented.	Prevention and Preparedness Services	P3, P5, P7, P9	Innovate: Leverage multiple states' software to provide better services to Center for Disease Control (CDC). Trust: Provide a uniform standard reporting Cancer Data to CDC.	Operational efficiencies, Citizen or customer satisfaction, Security improvements, Compliance	Barrier: Staffing Limitations.
Systems Modernization	DSHS	Tuberculosis/Human Immunodeficiency Virus/Sexually Transmitted Disease (TB/HIV/STD). Status: Planning.	Prevention and Preparedness Services	P3, P7, P9	Innovate: Integrating and leveraging all data into one system to maintain needed security for Surveillance and Case Management.	Operational efficiencies, Citizen or customer satisfaction, Security improvements, Compliance	Barrier: Staffing Limitations.
Systems Modernization	DSHS	Healthcare Associated Infections (HAI). Status: Implemented.	Prevention and Preparedness Services	P5,P3, P9	Connect: This will allow citizens to make more informed decisions on selecting hospitals and surgical centers. Innovate - leveraging federal and state entities to receive this type of data.	Customer Satisfaction, Security Improvements, Compliance	Barriers: Privacy Issues, Staffing Limitations.
Systems Modernization	HHSC	Client Systems Operating System Upgrade. Status: Pending evaluation of new Windows 8 operating system to decide which operating system to upgrade. Project Manager to develop project plan.	All Agency Objectives	P1 through 10	Deliver: Promoting a connected and agile workforce by putting in place a system to allow our Customer Service Desk management team the ability to monitor and rate calls, provide measureable coaching, manage the assigned workers to assigned queues, and maintain performance measurements. All of these capabilities will improve our overall customer service.	Operational efficiencies, Foundation for future operational improvements	

*Statewide Technology Priorities: P1 - Cloud; P2 - Data Management; P3 - Data Sharing; P4 - Infrastructure; P5 - Legacy Applications; P6 - Mobility; P7 - Network; P8 - Open Data; P9 - Security and Privacy; P10 - Social Media.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	Client Systems Operating System Upgrade. Status: Pending evaluation of new Windows 8 operating system to decide which operating system to upgrade. Project Manager to develop project plan.	All Agency Objectives	P2, P6, P9	Deliver: Promoting a connected and agile workforce by providing agency personnel with up to date operating systems that can leverage new technologies including mobile technologies by upgrading the operating system on all client computing devices that use Microsoft operating systems.	Operational efficiencies, Security improvements, Foundation for future operational improvements	Capabilities: 1) Agency currently has an Enterprise Subscription Agreement with Microsoft that allows operating system upgrades without additional licensing costs. 2) Agency has engaged a contracted project manager to develop the project. Barriers: However, no project manager has been allocated to carry project through completion.
Systems Modernization	HHSC	MMIS Modernization. Status: Current.	Administrative Support	P5	Innovate: Providing the capability for the changing health regulations.	Foundation for future operational improvements	Capabilities: Medical Claims will continue to be paid to Medicaid and Children's Health Insurance Program (CHIP) Providers. The overarching goal is to transform the existing MMIS system from the current monolithic system into separate and distinct systems that are more flexible, dynamic and less interdependent.
Systems Modernization	HHSC	HHS Websites - Web Content Management. Status: Current.	Administrative Support	P5	Innovate: Providing the most current information to clients and employees.	Foundation for future operational improvements	Capabilities: Enterprise tool availability for standardizing web site management, content repository for the web and Web site lifecycle management (development to production).
Systems Modernization	HHSC	Enterprise adaptation of Business Process Management (BPM). Status: Planned.	Administrative Support	P5	Innovate: By providing the best practices for the efficient use of resources for clients and employees.	Foundation for future operational improvements	
Systems Modernization	HHSC	Enterprise adaptation of Service Oriented Architecture (SOA). Status: Planned.	Administrative Support	P5	Innovate: Establishes an industry standard interface infrastructure that supports intra-application communications using commonly shared technologies.	Foundation for future operational improvements	Barriers: Promote reuse of information technology assets (services) and provide integration between different agency systems.
Systems Modernization	HHSC	Workplace Modernization. Status: Planned.	Administrative Support	P5	Innovate: Providing the capability for employee success.	Foundation for future operational improvements	Barriers: Modernization of workplace or infrastructure components to support workplace of the future.
Systems Modernization	HHSC	Client Portal Modernization. Status: Trials underway.	All Agency Objectives	P2, P3, P4, P5, P6, P8, P9	Connect; Innovate; Trust; Deliver: Initiative creates a common application Portal framework supporting multiple system interfaces all with a common look and feel. Implementation incorporates industry standards, guidelines and adoption of best practices.	Operational efficiencies Citizen or Customer satisfaction Security improvement Foundation for future operational improvements compliance	Barriers: Strong technology infrastructure, technical staff talent, and limited funding.

*Statewide Technology Priorities: P1 - Cloud; P2 - Data Management; P3 - Data Sharing; P4 - Infrastructure; P5 - Legacy Applications; P6 - Mobility; P7 - Network; P8 - Open Data; P9 - Security and Privacy; P10 - Social Media.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
<p>Mobile Work - Telework: Mobile Work or telework eliminates the daily commute to a central place of work, instead working from home or wherever the business is required.</p>	DADS	<p>Regulatory Services Mobility Project for Investigators.</p> <p>Status: Procurement for pilot in progress.</p>	Regulation, Certification, and Outreach	P6	<p>Deliver: This project will increase productivity, accountability, and safety for mobile investigator workforce by increasing presence in field, time to response, to track locations and make timely assignments, DADS proposes to implement Geographic Information System software that allows Regulatory Services to track and monitor investigator locations, make field assignments, and additional software that allows collection and reporting of findings on-the-spot using tablet and web-based technology. DADS will complete a pilot assessment by December 2012 and, if successful, will expand operation across the state. It is anticipated this may result in travel savings.</p>	Operational efficiencies; Citizen or customer satisfaction	<p>Capabilities: DADS business areas will provide knowledgeable staff that can identify business process changes, potential system impacts or changes, and staff who can help develop implementation plans for identified changes.</p> <p>Barriers: The timeline is aggressive for awarding a vendor and piloting new technology. DADS plans to begin the pilot and have results before the next legislative session. However, implementation may take longer than planned causing unavailability of beneficial data leading to the loss of funding opportunities.</p>
<p>Mobile Work - Telework</p>	DARS	<p>DARS is the pilot agency for the Mobile Device Management initiative at HHS (not a capital project I the Information Technology Detail).</p> <p>Status: Preparing resources & processes for upcoming Proof of Concept.</p>	All Agency Objectives	P6	<p>Deliver: Continue to expand the use of personal productivity devices to our mobile service delivery staff.</p>	Operational efficiencies	<p>Since this is a pilot project, there are no known capabilities or barriers at this time. The mobile device management will better support a more mobile workforce. The results of Proof of Concept (POC) will determine specific capabilities that are applicable to agency's needs and/or barriers to implementation.</p>
<p>Mobile Work - Telework</p>	DFPS	<p>Table PCs for Mobile Caseworker.</p> <p>Status: Current.</p>	Reduce Child Abuse/Neglect and Mitigate Its Effect	P2	<p>Deliver: This project is designed to support quality casework through the use of tablet PCs; improving connections between caseworkers and the DFPS network; providing access to tools and information; and allowing timely services to be provided to DFPS clients.</p>	Operational efficiencies	N/A

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
Mobile Work - Telework	HHSC	Client Systems Operating System Upgrade. Status: Pending evaluation of new Windows 8 operating system to decide which operating system to upgrade. Project Manager to develop project plan.	All Agency Objectives	P2 P6 P9	Deliver: Promoting a connected and agile workforce by providing agency personnel with up to date operating systems that can leverage new technologies including mobile technologies.	Operational efficiencies, Security improvements , Foundation for future operational improvements	Capabilities: Agency currently has an Enterprise Subscription Agreement with Microsoft that allows operating system upgrades without additional licensing costs. Barrier: Agency has engaged contracted project manager to develop the project plan; however, no project manager has been allocated to carry project through completion.
Mobile Work - Telework	HHSC	Mobile Device Management. Status: Current.	All Agency Objectives	P6	Innovate & Deliver: Making possible for state employees to handle business requirements for an evolving work environment and changing work requirements.	Operational efficiencies	Barrier: Mobile Device Management (MDM) solution to ensure the supportability and security for a wide range of mobile devices.
Mobile Work - Telework	HHSC	Telework. Status: Current.	All Agency Objectives	P6, P7	Innovate & Deliver: Making possible for state employees to handle business requirements for an evolving work environment and changing work requirements.	Operational efficiencies, Foundation for future operational improvements	Barrier: Infrastructure modernization to support Teleworking.
Mobile Work - Telework	HHSC	Mobility enablement, Secure feature functionality of Virtual Desktop Infrastructure (VDI), Unified communications (UC) is the integration of real-time communication services such as instant messaging (chat), presence information, telephony (including IP telephony), video conferencing, data sharing. Status: Planning.	All Agency Objectives	P4, P6, P7	Connect, Innovate, & Deliver: A review of the current network design, with a focus on capacity and security components to assure a secure and scalable network. A technology that is key to the success of this plan is Virtual Desktop Infrastructure (VDI). VDI enables access to the virtual desktop environment from any location. Application Virtualization, adequate network storage along with backup & recovery capabilities.	Operational efficiencies, Security Improvements, Foundation for operational improvements, Compliance	Capabilities: Infrastructure foundation was established with upgrade to voice mail technologies in fiscal year 2012. Barriers: Wide Area Network and/or Local Area Network constraints that need to be remediated, resource constraints, skill sets, and funding.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Guiding Principles Connect; Innovate; Trust; Deliver	Anticipated Benefit(s)	Capabilities or Barriers
<p>Social Media: The promotion of information across social networks with the use of enhanced web-based communication utilizing social media technologies of varying platforms, for example, Internet forums, podcasts, or social media networks sites, such as Face book or Twitter.</p>	DARS	<p>Agency Social Media Policy Launch (not a capital project in the Information Technology Detail).</p> <p>Status: DARS Social Media Policy to be published on June 1, 2012.</p>	All Agency Objectives	P8	<p>Connect: Driving web-based communication based on business needs enables DARS to effectively engage and meet the needs of all citizens, regardless of their requirements. Trust: Promotes two-way interaction that builds trust in government services.</p>	Citizen or customer satisfaction	Barrier: Requires additional server solution from Data Center Services, so on hold until additional server is provided.

*Statewide Technology Priorities: P1 - Cloud; P2 - Data Management; P3 - Data Sharing; P4 - Infrastructure; P5 - Legacy Applications; P6 - Mobility; P7 - Network; P8 - Open Data; P9 - Security and Privacy; P10 - Social Media.

Appendix J

Glossary of Acronyms

ACRONYM	FULL NAME
2-1-1 TIRN	2-1-1 Texas Information and Referral Network
AAA	Area Agency on Aging
AARP	American Association of Retired Persons
ABI	Acquired Brain Injury
ACA	Patient Protection and Affordable Care Act (federal)
ACD	Automated Call Distributor
ACS	American Community Survey
ADC	Adult Day Care
ADRC	Aging and Disability Resource Center
AFC	Adult Foster Care
AIDS	Acquired Immunodeficiency Syndrome
ALF	Assisted Living Facility
AoA	Administration on Aging (U.S. DHHS)
APR-DRG	All Patient Refined-Diagnosis Related Group
APS	Adult Protective Services
ASD	Autism Spectrum Disorder
ATOD	Alcohol, Tobacco, and Other Drugs
ATW	Aging Texas Well
BCCS	Breast and Cervical Cancer Services
BCVDD	Blind Children's Vocational Discovery and Development
BEST	Blindness Education, Screening, and Treatment
BET	Business Enterprises of Texas
BHC	U.S.-Mexico Border Health Commission
BRFSS	Behavioral Risk Factor Surveillance System
BRS	Business and Regional Services (HHS)
CAP	Council for Advising and Planning for the Prevention and Treatment of Mental and Substance Use Disorders
CAPTA	Child Abuse Prevention and Treatment Act (federal)
CAS	Community Attendant Services
CAT	Cognitive Adaptation Training

ACRONYM	FULL NAME
CBA	Community-Based Alternatives
CBCAP	Community-Based Child Abuse Prevention
CBO	Community-Based Organization
CCL	Child Care Licensing
CCP	Comprehensive Care Program
CCRC	Criss Cole Rehabilitation Center
CDC	Centers for Disease Control and Prevention
CDSMP	Chronic Disease Self-Management Program
CDS	Consumer Directed Services
CEDD	Center for the Elimination of Disproportionality
C.F.R.	Code of Federal Regulations
CFRT	Child Fatality Review Team
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009
CHS	Center for Health Statistics (DSHS)
CIL	Center for Independent Living
CKD	Chronic Kidney Disease
CLASS	Community Living Assistance and Support Services
CLM	Center for Learning Management (DARS)
CLP	Community Living Program
CMPAS	Client Managed Personal Assistance Services
CMS	Centers for Medicare & Medicaid Services (U.S.)
COS	Contract Oversight and Support
CPS	Current Population Survey (U.S. Census Bureau)
	Child Protective Services (DFPS)
	Child Passenger Safety (DSHS)
CRCG	Community Resource Coordination Group
CRP	Community Rehabilitation Program
CRS	Comprehensive Rehabilitation Services
CRT	Citizen Review Team
CSHCN	Children with Special Health Care Needs
CSP	Coordinated Strategic Plan
CSRC	Child Safety Review Committee
CVD	Cardiovascular Disease
CYD	Community Youth Development
DADS	Texas Department of Aging and Disability Services

ACRONYM	FULL NAME
DAHS	Day Activity and Health Services
DARS	Texas Department of Assistive and Rehabilitative Services
DBMD	Deaf-Blind with Multiple Disabilities
DBS	Division of Blind Services
DDRAC	Drug Demand Reduction Advisory Committee
DDS	Disability Determination Services
DFPS	Texas Department of Family and Protective Services
DHHS	Deaf and Hard of Hearing Services
DIR	Texas Department of Information Resources
DLP	Data-Loss Prevention
DOJ	U.S. Department of Justice
DRS	Division for Rehabilitation Services
DSAP	Data Security Awareness Project
DSHS	Texas Department of State Health Services
DSMP	Diabetes Self-Management Program
DSMT	Diabetes Self-Management Training
DSRIP	Delivery System Reform Incentive Payment
DSW	Direct Service Worker
DWI	Driving While Intoxicated
EBT	Electronic Benefit Transfer
ECI	Early Childhood Intervention
EDW	Enterprise Data Warehouse
EFCSDM	Enhanced Family-Centered Safety Decision-Making
EHR	Electronic Health Record
EIET	Environmental and Injury Epidemiology and Toxicology
EMR	Employee Misconduct Registry
EMS	Emergency Medical Services
EMTALA	Emergency Medical Treatment and Labor Act
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ERS	Texas Employees Retirement System
	Emergency Response Services
ESC	Education Service Center
ESRD	End-Stage Renal Disease
EVV	Electronic Visit Verification
FBSS	Family-Based Safety Services
FC	Family Care

ACRONYM	FULL NAME
FEMA	Federal Emergency Management Agency
FFY	Federal Fiscal Year
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FTE	Full-Time Equivalent
FVP	Family Violence Program
FY	Fiscal Year (State)
GAA	General Appropriations Act
GETAC	Governor's EMS and Trauma Advisory Council
GPS	Global Positioning System
HAC	Hospital-Acquired Condition
HAI	Health Care Associated Infection
H.B.	House Bill
HBE	Health Benefit Exchange
HCS	Home and Community-Based Services
HCSSA	Home and Community Support Services Agency
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Health and Human Services
HHSC	Texas Health and Human Services Commission
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act of 1996 (federal)
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act of 2009 (federal)
HIV	Human Immunodeficiency Virus
HKNC	Helen Keller National Center for Deaf-Blind Youths and Adults
HMO	Health Maintenance Organization
HMP	Healthy Marriage Program
HNTC	Heartland National TB Center
HTB	Healthy Texas Babies
HUB	Historically Underutilized Businesses
I&R	Information and Referral
ICF	Intermediate Care Facility
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disability

ACRONYM	FULL NAME
ICG	Interagency Coordinating Group
ICHP	Institute for Child Health Policy
ID CARE	Intellectual Disability Client Assignment and Registration
IDD	Intellectual and Developmental Disabilities
IDEA	Individuals with Disabilities Education Act (federal)
IL	Independent Living
ILS	Independent Living Services
ImmTrac	Statewide Immunization Registry
IRS	U.S. Internal Revenue Service
IT	Information Technology
KHC	Kidney Health Care
LA	Local Authority
LAR	Legislative Appropriations Request
LBB	Texas Legislative Budget Board
LTBI	Latent TB Infection
LTSS	Long-Term Services and Supports
MBCC	Medicaid for Breast and Cervical Cancer
MCO	Managed Care Organization
M.D.	Doctor of Medicine
MDCP	Medically Dependent Children Program
MFP	Money Follows the Person
MIG	Medicaid Infrastructure Grant
MITA	Medicaid Information Technology Architecture
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MS-DRG	Medicare Severity-Diagnosis Related Group
MTP	Medical Transportation Program
NET	National Employment Team
NF	Nursing Facility
NICU	Neonatal Intensive Care Unit
NPAOP	Nutrition, Physical Activity and Obesity Prevention
NQF	National Quality Forum
O&M	Orientation and Mobility
OAA	Older Americans Act (federal)
OABI	Office of Acquired Brain Injury
OBH	Office of Border Health

ACRONYM	FULL NAME
OIG	Office of Inspector General
OIRA	Office of Immigration and Refugee Affairs
OMB	U.S. Office of Management and Budget
ORR	Office of Refugee Resettlement (U.S. DHHS)
PACE	Program for All-Inclusive Care of the Elderly
PAE	Preventable Adverse Event
PC	Personal Computer
PCA	DFPS Permanency Care Assistance
PCCM	Primary Care Case Management (Medicaid)
PEI	DFPS Prevention and Early Intervention
PHC	Primary Home Care (DADS waiver)
PHI	Personal Health Information
PMC	DFPS Permanent Managing Conservatorship
PPC	Potentially Preventable Complication
PPE	Potentially Preventable Event
PPH	Potentially Preventable Hospitalization
PPR	Potentially Preventable Readmission
PRA	DARS Program Reporting and Analysis
P.R.I.D.E.	People Recovering In Spite of Devastating Events
PRT	DFPS Permanency Roundtable
PTSD	Posttraumatic Stress Disorder
QRS	Quality Reporting System
RCA	Refugee Cash Assistance
RDM	Resiliency and Disease Management
RGSC	Rio Grande State Center
RGSC OPC	Rio Grande State Center Outpatient Clinic
RMA	Refugee Medical Assistance
RSA	Rural Service Area (Medicaid)
RSS	Refugee Social Services
SAO	Texas State Auditor's Office
SAS	Service Authorization System Online
S.B.	Senate Bill (Texas)
S.C.R.	Senate Concurrent Resolution
SDC	Texas State Data Center
SED	Serious Emotional Disturbance
SEE	Survey of Employee Engagement

ACRONYM	FULL NAME
SELN	State Employment Leadership Network
SHCC	Statewide Health Coordinating Council
SHS	School Health Specialist
SKIP	State Kids Insurance Program
SMHH	State Mental Health Hospital
SNAP	Supplemental Nutrition Assistance Program
SRO	Service Responsibility Option
SSA	U.S. Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSLC	State Supported Living Center
SSP	Support Service Provider
SSPD	Special Services for Persons with Disabilities
STAR	Services to At-Risk Youth (DFPS)
	State of Texas Access Reform (Medicaid)
STD	Sexually Transmitted Disease
SUA	State Unit on Aging
SWI	DFPS Statewide Intake
TANF	Temporary Assistance for Needy Families
TARRC	Texas Autism Research & Resource Center
TB	Tuberculosis
TBI	Traumatic Brain Injury
TCID	Texas Center for Infectious Disease
TDC	Texas Diabetes Council
TEA	Texas Education Agency
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982 (federal)
TER	Texas Electronic Registrar
TFC	Texas Facilities Commission
TFTS	Texas Families Together and Safe
THSteps	Texas Health Steps
TIERS	Texas Integrated Eligibility Redesign System
TIPW	DFPS Trauma-Informed Practice Workgroup
TIRN	Texas Information and Referral Network
TMHP	Texas Medicaid & Healthcare Partnership
TNFP	Texas Nurse-Family Partnership
TRS	Teacher Retirement System
TVRC	Transition Vocational Rehabilitation Counselor

ACRONYM	FULL NAME
TWC	Texas Workforce Commission
TWIC	Texas Workforce Investment Council
TxHmL	Texas Home Living Waiver Program
UPL	Upper Payment Limit
U.S.	United States
USDA	U.S. Department of Agriculture
VA	U.S. Department of Veterans Affairs
VCE	Volunteer and Community Engagement
VDP	Medicaid Vendor Drug Program
VoIP	Voice over Internet Protocol
VR	Vocational Rehabilitation
VSU	DSHS Vital Statistics Unit
WCY	Waco Center for Youth
WIC	Women, Infants, and Children Program
WIN	Wellness Incentives and Navigation
YRBS	Youth Risk Behavior Survey

Additional copies are available from:
Texas Health and Human Services Commission
Strategic Decision Support
(512)424-4268
P.O. Box 13247
Austin, Texas 78711-3247

The electronic strategic plan is compatible with JAWS and other screen readers. For additional accommodations, please contact DARS at cper@dars.state.tx.us.