

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

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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.

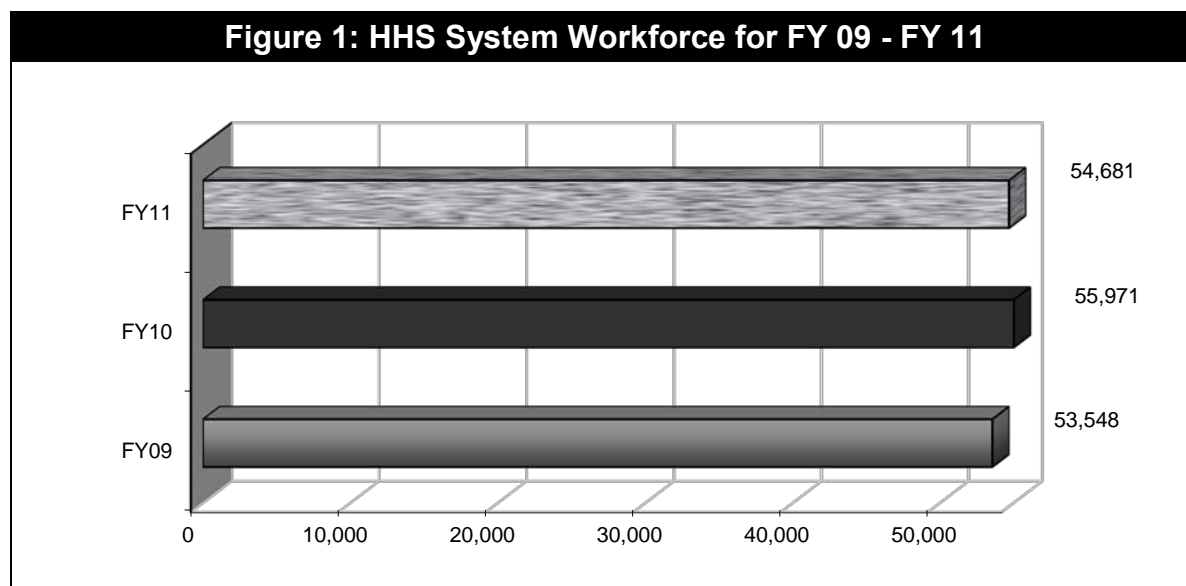
PHILOSOPHY

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

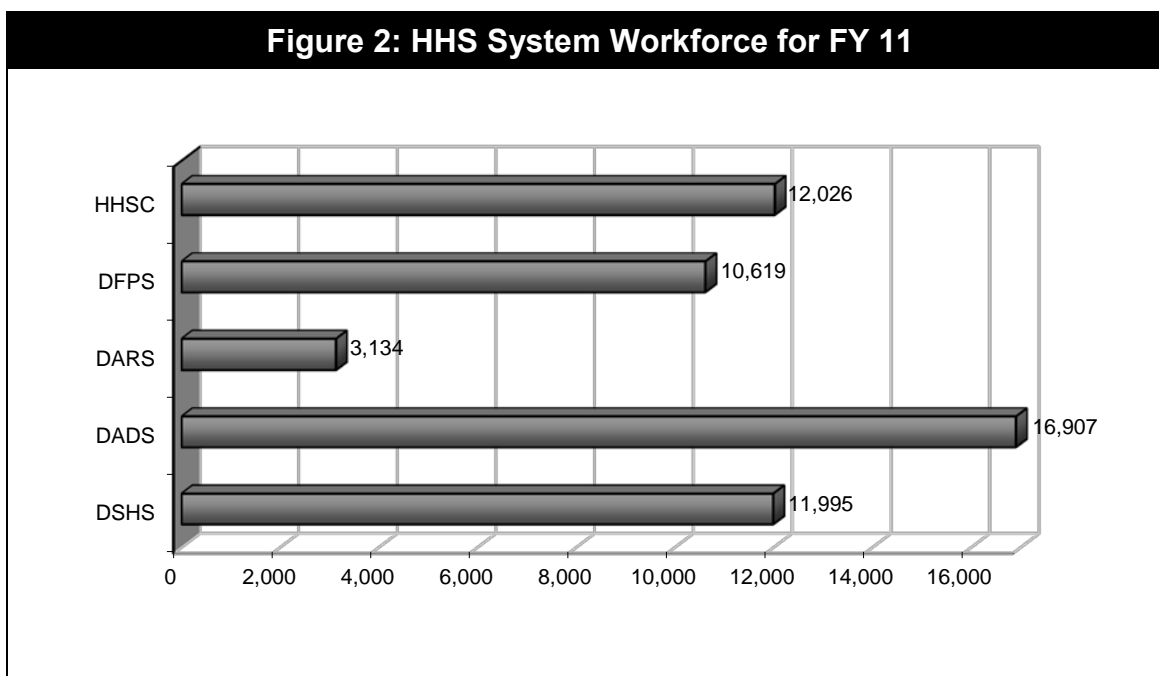
- ◆ Texans are entitled to openness and fairness, and the highest ethical standards from us, their public servants.
- ◆ Taxpayers, and their elected representatives, deserve conscientious stewardship of public resources and the highest level of accountability.
- ◆ Texans should receive services in an 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.



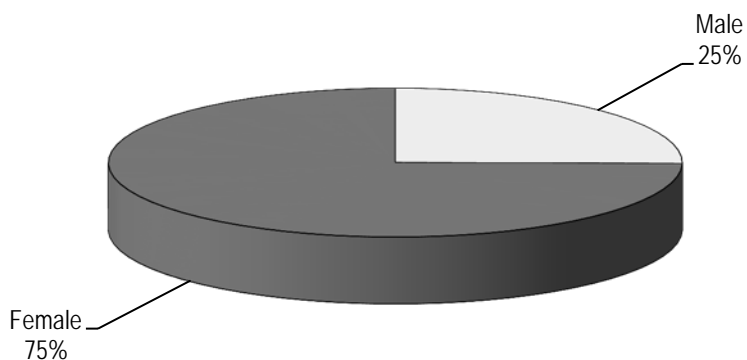
Gender

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

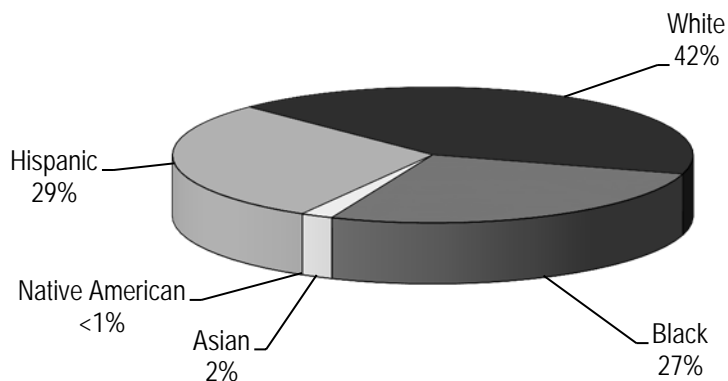
The workforce is diverse, with approximately 42 percent White, 29 percent Hispanic and 27 percent Black.³

**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

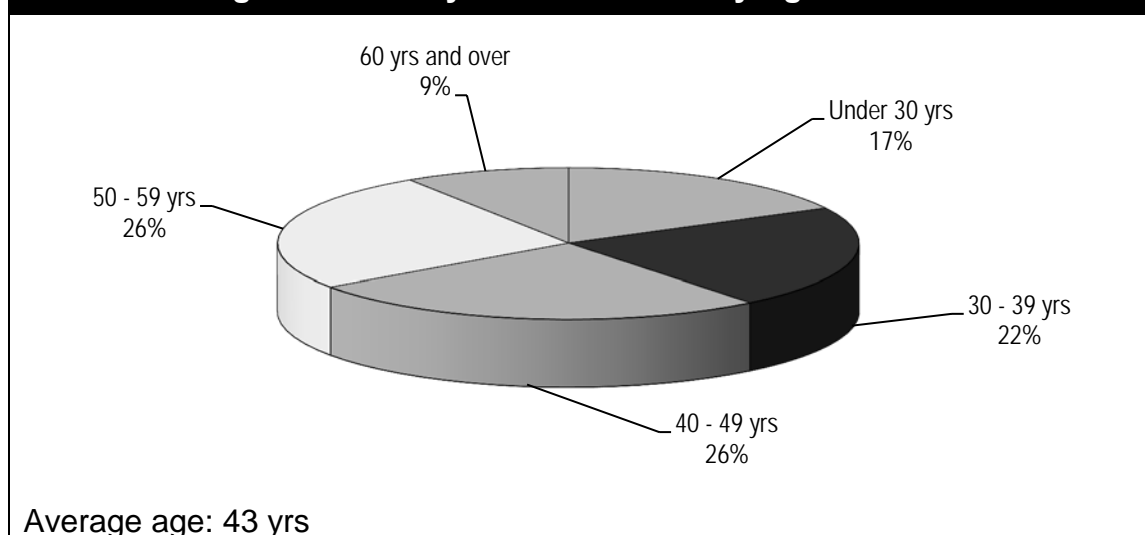
The average age of an HHS worker is 43 years of age.⁴

**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.

Figure 5: HHS System Workforce by Age for FY 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
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.

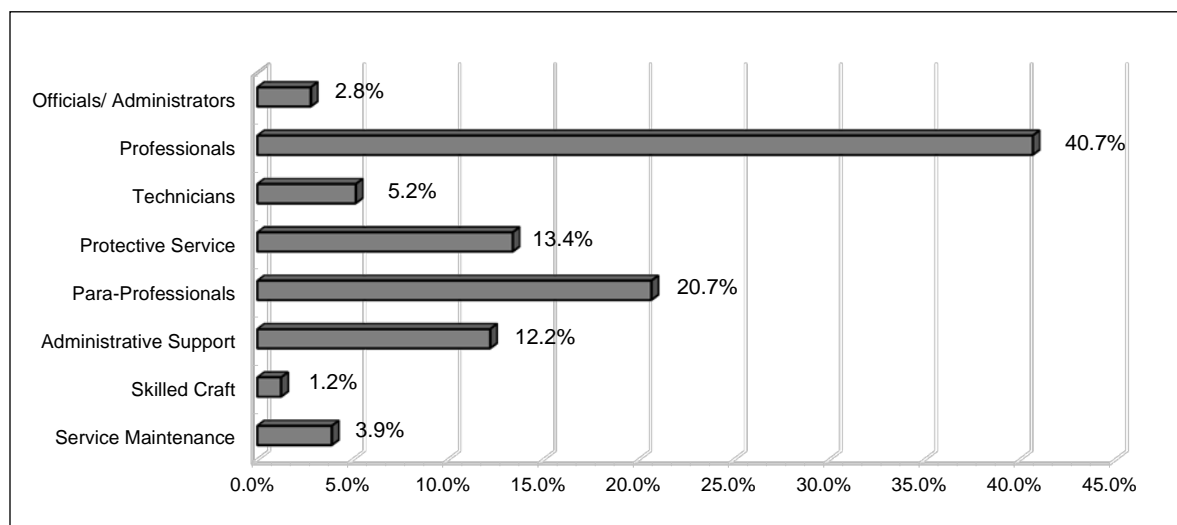
The other job categories showing underutilization are Para-Professionals, Administrative Support, and Service Maintenance. Due to a shift of the EEO category of a number of employees during fiscal year 2011, Para-Professionals now represent 20.7 percent of the HHS System workforce while Service Maintenance 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

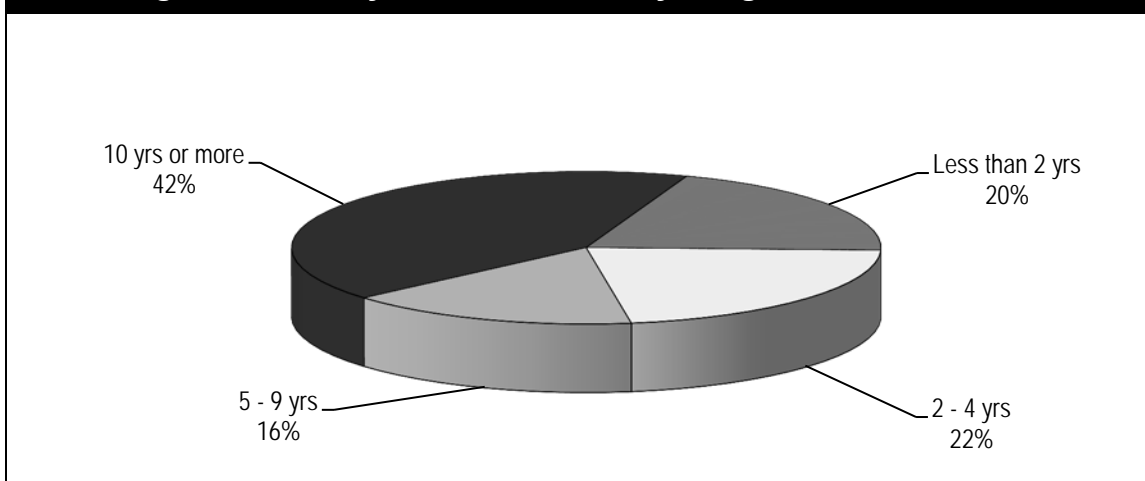
Approximately 42 percent of the workforce has 10 or more years of state service. Less than a quarter of the workforce have been with the state for less than two years.⁸

**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.

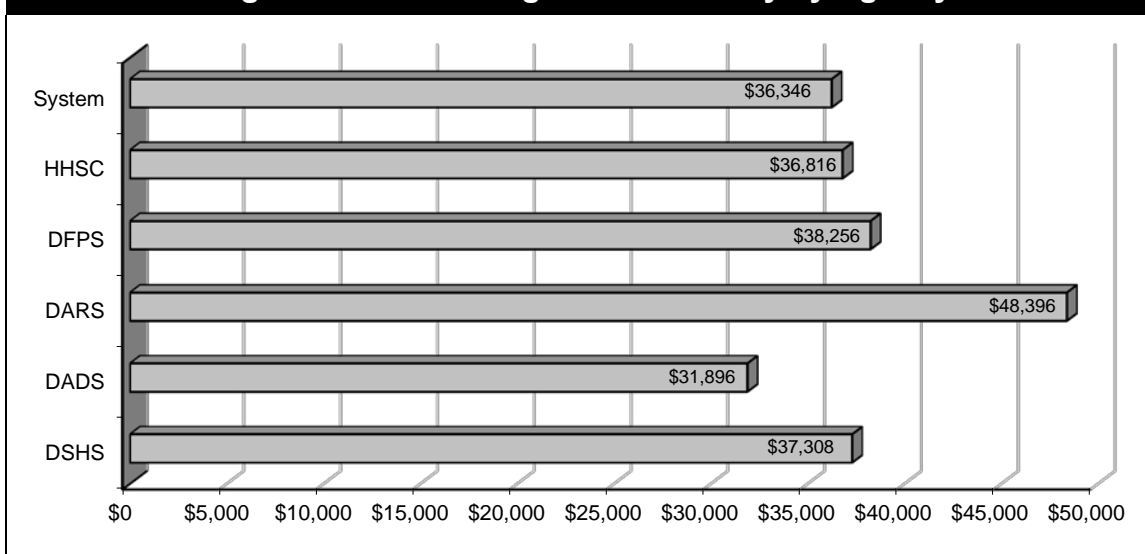
Figure 7: HHS System Workforce by Length of State Service



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}

Figure 8: HHS Average Annual Salary by Agency



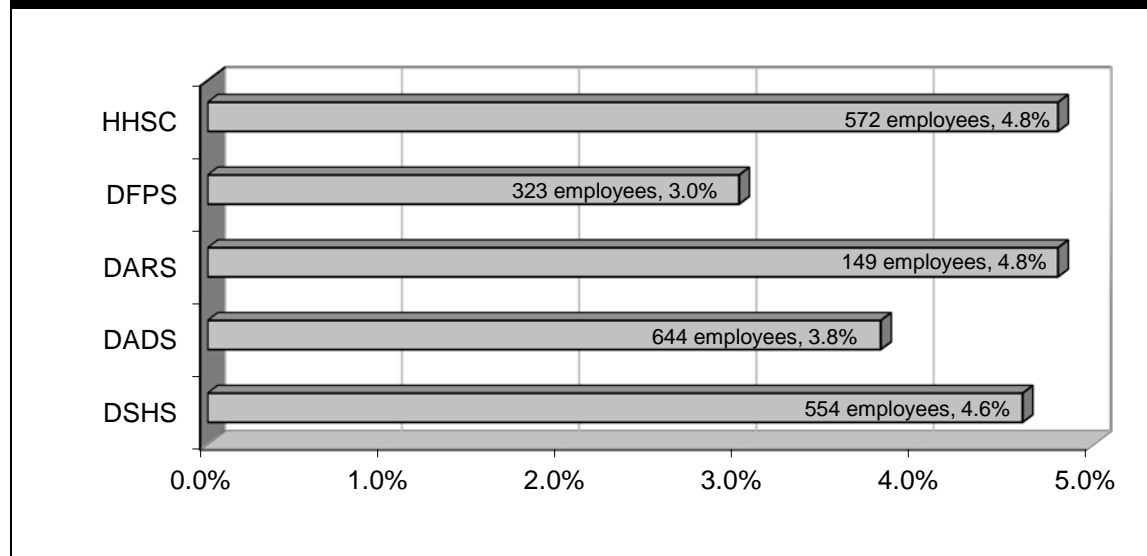
⁹ HHSAS Database, as of 8/31/11.

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.

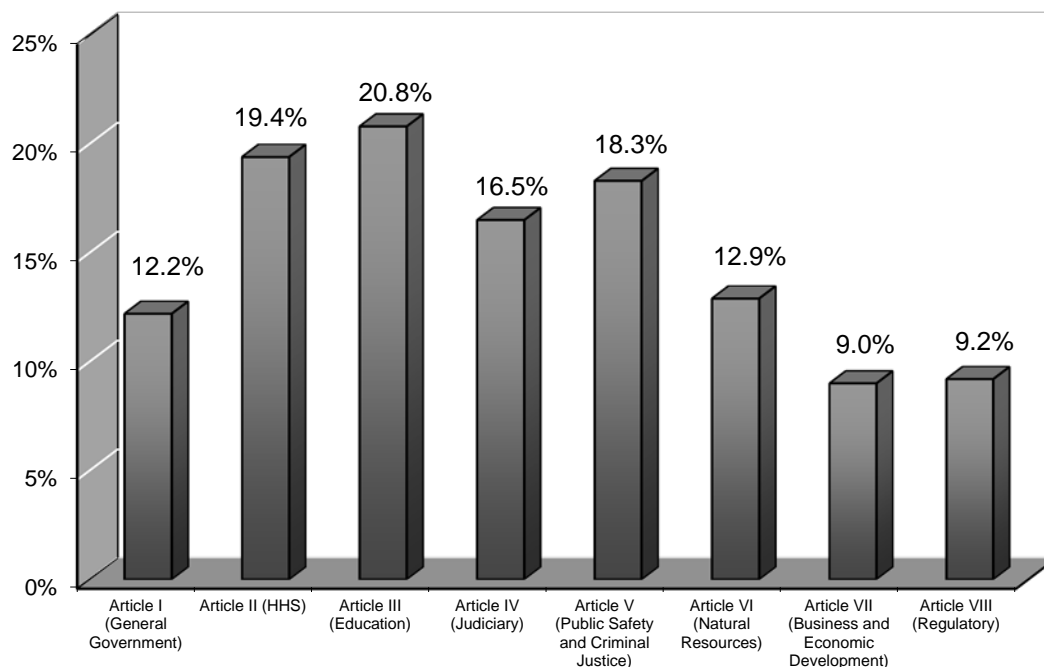
Through this planned development of management skills and the careful selection of qualified staff, HHS will continue to meet the challenges posed by increased retirements.

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)**



Note: The SAO does not consider it a loss when employees transfer between HHS agencies.

**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.

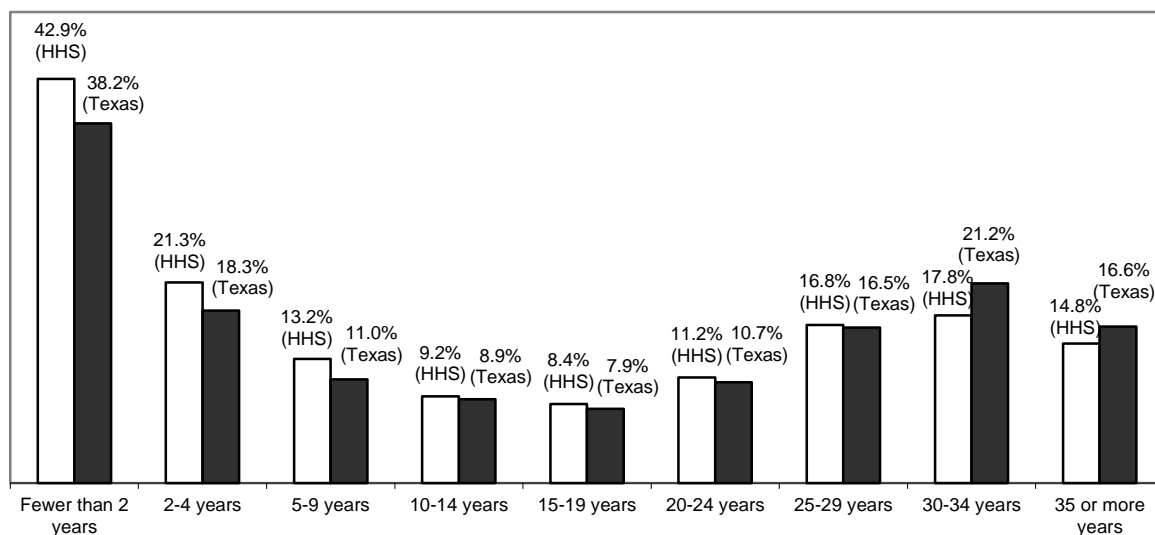
²¹ Physicians include Resident Physicians and Physicians I – IIIs.

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

Figure 11: Turnover Rate by Length of State Service for FY 11

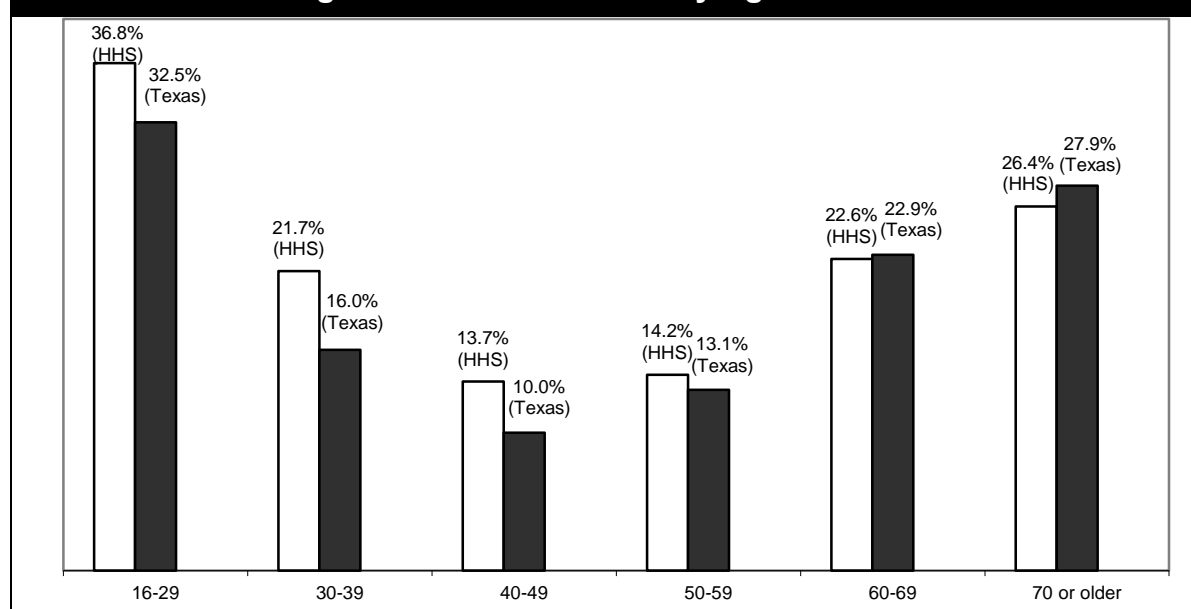


²⁴ Death accounted for .7% of separations.

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

²⁶ State Auditor's Office (SAO) Reports "Classified Employee Turnover for Fiscal Year 2011."

Figure 12: Turnover Rate by Age for FY 11



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	
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

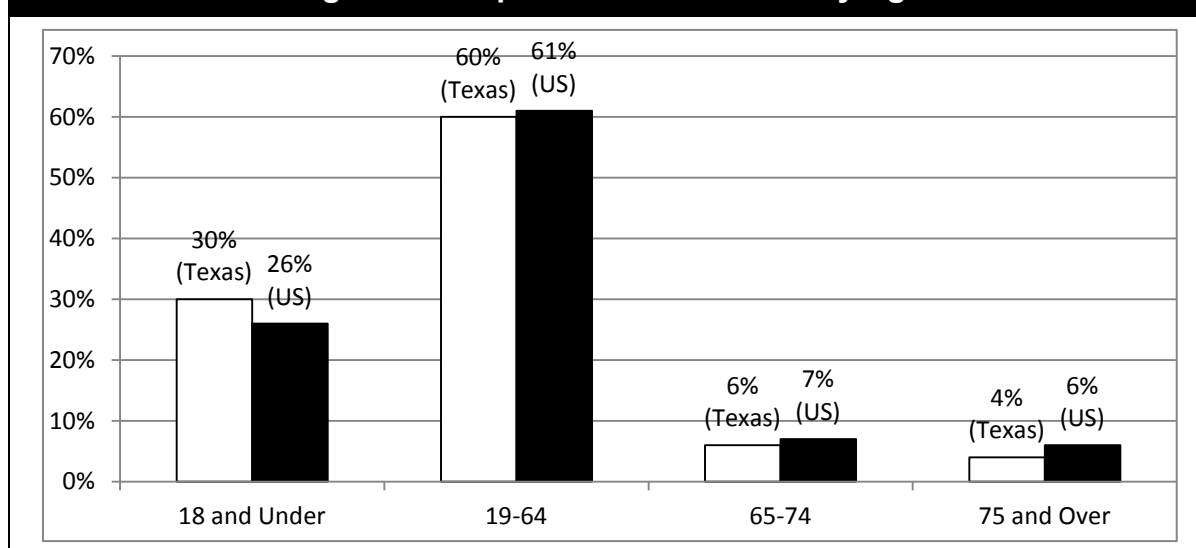
³³ "Texas Gains the Most in Population Since the Census," U.S. Census Bureau (web page: <http://www.census.gov/newsroom/releases/archives/population/cb11-215.html>), last accessed on 3/29/12.

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.

Figure 13: Population Distribution by Age



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.
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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.
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- ◆ 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

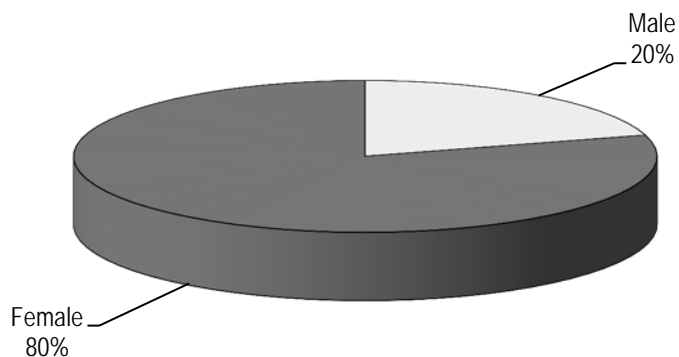
⁹⁴ HHSAS Database, as of 8/31/11.

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

⁹⁶ HHSAS Database, as of 8/31/11.

⁹⁷ Ibid.

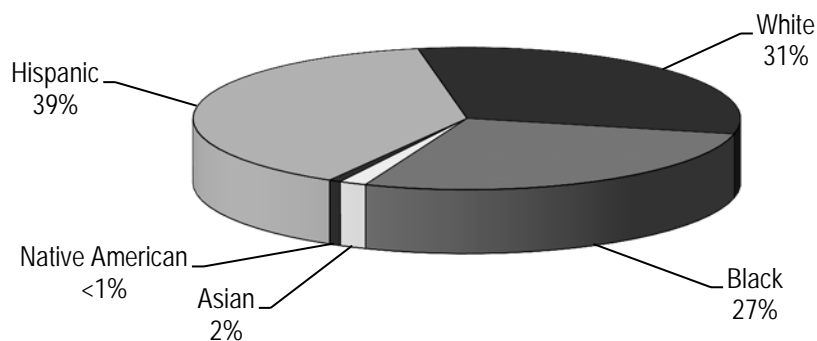
Figure 14: HHSC Workforce by Gender



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

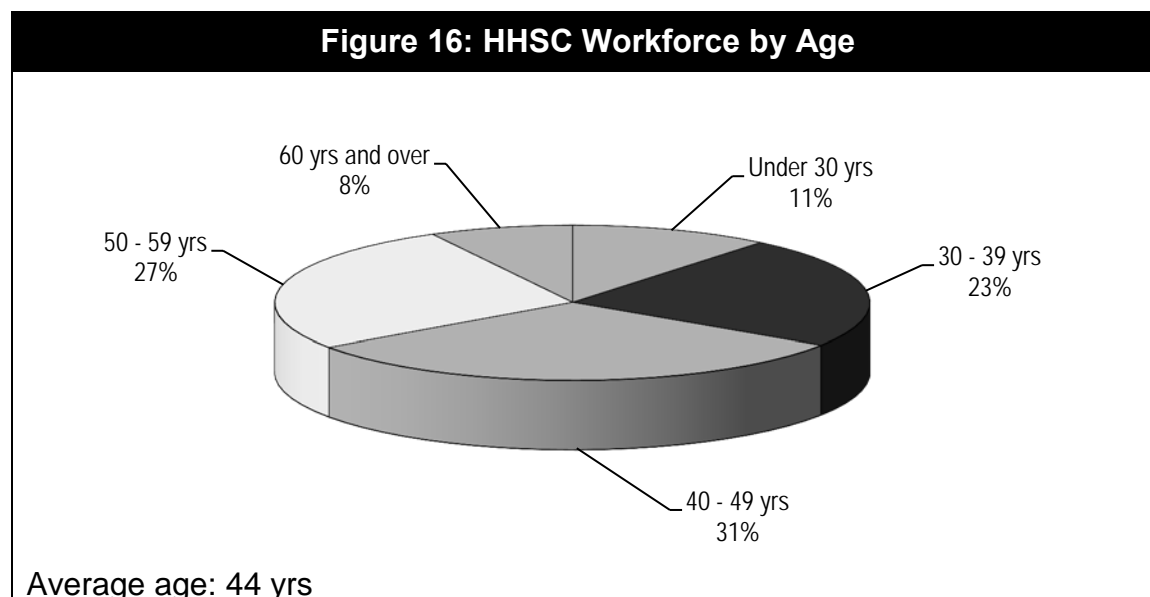
Figure 15: HHSC Workforce by Race



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

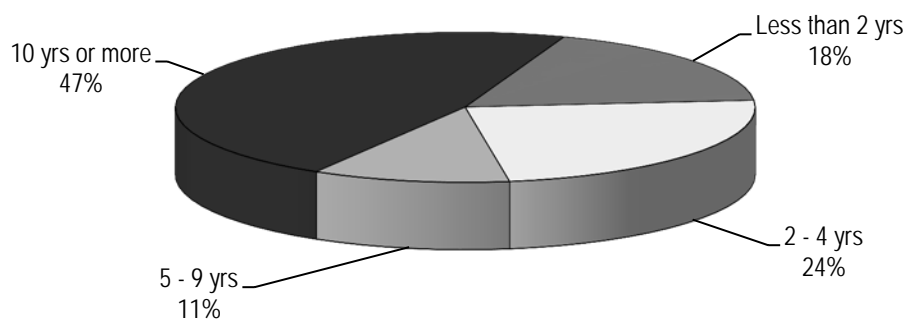
Job Category	Black			Hispanic			Female		
	HHSC %	CLF %	Underutilization (If Yes, # needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)
Officials/Administrators	19.2%	7.2%	No	20.6%	12.3%	No	60.0%	32.6%	No
Professionals	28.3%	9.4%	No	37.4%	11.6%	No	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



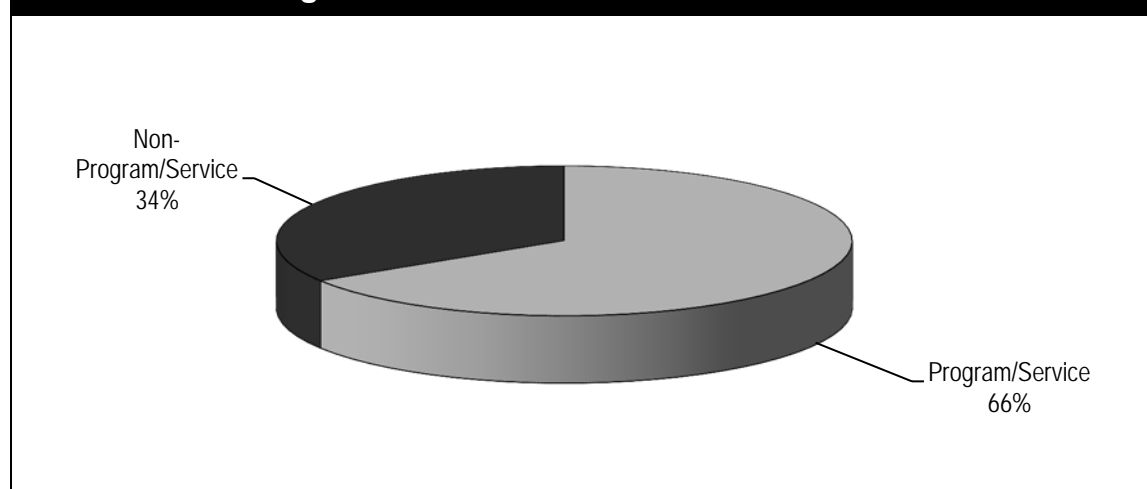
Return-to-Work Retirees

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

Table 13: FY 2011 Turnover for Significant Job Families¹⁰⁷			
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

Table 14: HHSC Projected Retirement Eligibility through Rule of 80 (FY 11 – FY 16)		
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

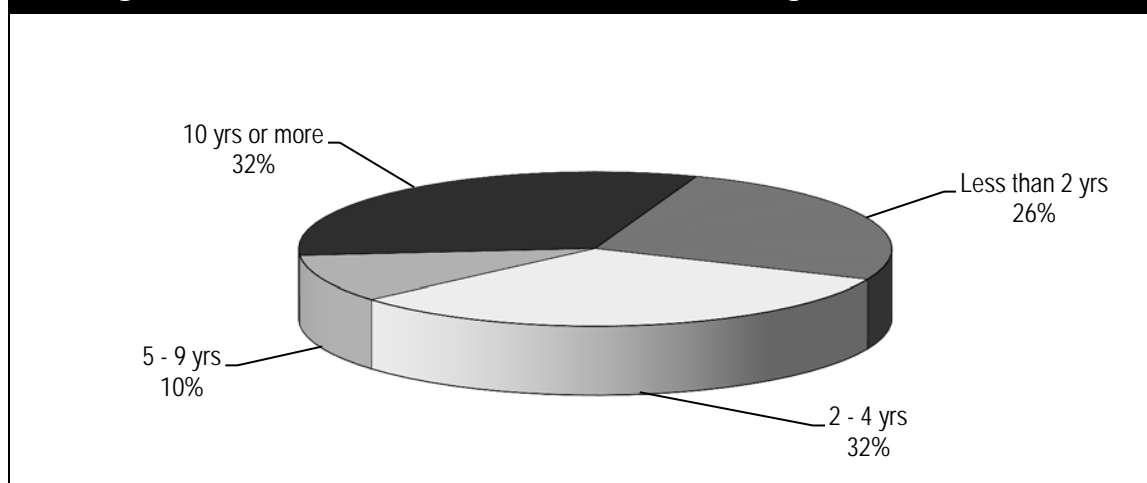
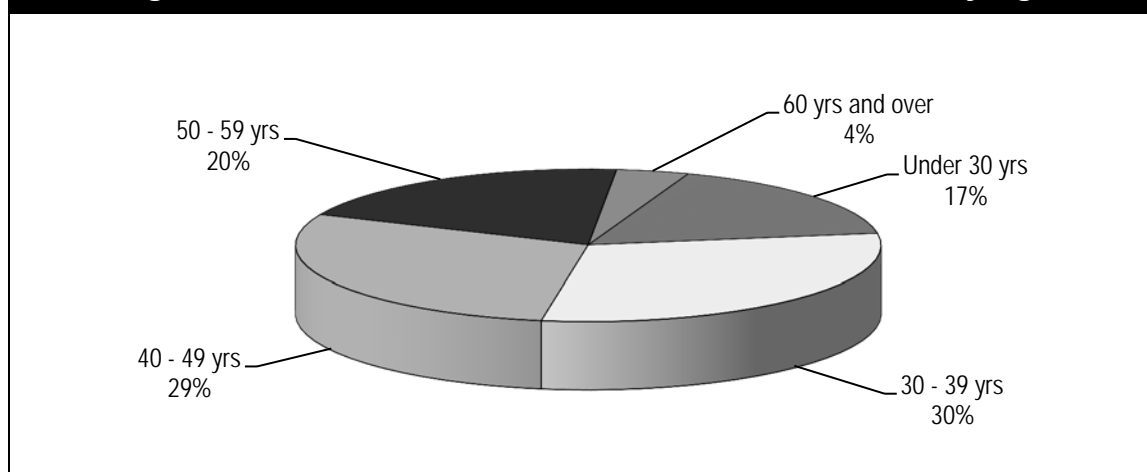


Figure 20: HHSC Texas Works Advisors – Distribution by Age



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

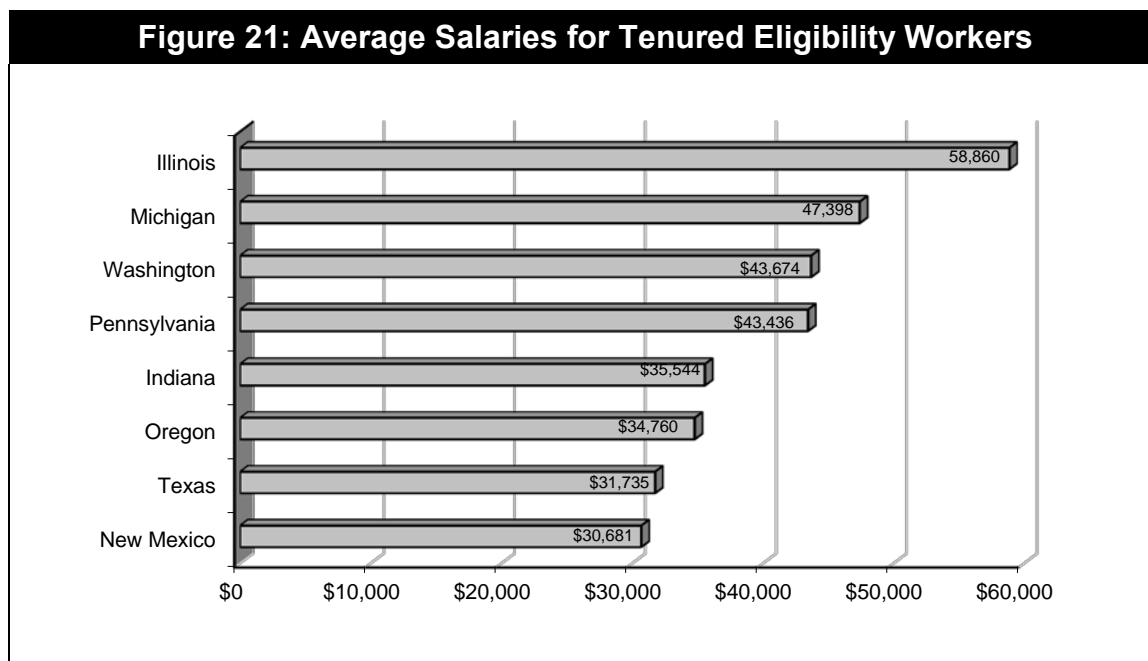
In addition, HHSC has experienced difficulty in finding qualified candidates for new worker positions. Due to this shortage of qualified applicants, vacant positions go unfilled for an average of almost three months.¹¹³

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.

Figure 22: HHSC Medical Eligibility Specialists – Length of State Service

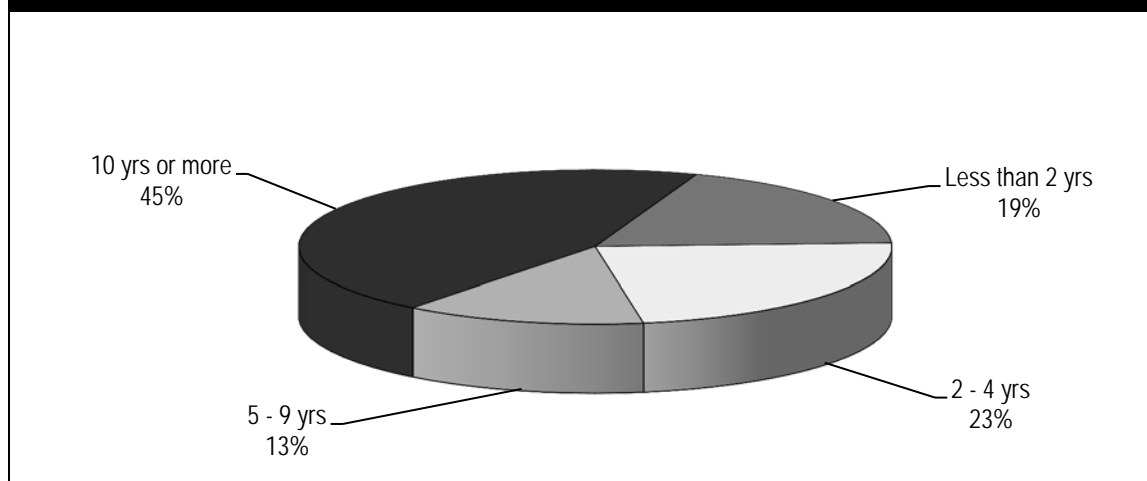
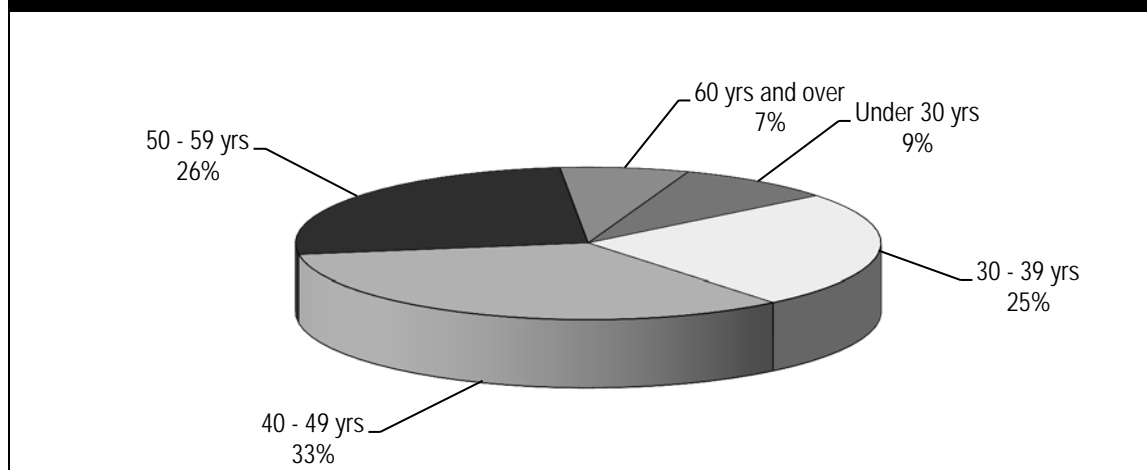


Figure 23: HHSC Medical Eligibility Specialists – Distribution by Age



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

Figure 24: HHSC Hospital Based Workers – Length of State Service

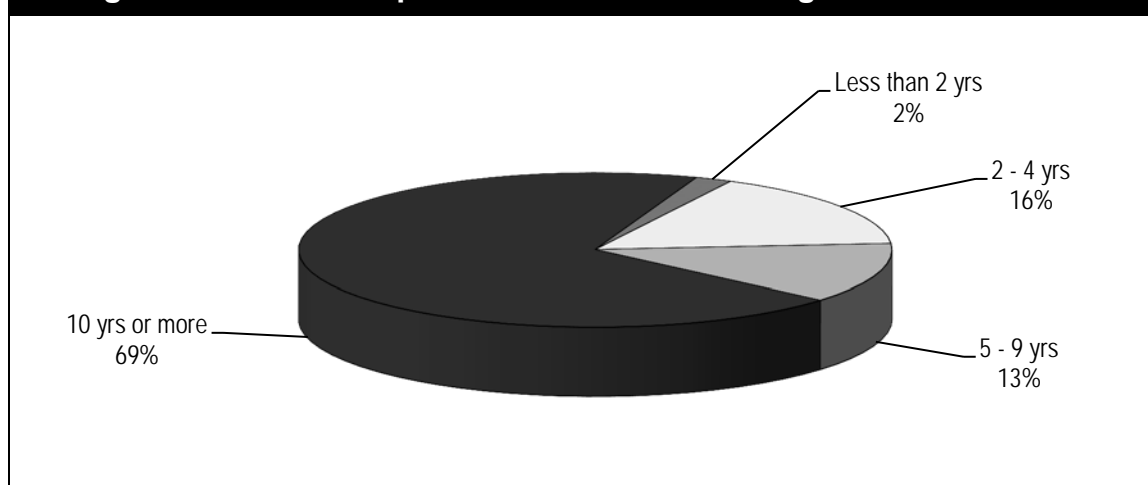
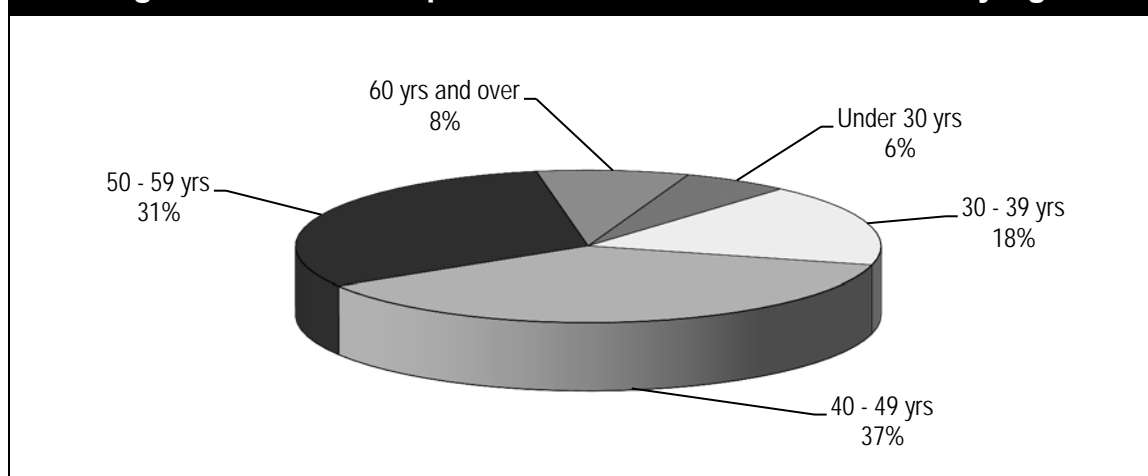


Figure 25: HHSC Hospital Based Workers – Distribution by Age



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

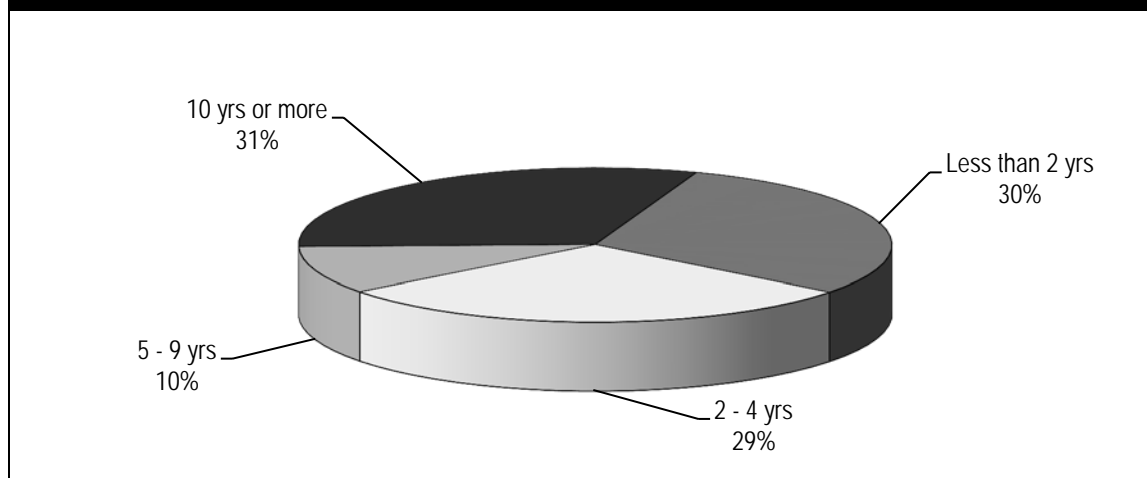
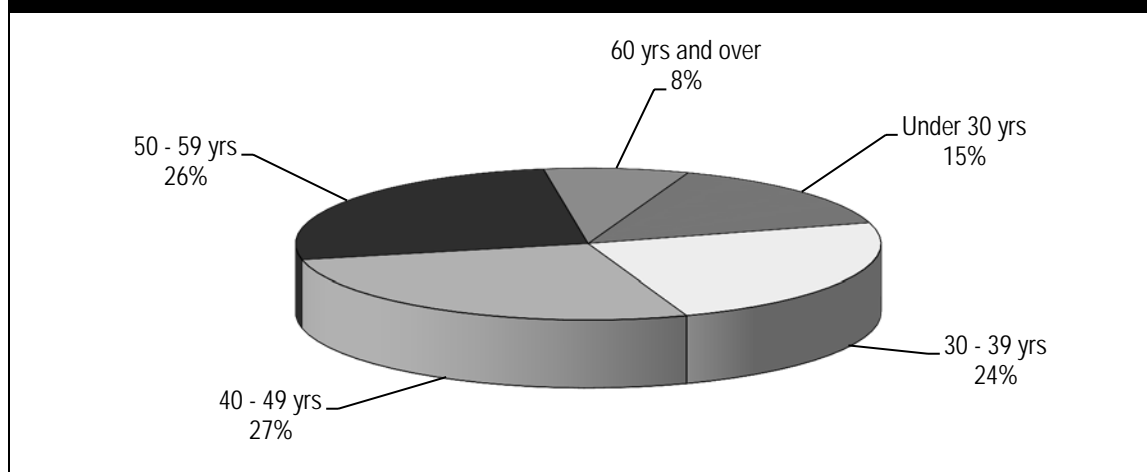


Figure 27: HHSC Eligibility Clerk IIIs – Distribution by Age



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

Figure 28: HHSC Eligibility Supervisors – Length of State Service

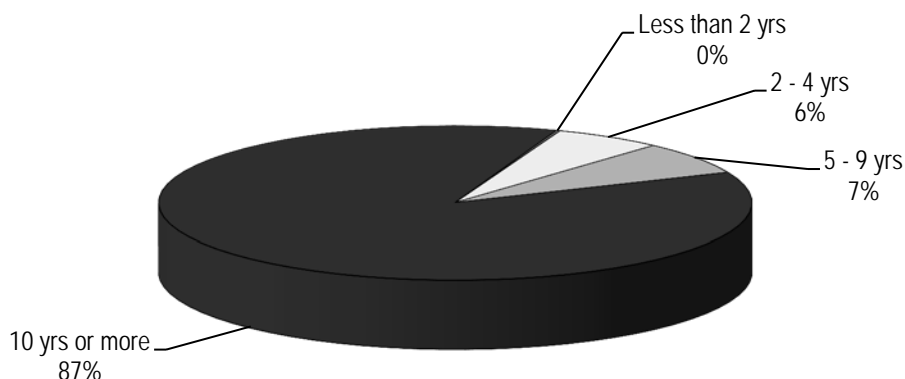
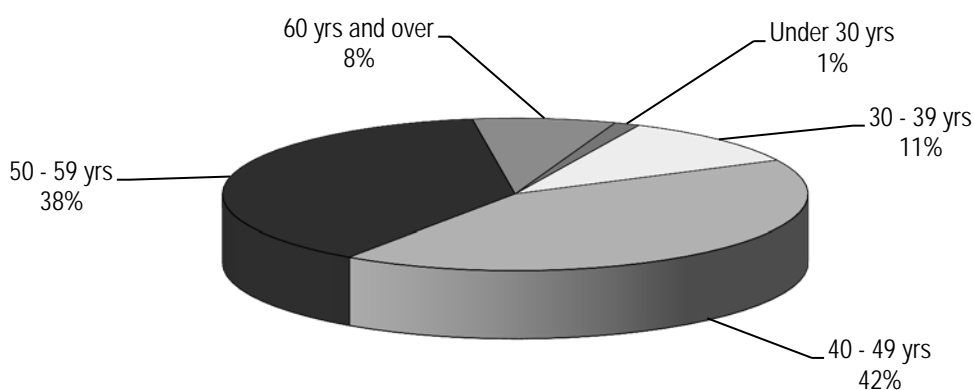


Figure 29: HHSC Eligibility Supervisors – Distribution by Age



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

Figure 30: HHSC Public Health Technicians – Length of State Service

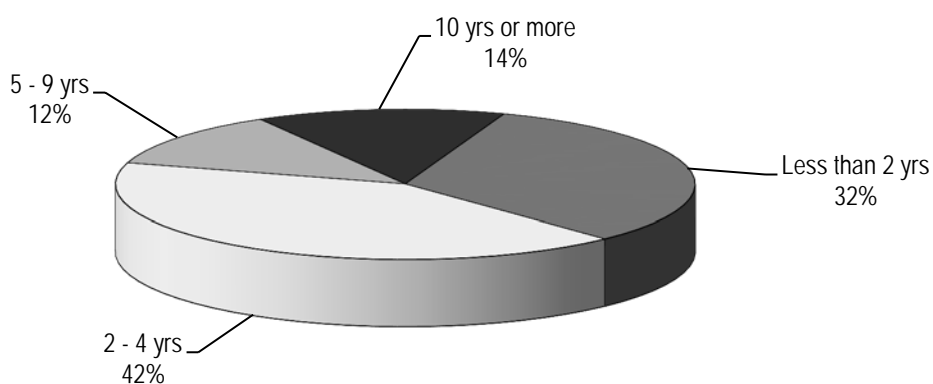
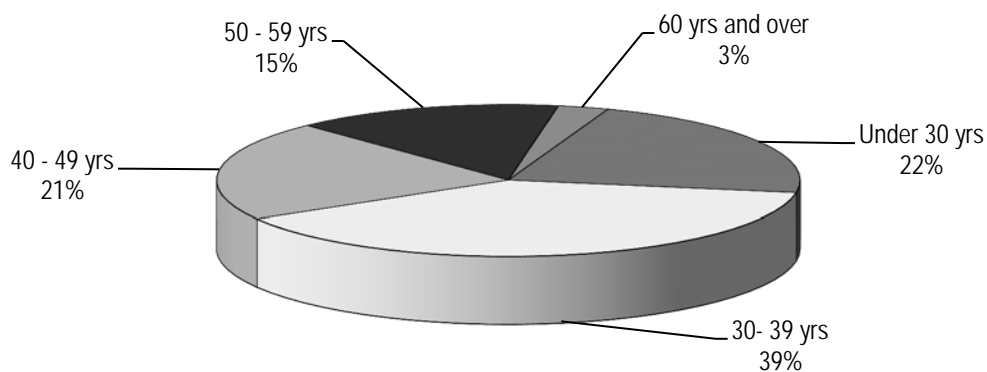


Figure 31: HHSC Public Health Technicians – Distribution by Age



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.

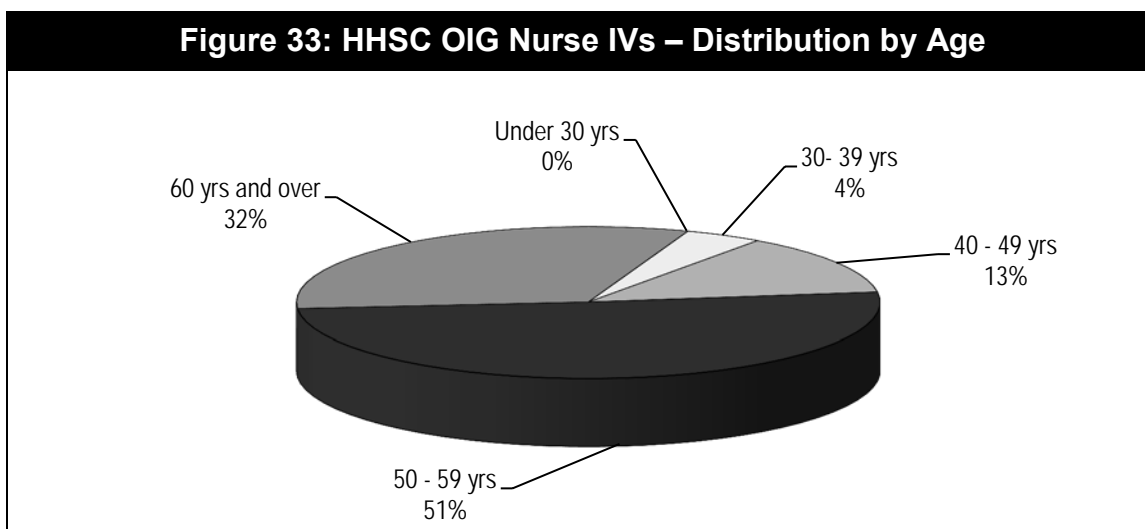
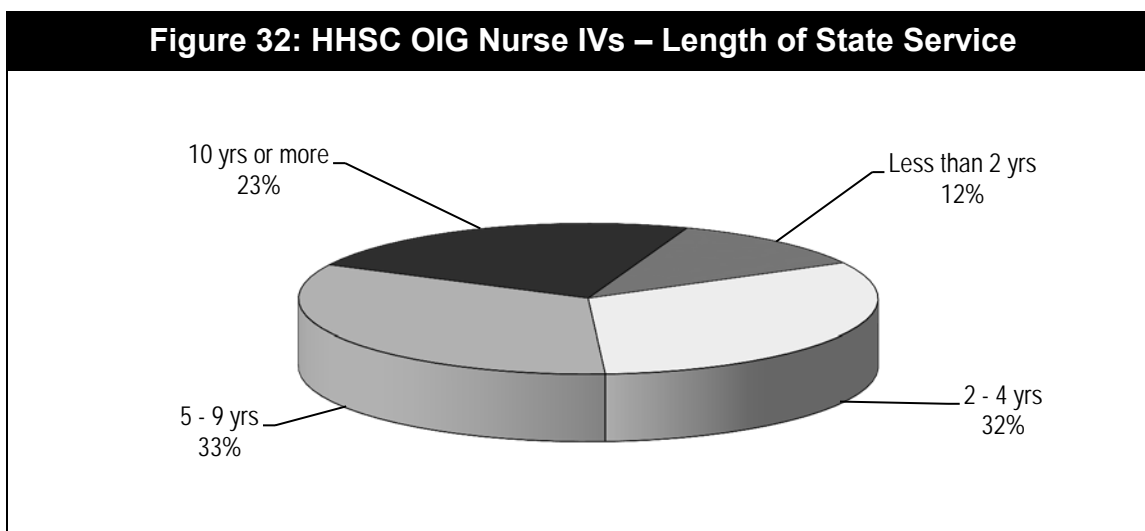
The typical OIG Nurse IV is about 55 years old and has an average of approximately eight years of state service.¹²⁷

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

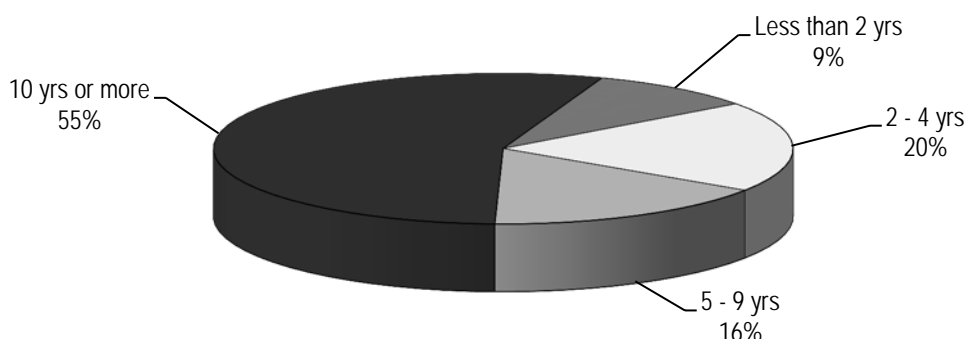
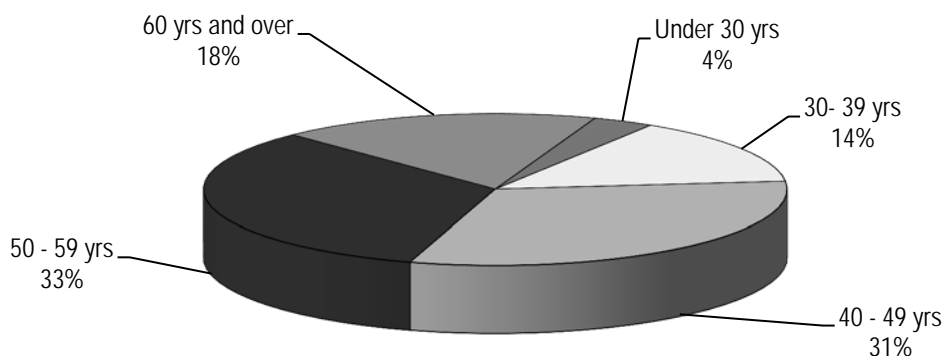


Figure 35: HHSC OIG Auditors – Distribution by Age



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

Figure 36: HHSC Investigators – Length of State Service

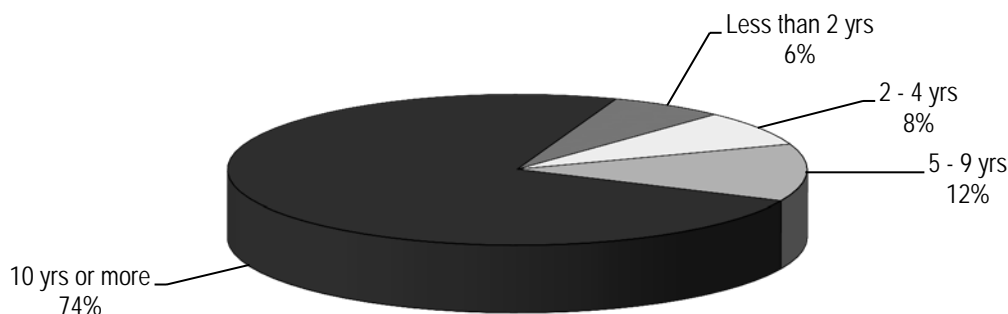
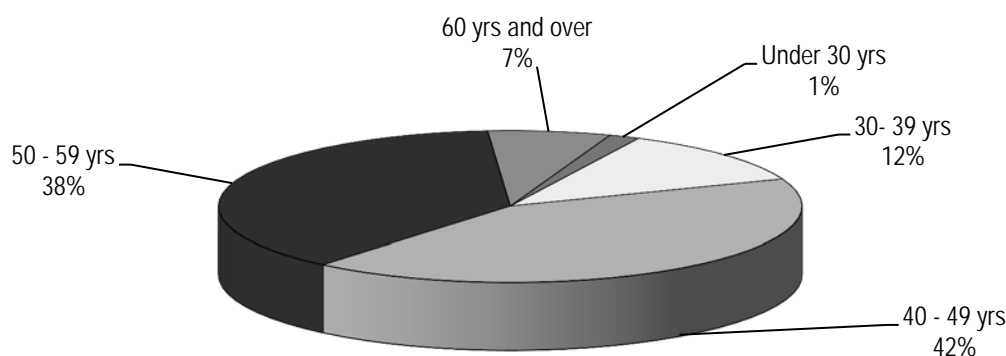


Figure 37: HHSC Investigators – Distribution by Age



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).

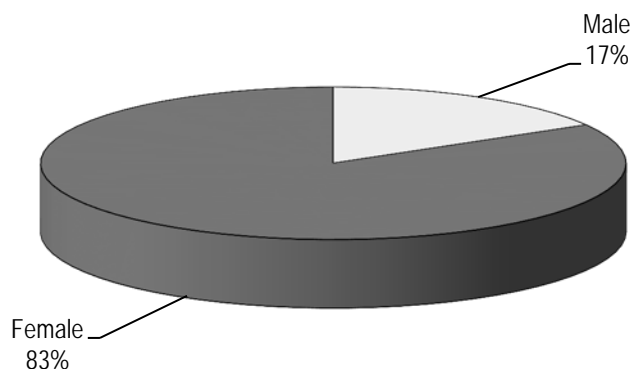
¹⁴⁸ CPS Workers include CPS Specialists and CPS Investigators.

¹⁴⁹ SWI Specialists include SWI Specialists I-V.

¹⁵⁰ HHSAS Database, as of 8/31/11.

¹⁵¹ Ibid.

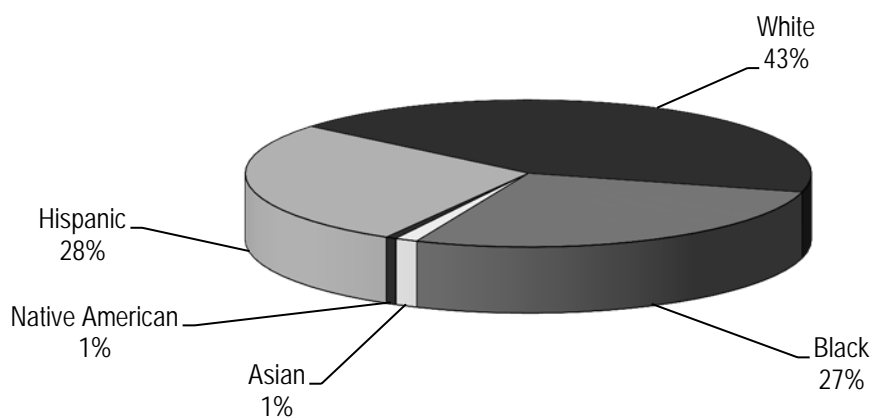
Figure 38: DFPS Workforce by Gender



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.

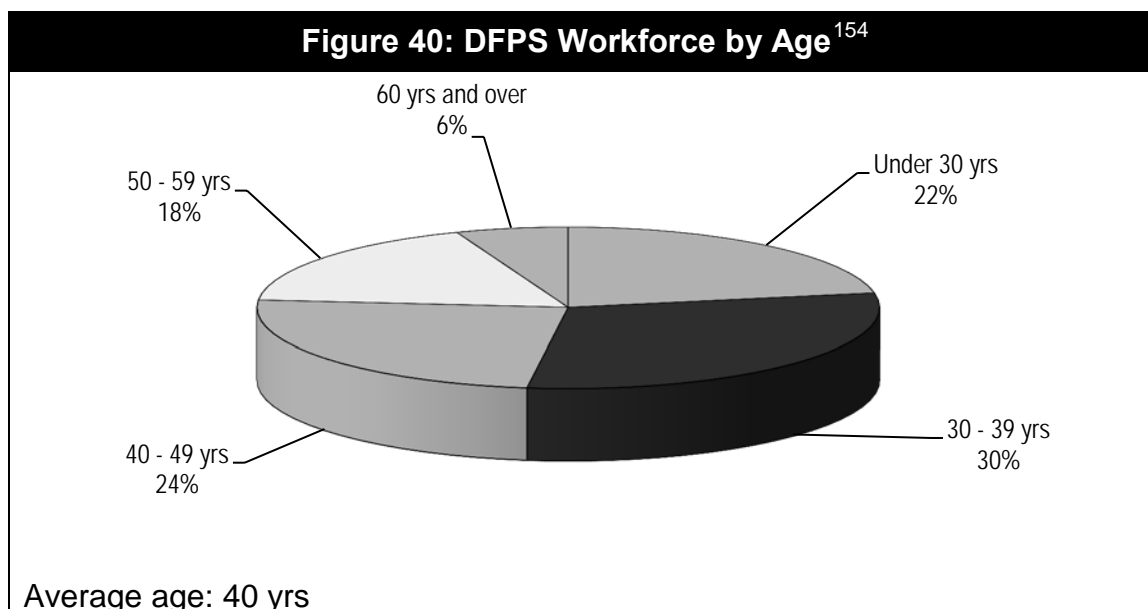
Figure 39: DFPS Workforce by Race



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

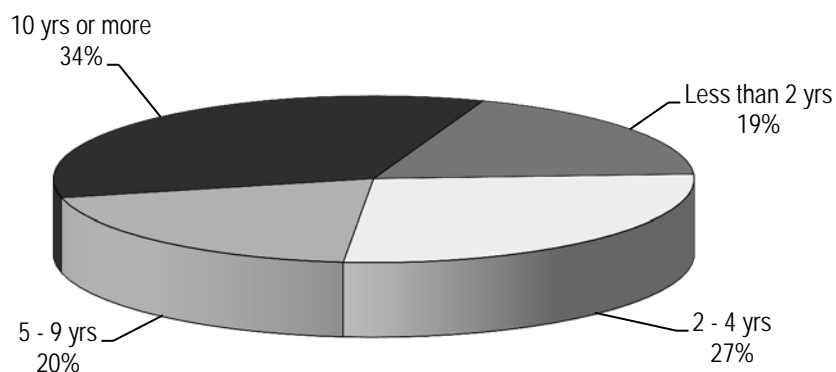
Job Category	Black			Hispanic			Female		
	DFPS %	CLF %	Underutilization (If Yes, # needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	19.1%	7.2%	No	20.2%	12.3%	No	75.8%	32.6%	No
Professionals	19.2%	9.4%	No	23.1%	11.6%	No	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



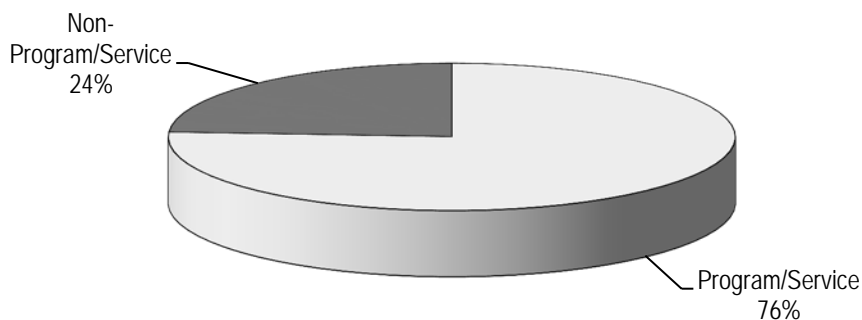
Return-to-Work Retirees

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.

Figure 42: DFPS Return-to-Work Retirees



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

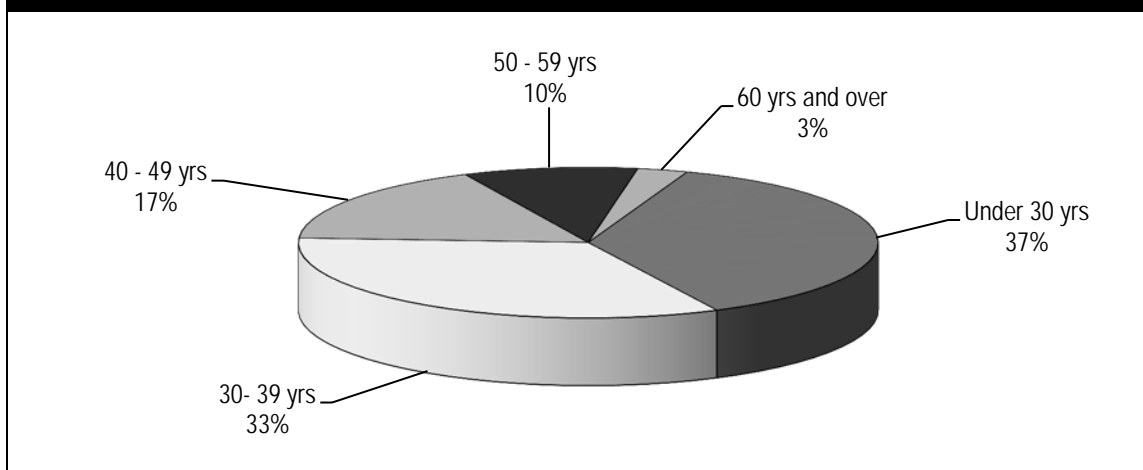
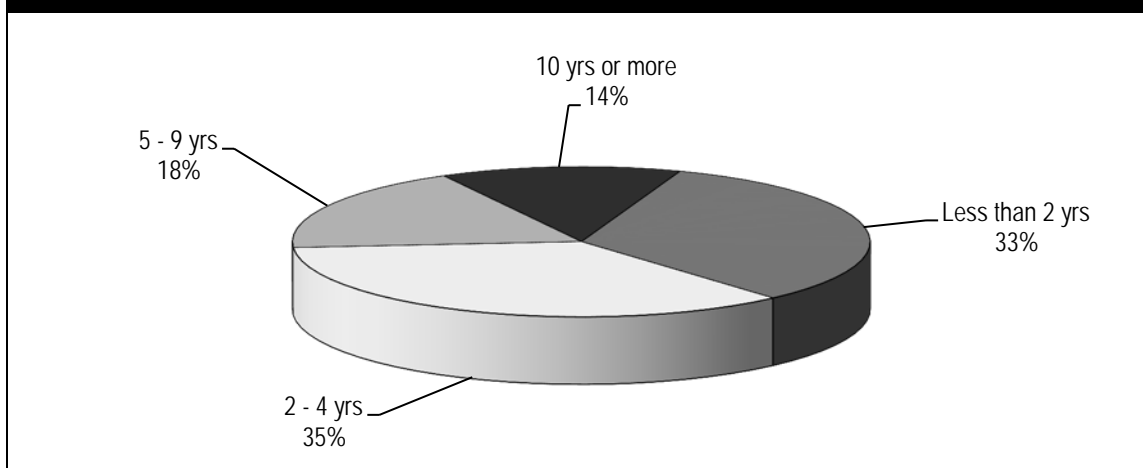


Figure 44: CPS Workers at DFPS – Length of State Service



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

Figure 45: SWI Specialists at DFPS – Distribution by Age

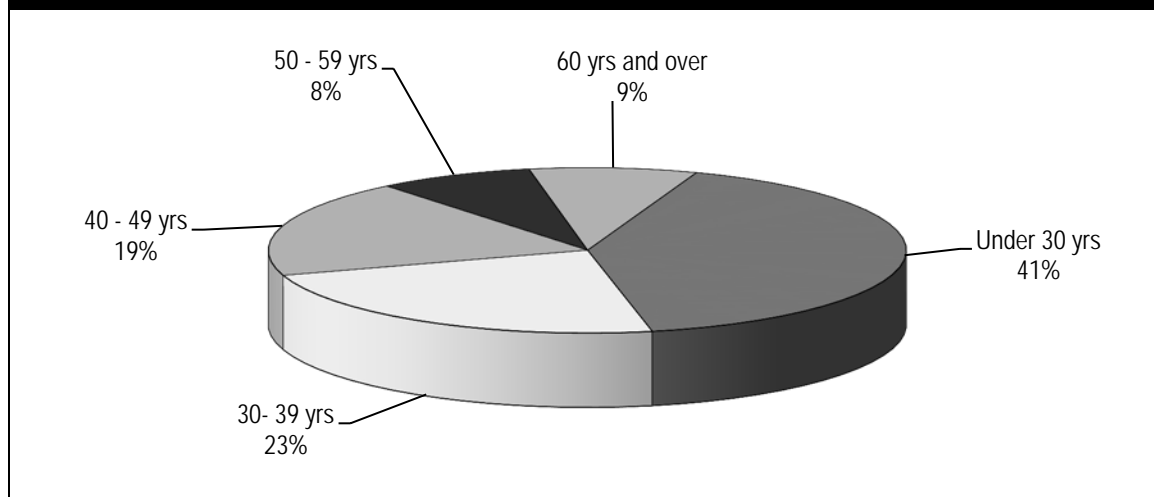
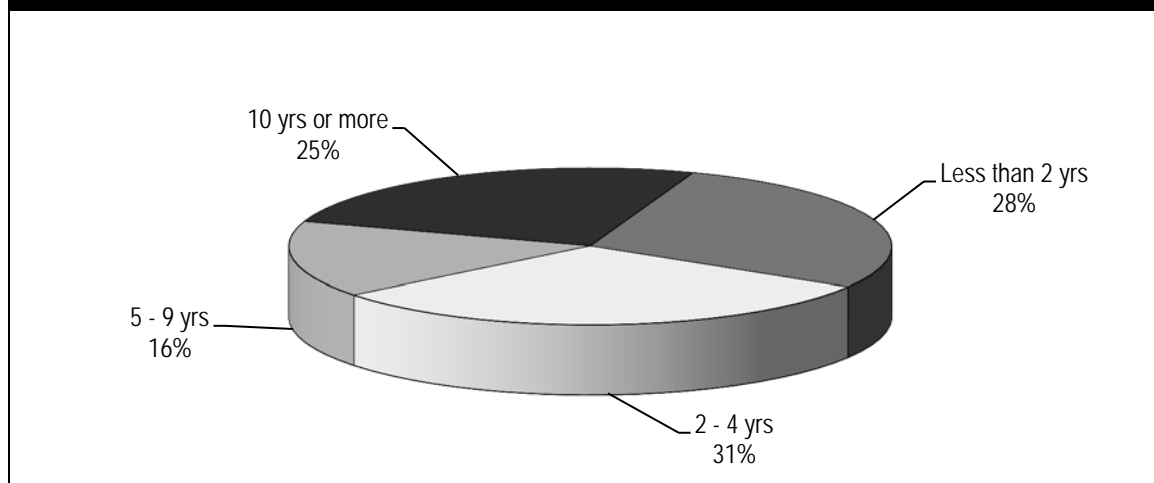


Figure 46: SWI Specialists at DFPS -- Length of State Service

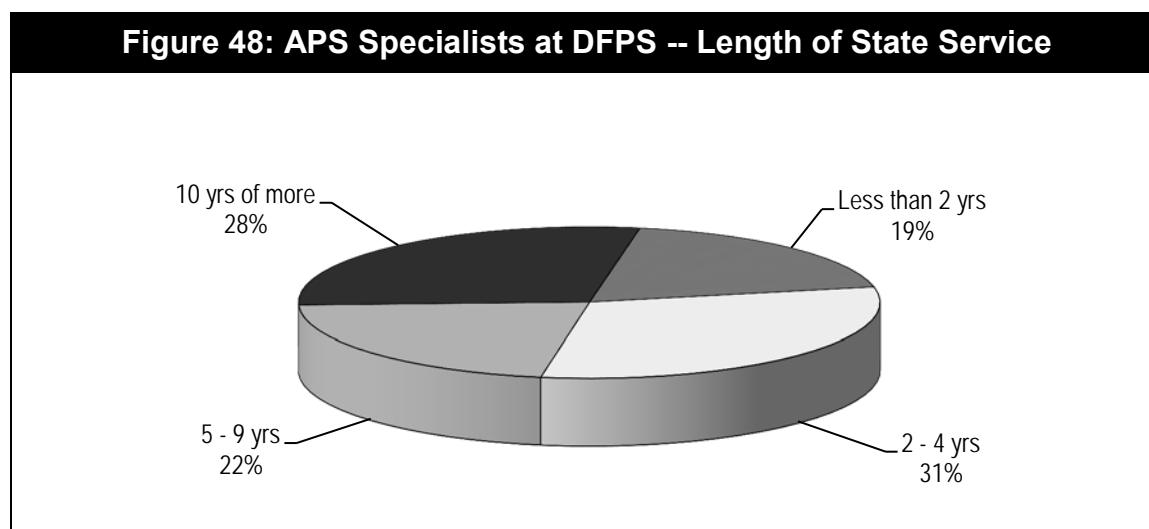
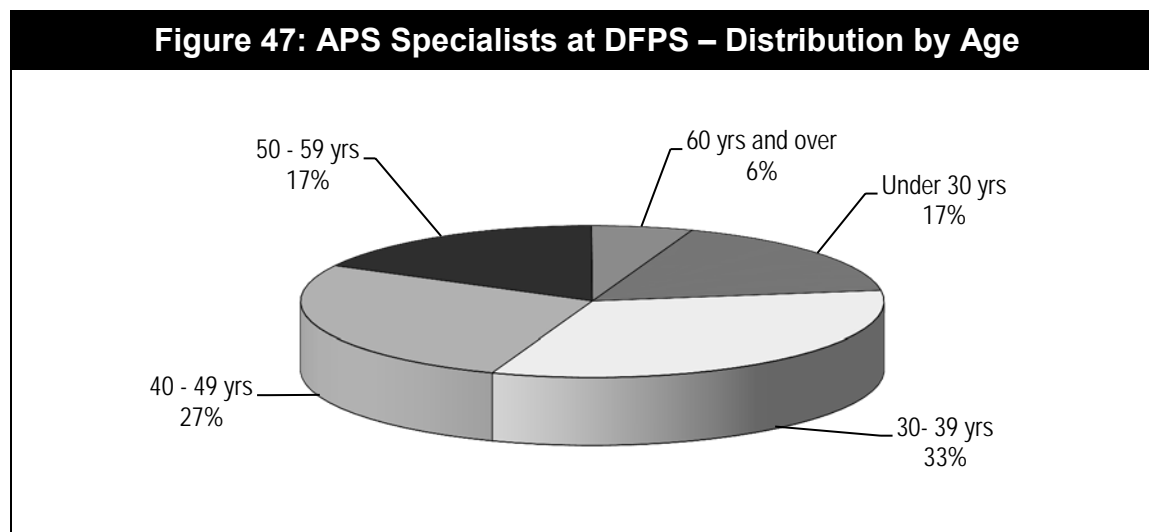


¹⁷⁰ SWI Specialists include SWI Specialists I-V.

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

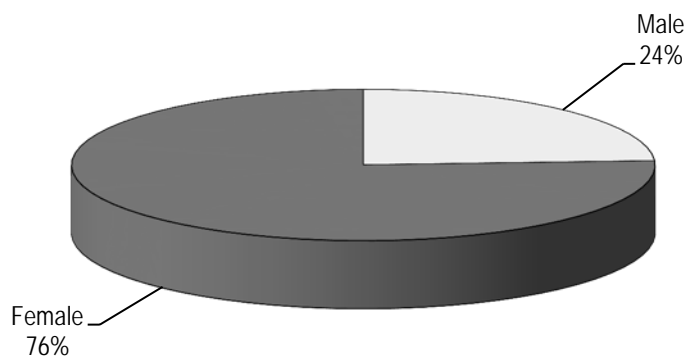
¹⁷⁹ HHSAS Database, as of 8/31/11.

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

¹⁸² Ibid.

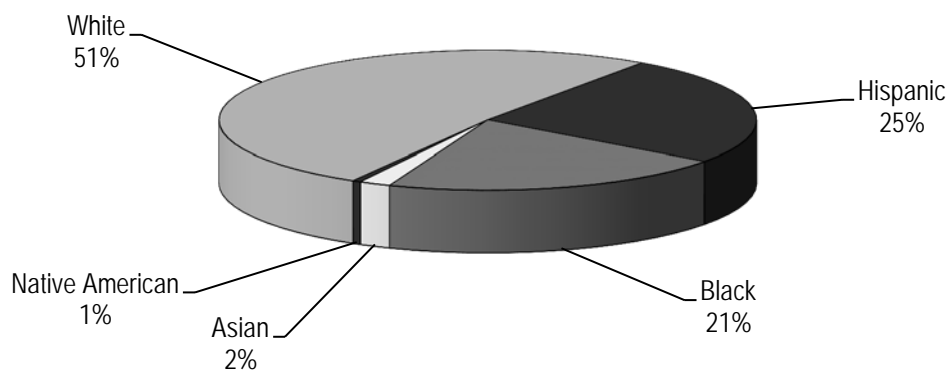
Figure 49: DARS Workforce by Gender



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

Figure 50: DARS Workforce by Race

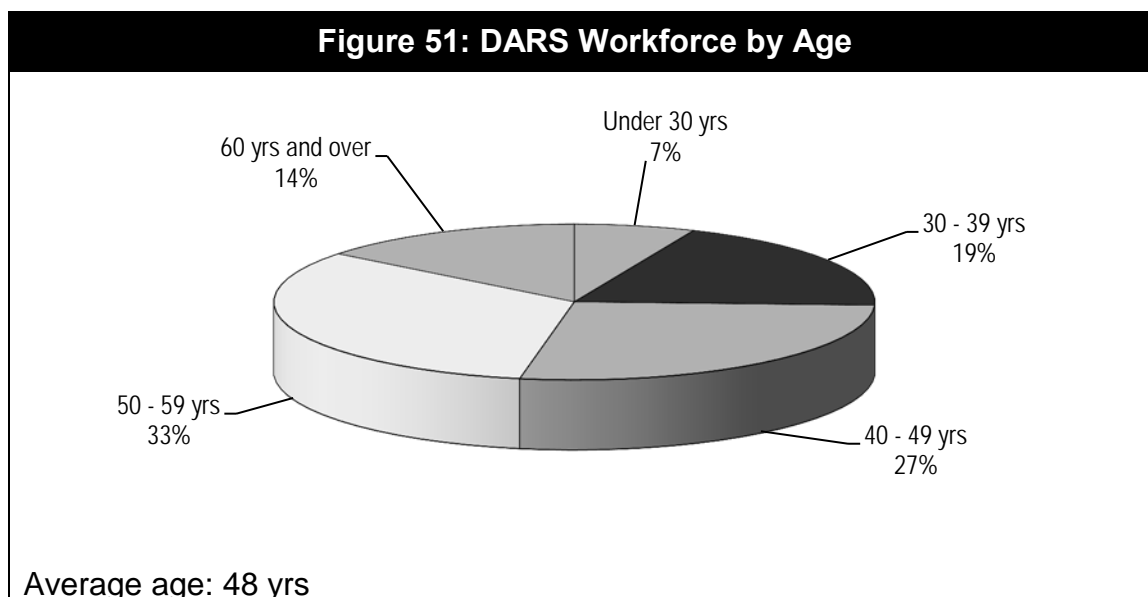


¹⁸³ HHSAS Database, as of 8/31/11.

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

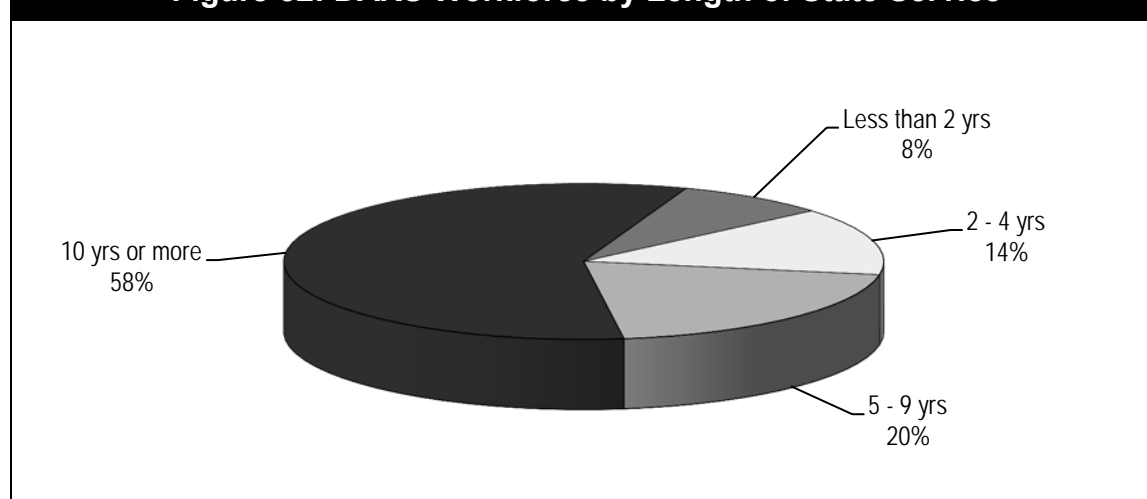
Job Category	Black			Hispanic			Female		
	DARS %	CLF %	Underutilization (If Yes, # needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)
Officials/Administrators	15.5%	7.2%	No	18.1%	12.3%	No	50.3%	32.6%	No
Professionals	20.2%	9.4%	No	23.5%	11.6%	No	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



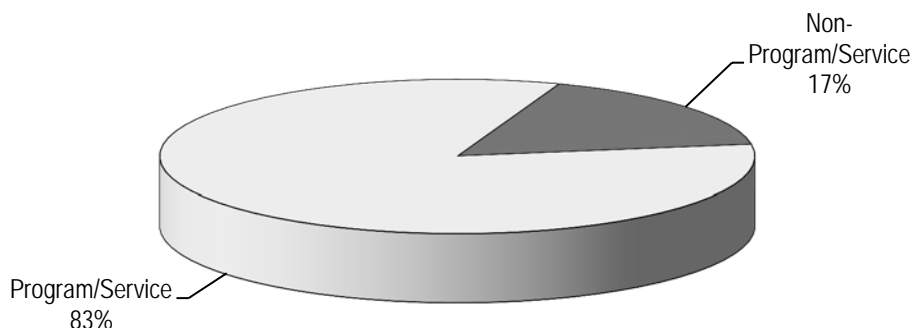
Return-to-Work Retirees

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.

Figure 53: DARS Return-to-Work Retirees



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

Table 23: FY 11 Turnover for Significant Job Families¹⁹⁴			
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.

Table 24: DARS Projected Retirement Eligibility through Rule of 80 (FY 11 – FY 16)		
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.

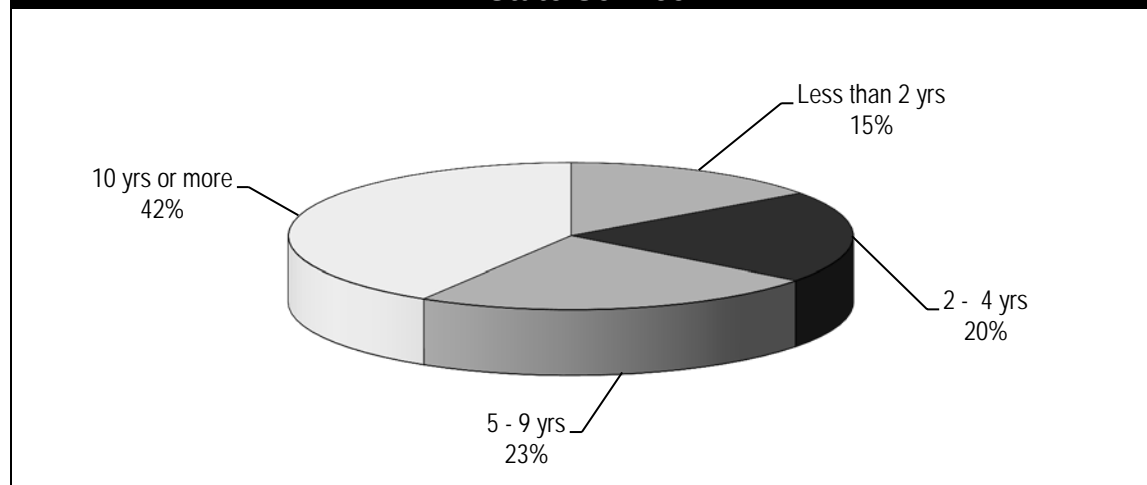
- the attrition at the Texas DDS of Disability Specialist (DS) positions continues to increase, which will eventually lead to backlogged caseloads; and
- the inability to hire critical positions could negatively impact service delivery.

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

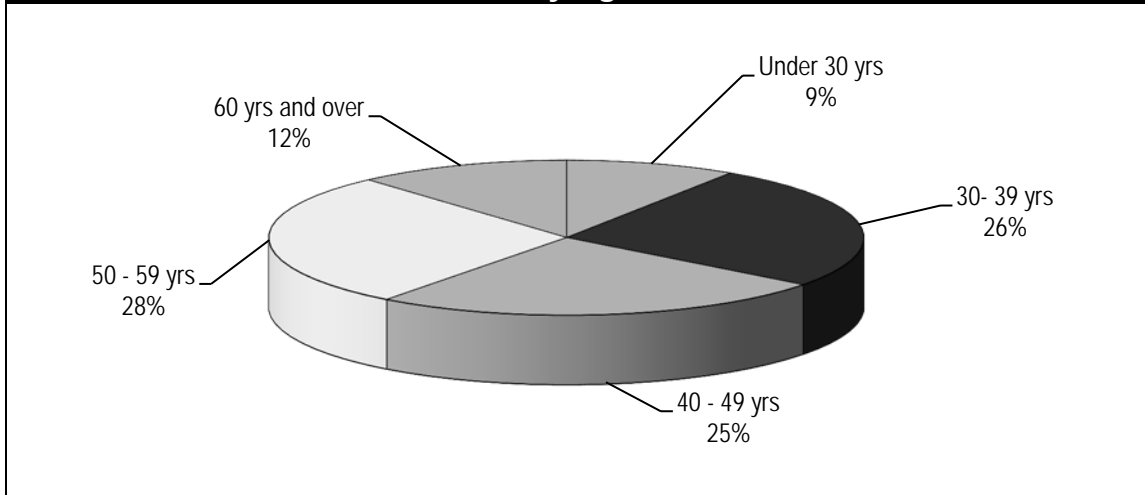


²⁰¹ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2010; last accessed on 3/30/12.

²⁰² HHSAS Database, as of 8/31/11.

²⁰³ Ibid.

Figure 55: Vocational Rehabilitation Counselors at DARS – Distribution by Age



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.

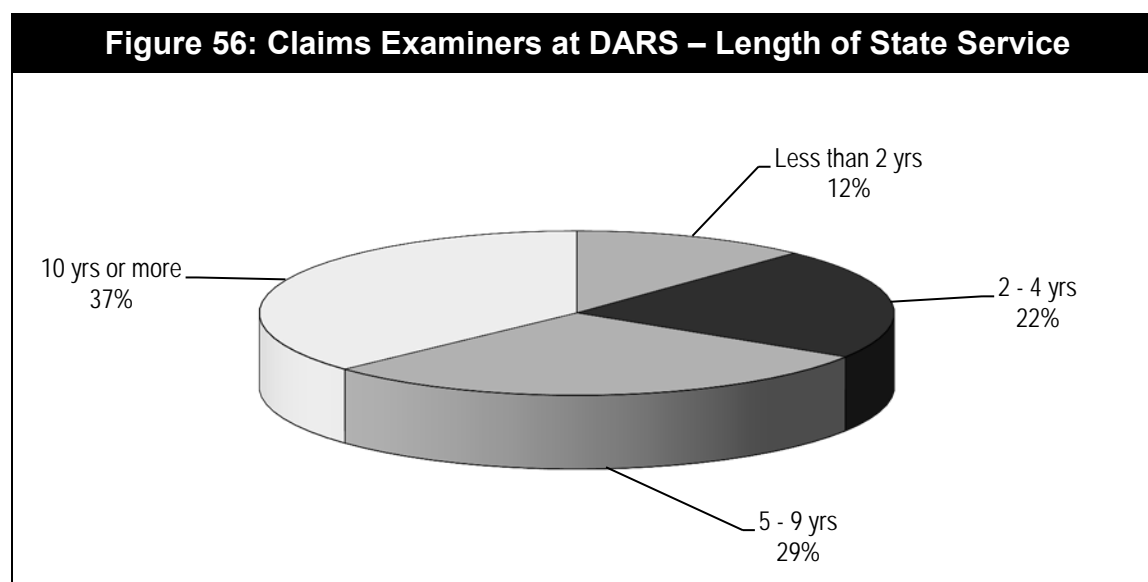
²⁰⁵ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

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



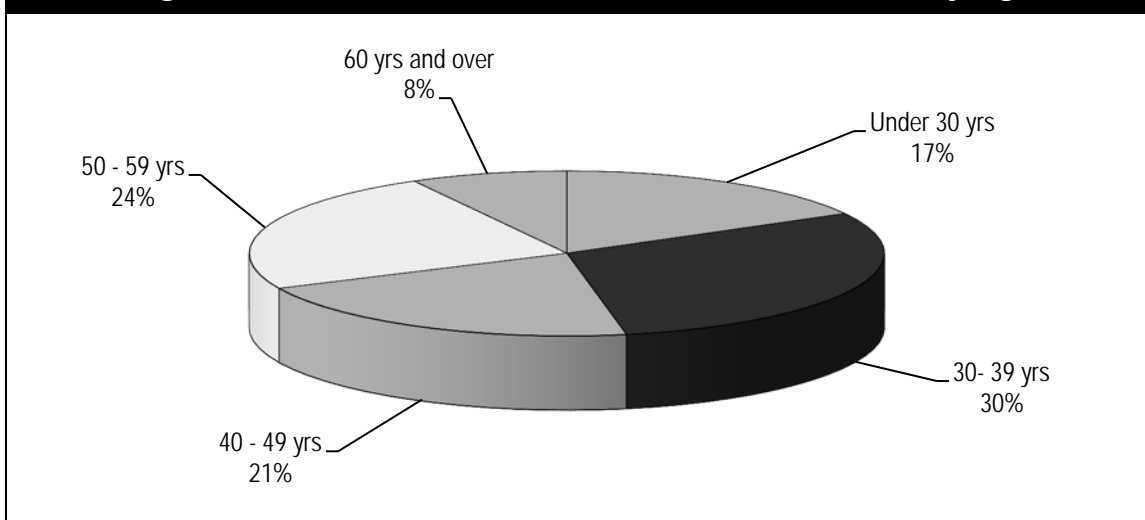
²⁰⁷ HHSAS Database, FY 2011 data.

²⁰⁸ HHSAS Database, as of 8/31/11.

²⁰⁹ Ibid.

²¹⁰ Ibid.

Figure 57: Claims Examiners at DARS – Distribution by Age



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

Figure 58: Independent Living Workers at DARS – Length of State Service

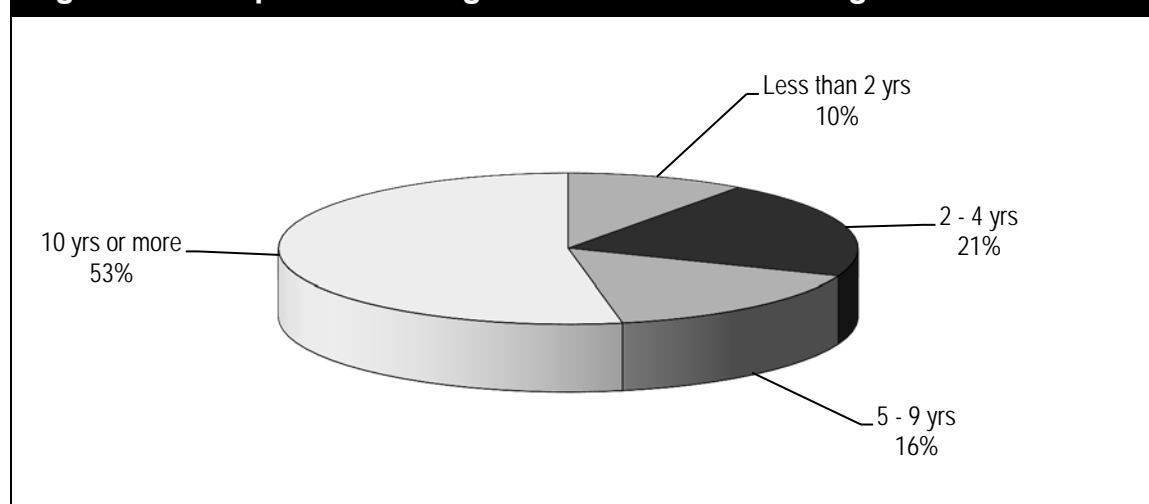
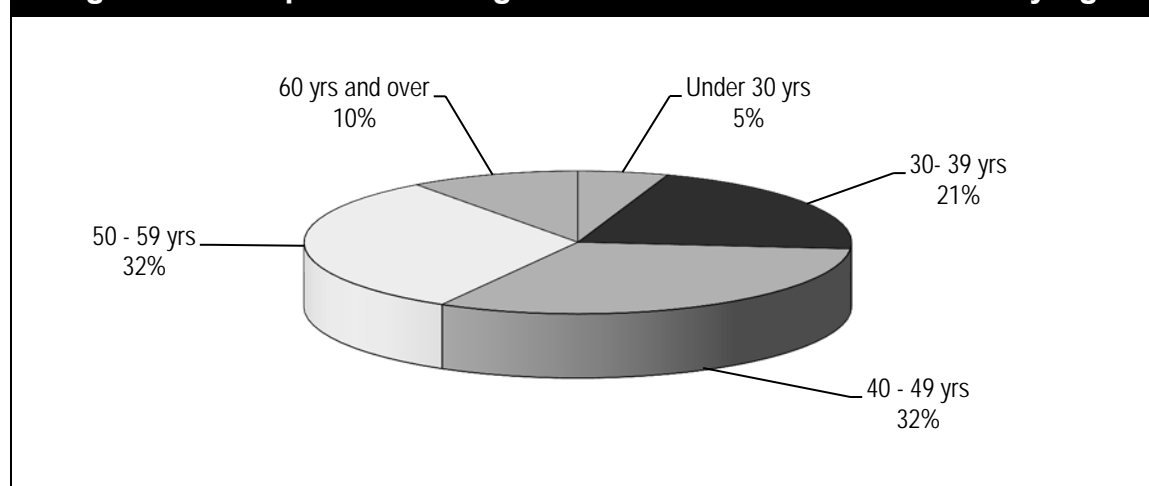


Figure 59: Independent Living Workers at DARS – Distribution by Age



²¹⁴ HHSAS Database, as of 8/31/11.

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

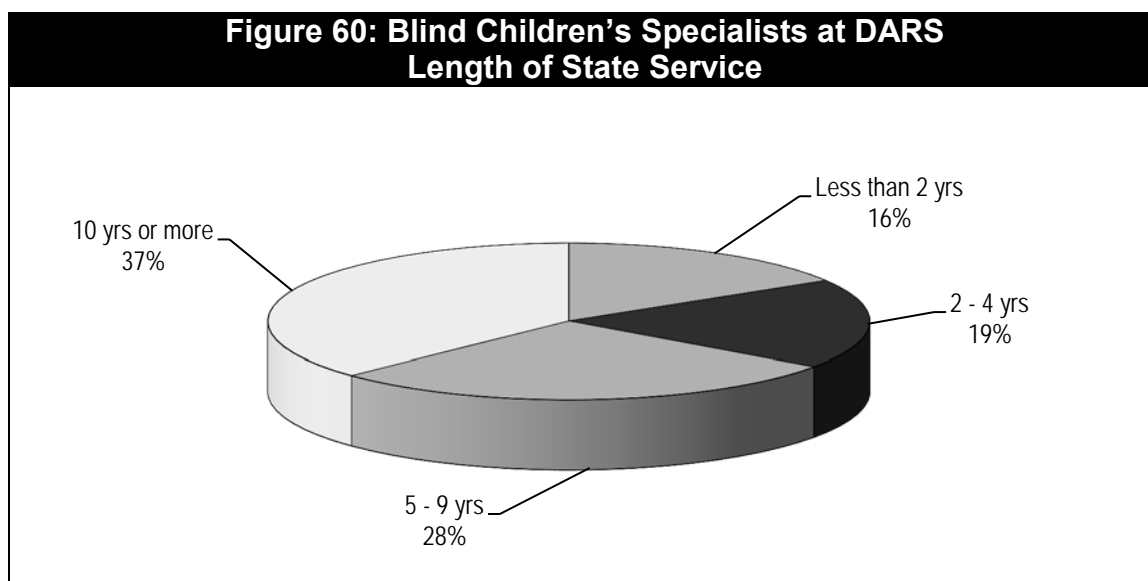
There are currently no college programs for this occupation and few individuals in the labor market possessing the knowledge and experience in working with individuals who are blind. To partially offset these limitations, new employees are required to complete an extensive two year training program to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

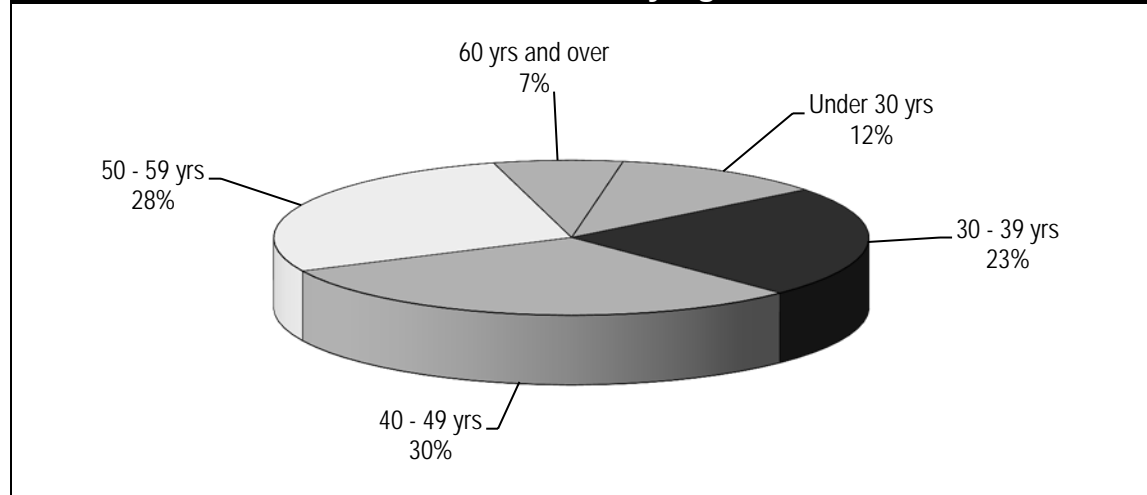
Blind Children's Specialists have, on average, 11 years of state service, with an average age of 45 years.²¹⁶



²¹⁵ HHSAS Database, as of 8/31/11.

²¹⁶ Ibid.

**Figure 61: Blind Children's Specialists at DARS
Distribution by Age**



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.

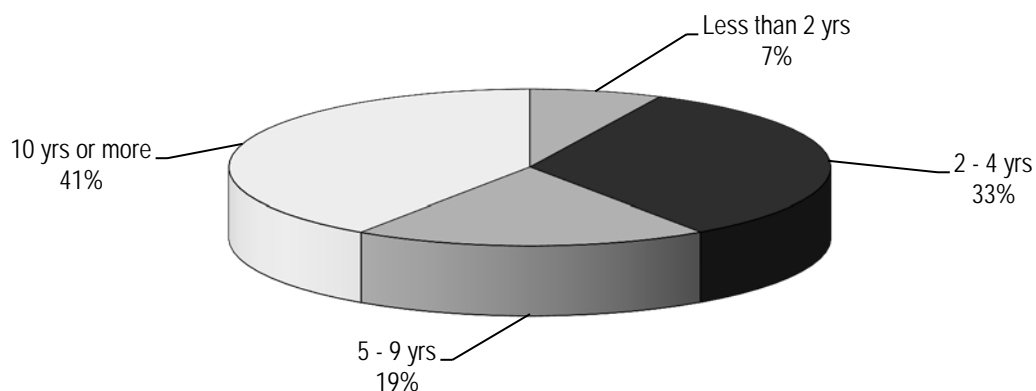
Rehabilitation Teachers have, on average, 10 years of state service, with an average age of 46 years.²¹⁹

²¹⁷ HHSAS Database, FY 2011 data.

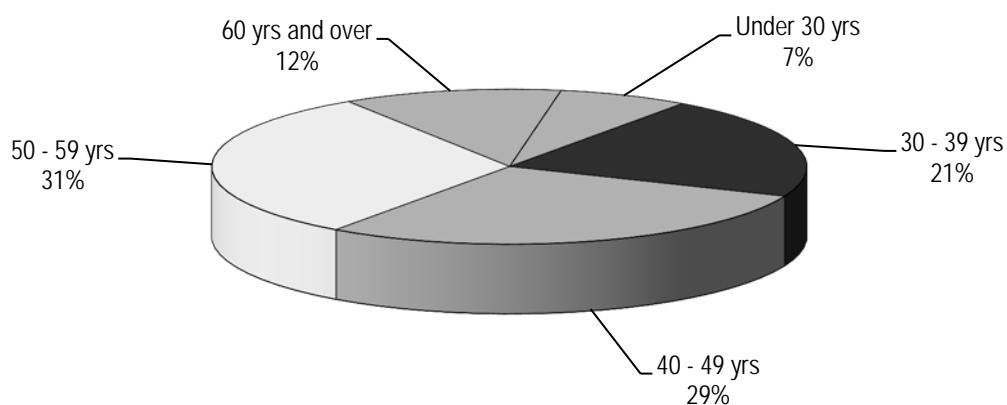
²¹⁸ HHSAS Database, as of 8/31/11.

²¹⁹ Ibid.

**Figure 62: Rehabilitation Teachers at DARS
Length of State Service**



**Figure 63: Rehabilitation Teachers at DARS
Distribution by Age**



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.

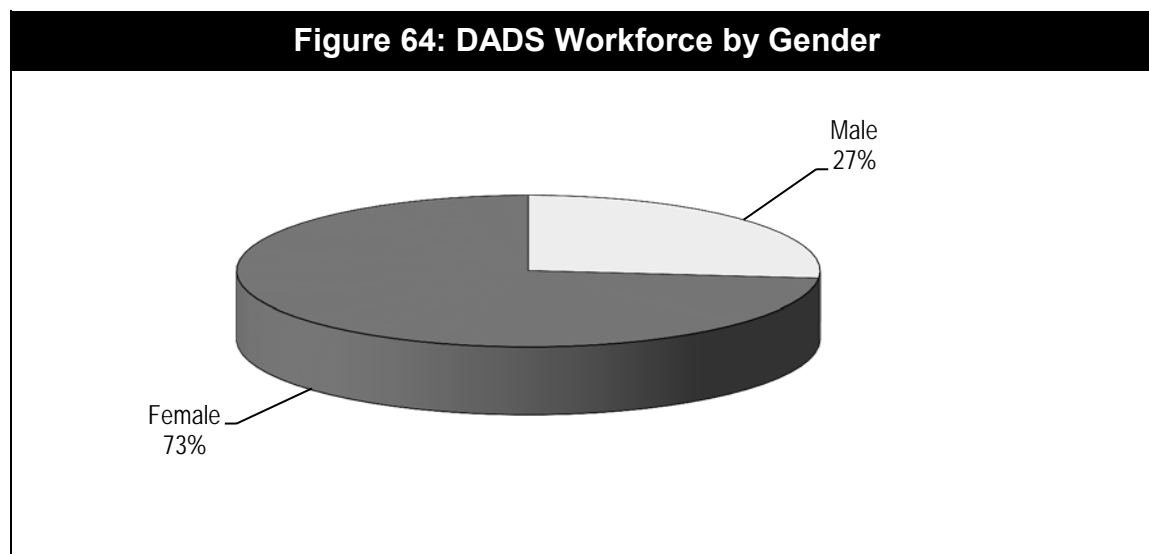
²²³ Direct Service Professionals include Mental Retardation Assistants I-IV.

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

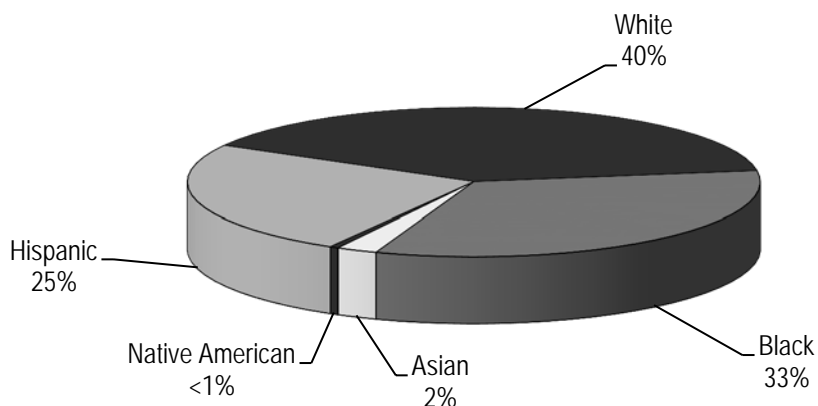
White employees represent the largest racial group at 40 percent, followed by Black employees at 33 percent and Hispanic employees at 25 percent.²²⁶

²²⁴ HHSAS Database, as of 8/31/11.

²²⁵ Ibid.

²²⁶ Ibid.

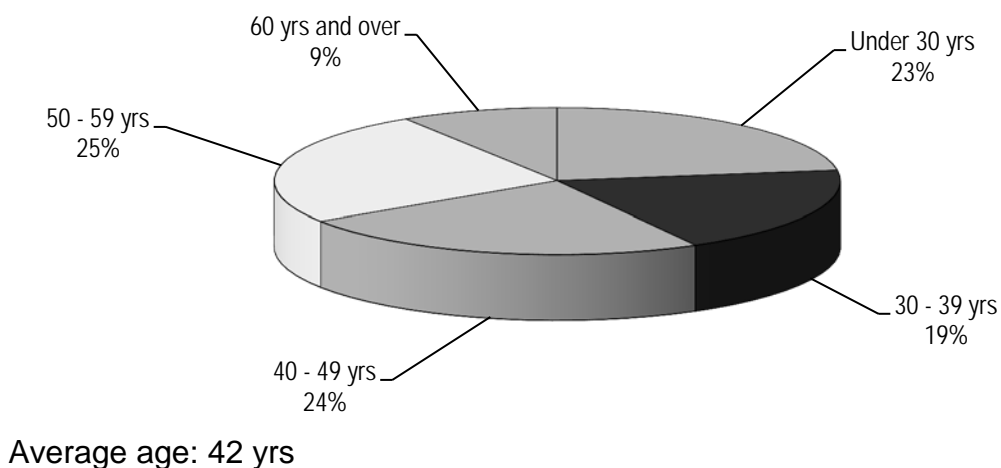
Figure 65: DADS Workforce by Race



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

Figure 66: DADS Workforce by Age



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,

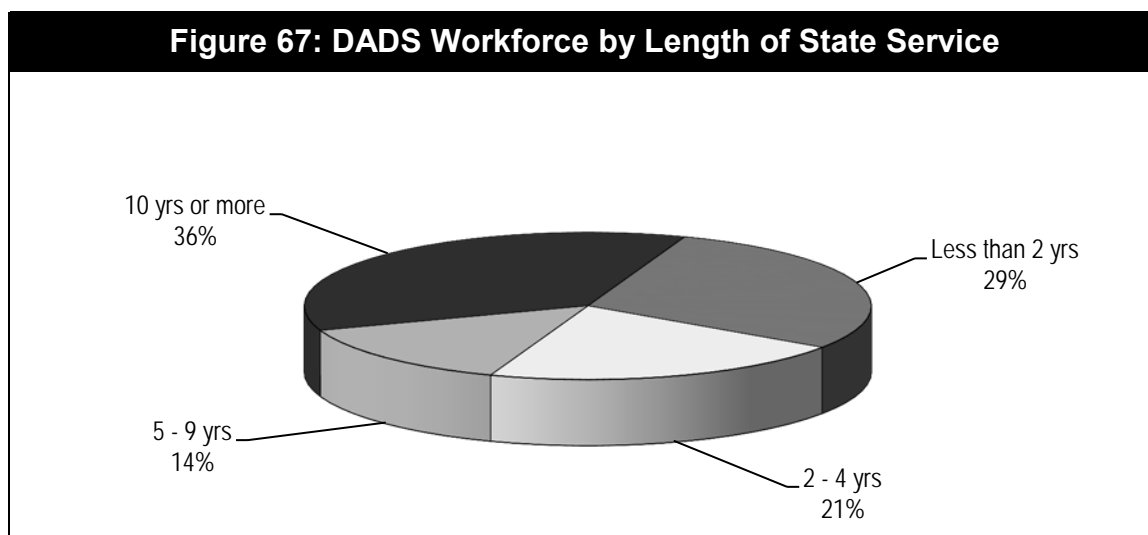
²²⁸ HHSAS Database, as of 8/31/11.

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



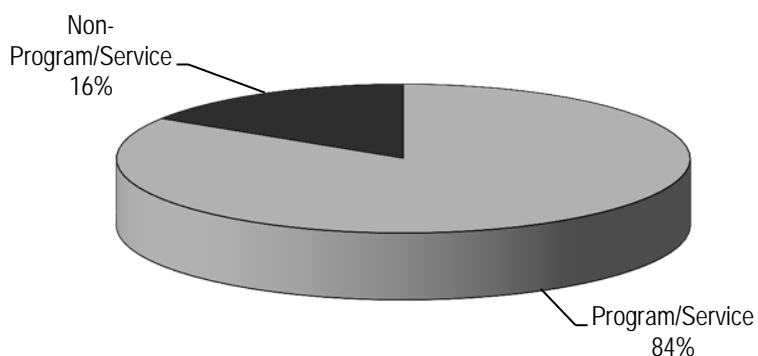
Return-to-Work Retirees

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.

Figure 69: Direct Service Professionals – Length of State Service

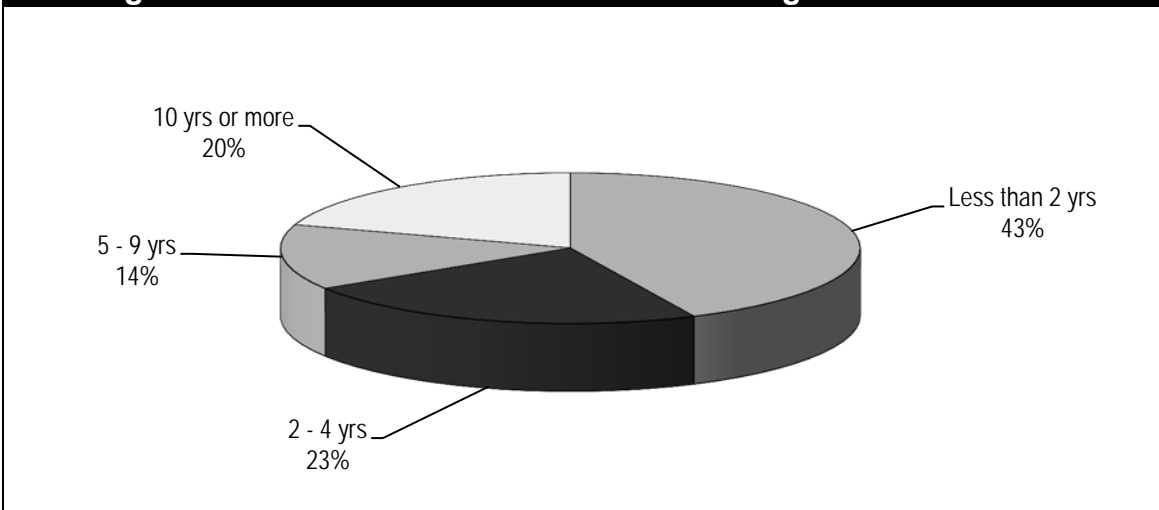
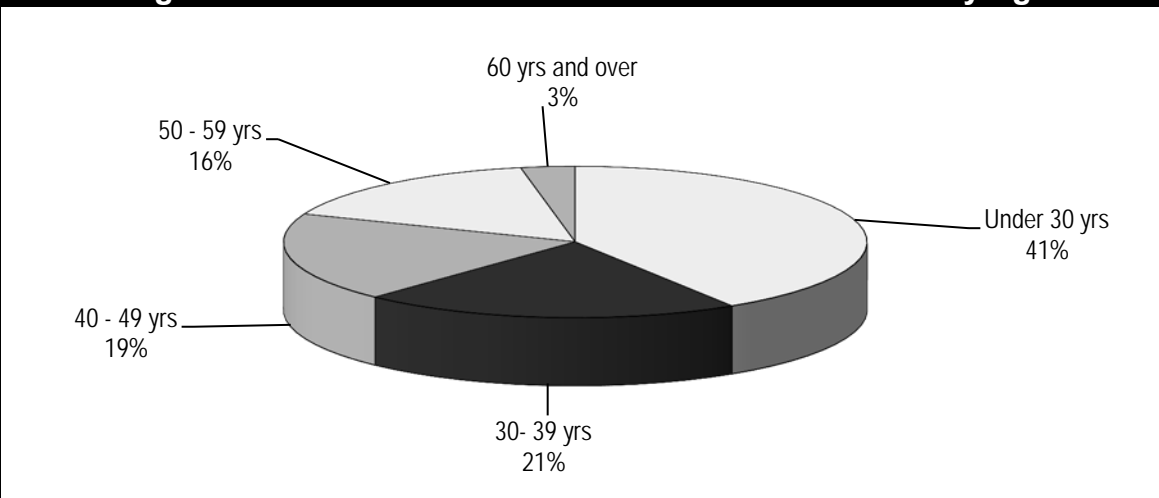


Figure 70: Direct Service Professionals – Distribution by Age



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

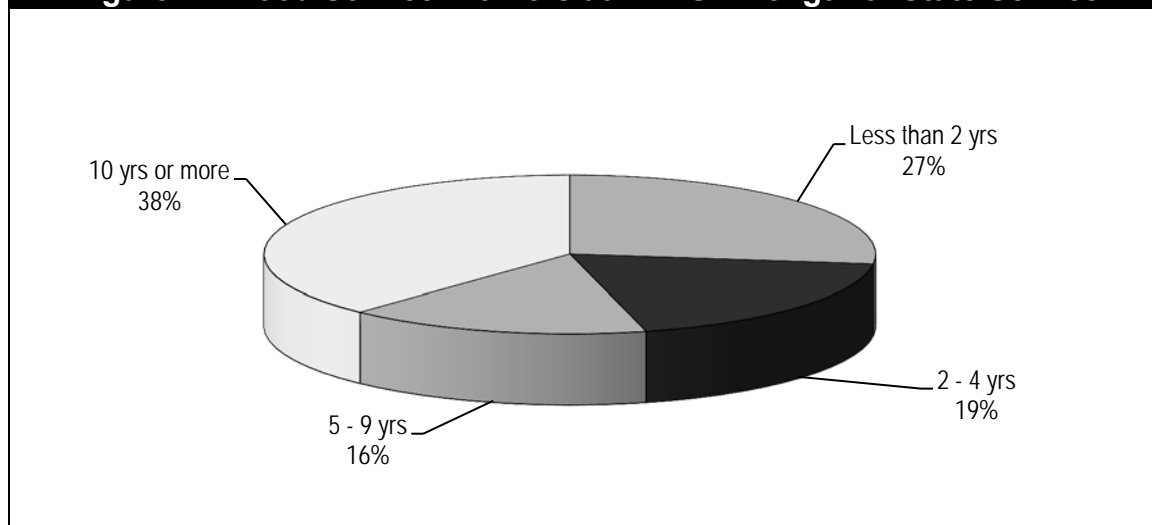
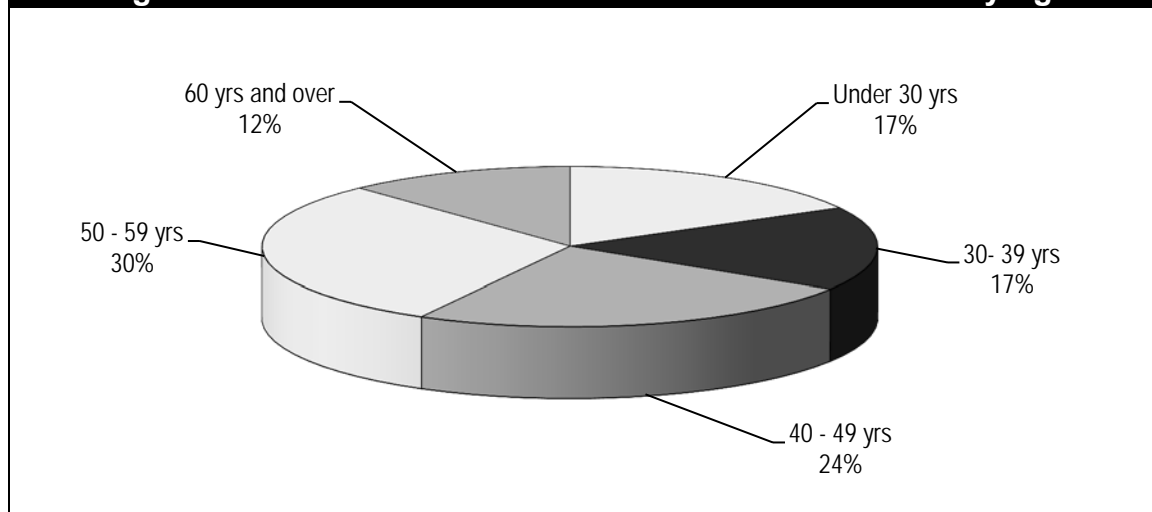


Figure 72: Food Service Workers at DADS – Distribution by Age



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.

Figure 73: Registered Nurses at DADS – Length of State Service

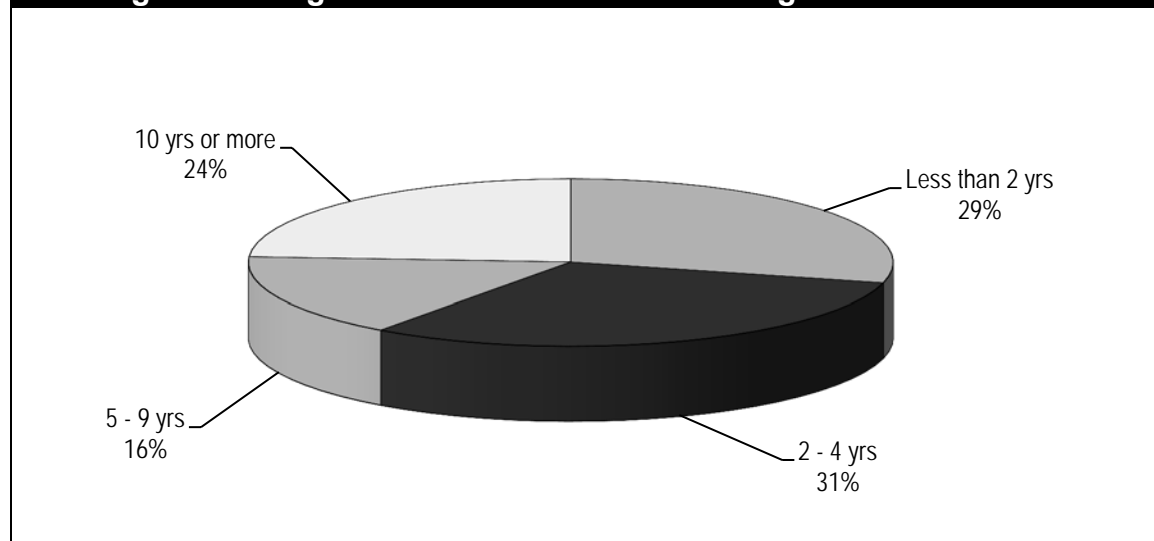
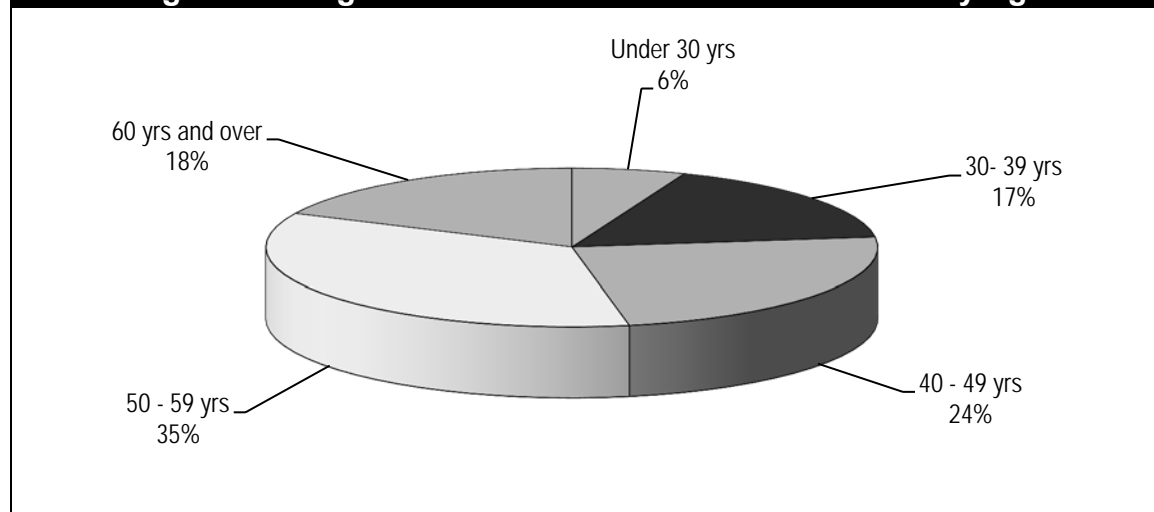


Figure 74: Registered Nurses at DADS – Distribution by Age



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

²⁵⁸ HHSAS Database, as of 8/31/11.

²⁵⁹ Ibid.

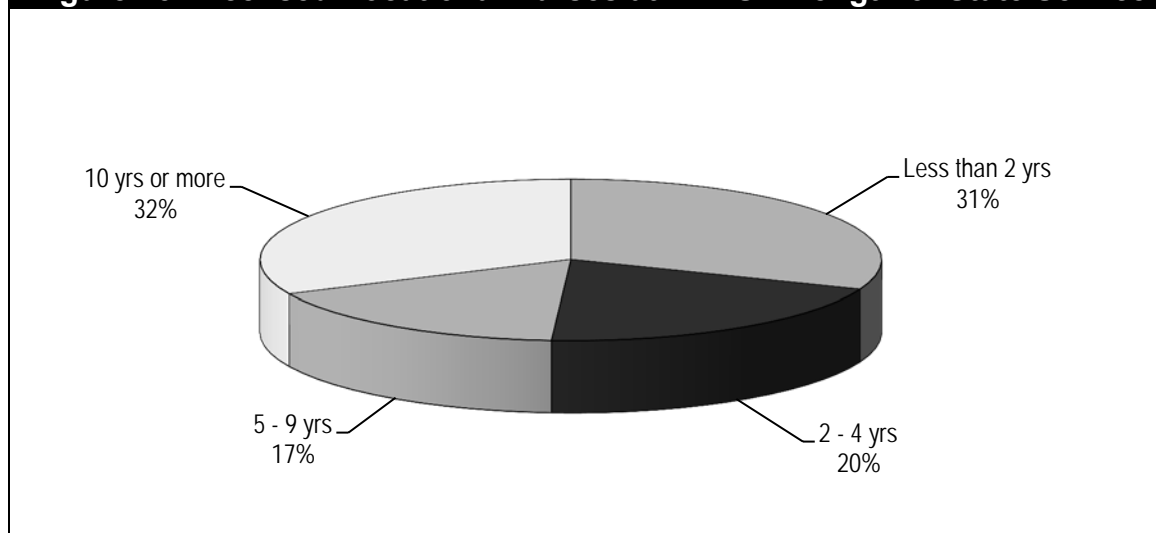
DADS RNs earn an average annual salary of \$55,136, which is below both the state and national average.²⁶¹ The average annual earnings for RNs in 2010 was \$67,720 nationally, and \$66,180 in Texas.²⁶² In addition, the State Auditor's Office 2010 market index analysis found the average state salary for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

Figure 75: Licensed Vocational Nurses at DADS – Length of State Service



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.

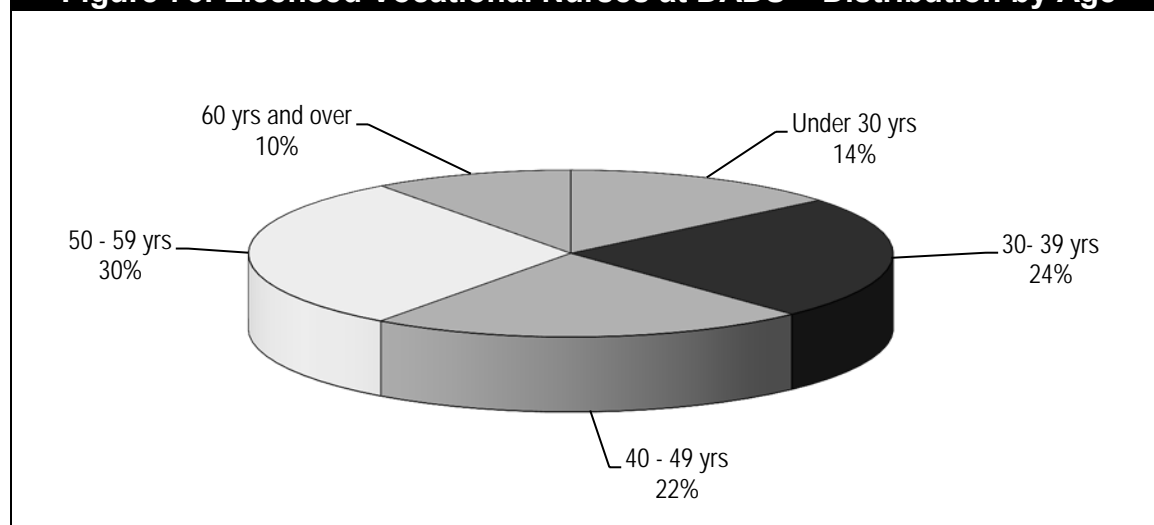
²⁶³ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," August 2010, Report No. 10-708, web page <http://www.sao.state.tx.us/reports/main/10-708.pdf>, last accessed 4/2/12.

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

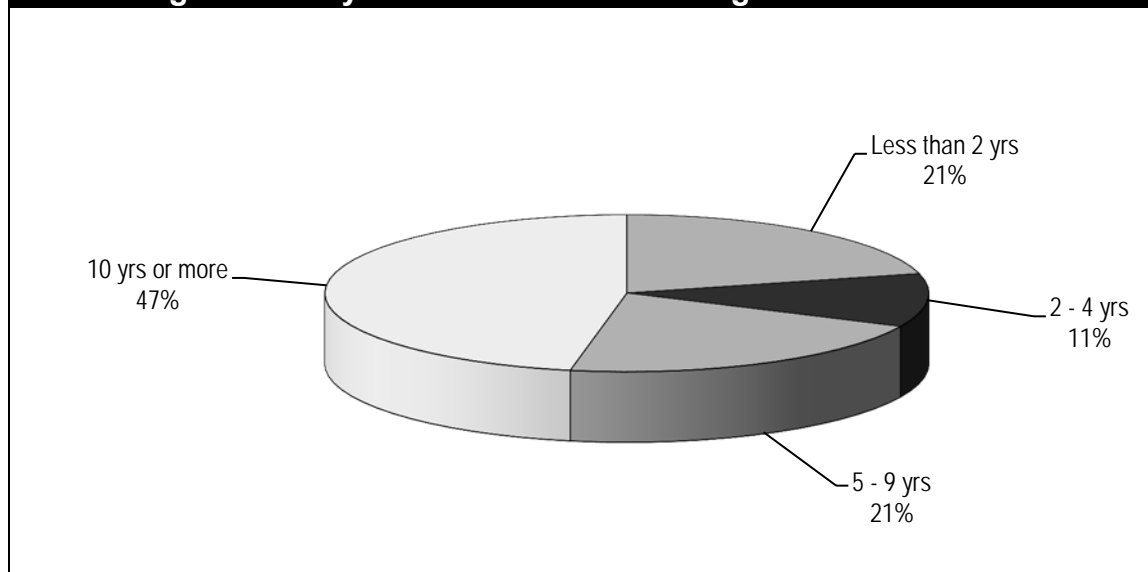
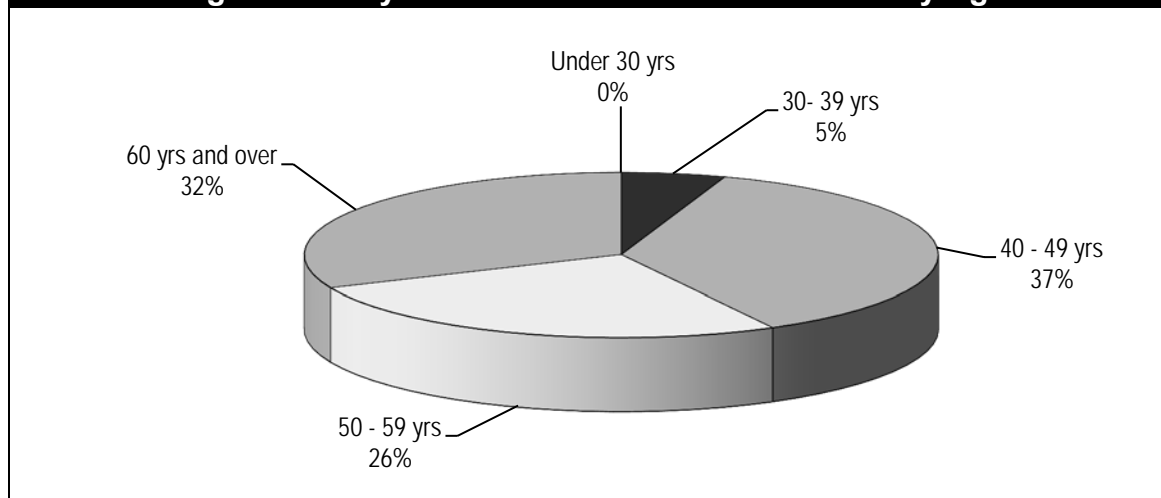


Figure 78: Psychiatrists at DADS – Distribution by Age



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

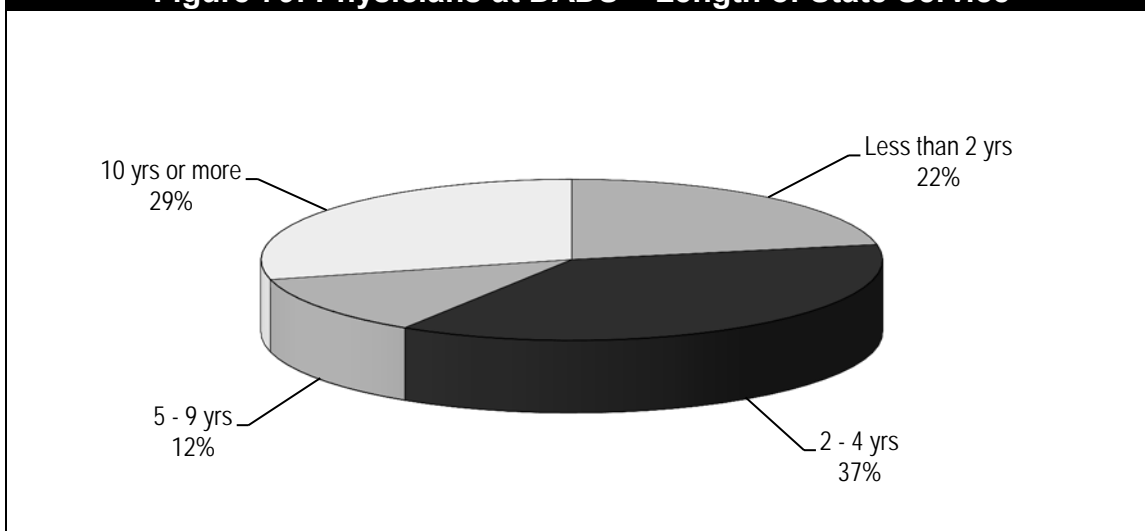
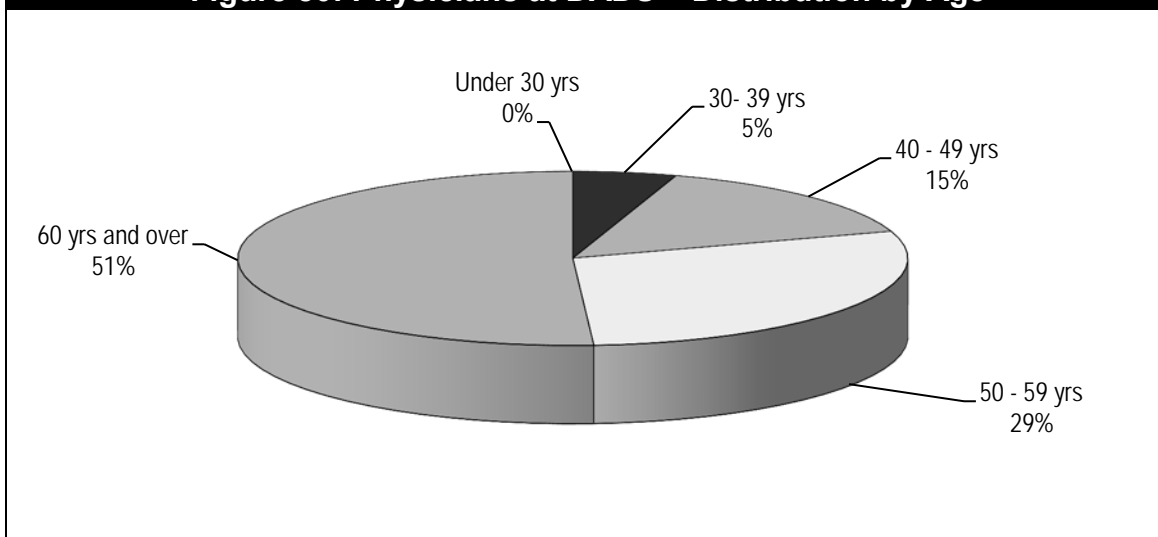


Figure 80: Physicians at DADS – Distribution by Age



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.

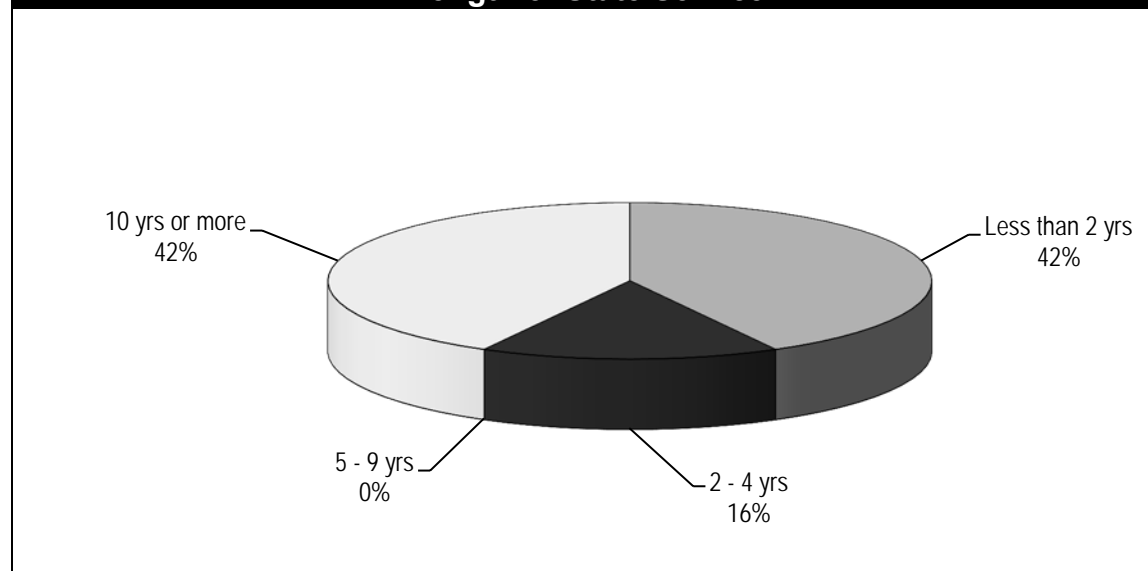
To meet the health needs of individuals residing in state supported living centers, it is critical that the agency recruit and retain qualified Physicians. However, due to the short supply and large demand, state supported living centers are experiencing difficulty hiring Physicians.

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.

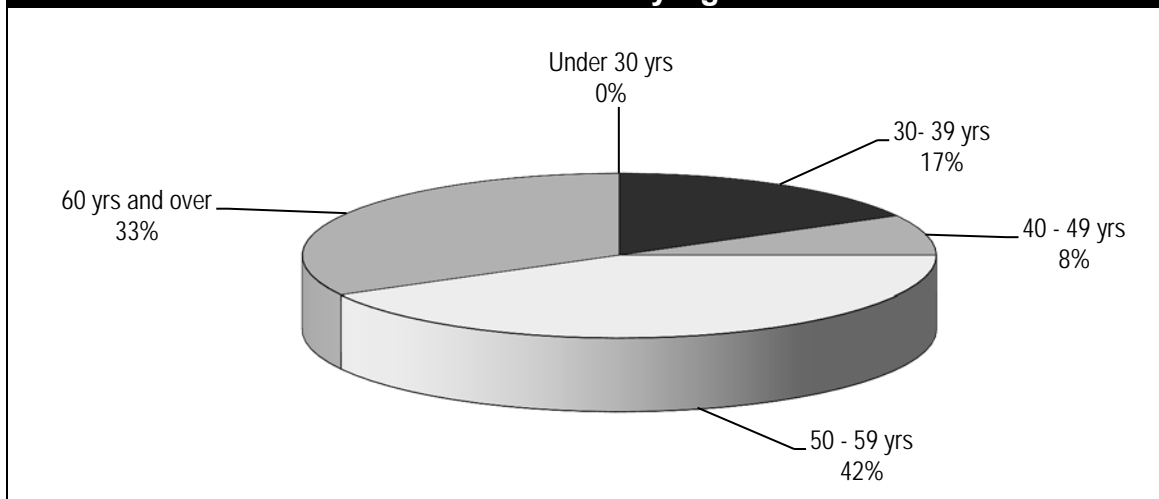
These highly skilled employees have, on average, about nine years of state service, with an average age of 54.²⁸⁰

Figure 81: Nurse Practitioners and Physician Assistants at DADS – Length of State Service



²⁸⁰ HHSAS Database, as of 8/31/11.

Figure 82: Nurse Practitioners and Physician Assistants at DADS – Distribution by Age



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

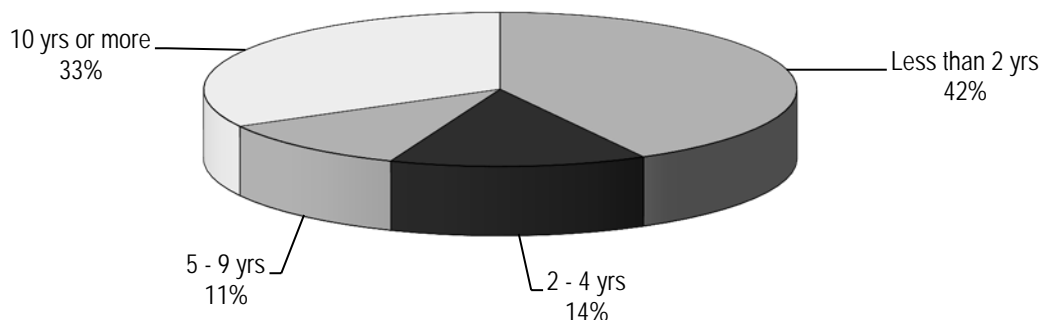
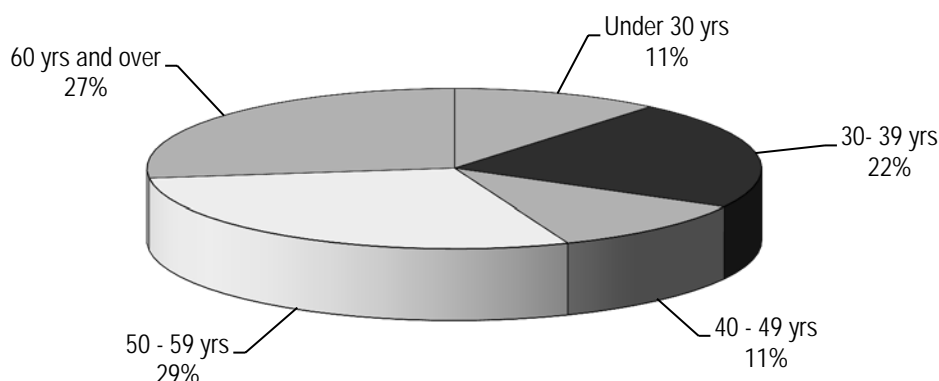


Figure 84: Pharmacists at DADS – Distribution by Age



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

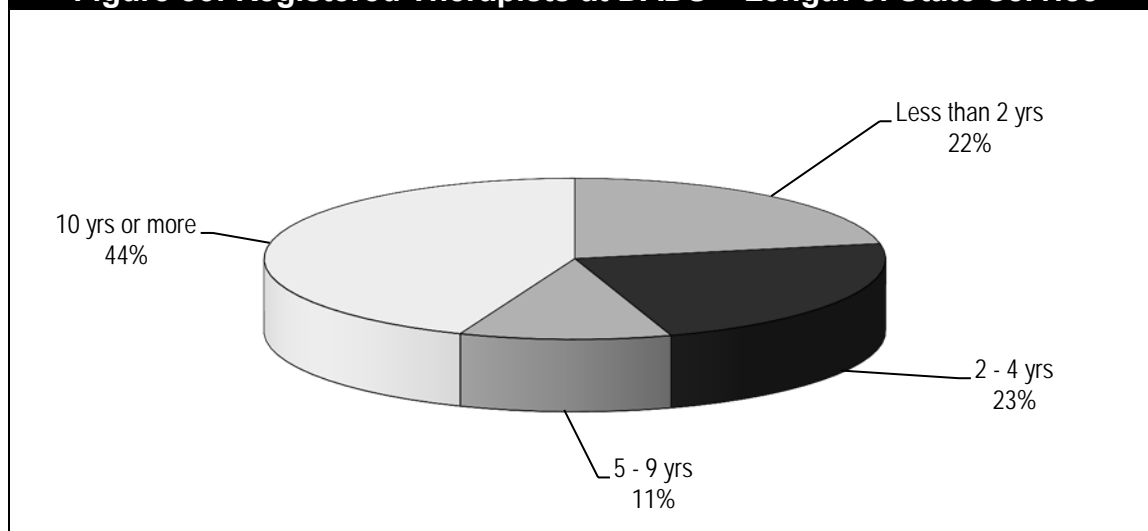
DADS has often used contract Pharmacists to meet program needs. These contracted Pharmacists are paid at rates that are typically above the amount it would cost to hire Pharmacists at state salaries.²⁸⁹ With 20 percent of the agency's Pharmacists eligible to retire by the year 2016, this practice is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

Figure 85: Registered Therapists at DADS – Length of State Service



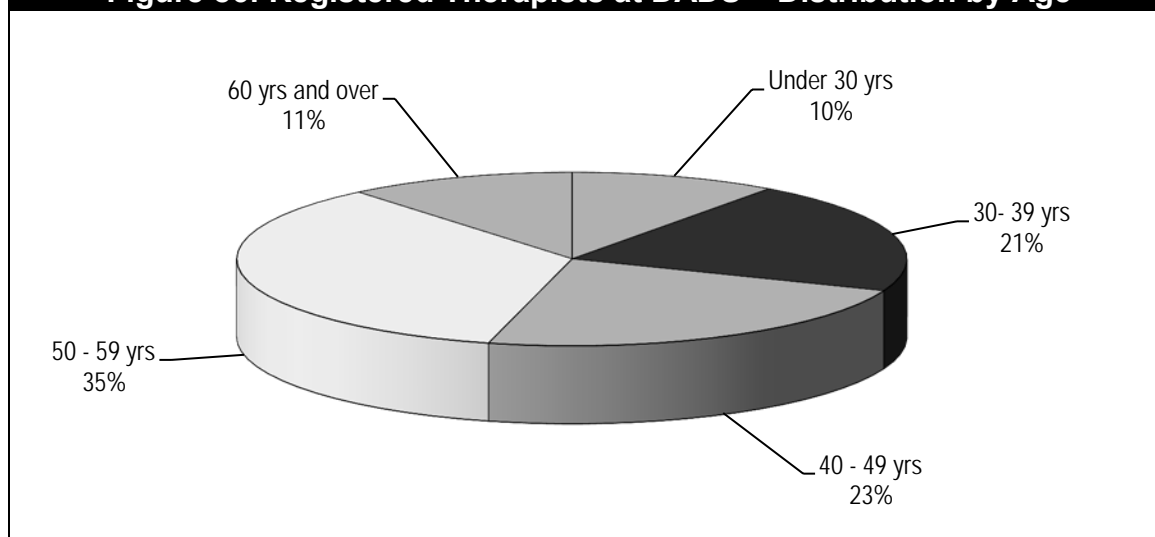
²⁸⁸ HHSAS Database, as of 8/31/11.

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.

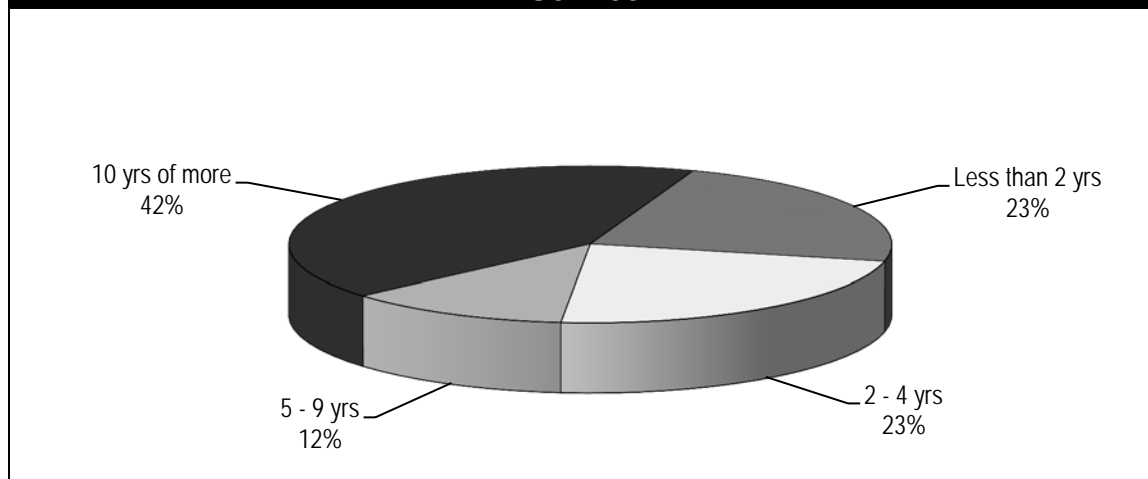
The agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.

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

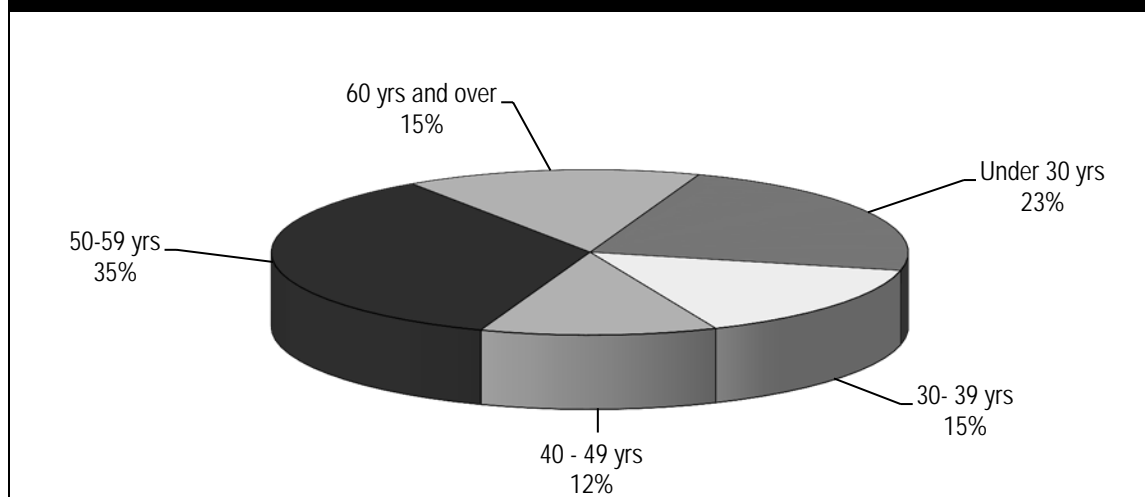
Figure 87: Dietetic & Nutrition Specialists at DADS -- Length of State Service



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

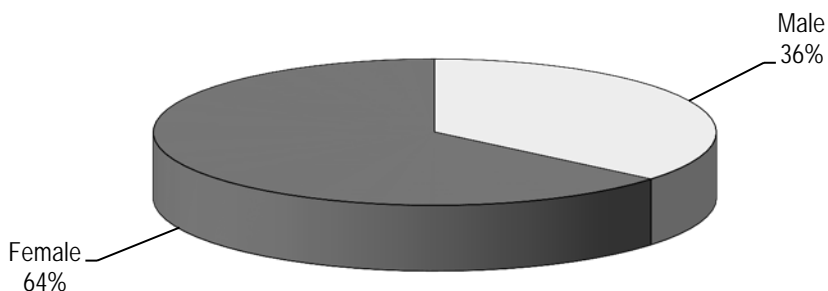
Salary

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



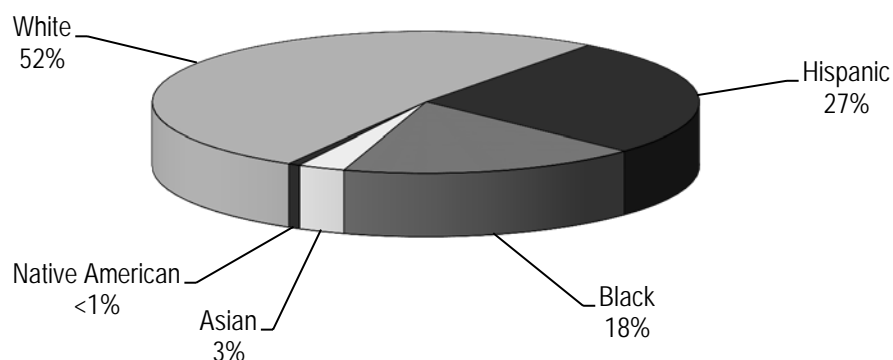
³⁰⁸ HHSAS Database, as of 8/31/11.

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

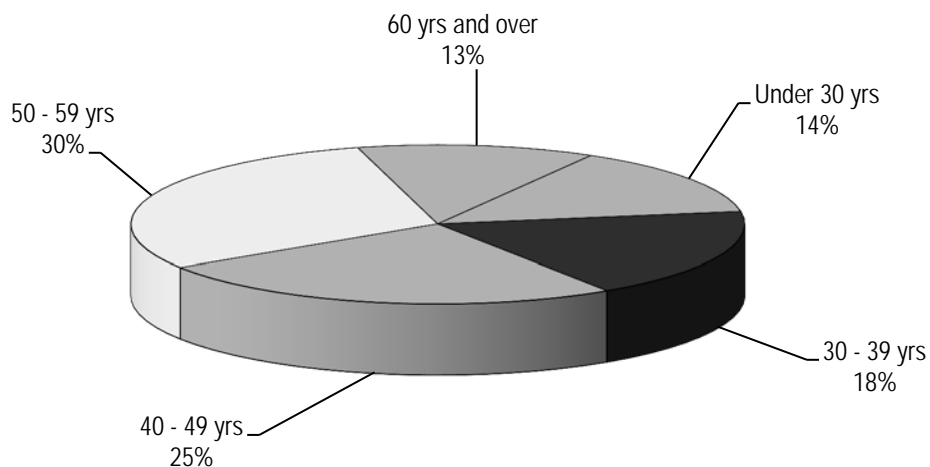
Figure 90: DSHS Workforce by Race



Age

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

Figure 91: DSHS Workforce by Age



Average age: 45 yrs

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,

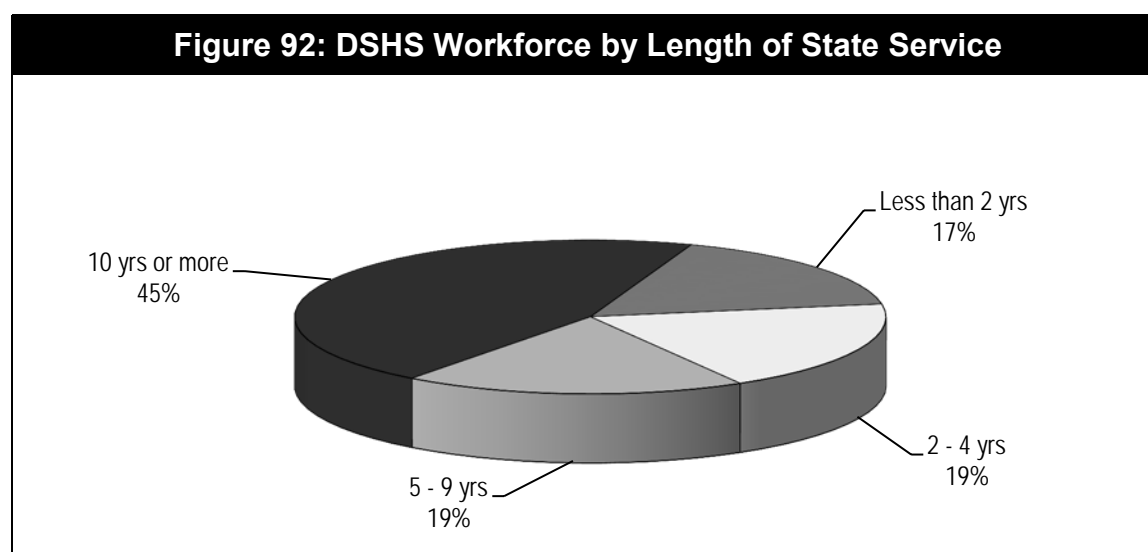
³¹² HHSAS Database, as of 8/31/11.

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



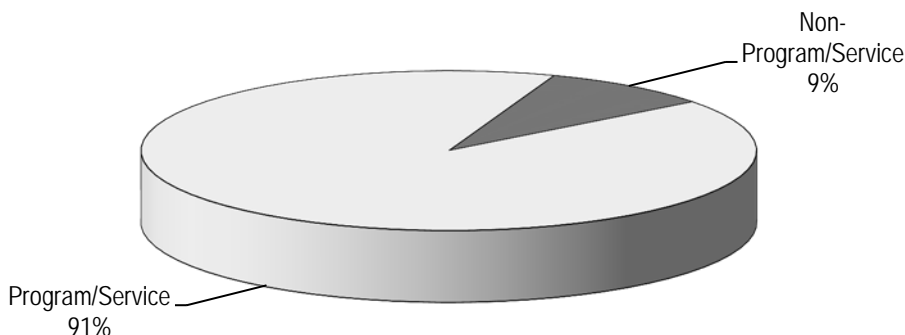
Return-to-Work Retirees

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.

Figure 93: DSHS Return-to-Work Retirees



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.

Figure 94: Psychiatric Nursing Assistants at DSHS – Distribution by Age

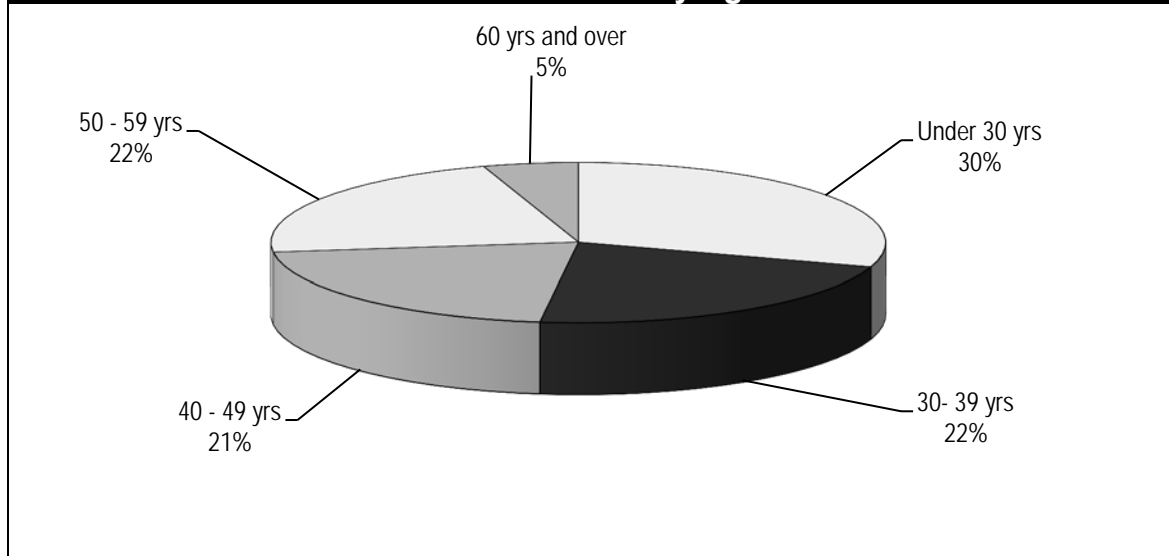
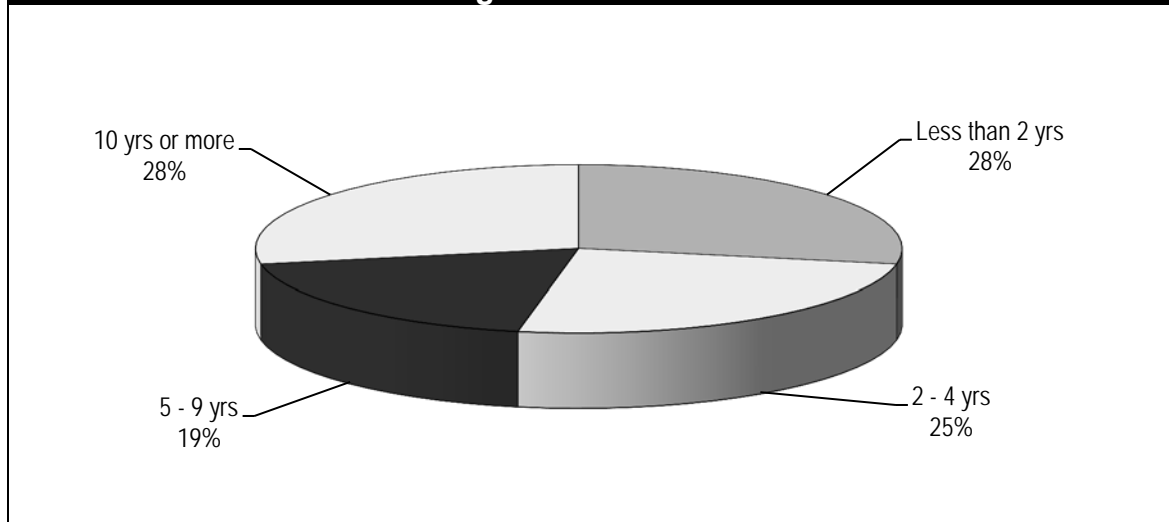


Figure 95: Psychiatric Nursing Assistants at DSHS – Length of State Service



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.

Figure 96: Registered Nurses at DSHS – Distribution by Age

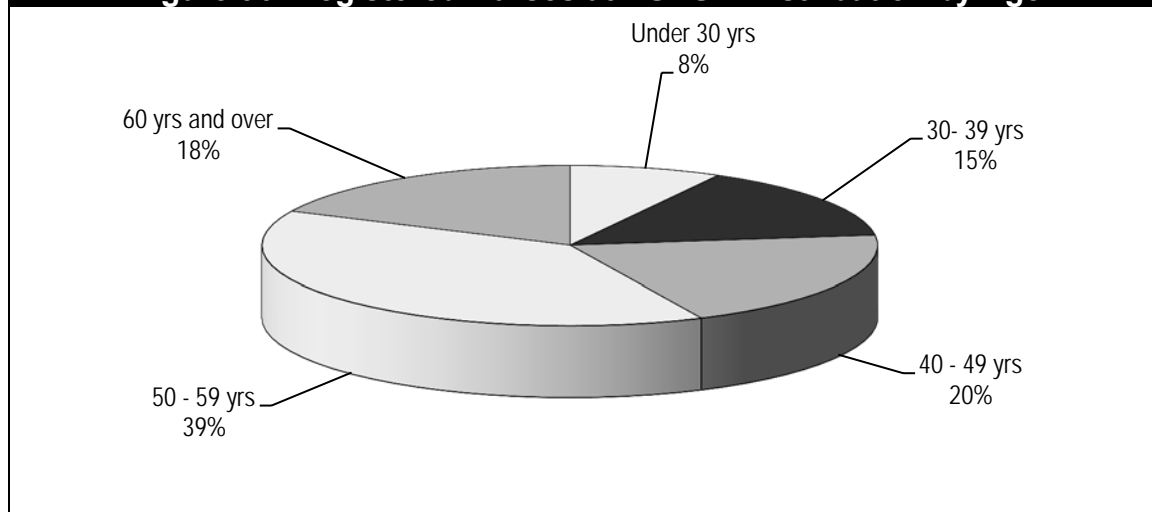
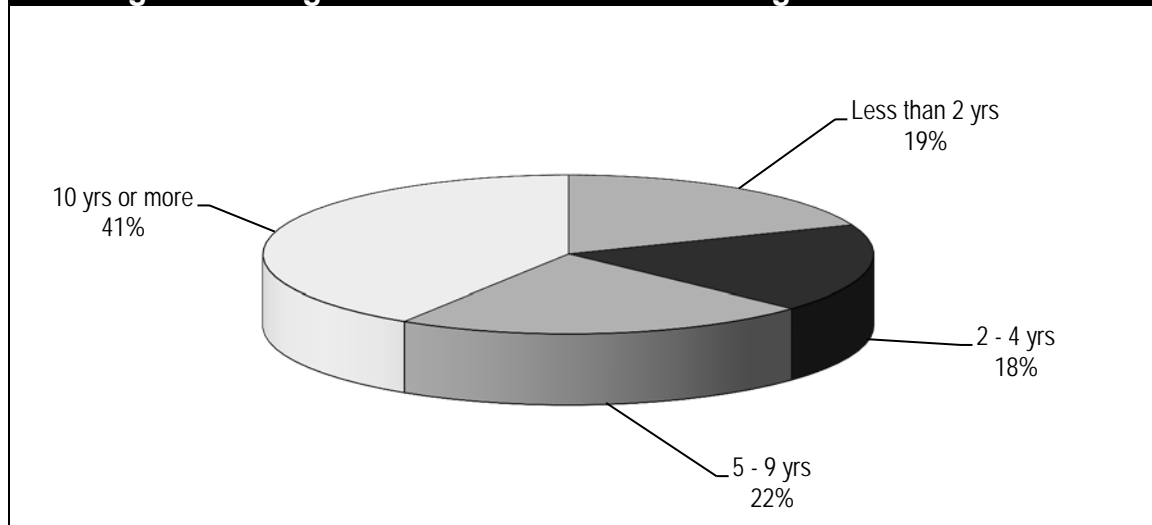


Figure 97: Registered Nurses at DSHS – Length of State Service



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.

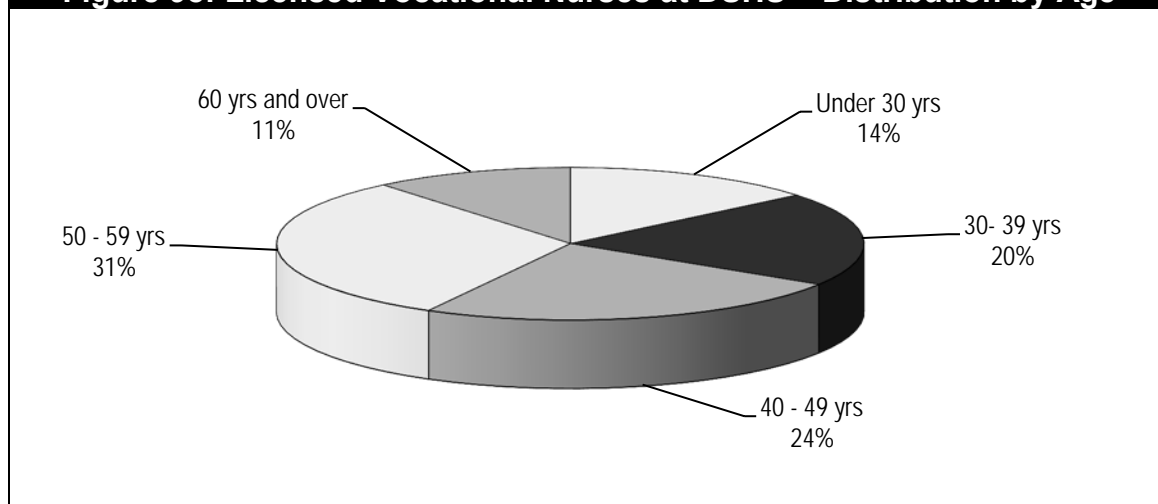
Licensed Vocational Nurses (LVNs)

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

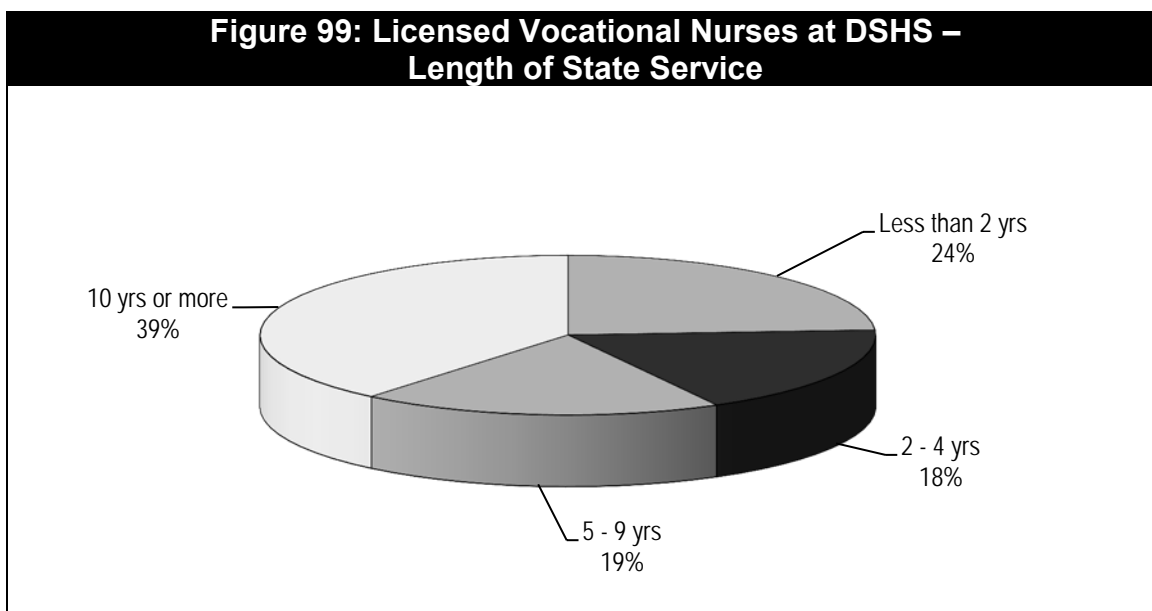
Figure 98: Licensed Vocational Nurses at DSHS – Distribution by Age



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.



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

Figure 100: Nurse Practitioners and Physician Assistants at DSHS – Distribution by Age

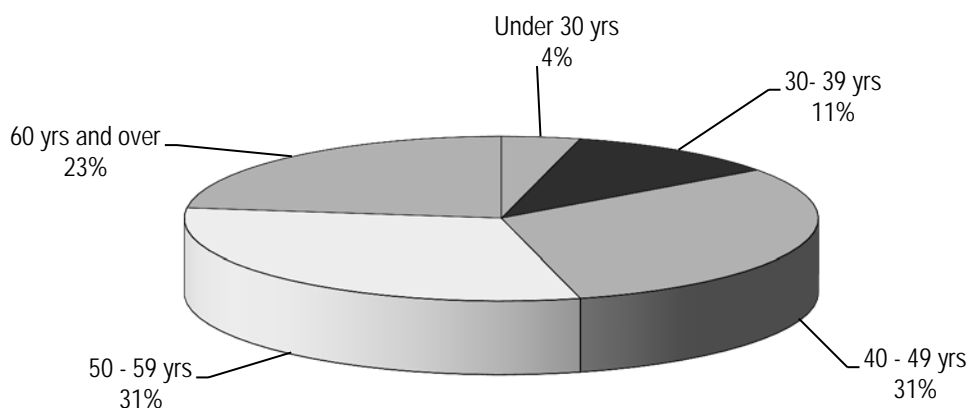
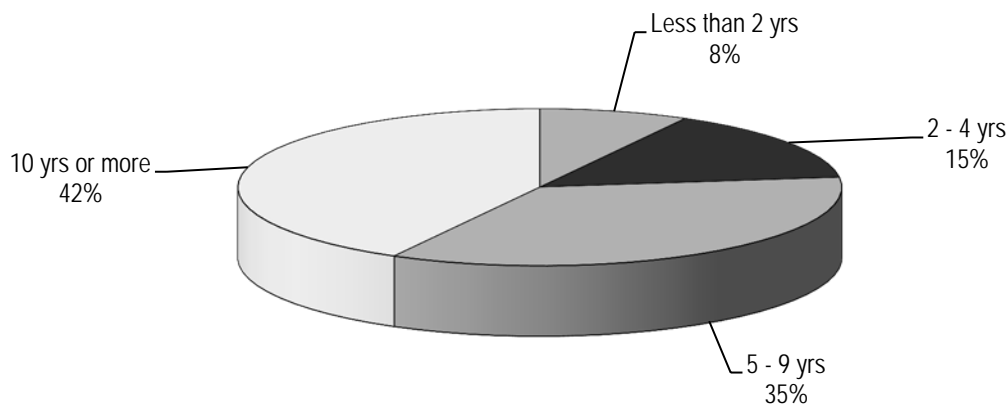


Figure 101: Nurse Practitioners and Physician Assistants at DSHS – Length of State Service



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

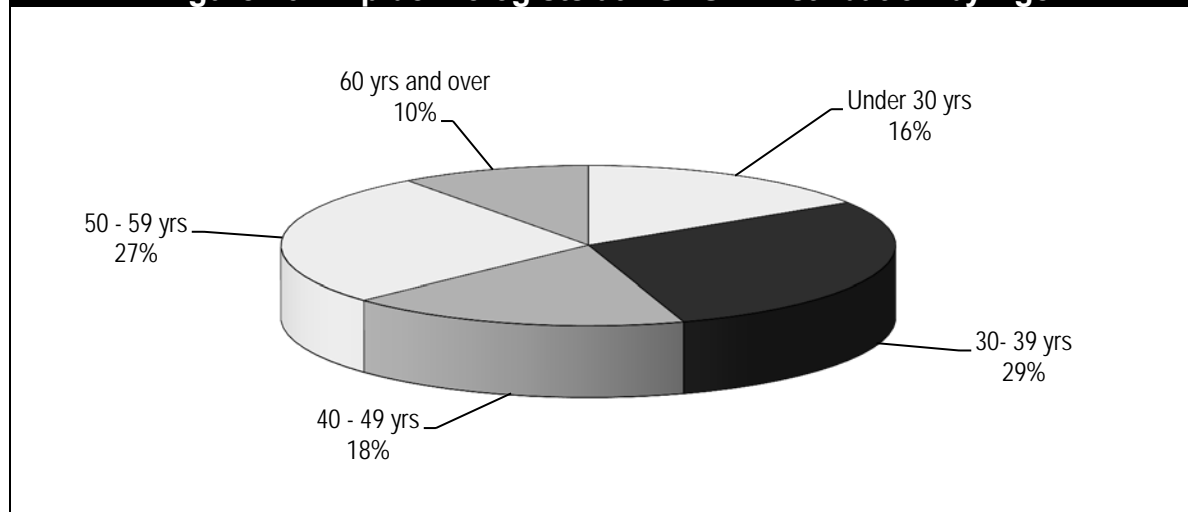
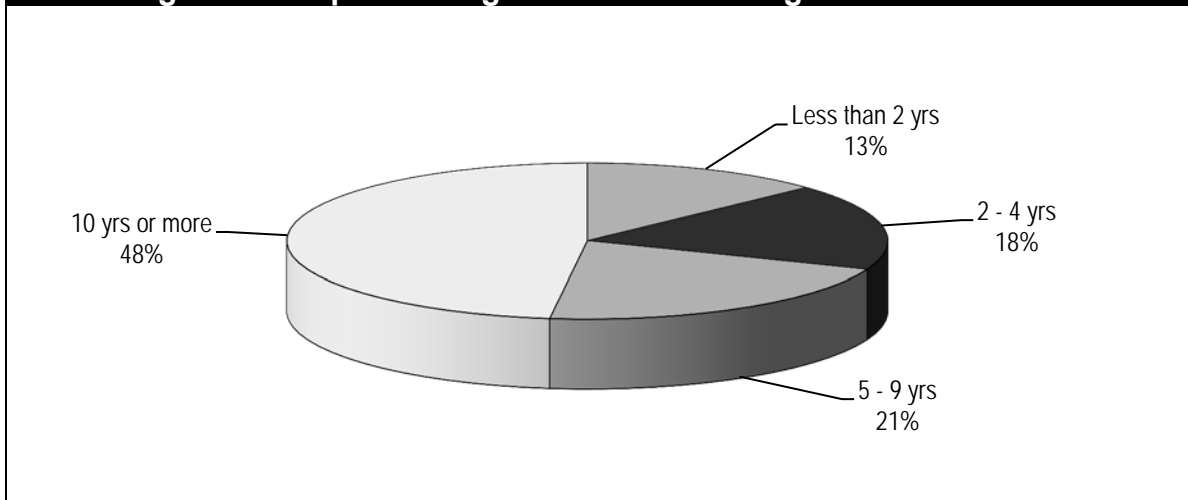


Figure 103: Epidemiologists at DSHS – Length of State Service



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.

Figure 104: Sanitarians at DSHS – Distribution by Age

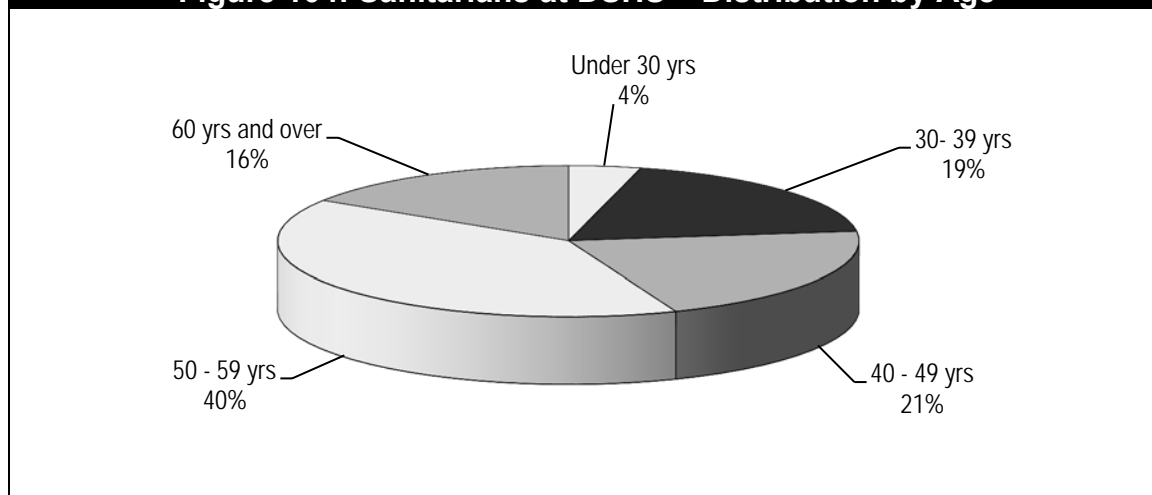
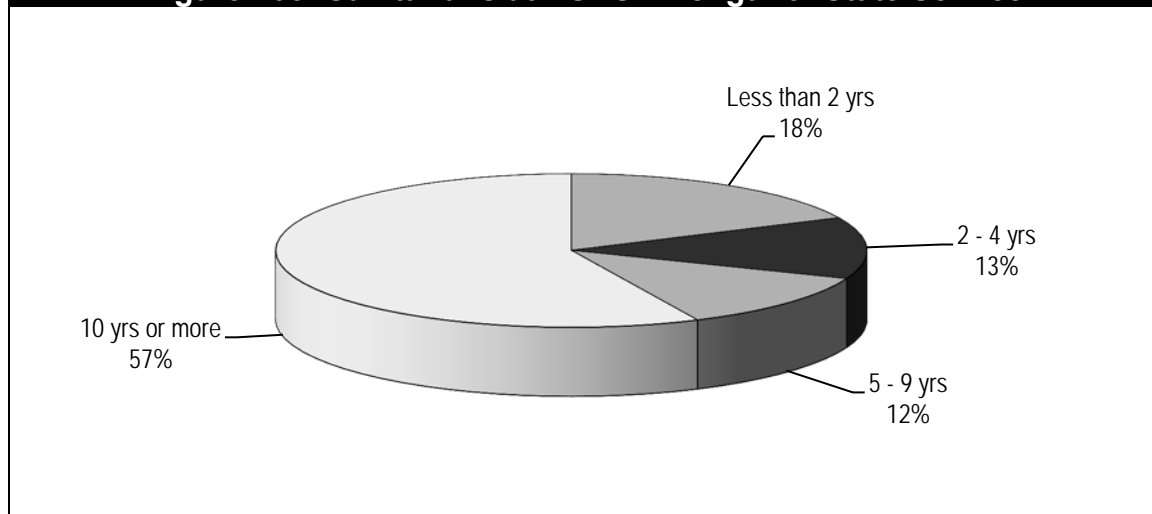


Figure 105: Sanitarians at DSHS – Length of State Service



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.

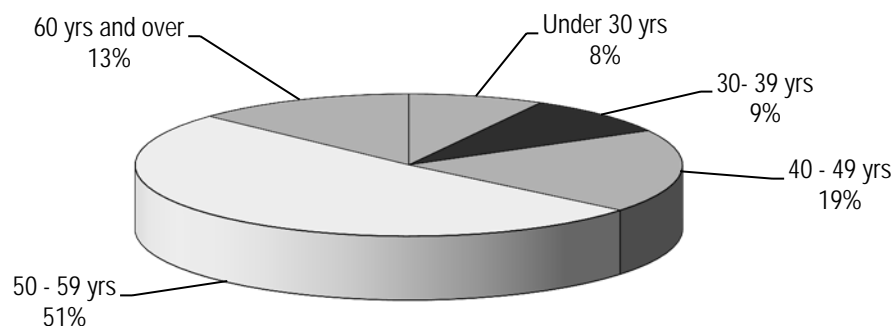
Health Physicists

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

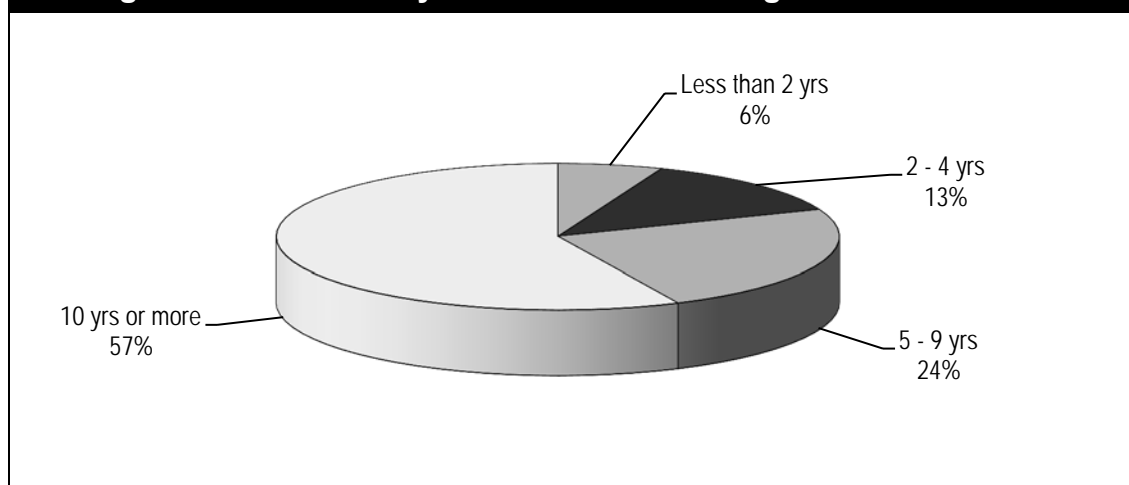
Figure 106: Health Physicists at DSHS – Distribution by Age



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

Figure 108: Dentists at DSHS – Distribution by Age

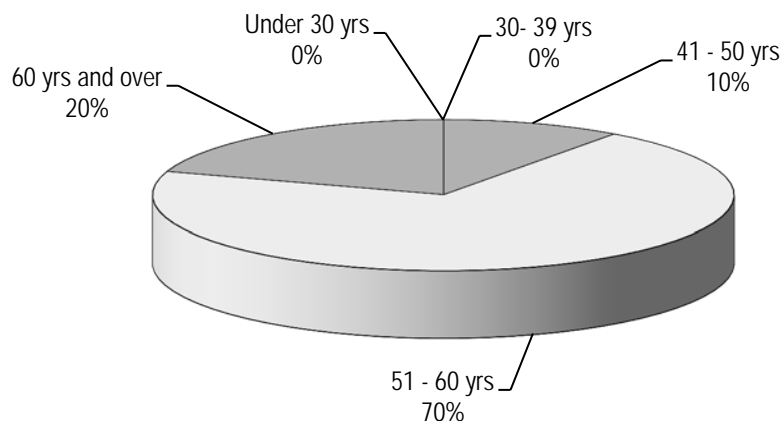
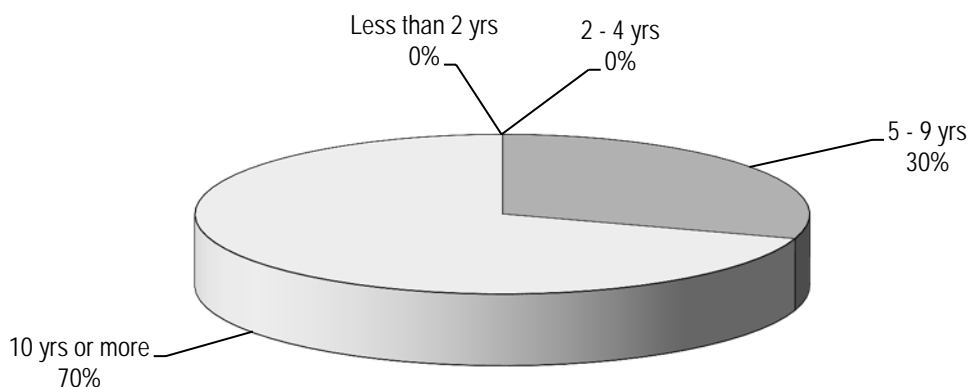


Figure 109: Dentists at DSHS – Length of State Service



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

Figure 110: Physicians at DSHS – Distribution by Age

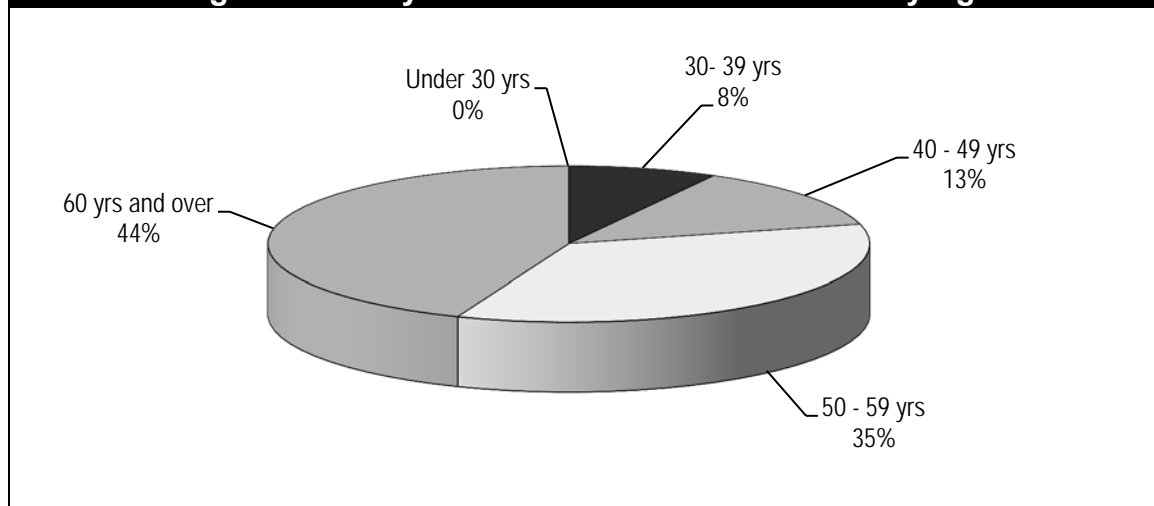
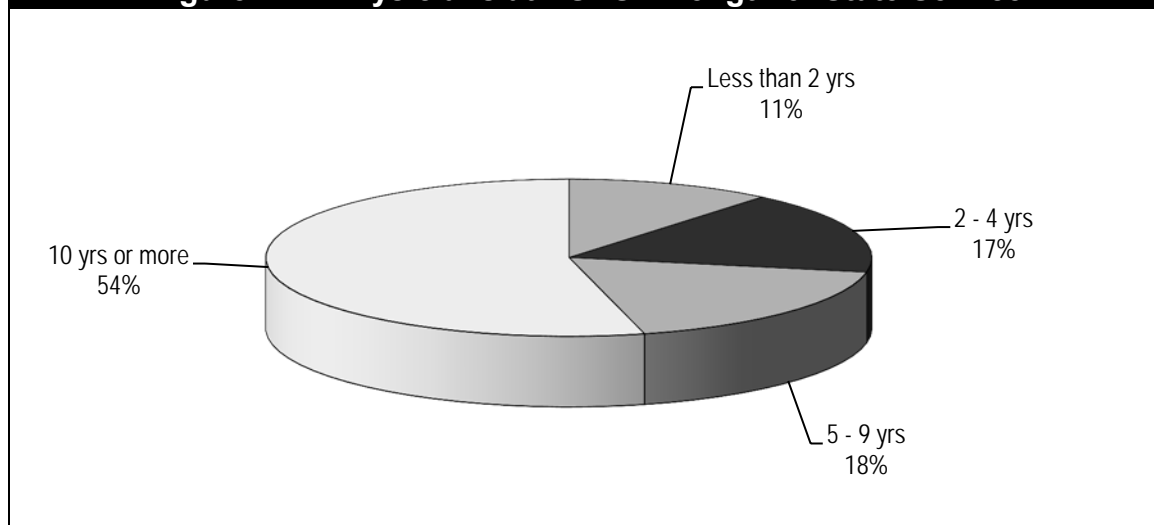


Figure 111: Physicians at DSHS – Length of State Service



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.

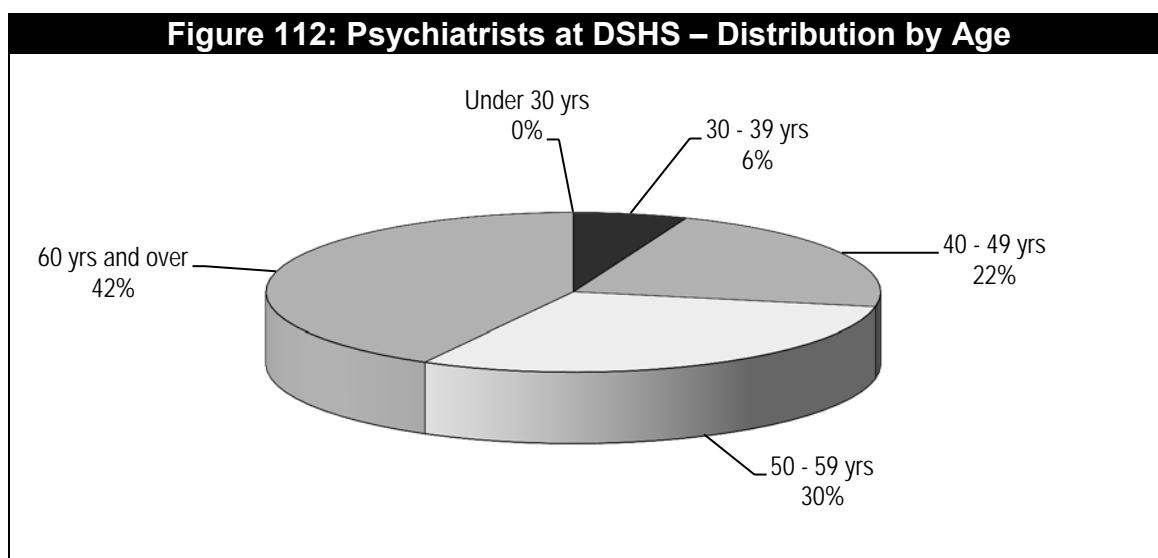
Compensation levels need to be increased to effectively compete in a market where qualified applicants are in short supply and healthcare competitors offer a higher starting salary. The cost of obtaining clinical staff through a placement service or contract far exceeds the cost of hiring and retaining 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

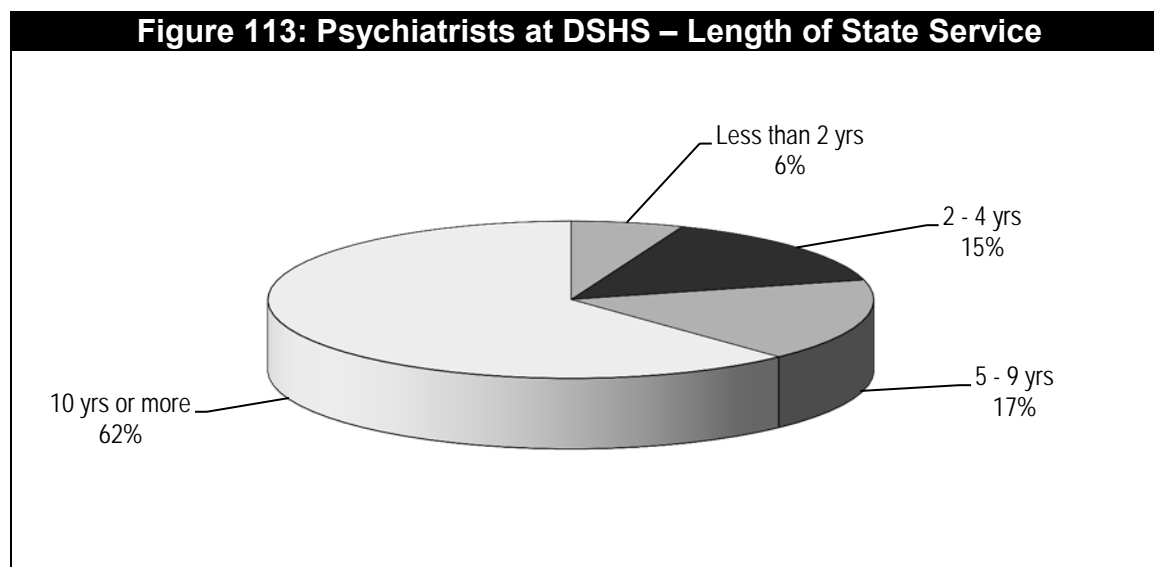
There are currently 125 Psychiatrists at DSHS.³⁸⁴ These highly skilled employees provide essential medical and psychiatric care in state hospitals. They take the lead role in diagnosing, determining a course of treatment, prescribing medications and monitoring the patients' progress.

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

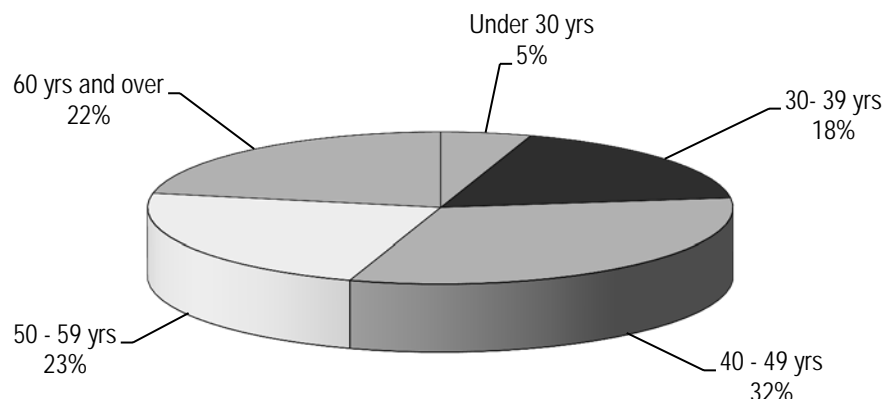
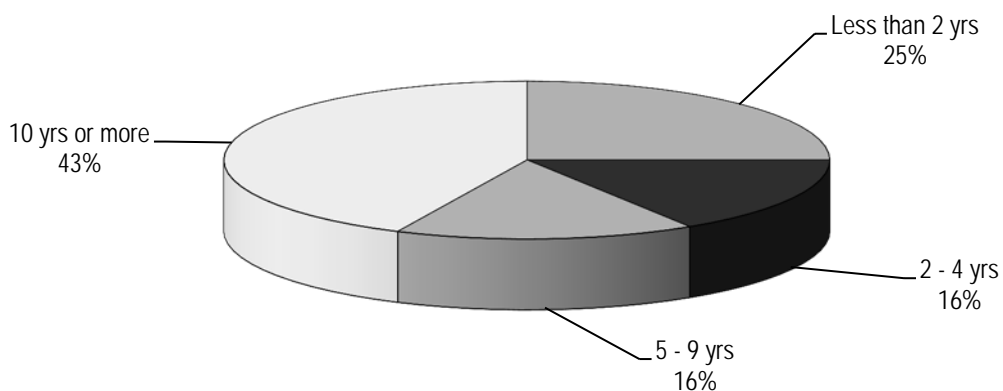


Figure 115: Psychologists at DSHS – Length of State Service



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

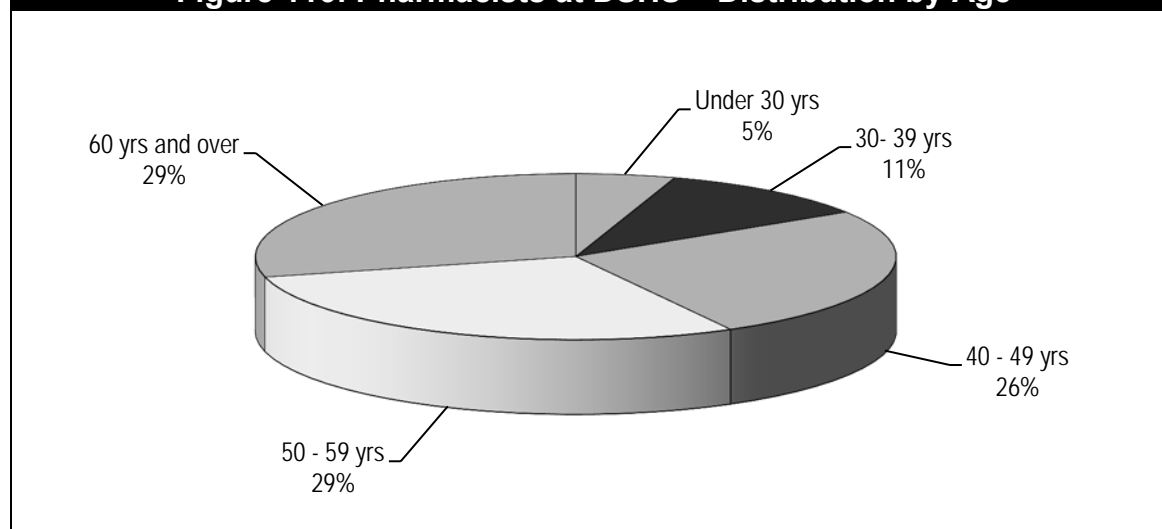
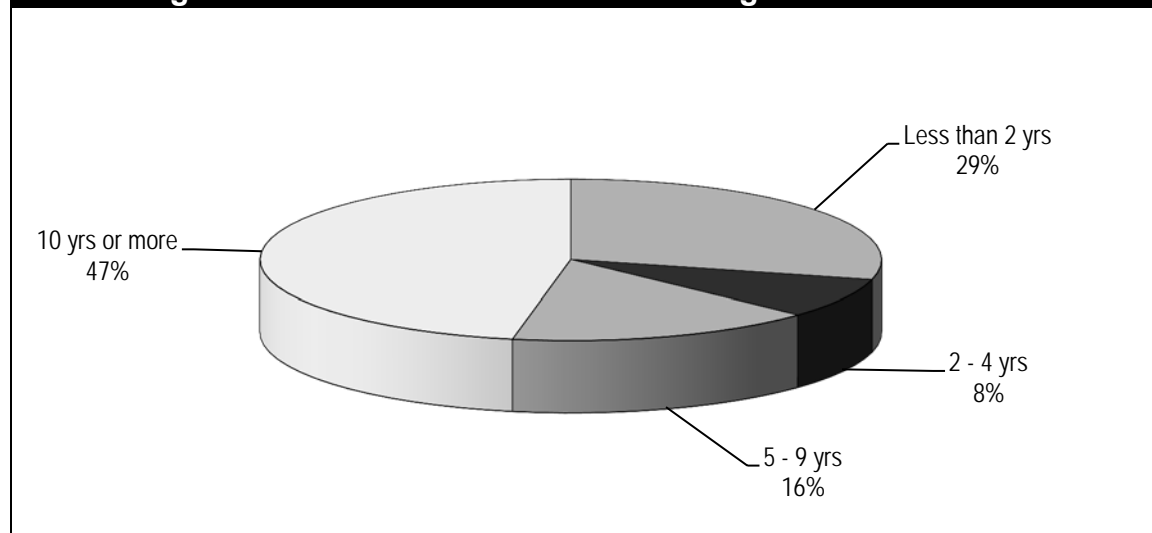


Figure 117: Pharmacists at DSHS – Length of State Service



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.

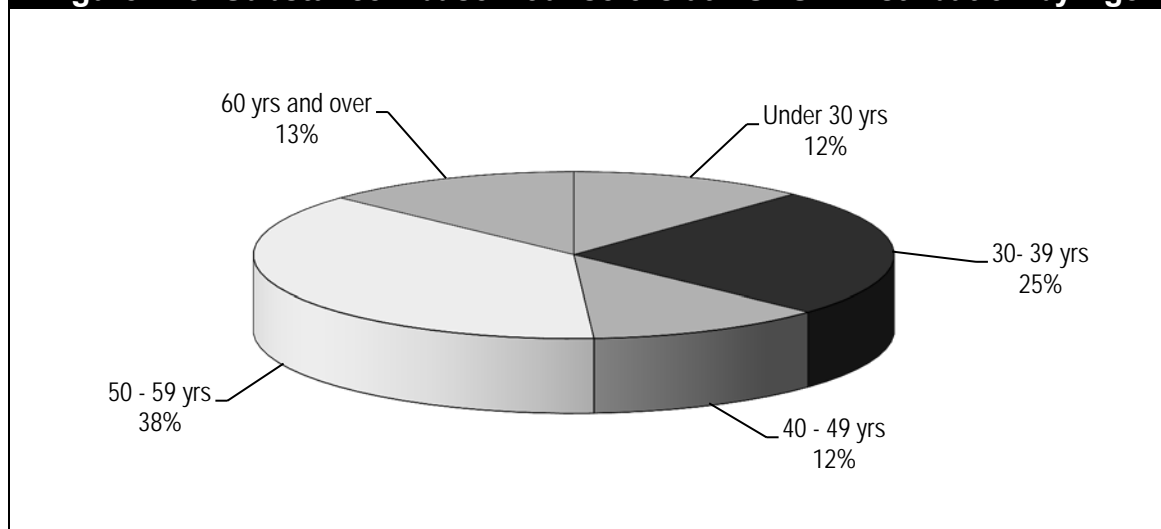
Though turnover for Pharmacists is currently well managed at about five percent, the agency may face significant recruitment challenges in the next five years, as over 40 percent of these employees become eligible for retirement.⁴⁰¹

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

Figure 118: Substance Abuse Counselors at DSHS – Distribution by Age

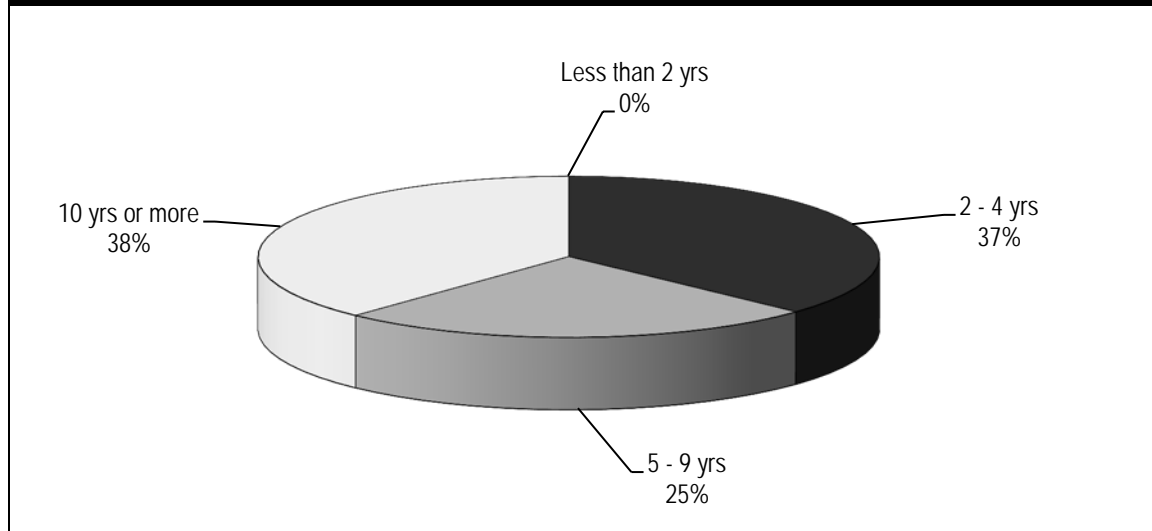


⁴⁰¹ HHSAS Database, as of 8/31/11.

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

Figure 120: Social Workers at DSHS – Distribution by Age

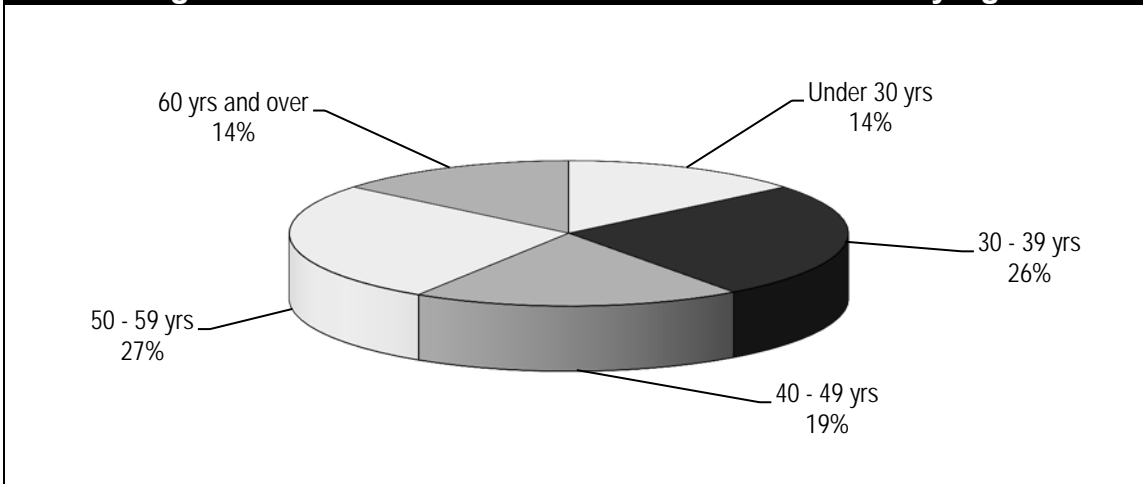
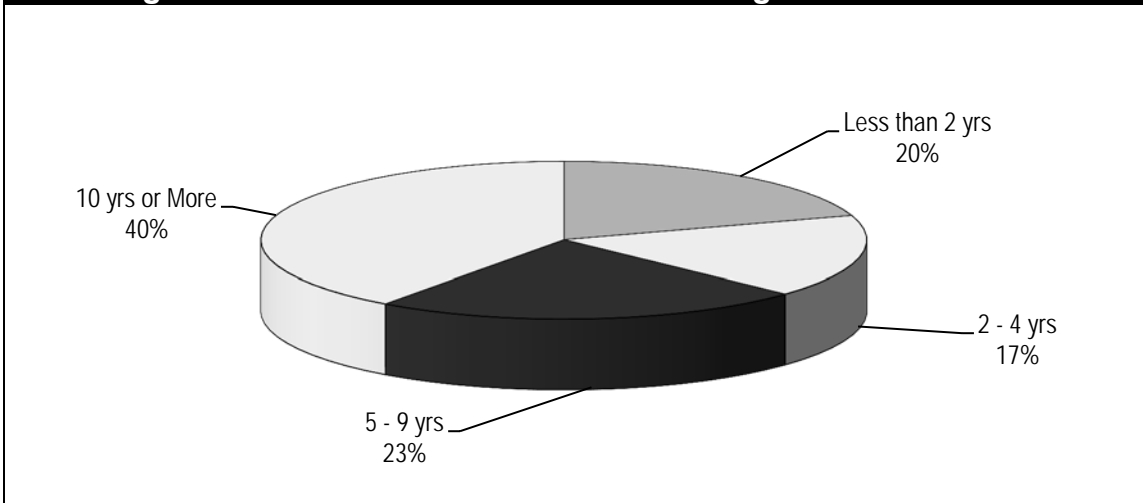


Figure 121: Social Workers at DSHS – Length of State Service



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.

Figure 122: Financial Analysts at DSHS – Distribution by Age

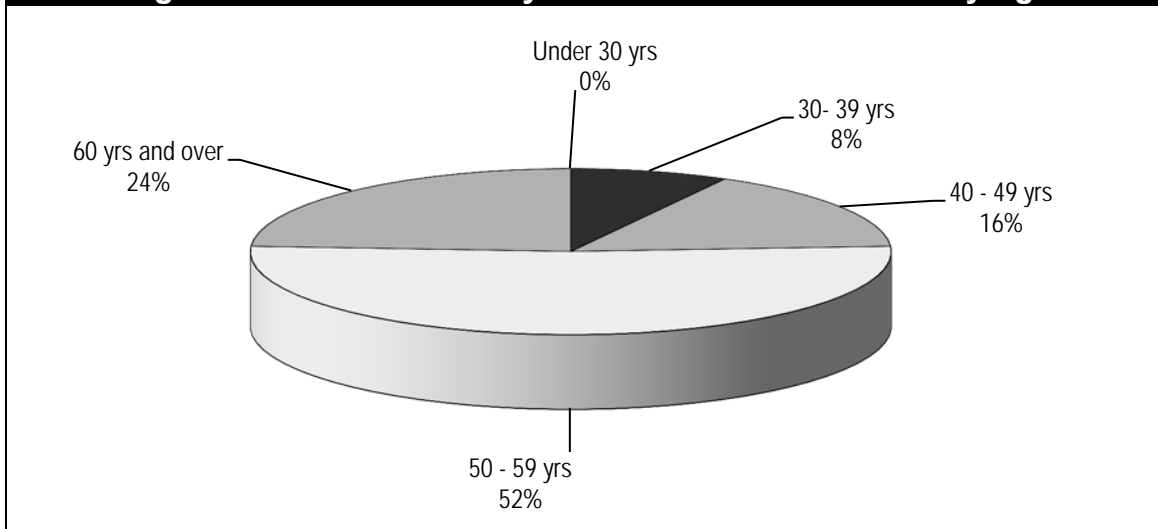
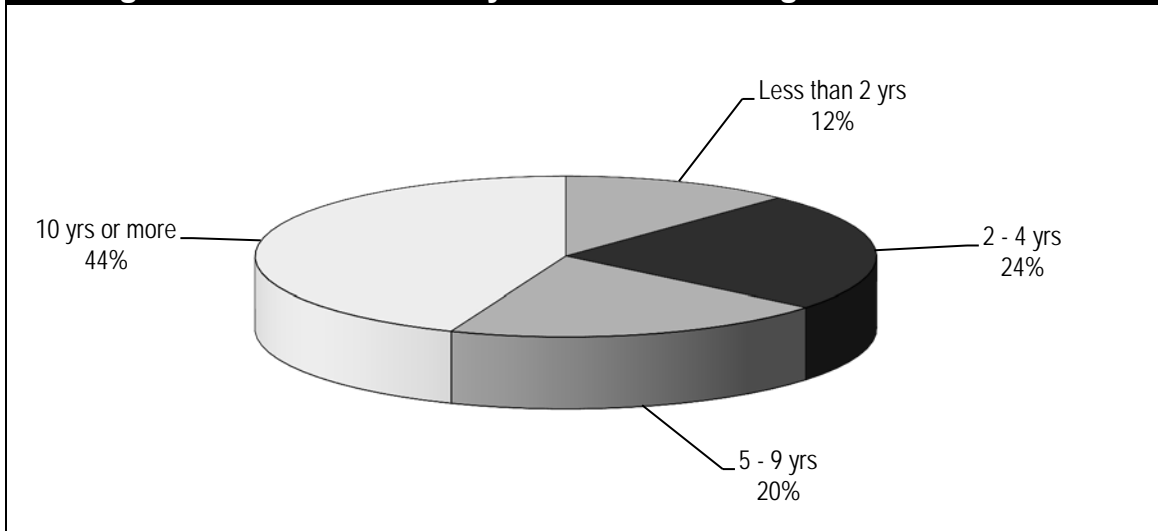


Figure 123: Financial Analysts at DSHS – Length of State Service



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.

Is) 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.