

**Health and Human Services System Strategic Plan  
for the Planning Period 2009–13**

**APPENDIX F**

**Health and Human Services System  
Workforce Plan  
for Human Capital Management**

**Planning Period 2009–13**



## ***Executive Summary***

The Health and Human Services (HHS) System Workforce Plan is an integral part of the agency's staffing plan. With constraints on funding, an increased demand for HHS services, an aging workforce resulting in fewer, less experienced workers available as replacements and increased competition for highly skilled employees, workforce planning is not optional; it is a business necessity. HHS agencies are proactively addressing this challenge by preparing for the future and reducing risks. Designed for flexibility, the HHS System 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 2009–2013 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 of 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 Workforce Plan.



# HEALTH AND HUMAN SERVICES SYSTEM WORKFORCE PLAN

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Human Resources Office*

**HEALTH AND HUMAN SERVICES SYSTEM**

## OVERVIEW

The 78<sup>th</sup> 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 mental retardation and state school 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**

Albert Hawkins, Executive Commissioner for Health and Human Services, articulated the following vision for the HHS System:

We envision a health and human services enterprise that works better and costs less. Toward this goal, we will seek input and build partnerships with local communities, advocacy groups and the private and not-for-profit sectors to put in place solutions that emphasize program efficacy and personal responsibility. We also envision a highly coordinated Health and Human Services (HHS) system driven by motivated and talented workers focused not only on sound processes and procedure, but also on results.

## **MISSION**

The mission of HHS agencies in Texas is to develop and administer an accessible, effective and efficient health and human services delivery system that is beneficial and responsive to the people of Texas.

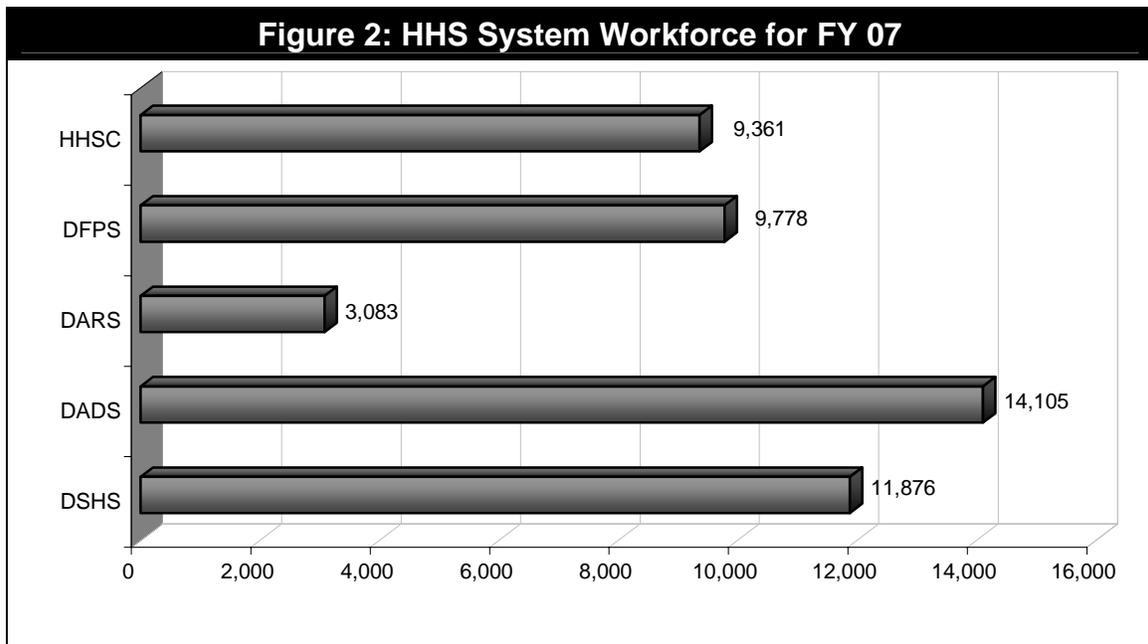
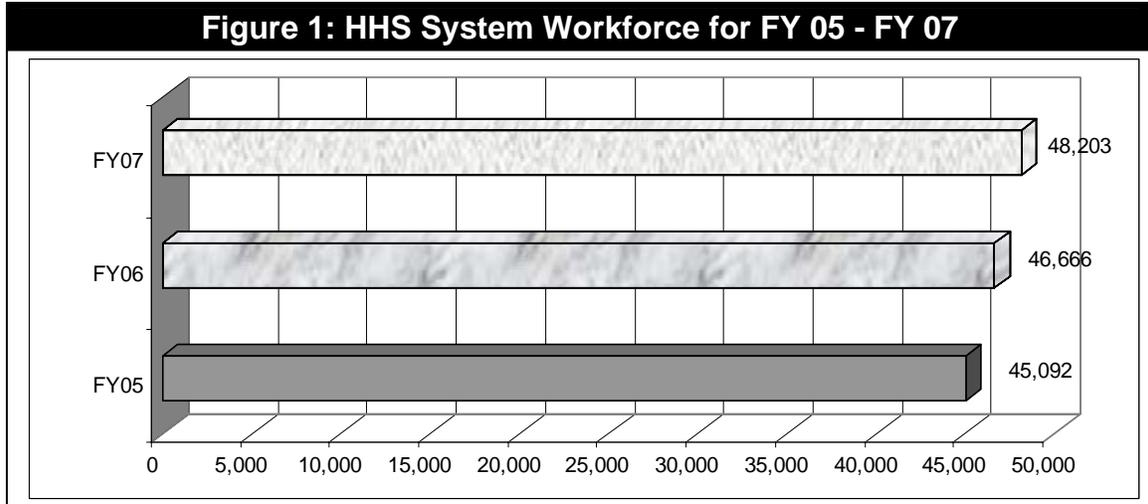
## **PHILOSOPHY**

Every Texan should be able to access and utilize available health and human services provided by state agencies in the most integrated, cost-effective setting possible. The HHS System is dedicated to developing client-focused program and policy initiatives that are relevant, timely and within the means of the taxpayers of the state of Texas. The HHS System will advocate for client-choice, appropriate funding and streamlined service delivery. Additionally, we hold to these guiding principles:

- ◆ Every person, regardless of income, race, ethnicity, physical or mental limitation, gender, religion, or age, is entitled to dignity, independence and respect.
- ◆ Texans deserve openness, 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.
- ◆ As agency representatives, we work in partnership with lawmakers, customers, service providers and the public to continually improve the quality of our service.

## WORKFORCE DEMOGRAPHICS

Between August 31, 2004 and August 31, 2007, the HHS workforce has increased by about seven percent (adding 3,111 workers, for a total of 48,203 full-time and part-time employees).<sup>1</sup>

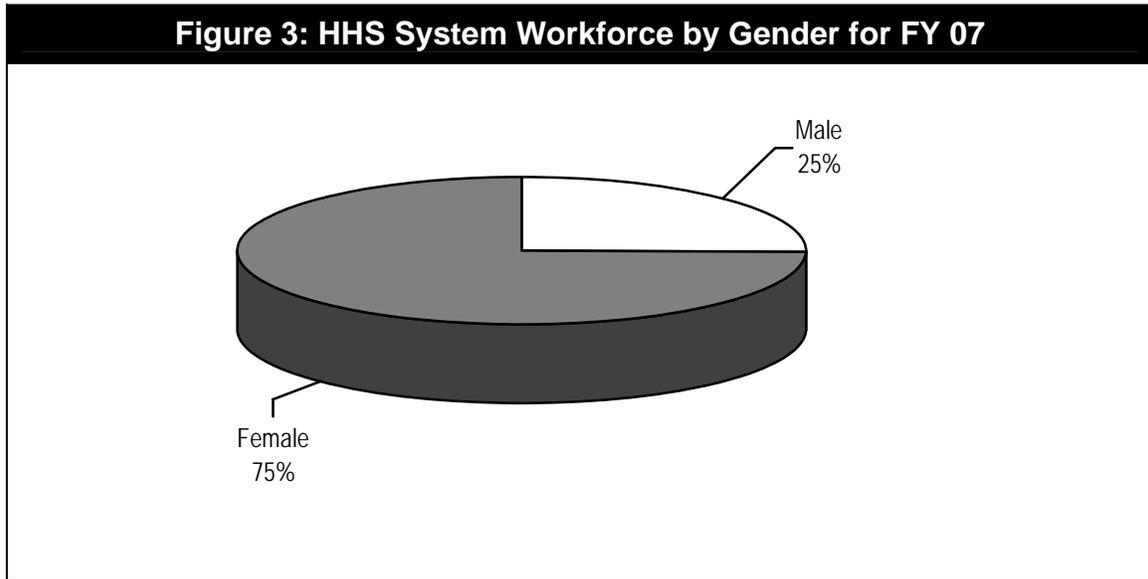


<sup>1</sup> HHSAS Database, as of 8/31/07.

**Gender**

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

<b>Table 1: HHS System Workforce Gender for FY 05 – FY 07</b>			
Gender	FY 05	FY 06	FY 07
Male	26.0%	26.1%	25.4%
Female	74.0%	73.9%	74.6%



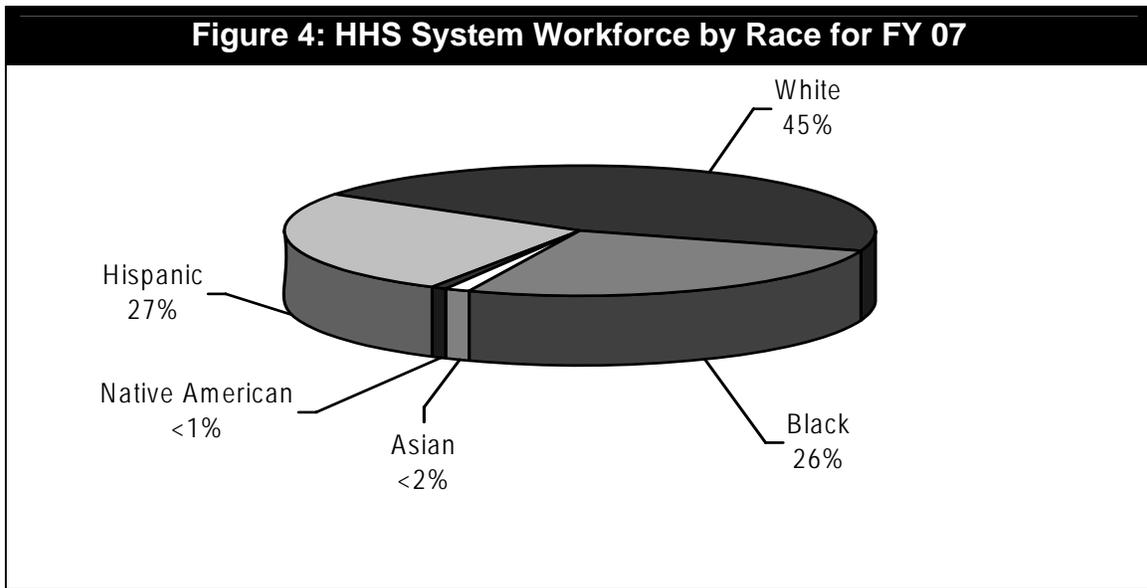
**Race**

The workforce is diverse, with approximately 45 percent White, 26 percent Black and 27 percent Hispanic.<sup>3</sup>

<b>Table 2: HHS System Workforce Race for FY 05 – FY 07</b>			
Race	FY 05	FY 06	FY 07
White	46.7%	45.7%	45.1%
Black	24.7%	25.5%	25.7%
Hispanic	26.2%	26.5%	27.0%
Native American	.8%	.8%	.7%
Asian	1.5%	1.6%	1.6%

<sup>2</sup> HHSAS Database, as of 8/31/07.

<sup>3</sup> Ibid.



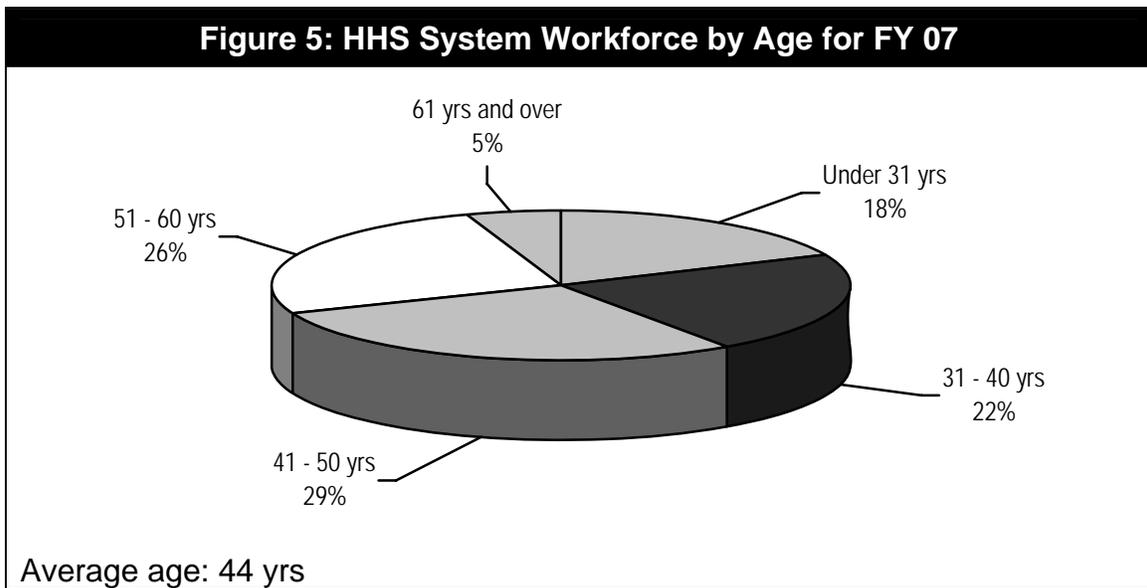
**Age**

The average age of an HHS worker is 44 years of age.<sup>4</sup>

**Table 3: HHS System Workforce Age for FY 05 – FY 07**

Age	FY 05	FY 06	FY 07
Under 31	16.3%	17.2%	18.2%
31-40	23.3%	22.7%	22.1%
41-50	30.7%	29.5%	28.5%
51-60	25.4%	25.7%	26.0%
Over 61	4.3%	4.8%	5.2%

<sup>4</sup> HHSAS Database, as of 8/31/07.



### **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 the HHS System and for each individual 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. 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.

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

An analysis of the HHS System workforce indicates underutilization in the following areas:

- ◆ Black, Hispanic and Female employees in the Skilled Craft job category; and

◆ Hispanic employees in the Service Maintenance job category.<sup>5 6 7</sup>

<b>Table 4: HHS System Utilization Analysis Results</b>									
Job Category	Black			Hispanic			Female		
	HHS %	CLF %	Underutilization (If Yes, # needed)	HHS %	CLF %	Underutilization (If Yes, # Needed)	HHS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	12.8%	7.2%	No	14.5%	12.3%	No	57.9%	32.6%	No
Professionals	19.0%	9.4%	No	25.9%	11.6%	No	73.5%	49.0%	No
Technicians	19.1%	13.9%	No	24.0%	19.7%	No	77.4%	42.1%	No
Protective Service	28.4%	18.0%	No	24.0%	23.1%	No	80.8%	21.6%	No
Para-Professionals	27.4%	14.3%	No	31.1%	25.7%	No	85.4%	56.3%	No
Administrative Support	21.8%	19.4%	No	35.9%	26.8%	No	90.3%	78.8%	No
Skilled Craft	6.0%	14.7%	39	25.1%	35.2%	41	4.7%	16.5%	58
Service Maintenance	41.9%	20.4%	No	26.6%	43.7%	1,808	68.3%	44.4%	No

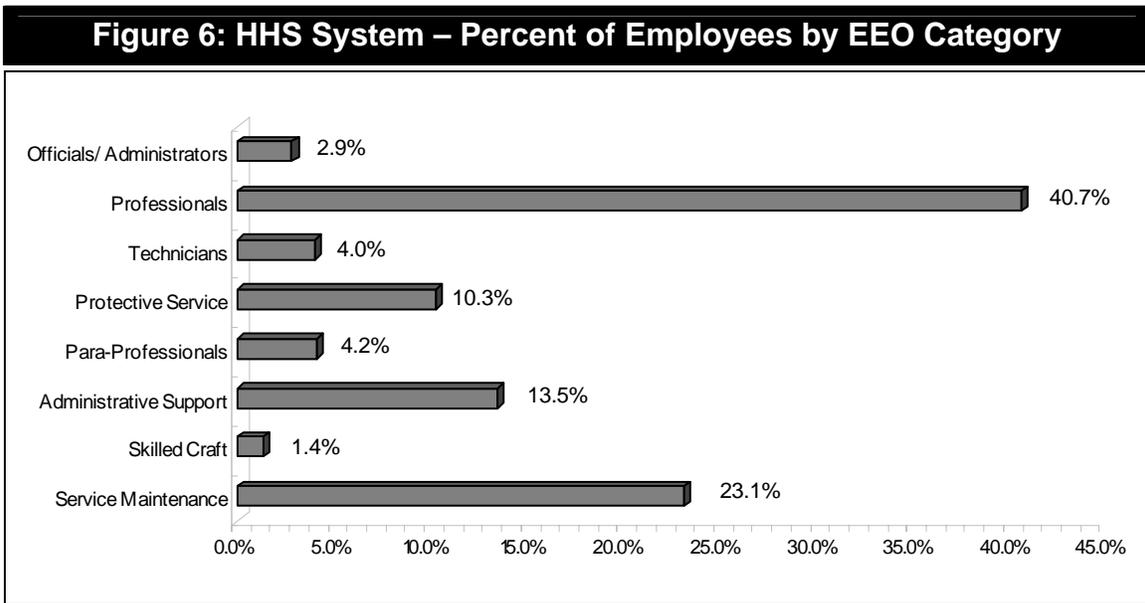
Although underutilization was identified in the Skilled Craft job category, it should also be noted that this job category comprises only 1.4 percent of the HHS System workforce. In addition, this group also has the lowest attrition rate compared to other job categories analyzed.

The other job category showing underutilization is Service Maintenance. This Equal Employment Opportunity (EEO) job category represents 23.1 percent of the HHS System workforce and has a higher attrition rate than other job categories. DADS and DSHS employ most of the staff in this EEO job category. The Service Maintenance EEO job category is discussed in greater detail under the individual agency data.

<sup>5</sup> HHSAS Database, as of 8/31/07.

<sup>6</sup> 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.

<sup>7</sup> Percentage Totals may not equal 100% due to rounding; TCC (Texas Cancer Council) Totals (6 employees) included in Statewide – therefore, Agency Totals are not equal to State Wide.



**State Service**

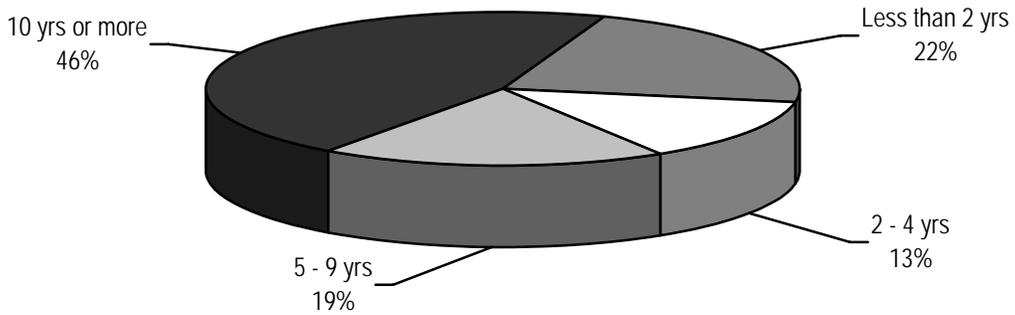
About half of the workforce has 10 or more years of state service. Only one in five workers has been with the state for less than two years.<sup>8</sup>

**Table 5: HHS System Workforce Length of State Service for FY 05 – FY 07**

State Service	FY 05	FY 06	FY 07
less than 2 yrs	17.0%	20.0%	22.1%
2-4 yrs	15.5%	13.3%	13.4%
5-9 yrs	19.9%	20.3%	18.9%
10 yrs or more	47.6%	46.3%	45.5%

<sup>8</sup> HHSAS Database, as of 8/31/07.

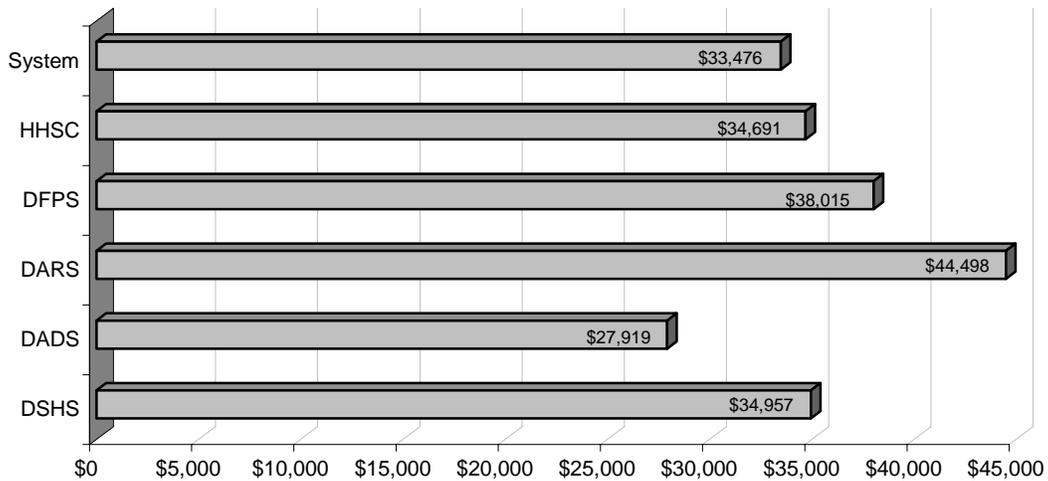
**Figure 7: HHS System Workforce by Length of State Service**



**Average Annual Employee Salary**

On average, the annual salary for an HHS System employee is \$33,476. DARS has the highest average annual salary at \$44,498 and DADS has the lowest at \$27,919.<sup>9</sup>

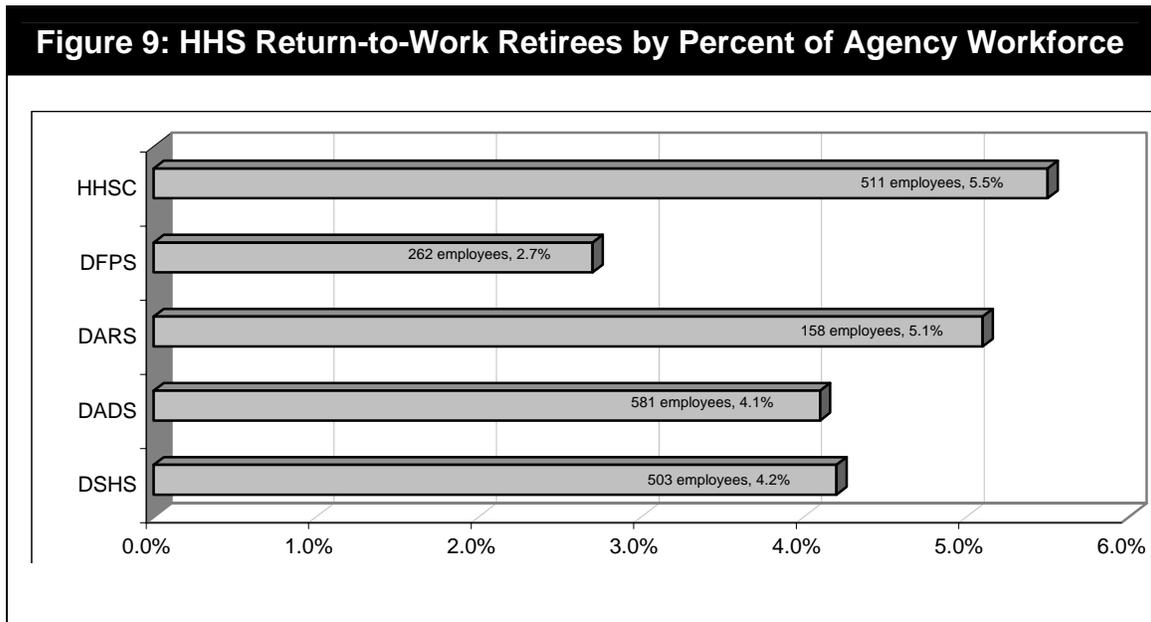
**Figure 8: HHS Average Annual Salary by Agency**



<sup>9</sup> HHSAS Database, as of 8/31/07.

### **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 4.2 percent of the total HHS workforce.<sup>10</sup>



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.

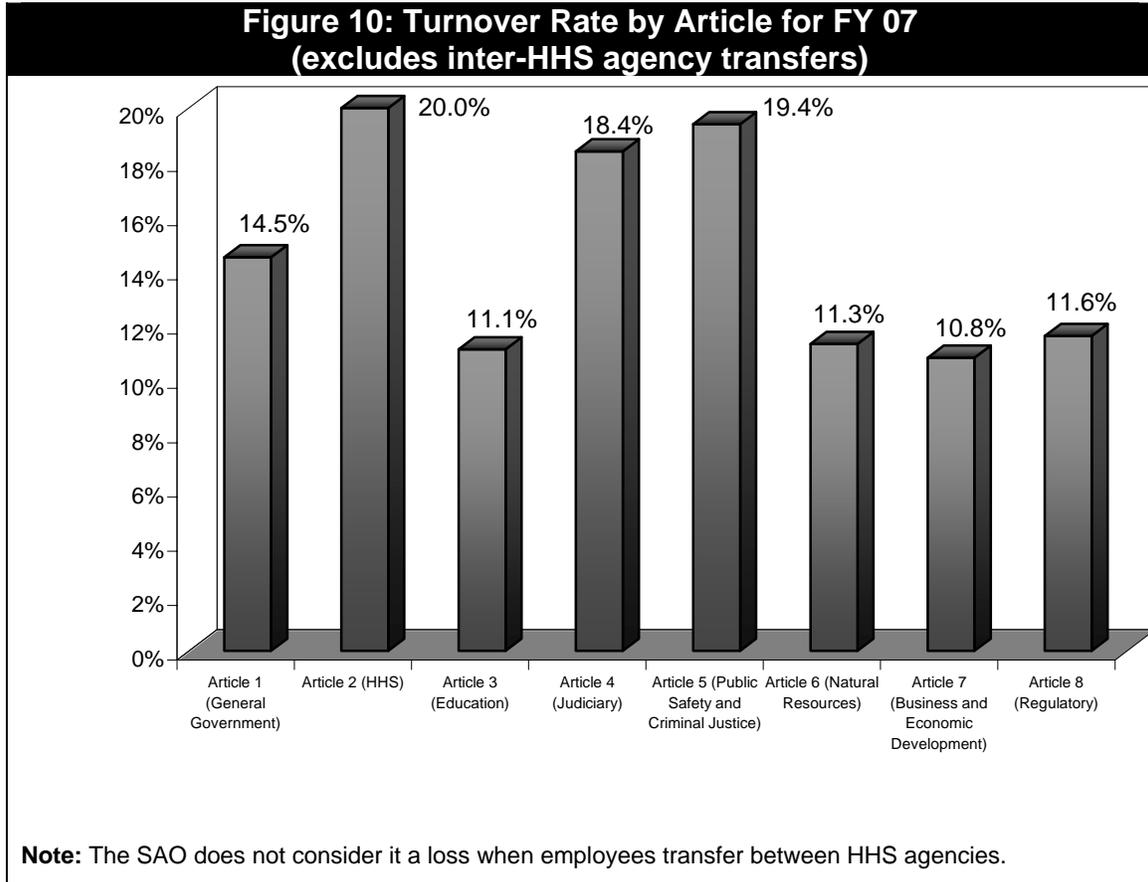
Dealing with this “graying” workforce will require HHS agencies to attract more people to apply for work, encourage them to work longer and help make them more productive. Creative strategies will need to be devised to keep older workers on the job, such as hiring retirees as temps; letting employees 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.

### **TURNOVER**

The Article II (HHS agencies) employee turnover rate during fiscal year 2007 was 20 percent, as identified by the State Auditor’s Office (SAO). When compared to

<sup>10</sup> HHSAS Database, as of 8/31/07.

the turnover rates of other General Appropriations Act articles, HHS agencies had the highest turnover rate.<sup>11</sup>



**Table 6: HHS System Workforce - Turnover for FY 05 – FY 07  
 (excludes inter-HHS agency transfers)**

	FY 05	FY 06	FY 07
HHS System	19.2%	17.0%	20.0%

DADS experienced the highest turnover rate (30.2 percent), with the lowest turnover rate at DARS (10.7 percent).<sup>12</sup>

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 20 percent to almost 23 percent. This additional turnover is significant because replacement costs are incurred by the agencies to process

<sup>11</sup> State Auditor’s Office (SAO) FY 2007 Turnover Statistics.

<sup>12</sup> Ibid.

terminations and hires, to train new staff for different jobs and to recruit staff to replace those who have moved to another agency.<sup>13</sup>

<b>Table 7: Turnover by HHS Agency (includes inter-HHS agency transfers)</b>			
<b>Agency</b>	<b>Average Annual Headcount</b>	<b>Total Separations</b>	<b>Turnover Rate</b>
HHSC	7,951.75	1,120	14.1%
DFPS	9,841.00	2,284	23.2%
DARS	3,193.25	343	10.7%
DADS	15,178.75	4,581	30.2%
DSHS	12,393.75	2,637	21.3%
<b>Grand Total</b>	<b>48,558.50</b>	<b>10,965</b>	<b>22.6%</b>

Certain job families have significantly higher turnover than other occupational series, including MHMR Workers (Mental Retardation Assistants and Psychiatric Nursing Assistants) at 41.3 percent, Child Protective Services Workers at 39.5 percent, Licensed Vocational Nurses at 27.9 percent, Adult Protective Services Workers at 24.9 percent and Registered Nurses at 22.4 percent.<sup>14</sup>

<sup>13</sup> HHSAS Database, as of 8/31/07.

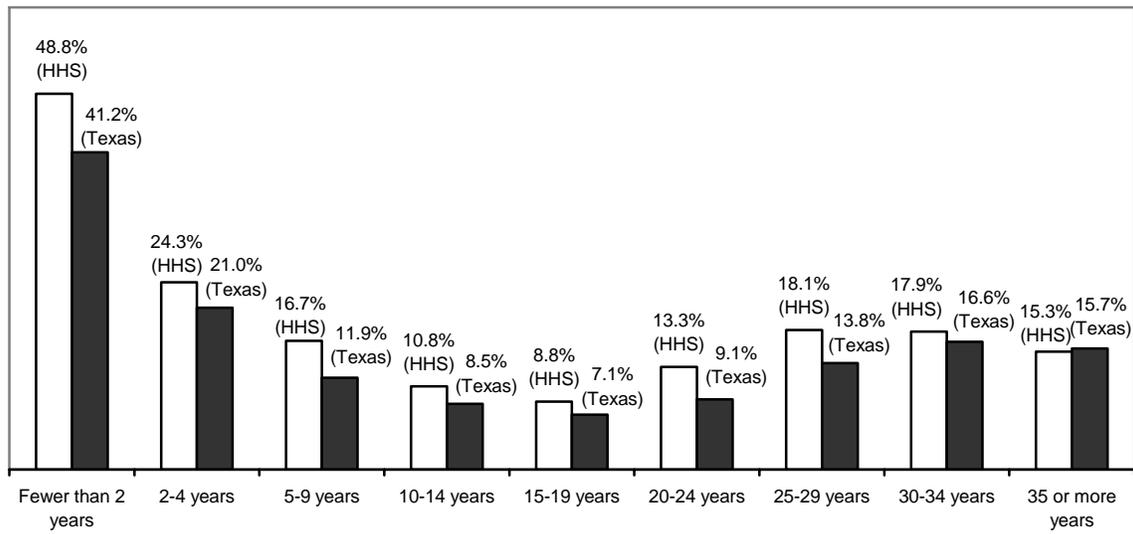
<sup>14</sup> HHSAS Database for FY 2007.

<b>Table 8: FY 07 Turnover for Significant Job Families</b>		
<b>Job Title</b>	<b>Average Annual Headcount</b>	<b>Turnover Rate</b>
MHMR Workers	9,917.5	41.3%
Child Protective Services Workers	1,853.8	39.5%
Licensed Vocational Nurses	1,148.0	27.9%
Auditors	152.0	25.0%
Adult Protective Services Workers	666.8	24.9%
Registered Nurses	1,718.0	22.4%
Pharmacists	83.5	18.0%
Rehabilitation Therapy Technicians	991.3	16.4%
Accountants	479.3	16.3%
Child Care License Workers	459.0	16.3%
Contract Specialists	257.5	16.3%
Psychologists	207.8	14.4%
Rehabilitation Services Technicians	408.8	14.4%
Vocational Rehabilitation Counselors	673.5	13.7%
Clinical Social Workers	187.5	13.9%
Directors	362.5	12.4%
Attorneys	179.3	12.3%
Psychiatrists	121.5	11.5%
Chemists	61.5	11.4%
Physicians	118.5	11.0%
Claims Examiners	505.3	9.5%

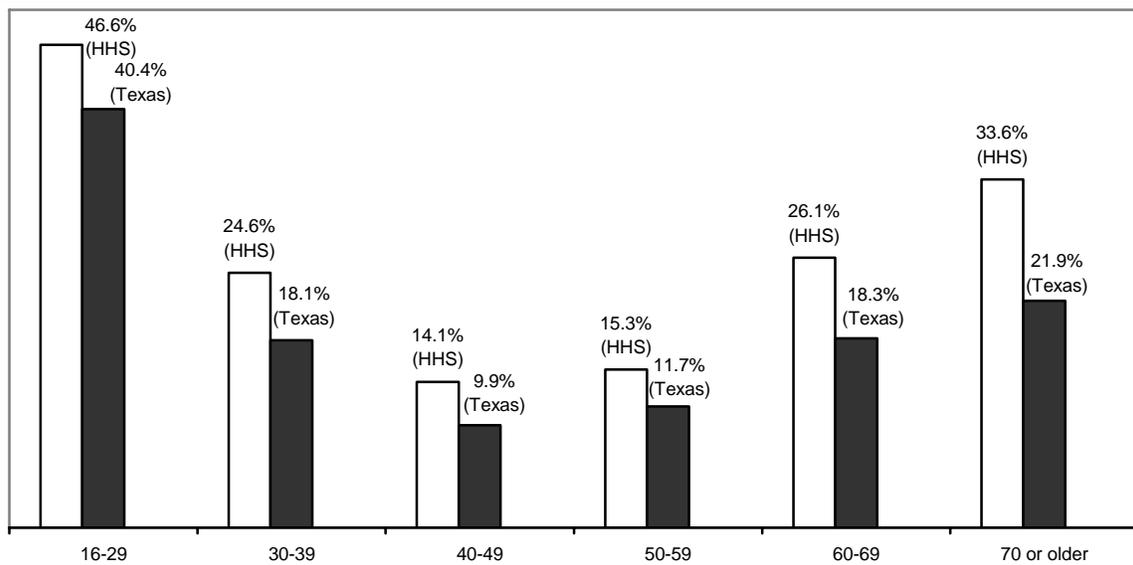
Of the total losses during fiscal year 2007, 76.2 percent were voluntary separations and 23.8 percent were agency-directed. Agency-directed includes reduction in force, dismissal for cause, resignation in lieu of separation and separation at will.<sup>15</sup>

<sup>15</sup> State Auditor’s Office (SAO) Reports “Employee Turnover by State Agency during Fiscal Year 2007.”

**Figure 11: Turnover Rate by Length of Service for FY 07**



**Figure 12: Turnover Rate by Age for FY 07**



## RETIREMENT PROJECTIONS

Today, almost 10 percent of the HHS workforce is eligible to retire. Within the next five years, the number of eligible employees will increase to about 24 percent.<sup>16</sup>

**Table 9: HHS System Projected Retirement Eligibility through Rule of 80 (FY 07 – FY 12)**

Agency	FY 07		FY 08		FY 09		FY 10		FY 11		FY 12	
HHSC	1,020	10.9%	1,343	14.3%	1,676	17.9%	2,024	21.6%	2,374	25.4%	2,740	29.3%
DFPS	512	5.2%	655	6.7%	839	8.6%	1,026	10.5%	1,204	12.3%	1,418	14.5%
DARS	472	15.3%	573	18.6%	691	22.4%	812	26.3%	927	30.1%	1,051	34.1%
DADS	1,349	9.6%	1,715	12.2%	2,121	15.0%	2,534	18.0%	3,002	21.3%	3,454	24.5%
DSHS	1,174	9.9%	1,536	12.9%	1,905	16.0%	2,284	19.2%	2,716	22.9%	3,159	26.6%
<b>Grand Total</b>	<b>4,527</b>	<b>9.4%</b>	<b>5,822</b>	<b>12.1%</b>	<b>7,232</b>	<b>15.0%</b>	<b>8,680</b>	<b>18.0%</b>	<b>10,223</b>	<b>21.2%</b>	<b>11,822</b>	<b>24.5%</b>

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.

## 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;

<sup>16</sup> HHSAS Database, as of 8/31/07. \* Projections include current return-to-work retirees.

- ◆ communication skills;
- ◆ cultural competency skills;
- ◆ community dimensions of practice 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 bi-lingual skills, especially Spanish-English proficiency.

## **ENVIRONMENTAL ASSESSMENT**

### **The Texas Economy**

The Texas economy continues to be strong. Texas employment growth exceeded the national employment growth rate for calendar year 2007. According to the latest employment estimates from the Texas Workforce Commission, the state gained 220,100 nonagricultural jobs in 2007, for an annual growth rate of 2.2 percent.<sup>17</sup>

The January 2008 statewide seasonally adjusted unemployment rate was 4.3 percent, down from 4.5 percent a year ago.<sup>18</sup>

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<sup>17</sup> “Texas Labor Market Review,” dated January 2008 (web page: [http://www.tracer2.com/admin/uploadedPublications/1857\\_TLMR-Jan08.pdf](http://www.tracer2.com/admin/uploadedPublications/1857_TLMR-Jan08.pdf)), last accessed on April 2, 2008.

<sup>18</sup> Texas Workforce Press Release, dated March 6, 2008 (web page <http://www.twc.state.tx.us/news/press/2008/030608epress.pdf>), last accessed on March 11, 2008.

With the increase in fuel costs and the continuing downturn in the nation's economy, whether the Texas economy can remain strong is a question that could have a profound impact on the recruitment and retention challenges facing HHS agencies.

### **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 2008 according to household/family size as follows:

- ◆ \$21,200 or less for a family of four;
- ◆ \$17,600 or less for a family of three;
- ◆ \$14,000 or less for a family of two; and
- ◆ \$10,400 or less for individuals.<sup>19</sup>

It is projected that in 2009 approximately 4.1 million Texas residents, 16.8 percent of the population, will live in families with annual incomes falling below the federal poverty level. For 2013, it is projected that 4.6 million Texas residents, or 17.3 percent of the population, will live in families with annual incomes below the poverty level.<sup>20</sup> For children under the age of 18, the projected poverty rates are 22.1 percent for 2009 and 22.6 percent for 2013.

### **Unemployment**

Another factor that directly impacts the demand for HHS System services is unemployment. In Texas, unemployment remains low compared to most other states. In January 2008, the Texas unemployment rate was 4.3 percent, down from 6.4 percent in January 2004.<sup>21</sup>

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<sup>19</sup> "The 2008 HHS Poverty Guidelines: One Version of the [U.S.] Federal Poverty Measure," US Department of Health and Human Services, web page (<http://aspe.hhs.gov/poverty/08poverty.shtml>), last accessed on April 2, 2008. Note: Guidelines apply to the 48 Contiguous States and D.C.

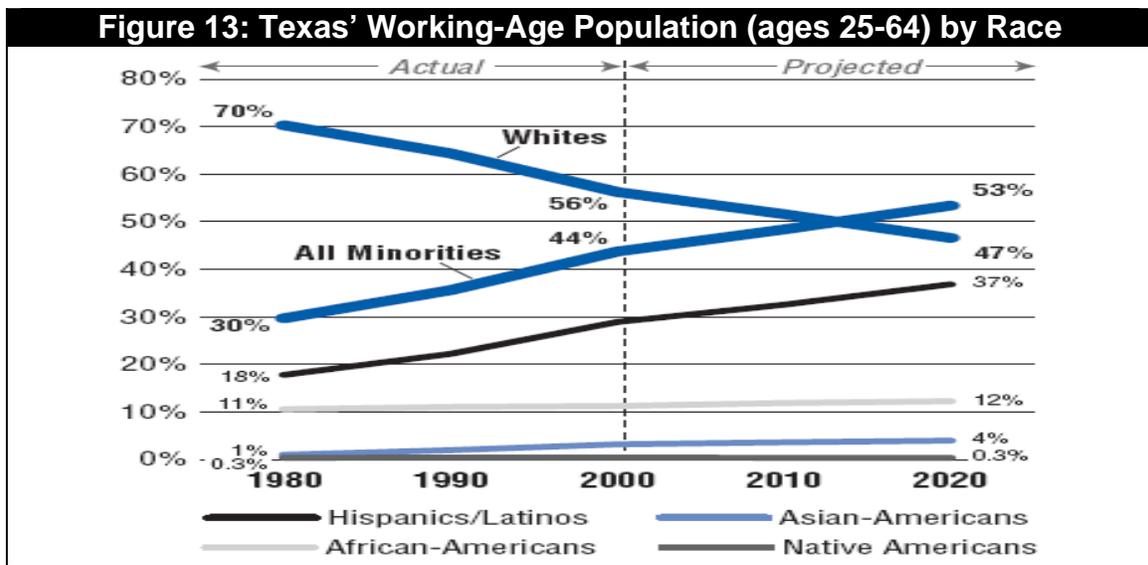
<sup>20</sup> U.S. Census Bureau, March 2007 Current Population Survey (CPS), 2007, for Texas; Texas State Data Center Population Migration Growth Scenario 2002-2004, v. 10/06; HHSC Strategic Decision Support.

<sup>21</sup> Office of the Comptroller, State of Texas.

**Other Significant Factors**

With over 23 million residents, Texas is one of the faster growing states in the nation. In just a one year period, July 1, 2006 to July 1 2007, the population of Texas increased by almost half a million, the largest population increase in the country.<sup>22</sup> The Texas population is expected to continue to increase. By 2020, the Texas population is expected to reach 30 million residents.<sup>23</sup>

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 of the state's population by 2020.<sup>24</sup>



The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (59 percent) being between age 19 to 64, followed by those 18 and under (30 percent) and those 65 and over (11 percent).<sup>25 26</sup>

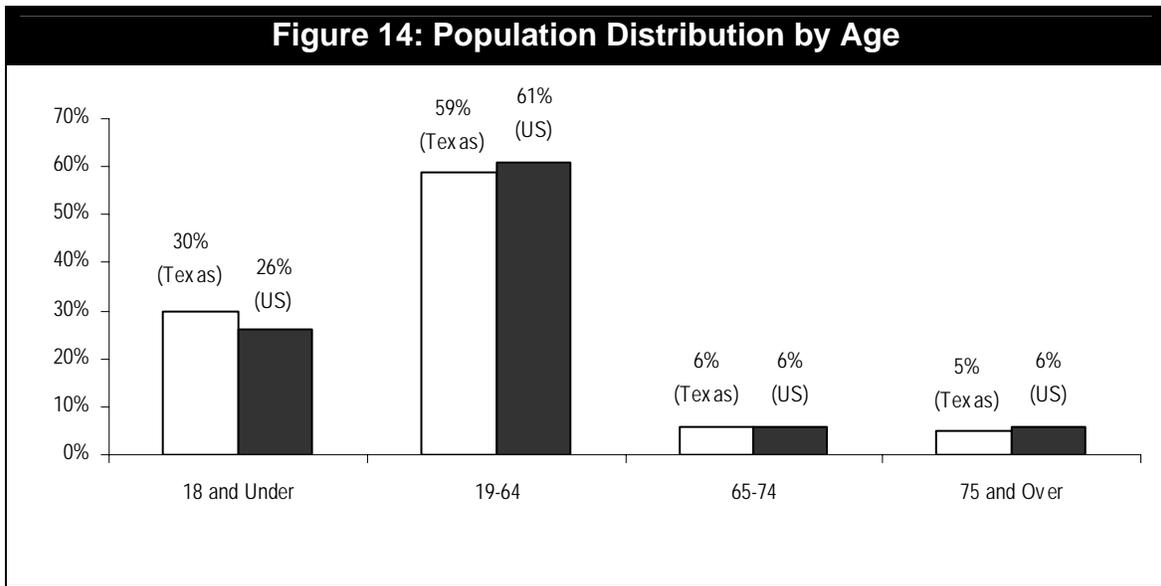
<sup>22</sup> U.S. Census Bureau, December 27, 2007, web page <http://www.census.gov/Press-Release/www/releases/archives/population/011109.html>, last accessed on March 11, 2008.

<sup>23</sup> Office of the State Demographer, Texas State Data Center.

<sup>24</sup> 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](http://www.highereducation.org/reports/pa_decline/states/TX.pdf), last accessed on January 12, 2006.

<sup>25</sup> The Kaiser Family Foundation, Texas: At-A-Glance, web page <http://www.statehealthfacts.org>, last accessed on February 26, 2008.

<sup>26</sup> Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).



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.<sup>27</sup> 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.<sup>28</sup>

## EXPECTED WORKFORCE CHALLENGES

HHS agencies will need to continue to recruit and retain health and human services professionals, such as Physicians, Dentists, Registered Nurses, Pharmacists, Laboratory Workers, Vocational Rehabilitation Counselors, Epidemiologists, Sanitarians, Auditors and other professions. Additionally, core 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 Protective Services Workers (Adult and Children), MHMR Workers (Mental Retardation Assistants and Psychiatric Nursing Assistants) and Food Service Workers.

<sup>27</sup> The Kaiser Family Foundation, Texas: At-A-Glance, web page <http://www.statehealthfacts.org>, last accessed on January 12, 2006.

<sup>28</sup> 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 April 4, 2008.

## **Registered Nurses and Licensed Vocational Nurses**

Nationwide, the nursing shortage is reaching crisis proportions. The federal government is projecting a shortfall of one million Registered Nurses (RNs) by the year 2012.<sup>29</sup> RNs constitute the largest healthcare occupation, with 2.5 million jobs in the US. Job opportunities for RNs are expected to grow faster than the average for all occupations.<sup>30</sup> In addition, it is projected that there will be 587,000 new RN jobs by 2016.<sup>31</sup> 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. 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.<sup>32</sup> 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.<sup>33</sup>

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 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 2,600 RNs and Licensed Vocational Nurses (LVNs).<sup>34</sup> 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 RNs in HHS agencies during fiscal year 2007 was \$48,260 and \$30,346 for LVNs during the same time period. These

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<sup>29</sup> 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.

<sup>30</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2008-09 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 3/10/08.

<sup>31</sup> Arlene Dohm and Lynn Shniper, ‘Occupational employment projections to 2016’ Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

<sup>32</sup> State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

<sup>33</sup> 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.

<sup>34</sup> HHSAS Database, as of 8/31/07.

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salaries fall below both national and state averages for these occupations.<sup>35</sup> Nationally, the average annual earnings for RNs in 2006 was \$59,730 and \$37,530 for Licensed Practical Nurses and LVNs.<sup>36</sup> In Texas, the average annual earnings for RNs in 2006 was \$57,180 and \$35,920 for Licensed Practical Nurses and LVNs.<sup>37</sup> 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 these higher paying private health care jobs at an alarming rate (turnover of approximately 22 percent for RNs and 28 percent for LVNs).<sup>38</sup>

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.

### **Pharmacists**

Pharmacists represent the third largest health professional group in the US, with approximately 243,000 active Pharmacists as of November 2006.<sup>39</sup> 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 need for 53,000 new Pharmacists by 2016, or a 22 percent increase.<sup>40</sup> However, the number of available Pharmacists is expected to grow only modestly.

HHS agencies employ 76 Pharmacists, with an average annual salary of \$79,748.<sup>41</sup> This salary falls significantly below the market rate. The average annual salary for Pharmacists nationally is \$93,500 and \$96,290 in Texas.<sup>42</sup> This

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<sup>35</sup> HHSAS Database, as of 8/31/07.

<sup>36</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

<sup>37</sup> Ibid.

<sup>38</sup> HHSAS Database, FY 2007 data.

<sup>39</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

<sup>40</sup> Ibid.

<sup>41</sup> HHSAS Database, as of 8/31/07.

<sup>42</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

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disparity is affecting the System's ability to recruit qualified applicants for open positions. Pharmacist positions often remain unfilled for several months.<sup>43</sup>

With Pharmacist turnover at 18 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.

### **Protective Services Workers**

As of November 2006, there were 282,000 Protective Service Worker jobs in the U.S., with a projected job growth of 19.1 percent by 2016.<sup>44 45</sup>

There are approximately 5,300 Protective Services Workers employed by DFPS as Child Protective Service Specialists, Child Protective Service Investigators, Adult Protective Service Workers, State Wide Intake Workers and Child Care License Workers.<sup>46</sup> The average annual salary for these Workers is \$32,609, a salary below both the national and state average annual salary. Nationally, Protective Services Workers earn \$40,640 annually.<sup>47</sup> In Texas, Protective Service Occupations earn, on the average, \$34,460 annually.<sup>48</sup>

Senate Bill 6, which passed during the 79<sup>th</sup> Legislative session, mandated sweeping reform within DFPS, including increased hiring of skilled Protective Services Workers throughout the state. The 80<sup>th</sup> Legislature (Regular Session, 2007) approved additional funding to increase child protective services throughout the state and to build on CPS reforms initiated by the 79<sup>th</sup> Legislature (Regular Session, 2005).

In fiscal year 2007, the turnover rate for these jobs was 24.9 percent, with turnover averaging about 21.7 percent over the past three years.<sup>49</sup> During the next decade, the significant increase in the Texas population, especially the

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<sup>43</sup> HHSAS Database, FY 2007 data.

<sup>44</sup> Occupational title used is Child, Family and School Social Workers.

<sup>45</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

<sup>46</sup> HHSAS Database, as of 8/31/07.

<sup>47</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

<sup>48</sup> Ibid. Note: The Employees are listed under the Occupational title of Child, Family and School Social Workers.

<sup>49</sup> State Auditor's Office (SAO Electronic Classification Analysis System).

aging population, will require additional Adult Protective Services Workers, which could further exacerbate the high turnover rate.

### **Vocational Rehabilitation Counselors**

As of November 2006, there were 141,000 Rehabilitation Counselor jobs in the U.S., with a projected job growth of 23 percent by 2016.<sup>50</sup> Nationally, there is a shortage of qualified vocational rehabilitation counselors.

DARS employs 649 Vocational Rehabilitation Counselors, with an average annual salary of \$43,720.<sup>51</sup>

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 82 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.<sup>52</sup> As of November 2006, there were approximately 5,000 Epidemiologist jobs in the U.S., with a projected job growth rate of 13.6 percent by 2016.<sup>53</sup>

The shortage of Epidemiologists may be partly explained by the high level of education required for this profession. DSHS Epidemiologists earn an average

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<sup>50</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

<sup>51</sup> HHSAS Database, as of 8/31/07.

<sup>52</sup> Melissa Taylor Bell and Irakli Khodeli. "Public Health Worker Shortages,," The Council of State Governments, November 2004.

<sup>53</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

annual salary of \$49,675, significantly below the average wage paid nationally (\$60,290), but higher than the Texas average of \$44,250.<sup>54</sup> Barriers to recruiting and retaining Epidemiologists in the public health field include noncompetitive salaries and a general shortage of professionals.

Though the overall turnover rate for Epidemiologists is low at only about 12 percent, DSHS has had difficulty filling vacant positions. With a high vacancy rate for these positions (almost 16 percent), Epidemiologist positions are remaining open for months before filled.<sup>55</sup>

### **Sanitarians**

The System employs 106 Sanitarians across the state.<sup>56</sup> 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 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 the 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.

Turnover for DSHS Sanitarians is currently low, at only eight percent. However, due to the shortage of qualified applicants, vacant positions go unfilled for months.<sup>57</sup> Historically, some of these vacancies posted have remained unfilled for over two years.

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<sup>54</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

<sup>55</sup> HHSAS Database, as of 8/31/07.

<sup>56</sup> Ibid.

<sup>57</sup> HHSAS Database, FY 2007 data.

### **Architects/Engineers**

As of November 2006, there were approximately 2.6 million jobs in architectural and engineering occupations nationally, with a projected job growth rate of 10.4 percent by 2016.<sup>58</sup>

HHS employs 30 Architects and Engineers across the state. These positions are responsible for licensing decisions on hospitals, ambulatory surgical centers, end stage renal disease facilities, special care facilities and psychiatric facilities.

It is anticipated that the System will experience a shortage of Architects/Engineers in the next few years. This is a result of retirements and current vacancy trends.

HHS Architects earn an average annual salary of \$52,678 and HHS Engineers earn \$52,850 annually. These salaries are lower than the national and state average salaries for Architecture and Engineering occupations (\$66,190 nationally and \$67,750 for Texas).<sup>59</sup>

### **MHMR Workers (Mental Retardation Assistants and Psychiatric Nursing Assistants)**

There are approximately 9,000 MHMR Workers employed in DSHS state mental health hospitals and in DADS state mental retardation facilities. 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 \$9.96.<sup>60</sup> The overall turnover rate for employees in this group is high, at 41.3 percent annually.<sup>61</sup> Taking into account these factors, state hospitals and schools have historically experienced difficulty in both recruiting and retaining these workers. Little change is expected.

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<sup>58</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

<sup>59</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

<sup>60</sup> HHSAS Database, as of 8/31/07.

<sup>61</sup> Ibid.

### **Vital Statistics Staff**

DSHS employs approximately 154 employees in the Vital Statistics Bureau (VSB) in Austin. New federal legislation has increased the demand for services. For example, there has been a 50 percent increase in demand for passport processing services over the last two years due in part to the Western Hemisphere Travel Initiative of the United States Department of State, Passport Services Office.

In addition, DSHS anticipates new business demands will be placed on VSB employees due to the acceptance of faxed credit card requests, by advertising at hospitals where babies are born and from accepting third party requests from private organizations.

The overall turnover rate for Vital Statistics Staff is high at almost 20 percent. Staff earn an average annual salary of about \$30,439.<sup>62</sup>

### **Food Service Workers**

There are approximately 1,000 Food Service Workers employed across Texas in state mental health hospitals and state mental retardation facilities.<sup>63</sup>

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 \$9.12. Turnover in Food Service Worker positions was extremely high, at 32 percent during fiscal year 2007.<sup>64</sup>

### **Auditors**

HHS employs approximately 150 Auditors who are responsible for performing audits to ensure compliance with state and federal laws, rules and regulations. Employees in these classifications prepare audit reports outlining discrepancies, recommending corrective actions, improving accounting or management operation systems and advising on the requirements for compliance and liabilities and penalties of noncompliance.

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<sup>62</sup> HHSAS Database, as of 8/31/07.

<sup>63</sup> Ibid.

<sup>64</sup> Ibid.

The overall turnover rate for Auditors is about 25 percent, with an average annual salary of \$53,628.<sup>65</sup>

## DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

### Recruitment Strategies

<b>Gap</b>	HHS agencies do not attract enough qualified applicants for critical and/or difficult to fill jobs.
<b>Goal</b>	Establish efficient and effective recruiting initiatives to attract qualified applicants.
<b>Rationale</b>	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.
<b>Strategies</b>	<ul style="list-style-type: none"> <li>◆ Implement an HHS internship program to attract future employees in hard to fill job classes.</li> <li>◆ Provide summer and co-op placements for high school and college students.</li> <li>◆ Provide college tuition reimbursement or scholarships for high potential high school graduates in exchange for a certain number of years of service.</li> <li>◆ Create customized recruitment strategies based on managers' staffing goals, current/future program priorities and specific job vacancies.</li> <li>◆ Increase recruitment efforts for 'critical' occupations, such as:             <ul style="list-style-type: none"> <li>○ Protective Services Workers;</li> <li>○ MHMR Workers (Mental Retardation Assistants and Psychiatric Nursing Assistants);</li> <li>○ Physicians and Psychiatrists;</li> <li>○ Dentists;</li> <li>○ Nurses;</li> <li>○ Pharmacists;</li> <li>○ Vocational Rehabilitation Counselors;</li> <li>○ Epidemiologists; and</li> <li>○ Sanitarians.</li> </ul> </li> </ul>

<sup>65</sup> HHSAS Database, as of 8/31/07.

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

<b>Gap</b>	There is a high rate of attrition for younger employees, less tenured employees and employees performing stressful jobs.
<b>Goal</b>	Create an environment whereby employees and applicants will view their HHS agency as an employer of choice.
<b>Rationale</b>	If HHS agencies are to be successful in retaining good employees, employees need to be treated well and rewarded for outstanding job performance.
<b>Strategies</b>	<ul style="list-style-type: none"> <li>◆ 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"> <li>○ salary equity adjustments;</li> <li>○ promotions;</li> <li>○ merit raises, including one-time merit awards;</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ retention bonuses; and</li><li>○ hiring above the salary minimum at comparable market rates.</li><li>◆ Develop strategies to address turnover, including:<ul style="list-style-type: none"><li>○ ensure sufficient FTEs are available for the volume of work to be accomplished;</li><li>○ provide a realistic preview of the job during the interview process;</li><li>○ provide adequate training to ensure success of the employee in completing assignments and duties</li><li>○ ensure that supervisors set clear expectations of the new hire (and all employees);</li><li>○ 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</li><li>○ have the supervisor hold frequent meetings with the new employee to provide immediate feedback and information on how to improve within the position.</li></ul></li><li>◆ 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.</li><li>◆ Grant administrative leave for outstanding performance.</li><li>◆ Establish flexible work schedules to retain staff and meet the needs of HHS agencies, using:<ul style="list-style-type: none"><li>○ telecommuting;</li><li>○ job sharing;</li><li>○ regular, instead of rotating, shift work for employees who desire a more regular and predictable schedule;</li><li>○ part-time jobs; and</li><li>○ flex hours.</li></ul></li><li>◆ Audit HHS agency positions to ensure salary and FLSA parity among job classes that perform like and similar duties across all HHS agencies.</li><li>◆ 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.</li><li>◆ Obtain funding and provide professional development training in the employee's career field for all employees in the System.</li><li>◆ Obtain funding and provide personal development training that will benefit both the employee and the System for all</li></ul>
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employees in the System.

- ◆ Expand the HHS Wellness Program to promote organizational satisfaction, reduce employee stress and reduce turnover.
- ◆ Ensure that the 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.
- ◆ Recognize employees who align and support the vision and mission of the HHS System.
- ◆ 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 2007, the total benefits package, according to the State Auditor's Office, was 67 percent salary and 33 percent benefits).
- ◆ 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.



## **HEALTH AND HUMAN SERVICES COMMISSION**

### **MISSION**

The mission of the Health and Human Services Commission (HHSC) is to provide leadership and direction and foster the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans.

### **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);
- ◆ Food Stamps and Nutritional Programs;
- ◆ 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 9,300 employees who work throughout Texas, supporting the agency, the other HHS agencies and Texans in need.<sup>66</sup>

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<sup>66</sup> HHSAS Database, as of 8/31/07.

## 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, Forecast and Rate Setting;
  - 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 Schools and Hospitals;
  - Consolidated Risk Management; and
  - Consolidated Regional Administrative Services;
  
- ◆ 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;
  - CHIP Perinatal; and
  - State Employee Children’s Insurance (SKIP).
  
- ◆ Social and Eligibility Services Program Administration. Currently, the administration of Eligibility Services is the largest program function within HHSC. Employees performing this function support programs that provide families in need with assistance. These programs also encourage and promote self-sufficiency, safety and long-term independence for families. Programs within Social Services Administration include:
  - Temporary Assistance for Needy Families (TANF);
  - Food Stamps, Nutrition Education and Outreach;
  - Family Violence Services;
  - Refugee Affairs;
  - Healthy Marriage Services;
  - Alternatives to Abortion; and
  - Disaster Assistance.

## **WORKFORCE DEMOGRAPHICS**

On August 31, 2007, HHSC employed 9,361 full and part-time employees. The majority of the employees (6,420 employees or 69 percent) work in the Office of Eligibility Services (OES) and are located in offices throughout the state.<sup>67</sup>

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<sup>67</sup> HHSAS Database, as of 8/31/07.

**Job Families**

Approximately 92 percent of HHSC employees (8,587 employees) work in 10 job classifications.<sup>68</sup>

<b>Table 10: Largest Program Job Classes and Average Salaries</b>		
<b>Job Title</b>	<b>Number of Employees</b>	<b>Average Salary</b>
Human Services Specialists	4,638	\$34,522
Clerical Workers	1,873	\$23,976
Program Specialists	800	\$49,058
System Analysts	305	\$53,972
Managers	249	\$61,739
Investigators	214	\$39,601
Human Services Technicians	173	\$22,964
Directors	122	\$92,687
Auditors	113	\$52,162
Network Specialists	100	\$39,788

**Salary**

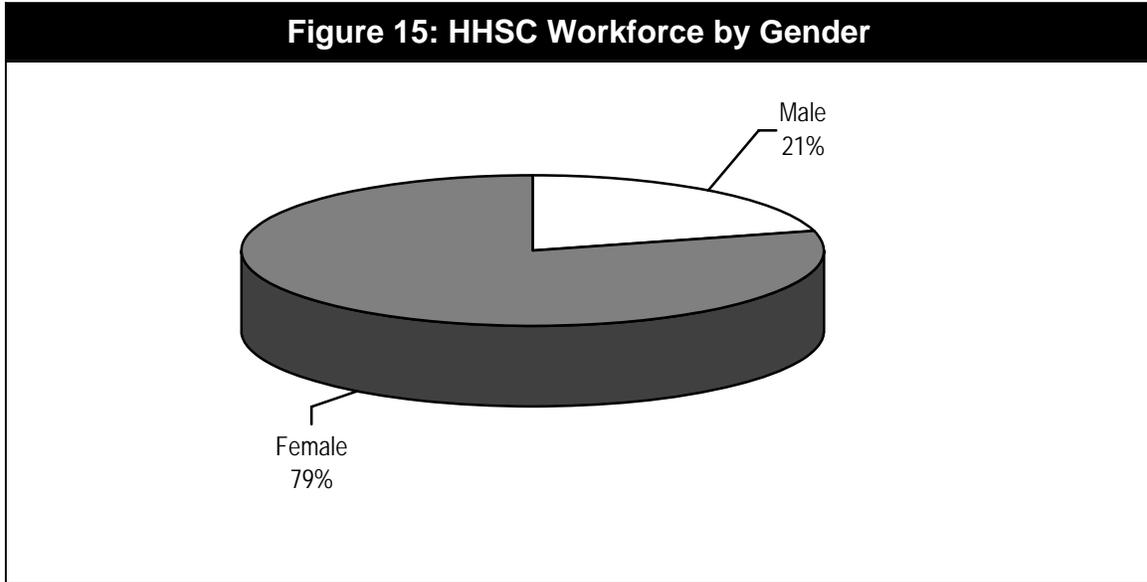
HHSC employees earn an average annual salary of \$34,691.<sup>69</sup>

<sup>68</sup> HHSAS Database, as of 8/31/07.

<sup>69</sup> Ibid.

**Gender**

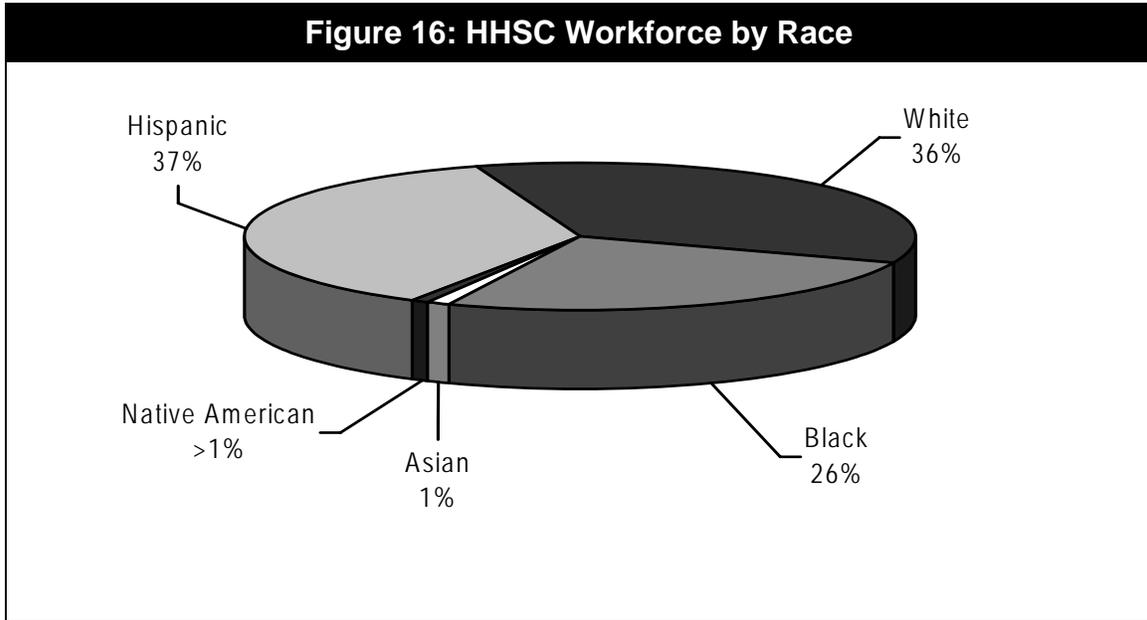
The HHSC workforce is primarily female, representing approximately 79 percent of all agency employees.<sup>70</sup>



<sup>70</sup> HHSAS Database, as of 8/31/07.

**Race**

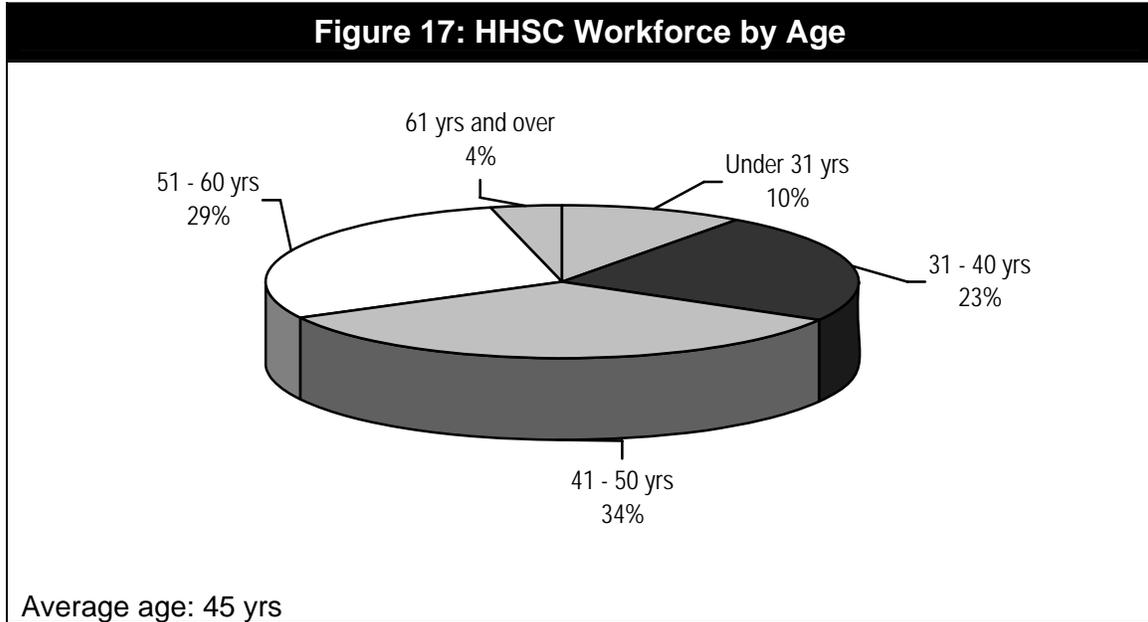
The largest racial group in the HHSC workforce is Hispanic. This group makes up approximately 37 percent of all agency employees, followed by White employees at approximately 36 percent and Black employees at approximately 26 percent.<sup>71</sup>



<sup>71</sup> HHSAS Database, as of 8/31/07.

## **Age**

The average age of an HHSC employee is 45 years. About 67 percent of the HHSC workforce are 41 years or older.<sup>72</sup>



## **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 HHSC workforce does not reflect underutilization.<sup>73 74</sup>

<sup>72</sup> HHSAS Database, as of 8/31/07.

<sup>73</sup> HHSC workforce data – report prepared from the Human Resources/PeopleSoft, 08/31/2007.

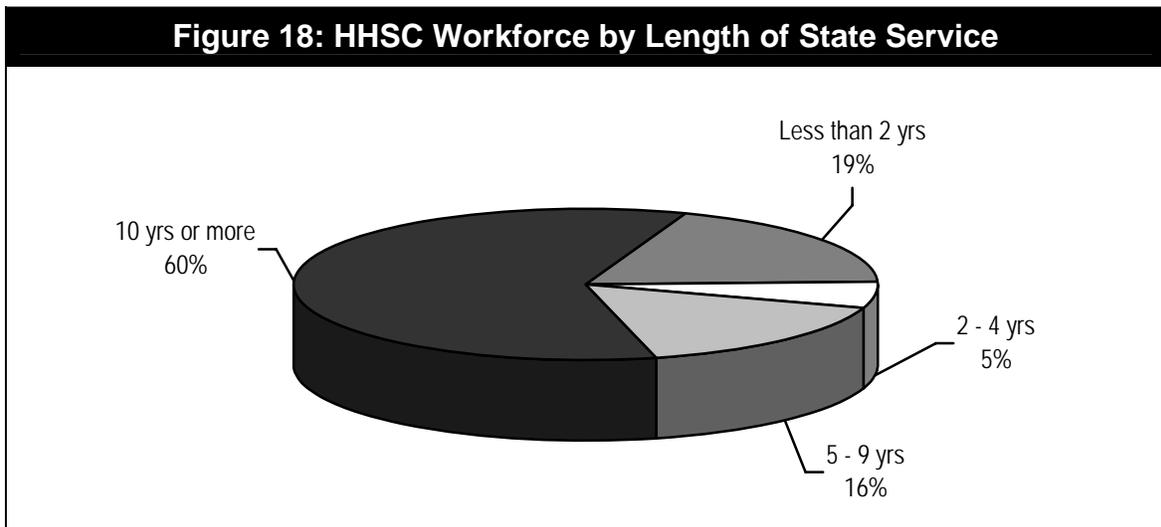
<sup>74</sup> CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 06/08/2005.

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	18.3%	7.2%	No	16.4%	12.3%	No	55.3%	32.6%	No
Professionals	24.7%	9.4%	No	35.6%	11.6%	No	77.6%	49.0%	No
Technicians	23.4%	13.9%	No	33.8%	19.7%	No	76.6%	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	47.2%	14.3%	No	27.1%	25.7%	No	89.2%	56.3%	No
Administrative Support	27.0%	19.4%	No	45.2%	26.8%	No	88.5%	78.8%	No
Skilled Craft	25.0%	14.7%	N/A	50.0%	35.2%	N/A	0.0%	16.5%	N/A
Service Maintenance	66.7%	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**

HHSC has a tenured workforce, with approximately 60 percent of the employees having 10 or more years of state service. Only 19 percent have less than two years of state service.<sup>75</sup>

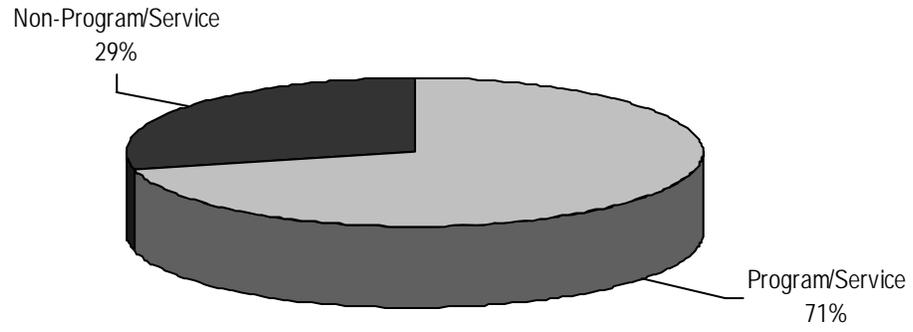


**Return-to-Work Retirees**

HHSC employs 511 return-to-work retirees. The majority of rehired retirees work in program/service areas.<sup>76</sup>

<sup>75</sup> HHSAS Database, as of 8/31/07.

**Figure 19: HHSC Return-to-Work Retirees**



<sup>76</sup> HHSAS Database, as of 8/31/07.

## TURNOVER

The turnover rate during fiscal year 2007 was 14.1 percent. This rate is slightly lower than the statewide turnover rate of 17.4 percent for all agencies.<sup>77</sup> The majority of these separations (approximately 88 percent) were voluntary separations from state employment.<sup>78</sup>

Table 12: Reason for Separation	
Reason	Percentage <sup>79</sup>
<b>Voluntary Separations</b>	
Personal reasons	44.6%
Transfer to another agency	24.6%
Retirement	18.5%
<b>Involuntary Separations</b>	
Termination at Will	1.0%
Resignation in Lieu	0.7%
Dismissal for Cause	9.2%
Reduction in Force	0.0%

Employees in Computer Operator positions had the highest turnover rate during fiscal year 2007 (with 16 losses or a 136.2 percent turnover rate), followed by Database Administrators (with 7 losses or a 60.9 percent turnover rate) and System Support Specialists (with 18 losses or a 32.7 percent turnover rate). These losses are primarily attributed to the Department of Information Resources data center consolidation project for Information Technology.<sup>80</sup>

<sup>77</sup> State Auditor's Office (SAO) FY 2007 Turnover Statistics.

<sup>78</sup> Ibid.

<sup>79</sup> Death accounted for 1.4% of separations.

<sup>80</sup> HHSAS Database, FY 2007 data.

**Table 13: FY 2007 Turnover for Significant Job Classes**

Job Title	Average Annual Headcount	Turnover Rate
Computer Operators	11.8	136.2%
Database Administrators	11.5	60.9%
System Support Specialists	55.0	32.7%
Human Services Techs	149.5	32.1%
Auditors	114.3	25.4%
System Analysts	314.0	24.5%
Contract Specialists	51.5	19.4%
Registered Nurses	57.8	19.0%
Network Specialists	104.8	18.1%
Architects	5.8	17.4%
Budget Analysts	26.3	15.2%
Clerical Workers	1452.5	15.2%
Accountants	87.0	14.9%
Purchasers	92.5	14.1%
Human Services Specialists	1005.3	13.2%
Investigators	218.5	12.8%

## RETIREMENT PROJECTIONS

Currently, about 11 percent of the agency's workforce is eligible to retire from state employment. Over 29 percent of the HHSC workforce will reach retirement eligibility by the year 2012.<sup>81</sup>

**Table 14: HHSC Projected Retirement Eligibility through Rule of 80 (FY 07 – FY 12)**

Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2007	1,020	10.9%
2008	1,343	14.3%
2009	1,676	17.9%
2010	2,024	21.6%
2011	2,374	25.4%
2012	2,740	29.3%

## 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

<sup>81</sup> HHSAS Database, as of 8/31/07.

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 Legislature appropriated approximately \$31.3 billion to HHSC for the fiscal year 2008 - 2009 biennium, about a five percent increase over appropriated funds for the previous biennium.

The major workforce challenge for the agency continues to be the recruitment and retention of Eligibility Determination staff in the Office of Eligibility Services (OES). The 78<sup>th</sup> Legislature (Regular Session, 2003) directed HHSC to evaluate the cost effectiveness of call centers as a methodology for determining eligibility for Medicaid, food stamps and other state assistance programs. HHSC determined in 2005 that privately managed call centers would be more cost effective than having state-operated call centers. Based on this analysis, in June of 2005, a private-sector contractor, Accenture, was awarded a contract to assist in performing certain eligibility determination activities utilizing a recognized call center methodology. The new business model called for only 2,600 OES employees. In June of 2005, OES had about 6,400 eligibility determination staff, with a turnover rate of 22 percent. By the end of the third quarter of fiscal year 2006 (May 2006), staffing levels had decreased to about 5,500 employees, with an increasing number of temporary staff hired. In addition, the turnover rate had risen to 38 percent.

In March of 2007, when specific contract terms could not be reached, HHSC terminated the contract with Accenture. In the wake of the contract termination, the 80<sup>th</sup> Legislature (Regular Session, 2007) appropriated sufficient funds for modernizing the eligibility system without a reduction in force or the closing of local offices. To allow OES to perform the full scope of operations, the agency is expected to increase staffing levels to approximately 8,000 employees in fiscal year 2009. To facilitate this re-staffing, OES has implemented a number of strategies to assist in recruitment and retention efforts, including:

- ◆ “hiring ahead” to reduce job vacancies;
- ◆ assigning regional hiring coordinators to expedite the recruitment process;
- ◆ awarding retention bonuses for eligibility staff;
- ◆ increasing pay for supervisors;
- ◆ hiring retirees and former eligibility staff; and

- ◆ staffing centralized benefits centers with state employees to help reduce the workload on local offices.

The effect of these strategies can be measured by the reduction in the turnover rate of eligibility employees during the period of December 2007 through February 2008.

To build upon these improvements, the agency will be introducing a new compensation plan for OES staff in June 2008. This plan will increase entry-level salaries for new workers and provide existing workers with promotions or merit salary increases.

Another challenge is the legislatively mandated transfer of staff to the agency. Senate Bill 10, 80<sup>th</sup> Legislature (Regular Session, 2007) transferred the administration and operation of the Medical Transportation Program (MTP) from the Texas Department of Transportation (TxDOT) to HHSC. The MTP consists of approximately 180 employees responsible for arranging non-emergency transportation for certain Medicaid recipients. A significant amount of HHSC support staff time has been spent ensuring these new employees receive all required orientation and training and that their records, insurance benefits and payroll information were appropriately transferred. The transition was effective on May 1, 2008. Many of the staff will not be physically moved into HHSC space until after the beginning of fiscal year 2009.

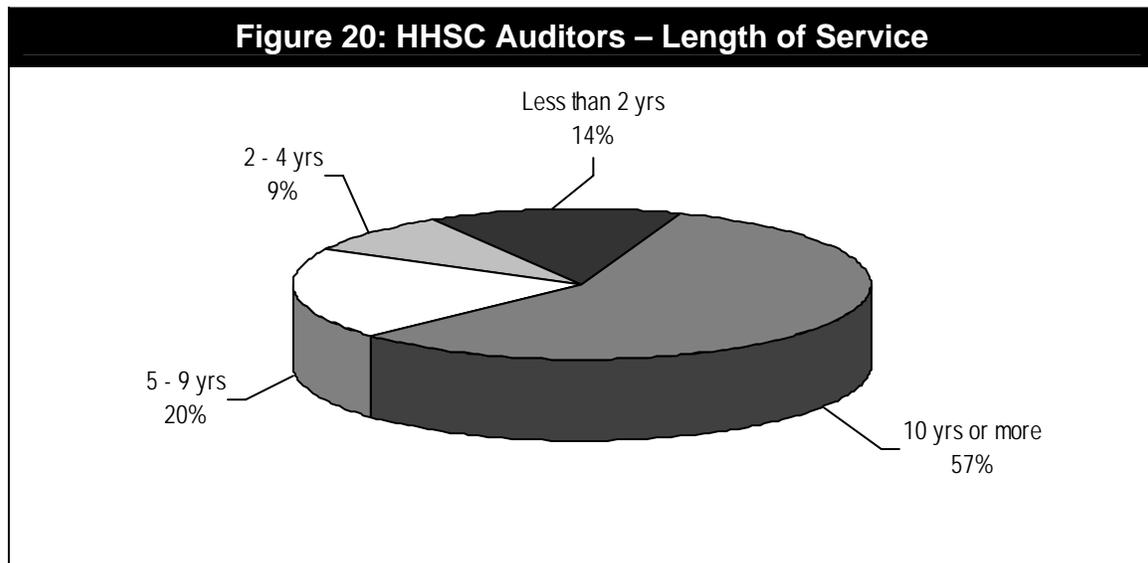
In addition to the growth of OES and the transfer of the MTP program, the agency is increasing staffing and services in the HHSC Office of Inspector General (OIG). Created by the 78<sup>th</sup> Legislature (Regular Session, 2003), OIG works to prevent and reduce waste, abuse and fraud within the HHS System. The 79<sup>th</sup> Legislature (Regular Session, 2005) approved an increase in OIG positions for fiscal year 2006. Sixteen new FTE's were allocated to the OIG Medicaid Provider Integrity (MPI) section, which is primarily devoted to investigating provider fraud in the Texas Medicaid Program. This staffing increase allowed MPI to place investigators in key areas of the state to more efficiently investigate issues related to Medicaid fraud, waste and abuse. The 80<sup>th</sup> Legislature (Regular Session, 2007) continued this expansion of FTEs for fiscal year 2008 and fiscal year 2009.

HHSC has a diverse workforce, consisting of over 77 different job classifications. Many of these jobs, particularly professional jobs that require degrees, licenses or certifications, are difficult to fill and historically experience a higher than average annual turnover rate. Most of these classifications relate to the regulatory and oversight functions performed by the agency. As an example, the Auditor job classification series had one of the highest turnover rates (25 percent) during fiscal year 2007. High turnover also occurred in the job series for Human Services Technicians (32 percent), Human Services Specialists (13 percent),

Texas Works Advisors (12 percent), Medical Eligibility Specialists (11 percent) and Hospital Based Workers (10 percent).<sup>82</sup>

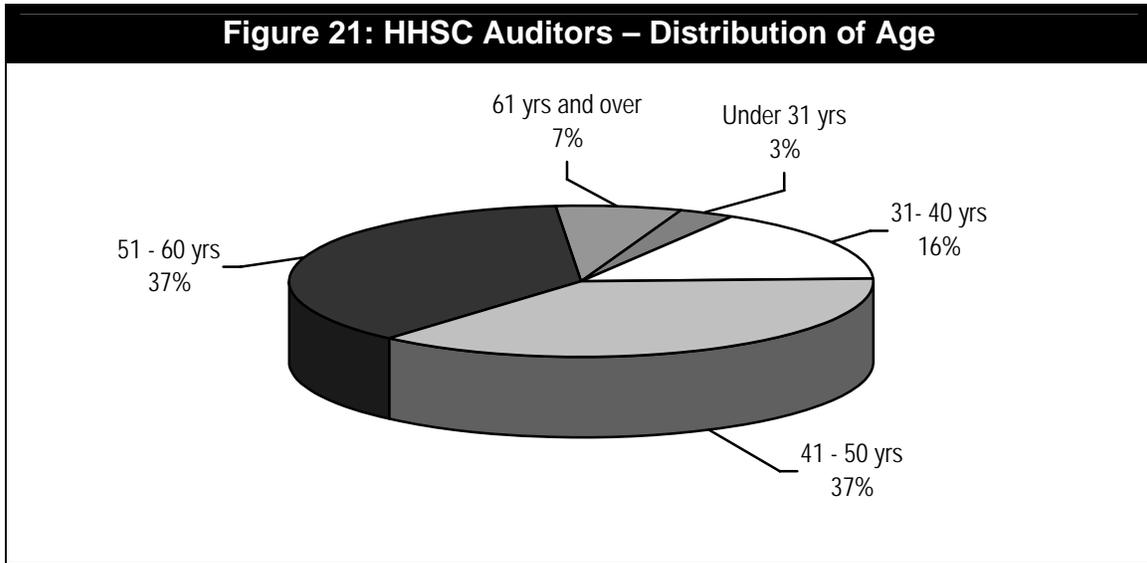
### **Auditors**

There are approximately 113 auditor positions with HHSC, divided among numerous program areas, including Internal Audit, Medicaid, Quality Review Consolidated, Hospital Audits and Audit Consolidated. The typical Auditor is about 49 years old and has an average of 13 years of state service.<sup>83</sup>



<sup>82</sup> HHSAS Database, as of 8/31/07.

<sup>83</sup> Ibid.



Turnover for Auditors is one of the highest at the agency, at 24 percent. Strong retention efforts are needed to reduce the already high turnover rate for this employment group.<sup>84</sup>

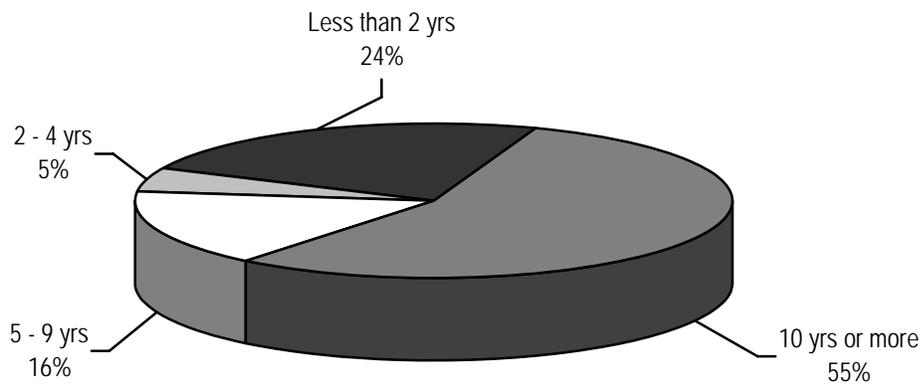
### **Office of Eligibility Services Workers**

Across the state, there are 6,420 OES Workers positions with the agency. These Workers include Eligibility Workers (Texas Works Advisors, Medical Eligibility Specialists, Hospital Based Workers and Human Service Specialists), Clerical Workers, Human Services Technicians, Program Specialists, Unit Supervisors, Managers and Directors. Nearly a quarter of these employees have less than two years of state service, though a little over half of these employees are tenured staff, with 55 percent having 10 or more years of state service. Seventy-one percent (71%) are age 50 and younger, with an average age of 44.<sup>85</sup>

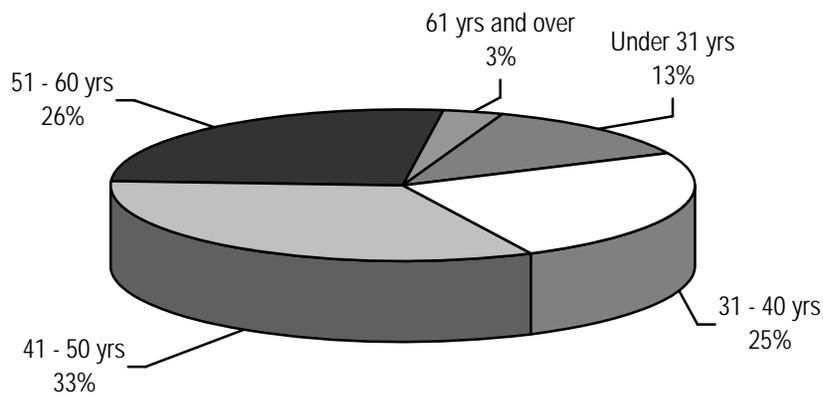
<sup>84</sup> HHSAS Database, FY 2007 data.

<sup>85</sup> HHSAS Database, as of 8/31/07.

**Figure 22: OES Workers – Length of Service**



**Figure 23: HHSC OES Workers – Distribution of Age**



Though turnover for this group of employees is low at only about 13 percent for fiscal year 2007, certain positions within this group are experiencing much higher turnover. Medical Eligibility Specialists are experiencing a 19 percent turnover rate, with 27 percent of these workers having less than two years of state service. Human Services Technicians are experiencing the highest turnover, at a rate of 32 percent, with nearly 64 percent of these workers having less than two years of state service.<sup>86</sup> Special retention strategies have been used to address this high turnover. As a result, OES turnover has been significantly reduced from fiscal year 2006 levels.

<sup>86</sup> State Auditor's Office (SAO) FY2007 Turnover Statistics.

## **DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS**

The HHSC workforce will continue to require a wide variety of skilled professional staff. It is expected the consolidation of programs and outsourcing may result in a realignment of existing jobs, requiring employees to acquire new skills. 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.

### **Recruitment Strategies**

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

- ◆ recruitment bonus payments;
- ◆ competitive salaries utilizing the full salary group range;
- ◆ raising entry-level salaries;
- ◆ professional development and education assistance;

- ◆ 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:

- ◆ retention bonus payments;
- ◆ one-time merit awards;
- ◆ salary equity adjustments;
- ◆ performance recognition;
- ◆ defined career progression;
- ◆ mentoring programs;
- ◆ professional development and education assistance;
- ◆ basic and advanced computer training;
- ◆ continued use of the new compensation plan for OES staff, which includes the raising of entry-level salaries and provided existing workers with promotions or merits; and
- ◆ management skills training.

## **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 78<sup>th</sup> 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, almost 10,000 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.<sup>87</sup>

### **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.

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<sup>87</sup> HHSAS Database, as of 8/31/07.

- ◆ The Adult Protective Services (APS) Division investigates:
  - 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 and 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 operated mental health and mental retardation facilities and/or state contracted settings that serve adults with mental illness or mental retardation.
  
- ◆ 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, 7 days a week.

## **WORKFORCE DEMOGRAPHICS**

DFPS is the third largest agency in the HHS System. DFPS currently employs approximately 9,700 employees, with the majority of the workforce located in offices throughout the state.<sup>88</sup> The DFPS workforce is diverse. To better illustrate this diversity, the following demographic categories are examined:

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<sup>88</sup> HHSAS Database, as of 8/31/07.

**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.

About 92 percent of DFPS employees (9,009 employees) work in only 10 job families.<sup>89</sup>

<b>Table 15: Largest Program Job Classes and Average Salaries</b>		
<b>Job Title</b>	<b>Number of Employees</b>	<b>Average Salary</b>
Child Protective Service Specialists	2,138	\$33,368
Child Protective Service Investigators	1,758	\$32,095
Program Specialists	1,644	\$44,257
Clerical Workers	1,147	\$24,810
Human Services Technicians	735	\$24,546
Adult Protective Service Workers	656	\$33,345
State Wide Intake Workers	295	\$34,284
Child Care License Workers	456	\$35,856
System Analysts	98	\$54,073
Accountants	82	\$34,737

**Salary**

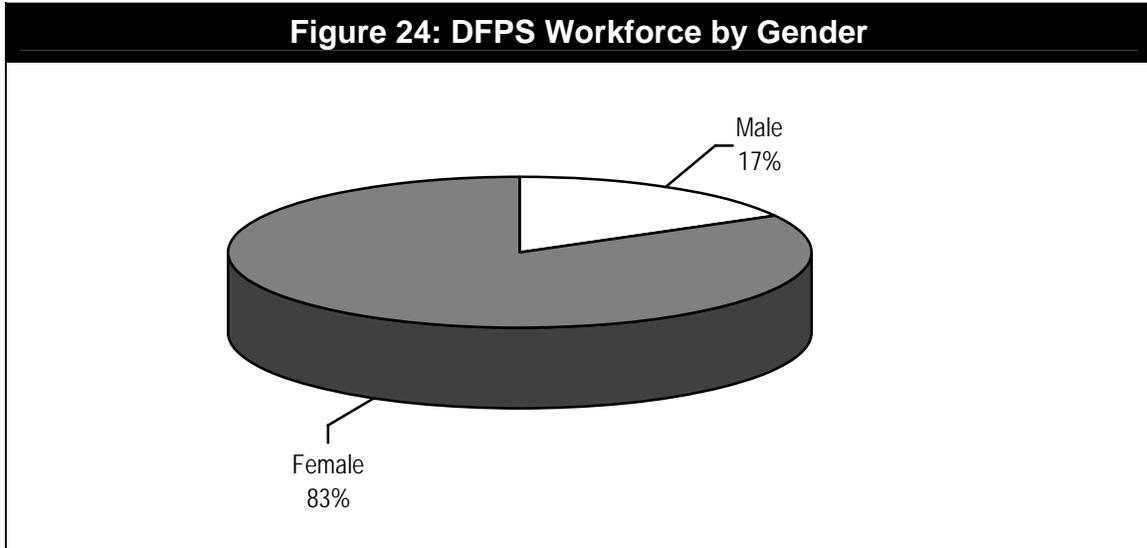
DFPS employees are, on the average, the second highest paid employees in the HHS System, earning an average annual salary of \$38,015.<sup>90</sup>

<sup>89</sup> HHSAS Database, as of 8/31/07. Note: The HHS HR Facts book for FY 2007 uses the job family title of “CPS Workers,” which only included CPS Investigators. References to “CPS Workers” in this document refer to both CPS Investigators and CPS Specialists.

<sup>90</sup> Ibid.

**Gender**

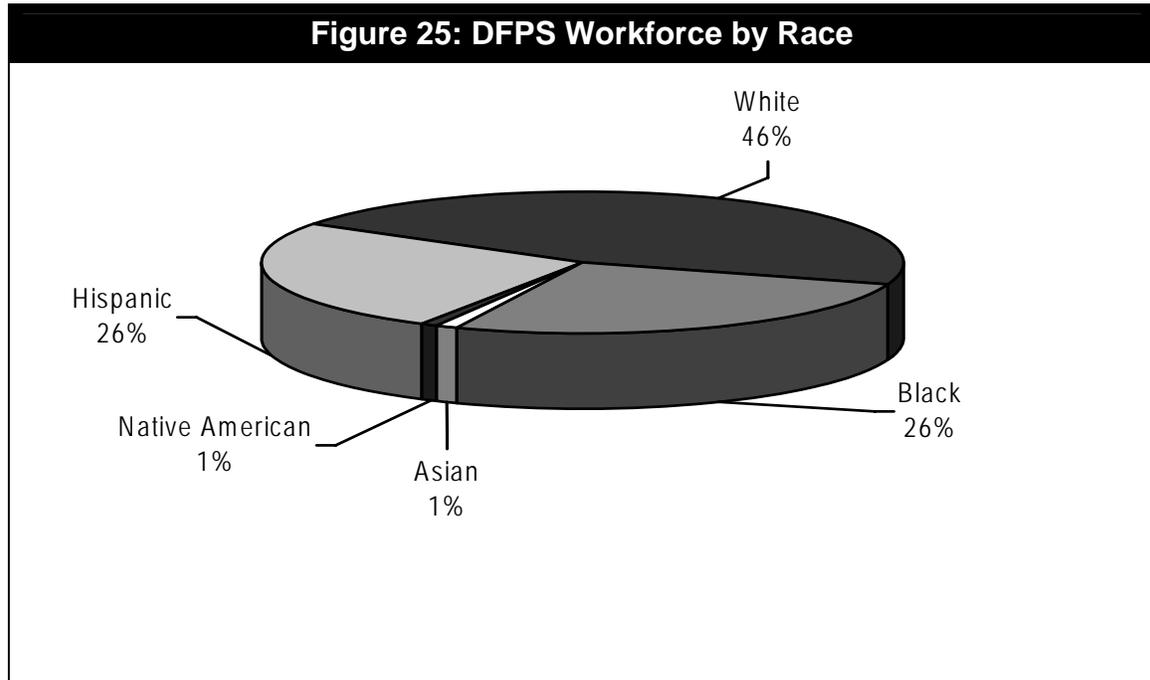
Females make up 83 percent of the agency workforce.<sup>91</sup>



<sup>91</sup> HHSAS Database, as of 8/31/07.

**Race**

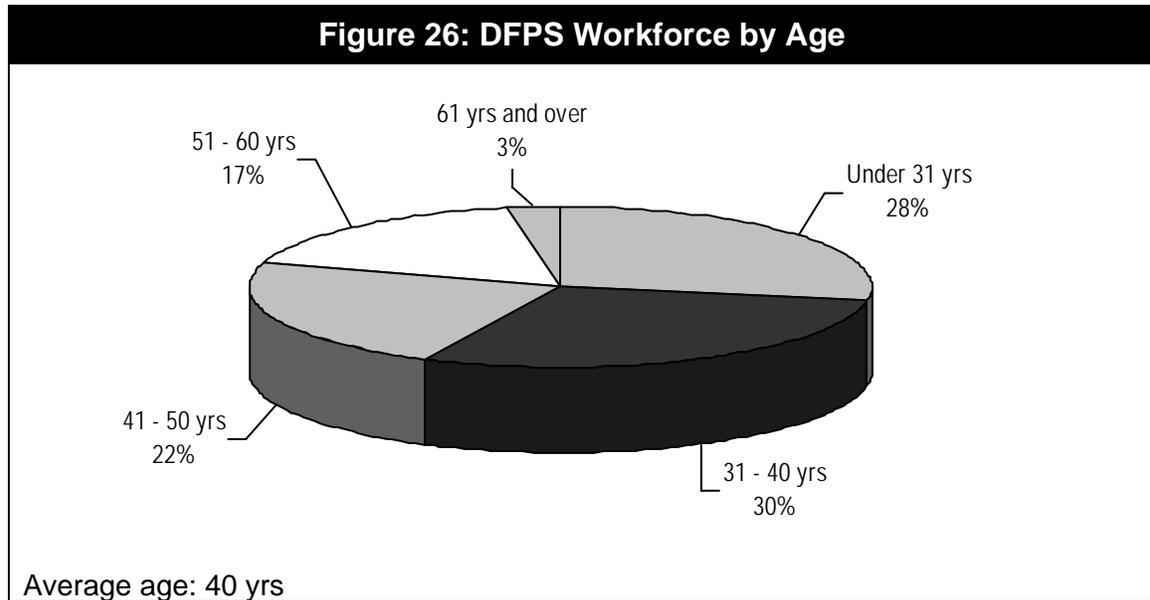
White employees represent the largest racial group at 46 percent, followed by Black employees at 26 percent and Hispanic employees at 26 percent.<sup>92</sup> The agency encourages diversity in its workforce, which is supported by its hiring practices.



<sup>92</sup> HHSAS Database, as of 8/31/07.

## **Age**

Of all HHS agencies, DFPS has the youngest workforce. Approximately 28 percent of the DFPS workforce are 30 years or younger. The average age of a DFPS employee is 40 years.<sup>93</sup>



## **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.<sup>94 95</sup>

<sup>93</sup> HHSAS Database, as of 8/31/07.

<sup>94</sup> DFPS workforce data – HHSAS Database, as of 8/31/07.

<sup>95</sup> 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 16: DFPS Utilization Analysis Results**

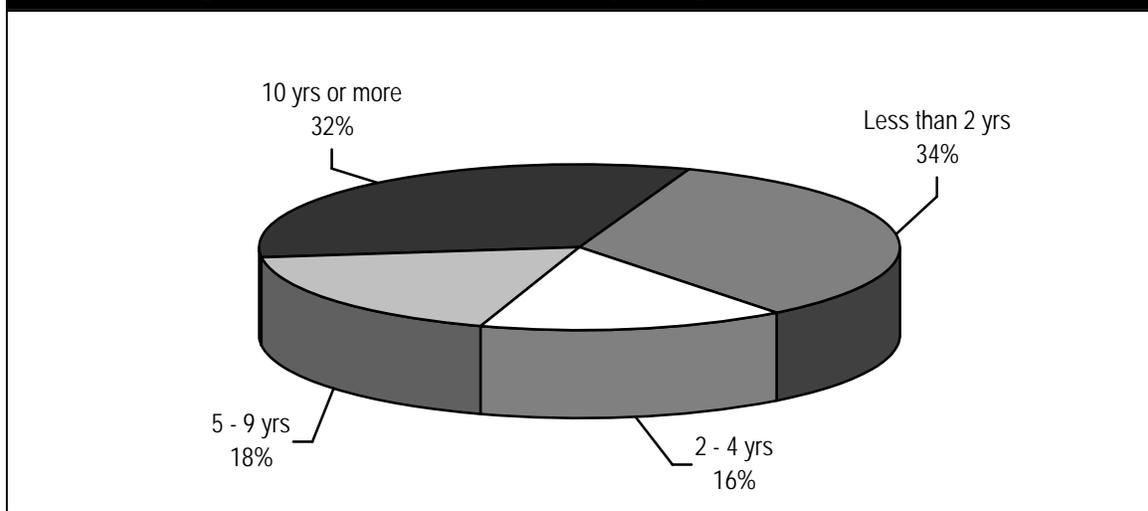
Job Category	Black			Hispanic			Female		
	DFPS %	CLF %	Underutilization (If Yes, # needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	12.6%	7.2%	No	17.0%	12.3%	No	71.9%	32.6%	No
Professionals	21.3%	9.4%	No	21.4%	11.6%	No	76.3%	49.0%	No
Technicians	26.2%	13.9%	No	27.7%	19.7%	No	52.3%	42.1%	No
Protective Service	29.2%	18.0%	No	24.3%	23.1%	No	83.1%	21.6%	No
Para-Professionals	30.9%	14.3%	No	36.8%	25.7%	No	91.6%	56.3%	No
Administrative Support	25.0%	19.4%	No	35.9%	26.8%	No	95.5%	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 34 percent have less than two years of state service.<sup>96</sup>

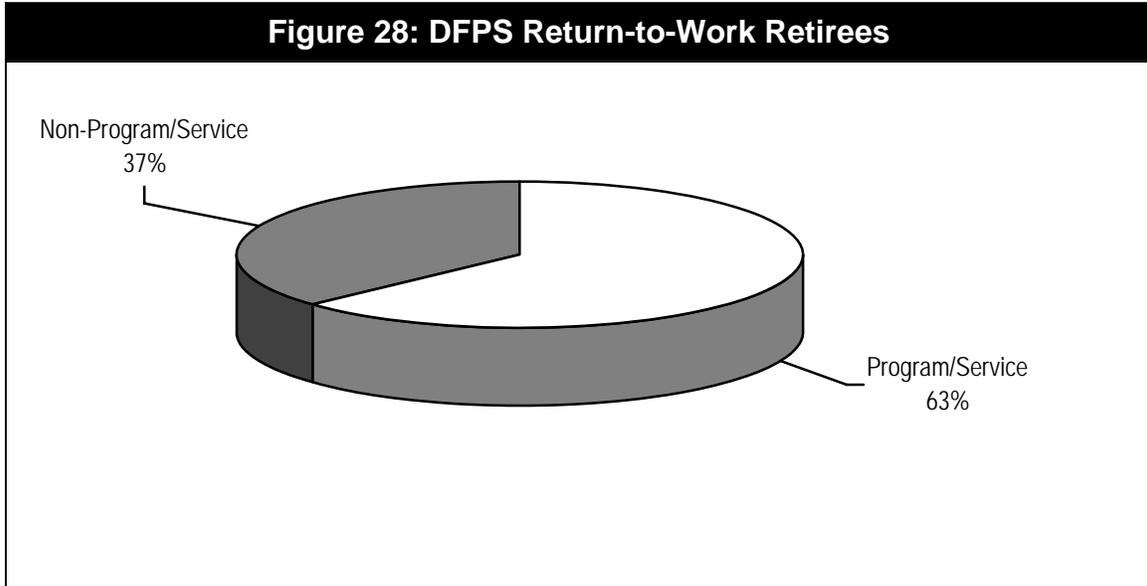
**Figure 27: DFPS Workforce by Length of State Service**



<sup>96</sup> HHSAS Database, as of 8/31/07.

**Return-to-Work Retirees**

DFPS employs 262 return-to-work retirees. The majority of these retirees (191 employees or 63 percent) work in the program/service related areas.<sup>97</sup>



<sup>97</sup> HHSAS Database, as of 8/31/07.

## TURNOVER

The turnover rate during fiscal year 2007 was 23.2 percent, the third highest of all HHS agencies. This rate is significantly higher than the statewide turnover rate of 17.4 percent.<sup>98</sup> The majority of these separations (approximately 90 percent) were voluntary separations from state employment.<sup>99</sup>

<b>Table 17: Reason for Separation</b>	
Reason	Percentage <sup>100</sup>
<b>Voluntary Separations</b>	
Personal reasons	73.1%
Transfer to another agency	12.0%
Retirement	5.1%
<b>Involuntary Separations</b>	
Termination at Will	1.3%
Resignation in Lieu	3.6%
Dismissal for Cause	4.5%
Reduction in Force	0.0%

Employees performing core agency duties in CPS positions (CPS Specialists and CPS Investigators) experienced the highest combined turnover during fiscal year 2007 with 34.3 percent, followed by SWI Workers at 27.9 percent, APS Workers at 17.8 percent and CCL Workers at 16.7 percent.<sup>101</sup>

<sup>98</sup> State Auditor's Office (SAO) FY 2007 Turnover Statistics.

<sup>99</sup> Ibid.

<sup>100</sup> Death accounted for .4% of separations.

<sup>101</sup> HHSAS Database, as of 8/31/07.

<b>Table 18: FY 07 Turnover for Significant Job Classes</b>		
<b>Job Title</b>	<b>Average Annual Headcount</b>	<b>Turnover Rate</b>
CPS Investigators	1,853.8	39.5%
Auditors	3.3	30.8%
CPS Specialists	2,223.3	29.9%
SWI Workers	318.8	27.9%
Contract Specialists	90.0	23.3%
System Support Specialists	60.3	19.9%
Attorneys	75.8	18.5%
APS Workers	343.0	17.8%
Network Specialists	11.3	17.8%
Clerical Workers	1127.8	17.5%
Budget Analysts	23.3	17.2%
CCL Workers	449.0	16.7%
System Analysts	102.5	16.6%
Quality Assurance Specialists	30.5	16.4%
Human Services Technicians	678.5	16.4%
Human Services Specialists	67.3	16.4%
Director / Managers	141.3	13.5%

## RETIREMENT PROJECTIONS

Currently, over five percent of the DFPS workforce is eligible to retire from state employment. Over the next five years, approximately 14.5 percent of the DFPS workforce will reach retirement eligibility. This is the lowest projected percentage of all HHS agencies.<sup>102</sup>

Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2007	512	5.2%
2008	655	6.7%
2009	839	8.6%
2010	1,026	10.5%
2011	1,204	12.3%
2012	1,418	14.5%

## EXPECTED WORKFORCE CHALLENGES

There are almost 300,000 Child, Family and School Social Workers in the US, with a projected 19.1 percent increase in job openings by the year 2016.<sup>103</sup>

Following two years of comprehensive agency reform, the 80<sup>th</sup> Legislature (Regular Session, 2007) continued its support of ongoing improvements of DFPS. The Legislature appropriated approximately \$2.6 billion to DFPS for the fiscal year 2008-09 biennium operating budget, an 18.3 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 79<sup>th</sup> Legislature (Regular Session, 2005) for Child Protective Services Investigation Caseworkers and Supervisors.

DFPS was provided with many new resources to continue agency reform, lower caseloads and make other improvements. The agency will hire an additional 1,335 staff, with the vast majority to be hired during fiscal year 2008. The agency was allocated 985 new positions during fiscal year 2008 and another 350 during fiscal year 2009. Hired staff will include:

- ◆ 501 Conservatorship staff (including 372 Conservatorship caseworkers);

<sup>102</sup> HHSAS Database, as of 8/31/07.

<sup>103</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

- ◆ 348 Family Based Safety Services staff (including 212 caseworkers);
- ◆ 84 Family Group Decision Making staff;
- ◆ 89 Kinship staff (including 69 Kinship workers);
- ◆ 86 Residential Child Care Licensing staff (including 40 workers);
- ◆ 34 Legal staff; and
- ◆ 21 contracting staff.

Retaining these 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 or are 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.

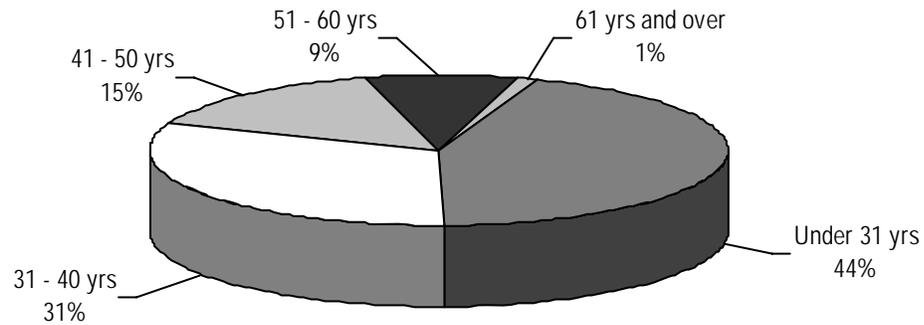
For agency reforms to succeed, DFPS will need to aggressively recruit and retain their Protective Services Workers.

### **Child Protective Service (CPS) Workers**

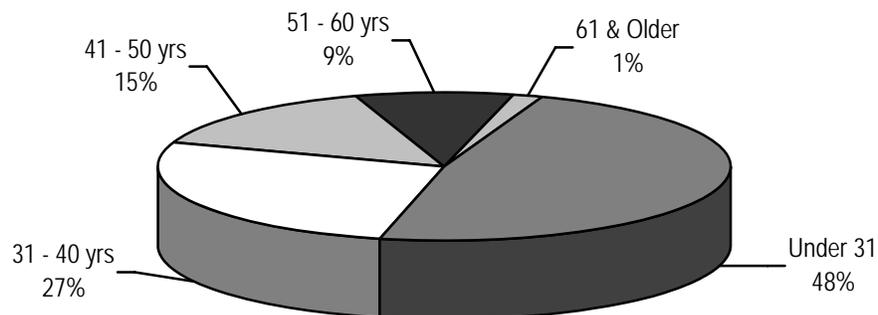
There are 3,896 filled CPS Worker positions (1,758 CPS Investigators and 2,138 CPS Specialists). Turnover with this group of employees is the highest of all job categories, at approximately 34 percent. With an average age of 35 years, CPS Workers are young (nearly half are under 31 years of age) and

have an average of four years of state service.<sup>104</sup> It is difficult to recruit an employee with an aptitude for CPS casework and equally hard to retain them.

**Figure 29: CPS Investigators at DFPS – Distribution of Age**

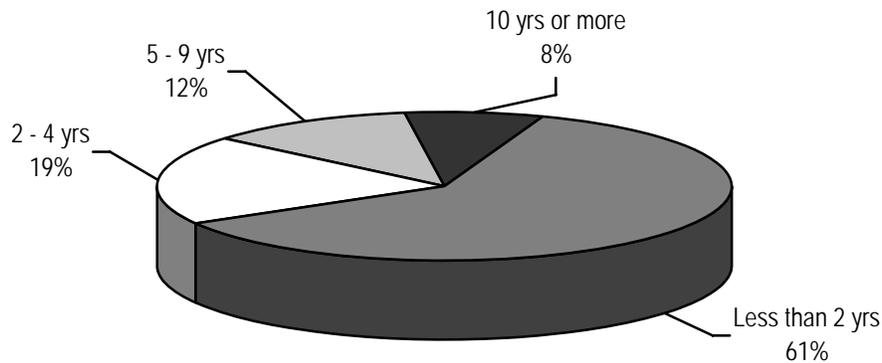


**Figure 30: CPS Specialists at DFPS – Distribution of Age**

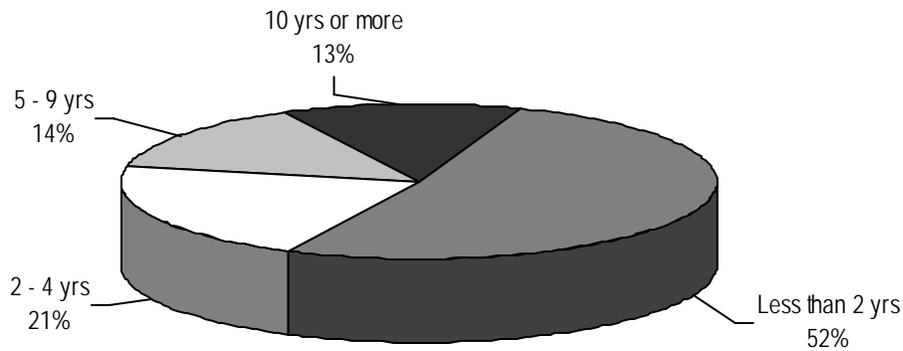


<sup>104</sup> HHSAS Database for FY 2007.

**Figure 31: CPS Investigators at DFPS – Length of Service**



**Figure 32: CPS Specialists at DFPS – Length of Service**



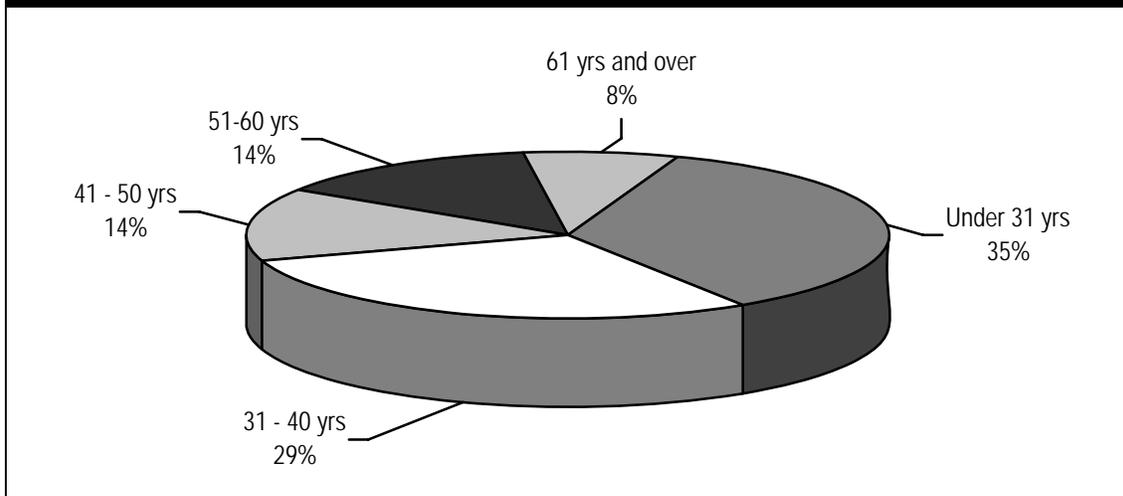
**Statewide Intake Workers (SWIs)**

There are approximately 295 SWI Workers with DFPS. With an average age of about 39, approximately 35 percent are under 31 years of age. SWI Workers have an average of 7.3 years of state service, with approximately 31 percent having less than two years of state service.

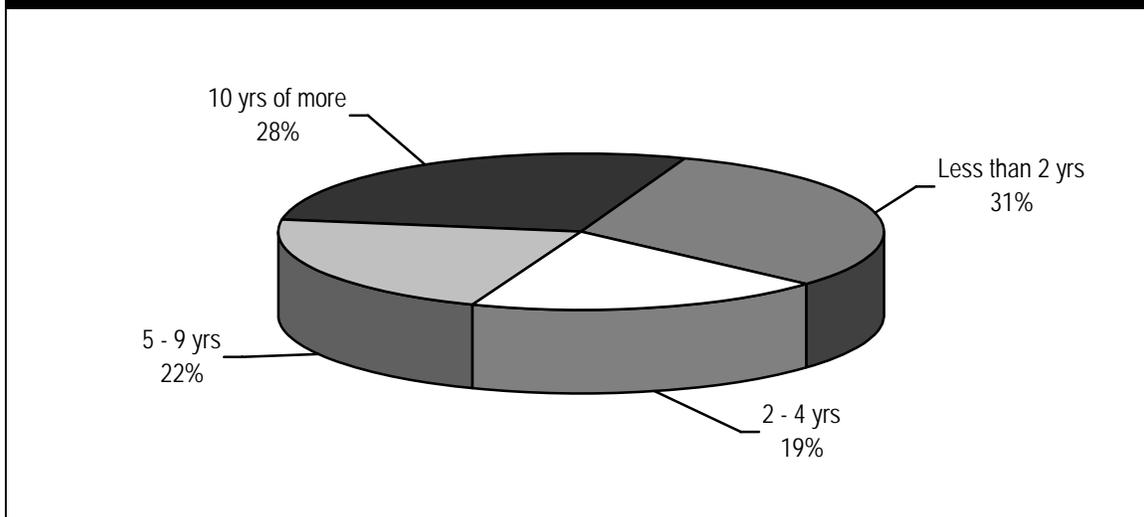
Turnover for SWI Workers is considered high at approximately 28 percent.<sup>105</sup>

<sup>105</sup> HHSAS Database, as of 8/31/07.

**Figure 33: SWI Workers at DFPS – Distribution of Age**



**Figure 34: SWI Workers at DFPS -- Length of State Service**



**Child Care Licensing (CCL) Workers**

There are over 450 CCL Workers with DFPS. The typical employee in the job is 41 years old and has an average of 10 years of state service.<sup>106</sup>

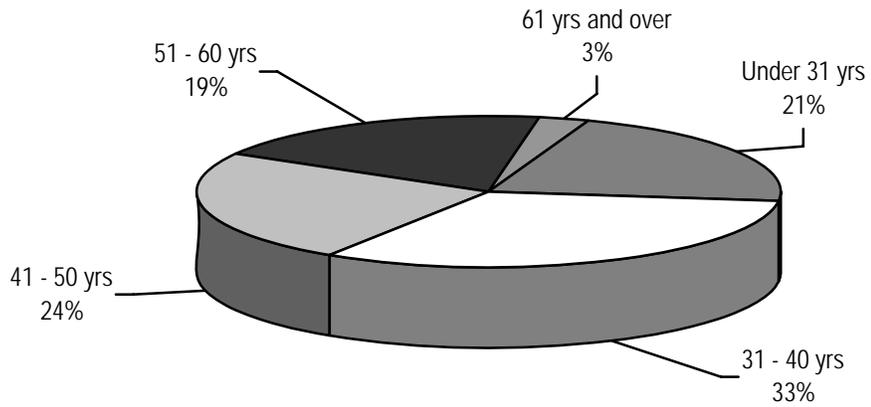
During fiscal year 2007, turnover for CCL Workers was 16.3 percent, slightly under the state average of 17.4 percent.<sup>107 108</sup>

<sup>106</sup> Ibid.

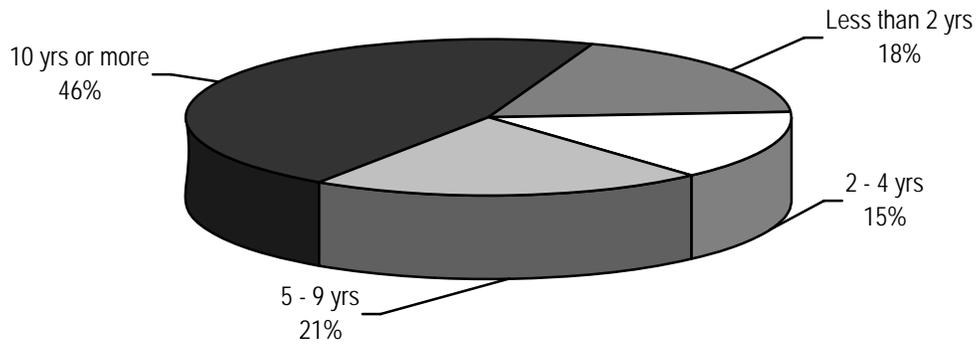
<sup>107</sup> HHSAS Database, as of 8/31/07.

<sup>108</sup> State Auditor's Office (SAO) FY 2007 Turnover Statistics.

**Figure 35: CCL Workers at DFPS – Distribution of Age**



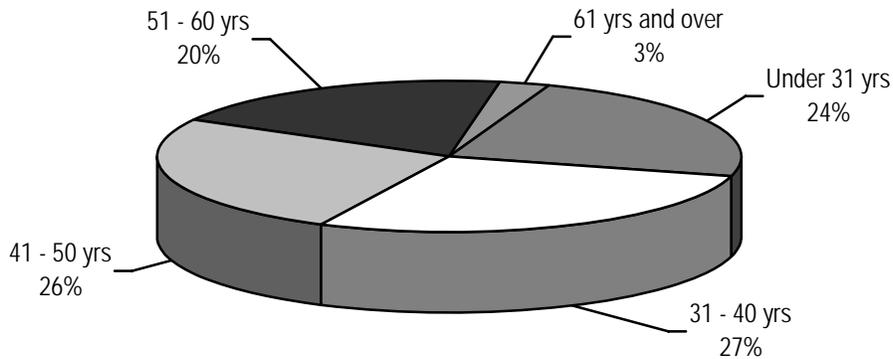
**Figure 36: CCL Workers -- Length of State Service**



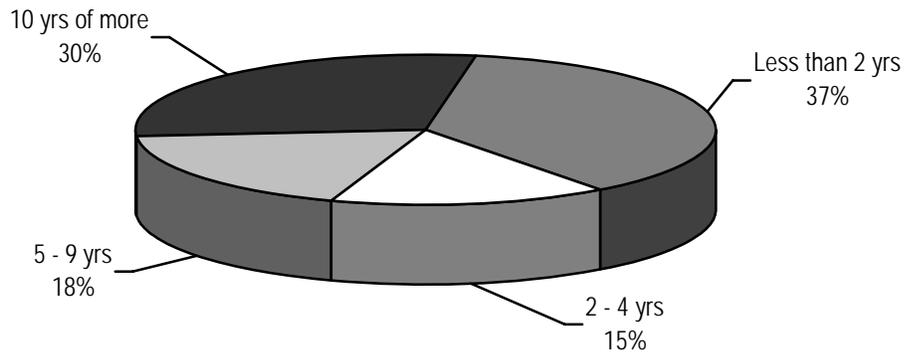
### **Adult Protective Services (APS) Workers**

There are around 650 APS Workers with DFPS. The typical APS worker is 41 years of age and has an average of 7.2 years of state service. Over a third of the group has less than two years of state service.<sup>109 110</sup>

**Figure 37: APS Workers at DFPS – Distribution of Age**



**Figure 38: APS Workers at DFPS -- Length of State Service**



During fiscal year 2007, APS Worker turnover reached 17.8 percent, slightly above the state average of 17.4 percent.<sup>111 112</sup>

<sup>109</sup> HHSAS Database, as of 8/31/07.

<sup>110</sup> Ibid.

<sup>111</sup> Ibid.

<sup>112</sup> State Auditor's Office (SAO) FY 2007 Turnover Statistics.

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**<sup>113</sup>

- ◆ Continue monitoring caseworker positions that are not filled in a timely manner and work with program management and hiring staff to address any barriers to efficient hiring.
- ◆ Continue to hire persons with law enforcement experience as senior CPS investigators to improve investigations and to train other caseworkers on forensic techniques. These investigators will support investigation caseworkers in interviewing victims and suspected perpetrators, evidence gathering and coordination of criminal and civil case actions. This will help reduce investigation time needed to complete an investigation.
- ◆ Continue to recruit and hire new employees who have the necessary qualifications and skills to be successful.
- ◆ 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 implement and evaluate improvements to the DFPS hiring process of direct delivery caseworkers recommended by the Improve Hiring workgroup, as outlined in the Workforce Stabilization and Retention Initiative.
- ◆ Continue to work with the Texas Higher Education Coordinating Board to develop strategies to enhance the curriculum in institutions of higher education related to APS functions.

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<sup>113</sup> Some of the strategies are contingent on funding approval.

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- ◆ Continue to attend job fairs, use local and national recruiting websites, use perpetual postings and provide interested applicants with a realistic job preview of what it takes to be a successful CPS caseworker.
- ◆ Continue to use the following targeted employment selection devices:
  - A pre-screening test for job applicants to assess skills and performance capabilities.
  - A behavioral description interview guide, geared at assessing how each candidate would respond to real life work situations.
- ◆ Continue to monitor and evaluate the recent expansion of pre-employment testing (PET) to the Child Care Licensing (Daycare and Residential) and Statewide Intake programs.
- ◆ Continue efforts to recruit bilingual workers.
- ◆ Provide recruitment tools that depict a realistic, yet compelling, view of front-line protective services work.
- ◆ Continue to provide a \$5,000 annual stipend to investigation caseworkers and supervisors.
- ◆ Offer recruitment bonuses for CPS, APS and CCL positions.

### **Retention Strategies**<sup>114</sup>

- ◆ Complete the development and deployment of a new CPS Basic Skills Development (BSD) training course for new caseworkers based on an updated job and task analysis. The revised training will give graduates the requisites skills, knowledge and abilities to do their jobs.
- ◆ Continue to reduce CPS and APS caseloads for individual caseworkers.
- ◆ Continue to increase CPS Caseworker and supervisor salaries and pursue appropriate job classifications and pay structure.
- ◆ Expand structures proven to help address staff burnout and stress.
- ◆ Expand supervisory development, training and support to increase the focus on human resource management.

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<sup>114</sup> Some of the strategies are contingent on funding approval.

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- ◆ Expand the mission of the DFPS Tomorrow program to include preparation for supervision roles.
- ◆ Provide tools for supervisors to recognize and reward their staff. Continue the development of appropriate performance expectations for all positions, describing what “good” performance entails and recognizing good performance.
- ◆ Continue to provide merit salary increases to recognize employees for jobs well done in supporting the delivery of services to consumers.
- ◆ Evaluate the addition of a pay differential to staff at the Statewide Intake hotline who work the hard-to-fill overnight and weekend shifts.
- ◆ Explore a tiered approach to compensation for newly hired staff, as well as continuing stipends to encourage APS caseworkers to attain a higher level of education in APS-related fields.
- ◆ Continue to support an organizational culture where good performance by employees is recognized and the opinions of dedicated employees are appreciated.
- ◆ Provide technology to assist in documentation and improve overall caseworker efficiency.
- ◆ Continue using regional, statewide and agency level Program Improvement Committees (PICs) and agency-wide escalation processes to ensure that each employee can continue to have an avenue to articulate their concerns and suggestions, have their issues escalated to the appropriate resolution level in the agency and have a method of tracking his or her issue until a conclusion is reached.
- ◆ Continue to recognize outstanding caseworkers and seek statewide suggestions for content in DFPS Delivers, the agency’s bi-weekly, online Intranet newsletter.
- ◆ Expand the agency-specific questions on the Survey of Organizational Excellence to include questions on employee retention and post the analysis of the survey results on the agencies Intranet.
- ◆ Continue the practice of the agency’s 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.

- ◆ Implement the STARS (Supporting, Training and Retaining Staff) program for all supervisors and caseworkers. This program provides many opportunities for feedback and communication between new workers and supervisors.
- ◆ Provide a continuum of leadership training that begins at the worker level and extends to the executive tiers.
- ◆ Continue the agency's partnership with the University of Texas Protective Services Training Institute (PSTI), which provides ongoing continuing education and certification of workers and supervisors and develop new training that will address issues that impact retention and turnover.
- ◆ Continue training agency supervisors/managers/leaders to perform their job duties and support their staff by strengthening their understanding of leadership and retention.
- ◆ Add "peer trainer" positions.
- ◆ Continue to enhance the work environment for staff by:
  - replacing outdated computer equipment;
  - providing tablet PCs to facilitate timely and accurate data entry and improve the quality of assessments and decision making;
  - expanding office space; and
  - developing an internal formalized process for requesting flex schedules, compressed workweeks and part-time and job-sharing opportunities.
- ◆ Award retention bonuses to APS, CCI, CPS, SWI and CCL caseworker staff.
- ◆ Discontinue use of the Protective Services Specialist I (B5) series in APS and SWI hires. The new entry level would be the Protective Services Specialist II (B6) level.

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 3,000 DARS employees, in offices throughout the state, work to improve the quality of the lives of Texans with disabilities.<sup>115</sup>

### **CORE BUSINESS FUNCTIONS**

DARS provides services to consumers through the following program areas:

- ◆ 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 equal access for people who are deaf or hard of hearing.

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<sup>115</sup> HHSAS Database, as of 8/31/07.

- 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.
- Comprehensive Rehabilitation Services. Program staff assist persons with spinal cord and 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.
- ◆ 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 to 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 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 mental health/mental retardation community centers, school districts, education service centers and private non-profit organizations.

## WORKFORCE DEMOGRAPHICS

DARS is the smallest agency in the HHS System. DARS currently employs approximately 3,000 full and part-time employees, with the majority of DARS employees (2,577 employees or 82 percent) assigned to offices throughout Texas.<sup>116</sup> The remaining 554 employees, or 18 percent, are assigned to Central Office in Austin.<sup>117</sup> To better understand the agency's unique workforce, the following demographic categories are examined:

### Job Families

About 89 percent of DARS employees (2,734 employees) work in 10 job families, with the largest number of employees in Vocational Rehabilitation Counselor positions (649 employees or 21 percent).<sup>118</sup>

Job Title	Number of Employees	Average Salary
Vocational Counselors	649	\$43,720
Clerical Workers	548	\$33,850
Claims Examiners	498	\$44,939
Rehabilitation Svcs Technicians	358	\$32,905
Program Specialists	286	\$57,888
Managers	148	\$68,833
System Analysts	68	\$59,237
Staff Services Officers	63	\$44,848
Rehabilitation Teachers	62	\$34,446
Human Services Specialists	54	\$37,862

### Salary

DARS employees earn an average annual salary of \$44,498.<sup>119</sup>

<sup>116</sup> HHSAS Database, as of 8/31/07.

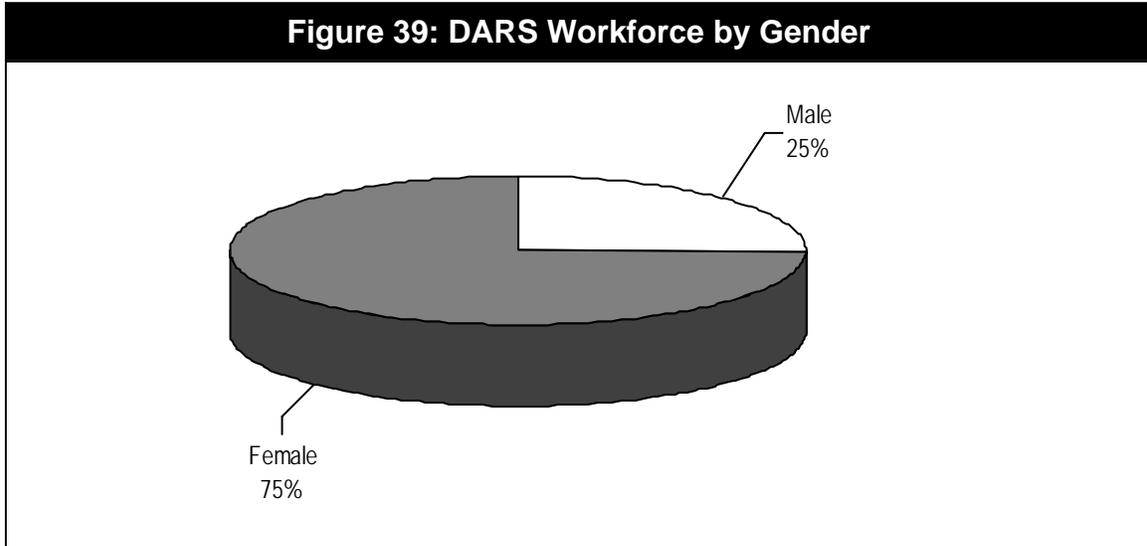
<sup>117</sup> Ibid.

<sup>118</sup> Ibid.

<sup>119</sup> Ibid.

**Gender**

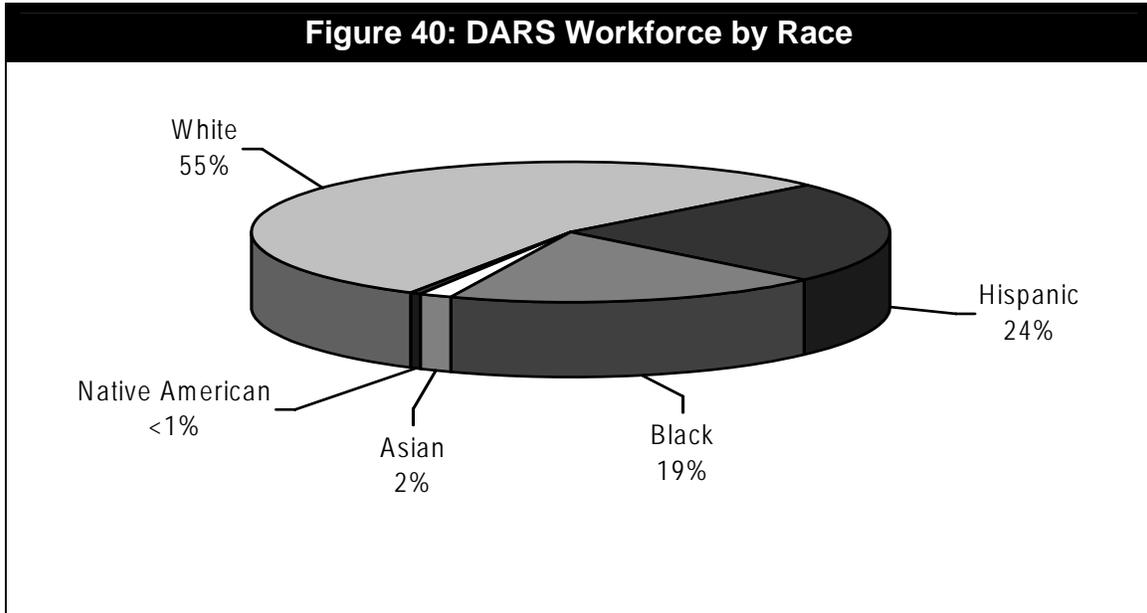
DARS employees are primarily female, representing approximately 75 percent of the agency workforce (2,300 employees).<sup>120</sup>



<sup>120</sup> HHSAS Database, as of 8/31/07.

**Race**

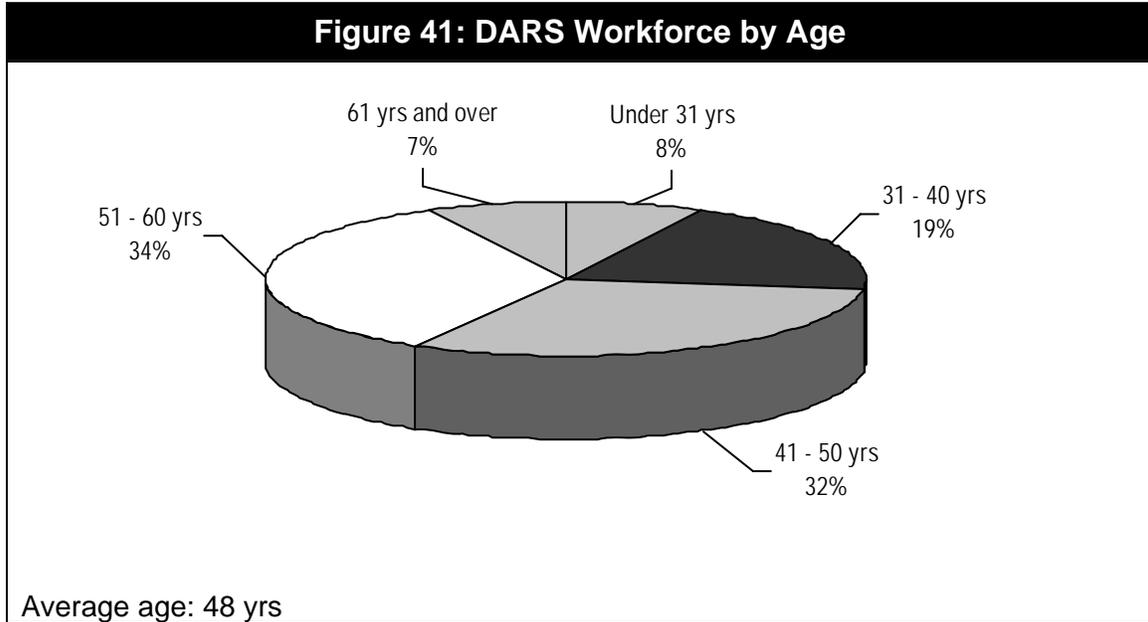
Approximately 1,694 or 55 percent of DARS employees are White, followed by Hispanic employees at 24 percent or 729 employees and Black employees at 19 percent or 592 employees.<sup>121</sup>



<sup>121</sup> HHSAS Database, as of 8/13/07.

**Age**

Over 70 percent of DARS employees are age 41 or older, with the average age being 48 years.<sup>122</sup>



**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 DARS workforce does not reflect underutilization.<sup>123 124</sup>

<sup>122</sup> HHSAS Database, as of 8/13/07.

<sup>123</sup> DARS workforce data –report prepared from HHSAS Database, as of 8/13/07.

<sup>124</sup> 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**

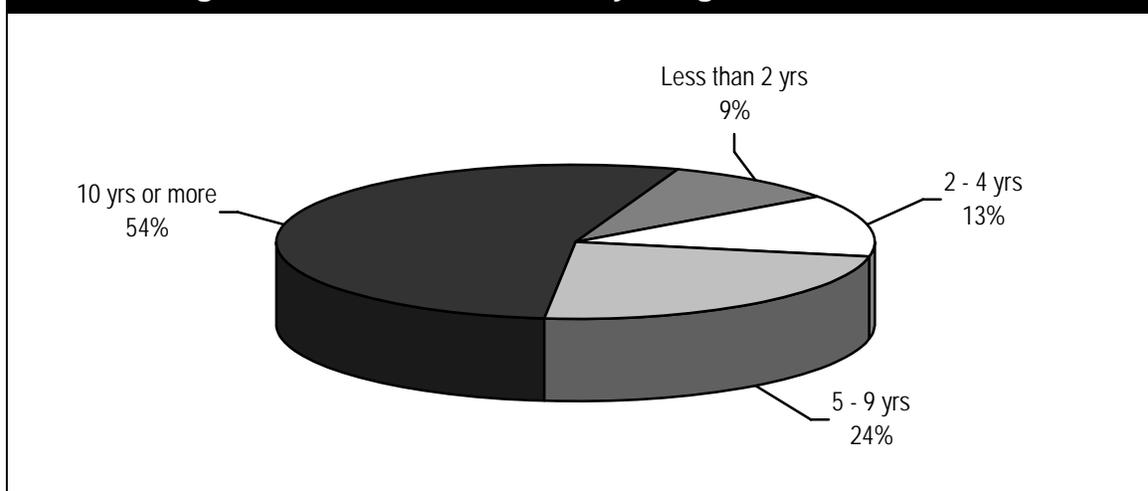
Job Category	Black			Hispanic			Female		
	DARS %	CLF %	Underutilization (If Yes, # needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	11.9%	7.2%	No	12.4%	12.3%	No	45.1%	32.6%	No
Professionals	19.2%	9.4%	No	21.0%	11.6%	No	72.2%	49.0%	No
Technicians	5.6%	13.9%	N/A	33.3%	19.7%	N/A	55.6%	42.1%	No
Protective Service	0.0%	18.0%	N/A	0.0%	23.1%	N/A	0.0%	21.6%	No
Para-Professionals	18.6%	14.3%	No	27.8%	25.7%	No	87.6%	56.3%	No
Administrative Support	21.3%	19.4%	No	37.0%	26.8%	No	92.9%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	66.7%	35.2%	N/A	33.3%	16.5%	No
Service Maintenance	66.7%	20.4%	N/A	0.0%	43.7%	N/A	50.0%	44.4%	No

**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 over half having at least 10 years of state service. Only nine percent of the workforce has less than two years of state service.<sup>125</sup>

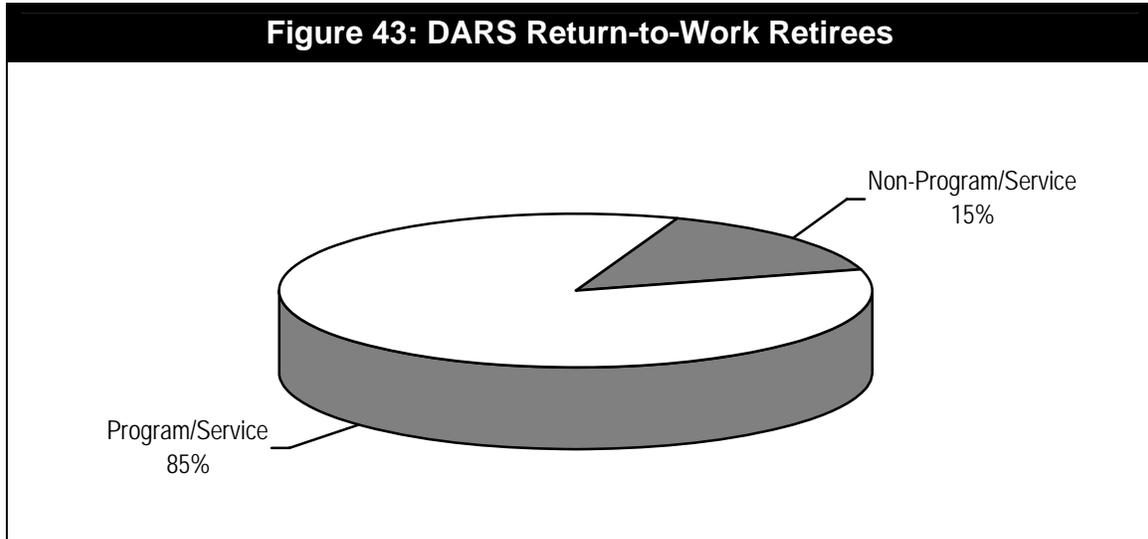
**Figure 42: DARS Workforce by Length of State Service**



<sup>125</sup> HHSAS Database, as of 8/31/07.

**Return-to-Work Retirees**

DARS employs approximately 158 return-to-work retirees, representing about five percent of its total workforce. The majority of these retirees (85 percent) work in program/service related areas.<sup>126</sup>



<sup>126</sup> HHSAS Database, as of 8/31/07.

## TURNOVER

The DARS turnover rate during fiscal year 2007 was 10.7 percent, the lowest of all HHS agencies. This rate is significantly lower than the statewide turnover rate of 17.4 percent.<sup>127</sup> The majority of these separations (approximately 87 percent) were voluntary separations from state employment. This low turnover rate contributes to having a highly tenured, well trained workforce.<sup>128</sup>

**Table 22: Reason for Separation**

Reason	Percentage <sup>129</sup>
<b>Voluntary Separations</b>	
Personal reasons	53.4%
Transfer to another agency	15.7%
Retirement	18.1%
<b>Involuntary Separations</b>	
Termination at Will	0.3%
Resignation in Lieu	2.0%
Dismissal for Cause	6.7%
Reduction in Force	0.9%

System Support Specialist positions had the highest turnover rate during fiscal year 2007 (with three losses or a 20.7 percent turnover rate), followed by Rehabilitation Teachers (with 14 losses or an 18.8 percent turnover rate), Network Specialists (with two losses or a 17.4 percent turnover rate) and Vocational Rehabilitation Counselors (92 losses or a 13.7 turnover rate).<sup>130</sup>

<sup>127</sup> State Auditor's Office (SAO) FY2007 Turnover Statistics.

<sup>128</sup> HHSAS Database, FY 2007 data.

<sup>129</sup> Death accounted for 2.9% of separations.

<sup>130</sup> HHSAS Database, FY 2007 data.

<b>Table 23: FY 07 Turnover for Significant Job Classes</b>		
Job Title	Average Annual Headcount	Turnover Rate
System Support Specialists	14.5	20.7%
Rehabilitation Teachers	74.5	18.8%
Network Specialists	11.5	17.4%
Vocational Rehab Counselors	670.5	13.7%
Training Specialists	23.0	13.0%
Human Services Specialists	447.0	13.0%
Claims Examiners	504.8	9.5%
Case Managers	34.3	2.9%

## RETIREMENT PROJECTIONS

Currently, over 15 percent of the DARS workforce is eligible to retire from state employment. Over the next five years, approximately one third of the DARS workforce will reach retirement eligibility.<sup>131</sup> These eligibility levels are the highest of all HHS agencies.

<b>Table 24: DARS Projected Retirement Eligibility through Rule of 80 (FY 07 – FY 12)</b>		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2007	472	15.3%
2008	573	18.6%
2009	691	22.4%
2010	812	26.3%
2011	927	30.1%
2012	1051	34.1%

## EXPECTED WORKFORCE CHALLENGES

Texas is one of the fastest growing states in the nation. Between July 1, 2006 and July 1, 2007, Texas gained more people than any other state, increasing the Texas population by 500,000.<sup>132</sup> Between 2004 and 2010, the state's population

<sup>131</sup> HHSAS Database, as of 8/31/07.

<sup>132</sup> US Census Bureau, December 22, 2006, on the Internet at <http://www.census.gov/Press-Release/www/releases/archives/population/011109.html> (visited March 10, 2008).

is expected to increase by 2.5 million, or eleven percent. Robust growth is also expected over the long-term. Between 2000 and 2010, total population growth could reach 16 percent and the growth rate could exceed 100 percent between 2000 and 2040, with the population doubling in size.<sup>133</sup>

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.<sup>134</sup> 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 is increasing. Blind and visually impaired students increased by 580 from school year 2003 to 2004.<sup>135</sup>
- ◆ By 2011, the number of Texans potentially eligible for agency services is estimated to increase by more than 50,000 persons. The largest increase is expected in the Vocational Rehabilitation (VR) program population, followed by the age 65 and over group served through the Independent Living (IL) program.

To meet the needs of this expanding population of consumers and to compensate for the potential loss of nearly 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 and Orientation and Mobility Specialists.

### **Vocational Rehabilitation Counselors**

As of November 2006, there were 141,000 rehabilitation counselors in the US. By 2016, this workforce group is expected to increase by 23 percent.<sup>136</sup> Within DARS, 649 Vocational Rehabilitation Counselors are employed in the Division for

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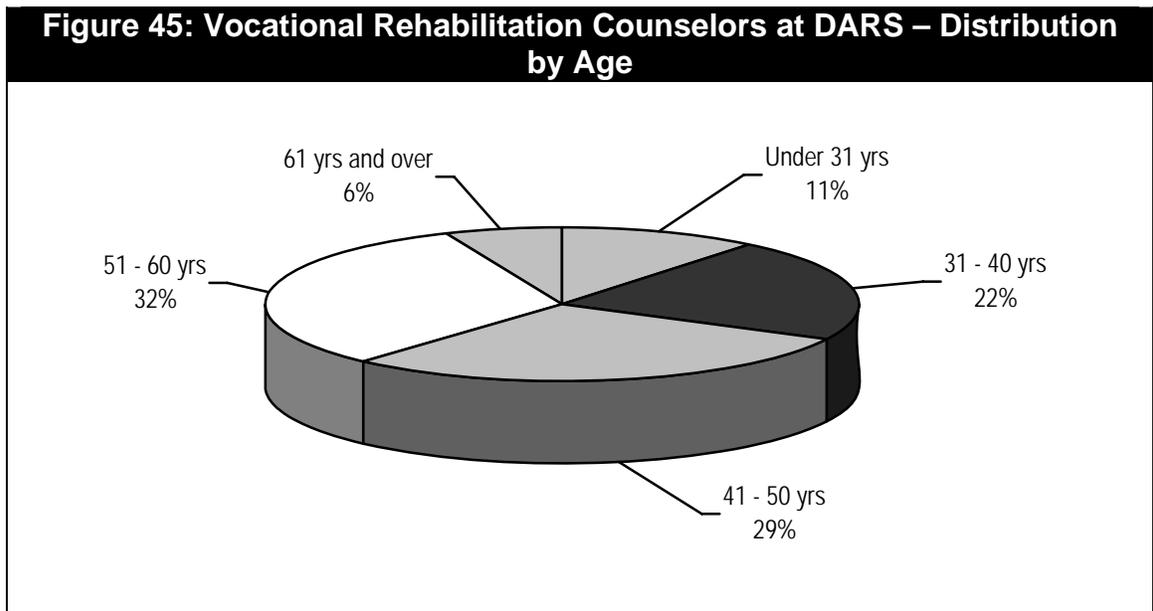
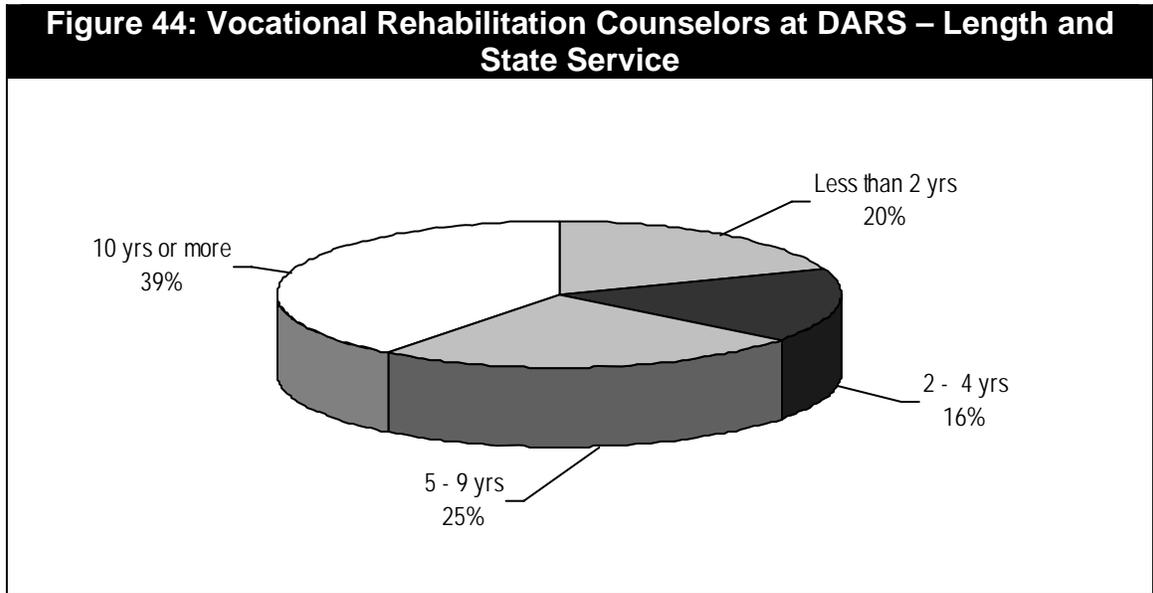
<sup>133</sup> Office of the State Demographer, Texas State Data Center.

<sup>134</sup> Brigitte Volmer, et al., "Predictors of Long-term Outcome in Very Preterm Infants: Gestational Age Versus Neonatal Cranium Ultrasound," *Pediatrics*, November 2003.

<sup>135</sup> Texas Education Agency, Registration Report.

<sup>136</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

Rehabilitative Services (DRS) and the Division for Blind Services (DBS).<sup>137</sup>  
These counselors have an average of 10 years state employment and an average age of approximately 46 years.<sup>138</sup>



This highly skilled and tenured group of employees is also nearing retirement age, with 31 percent of current counselors eligible to retire by the year 2013.<sup>139</sup> To maintain current service levels to the expanding population of consumers, DARS must provide incentives to retain current counselors, provide succession

<sup>137</sup> HHSAS Database, as of 8/31/07.

<sup>138</sup> Ibid.

<sup>139</sup> Ibid.

planning opportunities to develop existing staff and aggressively recruit new counselors.

Nationally, there is a shortage of qualified vocational rehabilitation counselors. In addition, graduate programs are at reported capacity, further reducing the potential applicant pool.

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 rate of 13.7 percent. Though low, this loss rate should be closely monitored to identify any trends that may develop.

### **Claims Examiners**

Within DARS, approximately 498 Claims Examiners are employed in the Division for Disability Determination Services (DDS).<sup>140</sup> DARS Claims Examiners have, on average, about nine years of state service, with an average age of about 43 years.<sup>141</sup> However, only about 19 percent of current examiners will be eligible to retire by the year 2013.

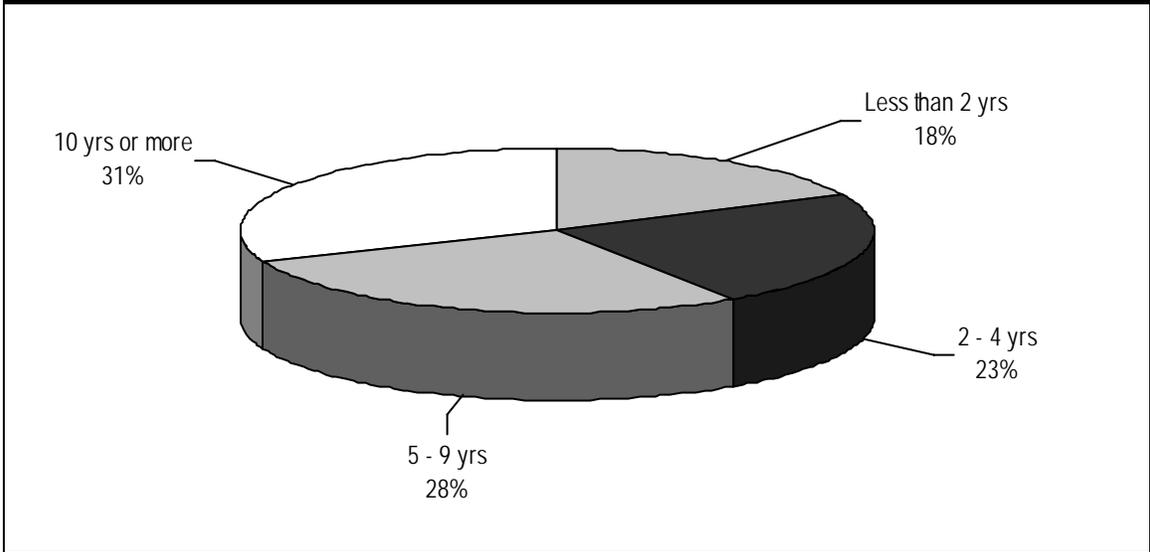
As a group, Claims Examiners are both younger and have less state service than Vocational Rehabilitation Counselors.

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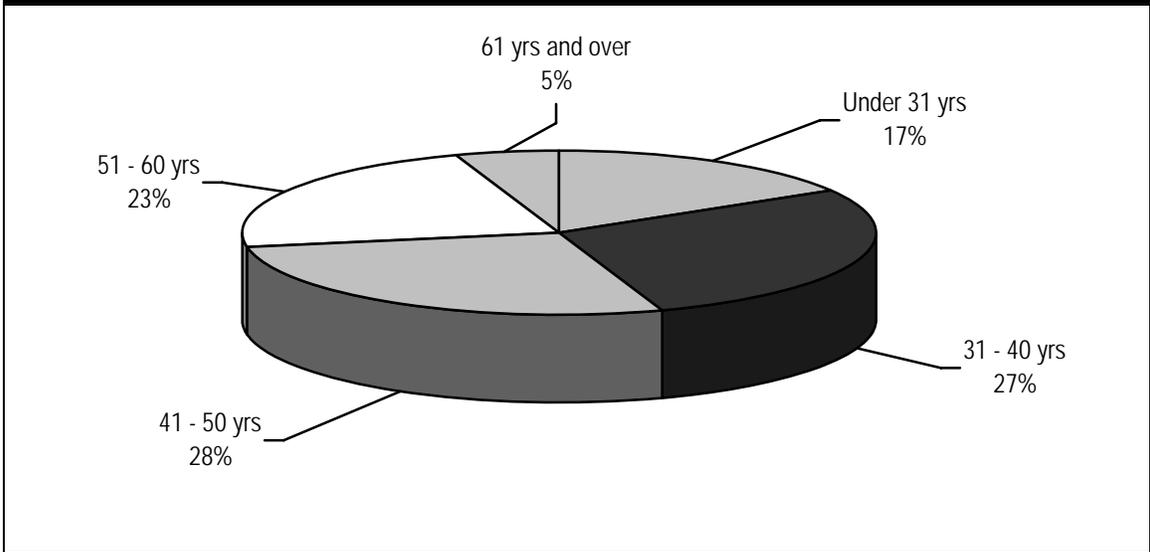
<sup>140</sup> HHSAS Database, as of 8/31/07.

<sup>141</sup> Ibid.

**Figure 46: Claims Examiners at DARS – Length and State Service**



**Figure 47: Claims Examiners at DARS – Distribution by Age**



Entry-level Claims Examiners must have a Bachelors degree and complete a year of training 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 9.5 percent, the vacancies that have occurred tend to remain open for, on average, over two months (74 days).<sup>142</sup>

<sup>142</sup> HHSAS Database, FY 2007 data.

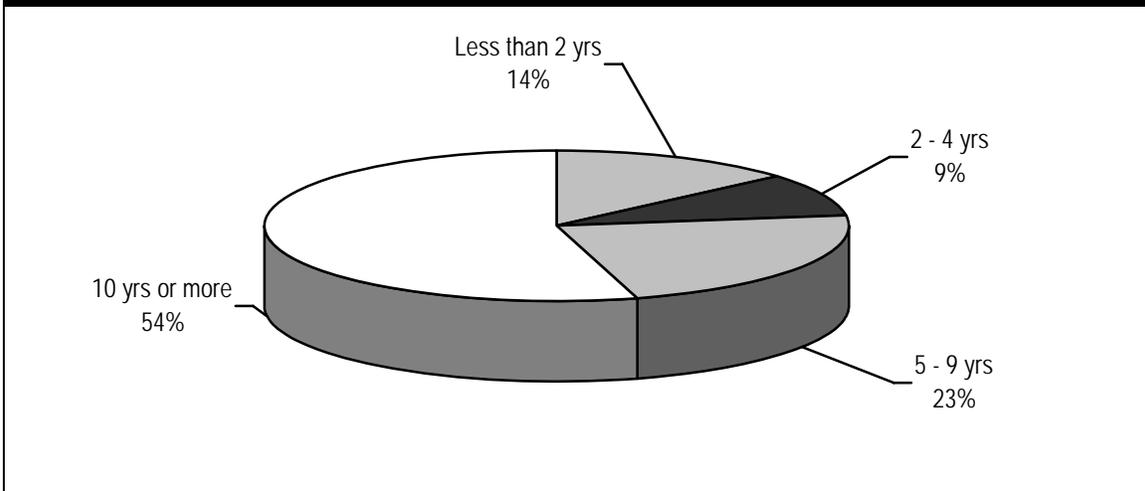
Due to the cost of this extensive training that newly hired examiners must take to become fully competent in their job, continuous monitoring of retention of these employees will remain a priority for agency management.

### **Independent Living Workers**

Within DARS, approximately 22 Case Managers, HHS Program Coordinators, Program Specialists and Rehabilitation Teachers are employed as Independent Living Workers by DARS. 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.

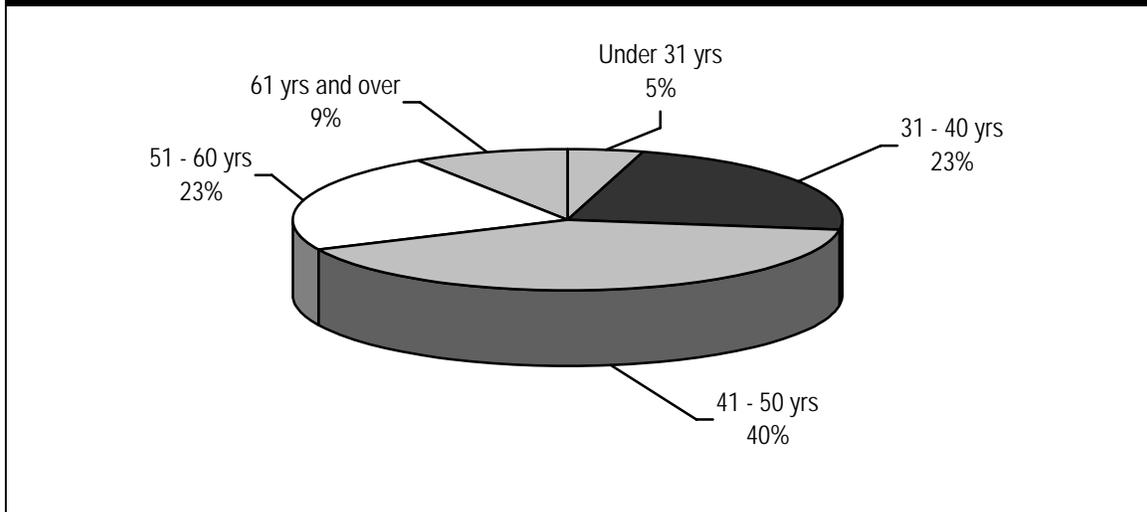
DARS Independent Living Workers have, on average, over 10 years of state service, with an average age of 47.2 years.<sup>143</sup>

**Figure 48: Independent Living Workers at DARS – Length of State Service**



<sup>143</sup> HHSAS Database, as of 8/31/07.

**Figure 49: Independent Living Workers at DARS – Distribution by Age**



Though the turnover rate for Independent Living Workers is low at 8.7 percent, the agency has historically had difficulty recruiting qualified applicants, especially in remote geographic locations, such as Odessa and Wichita Falls.

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.

While only six Independent Living Workers (or 27 percent) will be 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.

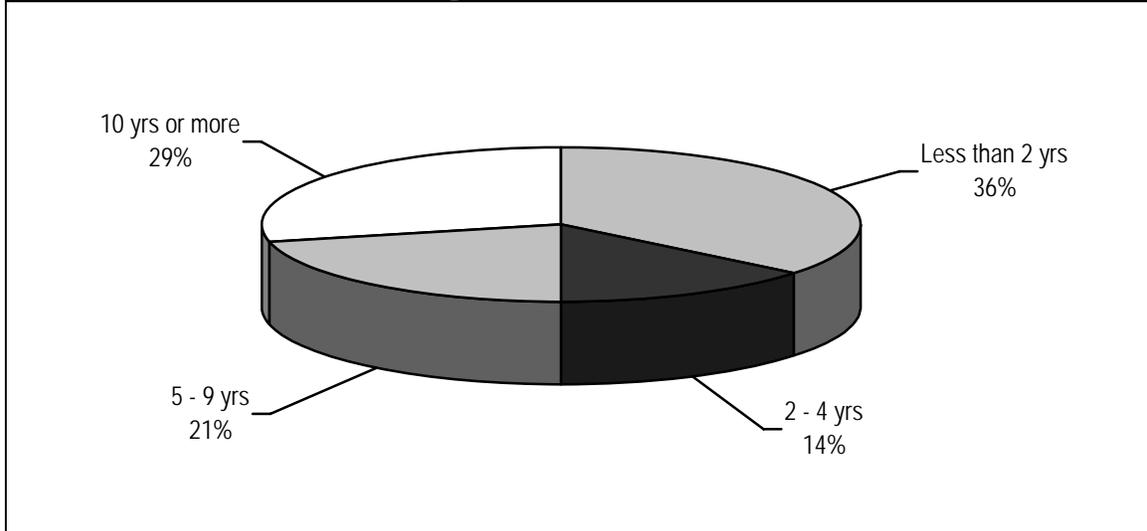
### **Orientation and Mobility Specialists**

Within DARS, approximately 14 Case Managers, HHS Program Coordinators, Human Services Specialists and Rehabilitation Teachers are employed as Orientation and Mobility Specialists by DARS. These highly skilled Specialists teach individuals who are blind or visually impaired to travel safely and independently in a familiar or unfamiliar environment.

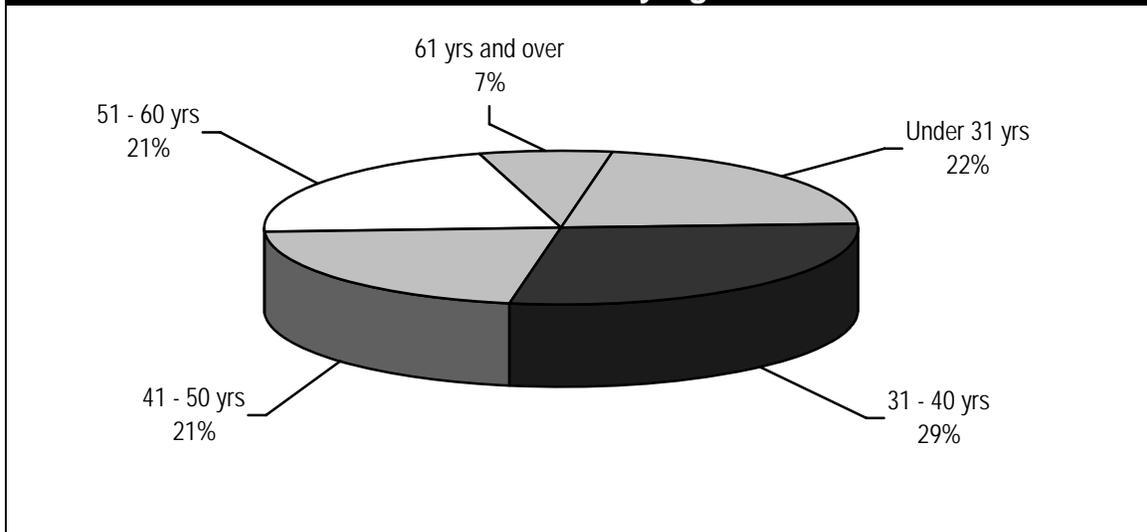
DARS Orientation and Mobility Specialists have, on average, 7.8 years of state service, with an average age of 43.6 years.<sup>144</sup>

<sup>144</sup> HHSAS Database, as of 8/31/07.

**Figure 50: Orientation and Mobility Specialists at DARS  
Length and State Service**



**Figure 51: Orientation and Mobility Specialists at DARS  
Distribution by Age**



While the turnover rate Orientation and Mobility Specialists is low at 7.5 percent, filling these positions has posed a significant challenge for the agency.

In the past year in Austin, the Criss Cole Rehabilitation Center (CCRC) within the Division for Blind Services posted three Orientation and Mobility positions. These positions remained vacant for an average of five months, with the three individuals hired being the only qualified applicants who applied. The shortage of qualified applicants for these positions can be explained by the highly specialized training and professional certification required for this profession, as well as the limited number of university training programs available across the country.

Adding to the shortage of qualified applicants is the intense competition from school districts that provide more flexible hours (189 day schedule versus the agency's 244 plus day schedule; and 7:30 to 3 or 3:30 versus 8-5) and higher entry level pay.

Recruitment of these highly skilled applicants will continue to be a challenge for DARS.

## **DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS**

### **Recruitment Strategies**

- ◆ Continue to allow supervisors to use the full salary range when posting vacant positions, allowing supervisors 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 and establish intern programs and training placement positions for Vocational Rehabilitation Counselors.
- ◆ Contact universities offering accredited programs in areas of need and make site visits and classroom presentations to familiarize prospective graduates of career opportunities.
- ◆ Increase the number of electronic job vacancy notices sent to universities.
- ◆ Continue to use internet job posting/recruitment websites, professional publications, newspapers and trade associations to announce job vacancies.
- ◆ Work with the Social Security Administration on a national recruitment and retention strategy for Disability Determination Services (DDS) nation-wide implementation.
- ◆ Request additional Vocational Rehabilitation Counselor FTEs to meet increased program needs through the legislative appropriations request process.
- ◆ Use a comprehensive recruitment plan that includes:
  - appointing a recruitment coordinator;
  - participating in university advisory committees;

- developing a recruitment and retention tool kit to be used by area managers as a hiring strategy for finding and keeping Vocational Rehabilitation Counselors; and
- reviewing the 2008 Institute on Rehabilitation Issues (IRI) on recruitment and retention of Vocational Rehabilitation Counselors<sup>145</sup> and presenting findings to management.
- ◆ Continue to review current job descriptions to ensure the essential job functions are in alignment with division/programmatic needs and an ever changing environment.
- ◆ Review current entry level job classifications to determine if reclassifications are needed.

### **Retention Strategies**

- ◆ Continue to allow staff to request transfers to other “like positions” within their region and around the state (when in the best interest of the employee and the agency).
- ◆ Consider higher salary reclassification of the following positions: Independent Living Worker, Vocational Rehabilitation Teacher and Blind Children’s Specialist.
- ◆ 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 providing career ladder promotions.
- ◆ Continue to encourage Vocational Rehabilitation Counselors to obtain their Masters degree through financial incentives. When a counselor receives a Master’s degree in Rehabilitation Counseling or a closely related Master’s degree meeting CSPD standards, the counselor is eligible for a one-time merit of up to \$1,500.

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<sup>145</sup> Dew, D. W., Alan, G.M., & Tomlinson, P. (Eds.). (IRI 2008). Recruitment and retention of vocational rehabilitation counselors (Institute on Rehabilitation Issues Monograph No. 33). Washington, DC: The George Washington University, Center for Rehabilitation Counseling Research and Education. Web page <http://library.ncrtm.org/pdf/751.004.pdf>, last accessed on 5/19/08).

- ◆ Continue to encourage professional development through CRC Certification by providing a financial incentive. When a counselor is eligible to take the CRC exam, the agency pays the examination fee and travel expenses to take the exam.
  
- ◆ Develop, implement and make training available to Claims Examiners that focuses on the keys skills of assessing symptoms, credibility of medical information, weighing medical options and analyzing a person's ability to function.
  
- ◆ Develop, implement and make training available to Vocational Rehabilitation staff, to include:
  - providing updated counselor training based on revised Rehabilitation Services Administration policies; and
  - delivering training to counselors that focuses primarily on better upfront planning in the vocational rehabilitation process (specifically, intake, diagnostic interviews and the gathering of necessary documentation – skills needed to make accurate eligibility determinations and comprehensive assessments with the consumer and the planning vocational goals and services).
  
- ◆ Increase Professional Skill Enhancement Training.
  
- ◆ Evaluate the potential of including Claims Examiners in Social Security Administration succession planning/career development training opportunities.
  
- ◆ Fully use available recognition programs and benefits to identify and reward top performers.

Aggressive and creative recruitment and retention strategies will be necessary to ensure the agency maintains a fully employed, qualified workforce.

## ***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 eligible older Texans, individuals with physical disabilities and individuals with intellectual or developmental 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, regulation, certification and outreach services. Functions listed below are provided either by DADS; Mental Retardation Authorities; Area Agencies on Aging; 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 elderly 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
  - Community Attendant Services
  - Day Activity & Health Services

- ◆ **Community Services and Supports – Waiver Programs.** Provides supports and services through Medicaid waivers in homes and community settings which will enable elderly 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.
    - Community Based Alternatives (CBA)
    - Home and Community-based Services (HCS)
    - Community Living Assistance & Support Services (CLASS)
    - Deaf-Blind Multiple Disabilities (DBMD)
    - Medically Dependent Children Program (MDCP)
    - Consolidated Waiver Program (CWP)
    - Texas Home Living Waiver (TxHmL)
  
  - ◆ **Community Services and Supports - Non-Medicaid.** Provides non-Medicaid services and supports in homes and community settings which will enable elderly 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.
    - Non-Medicaid Services
    - Mental Retardation Community Services
    - Promoting Independence Plan
    - In-Home and Family Support
    - Mental Retardation In-Home Services
  
  - ◆ **Program of All-inclusive Care for the Elderly (PACE).** Promotes the development of integrated managed care systems for aged and disabled individuals.
  
  - ◆ **Nursing Facility and Hospice 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 Individual Services
  
  - ◆ **Intermediate Care Facilities - Mental Retardation.** Provides residential services and supports for persons with mental retardation living in intermediate care facilities (ICFs/MR).
  
  - ◆ **Mental Retardation State Schools Services.** Provides specialized assessment, treatment, support and medical services in state school and state center programs for persons with mental retardation.
-

- ◆ **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 elderly persons and persons with disabilities.
  - Central Administration
  - Information Technology Program Support
  - Regional Administration

## WORKFORCE DEMOGRAPHICS

DADS is the largest of the five HHS agencies, employing over 14,100 employees and representing about 30 percent of the HHS workforce.<sup>146</sup> The majority of DADS employees (10,933 employees or 78 percent) are assigned to 11 state schools and one state center, which are 24-hour residential facilities, caring for people with mental retardation and physical disabilities.<sup>147</sup> The remaining 22 percent of DADS employees work in a regional or state office.

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

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<sup>146</sup> HHSAS Database, as of 8/31/07.

<sup>147</sup> Ibid.

**Job Families**

About 84 percent of DADS employees (11,807 employees) work in 10 job families.

<b>Table 25: Largest Program Job Classes and Average Salaries</b>		
<b>Job Title</b>	<b>Number of Employees</b>	<b>Average Salary</b>
Mental Retardation Assistants	5,980	\$20,547
Clerical Workers	1,202	\$25,763
Human Services Specialists	887	\$32,607
Food Service Workers	656	\$18,989
Rehab Therapy Technicians	621	\$21,444
Nurses	609	\$47,017
Program Specialists	621	\$46,378
LVNs	572	\$30,275
Custodians	364	\$18,402
Maintenance Technicians	295	\$25,580

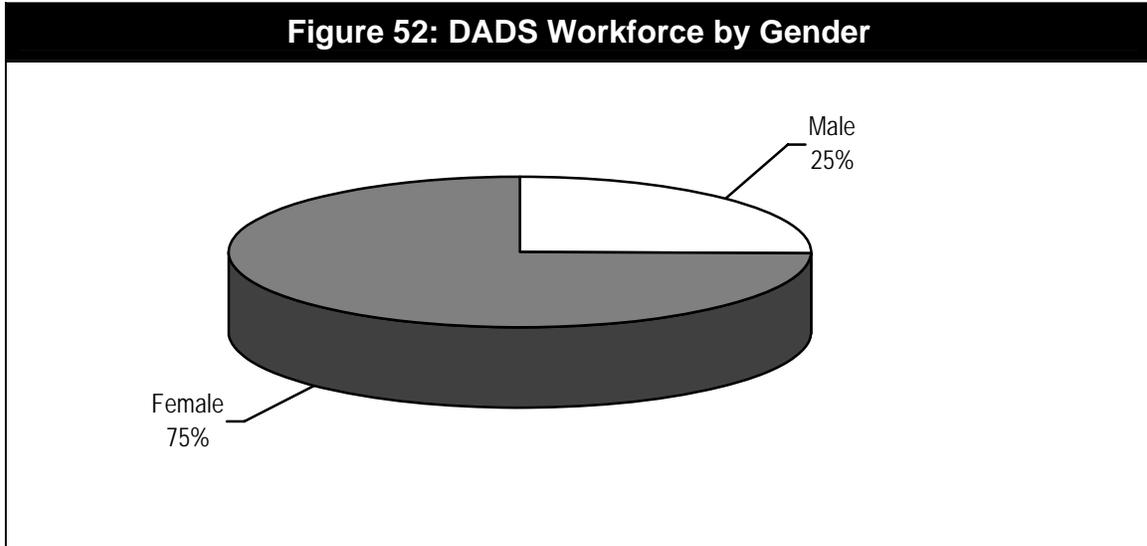
**Salary**

DADS employees, on average, are the lowest paid employees in the HHS System, earning an average annual salary of \$27,919.<sup>148</sup>

<sup>148</sup> HHSAS Database, as of 8/31/07.

**Gender**

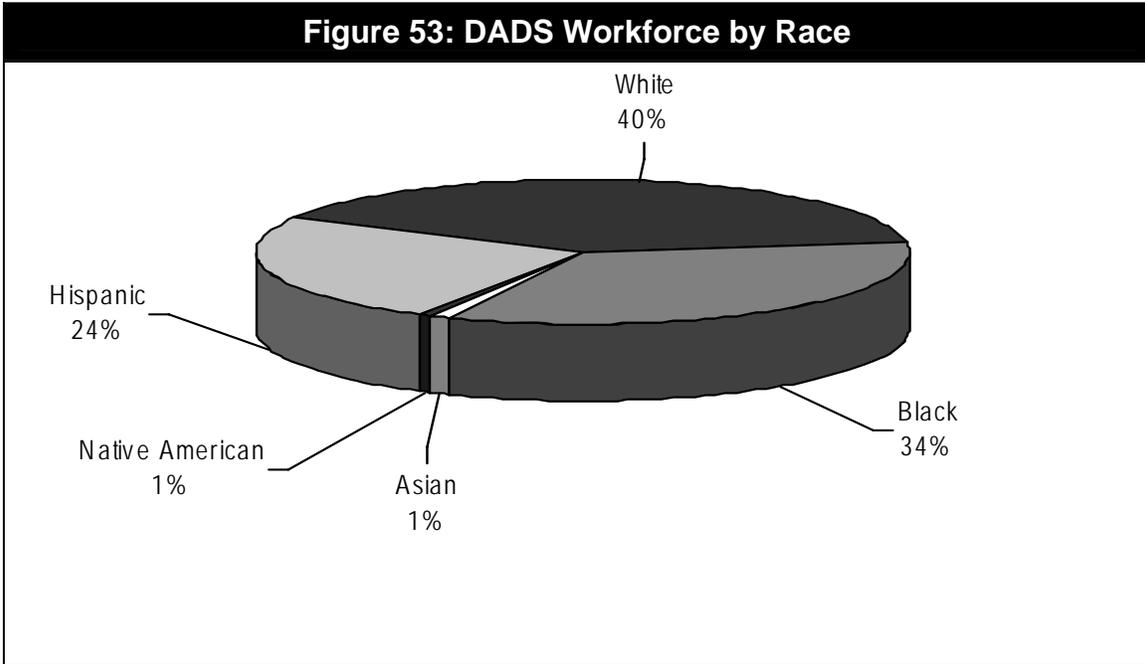
The majority of DADS employees are Female, comprising approximately 75 percent of the workforce (10,555 employees).<sup>149</sup>



<sup>149</sup> HHSAS Database, as of 8/31/07.

**Race**

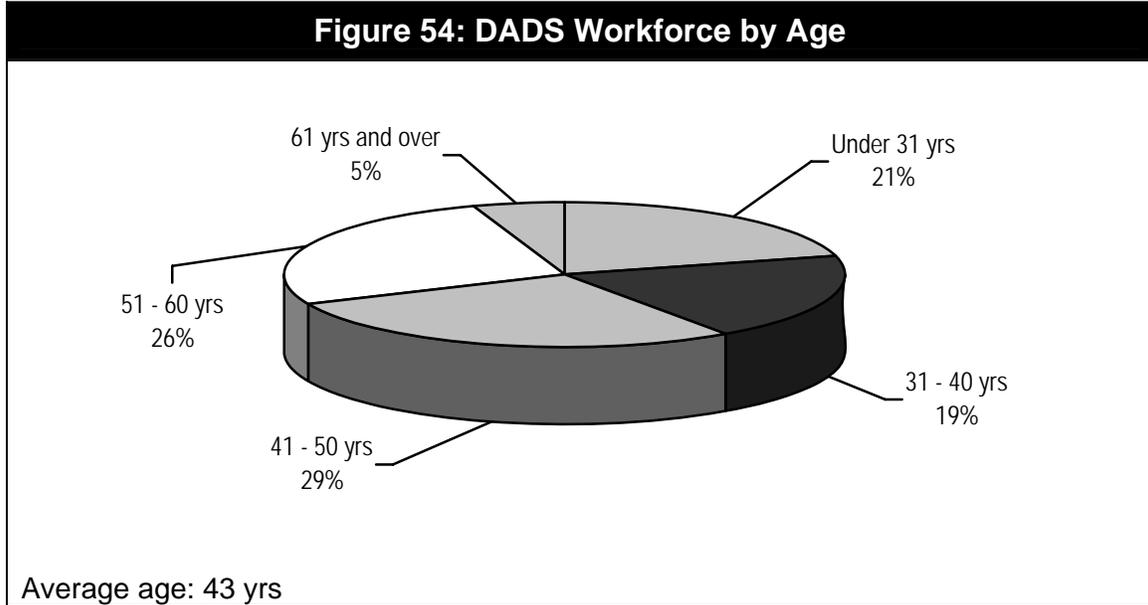
White employees represent the largest racial group at 40 percent, followed by Black employees at 34 percent and Hispanic employees at 24 percent.<sup>150</sup>



<sup>150</sup> HHSAS Database, as of 8/31/07.

## Age

The average age of a DADS employee is 43 years. Sixty percent (60%) of the DADS workforce are 41 years or older.<sup>151</sup>



## 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:

- ◆ Black, Hispanic and Female employees in the Skilled Craft job category; and
- ◆ Hispanic employees in the Service Maintenance job category.<sup>152 153</sup>

<sup>151</sup> HHSAS Database, as of 8/31/07.

<sup>152</sup> DADS workforce data – report prepared from HHSAS Database, 08/31/2007.

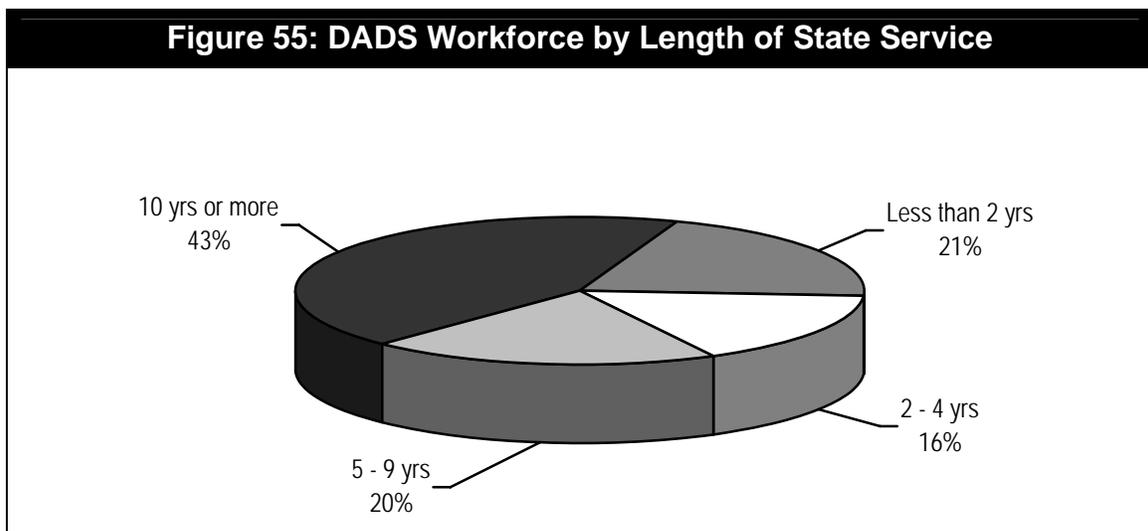
<sup>153</sup> CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 06/08/2005.

<b>Table 26: DADS Utilization Analysis Results</b>									
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	12.5%	7.2%	No	10.2%	12.3%	No	62.5%	32.6%	No
Professionals	17.1%	9.4%	No	23.8%	11.6%	No	75.1%	49.0%	No
Technicians	24.5%	13.9%	No	20.3%	19.7%	No	88.4%	42.1%	No
Protective Service	12.7%	18.0%	No	23.9%	23.1%	No	57.7%	21.6%	No
Para-Professionals	28.5%	14.3%	No	25.3%	25.7%	No	81.5%	56.3%	No
Administrative Support	19.6%	19.4%	No	26.1%	26.8%	No	89.3%	78.8%	No
Skilled Craft	7.1%	14.7%	12	22.8%	35.2%	23	5.2%	16.5%	23
Service Maintenance	47.3%	20.4%	No	24.9%	43.7%	1,304	74.3%	44.4%	No

Specific recommendations concerning identified areas of underutilization and analysis are included in the HHS System Affirmative Action and Recruitment Plan.

**State Service**

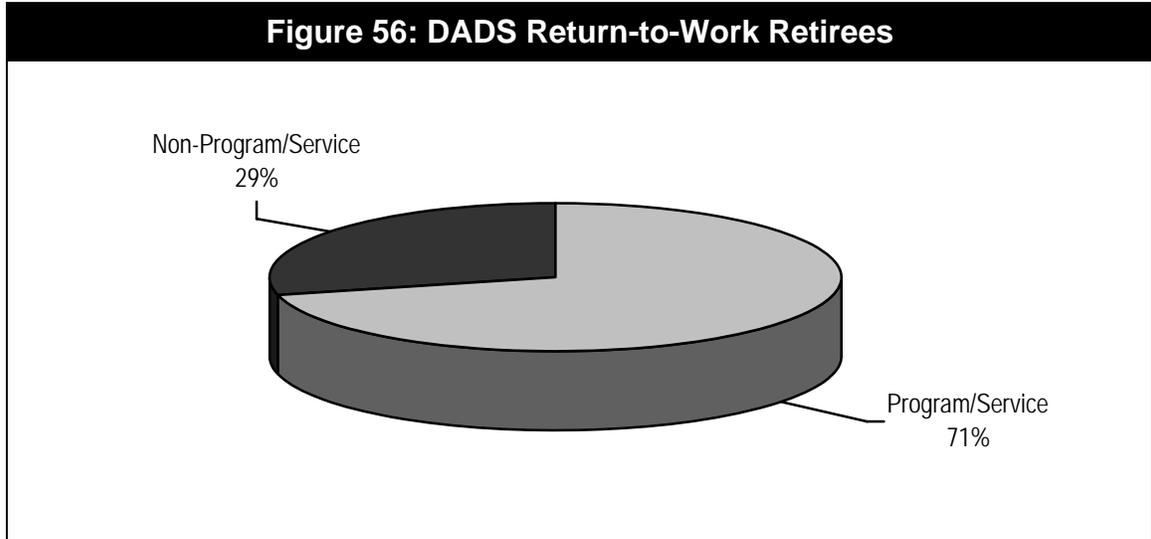
DADS has a fairly tenured workforce with regard to state service, with 43 percent of the workforce having 10 or more years of state service and 57 percent having less than 10 years.<sup>154</sup>



<sup>154</sup> HHSAS Database, as of 8/31/07.

**Return-to-Work Retirees**

DADS employs over 580 return-to-work retirees, representing about four percent of its total workforce. The majority of these retirees (71 percent) work in program/service related areas.<sup>155</sup>



<sup>155</sup> HHSAS Database, as of 8/31/07

## TURNOVER

The DADS turnover rate during fiscal year 2007 was over 30 percent (a workforce loss of some 4,581 employees), the highest of all HHS agencies. This rate is almost double the statewide turnover rate of 17.4 percent for all agencies.<sup>156</sup> While the majority of those leaving the agency left for voluntary reasons (66 percent), a significant number were dismissed for cause (about 33 percent).<sup>157</sup>

**Table 27: Reason for Separation**

Reason	Percentage <sup>158</sup>
<b>Voluntary Separations</b>	
Personal reasons	51.1%
Transfer to another agency	7.8%
Retirement	6.8%
<b>Involuntary Separations</b>	
Termination at Will	0.2%
Resignation in Lieu	1.2%
Dismissal for Cause	32.5%
Reduction in Force	0.0%

Psychiatrists positions had the highest turnover rate during fiscal year 2007 (three losses or a 52.2 percent turnover rate), followed by Mental Retardation Assistants (with 2,979 losses or a 44.2 percent turnover rate), Budget Analysts (five losses or 41.7 percent) and Food Service Workers (249 losses or a 34.4 percent turnover rate).<sup>159</sup>

<sup>156</sup> State Auditor's Office (SAO) FY2007 Turnover Statistics.

<sup>157</sup> HHSAS Database, FY 2007 data.

<sup>158</sup> Death accounted for .4% of separations.

<sup>159</sup> HHSAS Database, FY 2007 data.

<b>Table 28: FY 07 Turnover for Significant Job Classes</b>		
<b>Job Title</b>	<b>Average Annual Headcount</b>	<b>Turnover Rate</b>
Psychiatrists	5.8	52.2%
Mental Retardation Assistants	6,733.8	44.2%
Budget Analysts	12.0	41.7%
Food Service Workers	724.0	34.4%
LVNs	638.8	28.5%
Security Officers	28.3	24.8%
Pharmacists	37.0	24.3%
RNs	648.8	24.2%
Investigators	17.0	23.5%
Information Specialists	13.0	23.1%
Training Specialists	65.8	22.8%
Accountants	83.5	21.6%
Groundskeepers	37.3	21.5%
Custodians	382.5	20.4%
Guardianship Specialists	46.8	19.3%
Pharmacy Technicians	31.5	19.0%
QMRPs	206.8	18.9%

## RETIREMENT PROJECTIONS

About 10 percent of the agency's workforce is currently eligible to retire from state employment. Almost a quarter of DADS workforce will reach retirement eligibility by the year 2012.<sup>160</sup>

<b>Table 29: DADS Projected Retirement Eligibility through Rule of 80 (FY 07 – FY 12)</b>		
<b>Fiscal Year</b>	<b>Cumulative Number of Eligible Employees</b>	<b>Percent of Workforce</b>
2007	1,349	9.6%
2008	1,715	12.2%
2009	2,121	15.0%
2010	2,534	18.0%
2011	3,002	21.3%
2012	3,454	24.5%

<sup>160</sup> HHSAS Database, as of 8/31/07.

## EXPECTED WORKFORCE CHALLENGES

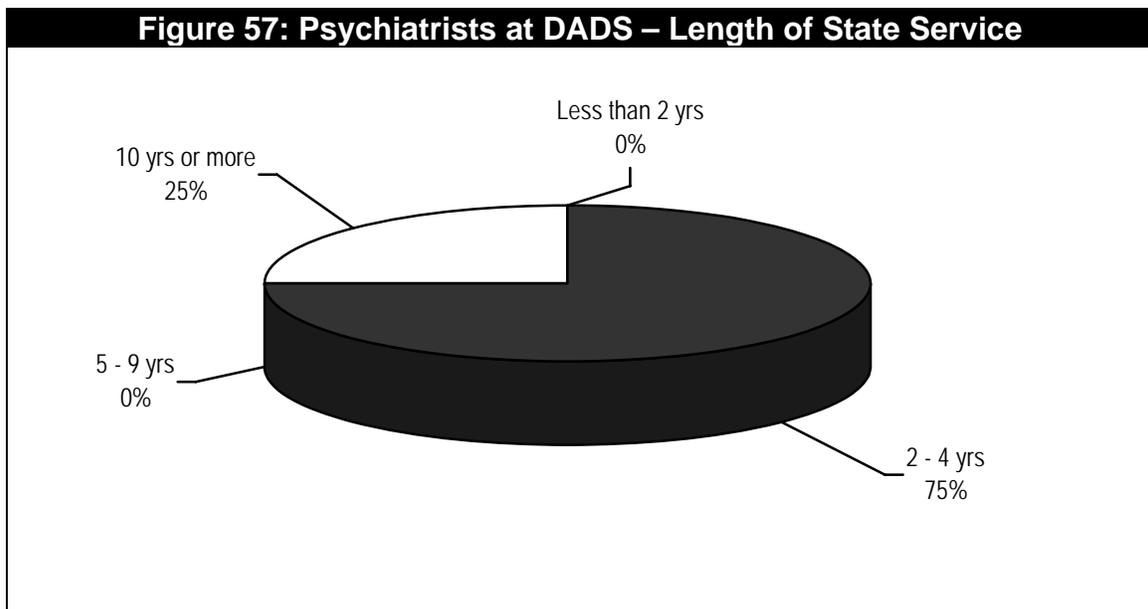
The Legislature appropriated approximately \$11.6 billion to DADS for the fiscal year 2008-09 biennium, a 12.1 percent increase over appropriated funds for the previous biennium. The 80<sup>th</sup> Legislature (Regular Session, 2007) also appropriated \$42.9 million in general revenue to allow DADS to hire 1,690 employees to improve staff-to-resident ratios at state mental retardation facilities.

The agency continues to experience the effects of shortages in qualified medical personnel and staff that work with consumers at state mental retardation facilities. Jobs that will require the most attention are Psychiatrists, Mental Retardation Assistants, Food Service Workers, Nurses (Registered Nurses and Licensed Vocational Nurses), Pharmacists and Physicians.

### Psychiatrists

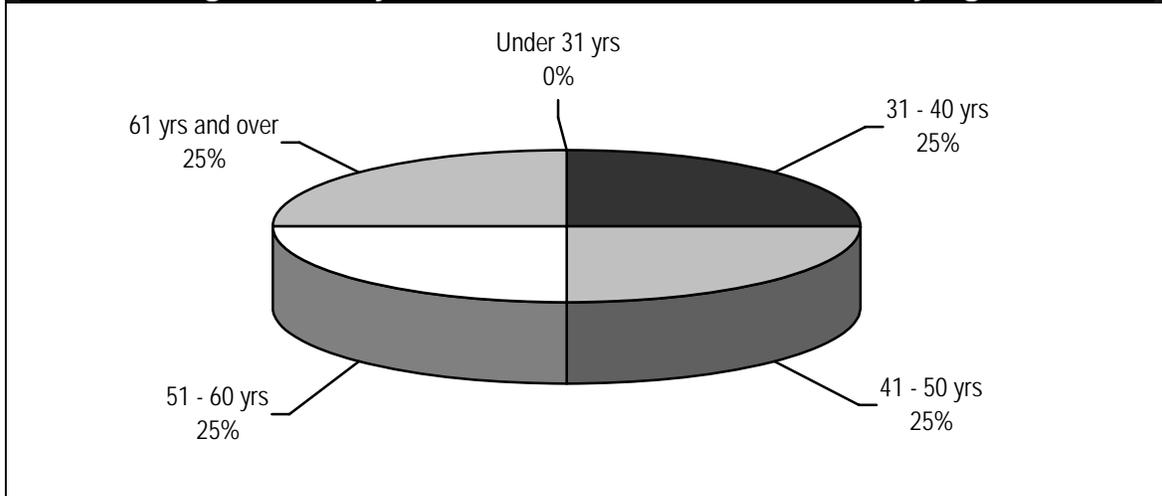
Psychiatrist positions are assigned to state mental retardation facilities. Full staffing of these positions is critical to providing psychiatric services needed by residents.

DADS Psychiatrists have, on average, about 11 years of state service, with an average age of 52.2.<sup>161</sup>



<sup>161</sup> HHSAS Database, as of 8/31/07.

**Figure 58: Psychiatrists at DADS – Distribution by Age**



Turnover for Psychiatrists is the highest in the agency, at about 52 percent.<sup>162</sup>

DADS Psychiatrists earn an average annual salary of about \$140,849.<sup>163</sup> Market surveys indicate that this salary is below the entry level salary for the private sector in Texas.

This discrepancy in salary levels has created difficulties in attracting qualified applicants. Currently, three Psychiatrist positions are vacant and most of these vacant positions go unfilled for months.<sup>164</sup> In fact, many agency postings and advertisements for these positions result in no responses from qualified applicants.

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 \$69<sup>165</sup> 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 address these difficulties, DADS has plans to increase entry level salaries for new Psychiatrists and for currently employed Psychiatrists during fiscal year

<sup>162</sup> HHSAS Database, FY 2007 data.

<sup>163</sup> HHSAS Database, as of 8/31/07.

<sup>164</sup> HHSAS Database, FY 2007 data.

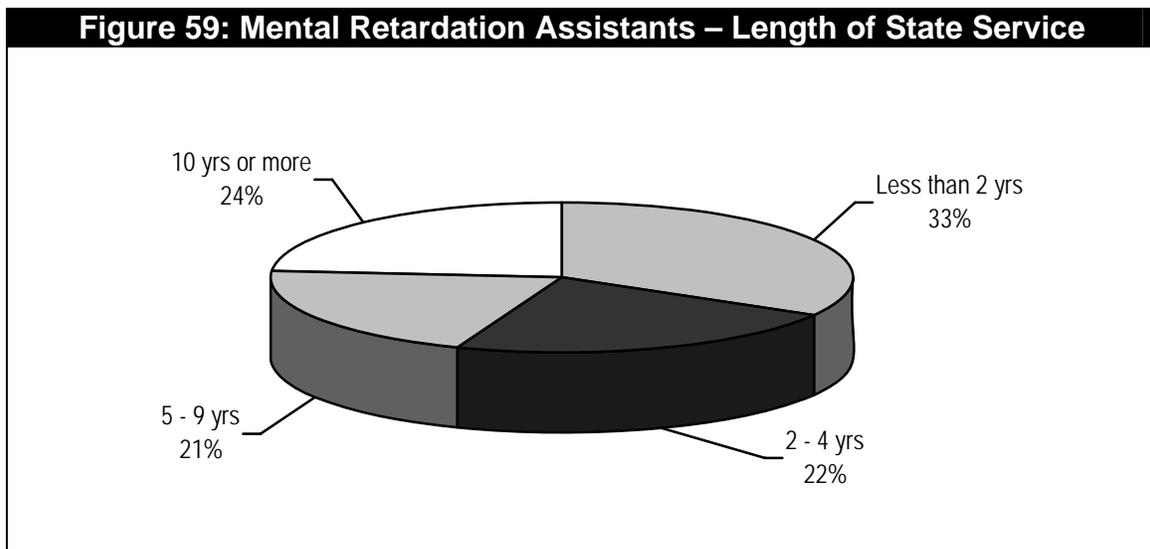
<sup>165</sup> HHSAS Database, as of 8/31/07.

2008. Due to the complex medical and mental challenges that individuals residing in state schools exhibit, it is critical that the agency fill all budgeted Psychiatrist positions and is able to effectively recruit and retain qualified Psychiatrists.

### **Mental Retardation Assistants**

There are nearly 6,000 Mental Retardation Assistants<sup>166</sup> in DADS state mental retardation facilities across Texas, representing approximately 42 percent of the agency's total workforce.<sup>167</sup> There are no formal education requirements to apply for a job in this series; however, extensive on-the-job training is required. 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 Mental Retardation Assistant in the agency is 37 years old and has about seven years of state service.<sup>168</sup>

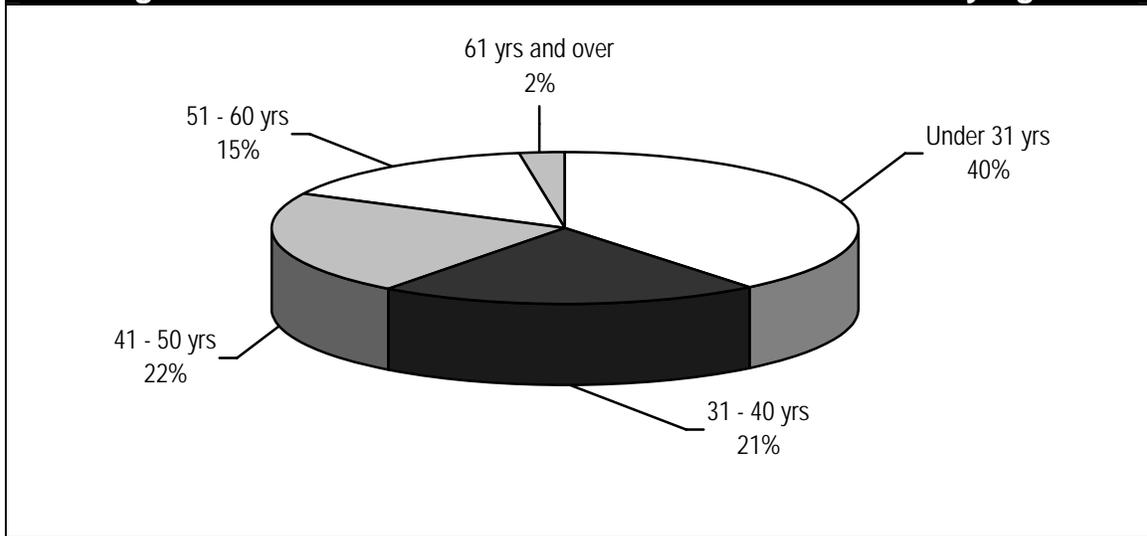


<sup>166</sup> "Mental Retardation Assistants" are MHMR Services Aids, Assistants and Supervisors.

<sup>167</sup> HHSAS Database, as of 8/31/07.

<sup>168</sup> Ibid.

**Figure 60: Mental Retardation Assistants – Distribution by Age**



Turnover for Mental Retardation Assistants is high, at about 44 percent.<sup>169</sup> This is the second highest turnover rate of any job category in DADS. The average hourly salary rate is \$9.88 per hour.<sup>170</sup> Retention and recruitment of these workers remains a major challenge for DADS. Maintaining required staffing levels of Mental Retardation Assistants in MR facilities is critical in meeting Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) certification requirements.

### **Food Service Workers**

There are approximately 650 Food Service Workers<sup>171</sup> employed in DADS state mental retardation facilities throughout Texas.<sup>172</sup> 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.<sup>173</sup>

**Figure 61: Food Service Workers at DADS – Length of State Service**

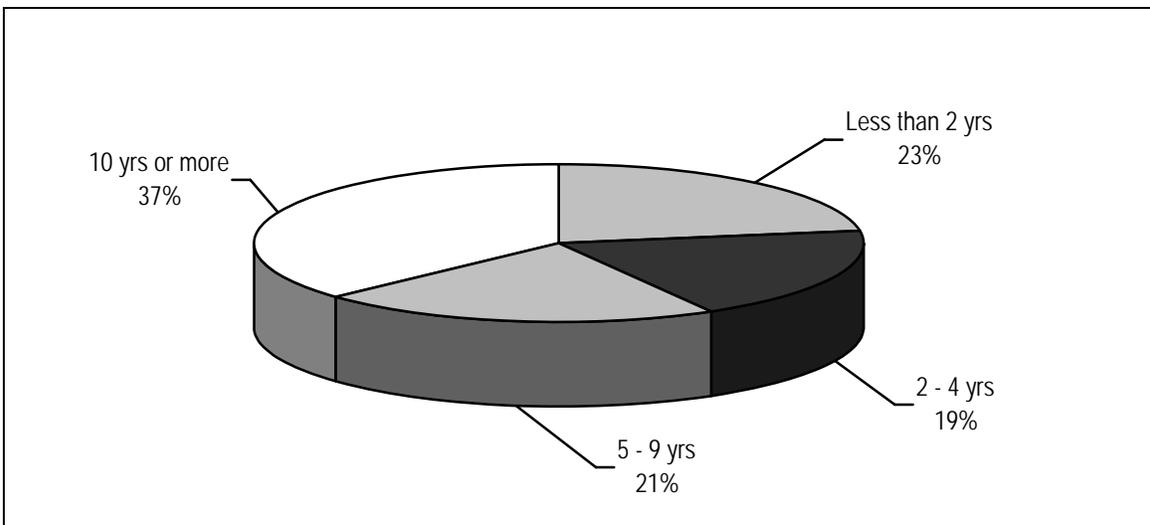
<sup>169</sup> HHSAS Database, FY 2007 data.

<sup>170</sup> HHSAS Database, as of 8/31/07.

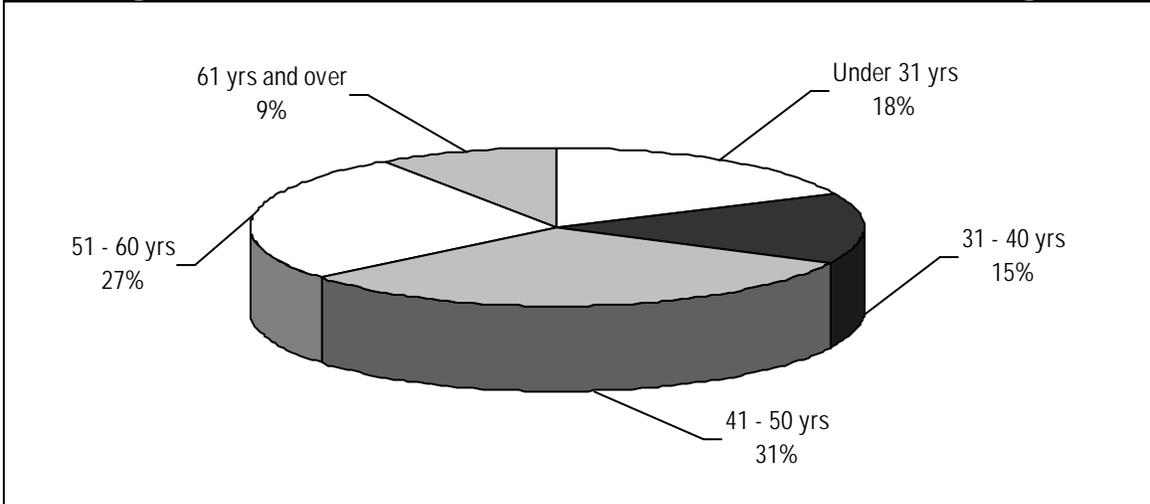
<sup>171</sup> “Food Services Workers” are Food Services Workers, Managers and Cooks.

<sup>172</sup> HHSAS Database, as of 8/31/07.

<sup>173</sup> Ibid.



**Figure 62: Food Service Workers at DADS – Distribution of Age**



Turnover in Food Service Worker positions is high, at 34.4 percent. Pay is low, with an average wage of \$9.13 per hour.<sup>174 175</sup>

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

### **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 587,000 new RN jobs by the year 2016.<sup>176</sup> Job

<sup>174</sup> HHSAS Database, FY 2007 data.

<sup>175</sup> HHSAS Database, as of 8/31/07.

opportunities for RNs are expected to grow faster than the average for all occupations.<sup>177</sup> 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.<sup>178</sup> 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.<sup>179</sup>

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 88 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.<sup>180</sup> The shortage of trained instructors limits both the number of accepted students and the number of available classes offered.

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<sup>176</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

<sup>177</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2008-09 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 3/10/08.

<sup>178</sup> State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

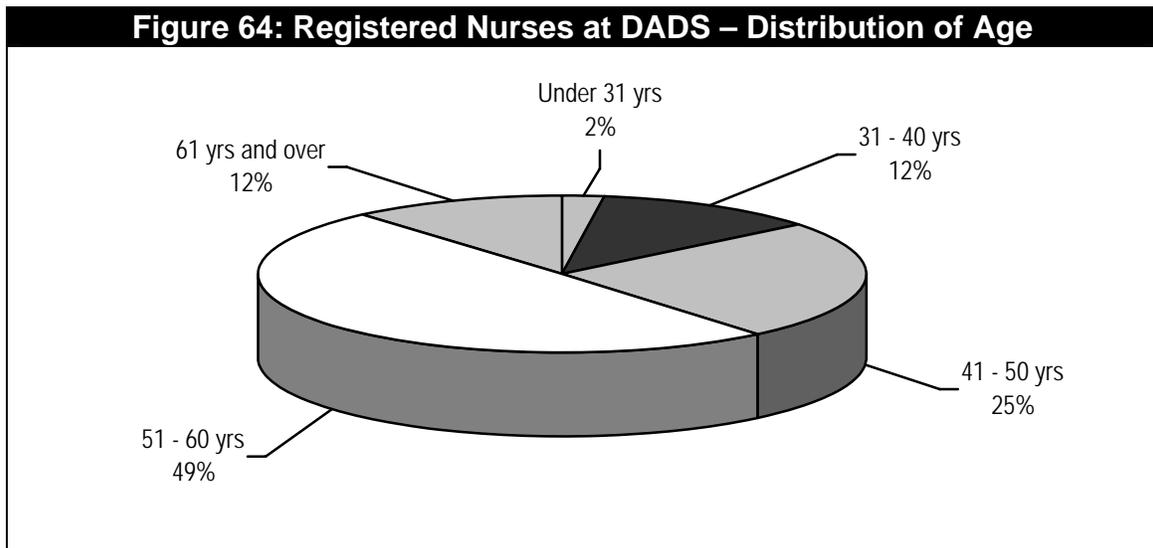
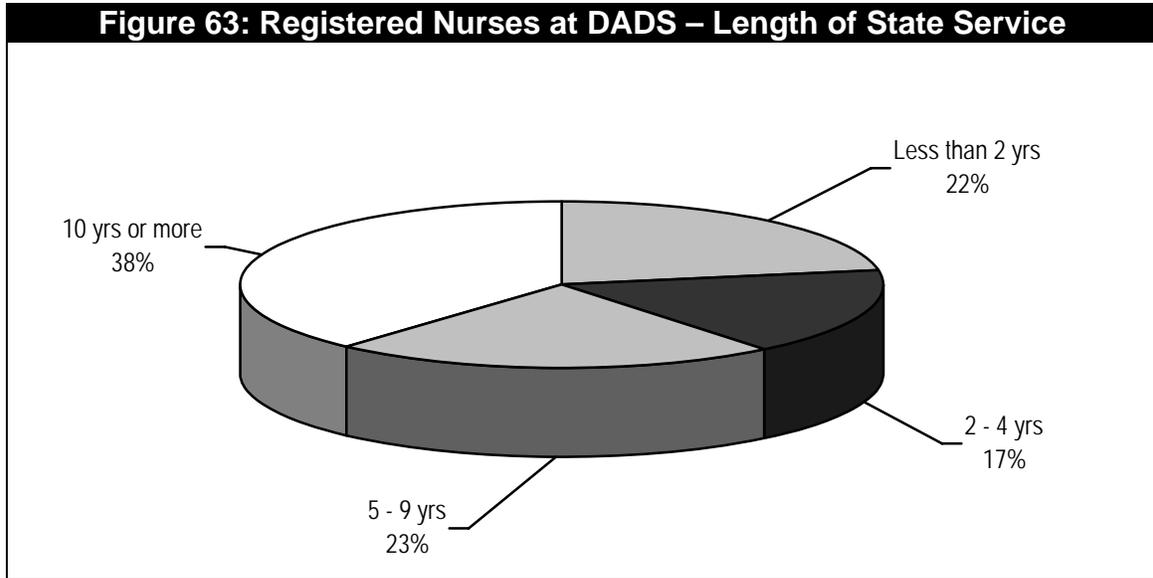
<sup>179</sup> MedicineWorld.org, "Lack of Resources, Not Lack of Students, Cause Nurse Shortage," web page <http://medicineworld.org/cancer/lead/12-2005/lack-of-resources-not-lack-of-students-cause-nurse-shortage.html>, last accessed on 1/17/06.

<sup>180</sup> "Professional Nursing Education in Texas: Demographics & Trends: 2006."

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**Registered Nurses (RNs)**

There are over 600 RNs employed by DADS.<sup>181</sup> The typical RN at the agency is about 52 years old and has an average of approximately 10 years of state service.



The turnover rate for RNs is considered high at about 24 percent.<sup>182</sup>

The agency finds it difficult to fill vacant nurse positions. The Texas Hospital Association reported that vacancy rates for RNs in Texas ranged from 14.6

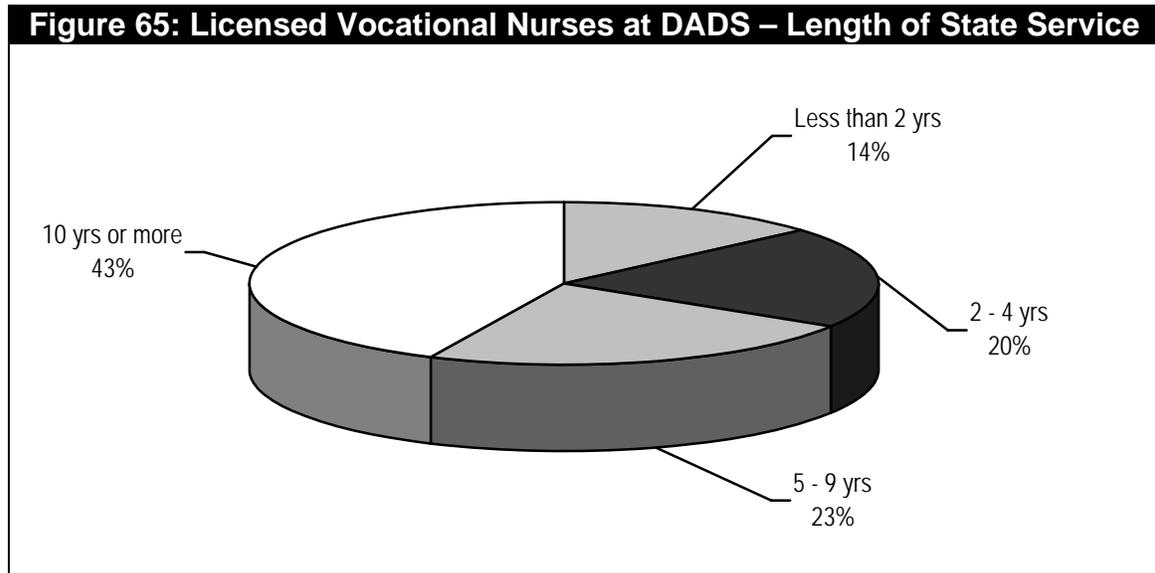
<sup>181</sup> HHSAS Database, as of 8/31/07.

<sup>182</sup> HHSAS Database, FY 2007 data.

percent in critical care occupations to about 10 percent in emergency rooms.<sup>183</sup> At DADS, there are always vacant nursing positions that need to be filled. With a high vacancy rate for these positions (at approximately 17 percent), RN positions often remain open for months before being filled.<sup>184</sup>

**Licensed Vocational Nurses (LVNs)**

There are over 570 Licensed Vocational Nurses (LVNs) employed by DADS.<sup>185</sup> The typical DADS LVN is about 42 years old and has an average of approximately 11 years of state service.<sup>186</sup>



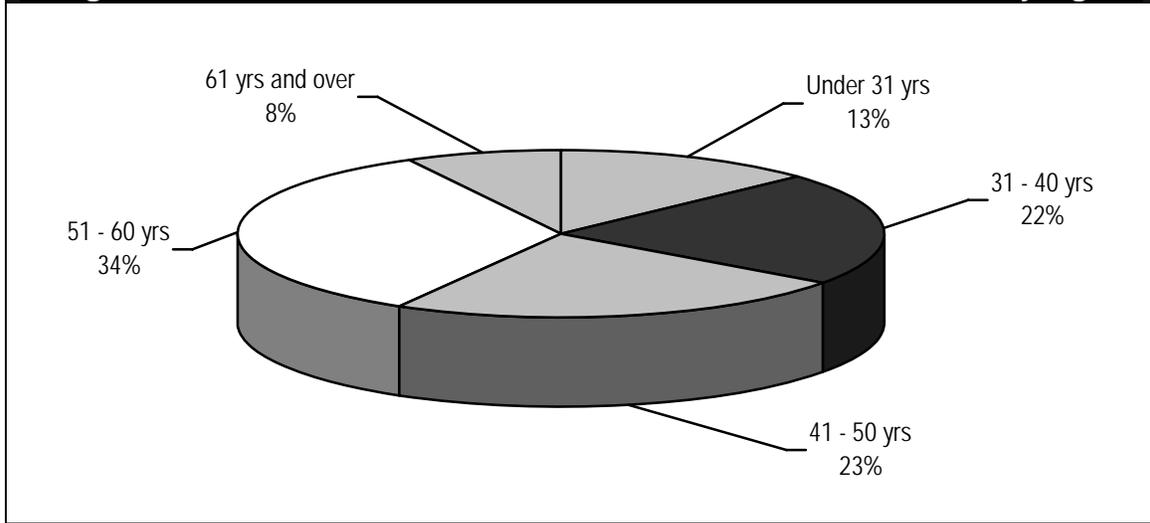
<sup>183</sup> Texas Hospital Association. “Hospital Workforce Study.” Austin, Texas. 2004, as cited in “The state of the Nursing Workforce in Texas,” Statewide Health Workforce Symposium Policy Brief, March 4, 2004.

<sup>184</sup> HHSAS Database, FY 2007 data.

<sup>185</sup> HHSAS Database, as of 8/31/07.

<sup>186</sup> Ibid.

**Figure 66: 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 significant at 28.5 percent. DADS experienced over 175 LVN separations last fiscal year. With a vacancy rate exceeding 14 percent, vacant positions often go unfilled for several months.<sup>187</sup>

Targeted efforts in recruiting and retaining RNs and LVNs are required.

### **Physicians**

There are about 40 Physicians at DADS, who primarily work at state mental retardation facilities across Texas.<sup>188</sup> Full staffing of these positions is critical to direct-care services.

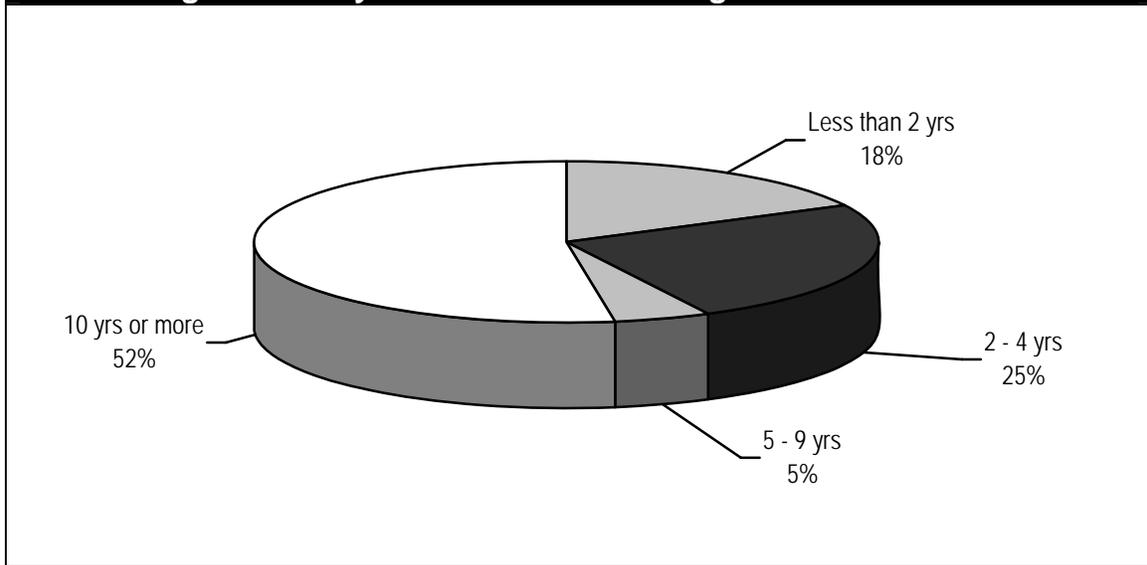
DADS Physicians have, on average, about 12 years of state service, with an average age of 60. Local Physicians who have established long term private practices often apply as a staff Physician at state mental retardation facilities late in their working career to secure retirement and insurance benefits, thus explaining the reason for the high average age. Only two full-time Physicians are under 41 years of age.<sup>189</sup>

<sup>187</sup> HHSAS Database, FY 2007 data.

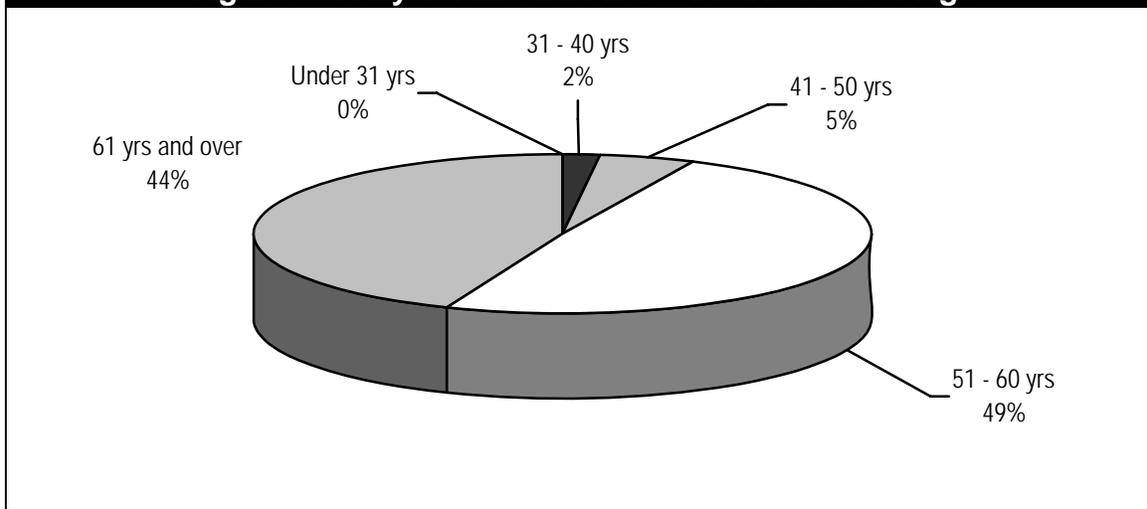
<sup>188</sup> HHSAS Database, as of 8/31/07.

<sup>189</sup> Ibid.

**Figure 67: Physicians at DADS – Length of State Service**



**Figure 68: Physicians at DADS – Distribution of Age**



Though turnover for Physicians is slightly under the state average at 17 percent, 65 percent of these highly skilled and tenured employees will be eligible to retire by 2012.

Agency Physicians earn an average annual salary of \$127,807. Market surveys indicate that this salary is far below the entry level salary for private sector Physician jobs in Texas.

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 \$61<sup>190</sup> 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.

To address these difficulties, the agency will implement a compensation adjustment plan in 2008 to bring both starting salaries and current physician employee salaries more in line with market rates offered by other healthcare organizations.

Due to the complex medical and mental health challenges that individuals residing in state mental retardation facilities exhibit, it is critical that the agency recruit and retain qualified Physicians.

### **Pharmacists**

Pharmacists represent the third largest health professional group in the US, with approximately 243,000 active Pharmacists as of November 2006.<sup>191</sup> 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 53,000 new Pharmacists by 2016, or a 22 percent increase in the number of total jobs.<sup>192</sup> However, the number of available Pharmacists is expected to grow only modestly.

There are 31 Pharmacists working at DADS. The typical Pharmacist is about 53 years old and has an average of 12 years of state service.<sup>193</sup>

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<sup>190</sup> HHSAS Database, as of 8/31/07.

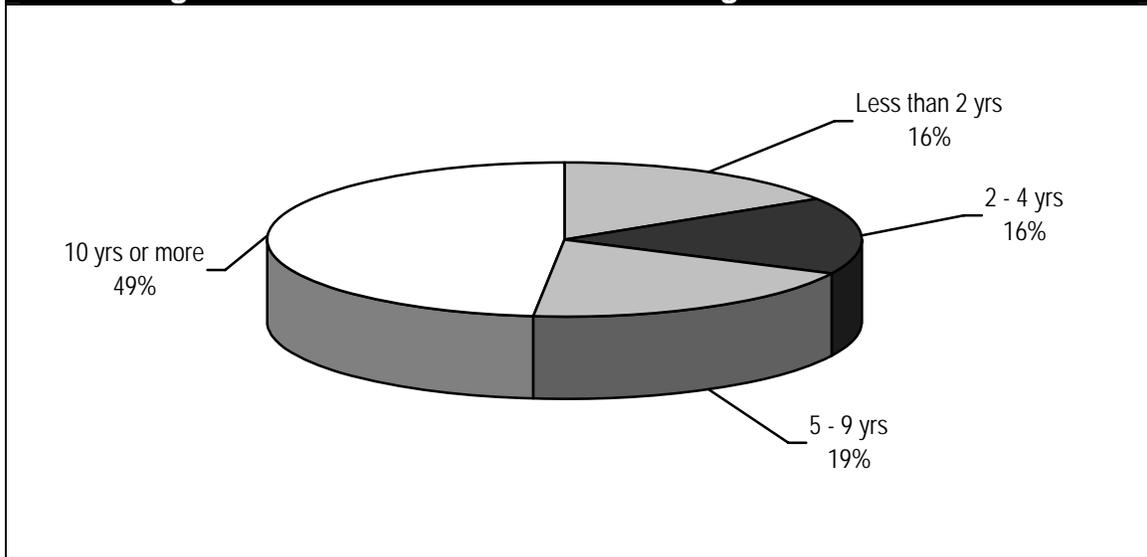
<sup>191</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

<sup>192</sup> Ibid.

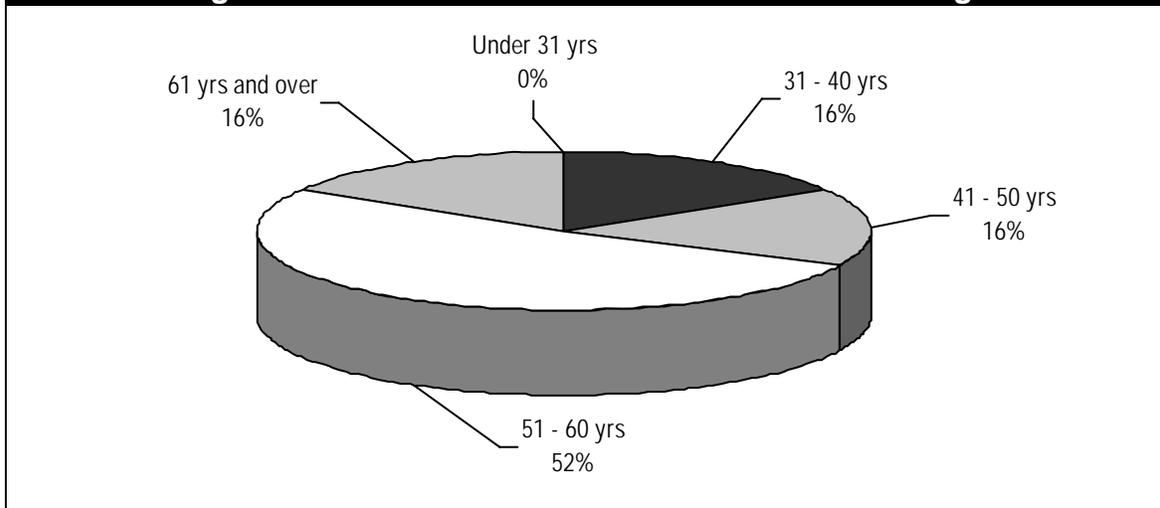
<sup>193</sup> HHSAS Database, as of 8/31/07.

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**Figure 69: Pharmacists at DADS – Length of State Service**



**Figure 70: Pharmacists at DADS – Distribution of Age**



Pharmacists at DADS earn, on average, an annual salary of \$71,973. This salary falls significantly below the state market rate. The average annual salary for Pharmacists nationally is \$93,500 and \$96,290 in Texas.<sup>194</sup> This disparity is affecting the agency's ability to recruit qualified applicants for vacant positions. Pharmacist positions often remain unfilled for several months before filled.<sup>195</sup>

<sup>194</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

<sup>195</sup> HHSAS Database, as of 8/31/07.

With Pharmacist turnover high at 24 percent,<sup>196</sup> 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. With a significant number of Pharmacists nearing retirement age (or have already retired and returned to work), this practice is expected to continue.

Recruitment and retention for these jobs are ongoing challenges.

## **DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS**

### **Recruitment Strategies**

Since hiring a recruiter, DADS has incorporated a variety of recruitment strategies designed to increase awareness of job opportunities within the agency. DADS has partnered with various colleges, universities, professional associations and organizations; developed a recruitment brochure; and established a new website (careersatdads.com) that is easy to remember and links to accessHR (online human resources web portal). The agency continues to place ads in newspapers, trade journals and professional magazines and has increased usage of the internet by posting hard-to-fill positions on Texas Health Match, 3rNet, Web MD and numerous other internet sites. Most recently, DADS initiated a “Tell a Friend” campaign designed to spread the word about job opportunities at the agency. Using mailing lists, DADS launched a direct mail campaign to increase awareness of job opportunities. Other strategies include:

- ◆ Increasing presence at college/university and professional career fairs.
- ◆ Posting “Hiring Banners” in front of state mental retardation facilities.
- ◆ Hosting on-site job fairs.
- ◆ Sending direct mail to schools of psychology, occupational and physical therapy and workforce centers across the state of Texas.
- ◆ Promoting DADS as eligible to participate in the Physician Education Loan Repayment Program (PELRP).
- ◆ Advertising at movie theaters.

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<sup>196</sup> HHSAS Database, FY 2007 data.

Additional strategies under consideration include:

- ◆ Develop an agency-wide “registered nurse in training” program to include agreements with schools of nursing so that there is a constant flow of nurse trainees, both RN and LVN, in each of the DADS facilities. This training would provide a source of skilled/trained staff to assist in each of the facilities and also provide the agency with a known quantity of potential candidates when filling future job openings.
- ◆ Encourage LVNs to become RNs. Partner with nursing schools to teach classes on DADS campuses and allow current employees already in the health care field to attend classes during work-hours, to train and prepare for a career in nursing.
- ◆ Encourage direct-care staff to pursue other health care professions, such as RNs or Registered Therapists.
- ◆ Encourage student internships at all state mental retardation facilities, specifically in the fields of nursing and registered therapy.
- ◆ Have professional staff present state mental retardation facility operation at schools of nursing, psychology and physical/occupational therapy.
- ◆ Have employees from critical shortage occupations attend job fairs and other hiring events so they can explain the challenges of the job, as well as the personal rewards associated with the work.

### **Retention Strategies**

DADS is implementing several retention strategies that include:

- ◆ Raising starting salaries to assist in recruiting for:
  - Mental Retardation Assistants;
  - RNs/LVNs;
  - Pharmacists;
  - Physicians;
  - Psychiatrists; and
  - Registered Therapists.
- ◆ Using equity adjustments for several critical classifications, specifically nurses and registered therapists.
- ◆ Using the full salary range for posting hard-to-fill positions.

- ◆ Promoting from within the agency when qualified applicants were available.
- ◆ Using educational assistance programs to promote employee development and in many cases to “grow our own.”
- ◆ Promoting succession planning/career development through the agency’s “Building the Bench” program.

Additional strategies under consideration:

- ◆ Provide retention bonuses to employees in high turnover positions.
- ◆ Provide skill building training to improve employee competencies and better qualify them for advancement opportunities.
- ◆ Fully use available recognition programs and benefits to identify and reward top performers.
- ◆ Set up a professional certification program for direct care staff through local community colleges.

## ***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 \$2.7 billion and a workforce of nearly 12,000, DSHS is the fourth largest of Texas' 178 state agencies. 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
  
- ◆ **Chief Financial Officer**
  - Accounting
  - Budget
  - Client Services Contracting
  
- ◆ **Family and Community Health**
  - Community Health Services
  - Specialized Health Services
  - Nutrition Services

- Title V and Family Health Office
- ◆ **Mental Health and Substance Abuse**
  - Program Services
  - Hospital Services
  - Contractor Services
- ◆ **Regional and Local Health**
  - Health Service Regions
  - Capitol Health Services Clinic
  - Regional and Local Program Support
  - Local Health Authority for Cities/Counties without a Local Health Department
- ◆ **Prevention and Preparedness**
  - Public Health Information Network
  - Community Preparedness
  - Disease Prevention and Intervention
  - Laboratory
- ◆ **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 25 percent of the HHS System workforce. The majority of these employees (7,748 employees or about 65 percent) work in inpatient facilities across the state.<sup>197</sup> To better understand the agency's unique workforce, the following demographic categories are examined:

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<sup>197</sup> HHSAS Database, as of 8/31/07.

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### **Job Families**

About 71 percent of DSHS employees (8,425 employees) work in 10 job families.<sup>198</sup>

<b>Table 30: Largest Program Job Classes and Average Salaries</b>		
<b>Job Title</b>	<b>Number of Employees</b>	<b>Average Salary</b>
Psychiatric Nursing Assistants	2,848	\$21,079
Clerical Workers	1,517	\$25,667
Program Specialists	996	\$47,300
RNs	959	\$49,049
LVNs	476	\$30,432
Custodians	349	\$19,006
Food Service Workers	341	\$18,928
Rehab Therapy Technicians	336	\$22,675
Public Health Technicians	324	\$32,602
Maintenance Technicians	279	\$23,809

### **Salary**

DSHS employees earn an average annual salary of \$34,957, which is slightly higher than the HHS System average annual salary of \$33,476.<sup>199</sup>

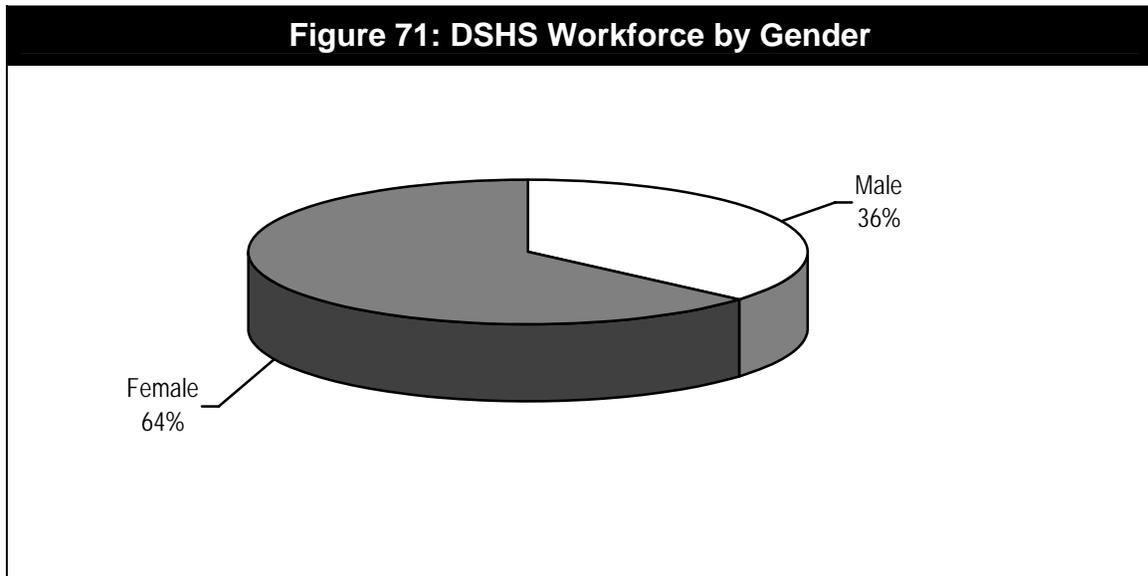
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<sup>198</sup> HHSAS Database, as of 8/31/07.

<sup>199</sup> Ibid.

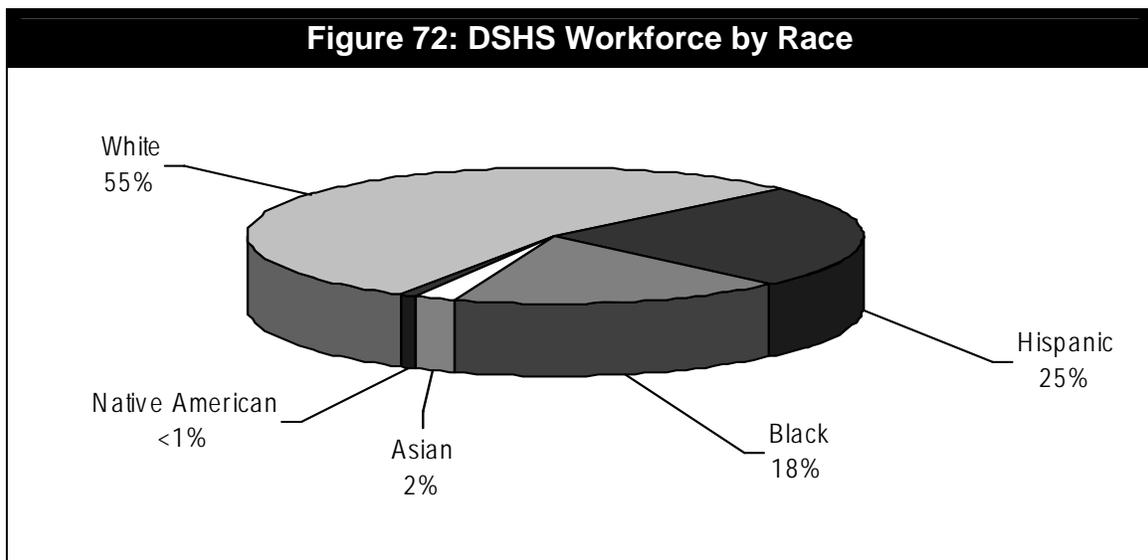
**Gender**

Females make up approximately 64 percent of the agency workforce.<sup>200</sup>



**Race**

White employees represent the largest racial group at 55 percent, followed by Hispanic employees at 25 percent and Black employees at 18 percent.<sup>201</sup>

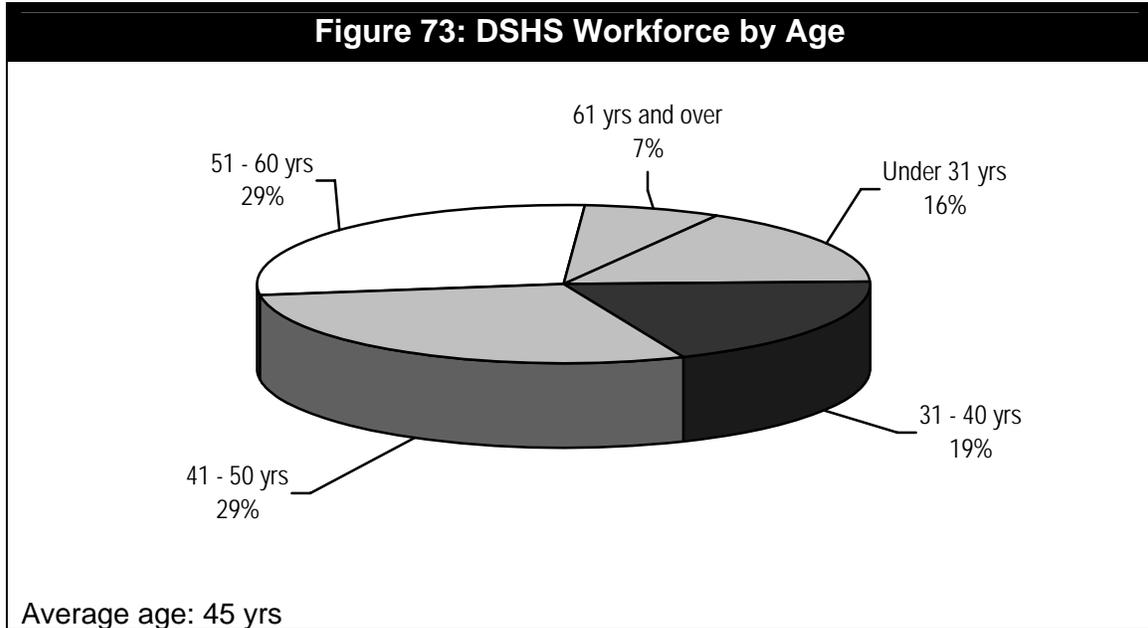


<sup>200</sup> HHSAS Database, as of 8/31/07.

<sup>201</sup> Ibid.

## Age

DSHS employees have an average age of 45 years. Approximately 65 percent of the DSHS workforce is 41 years or older.<sup>202</sup>



## 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:<sup>203 204</sup>

- ◆ Hispanic employees in the Protective Service job category;
- ◆ Black employees in Para-Professional job category;
- ◆ Black employees in the Administrative Support job category;
- ◆ Black, Hispanic and Female employees in the Skilled Craft job category; and

<sup>202</sup> HHSAS Database, as of 8/31/07.

<sup>203</sup> DSHS workforce data – report prepared from the HHSAS Database, 08/31/2007.

<sup>204</sup> 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.

◆ Hispanic employees in the Service Maintenance job category.

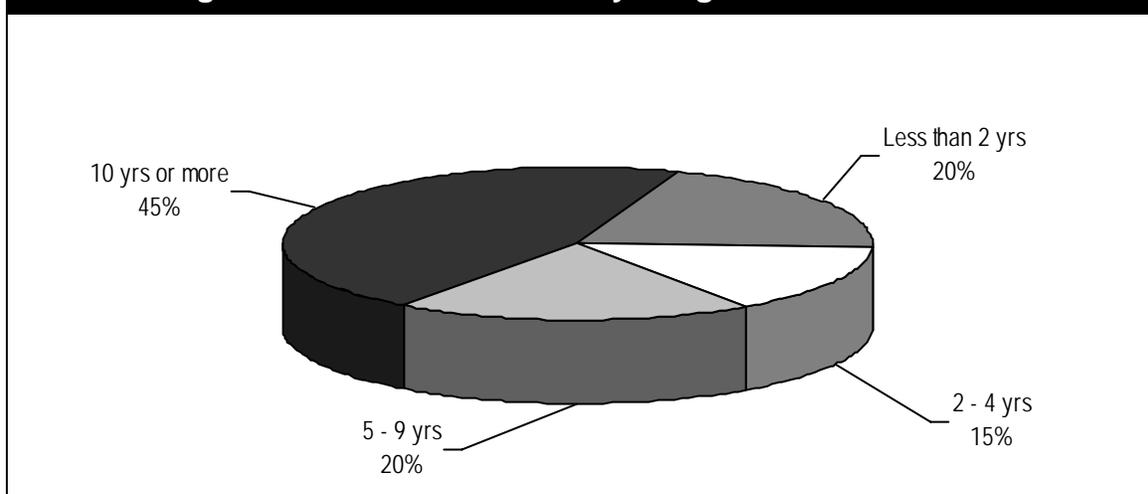
**Table 31: DSHS Utilization Analysis Results**

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	7.9%	7.2%	No	16.4%	12.3%	No	58.2%	32.6%	No
Professionals	10.2%	9.4%	No	17.8%	11.6%	No	64.3%	49.0%	No
Technicians	14.8%	13.9%	No	25.5%	19.7%	No	71.6%	42.1%	No
Protective Service	12.7%	18.0%	No	15.8%	23.1%	1	21.5%	21.6%	No
Para-Professionals	7.8%	14.3%	11	29.8%	25.7%	No	74.0%	56.3%	No
Administrative Support	14.8%	19.4%	42	31.9%	26.8%	No	88.3%	78.8%	No
Skilled Craft	4.7%	14.7%	19	26.8%	35.2%	9	3.7%	16.5%	27
Service Maintenance	31.1%	20.4%	No	29.9%	43.7%	457	56.6%	44.4%	No

**State Service**

Approximately 45 percent of the DSHS workforce has 10 or more years of state service. About 20 percent of the DSHS employees have less than two years of state service.<sup>205</sup>

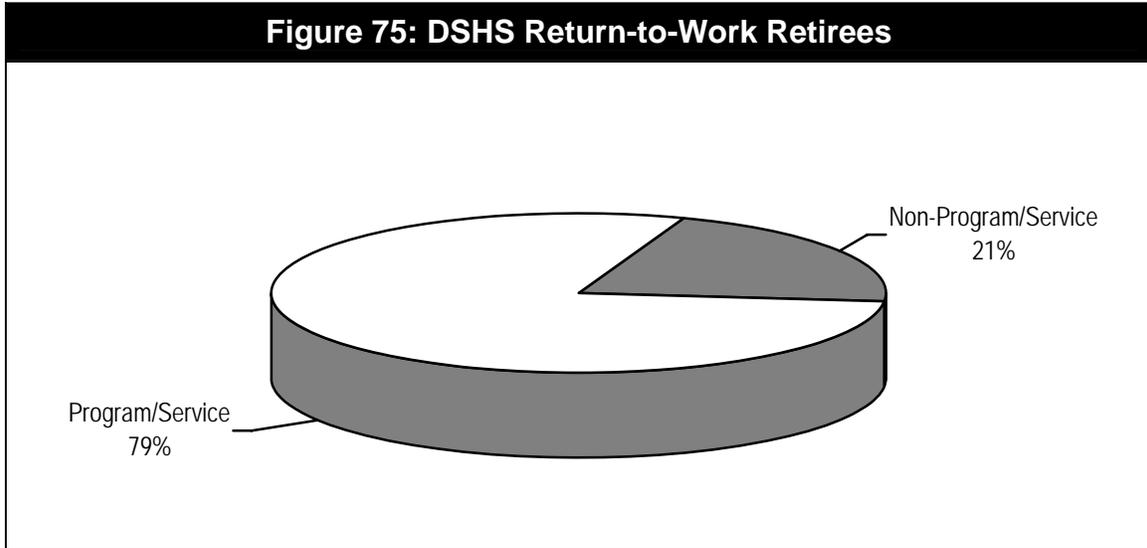
**Figure 74: DSHS Workforce by Length of State Service**



<sup>205</sup> HHSAS Database, as of 8/31/07.

**Return-to-Work Retirees**

DSHS employs 503 return-to-work retirees. The majority of these retirees (79 percent) work in program/service related areas.<sup>206</sup>



<sup>206</sup> HHSAS Database, as of 8/31/07.

## TURNOVER

The DSHS turnover rate during fiscal year 2007 was approximately 21 percent, higher than the statewide turnover rate of 17.4 percent.<sup>207</sup> The majority of these employee separations (approximately 76 percent) were voluntary.<sup>208</sup>

<b>Table 32: Reason for Separation</b>	
Reason	Percentage <sup>209</sup>
<b>Voluntary Separations</b>	
Personal reasons	53.9%
Transfer to another agency	11.7%
Retirement	10.2%
<b>Involuntary Separations</b>	
Termination at Will	0.2%
Resignation in Lieu	1.1%
Dismissal for Cause	22.1%
Reduction in Force	0.0%

Architects had the highest turnover rate during fiscal year 2007 (with two losses or a 53.3 percent turnover rate). Psychiatric Nursing Assistant positions had the largest number of losses (with 1,074 losses or a 34.9 percent turnover rate).<sup>210</sup>

<sup>207</sup> State Auditor's Office (SAO) FY2007 Turnover Statistics.

<sup>208</sup> HHSAS Database, FY 2007 data.

<sup>209</sup> Death accounted for .8% of separations.

<sup>210</sup> HHSAS Database, FY 2007 data.

<b>Table 33: FY 07 Turnover for Significant Job Classes</b>		
Job Title	Average Annual Headcount	Turnover Rate
Architects	3.8	53.3%
Laundry Workers	47.3	40.2%
Engineers	8.3	36.4%
Network Analysts	80.5	36.0%
Psychiatric Nursing Assistants	3,076.5	34.9%
Auditors	12.8	31.4%
Data Base Administrators	20.5	29.3%
Food Workers	363.3	27.8%
LVNs	509.3	27.1%
Lab Technicians	53.0	24.5%
Custodians	368.0	22.8%
Drivers	49.0	22.4%
RNs	994.5	21.7%
Budget Analysts	51.3	21.5%
Security Workers	170.5	20.5%
Clerical Workers	1,597.0	17.8%

## RETIREMENT PROJECTIONS

Currently, approximately 10 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.<sup>211</sup>

<b>Table 34: DSHS Projected Retirement Eligibility through Rule of 80 (FY 07 – FY 12)</b>		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2007	1,174	9.9%
2008	1,536	12.9%
2009	1,905	16.0%
2010	2,284	19.2%
2011	2,716	22.9%
2012	3,159	26.6%

<sup>211</sup> HHSAS Database, as of 8/31/07.

## **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, along with the gradual increase in the percentage of employees eligible for retirement, will heighten competition for qualified applicants from other health service sectors, including the federal government and the private sector.

It is anticipated there will be an increased need for employees who are:

- ◆ skilled in the applicability and use of current and emerging technological advances;
- ◆ trained in the use of evidence-based and new service delivery approaches;
- ◆ trained in contract management and monitoring; and
- ◆ knowledgeable in the areas of systems thinking, capacity building, results-based accountability and leading change.

Shortage occupation jobs that will require targeted recruitment attention are Architects, Engineers, Psychiatric Nursing Assistants, Nurses (RNs and LVNs), Rehabilitation Therapy Technicians, Clinical Social Workers, Epidemiologists, Sanitarians, Dentists, Laboratory Staff, Vital Statistics Staff, Human Services Specialists, Physicians, Psychiatrists, Pharmacists and Medical Technologists.

### **Architects**

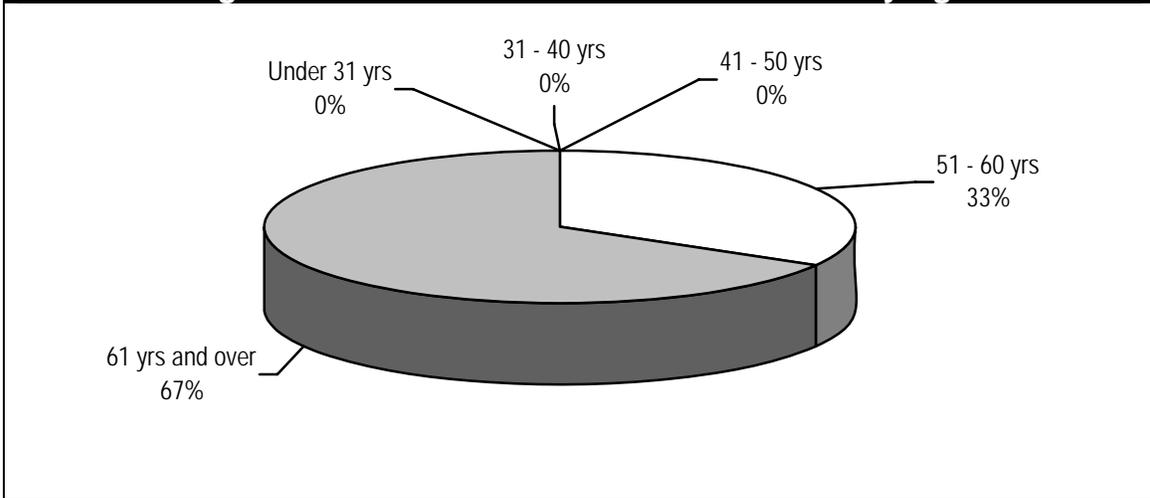
Architects work in the Regulatory Licensing Unit, Architectural Review Group (ARG). They interact with professionals that construct, design and build healthcare facilities, making decisions that affect patient/consumer health and safety. DSHS Architects must have a professional degree from an accredited college or university in the field of architecture and be licensed by the State of Texas.

On average, DSHS architects are 62 years old and have 17 years of state service. All of these employees are age 51 or older, with at least 10 or more years of state service.<sup>212</sup>

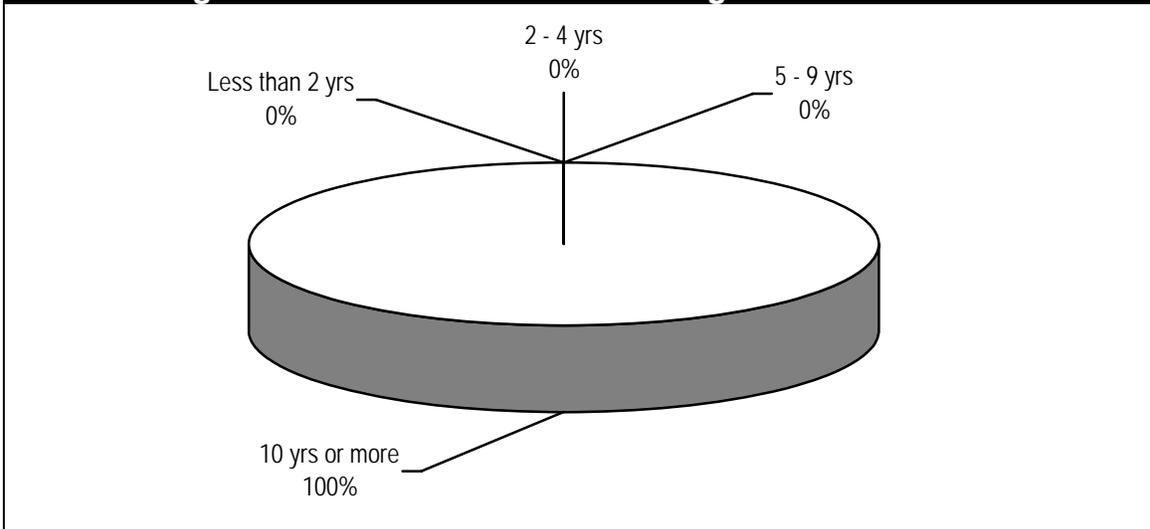
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<sup>212</sup> HHSAS Database, as of 8/31/07.

**Figure 76: Architects at DSHS – Distribution by Age**



**Figure 77: Architects at DSHS – Length of State Service**



The agency has been unable to post vacant positions at the full salary range or to offer merit raises to current staff. In addition, the average agency salary for these positions is below that offered by other governmental/state agencies (\$50,000 as compared to \$69,000 and higher in other governmental/state agencies).

The annual turnover rate for Architects is high at 53 percent. The agency has experienced difficulty in attracting qualified applicants due to starting salary levels. It is not unusual for vacant positions to go unfilled for several months before a qualified applicant is found.<sup>213</sup>

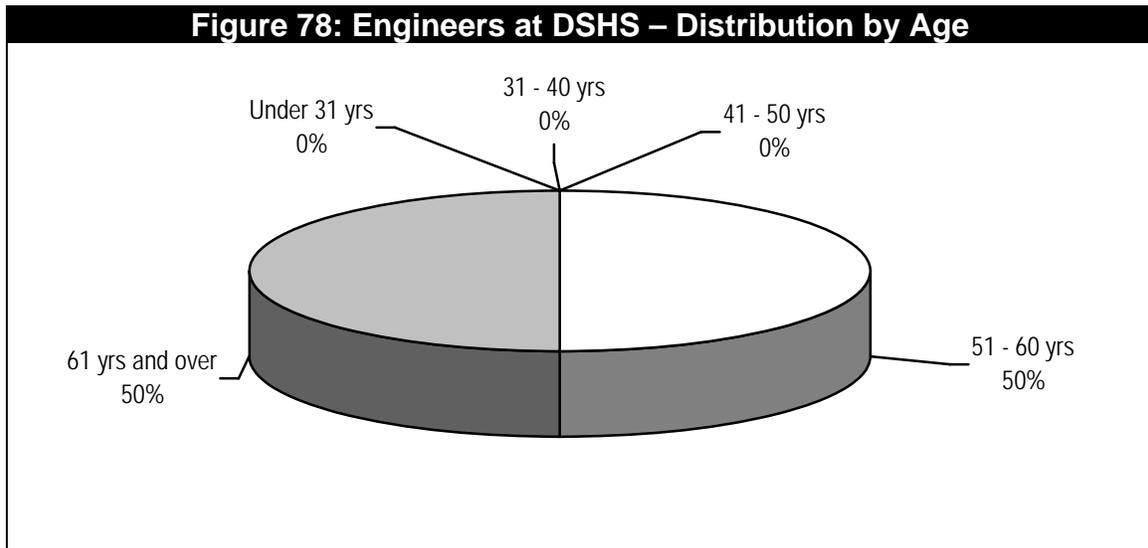
<sup>213</sup> HHSAS Database, FY 2007 data.

Targeted recruitment efforts will be implemented to assist in filling vacant positions.

### **Engineers**

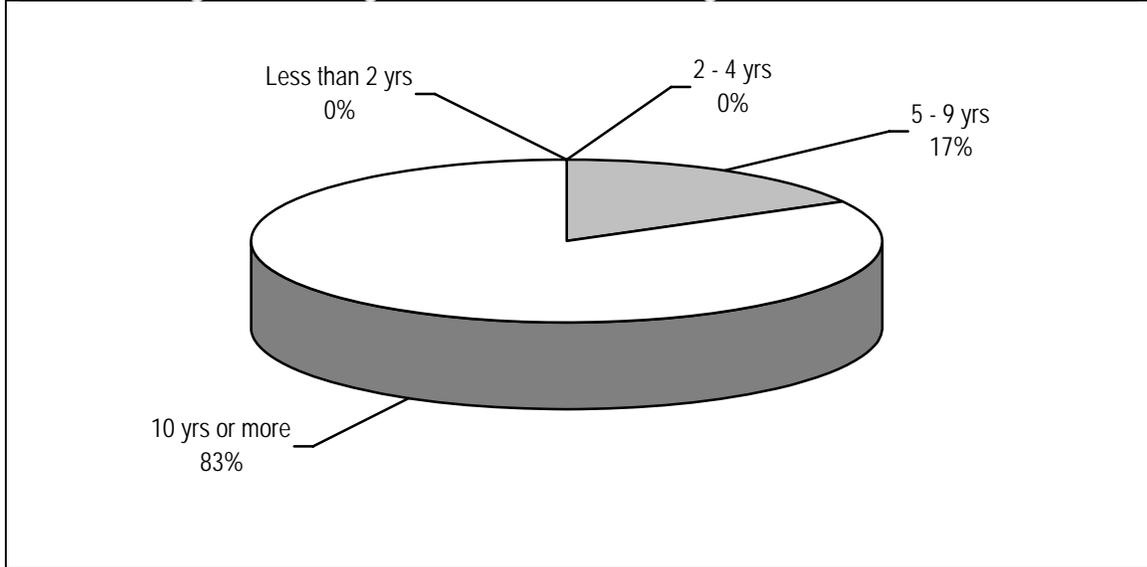
DSHS employs Engineers that work in the Regulatory Licensing Unit, Architectural Review Group (ARG). They interact with professionals that construct, design and build healthcare facilities, making decisions that affect patient/consumer health and safety. DSHS Engineers must have a degree from an accredited college or university in the field of engineering and be licensed by the State of Texas.

The typical Engineer is about 60 years old and has an average of 20 years of state service.<sup>214</sup>



<sup>214</sup> HHSAS Database, as of 8/31/07.

**Figure 79: Engineers at DSHS – Length of State Service**



Similar to DSHS Architects, the agency has been unable to post vacant positions at the full salary range or to offer merit raises to current staff. As a consequence, the turnover rate for Engineers is high at 36 percent. The agency is also having great difficulty attracting qualified applicants. Vacancies often go unfilled for months.<sup>215</sup>

Recruitment of qualified candidates, as well as retention of these highly skilled and knowledgeable employees continues to be problematic.

### **Psychiatric Nursing Assistants**

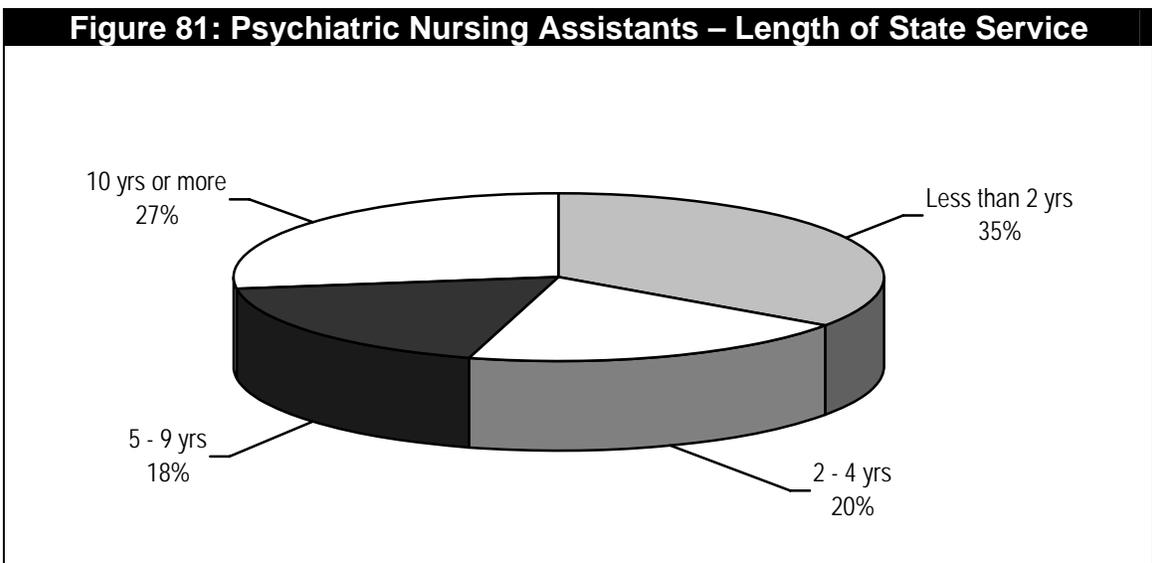
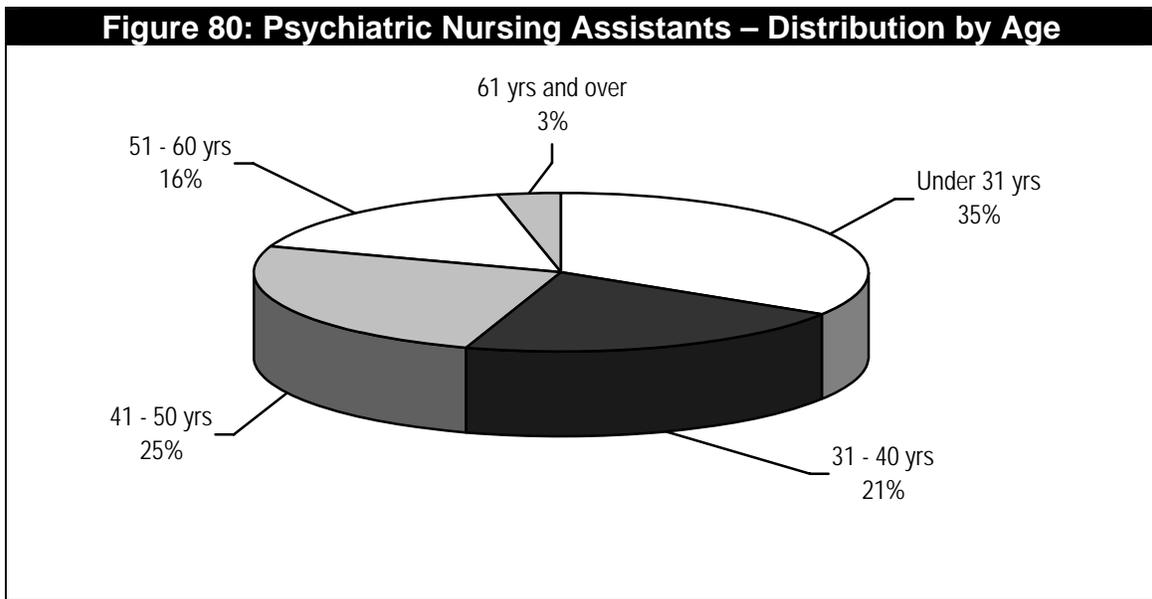
There are approximately 2,850 Psychiatric Nursing Assistants employed in DSHS state mental health hospitals.<sup>216</sup> These positions require high school education or equivalency to perform the work; however, there is extensive on-the-job training. Workers are assigned many routine basic care tasks in the state hospitals that do not require a license to perform, such as taking vital signs, assisting with bathing and hygiene and transportation. Employees are required to 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.

The average Psychiatric Nursing Assistant is about 39 years old and has an average of seven years of state service.<sup>217</sup>

<sup>215</sup> HHSAS Database, FY 2007 data.

<sup>216</sup> HHSAS Database, as of 8/31/07.

<sup>217</sup> HHSAS Database, as of 8/31/07.



Turnover for Psychiatric Nursing Assistants is high at about 35 percent.<sup>218</sup> Pay is low, with an average hourly wage of \$10.14 per hour.<sup>219</sup>

### **Registered Nurses and Licensed Vocational Nurses**

Nationwide, the nursing shortage is reaching crisis proportions. It is projected that there will be a need for 587,000 new RN jobs by the year 2016.<sup>220</sup> Job

<sup>218</sup> HHSAS Database, FY 2007 data.

<sup>219</sup> HHSAS Database, as of 8/31/07.

<sup>220</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

opportunities for RNs are expected to grow faster than the average for all occupations.<sup>221</sup> 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.<sup>222</sup> 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.<sup>223</sup>

DSHS nurses are generally required to work shifts. The work is demanding, requires special skills and staff often work long hours with minimal staffing. All of these job factors contribute to higher than average turnover rates.

Although there are 88 nursing programs across the state, most of them have more applicants than enrollment space for new students. As well, only about two-thirds of enrolled students actually graduate.<sup>224</sup> Also contributing to the low number of graduating nurses is a shortage of qualified instructors. The shortage of trained instructors limits both the number of accepted students and the number of available classes offered.

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<sup>221</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2008-09 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 3/10/08.

<sup>222</sup> State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

<sup>223</sup> 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.

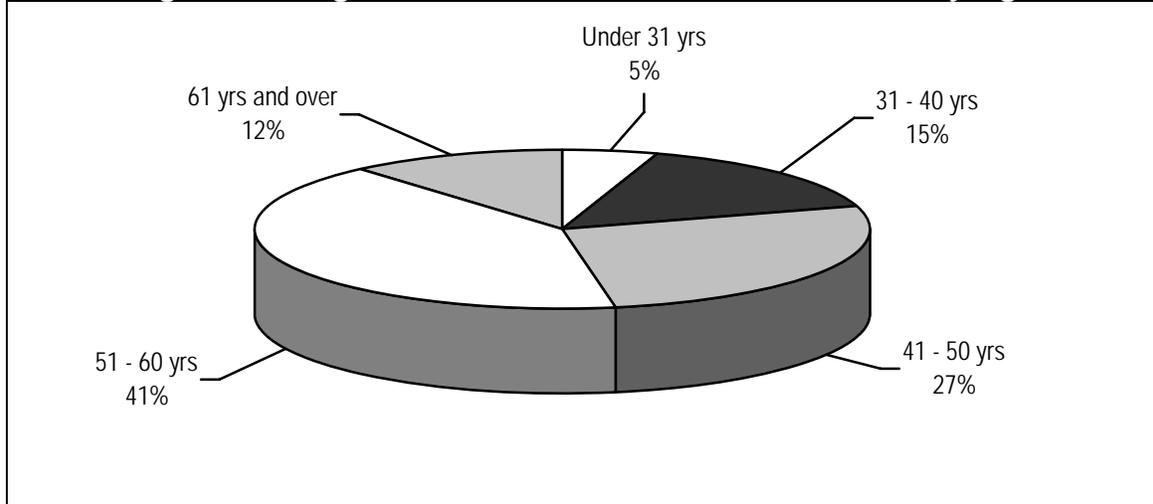
<sup>224</sup> “Professional Nursing Education in Texas: Demographics & Trends: 2006.”

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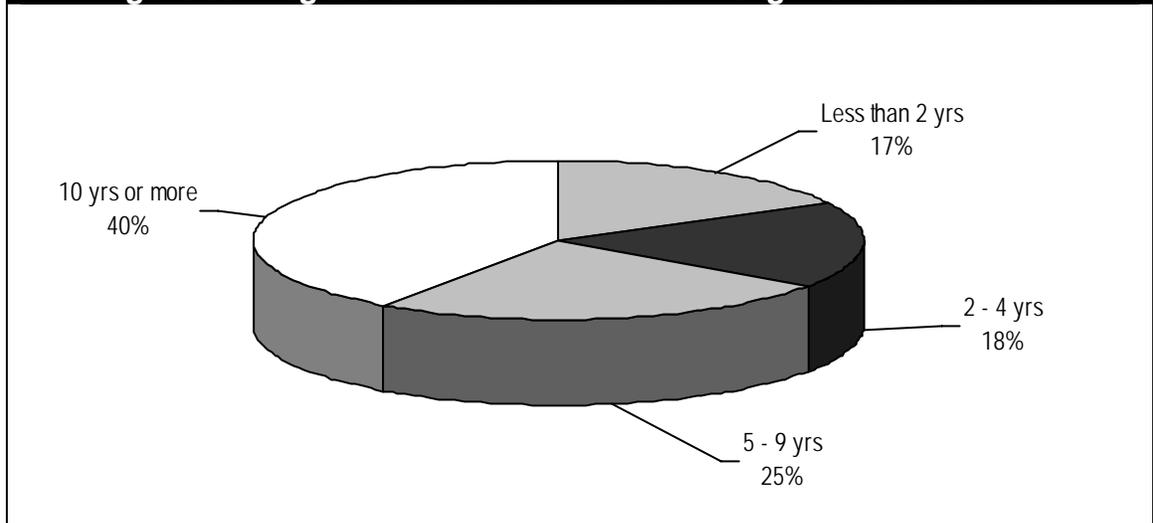
**Registered Nurses (RNs)**

There are 959 RNs employed by DSHS. The typical RN at the agency is about 50 years old and has an average of approximately 10 years of state service.<sup>225</sup>

**Figure 82: Registered Nurses at DSHS – Distribution by Age**



**Figure 83: Registered Nurses at DSHS – Length of State Service**



The turnover rate for RNs is considered high at about 22 percent.<sup>226</sup> The agency is also experiencing 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.<sup>227</sup> With a high vacancy rate for these positions at DSHS (at

<sup>225</sup> HHSAS Database, as of 8/31/07.

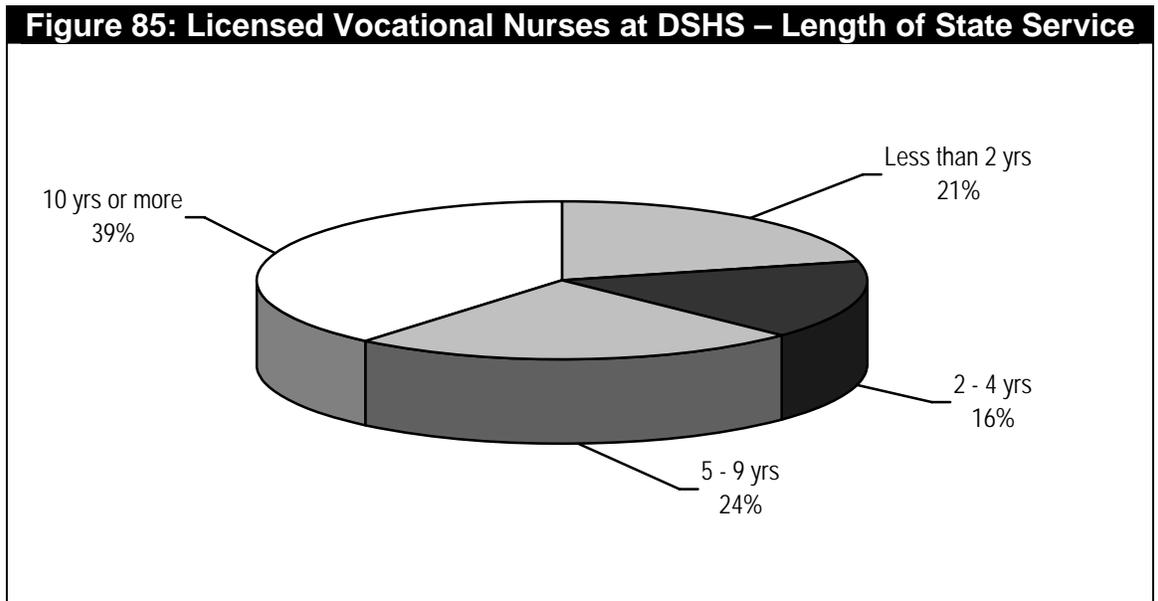
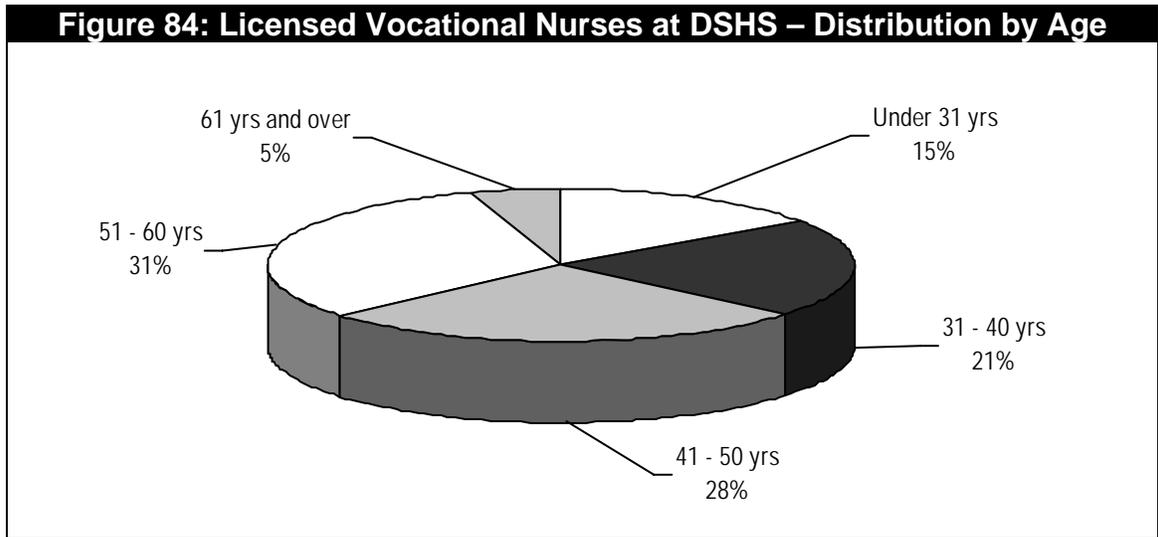
<sup>226</sup> HHSAS Database, FY 2007 data.

<sup>227</sup> 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, March 4, 2004.

approximately 17 percent), RN positions are remaining open, on average, for almost 10 months before being filled.<sup>228</sup> In order to provide quality nursing care for consumers it is essential that the agency maintain the lowest vacancy rate possible throughout the year. The agency is striving to maintain vacancy rates for nursing positions at a level below 10 percent at any given time.

**Licensed Vocational Nurses (LVNs)**

There are 476 Licensed Vocational Nurses (LVNs) employed by DSHS. On average, a DSHS LVN is about 45 years old and has 10 years of state service.<sup>229</sup>



<sup>228</sup> HHSAS Database, FY 2007 data.

<sup>229</sup> HHSAS Database, as of 8/31/07.

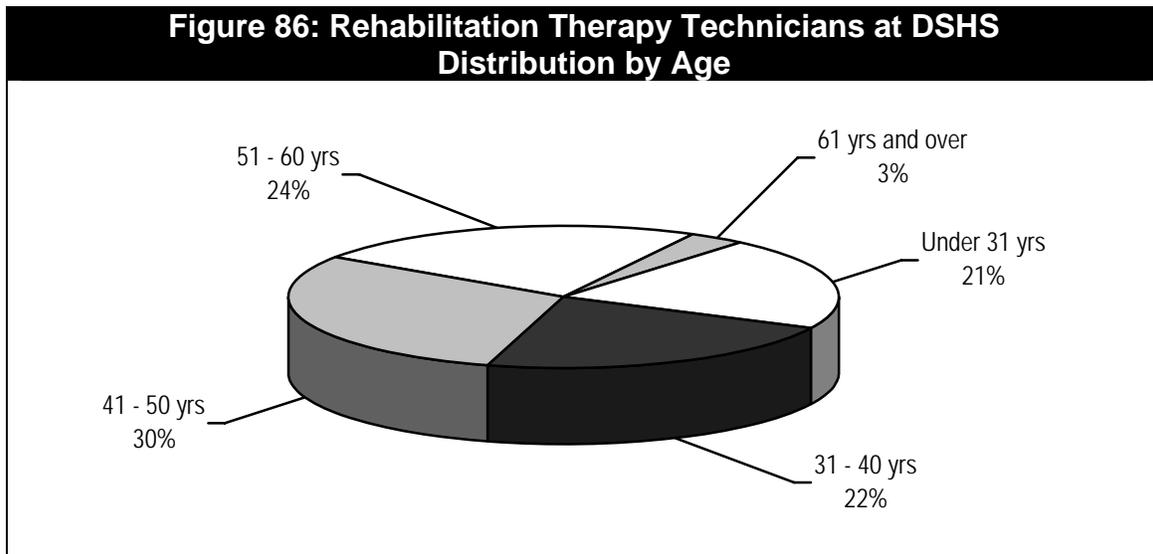
As with RNs, the nursing shortage is also impacting the agency's ability to retain and attract LVNs. Turnover for LVNs is currently high at about 27 percent. With a vacancy rate of over 10 percent, vacant positions go unfilled for months.<sup>230</sup>

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 employee training.

### **Rehabilitation Therapy Technicians**

There are over 325 Rehabilitation Therapy Technicians at DSHS.<sup>231</sup>

On average, DSHS Rehabilitation Therapy Technicians have about 11 years of state service, with an average age of approximately 42. Almost 50 percent of these employees have 10 or more years of service.<sup>232</sup>

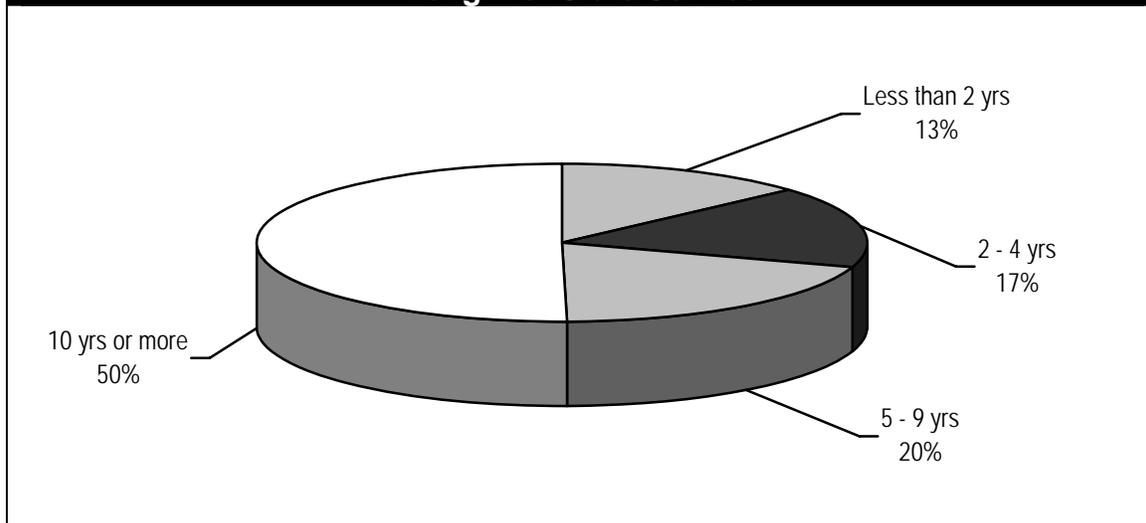


<sup>230</sup> HHSAS Database, FY 2007 data.

<sup>231</sup> HHSAS Database, as of 8/31/07.

<sup>232</sup> Ibid.

**Figure 87: Rehabilitation Therapy Technicians at DSHS  
Length of State Service**



The turnover rate for Rehabilitation Therapy Technicians is approximately 16 percent, similar to the statewide average for all job classifications.<sup>233</sup>

Recruitment of qualified applicants for these jobs is an ongoing challenge.

### **Clinical Social Workers**

There are 166 Clinical Social Workers at DSHS.<sup>234</sup> These employees are critical to managing patient flow in state hospitals. They take the lead role in communicating with patient families and community resources. Clinical Social Workers provide essential functions within the agency that include:

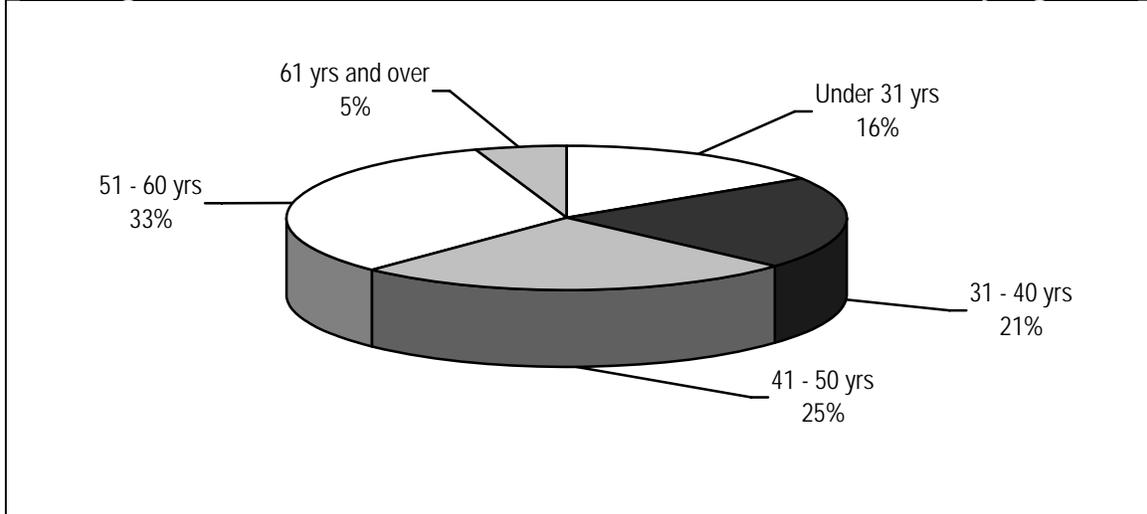
- ◆ providing comprehensive public health case management services to children, birth to 20 years of age, who have or are at risk for a health condition; and high-risk pregnant women;
- ◆ conducting psychosocial assessments, therapeutic treatment and case coordination for individuals receiving services 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.

<sup>233</sup> HHSAS Database, FY 2007 data.

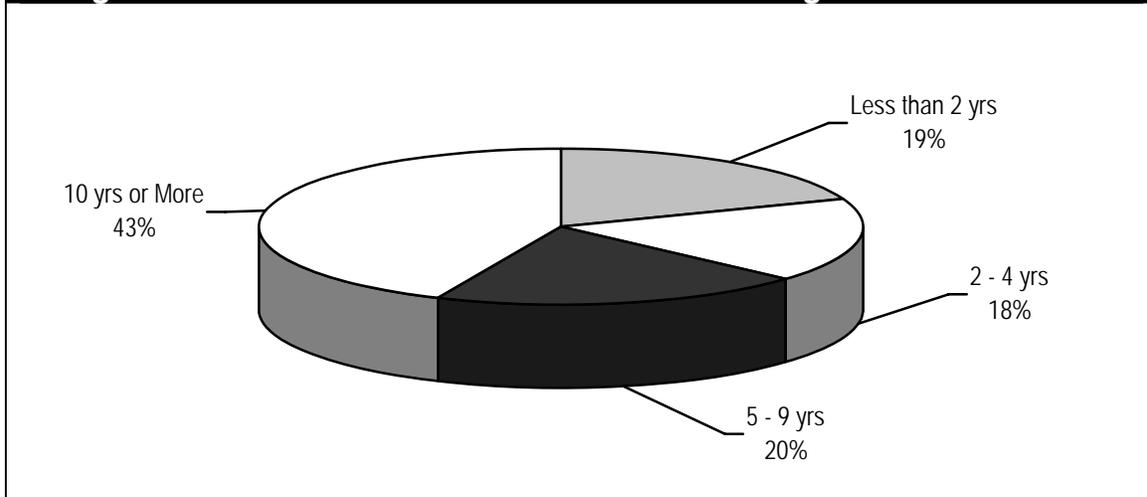
<sup>234</sup> HHSAS Database, as of 8/31/07.

DSHS Clinical Social Workers are about 45 years old and have an average of 11 years of state service.<sup>235</sup>

**Figure 88: Clinical Social Workers at DSHS – Distribution by Age**



**Figure 89: Clinical Social Workers at DSHS – Length of State Service**



Though the overall turnover rate for Clinical Social Workers is well managed at around 14 percent, almost 33 percent of current Clinical Social Workers will be eligible to retire by the year 2012. In addition, vacant positions often go unfilled for several months until a qualified applicant is available.<sup>236</sup>

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

<sup>235</sup> HHSAS Database, as of 8/31/07.

<sup>236</sup> HHSAS Database, FY 2007 data.

DSHS competes with both the federal and local governments, the military and the private sector employers for Clinical Social Worker applicants. Many times the competitors are able to offer a higher starting salary.

Considering these factors, DSHS may face significant recruitment challenges in the next few years to replace those who are eligible for retirement.

### **Epidemiologists**

One of the public health professions currently experiencing shortages is Epidemiology.<sup>237</sup>

DSHS employs 82 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.<sup>238</sup> 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 10 years of state service, with an average age of approximately 43.<sup>239</sup>

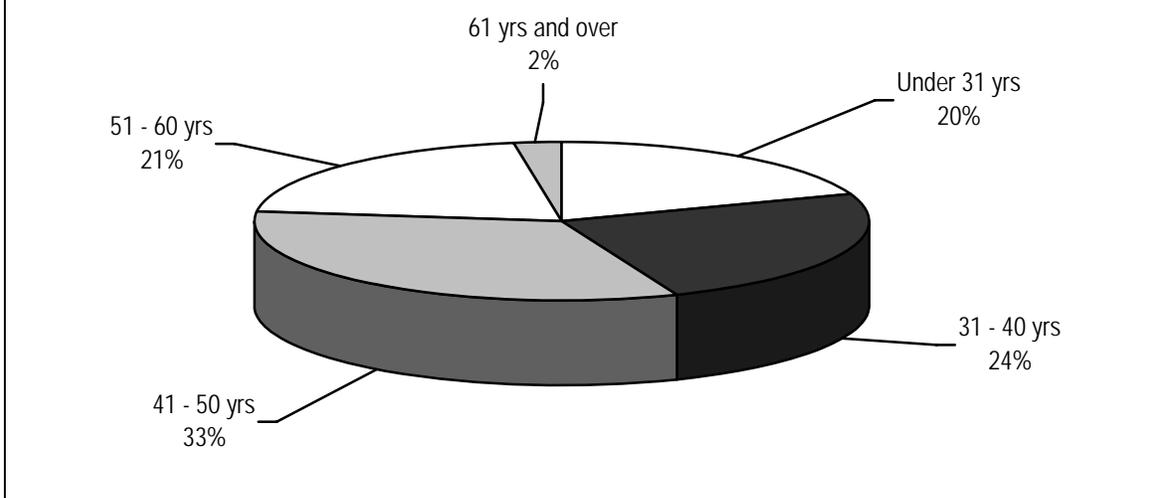
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<sup>237</sup> “2007 State Public Health Workforce Survey Results,” The Association of State and Territorial Health Officials, web page <http://www.astho.org/pubs/WorkforceReport.pdf>, last accessed on 4/29/08.

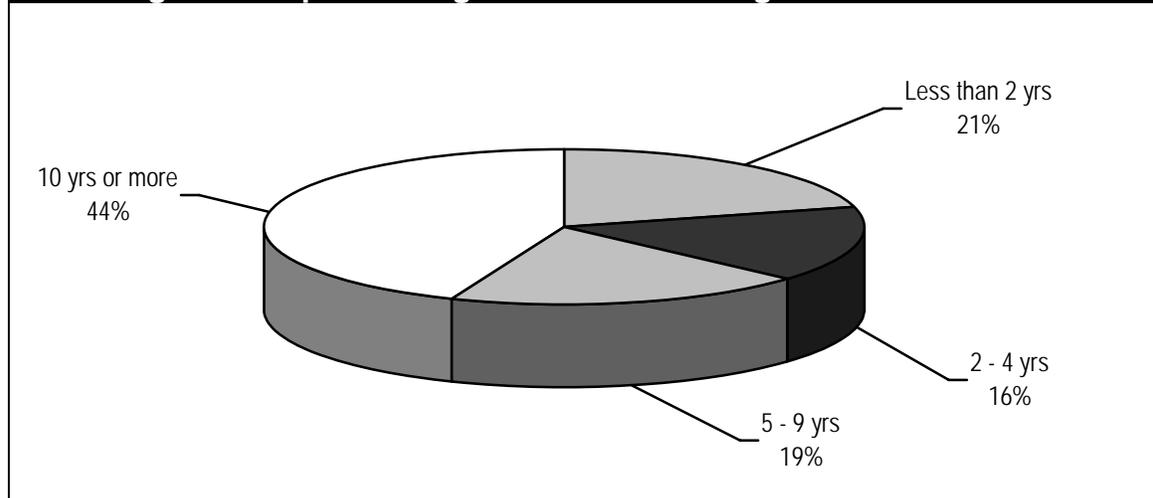
<sup>238</sup> HHSAS Database, as of 8/31/07.

<sup>239</sup> Ibid.

**Figure 90: Epidemiologists at DSHS – Distribution by Age**



**Figure 91: Epidemiologists at DSHS – Length of State Service**



While the overall turnover rate for Epidemiologists at DSHS is low, at about 12 percent, the vacancy rate for these positions is high, at almost 16 percent. Vacant positions often go unfilled for months.<sup>240</sup>

Low pay is a factor in attracting qualified Epidemiologist applicants. DSHS Epidemiologists earn an average annual salary of \$49,675. The average annual salary for Epidemiologists nationally is \$60,290 and \$44,250 in Texas.<sup>241</sup>

<sup>240</sup> HHSAS Database, FY 2007 data.

<sup>241</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

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).<sup>242</sup>

There are over 100 Sanitarians employed with DSHS.<sup>243</sup> 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 13 years of state service.<sup>244</sup>

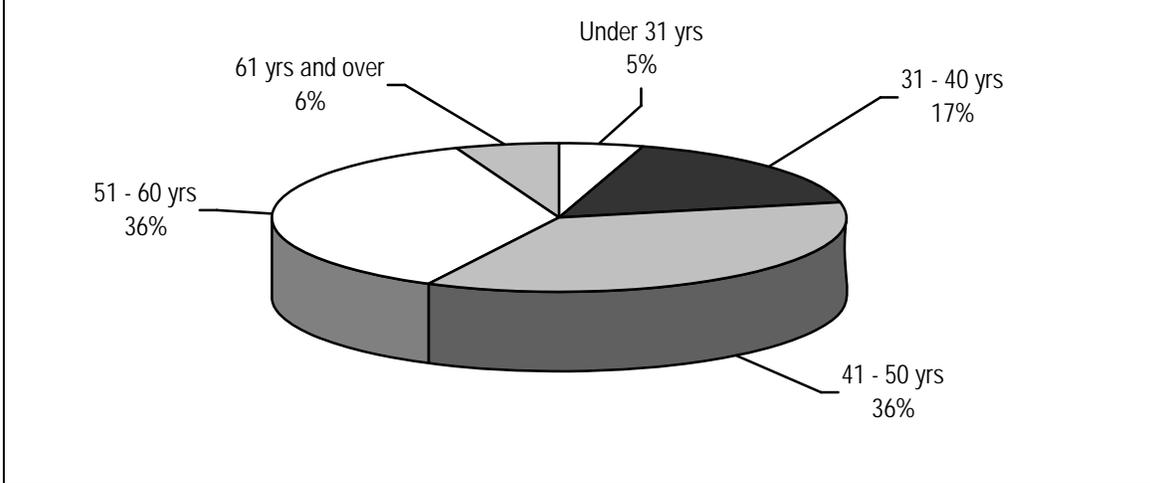
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<sup>242</sup> "2007 State Public Health Workforce Survey Results," The Association of State and Territorial Health Officials, web page <http://www.astho.org/pubs/WorkforceReport.pdf>, last accessed on 4/29/08.

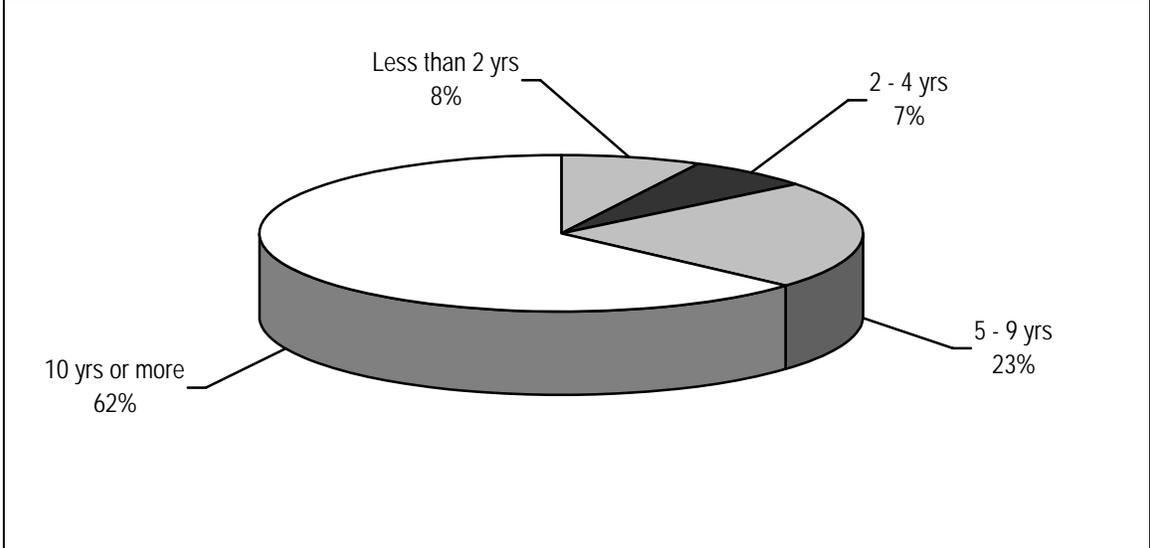
<sup>243</sup> HHSAS Database, as of 8/31/07.

<sup>244</sup> Ibid.

**Figure 92: Sanitarians at DSHS – Distribution by Age**



**Figure 93: Sanitarians at DSHS – Length of State Service**



Turnover for Sanitarians is low at only eight percent. However, vacant positions often go 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 has made it increasingly difficult to find qualified individuals. The agency actually has some vacancies that have been posted for over two years and remain unfilled.<sup>245</sup>

<sup>245</sup> HHSAS Database, FY 2007 data.

These vacancy problems are expected to worsen as employees approach retirement. About a quarter of current sanitarian staff will be eligible to retire by 2012.<sup>246</sup>

DSHS Sanitarians earn an average annual salary of \$40,145, significantly lower than the 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.<sup>247</sup>

Over the past four years, DSHS has lost a total of 28 full time sanitarian staff. Examples of the impact salary disparity with competitors is having include:

- ◆ one employee recently hired by the FDA, who more than doubled his salary to an average of nearly \$80,000;
- ◆ employees hired by industry, who increased their average annual salaries by an average of 50 percent (\$60,000);
- ◆ DSHS sanitarians hired by local health jurisdictions, who increased their salaries by about 24 percent; and
- ◆ one employee hired by the Texas Commission for Environmental Quality, who received a 26 percent salary increase.

DSHS has already implemented a number of steps to retain Sanitarians, including:

- ◆ paying for license renewals;
- ◆ providing classes that enable Sanitarians to maintain continuing education hours required for license renewal; and
- ◆ finding ways to offer training classes in subjects that are relevant to their work.

### **Dentists**

The demand for dentists nationwide is expected to increase as the overall population grows.<sup>248</sup>

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<sup>246</sup> HHSAS Database, as of 8/31/07.

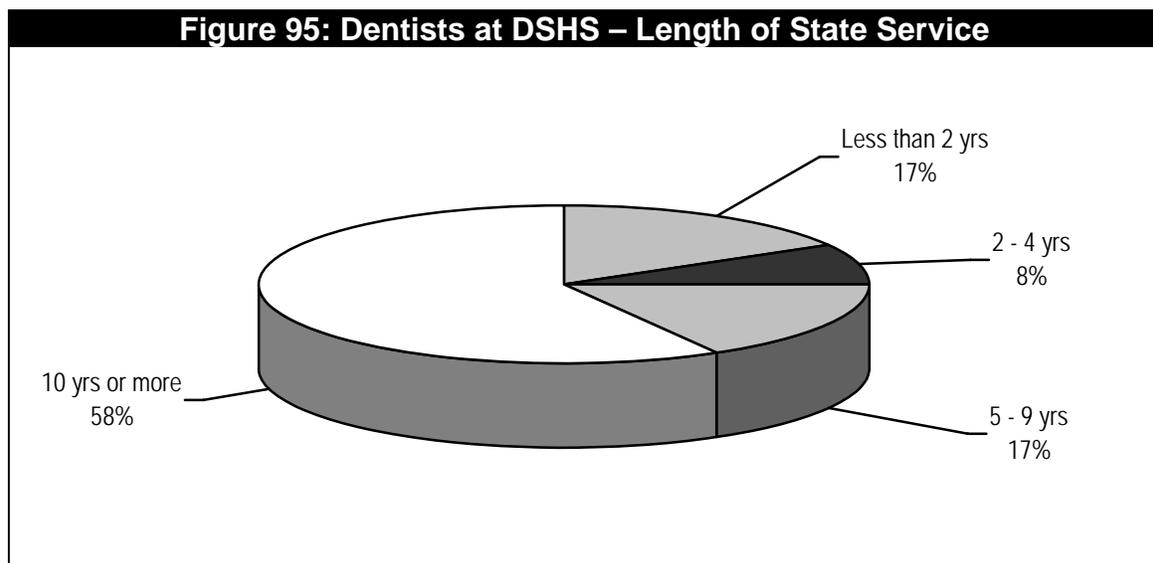
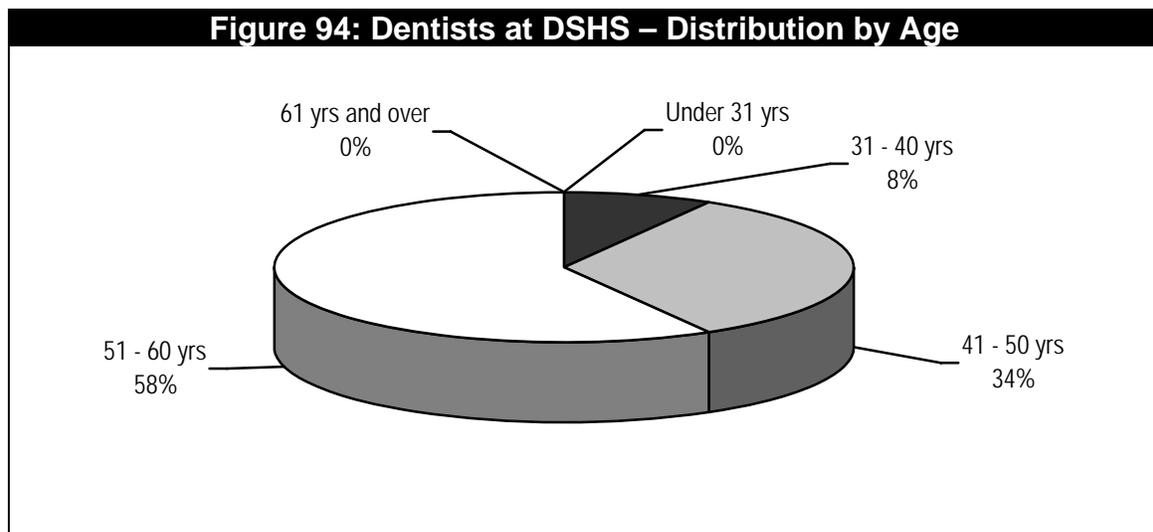
<sup>247</sup> Ibid.

<sup>248</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2008-09 Edition, web page <http://www.bls.gov/oco/ocos072.htm>, last accessed on 3/10/08.

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There are 12 Dentists employed by DSHS.<sup>249</sup> Central Office staff and five regional dental teams conduct dental surveillance, data collection and reporting and provide 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 and treatment services to patients.

The typical agency Dentist is about 51 years old, with an average of 13 years of state service.<sup>250</sup>



<sup>249</sup> HHSAS Database, as of 8/31/07.

<sup>250</sup> Ibid.

Though Dentist positions are currently experiencing little turnover, vacant positions are going unfilled for many months.<sup>251</sup>

It has become extremely difficult to recruit and attract qualified dentist applicants at the starting salary levels offered by the agency.

There is a large disparity between private sector and agency starting salaries. Dentists at DSHS earn, on average, an annual salary of \$87,060.<sup>252</sup> This salary falls significantly below the market rate. The average annual salary for Dentists nationally is \$140,950 and \$149,630 in Texas.<sup>253</sup> This disparity is affecting the agency's ability to recruit qualified applicants for open positions.

In addition, DSHS may face significant recruitment challenges in the next few years to replace those who are eligible for retirement. Nearly half of these employees (47 percent) will be eligible to retire by 2012.<sup>254</sup>

### **Laboratory Staff**

DSHS operates a state-of-the-art state laboratory in Austin. The agency also operates two regional laboratories, one in San Antonio and the other in Harlingen. While laboratory staff is made up of a number of highly skilled employees, there are three job groups that are essential to laboratory operations: Chemists, Microbiologists and Laboratory Technicians.

### ***Chemists***

There are 58 Chemists employed at DSHS, all located in Austin.<sup>255</sup>

The typical agency Chemist is about 48 years old and has an average of 12 years of state service. More than half of the employees have 10 years or more of state service.<sup>256</sup>

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<sup>251</sup> HHSAS Database, FY 2007 data.

<sup>252</sup> HHSAS Database, as of 8/31/07.

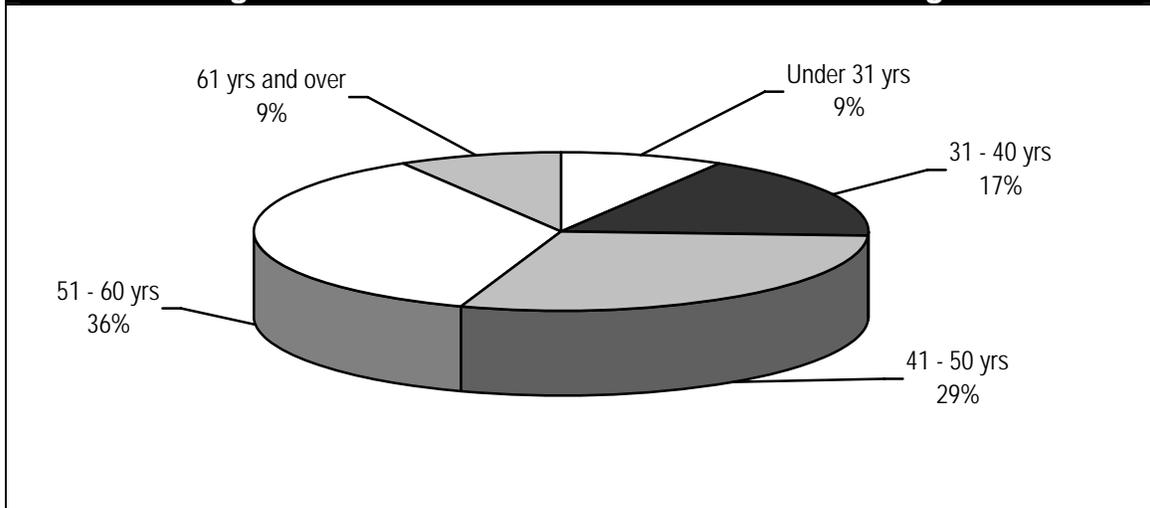
<sup>253</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

<sup>254</sup> Ibid.

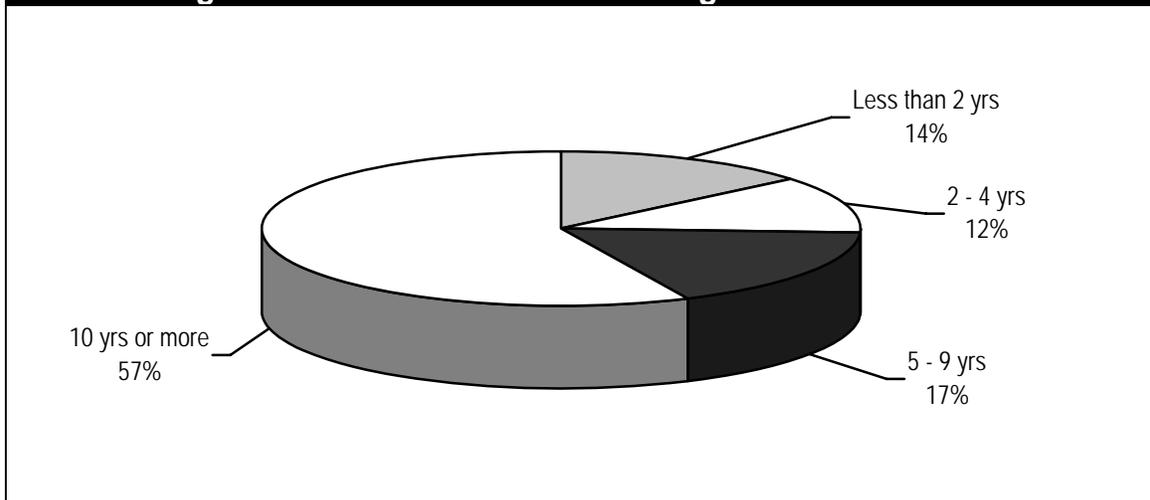
<sup>255</sup> HHSAS Database, as of 8/31/07.

<sup>256</sup> Ibid.

**Figure 96: Chemists at DSHS – Distribution of Age**



**Figure 97: Chemists at DSHS – Length of State Service**



The turnover rate for DSHS Chemists is about 11 percent annually. While this rate is considered low, about 31 percent of current Chemists will be eligible to retire by the year 2012.<sup>257</sup>

Chemists at DSHS earn an average annual salary of about \$42,246.<sup>258</sup> This salary falls below the market rate. The average annual salary for Chemists nationally is \$66,040 and \$57,940 in Texas.<sup>259</sup>

<sup>257</sup> HHSAS Database, FY 2007 data.

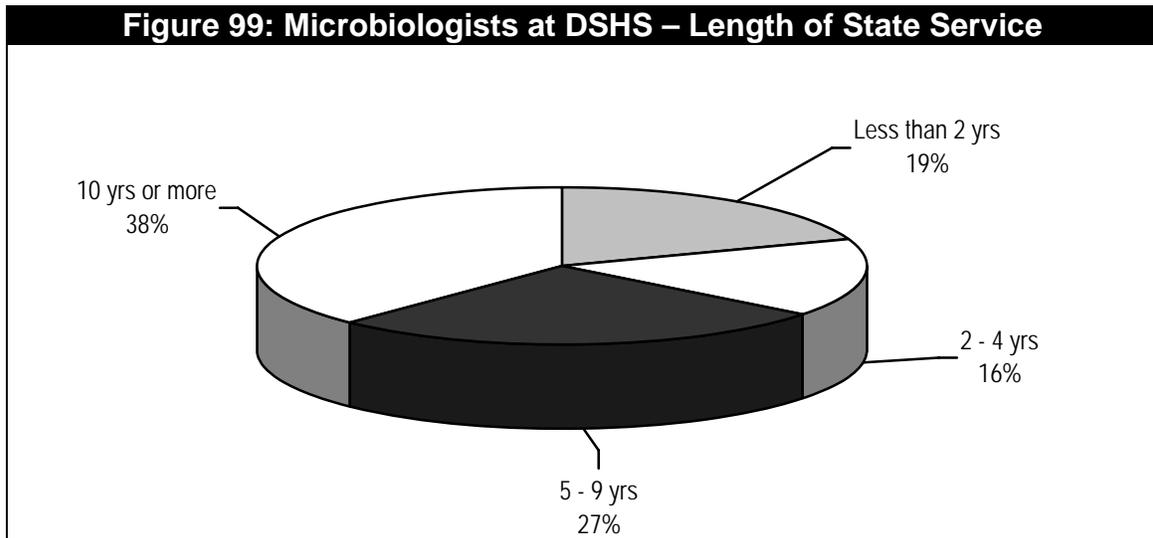
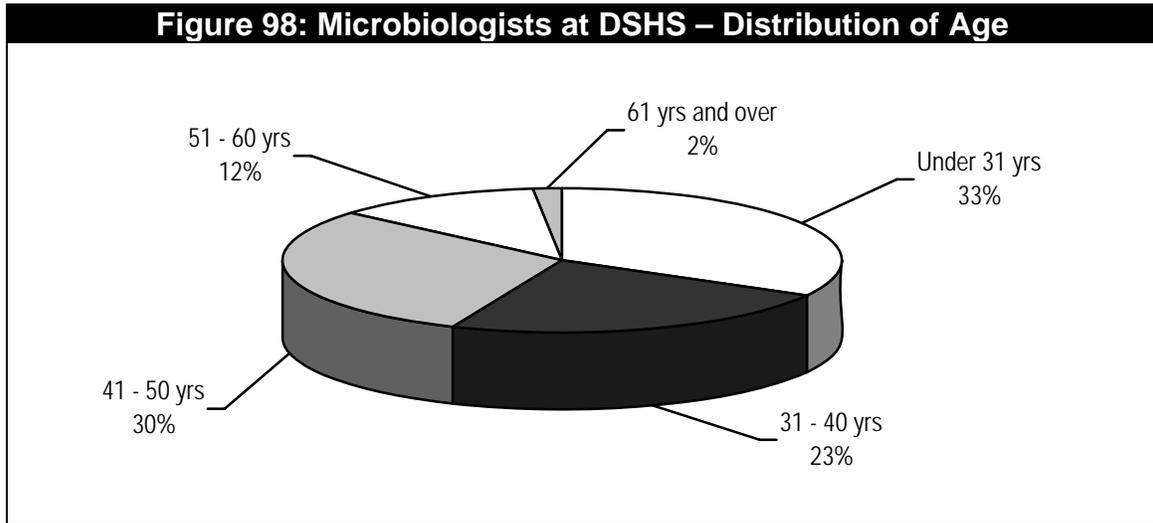
<sup>258</sup> HHSAS Database, as of 8/31/07.

<sup>259</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

**Microbiologists**

There are 124 Microbiologists at DSHS, with the majority working at the Austin laboratory.<sup>260</sup>

DSHS Microbiologists have, on average, about nine years of state service, with an average age of about 39 years.<sup>261</sup>



The turnover rate for DSHS Microbiologists is about 16 percent.<sup>262</sup> This rate is slightly lower than the statewide turnover rate of 17.4 percent.<sup>263</sup>

<sup>260</sup> HHSAS Database, as of 8/31/07.

<sup>261</sup> Ibid.

<sup>262</sup> HHSAS Database, FY 2007 data.

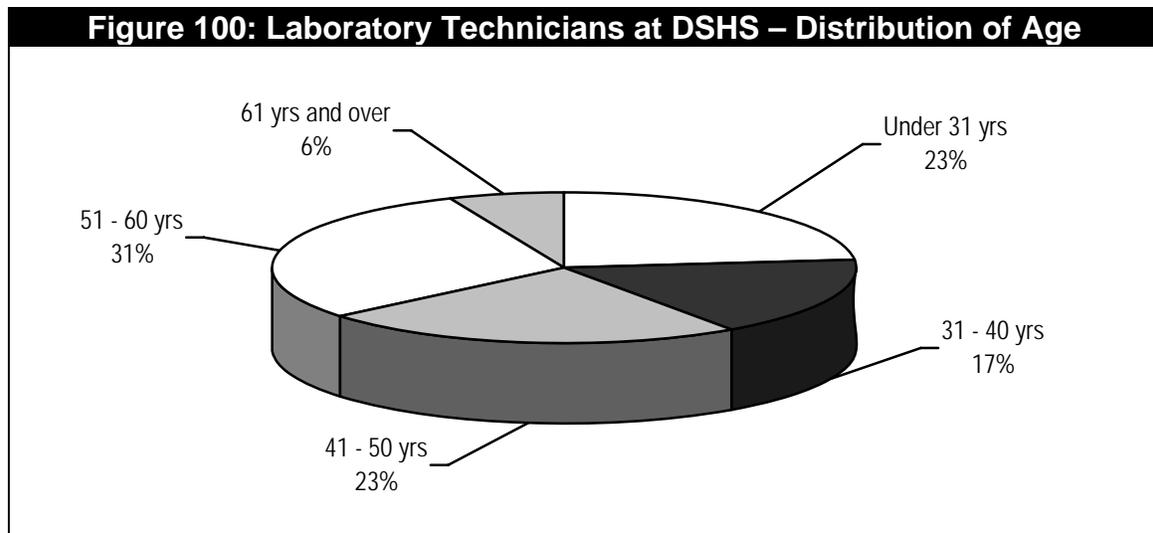
<sup>263</sup> State Auditor's Office (SAO) FY 2007 Turnover Statistics.

Agency Microbiologists earn an average annual salary of about \$39,563. This salary falls below the national and statewide market rates for this occupation. The average annual salary for Microbiologists nationally is \$65,200 and \$47,280 in Texas.<sup>264 265</sup> This disparity in earnings is affecting the agency's ability to recruit qualified applicants for open positions. Microbiologist positions often remain unfilled for several months.<sup>266</sup>

### **Laboratory Technicians**

There are 47 Laboratory Technicians employed at DSHS.<sup>267</sup>

The typical Laboratory Technician is about 44 years old and has an average of 11 years of state service.<sup>268</sup>



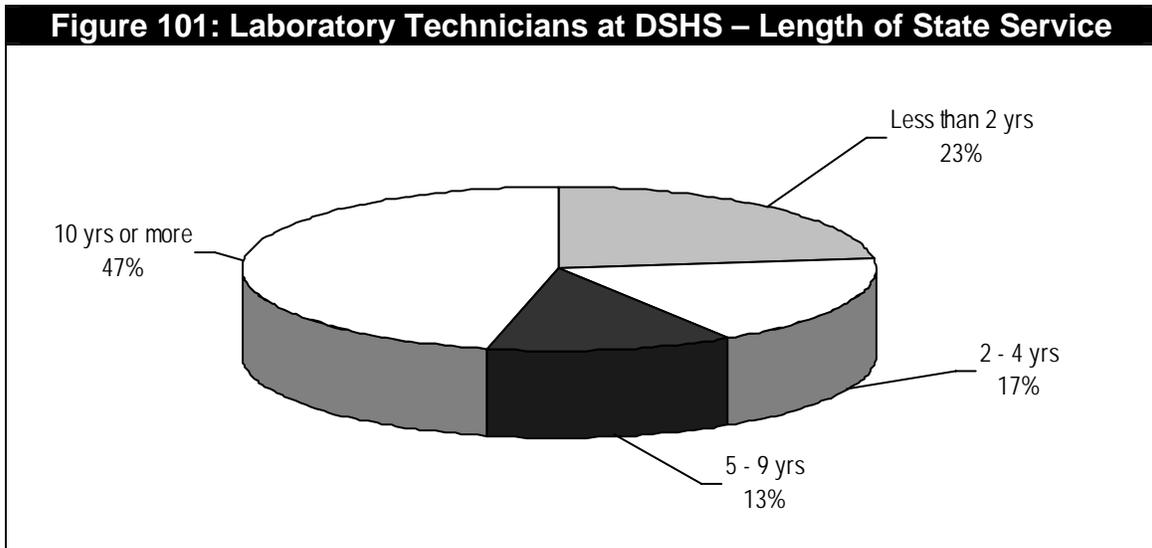
<sup>264</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

<sup>265</sup> HHSAS Database, as of 8/31/07.

<sup>266</sup> Ibid.

<sup>267</sup> Ibid.

<sup>268</sup> Ibid.



Annual turnover for DSHS Laboratory Technicians is considered high at approximately 25 percent.<sup>269</sup>

Targeted recruitment and retention strategies are used to ensure that agency laboratories have enough staff to meet agency goals.

One strategy has been to contract with private laboratories. This has not been a particularly desirable alternative to hiring laboratory staff. Barriers to using contracts with private labs include securing a cost effective contract arrangement and the difficulty in obtaining a long term commitment. In most cases, contracting with private lab services is more costly than hiring staff to perform these services.

### **Vital Statistics Staff**

There are 154 employees in the Vital Statistics Bureau (VSB) in Austin.<sup>270</sup> Staff includes Managers and Directors, Program Specialists, Research and Statistical Technicians, Data Entry and Systems Supports staff and Administrative Assistants and Staff Services Officers.<sup>271</sup>

New federal legislation has increased the demand for services by about 50 percent over previous levels in the last two years due in part to the Western

<sup>269</sup> HHSAS Database, FY 2007 data.

<sup>270</sup> HHSAS Database, as of 8/31/07.

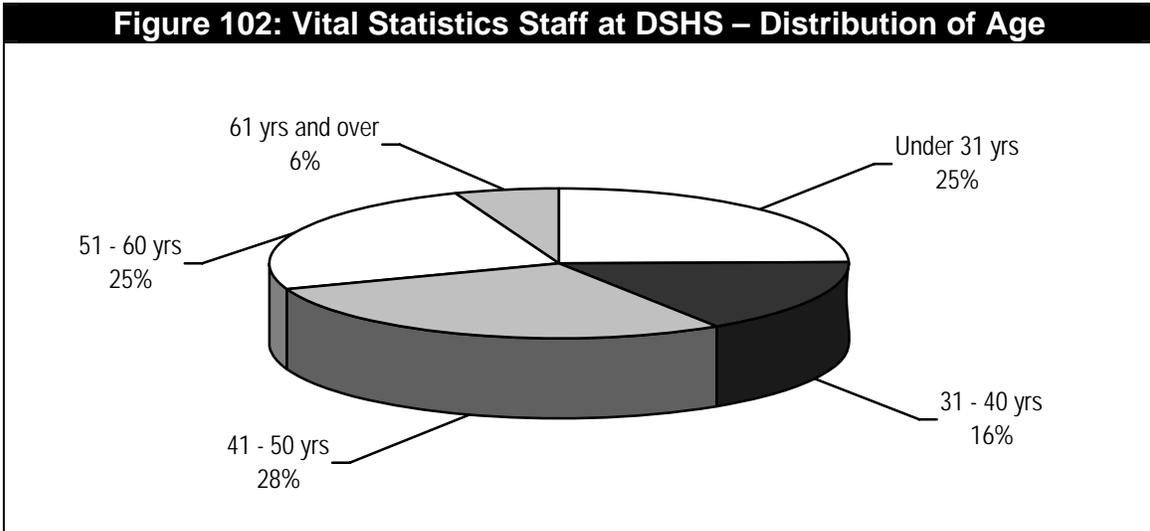
<sup>271</sup> Ibid.

Hemisphere Travel Initiative of the United States Department of State, Passport Services Office.

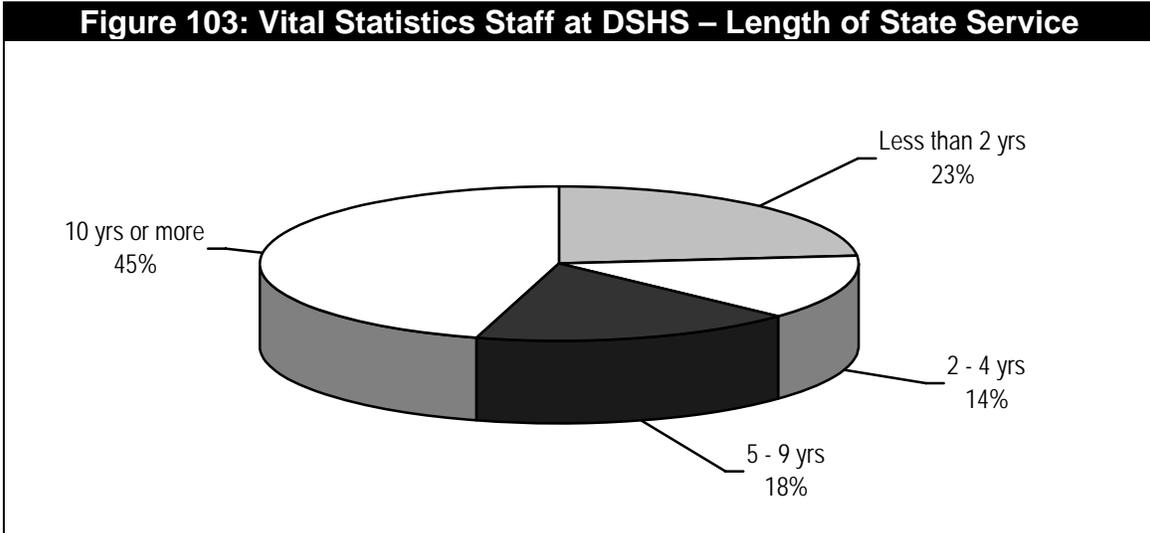
The agency anticipates new business demands will be placed on VSB employees due to the acceptance of faxed credit card requests, by advertising at hospitals where babies are born and from accepting third party requests from private organizations.

The average Vital Statistics staff member is approximately 43 years of age, with about 11 year of state service.<sup>272</sup>

**Figure 102: Vital Statistics Staff at DSHS – Distribution of Age**



**Figure 103: Vital Statistics Staff at DSHS – Length of State Service**



<sup>272</sup> HHSAS Database, as of 8/31/07.

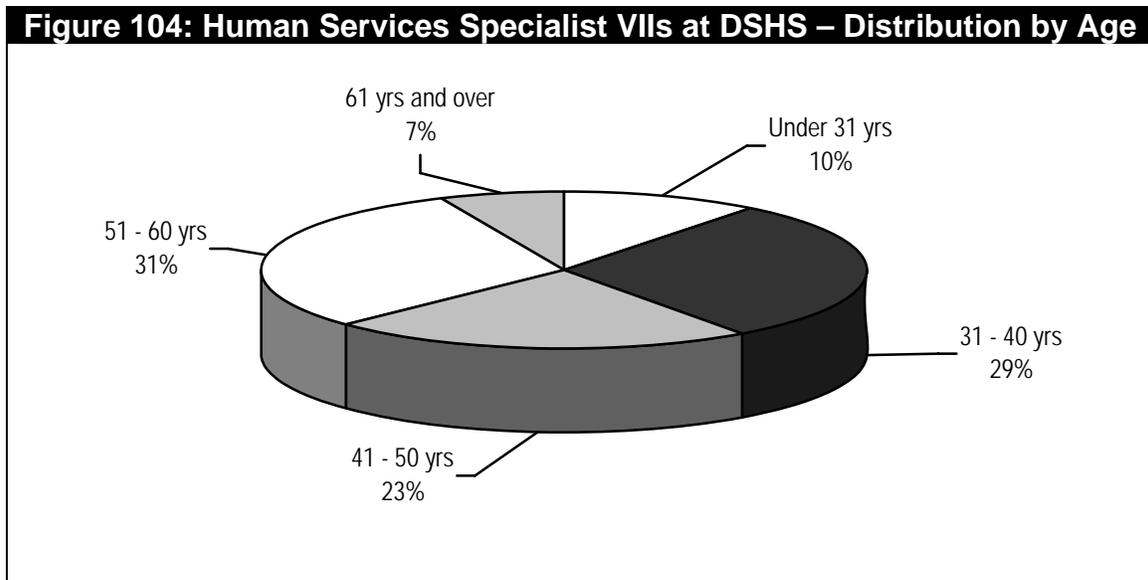
Turnover of Vital Statistics employees is high at about 19 percent, with Administrative Assistants and Staff Services Officers having the highest turnover at about 21 percent.<sup>273</sup>

Recruitment and retention for these jobs is an ongoing challenge.

### **Human Services Specialists**

Over 100 Human Services Specialists are employed at DSHS.<sup>274</sup> These employees provide comprehensive case management to children with health conditions/health risks and to high-risk pregnant women of all ages. Together, the case manager and family assess the medical, social, educational and other medically necessary service needs of the consumer. Employees must have a high level of flexibility, since employees in these positions work with a variety of consumers who vary in age, socioeconomic status, ethnicity, disability and service need. Human Services Specialists are either licensed social workers or registered nurses.

The typical Human Services Specialist is about 45 years old and has an average of nine years of state service.<sup>275</sup>

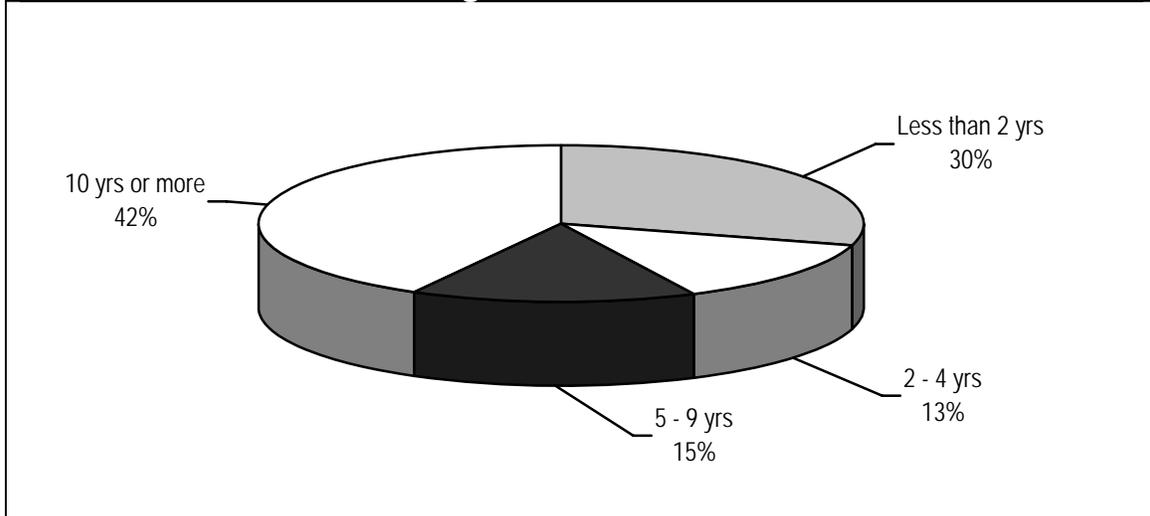


<sup>273</sup> HHSAS Database, FY 2007 data.

<sup>274</sup> HHSAS Database, as of 8/31/07.

<sup>275</sup> Ibid.

**Figure 105: Human Services Specialist VIIIs at DSHS  
Length of State Service**



Turnover for Human Services Specialists during fiscal year 2007 was 16.5 percent, slightly under the state average of 17.4 percent.<sup>276 277</sup>

The workload of public health case managers is expected to increase as the public becomes more aware of available services. Demand for new services and increases in pre-existing duties indicate a strong potential need for additional staff in the future. This increase will further compound current difficulties in recruiting and retaining case managers due primarily to below market pay, requirements for licensure and the need for oral and written bilingual skills.

Low starting salaries contribute to the difficulty in attracting qualified Human Services Specialist applicants. Human Services Specialists at DSHS earn, on average, an annual salary of \$37,298.<sup>278</sup> This salary is not competitive with the private sector and does not compensate for the need to be available 24/7 or work extended hours to meet the needs of consumers. Occupations with a comparable skills set include Registered Nurses and Licensed Social Workers. Licensed Social Workers earn an average annual salary nationally of \$44,950 and \$38,270 in Texas; while comparable Registered Nurses earn an average annual salary nationally of \$59,730 and \$57,180 in Texas.<sup>279</sup>

<sup>276</sup> State Auditor's Office (SAO) FY 2007 Turnover Statistics.

<sup>277</sup> HHSAS Database, FY 2007 data.

<sup>278</sup> HHSAS Database, as of 8/31/07.

<sup>279</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

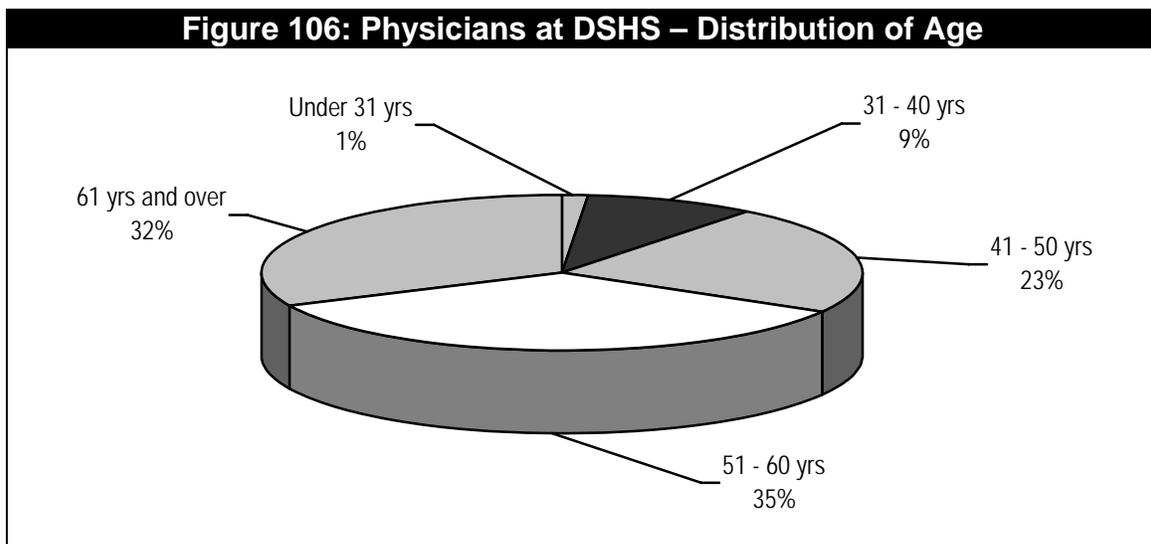
This disparity in earnings is affecting the agency's ability to recruit qualified applicants for open positions. These positions often remain unfilled for several months before filled.<sup>280</sup>

Recruitment and retention for these jobs is an ongoing challenge.

### **Physicians**

There are about 75 Medical Doctors at DSHS.<sup>281</sup> These Physicians are essential to providing medical care in state hospitals. 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. They 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.

DSHS Physicians have, on average, about 12 years of state service, with an average age of 57. 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, thus explaining the high overall age. Only eight full-time Physicians are under 41 years of age.<sup>282</sup>

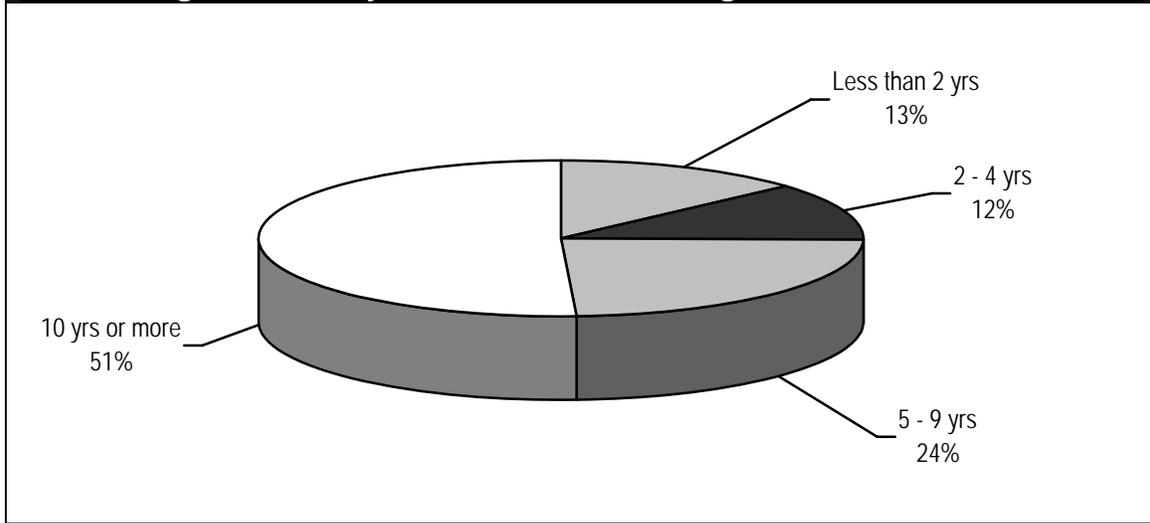


<sup>280</sup> HHSAS Database, FY 2007 data.

<sup>281</sup> HHSAS Database, as of 8/31/07.

<sup>282</sup> Ibid.

**Figure 107: Physicians at DSHS – Length of State Service**



Though turnover for Physicians is low at only about 11 percent, 33 of these highly skilled and tenured employees (45 percent) will be eligible to retire by 2012.<sup>283 284</sup> As retirement opportunities near, the agency will lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to replace, with expertise that will be difficult to match and even harder to recruit. Three senior public health Physicians have left DSHS in the last six months (one to state retirement and private medical consulting and two to local health departments). Another, less senior Physician, is leaving for a higher paying position in the private health policy and research sector. Non-competitive salaries are having a significant effect on retaining qualified physicians with the agency. It can take over a year to fill a physician position with someone who has appropriate skills and expertise.

Agency Physicians earn an average annual salary of \$138,185. This salary falls below the market rate. The average annual salary for Physicians nationally is \$142,220 and \$158,060 in Texas.<sup>285 286</sup>

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. It can also place Joint Commission accreditation and Medicare certification at risk.

<sup>283</sup> HHSAS Database, FY 2007 data.

<sup>284</sup> HHSAS Database, as of 8/31/07.

<sup>285</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

<sup>286</sup> HHSAS Database, as of 8/31/07.

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 \$66<sup>287</sup> 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.

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

### **Psychiatrists**

There are currently 123 Psychiatrists at DSHS.<sup>288</sup> 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 11 years of state service, with an average age of 54. Over half of these employees have 10 or more years of service.<sup>289</sup>

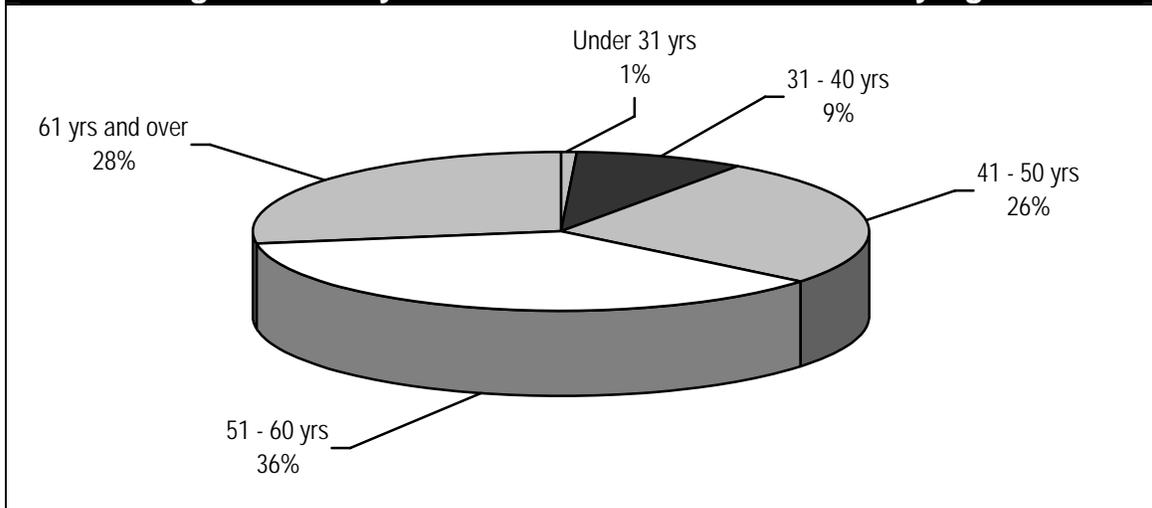
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<sup>287</sup> HHSAS Database, as of 8/31/07.

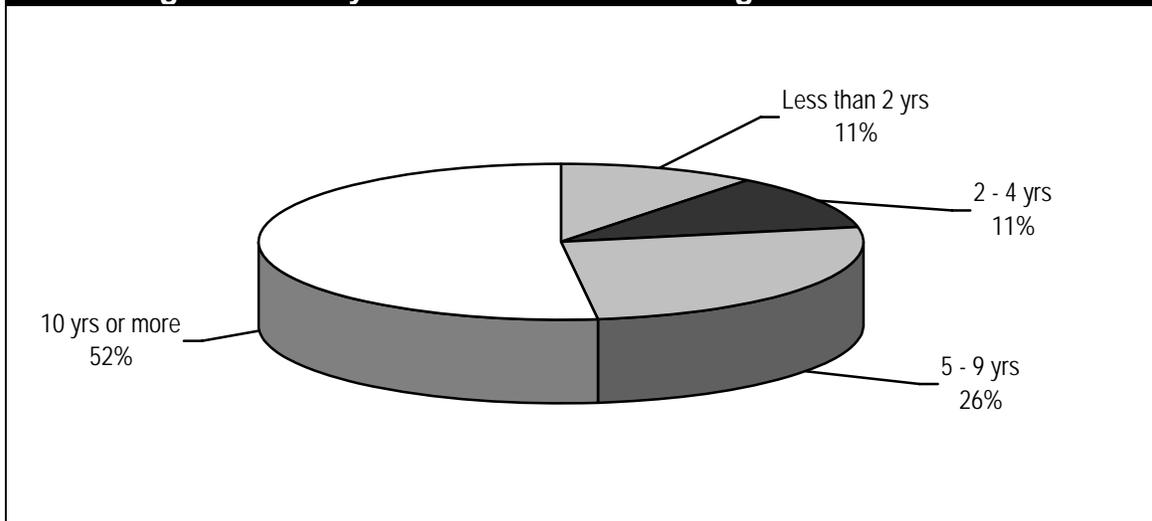
<sup>288</sup> Ibid.

<sup>289</sup> Ibid.

**Figure 108: Psychiatrists at DSHS – Distribution by Age**



**Figure 109: Psychiatrists at DSHS – Length of State Service**



Annual turnover for Psychiatrists is low at only 9.5 percent. Approximately 38 percent of these highly skilled and tenured employees will be eligible to retire by 2012.<sup>290</sup>

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

<sup>290</sup> HHSAS Database, FY 2007 data.

rural and border counties. The need to recruit and retain professionals is crucial to the mental health care of residents in these underserved areas.<sup>291</sup>

DSHS Psychiatrists earn an average annual salary of about \$157,536.<sup>292</sup> Nationally, Psychiatrists are being offered an average annual salary of \$186,000 (with the low at \$160,000 and high at \$230,000).<sup>293</sup> This discrepancy in earnings has created difficulties in attracting qualified applicants. Most vacant Psychiatrist positions go unfilled for months.<sup>294</sup>

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 and increasing the average length of stay. It has also placed Joint Commission accreditation and Medicare certification at risk.

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 \$76<sup>295</sup> 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.

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.

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<sup>291</sup> "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.

<sup>292</sup> HHSAS Database, as of 8/31/07.

<sup>293</sup> "2007 Review of Physician and CRNA Recruiting Incentives," MHA Merritt Hawkins & Associates, webpage [http://www.merrithawkins.com/pdf/2007\\_Review\\_of\\_Physician\\_and\\_CRNA\\_Recruiting\\_Incentives.pdf](http://www.merrithawkins.com/pdf/2007_Review_of_Physician_and_CRNA_Recruiting_Incentives.pdf), last accessed on 4/29/08.

<sup>294</sup> HHSAS Database, FY 2007 data.

<sup>295</sup> HHSAS Database, as of 8/31/07.

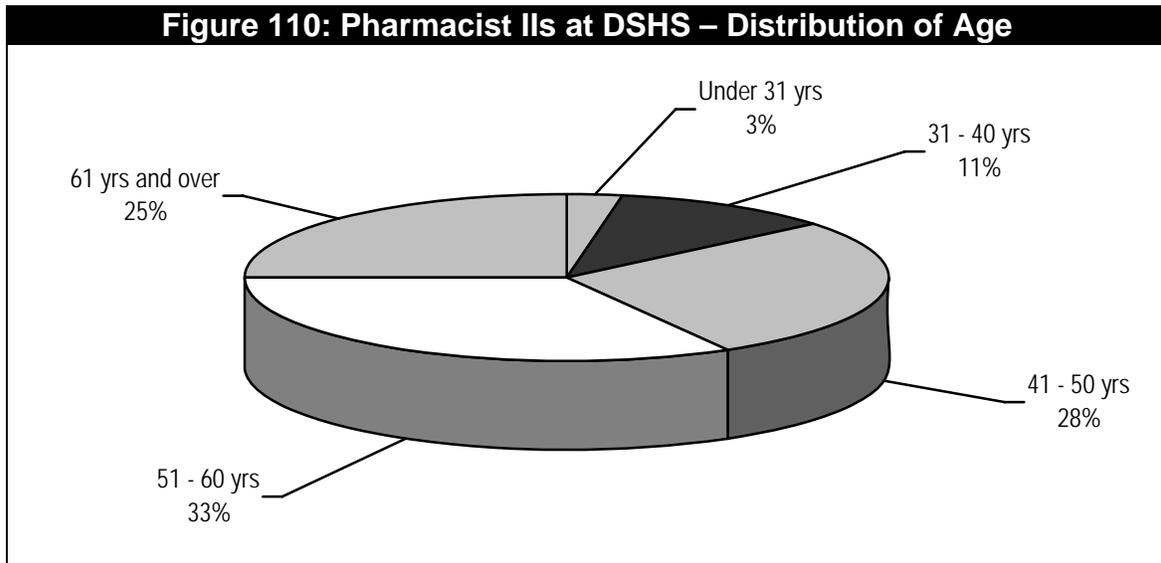
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## **Pharmacists**

Pharmacists represent the third largest health professional group in the US, with approximately 243,000 active Pharmacists as of November 2006.<sup>296</sup> 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 53,000 new Pharmacists by 2016, or a 22 percent increase in the number of total jobs.<sup>297</sup> However, the number of available Pharmacists is expected to grow only modestly.

There are 36 Pharmacists working in various capacities at DSHS.<sup>298</sup> 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 typical Pharmacist is about 53 years old and has an average of 15 years of state service. Sixty-four percent (64%) of these employees have 10 or more years of service.<sup>299</sup>



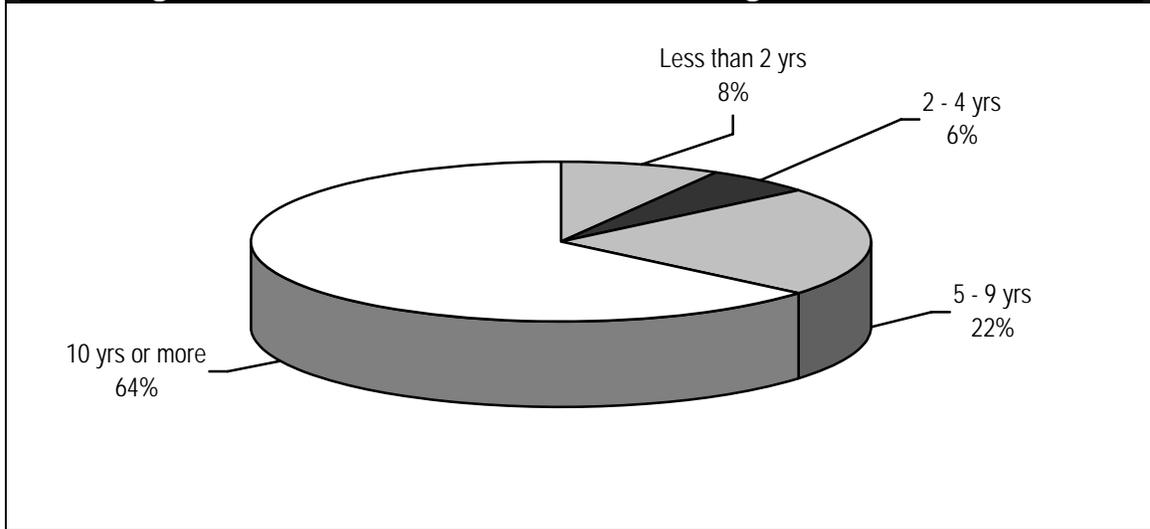
<sup>296</sup> Arlene Dohm and Lynn Shniper, "Occupational employment projections to 2016" Monthly Labor Review, November 2007, web page <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf>, last accessed on 3/9/08).

<sup>297</sup> Ibid.

<sup>298</sup> HHSAS Database, as of 8/31/07.

<sup>299</sup> Ibid.

**Figure 111: Pharmacist IIs at DSHS – Length of State Service**



Pharmacists at DSHS earn, on average, an annual salary of \$88,388.<sup>300</sup> This salary falls significantly below the market rate. The average annual salary for Pharmacists nationally is \$93,500 and \$96,290 in Texas.<sup>301</sup>

Though the annual turnover rate for Pharmacists is low at about 14 percent, approximately 44 percent of these highly skilled and tenured employees will be eligible to retire by 2012.<sup>302</sup>

Higher starting salaries and increasing the salary levels for current pharmacists will assist with recruitment and retention efforts of this occupational group.

### **Medical Technologists**

There are about 20 Medical Technologists at DSHS.<sup>303</sup> These laboratory employees are critical to providing efficient and quality healthcare.

DSHS Medical Technologists have, on average, about six years of state service, with an average age of approximately 39 years.<sup>304</sup>

<sup>300</sup> HHSAS Database, as of 8/31/07.

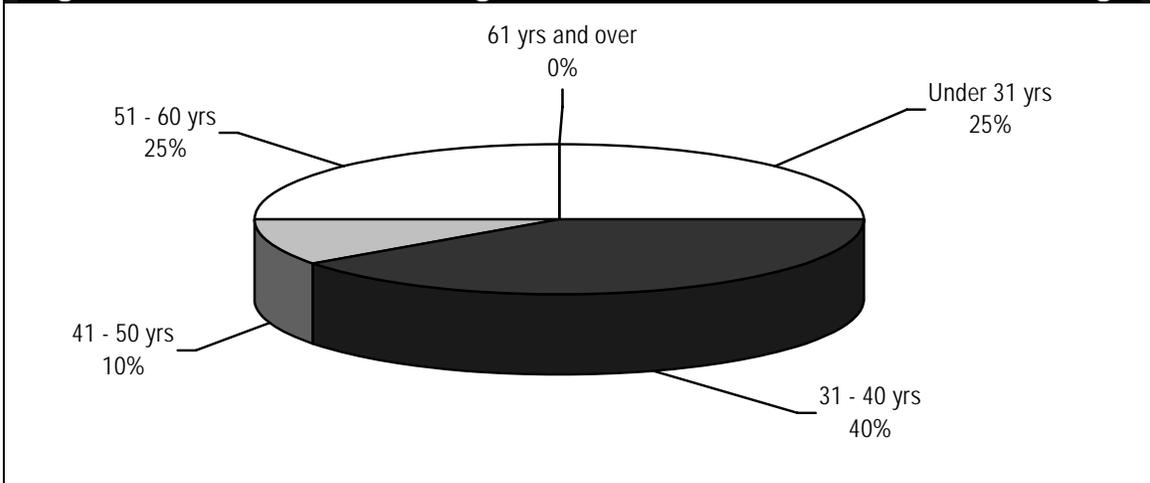
<sup>301</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

<sup>302</sup> HHSAS Database, FY 2007 data.

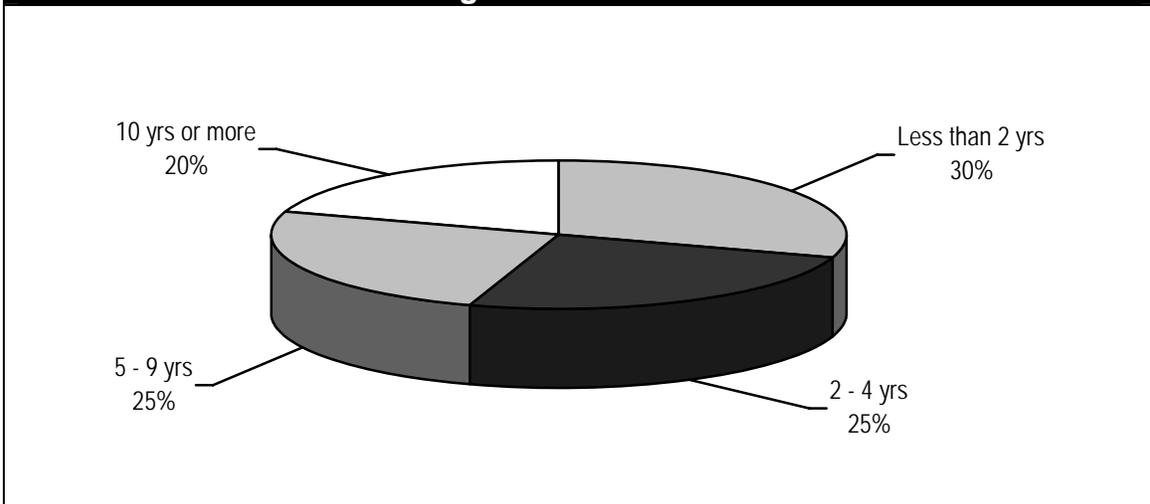
<sup>303</sup> HHSAS Database, as of 8/31/07.

<sup>304</sup> Ibid.

**Figure 112: Medical Technologist Is and IIs at DSHS – Distribution of Age**



**Figure 113: Medical Technologist Is and IIs at DSHS Length of State Service**



Turnover for Medical Technologists is considered high at approximately 25 percent. When a vacancy in one of the positions occurs, it is not unusual for the position to go unfilled for several months before a qualified applicant is found.<sup>305</sup>

DSHS Medical Technologists earn, on average, an annual salary of \$31,669.<sup>306</sup> This salary falls significantly below the market rate. The average annual salary for Medical and Clinical Laboratory Technologists is \$50,550 and \$46,730 in

<sup>305</sup> HHSAS Database, FY 2007 data.

<sup>306</sup> HHSAS Database, as of 8/31/07.

Texas. This disparity is affecting the agency's ability to recruit qualified applicants for open positions.<sup>307</sup>

Another factor that contributes to the high turnover rate is the fact that most Medical Technologists are hired at the minimum salary for the position and remain at the low end of the salary scale. Thus, newly hired and inexperienced Medical Technologists receive a salary similar to that of experienced employees in the same position.

Another factor that explains the high turnover rate is the lack of a career ladder. Consequently, there are fewer opportunities for employees to apply for Medical Technologist positions with a higher base salary. Due to the fewer number of higher level positions, less experienced Medical Technologists are leaving the laboratory for job advancement. They are either accepting positions in the private sector with higher pay or with other state agencies that have career ladders/advancement opportunities.

This high turnover affects current staff that are required to devote more time to training new employees and assessing their competency, resulting in a decrease of productivity. In addition, excess strain and fatigue occur for staff that are required to cover duties of vacant positions.

The high turnover and long delays in filling laboratory positions with qualified individuals represent a loss of institutional knowledge that could impact laboratory results that are critical to patient follow up and diagnosis.

Targeted recruitment efforts will continue to ensure a qualified applicant pool is available to select from as vacancies occur.

## **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 internet-based job postings, billboards, job fairs, professional newsletters, list serves and recruitment firms.

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<sup>307</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2006; last accessed on 3/10/08.

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- ◆ 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 HHSC 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.
- ◆ Recruit individuals from diverse academic institutions.
- ◆ Review current Sanitarian salaries from local health departments, industry and the federal government and make necessary salary adjustments.
- ◆ Request the creation of a trainee classification for individuals to gain the necessary experience to become a Sanitarian.
- ◆ Evaluate options for paying for continuing education programs.
- ◆ Enhance capacity to recruit bilingual Human Services Specialist case managers by providing a salary incentive.
- ◆ Consider the use of recruitment bonuses and moving allowances for highly competitive job categories such as Physicians, Psychiatrists and Pharmacists.

### **Retention Strategies**

- ◆ Systematic process for audit of job positions to ensure consistency across the agency.
- ◆ Involvement in HHSC 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.
- ◆ Use of the DSHS Employee Advisory Committee to identify strategies for retaining staff.
- ◆ Explore opportunities for flexible work schedules.

- ◆ Continue to provide adequate training to assist employees in preparedness of their jobs and expand opportunities for cross-training.
- ◆ Improve supervisory skills to improve the work environment.
- ◆ Improve the work environment through provision of adequate technological tools and streamlined business processes.
- ◆ Improve employee communications.
- ◆ Evaluate the use of career ladders for a limited number of technical classifications and the expansion of the nurse career ladder to address public health nurses.
- ◆ Reimburse Architects and Engineers for their license renewal and for the cost of required continuing education.
- ◆ Consider opportunities to provide formally approved continuing education for various licensed healthcare professionals that meet requirements for credentialing.