

## **Appendix E**

# **Strategic Staffing Analysis and Workforce Plan**

**for the Planning Period 2011–15**



## Executive Summary

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

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

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

State leaders in Texas recognize the importance of workforce planning. As part of their strategic plans, state agencies are required under the Texas Government Code, Section 2056.0021, to develop a workforce plan in accordance with the guidelines developed by the State Auditor's Office (SAO). To meet these requirements, this Appendix to the HHS System Strategic Plan for the Fiscal Years 2011-15 analyzes the following key elements for the entire HHS System and each individual HHS agency:

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

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



# HEALTH AND HUMAN SERVICES SYSTEM STRATEGIC STAFFING ANALYSIS AND WORKFORCE PLAN

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## 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 supported living center programs previously administered by the Department of Mental Health and Mental Retardation, community care and nursing home services and long-term care regulatory programs of the Department of Human Services and aging services programs of the Texas Department of Aging. Began services on September 1, 2004.
- ◆ **Department of State Health Services (DSHS).** Includes programs previously administered by the Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, the Health Care Information Council and mental-health community services and state hospital programs from the Department of Mental Health and Mental Retardation. Began services on September 1, 2004.

### VISION

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

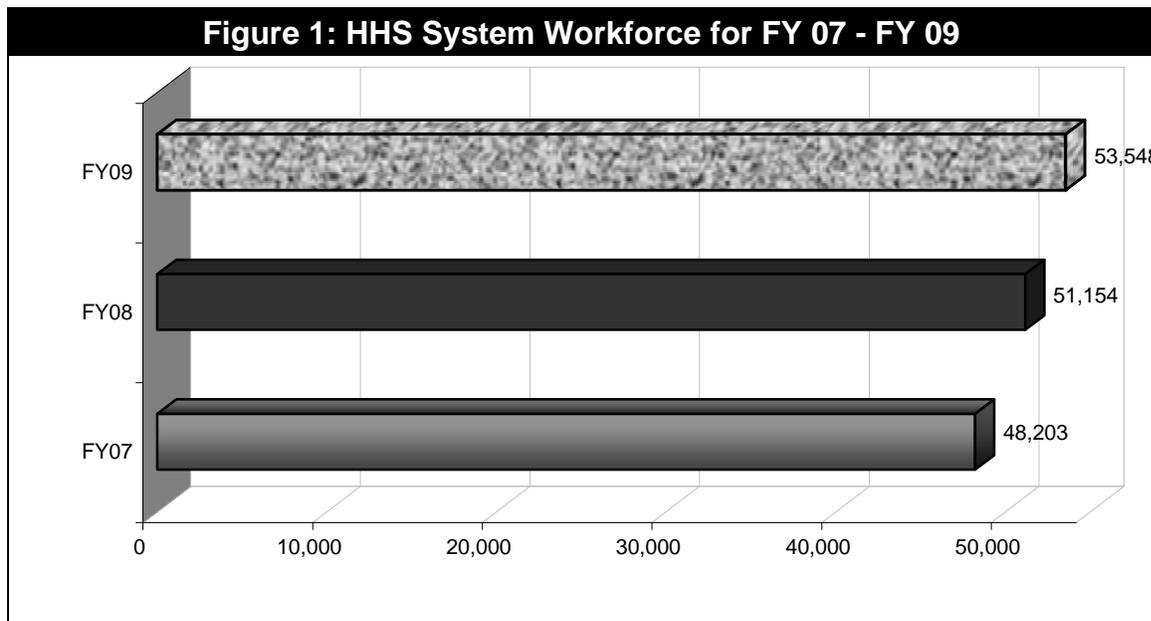
## PHILOSOPHY

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

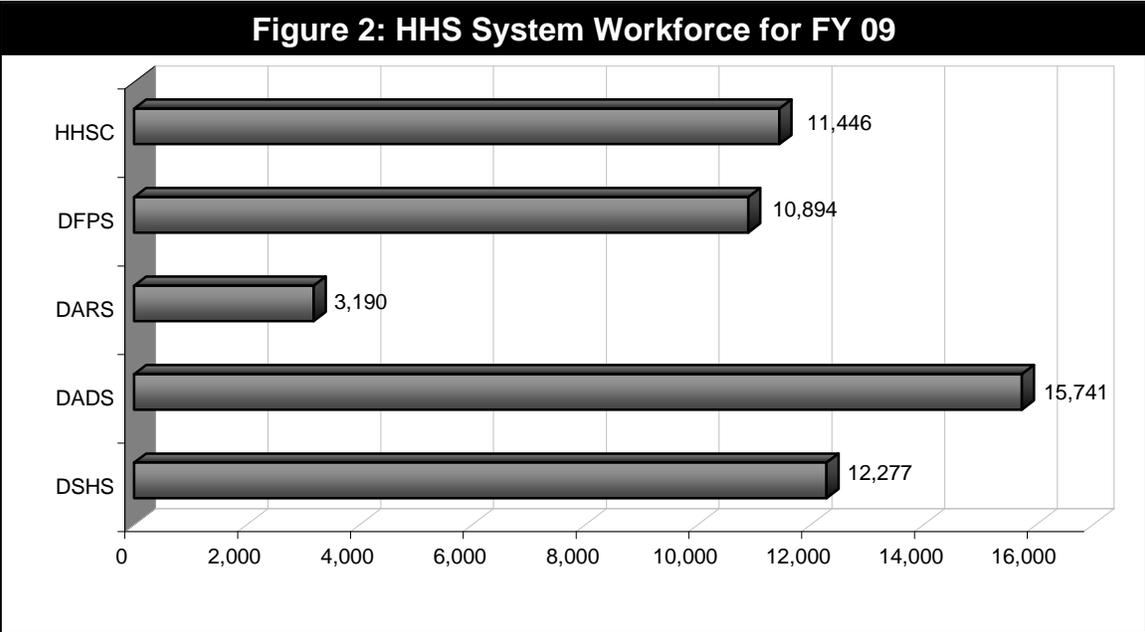
- ◆ Texans are entitled to openness and fairness, and the highest ethical standards from us, their public servants.
- ◆ Taxpayers, and their elected representatives, deserve conscientious stewardship of public resources and the highest level of accountability.
- ◆ Texans should receive services in an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

## WORKFORCE DEMOGRAPHICS

Between August 31, 2007 and August 31, 2009, the HHS workforce increased by about 10 percent (adding 5,345 workers, for a total of 53,548 full-time and part-time employees).<sup>1</sup>



<sup>1</sup> HHSAS Database, as of 8/31/09.



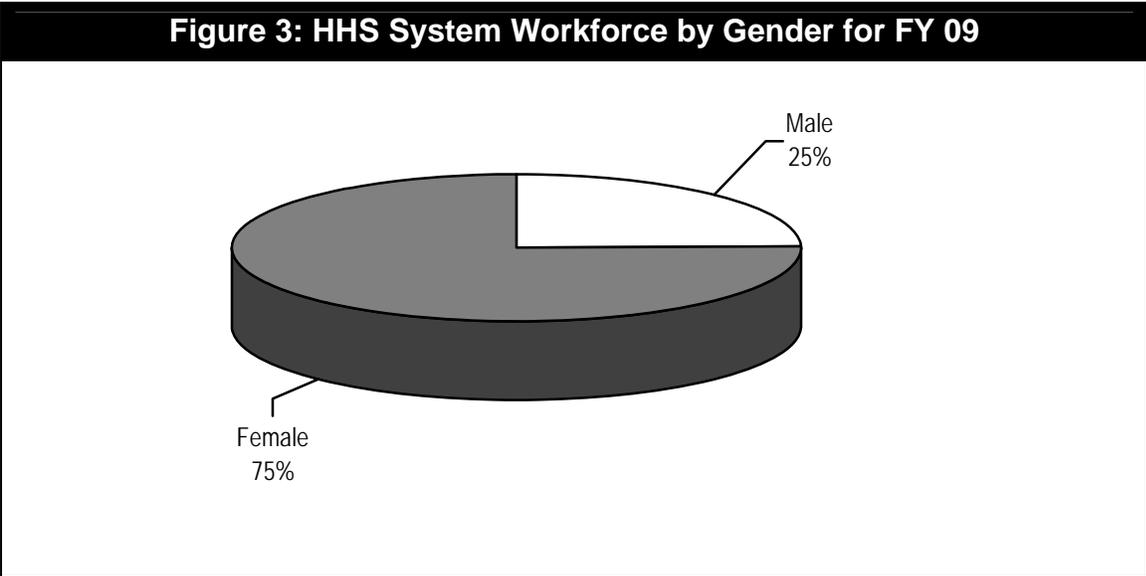
**Gender**

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

**Table 1: HHS System Workforce Gender for FY 07 – FY 09**

Gender	FY 07	FY 08	FY 09
Male	25.4%	24.6%	24.8%
Female	74.6%	75.4%	75.2%

<sup>2</sup> HHSAS Database, as of 8/31/09.



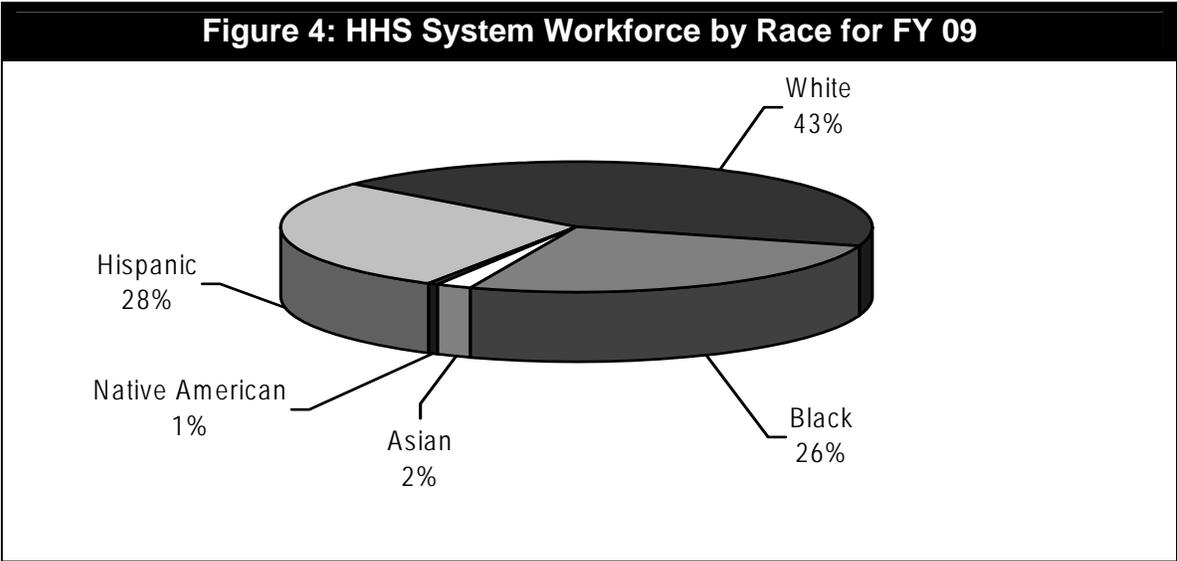
**Race**

The workforce is diverse, with approximately 43 percent White, 28 percent Hispanic and 26 percent Black.<sup>3</sup>

**Table 2: HHS System Workforce Race for FY 07 – FY 09**

Race	FY 07	FY 08	FY 09
White	45.1%	43.9%	43.2%
Black	25.7%	26.4%	26.3%
Hispanic	27.0%	27.4%	28.0%
Native American	.7%	.6%	.6%
Asian	1.6%	1.7%	1.8%

<sup>3</sup> HHSAS Database, as of 8/31/09.



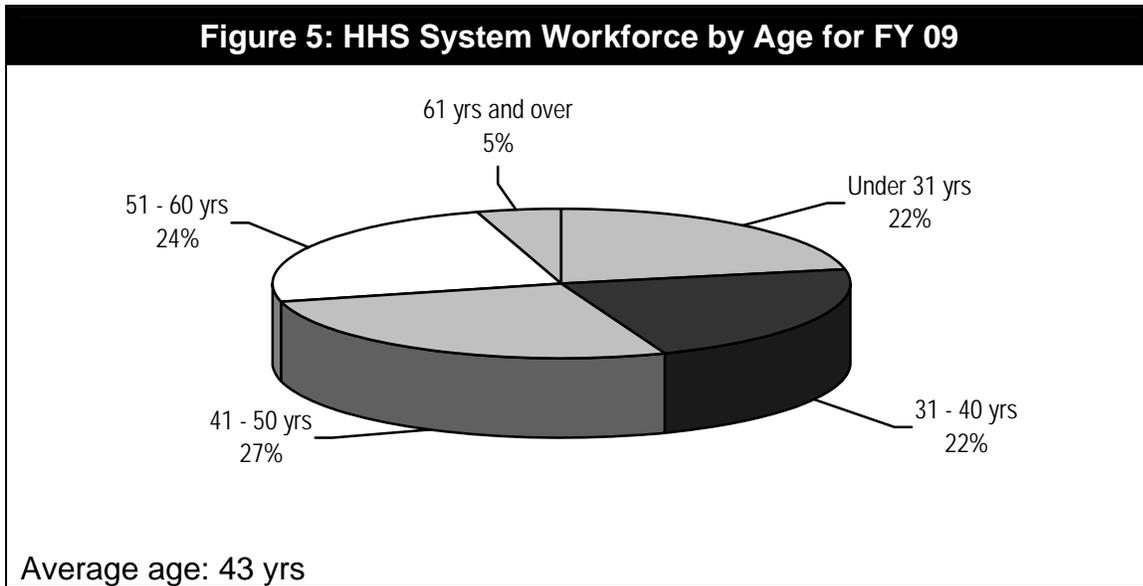
**Age**

The average age of an HHS worker is 43 years of age.<sup>4</sup>

**Table 3: HHS System Workforce Age for FY 07 – FY 09**

Age	FY 07	FY 08	FY 09
Under 31	18.2%	19.6%	21.8%
31-40	22.1%	21.9%	22.4%
41-50	28.5%	27.2%	26.9%
51-60	26.0%	25.5%	24.0%
Over 61	5.2%	5.8%	4.8%

<sup>4</sup> HHSAS Database, as of 8/31/09.



### Utilization Analysis

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

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

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

The utilization analysis of the HHS agencies for fiscal year 2009 indicated underutilization in the DADS and DSHS workforce. The following table summarizes the results of the utilization analysis for the agencies of the HHS System.

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

Although underutilization was identified in the Skilled Craft job category, it should also be noted that this job category comprises only 1.3 percent of the HHS System workforce.

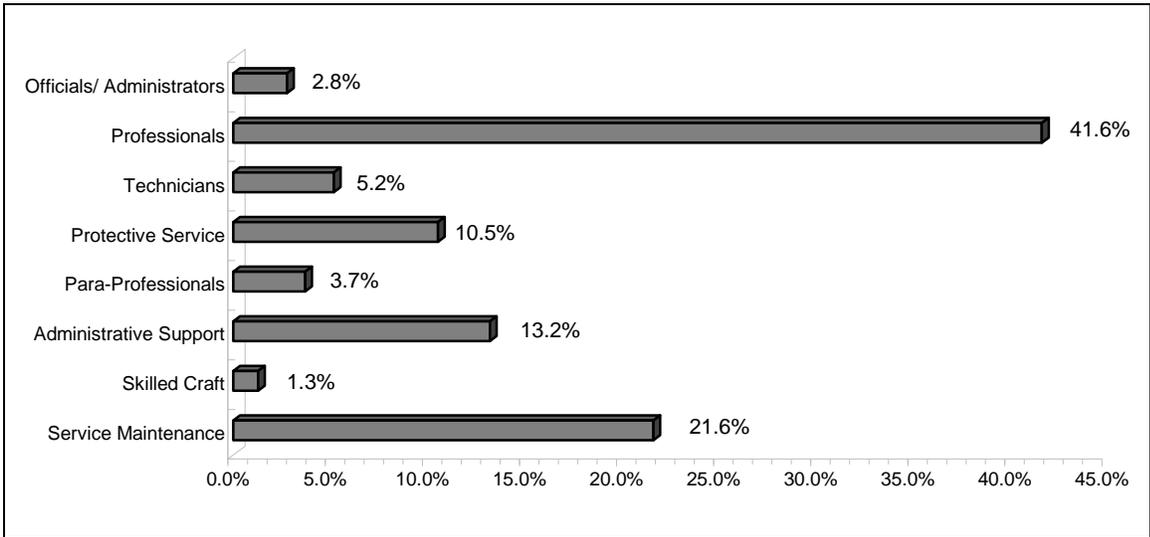
The other job category showing underutilization is Service Maintenance. This Equal Employment Opportunity (EEO) job category represents 21.6 percent of the HHS System workforce. DADS and DSHS employ most of the staff in this EEO job category. The Service Maintenance EEO job category is discussed in greater detail under the individual agency data.

<sup>5</sup> HHSAS Database, as of 8/31/09.

<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 6/08/05.

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

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

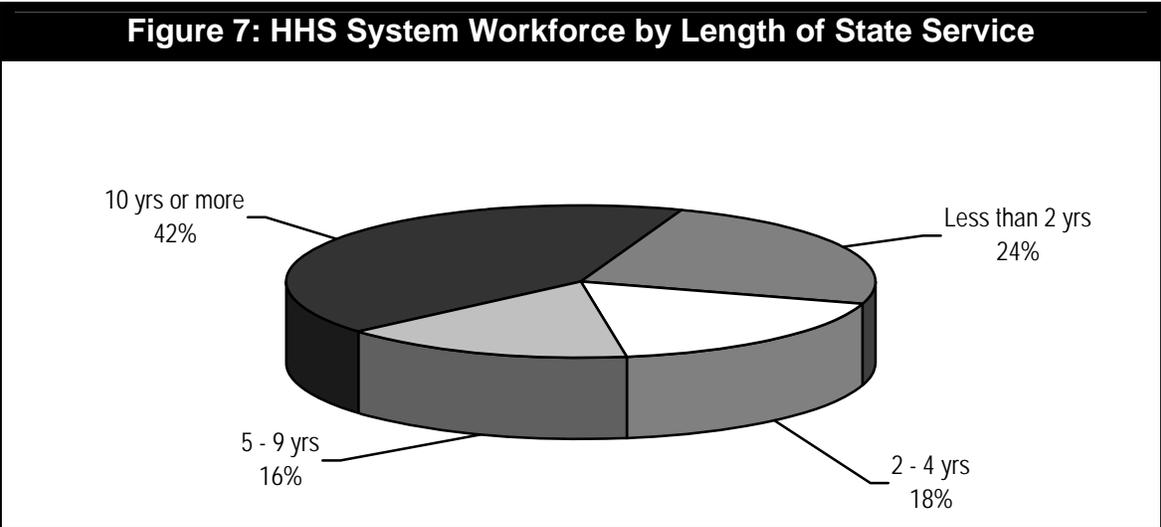


**State Service**

Approximately 42 percent of the workforce has 10 or more years of state service. Only about a quarter of the workforce have been with the state for less than two years.<sup>8</sup>

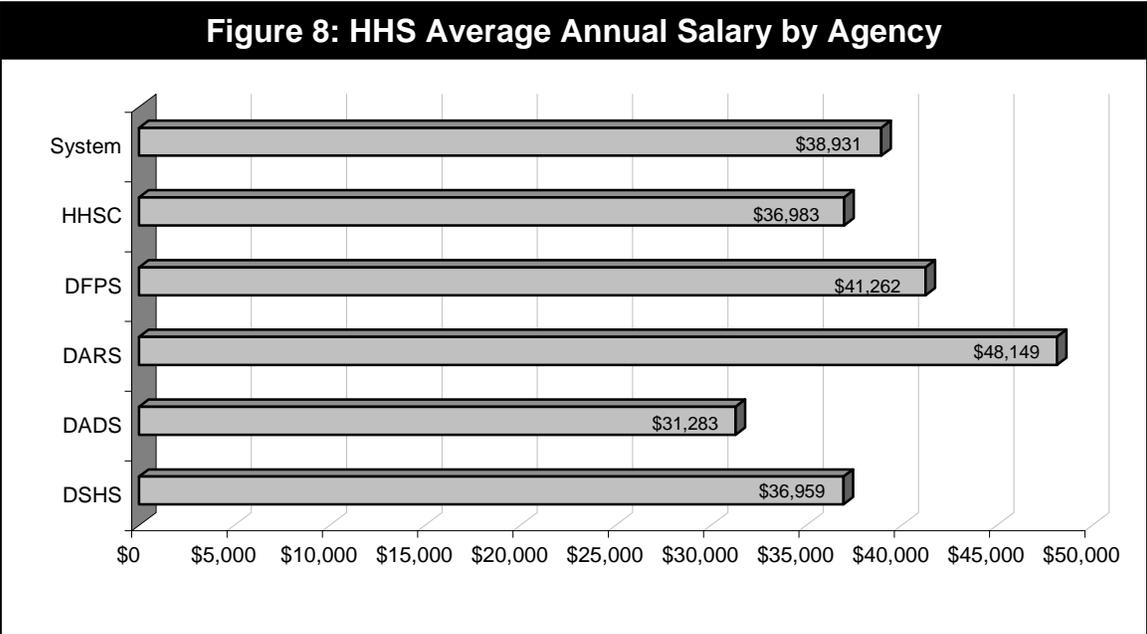
<b>Table 5: HHS System Workforce Length of State Service for FY 07 – FY 09</b>			
State Service	FY 07	FY 08	FY 09
less than 2 yrs	22.1%	24.8%	24.3%
2-4 yrs	13.4%	15.0%	17.7%
5-9 yrs	18.9%	17.2%	16.0%
10 yrs or more	45.5%	43.1%	42.0%

<sup>8</sup> HHSAS Database, as of 8/31/09.



**Average Annual Employee Salary**

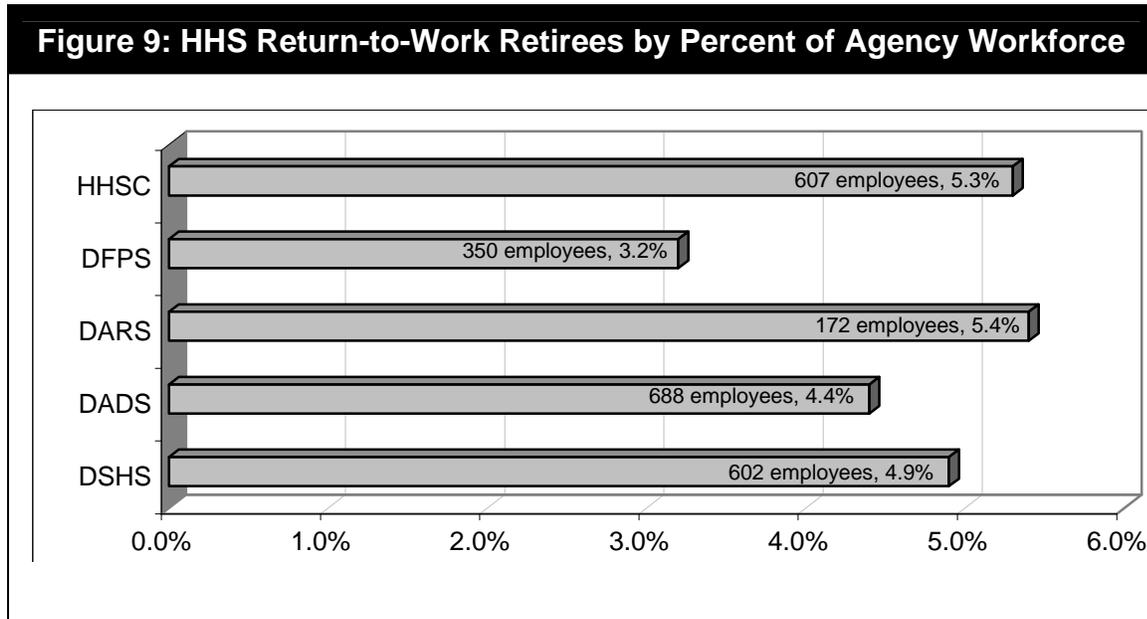
On average, the annual salary for an HHS System employee is \$38,931. DARS has the highest average annual salary at \$48,149 and DADS has the lowest at \$31,283.<sup>9</sup>



<sup>9</sup> HHSAS Database, as of 8/31/09.

## 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 4.5 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.

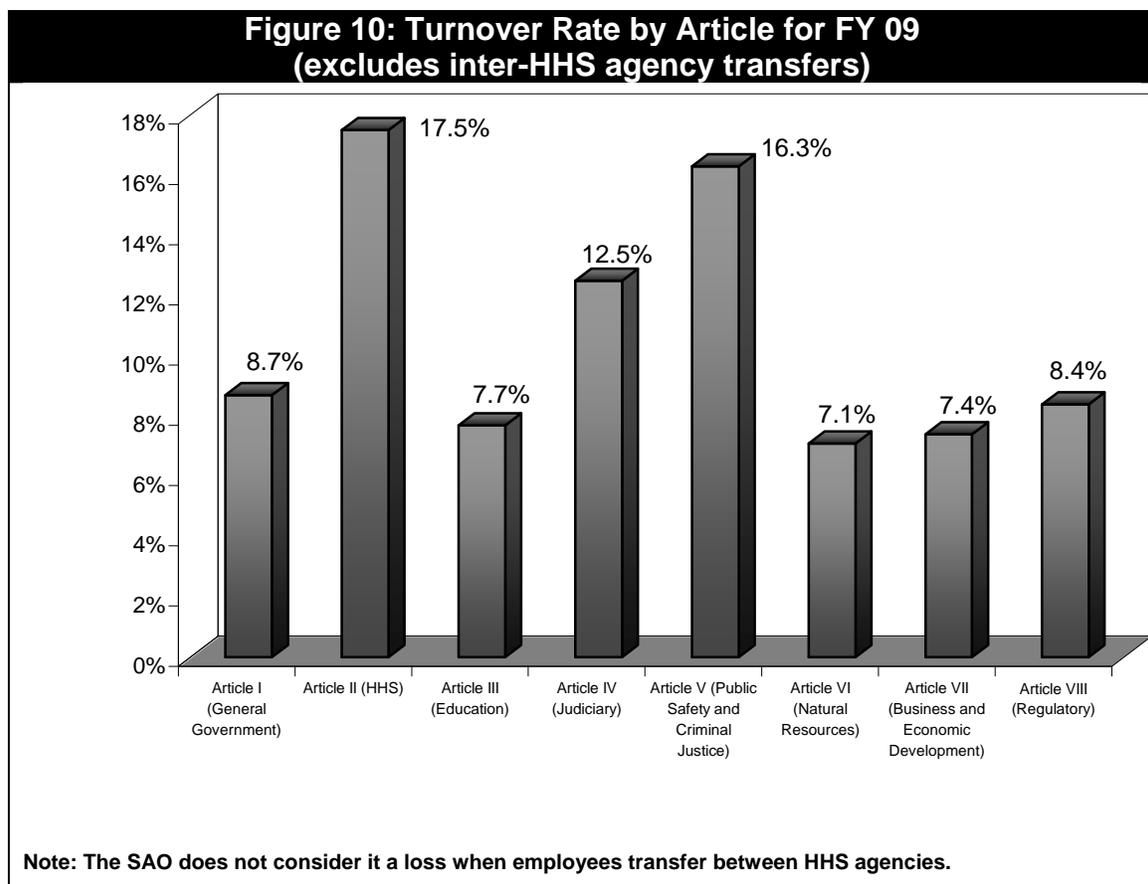
Recent legislative changes may pose additional challenges for recruiting these retired workers. Beginning September 1, 2009, the amount of time a retired

<sup>10</sup> HHSAS Database, as of 8/31/09.

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

## TURNOVER

The Article II (HHS agencies) employee turnover rate during fiscal year 2009 was 17.5 percent, as identified by the State Auditor's Office (SAO). When compared to the turnover rates of other General Appropriations Act articles, HHS agencies had the highest turnover rate.<sup>11</sup>



<sup>11</sup> State Auditor's Office (SAO) Reports "Classified Employee Turnover by State Agency for Fiscal Year 2009."

**Table 6: HHS System Workforce - Turnover for FY 07 – FY 09  
 (excludes inter-HHS agency transfers)**

	FY 07	FY 08	FY 09
HHS System	20.0%	21.1%	17.5%

DADS experienced the highest turnover rate (29.1 percent), with the lowest turnover rate at DARS (8.6 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 17.5 percent to 19.4 percent. This additional turnover is significant because replacement costs are incurred by the agencies to process terminations and hires, to train new staff for different jobs and to recruit staff to replace those who have moved to another agency.<sup>13</sup>

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

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	11,441.50	1,616	14.1%
DFPS	11,539.25	1,942	16.8%
DARS	3,216.00	278	8.6%
DADS	16,559.50	4,812	29.1%
DSHS	12,530.75	2,051	16.4%
<b>Grand Total</b>	<b>55,287.00</b>	<b>10,699</b>	<b>19.4%</b>

Certain job families have significantly higher turnover than other occupational series, including Direct Care Workers<sup>14</sup> at 38.5 percent, Child Protective Services Investigators at 27.9 percent, Licensed Vocational Nurses at 26.6 percent, Registered Nurses at 20.8 percent, Child Protective Services Specialist at 19.5 percent and Adult Protective Services Workers at 19.2 percent.<sup>15</sup>

<sup>12</sup> State Auditor’s Office (SAO) Reports “Classified Employee Turnover by State Agency for Fiscal Year 2009.”

<sup>13</sup> Ibid.

<sup>14</sup> Direct Care Workers include Mental Retardation Assistants at DADS and Psychiatric Nursing Assistants at DSHS.

<sup>15</sup> HHSAS Database for FY 2009.

**Table 8: FY 09 Turnover for Significant Job Families<sup>16</sup>**

Job Title	Average Annual Headcount	Separations	Turnover Rate
Direct Care Workers <sup>17</sup>	10,144	3,909	38.5%
Child Protective Services Investigators	2,060	575	27.9%
Licensed Vocational Nurses	1,188	316	26.6%
Registered Nurses	2,174	453	20.8%
Child Protective Services Specialists	2,824	551	19.5%
Adult Protective Services Workers	707	136	19.2%
Psychologists	65	12	18.6%
OES Workers <sup>18</sup>	5,234	872	16.7%
Psychiatrists	139	22	15.9%
Veterinarians	20	3	15.0%
OES Clerks	1,852	275	14.8%
Pharmacists	86	12	13.9%
Accountants	516	67	13.0%
Auditors	162	20	12.4%
Clinical Social Workers	196	24	12.2%
Chemists	60	7	11.8%
Directors	381	45	11.8%
Rehabilitation Therapy Technicians	957	113	11.8%
Contract Specialists	265	31	11.7%
Vocational Rehabilitation Counselors	693	75	10.8%
Chaplains	29	3	10.5%
Child Care License Workers	210	22	10.5%
Physicians	115	12	10.4%
Attorneys	202	19	9.4%
Managers	1,114	102	9.2%
Rehabilitation Services Technicians	356	32	9.0%
OES Supervisors	462	40	8.7%
Claims Examiners	511	32	6.3%

Of the total losses during fiscal year 2009, approximately 73 percent were voluntary separations and 26 percent were involuntary separations.<sup>19 20</sup> Voluntary includes

<sup>16</sup> Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

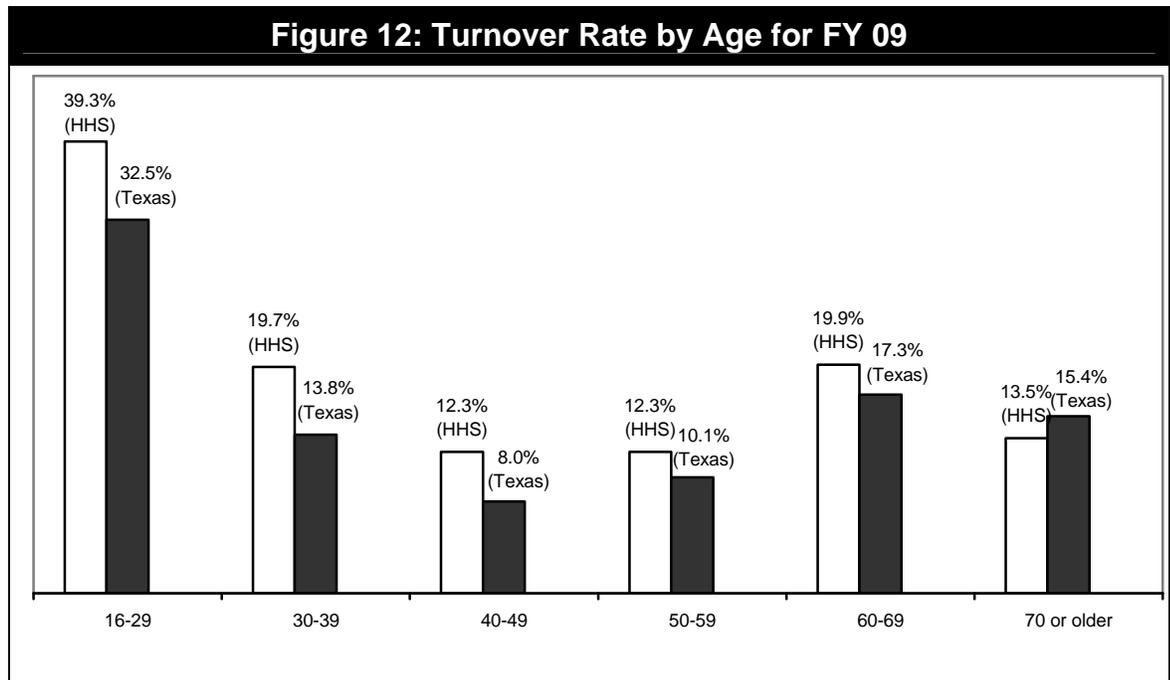
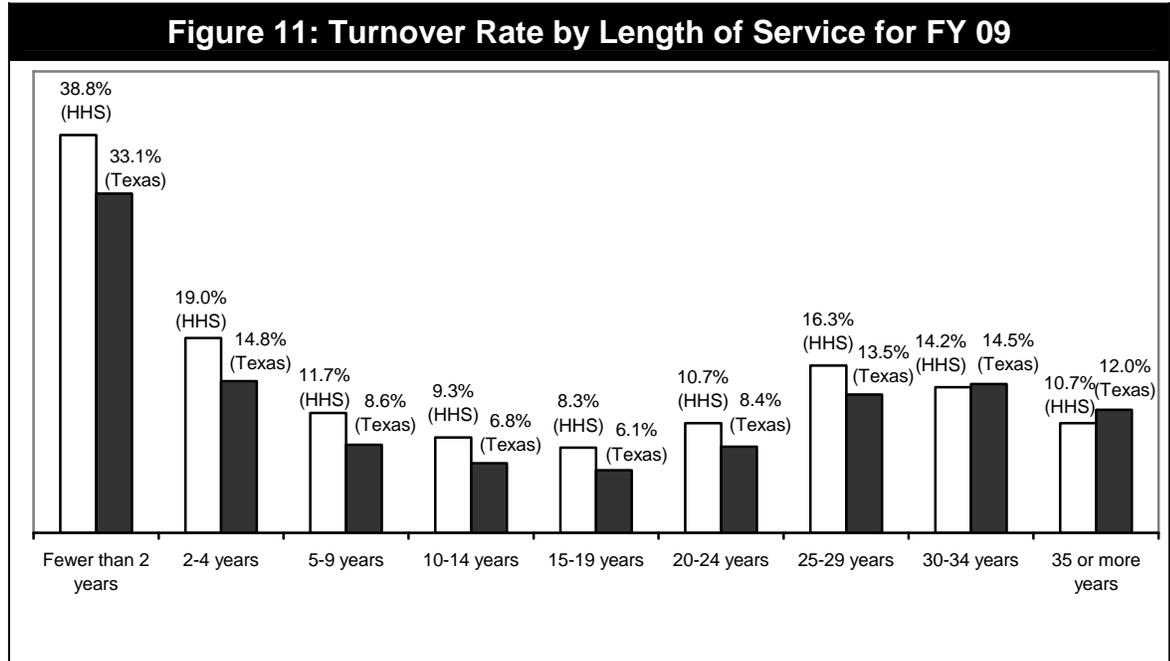
<sup>17</sup> Direct Care Workers include DADS Mental Retardation Assistants and DSHS Psychiatric Nursing Assistants.

<sup>18</sup> Office of Eligibility Services (OES) Workers include Texas Works Advisors, Medical Eligibility Specialists and Hospital Based Workers.

<sup>19</sup> Death accounted for .7% of separations.

<sup>20</sup> State Auditor's Office (SAO) FY 2009 Turnover Statistics.

resignation, transfer to another agency and retirement. Involuntary includes dismissal for cause, resignation in lieu of separation and separation at will.<sup>21</sup>



<sup>21</sup> State Auditor’s Office (SAO) Reports “Classified Employee Turnover by State Agency for Fiscal Year 2009.”

## RETIREMENT PROJECTIONS

Today, about 10 percent of the HHS workforce is eligible to retire. Within the next five years, the number of eligible employees will increase to 23 percent.<sup>22</sup>

Agency	FY 09		FY 10		FY 11		FY 12		FY 13		FY 14	
HHSC	1,231	10.8%	1,503	13.1%	1,813	15.8%	2,141	18.7%	2,488	21.7%	2,849	24.9%
DFPS	938	8.6%	1,080	9.9%	1,249	11.5%	1,391	12.8%	1,604	14.7%	1,810	16.6%
DARS	500	15.7%	603	18.9%	713	22.4%	821	25.7%	944	29.6%	1,074	33.7%
DADS	1,364	8.7%	1,698	10.8%	2,078	13.2%	2,512	16.0%	2,927	18.6%	3,380	21.5%
DSHS	1,371	11.2%	1,685	13.7%	1,989	16.2%	2,401	19.6%	2,791	22.7%	3,221	26.2%
<b>Grand Total</b>	<b>5,404</b>	<b>10.1%</b>	<b>6,569</b>	<b>12.3%</b>	<b>7,842</b>	<b>14.6%</b>	<b>9,266</b>	<b>17.3%</b>	<b>10,754</b>	<b>20.1%</b>	<b>12,334</b>	<b>23.0%</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;
- ◆ Communication skills;
- ◆ Cultural competency skills;
- ◆ Basic public health sciences skills;
- ◆ Financial planning and management skills;

<sup>22</sup> HHSAS Database, as of 8/31/09. Projections include current return-to-work retirees.

- ◆ Contract management skills; and
- ◆ Leadership and systems thinking skills.

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

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

## **ENVIRONMENTAL ASSESSMENT**

### **The Texas Economy**

The Texas economy felt the effects of the worldwide recession during 2009. In December of 2007, U.S. economy peaked and entered recession. Between February 2009 and February 2010, the US economy declined by 2.5%, shedding about 3.3 million jobs.<sup>23</sup> The Texas economy continued to grow through most of 2008, with employment peaking in October of that year, then Texas joined the nation in losing jobs. In the 12 months ending in December 2009, Texas lost 275,900 jobs.<sup>24</sup>

The Comptroller's office estimates that the Texas' gross state product (GSP) will grow by 2.6 percent during calendar 2010. How quickly the Texas economy can recover is a question that could have a profound impact on the recruitment and retention challenges facing HHS agencies.<sup>25</sup>

### **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.

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<sup>23</sup> "Tracking the Texas Economy," dated March 5, 2010 (web page: [www.texasahead.org/economy/tracking/](http://www.texasahead.org/economy/tracking/)), last accessed on 3/8/10.

<sup>24</sup> "Comptroller's Economic Outlook," dated February 25, 2010 (web page: <http://www.texasahead.org/economy/outlook.html>), last accessed on 3/5/10.

<sup>25</sup> Ibid.

The U.S. Department of Health and Human Services defined the poverty level for 2009 (which has been extended to at least March 1, 2010) according to household/family size as follows:

- ◆ \$22,050 or less for a family of four;
- ◆ \$18,310 or less for a family of three;
- ◆ \$14,570 or less for a family of two; and
- ◆ \$10,830 or less for individuals.<sup>26</sup>

It is projected that in 2013, 4.6 million Texas residents, or 17.3 percent of the population, will live in families with annual incomes below the poverty level.<sup>27</sup> For children under the age of 18, the projected poverty rate is 22.6 percent for 2013.

### **Unemployment**

Another factor that directly impacts the demand for HHS System services is unemployment. In Texas, the December 2009 statewide unemployment rate was 8.3 percent, nearly double the 4.3 percent rate from January 2008, though well below the national rate of 10 percent.<sup>28 29</sup>

### **Health Care Reform**

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

The effects of this complex legislation on Texas is still being analyzed, though current HHSC estimates indicate the effect on the state and HHS administered programs may be significant. More than 2 million more people may be added to the Medicaid rolls in Texas and cost the state at least \$27 billion over a 10 year period.

### **Other Significant Factors**

With over 24 million residents, Texas is one of the faster growing states in the nation. In just a one year period, July 1, 2008 to July 1, 2009, the population of Texas increased by almost half a million, the largest population increase in the

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<sup>26</sup> “Extension of the 2009 Poverty Guidelines Until at Least March 1, 2010” US Department of Health and Human Services, web page (<http://aspe.hhs.gov/poverty/09extension.shtml>), last accessed on 3/2/10. Note: Guidelines apply to the 48 Contiguous States and D.C.

<sup>27</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.

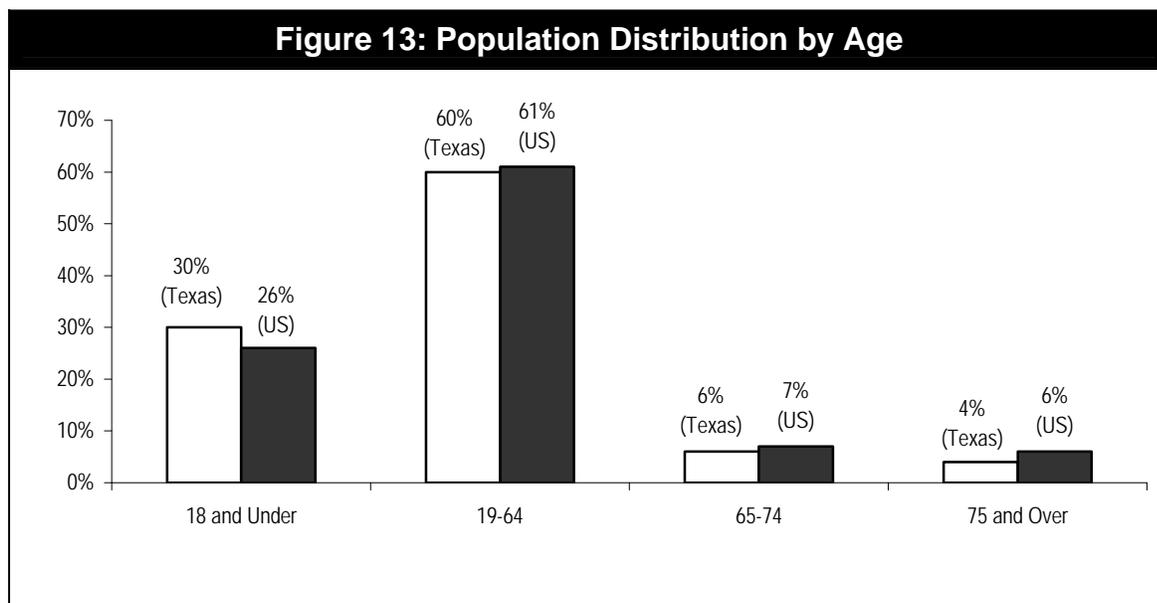
<sup>28</sup> Bureau of Labor Statistics, seasonally adjusted unemployment rate for 16 years and over.

<sup>29</sup> Office of the Comptroller, State of Texas.

country.<sup>30</sup> The Texas population is expected to continue to increase. By 2020, the Texas population is expected to reach 30 million residents.<sup>31</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>32</sup>

The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (60 percent) being between age 19 to 64, followed by those 18 and under (30 percent) and those 65 and over (10 percent).<sup>33 34</sup>



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>35</sup> In the longer term, the Texas State Data Center estimates that by

<sup>30</sup> U.S. Census Bureau, December 23, 2009, web page <http://www.census.gov/Press-Release/www/releases/archives/population/014509.html>, last accessed on 3/16/10.

<sup>31</sup> Office of the State Demographer, Texas State Data Center.

<sup>32</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 1/12/06.

<sup>33</sup> The Kaiser Family Foundation, Texas: At-A-Glance, web page <http://www.statehealthfacts.org>, last accessed on 3/16/10.

<sup>34</sup> Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).

<sup>35</sup> The Kaiser Family Foundation, Texas: At-A-Glance, web page <http://www.statehealthfacts.org>, last accessed on 3/16/10.

2040, the number of persons older than age 65 will increase by 295 percent.<sup>36</sup> This projected aging of the Texas labor may have a major impact on growth of the labor force by dramatically lowering the overall labor force participation rate.

## EXPECTED WORKFORCE CHALLENGES

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

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

The nation and Texas continue to face a shortage of RNs, which is predicted to worsen over the next twenty years as baby boomers age and the need for health care grows. Though current economic conditions have served to lessen the nursing crisis, some experts argue that the current recession may result in a worsening of the nursing shortage in the near future.<sup>37</sup> With state nursing schools facing budget cuts, they may be less able to hire enough faculty members to train new nurses to meet projected needs.<sup>38</sup>

The U.S. nursing shortage is projected to grow to 260,000 registered nurses by 2025.<sup>39</sup> RNs constitute the largest healthcare occupation, with 2.6 million jobs in the US. Job opportunities for RNs are expected to grow faster than the average for all occupations.<sup>40</sup> In addition, it is projected that there will be 581,500 new RN jobs by 2018.<sup>41</sup> With this level of job growth, it is projected that there will not be enough qualified applicants to meet the demand.

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<sup>36</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 4/4/08.

<sup>37</sup> "Dallas-Fort Worth graduates find that nursing is no longer a recession-proof field," web page <http://www.star-telegram.com/topstories/story/1935020.html>, last accessed on 2/16/10.

<sup>38</sup> "Has the Recession Solved the Nursing Shortage? Experts say No," Robert Wood Johnson Foundation, April 17, 2009, web page <http://www.rwjf.org/pr/product.jsp?id=41728>, last accessed 3/17/10.

<sup>39</sup> Peter I. Buerhaus, David I. Auerbach, and Douglas O. Staiger, "The Recent Surge in Nurse Employment: Causes and Implications" *Health Affairs*, 28, no. 4 (June 2009), web page <http://www.specialtystaffinc.com/news/headline/85>, last accessed on 3/17/10.

<sup>40</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

<sup>41</sup> Ibid.

Texas is also experiencing a critical shortage in RNs. It is projected that between 2005 and 2020, the demand for nurses in Texas will increase by 86 percent, while the supply will grow by only 53 percent.<sup>42</sup> 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>43</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>44</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 2,100 RNs and 1,110 LVNs.<sup>45</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 2009 was \$53,436 and \$34,068 for LVNs during the same time period. These salaries fall below both national and state averages for these occupations.<sup>46</sup> Nationally, the average annual earnings for RNs in 2008 was \$65,130 and \$40,110 for Licensed Practical Nurses and LVNs.<sup>47</sup> In Texas, the average annual earnings for RNs in 2008 was \$61,780 and \$39,080 for Licensed Practical Nurses and LVNs.<sup>48</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 higher paying private health care jobs at an alarming rate (turnover of 21 percent for RNs and 27 percent for LVNs).<sup>49</sup>

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<sup>42</sup> "Texas Nursing: Our Future Depends on It. A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013," Texas Center for Nursing Workforce Studies, March 2009. Web page <http://www.dshs.state.tx.us/chs/cnws/TexasTeam/TexasStrategy.pdf>, last accessed March 17, 2010.

<sup>43</sup> State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

<sup>44</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>45</sup> HHSAS Database, as of 8/31/09.

<sup>46</sup> Ibid.

<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 2008; last accessed on 2/5/10.

<sup>48</sup> Ibid.

<sup>49</sup> HHSAS Database, FY 2009 data.

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 one of the largest health professional groups in the US, with approximately 270,000 active Pharmacists as of November 2008.<sup>50</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 of about 46,000 new Pharmacists by 2018, or a 17 percent increase.<sup>51</sup> However, the number of available Pharmacists is expected to grow only modestly.

HHS agencies employ 84 Pharmacists, with an average annual salary of \$86,100.<sup>52</sup> This salary falls significantly below the market rate. The average annual salary for Pharmacists nationally is \$104,260 and \$108,630 in Texas.<sup>53</sup> This disparity is affecting the System's ability to recruit qualified applicants for open positions. Pharmacist positions often remain unfilled for several months.<sup>54</sup>

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

## **Office of Eligibility Services (OES) Staff**

HHSC employs about over 7,810 individuals in Office of Eligibility Services (OES) positions, representing about 68 percent of the HHSC workforce. The majority of these individuals are employed as Texas Works Advisors, Medical Eligibility Specialists, Hospital Based Workers, OES Clerks and OES Supervisors.<sup>55</sup>

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<sup>50</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

<sup>51</sup> Ibid.

<sup>52</sup> HHSAS Database, as of 8/31/09.

<sup>53</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 2008; last accessed on 2/25/10.

<sup>54</sup> HHSAS Database, FY 2009 data.

<sup>55</sup> Ibid.

The major workforce challenge for HHSC continues to be the stabilization of the eligibility determination workforce. 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 funds for modernizing the eligibility system without a reduction in force or the closing of local offices. Though these efforts improved OES staffing levels, the current downturn in the Texas economy has resulted in increased worker caseloads, high turnover rates and the loss of tenured staff. The 81<sup>st</sup> Texas Legislature (Regular Session, 2009) maintained OES staffing levels at the fiscal year 2009 level of 9,039 positions, but included a provision (Rider 61) for the agency to request additional staff (up to 9,695 in fiscal year 2010 and 9,861 in fiscal year 2011) for anticipated workload and caseload growth. Using this provision, the agency received authorization for an additional 250 eligibility staff positions. To allow OES to perform the full scope of operations, in the first seven months of fiscal year 2010, HHSC has had a net gain of approximately 800 OES field staff.

Turnover for OES staff is high at about 16 percent, with the highest turnover experienced by Texas Works Advisors at a rate of 18 percent, followed by Medical Eligibility Specialists at a rate of 15 percent and OES Clerks at a rate of 15 percent.<sup>56</sup>

Special retention strategies continue to be used to address this high turnover. Additionally, HHSC has developed a Comprehensive Management Improvement Plan for OES that will provide improvements in training, standardized performance expectations and opportunities for advancement.

## **Protective Services Workers**

In 2008, there were 292,600 Protective Service Worker jobs in the U.S., with a projected job growth of 12.3 percent by 2018.<sup>57 58</sup>

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<sup>56</sup> HHSAS Database, FY 2009 data.

<sup>57</sup> Occupational title used is Child, Family and School Social Workers.

There are approximately 5,400 Protective Services Workers employed by DFPS as Child Protective Service Workers, Child Protective Service Investigators, Adult Protective Service Workers and State Wide Intake Workers.<sup>59</sup> The average annual salary for these Workers is \$34,540, a salary below both the national and state average annual salary. Nationally, Protective Services Workers earn \$43,120 annually.<sup>60</sup> In Texas, Protective Service Occupations earn, on the average, \$35,540 annually.<sup>61</sup>

Following four years of comprehensive agency reform, the 81<sup>st</sup> Legislature (Regular Session, 2009) continued its support of ongoing improvements of DFPS and allocated over 150 new worker positions during fiscal years 2010 and 2011. 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.

The 81<sup>st</sup> Texas Legislature (Regular Session, 2009) directed DFPS to develop a plan to improve employee morale and retention. Since turnover peaked at 23.2% in FY 2008, DFPS has steadily improved. A combination of extensive internal efforts and economic factors helped reduce the turnover rate to 16.8 percent in FY 2009.<sup>62</sup> During the next decade, the significant increase in the Texas population, especially the aging population, will require additional Adult Protective Services Workers, which could further exacerbate the high turnover rate.

### **Vocational Rehabilitation Counselors**

As of November 2008, there were 129,500 Rehabilitation Counselor jobs in the U.S., with a projected job growth of 19 percent by 2018.<sup>63</sup> Nationally, there is a shortage of qualified vocational rehabilitation counselors.

DARS employs 677 Vocational Rehabilitation Counselors, with an average annual salary of \$48,552.<sup>64</sup>

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<sup>58</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

<sup>59</sup> HHSAS Database, as of 8/31/09.

<sup>60</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 2008; last accessed on 2/5/10.

<sup>61</sup> Ibid. Note: The Employees are listed under the Occupational title of Child, Family and School Social Workers.

<sup>62</sup> HHSAS Database, FY 2009 data.

<sup>63</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

<sup>64</sup> HHSAS Database, as of 8/31/09.

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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 84 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>65</sup> As of November 2008, there were approximately 4,800 Epidemiologist jobs in the U.S., with a projected job growth rate of 15.1 percent by 2018.<sup>66</sup>

The shortage of Epidemiologists may be partly explained by the high level of education required for this profession. DSHS Epidemiologists earn an average annual salary of \$51,541, significantly below the average wage paid nationally (\$66,500), and slightly lower than the Texas average of \$52,300.<sup>67</sup> Barriers to recruiting and retaining Epidemiologists in the public health field include noncompetitive salaries and a general shortage of professionals.

The agency is currently experiencing difficulty filling vacant Epidemiologist positions. The vacancy rate for these positions is high at almost 11 percent, with vacant positions often going unfilled for months.<sup>68</sup> One factor that may potentially add to this problem is the percent of these highly skilled employees who may retire from the agency in the near future. Almost 20% of the agency Epidemiologists will be eligible to retire in the next five years.<sup>69</sup>

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<sup>65</sup> Melissa Taylor Bell and Irakli Khodeli. "Public Health Worker Shortages," The Council of State Governments, November 2004.

<sup>66</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

<sup>67</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 2008; last accessed on 2/5/10.

<sup>68</sup> HHSAS Database, FY 2009 data.

<sup>69</sup> HHSAS Database, as of 8/31/09.

## **Sanitarians**

The System employs 111 Sanitarians across the state.<sup>70</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.

Historically, the agency has faced special challenges filling vacancies in both rural and urban areas of the state. The vacancy rate for Sanitarians is currently high at about 15 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work. These vacancy problems are expected to worsen as employees approach retirement. Almost 30 percent of current sanitarian staff will be eligible to retire by the year 2014.<sup>71</sup>

## **Direct Care Workers (Mental Retardation Assistants and Psychiatric Nursing Assistants)**

There are about 9,400 Direct Care Workers employed in DSHS state mental health hospitals and in DADS state supported living centers. These positions require no formal education to perform the work, but employees are required to develop people skills to effectively interact with consumers. The physical requirements of the position are difficult and challenging due to the nature of the work.

The pay is low, with an average hourly rate of \$10.74.<sup>72</sup> The overall turnover rate for employees in this group is high, at 38.5 percent annually.<sup>73</sup> Taking into account these factors, state hospitals and state supported living centers have historically experienced difficulty in both recruiting and retaining these workers. Little change is expected.

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<sup>70</sup> HHSAS Database, as of 8/31/09.

<sup>71</sup> Ibid.

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

## Food Service Workers

There are approximately 1,000 Food Service Workers employed across Texas in state mental health hospitals and state supported living centers.<sup>74</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 \$9.73. Turnover in Food Service Worker positions was high, at 26 percent during fiscal year 2009.<sup>75</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>○ Office of Eligibility Services Staff;</li> </ul> </li> </ul>

<sup>74</sup> HHSAS Database, as of 8/31/09.

<sup>75</sup> Ibid.

	<ul style="list-style-type: none"> <li>○ Protective Services Workers;</li> <li>○ Direct Care Workers (Mental Retardation Assistants and Psychiatric Nursing Assistants);</li> <li>○ Physicians and Psychiatrists;</li> <li>○ Dentists;</li> <li>○ Nurses;</li> <li>○ Pharmacists;</li> <li>○ Psychologists;</li> <li>○ Vocational Rehabilitation Counselors;</li> <li>○ Epidemiologists; and</li> <li>○ Sanitarians.</li> </ul> <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> </ul> <p>Concentrate efforts to recruit older workers and individuals seeking a second career.</p>
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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> <li>○ retention bonuses; and</li> <li>○ hiring above the salary minimum at comparable market rates.</li> </ul> </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</li> </ul>

all HHS agencies.

- ◆ Create career ladders, where job duties are clearly differentiated within the levels of a job series, to counter the lack of advancement opportunities and the impact of management/supervisory restrictions.
- ◆ Obtain funding and provide professional development training in the employee's career field for all employees in the System.
- ◆ Obtain funding and provide personal development training that will benefit both the employee and the System for all employees in the System.
- ◆ Expand the HHS Wellness Program to promote organizational satisfaction, reduce employee stress and reduce turnover.
- ◆ Ensure that the EAP provider makes regular presentations to large employee groups on topics of interest, such as stress in the work place, employee burnout and prevention strategies.
- ◆ Implement an HHS employee recognition program to ensure that employees know that their work is valued and appreciated by:
  - providing non-monetary incentive awards and recognition to high-performing employees;
  - having senior management routinely visit employees in their job areas and thank them for being a part of the team; and
  - having agency heads and executive staff send notes, memos and emails, thanking and congratulating employees who perform exceptionally well on special projects and provide exceptional customer service to internal and external consumers.
- ◆ Recognize supervisors and managers who have decreased employee turnover.
- ◆ Recognize supervisors and managers who receive high praise from their employees and who get the job done with a high degree of excellence.
- ◆ Provide training for supervisors and managers – and require attendance and successful completion – on topics of agency policy and positive performance to ensure that new employees receive better on-the-job training, coaching, recognition and supervision.
- ◆ Fund and encourage managers to use educational leave, stipends and scholarships to prepare employees for future employment in “critical” or “hard-to-fill positions.”
- ◆ Develop “grow your own” employee training programs to

ensure adequate staffing and reduce the overburden for employees in shortage occupations.

- ◆ Implement strategies to hire “soon to be qualified” individuals - even if they have not completed required certifications.
- ◆ Seek additional pay for employees who handle difficult consumers or who are routinely placed in difficult situations.
- ◆ Explore opportunities for job rotation, job sharing, etc. for employees in extremely difficult and stressful jobs.
- ◆ Expand the practice allowing retirees to return to positions within the HHS System to ease recruiting and retention issues.
- ◆ Communicate to employees the value of their employee benefits as part of their total compensation package. (During fiscal year 2009 the total benefits package, according to the State Auditor’s Office, was 66 percent salary and 34 percent benefits).<sup>76</sup>
- ◆ Remind employees that the HHS System allows FLSA exempt employees to bank compensatory time, which is often not done in the private sector.
- ◆ Remind employees that the HHS System provides some benefits that other employers and some state agencies don’t provide, such as Sick Leave Bonus Days.
- ◆ Invest funds to “upgrade” the physical facilities in which employees work.
- ◆ Recognize employees who align with and support the vision and mission of the HHS System.

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<sup>76</sup> “A Report on State Employee Benefits as a Percentage of Total Compensation,” State Auditor’s Office (SAO) Report Number 10-704, February 2010.

## HEALTH AND HUMAN SERVICES COMMISSION

### MISSION

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

### SCOPE

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

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

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

HHSC has approximately 11,440 employees who work throughout Texas, supporting the agency, the other HHS agencies and Texans in need.<sup>77</sup>

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<sup>77</sup> HHSAS Database, as of 8/31/09.

## CORE BUSINESS FUNCTIONS

The core functions of HHSC include the following:

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

- Medicaid for Transitional Foster Care Youth.
- ◆ Children’s Health Insurance Program (CHIP) Administration. HHSC employees performing this function are responsible for ensuring health insurance coverage for eligible children in Texas. CHIP Services Administration includes the following programs:
  - Immigrant Health Insurance;
  - School Employee Children’s Health Insurance Program (CHIP);
  - CHIP Vendor Drug Program;
  - CHIP Perinatal; and
  - State Kids Insurance Program (SKIP).
- ◆ Social Services Program Administration. The administration of eligibility programs is the largest program function within HHSC. Employees performing this function administer the statewide social services programs using a comprehensive and integrated approach for determining eligibility policy and providing eligibility services for the state and federal programs administered by HHSC, including:
  - Temporary Assistance for Needy Families (TANF);
  - Supplemental Nutrition Assistance Programs (SNAP);
  - Children’s Health Insurance (Medicaid and CHIP);
  - Financial Eligibility for Medicaid for the Elderly and People with Disabilities (MEPD);
  - Nutrition Education and Outreach;
  - 2-1-1 Information and Referral Network;
  - Family Violence Services;
  - Refugee Affairs Assistance;
  - Healthy Marriage Services;
  - Alternatives to Abortion; and
  - Disaster Assistance and Case Management.
- ◆ The Eligibility Services Program includes operating the eligibility determination systems for the programs administered by HHSC that provide assistance to families in need through:
  - Eligibility Offices in 250 counties;
  - Customer Care and Call Centers;
  - Centralized Operations and Processing Centers;
  - Eligibility Support Services; and
  - Document Processing Services.

## WORKFORCE DEMOGRAPHICS

On August 31, 2009, HHSC employed about 11,440 full and part-time employees. The majority of the employees (about 68 percent) work in the Office of Eligibility Services (OES) and are located in offices throughout the state.<sup>78</sup>

### Job Families

Approximately 94 percent of HHSC employees (10,620 employees) work in 13 job classifications.<sup>79</sup>

Job Title	Number of Employees	Average Salary
OES Workers <sup>80</sup>	5,153	\$31,488
Clerical Workers	2,353	\$26,374
Program Specialists	910	\$51,518
Unit Supervisors	469	\$42,640
System Analysts	379	\$57,086
Managers	275	\$64,689
Public Health Technicians	269	\$31,033
Investigators	226	\$40,923
Directors	141	\$97,512
Auditors	131	\$54,583
Training Specialists	108	\$46,902
Accountants	105	\$40,788
Network Specialists	100	\$41,091

### Salary

HHSC employees earn an average annual salary of \$36,983.<sup>81</sup>

### Gender

The HHSC workforce is primarily female, representing approximately 79 percent of all agency employees.<sup>82</sup>

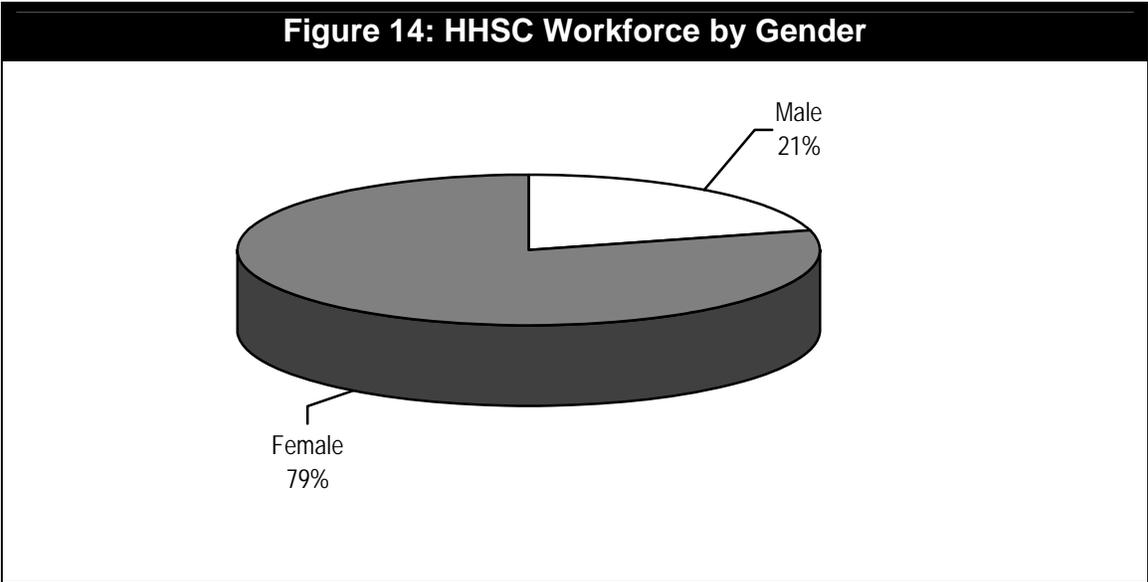
<sup>78</sup> HHSAS Database, as of 8/31/09.

<sup>79</sup> Ibid.

<sup>80</sup> OES Workers include Texas Works Advisors, Hospital Based Workers and Medical Eligibility Specialists.

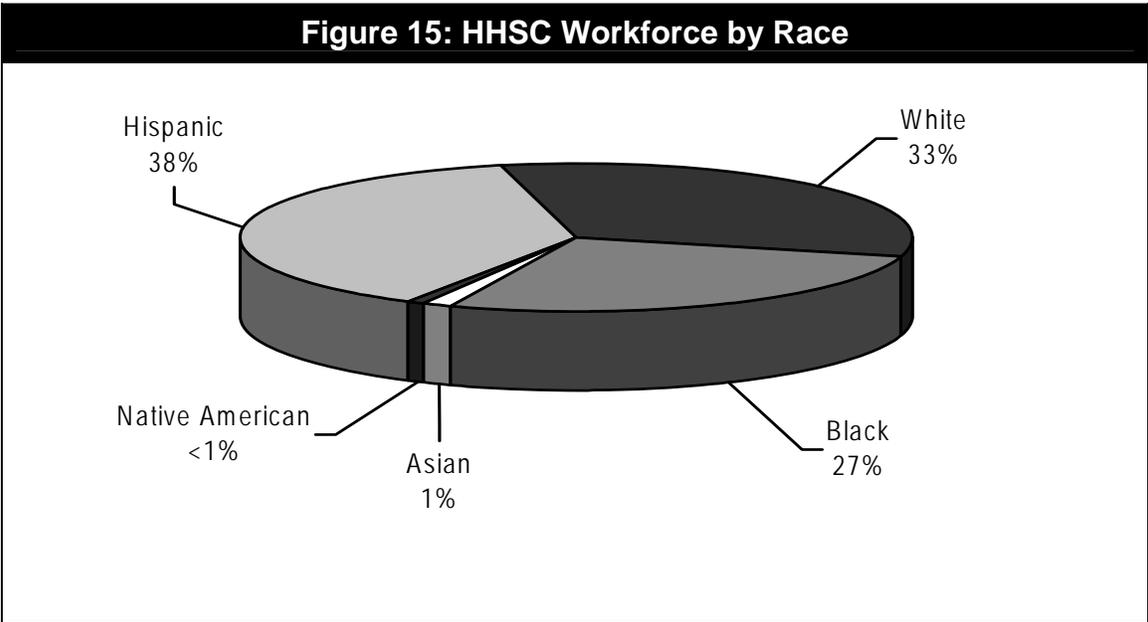
<sup>81</sup> HHSAS Database, as of 8/31/09.

<sup>82</sup> Ibid.



**Race**

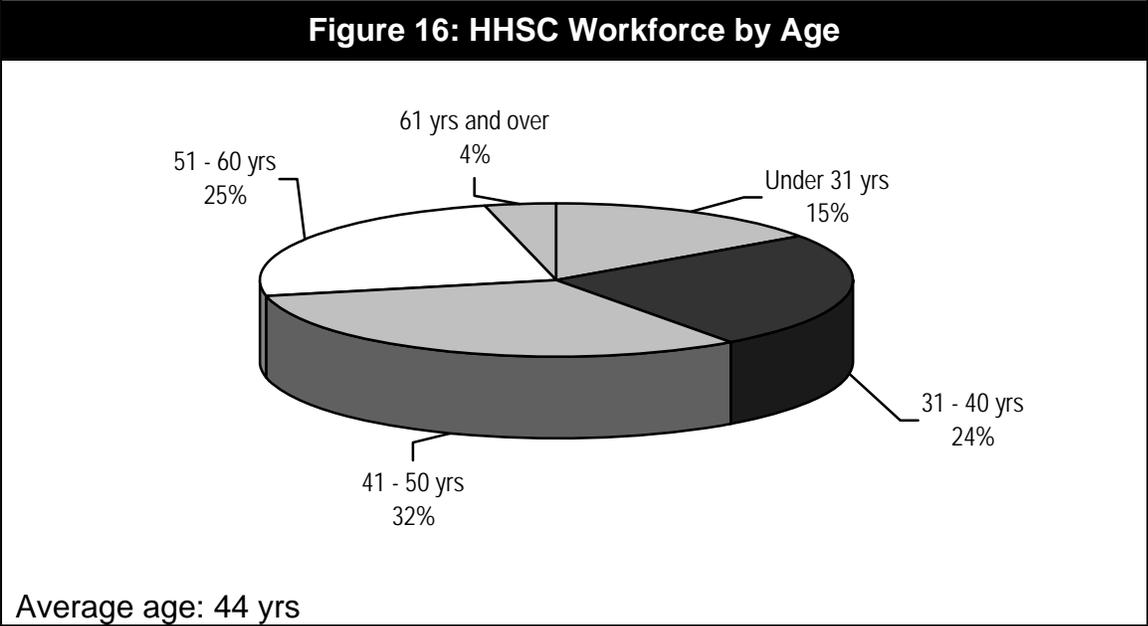
The largest racial group in the HHSC workforce is Hispanic. This group makes up approximately 38 percent of all agency employees, followed by White employees at approximately 33 percent and Black employees at approximately 27 percent.<sup>83</sup>



<sup>83</sup> HHSAS Database, as of 8/31/09.

**Age**

The average age of an HHSC employee is 44 years. About 61 percent of the HHSC workforce are 41 years or older.<sup>84</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 indicates no underutilization within the HHSC workforce.<sup>85 86</sup>

<sup>84</sup> HHSAS Database, as of 8/31/09.

<sup>85</sup> Ibid.

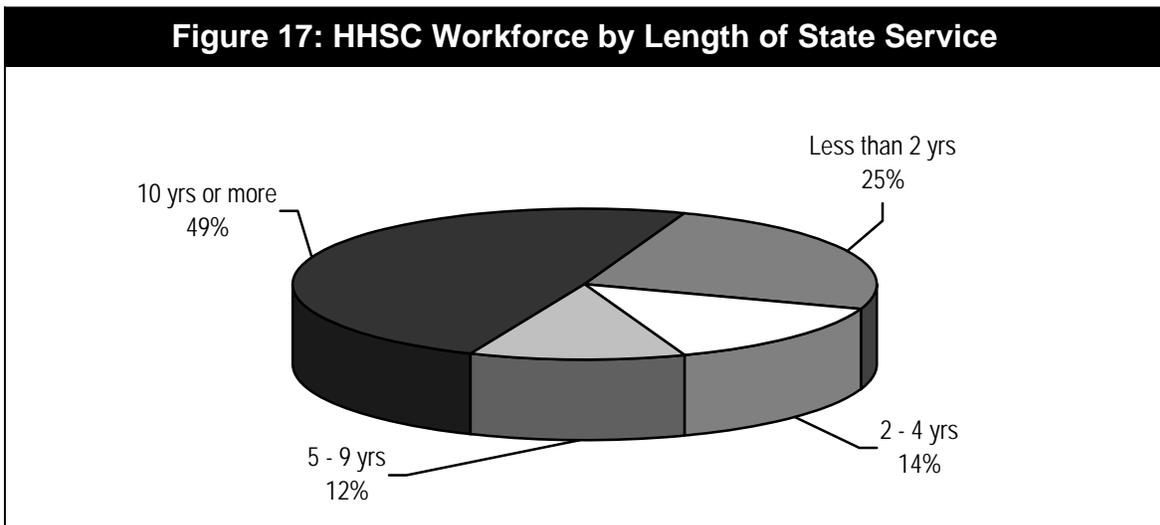
<sup>86</sup> CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/8/05.

Table 11: HHSC Utilization Analysis Results									
Job Category	Black			Hispanic			Female		
	HHSC %	CLF %	Underutilization (If Yes, # needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	19.2%	7.2%	No	17.3%	12.3%	No	58.4%	32.6%	No
Professionals	27.8%	9.4%	No	36.5%	11.6%	No	78.2%	49.0%	No
Technicians	17.4%	13.9%	No	53.9%	19.7%	No	73.8%	42.1%	No
Protective Service	0.0%	18.0%	N/A	0.0%	23.1%	N/A	0.0%	21.6%	N/A
Para-Professionals	24.4%	14.3%	No	24.4%	25.7%	No	75.6%	56.3%	No
Administrative Support	27.9%	19.4%	No	46.2%	26.8%	No	87.7%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	0.0%	35.2%	N/A	0.0%	16.5%	N/A
Service Maintenance	40.0%	20.4%	N/A	40.0%	43.7%	N/A	0.0%	44.4%	N/A

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

### State Service

HHSC has a tenured workforce, with nearly half of the employees having 10 or more years of state service.<sup>87</sup>

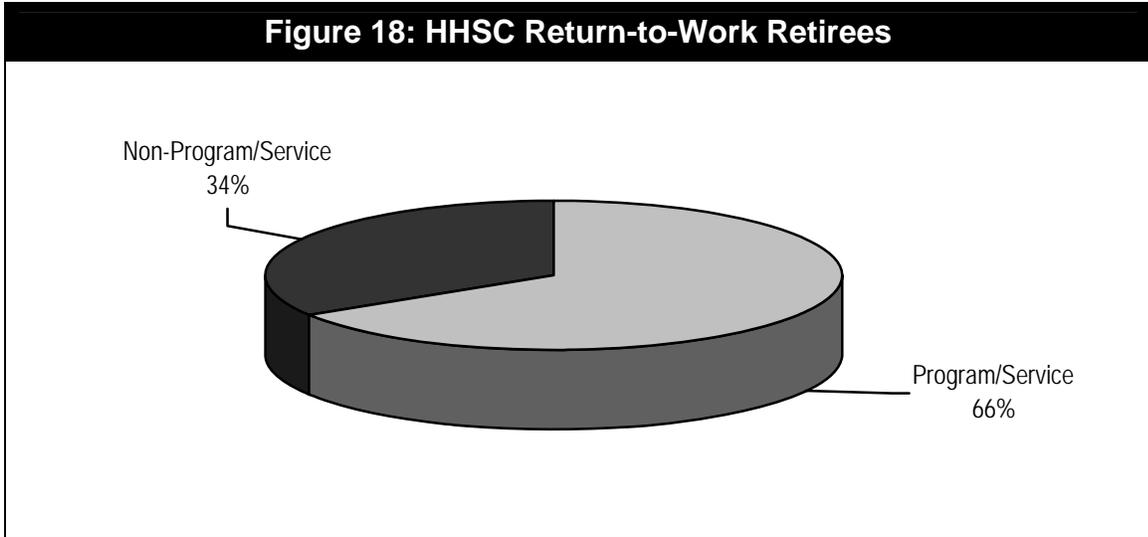


### Return-to-Work Retirees

HHSC employs 607 return-to-work retirees. The majority of rehired retirees work in program/service areas.<sup>88</sup>

<sup>87</sup> HHSAS Database, as of 8/31/09.

<sup>88</sup> Ibid.



## TURNOVER

The turnover rate during fiscal year 2009 was 14.1 percent. This rate is almost the same as the statewide turnover rate of 14.4 percent for all agencies. The majority of these separations (approximately 86 percent) were voluntary separations from state employment.<sup>89</sup>

**Table 12: Reason for Separation**

Reason	Percentage <sup>90</sup>
<b>Voluntary Separations</b>	
Personal reasons	51.5%
Transfer to another agency	15.8%
Retirement	18.6%
<b>Involuntary Separations</b>	
Termination at Will	0.6%
Resignation in Lieu	0.7%
Dismissal for Cause	11.9%

Table 13 indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.<sup>91</sup>

<sup>89</sup> State Auditor's Office (SAO) FY 2009 Turnover Statistics.

<sup>90</sup> Death accounted for 1.1% of separations.

<sup>91</sup> HHSAS Database, FY 2009 data.

<b>Table 13: FY 2009 Turnover for Significant Job Classes<sup>92</sup></b>		
Job Title	Average Annual Headcount	Turnover Rate
Public Health Technicians	255.8	29.3%
Architects	7.0	28.6%
Inventory Coordinators	38.5	26.0%
Accounting Technicians	9.8	20.5%
Financial Analysts	11.5	17.4%
OES Workers <sup>93</sup>	5,234.0	16.7%
Telecommunications	13.0	15.4%
Network Specialists	100.0	15.0%
Clerical Workers	2,341.3	14.8%
Investigators	227.5	13.6%
Ombudsman	15.3	13.1%
Human Services Specialists	23.3	12.9%
Directors	141.0	12.8%
Purchasers	98.0	12.2%

## RETIREMENT PROJECTIONS

Currently, about 11 percent of the agency's workforce is eligible to retire from state employment. About 25 percent of the HHSC workforce will reach retirement eligibility by the year 2014.<sup>94</sup>

<b>Table 14: HHSC Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)</b>		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2009	1,231	10.8%
2010	1,503	13.1%
2011	1,813	15.8%
2012	2,141	18.7%
2013	2,488	21.7%
2014	2,849	24.9%

<sup>92</sup> Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

<sup>93</sup> Office of Eligibility Services (OES) Workers include Texas Works Advisors, Medical Eligibility Specialists, and Hospital Based Workers.

<sup>94</sup> HHSAS Database, as of 8/31/09.

## EXPECTED WORKFORCE CHALLENGES

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

The 81<sup>st</sup> Texas Legislature (Regular Session, 2009) appropriated approximately \$35.8 billion to HHSC for the fiscal year 2010 - 2011 biennium, a 6.7 percent increase over appropriated funds for the previous biennium. In addition, the agency was allocated 2,033 new positions, a 20 percent increase over the positions allocated during the previous biennium.<sup>95</sup>

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 funds for modernizing the eligibility system without a reduction in force or the closing of local offices.

Though these efforts improved OES staffing levels, the current downturn in the Texas economy has resulted in increased worker caseloads, high turnover rates and the loss of tenured staff. The 81<sup>st</sup> Texas Legislature (Regular Session, 2009) maintained OES staffing levels at the fiscal year 2009 level of 9,039 positions, but included a provision (Rider 61) for the agency to request additional staff (up to 9,695 in fiscal year 2010 and 9,861 in fiscal year 2011) for anticipated workload and

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<sup>95</sup> "Fiscal Size-up, 2010-11 Biennium," Legislative Budget Board, web page [http://www.lbb.state.tx.us/Fiscal\\_Size-up/Fiscal%20Size-up%202010-11.pdf](http://www.lbb.state.tx.us/Fiscal_Size-up/Fiscal%20Size-up%202010-11.pdf), last accessed on 6/28/10.

caseload growth. Using this provision, the agency received authorization for an additional 250 eligibility staff positions.

Between September 2009 through June 2010, HHSC had a net gain of 843 field staff. To facilitate this re-staffing and provide workload relief, OES has implemented a number of strategies to assist in recruitment and retention efforts, including:

- ◆ “Hiring ahead” to reduce job vacancies;
- ◆ Providing one-time merit payments to Clerks, Workers and Supervisors;
- ◆ Upgrading employees in entry-level supervisor positions after two years of satisfactory performance;
- ◆ Developing performance-based pay incentives;
- ◆ Assigning peers and mentors to new staff to provide support and help them learn job functions;
- ◆ Assigning regional hiring coordinators to expedite the recruitment process;
- ◆ Awarding retention bonuses for eligibility staff;
- ◆ Hiring retirees and former eligibility staff; and
- ◆ Redirecting state office and regional staff to focus on assisting local offices in case readings, office processes, interviewing, and other support activities.

HHSC has developed a Comprehensive Management Improvement Plan for OES that will provide improvements in training, standardized performance expectations, and opportunities for advancement. In addition, on April 1, 2010, HHSC and a private-sector contractor began six-month screening and hiring pilots in the Grand Prairie region (Dallas-Ft. Worth area) and the Houston region. These pilots are designed to improve the quality and quantity of selected OES Clerks and Workers through objective assessment-based screening.

In addition to the need for special recruitment and retention initiatives for OES staff, the agency has an number of other jobs, particularly professional jobs that require degrees, licenses or certifications, which are difficult to fill and historically experience a higher than average annual turnover rate. These positions include Auditors and Investigators.<sup>96</sup>

Finally, in accordance with Senate Bill 10, the 80th Legislature (Regular Session, 2007), the Medical Transportation Program (MTP) was transferred from TxDOT to HHSC in April of 2008. At the time of the transfer, there were 118 Public Health Technicians employed by MTP. In February 2008, the Health and Human Services Executive Commissioner approved an additional 172 staff for MTP. Hiring for these positions was completed in March of 2009.

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<sup>96</sup> HHSAS Database, FY 2009 data.

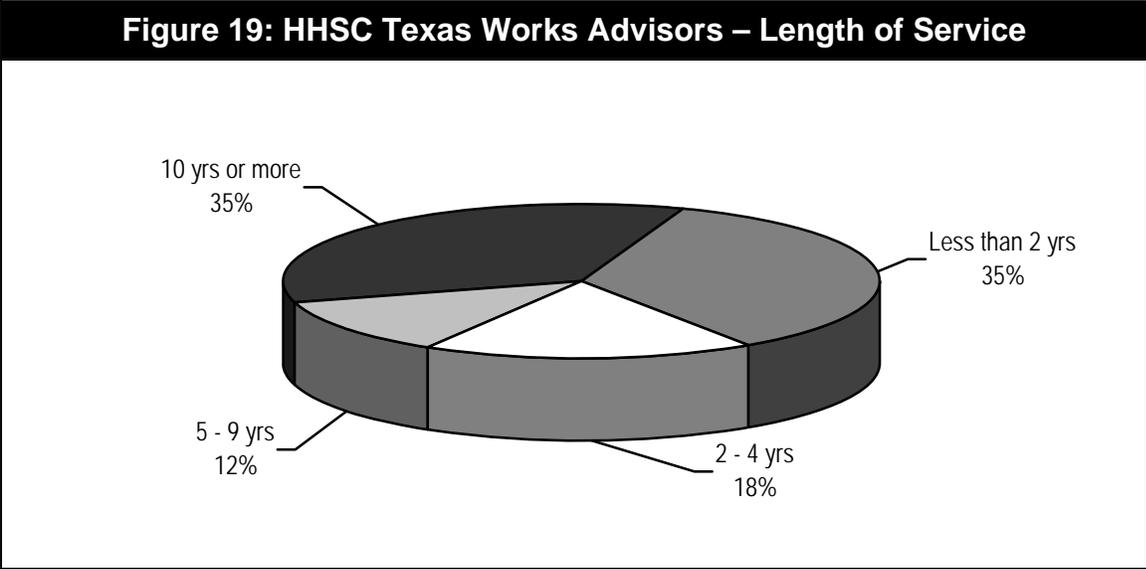
**Office of Eligibility Services (OES) Staff**

Across the state, there are about 7,810 OES employees with the agency, accounting for about 68 percent of the HHSC workforce. Turnover for these employees is high, at about 16 percent.

The majority of these individuals (7,480 employees or 96%) are employed as Texas Works Advisors, Medical Eligibility Specialists, Hospital Based Workers, OES Clerks and OES Supervisors.<sup>97</sup>

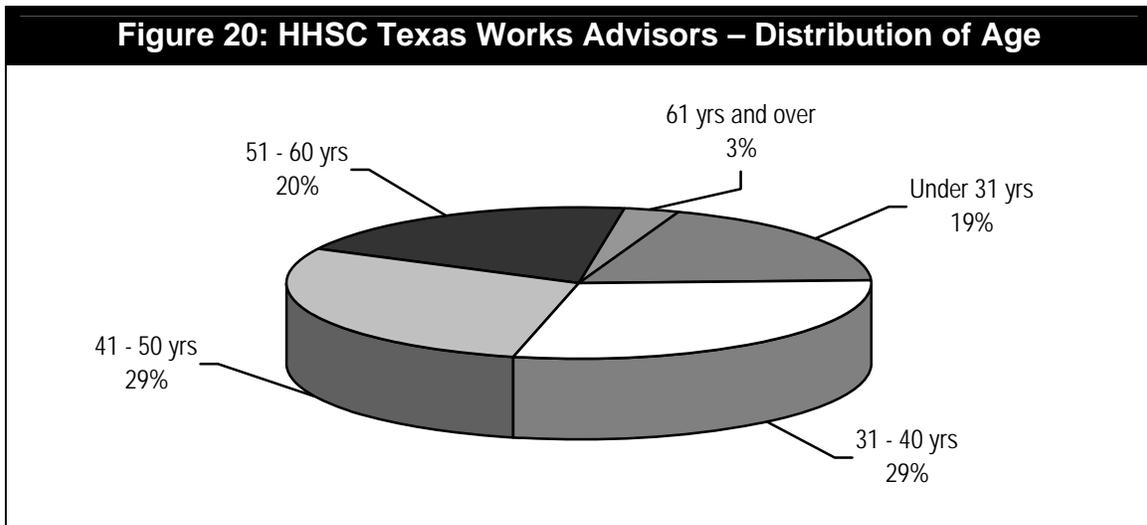
**Texas Works Advisors**

There are over 4,000 Texas Works Advisors with OES. The typical Texas Works Advisor is 41 years of age and has an average of eight years of service.<sup>98</sup>



<sup>97</sup> HHSAS Database, FY 2009 data.

<sup>98</sup> Ibid.



Turnover for these employees is high at about 18 percent, a rate higher than for all other OES Workers, and representing a loss of over 730 workers in fiscal year 2009.<sup>99</sup>

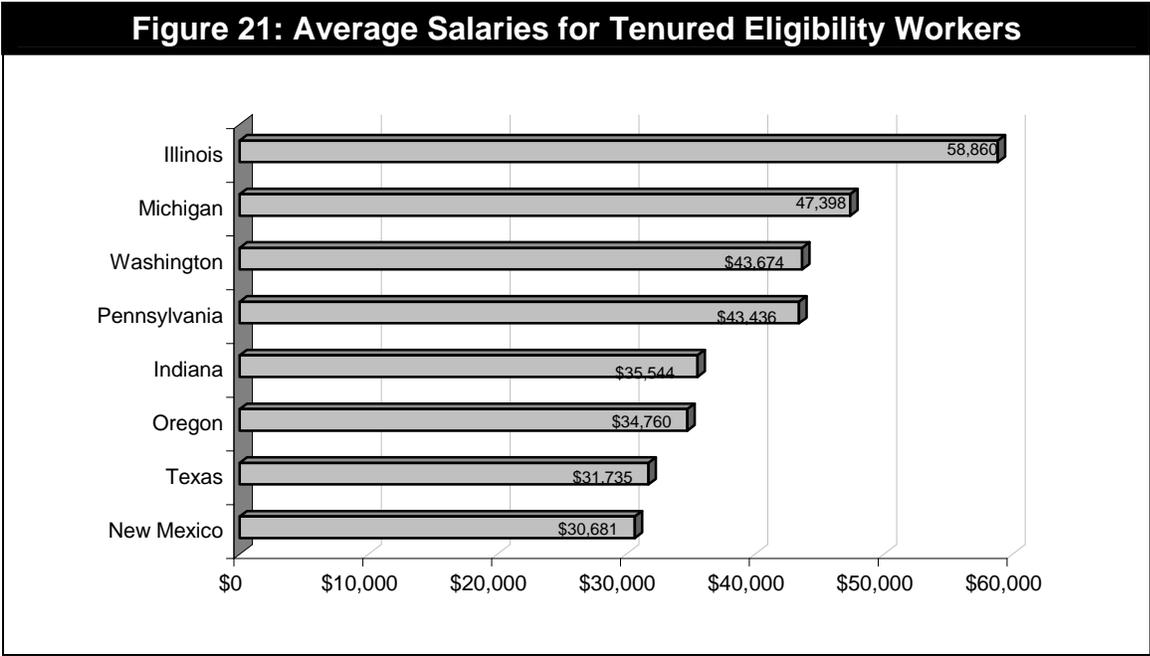
In addition, HHSC has experienced difficulty in finding qualified candidates for new worker positions. Due to this shortage of qualified applicants, vacant positions go unfilled for months.<sup>100</sup>

Salary is one factor that may be contributing to the agency's difficulty in recruiting and retaining OES Workers. A Texas State Auditor's survey of the salary earned by tenured eligibility workers in 11 states indicated that Texas ranked near the bottom.<sup>101</sup>

<sup>99</sup> HHSAS Database, FY 2009 data.

<sup>100</sup> Ibid.

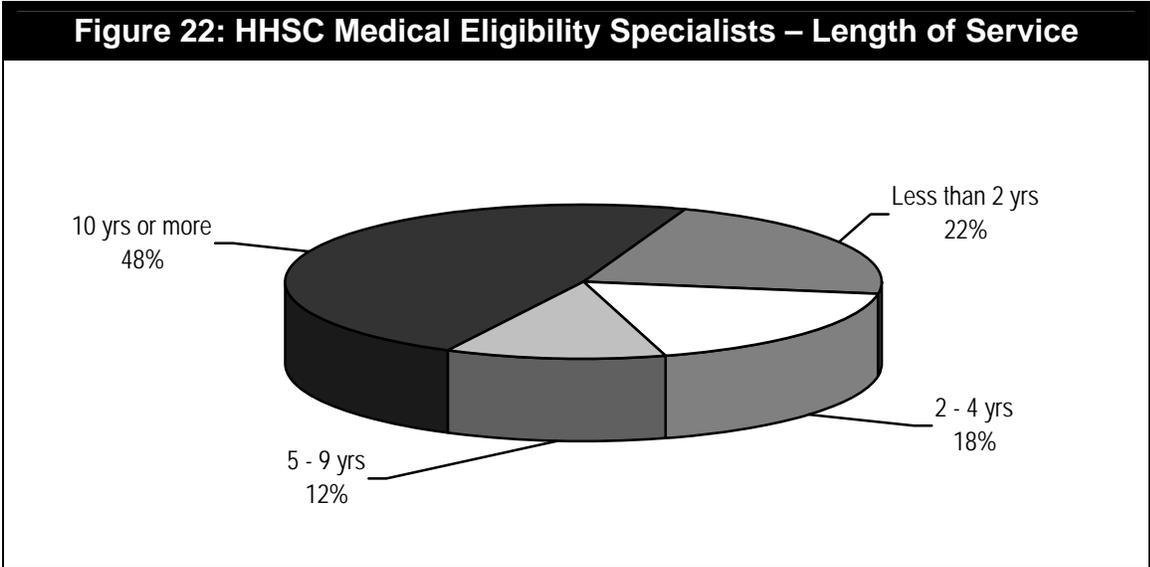
<sup>101</sup> State Auditor's Office (SAO) Report No. 10-026 "An Audit Report on the Supplemental Nutrition Assistance Program at the Health and Human Services Commission," March 2010.



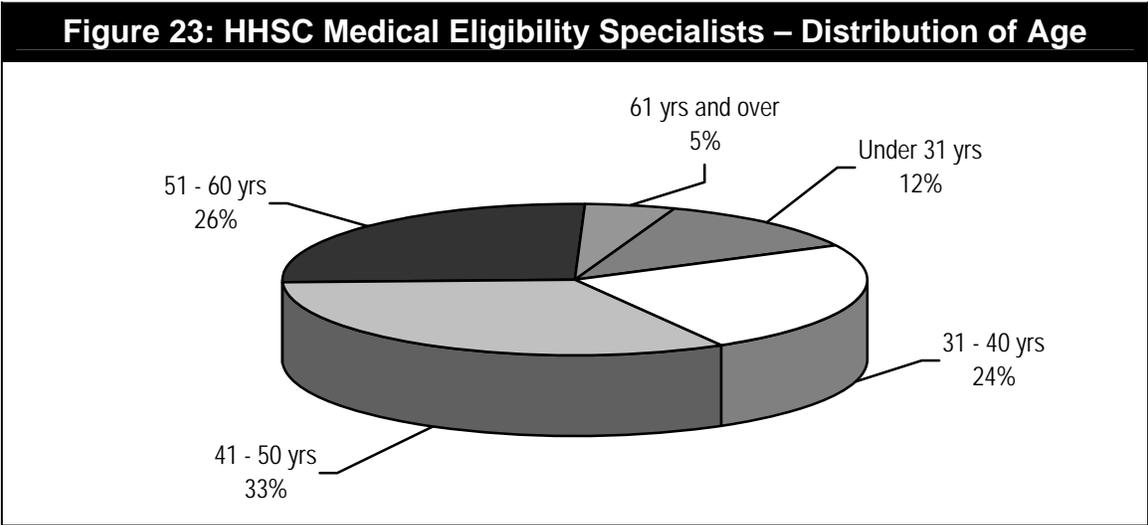
Recruitment and retention of these employees remain a continuing challenge for the agency.

**Medical Eligibility Specialists**

There are about 700 Medical Eligibility Specialists with OES. Medical Eligibility Specialists have, on average, about 10 years of state service, with an average age of 44.<sup>102</sup>



<sup>102</sup> HHSAS Database, FY 2009 data.



Turnover for these employees is slightly above the state average at about 15 percent, representing the loss of over 100 employees in fiscal year 2009.<sup>103</sup>

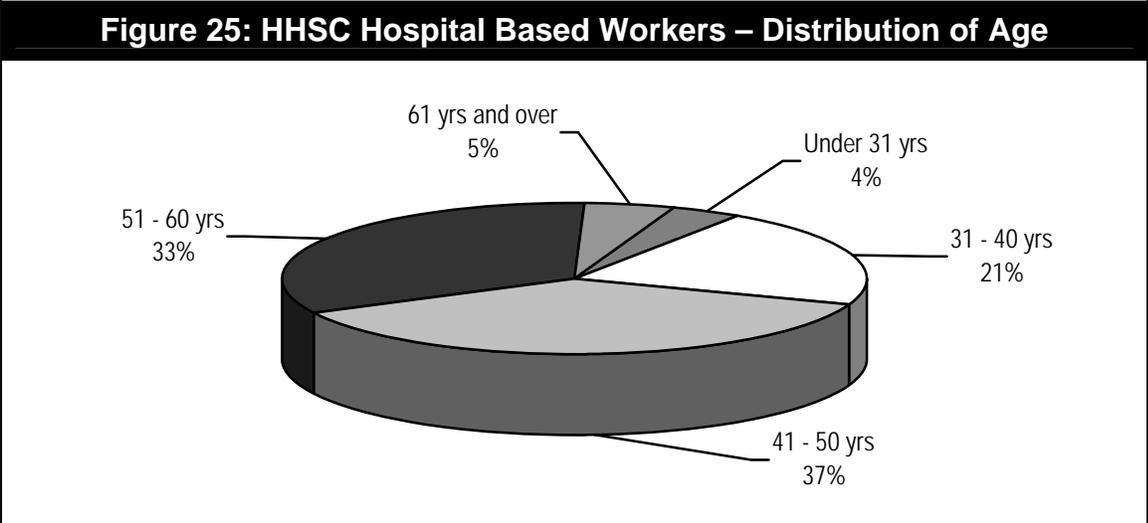
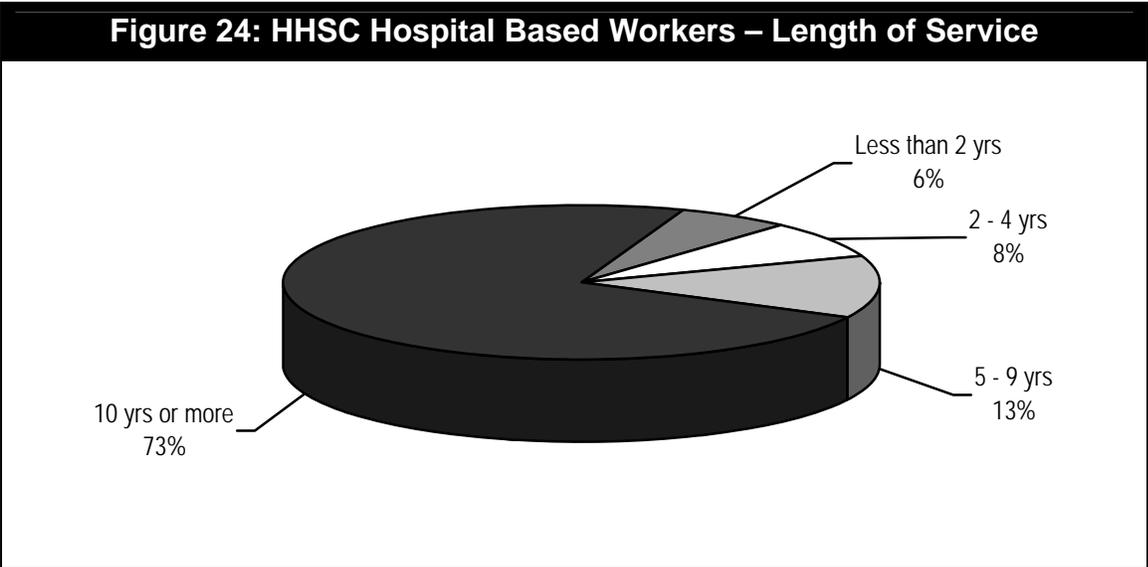
Retention of these Specialists is an ongoing challenge.

**Hospital Based Workers**

There are about 380 Hospital Based Workers with OES. These highly-tenured workers have an average of 15 years of state service (almost three quarters of these employees have 10 or more years of state service), with an average age of 47.<sup>104</sup>

<sup>103</sup> HHSAS Database, FY 2009 data.

<sup>104</sup> Ibid.



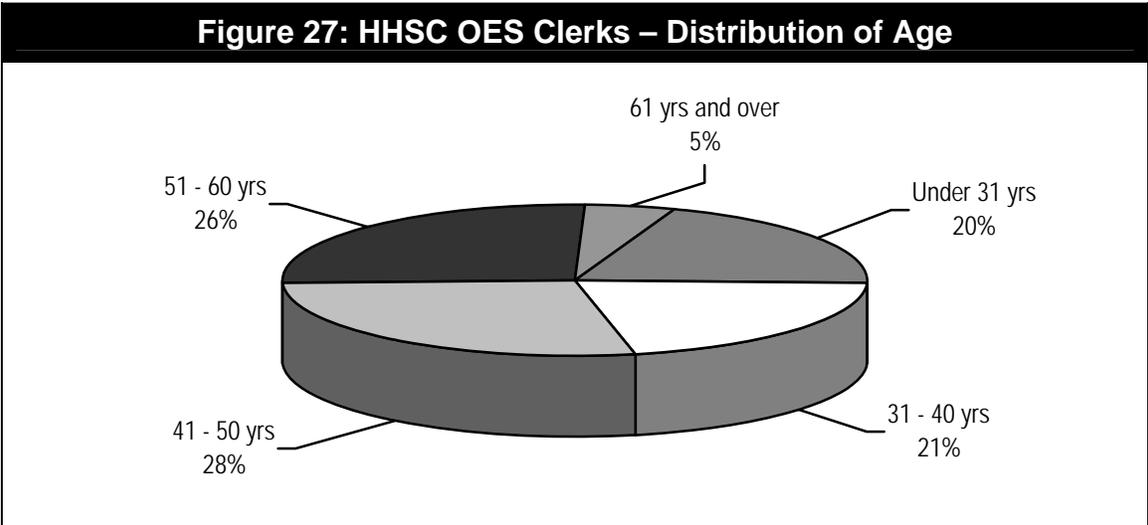
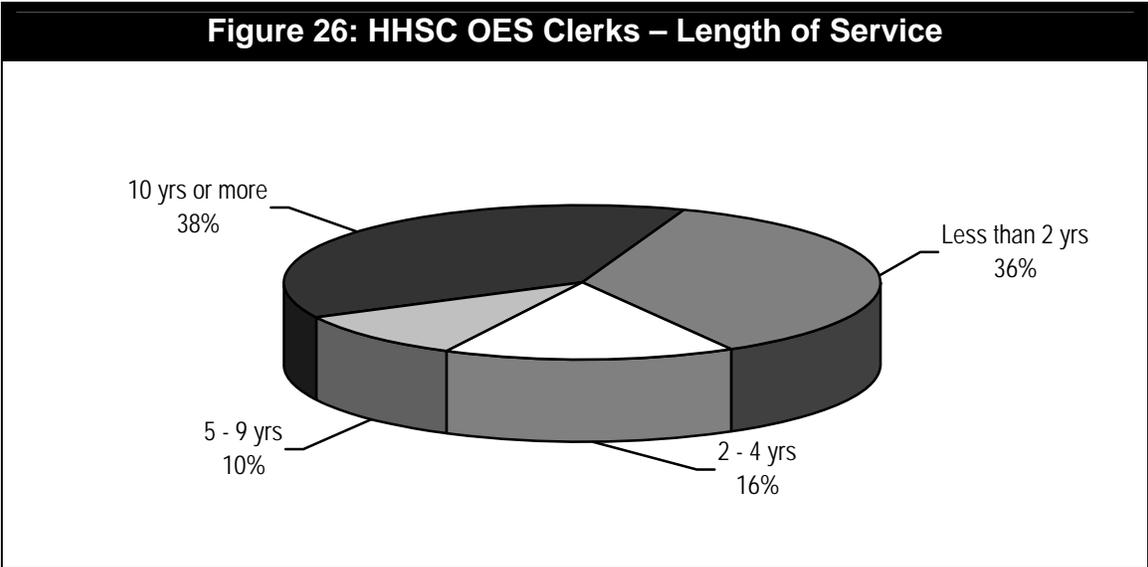
Turnover for these employees is currently well managed at seven percent.<sup>105</sup>

**OES Clerks**

There are over 1,800 Clerks with OES. The typical OES Clerk is 42 years of age and has an average of eight years of state service.<sup>106</sup>

<sup>105</sup> HHSAS Database, FY 2009 data.

<sup>106</sup> Ibid.



The turnover rate for OES Clerks during fiscal year 2009 was about 15 percent, representing the loss of 275 employees. This rate is slightly higher than the statewide turnover rate of 14.4 percent.<sup>107</sup>

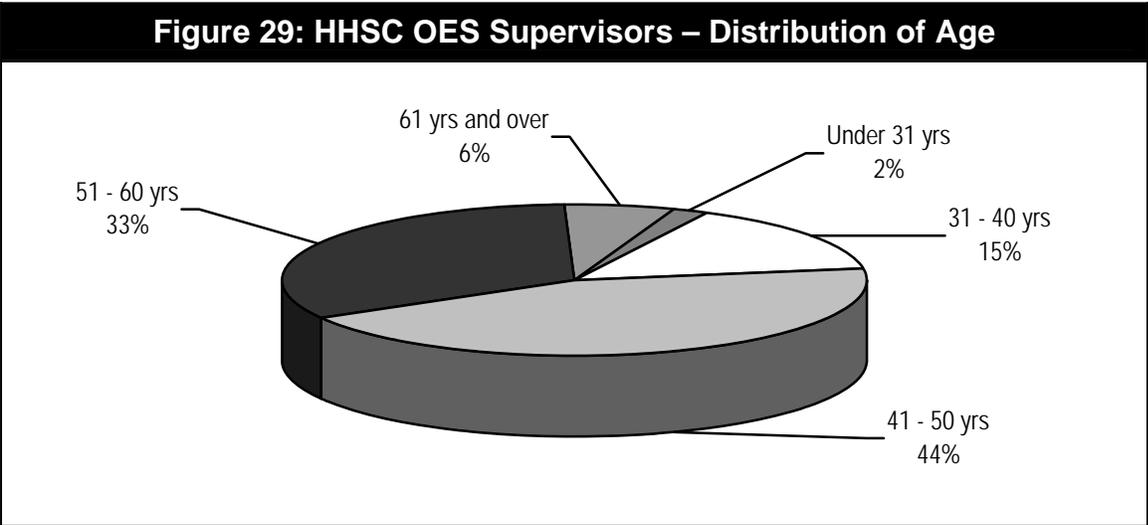
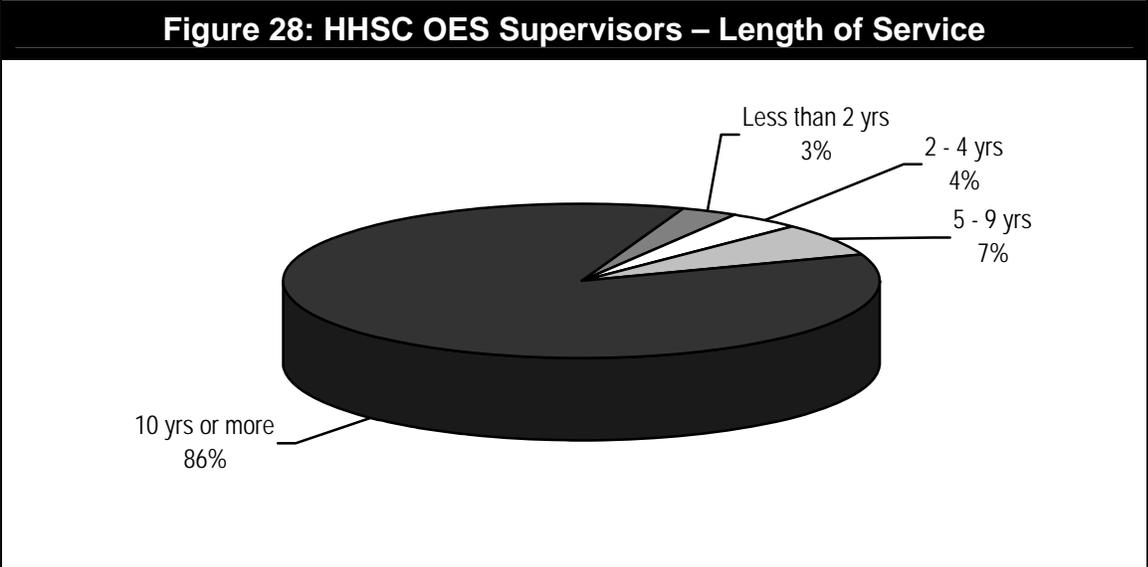
With a high vacancy rate of about 11 percent, vacant OES Clerk positions go unfilled for months.

Recruitment and retention for these jobs are ongoing challenges.

<sup>107</sup> State Auditor's Office (SAO) FY 2009 Turnover Statistics.

**OES Supervisors**

Within HHSC, approximately 460 Supervisors are employed in OES. These highly-tenured Supervisors have an average of 18 years of state service (86 percent of these employees have 10 or more years of state service), with an average age of 48.<sup>108</sup>



Though turnover for these employees is well managed at about nine percent, 42 percent of these employees will be eligible to retire in the next five years.<sup>109</sup>

<sup>108</sup> HHSAS Database, FY 2009 data.

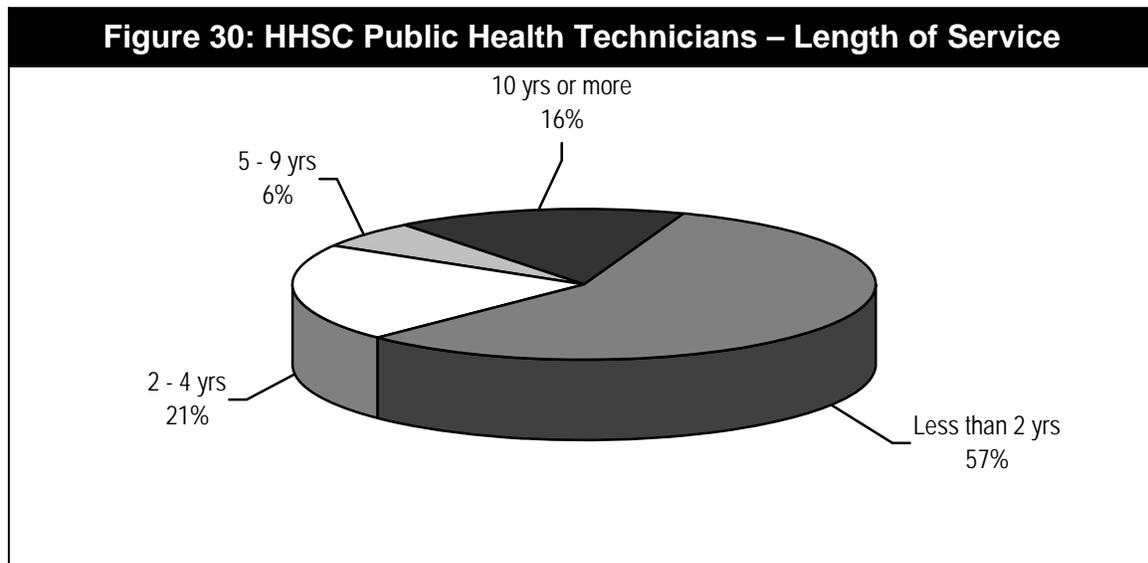
<sup>109</sup> Ibid.

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

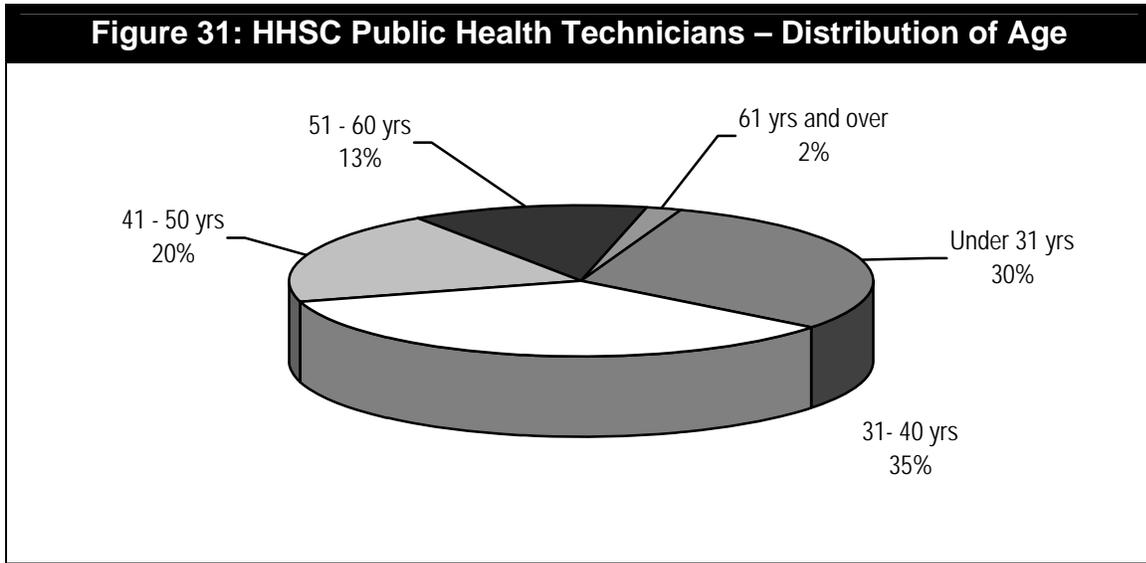
### Public Health Technicians

There are about 270 Public Health Technicians with HHSC, with all but one of these employees working within the Medical Transportation Program. In a call center environment, these employees arrange non-emergency transportation for certain Medicaid recipients.

The typical Public Health Technician is about 38 years old and has an average of only four years of state service. Over half of these employees have less than two years of state service.<sup>110</sup>



<sup>110</sup> HHSAS Database, FY 2009 data.



Turnover for Public Health Technicians is the highest at the agency, at 29 percent. Given that the turnover rate for comparable private sector call center staff regularly reach a up to 40 percent, strong and creative retention strategies are needed to contain and reduce turnover for this employment group.<sup>111</sup>

### Auditors

There are approximately 130 Auditor positions with HHSC, with about 15 percent working in Internal Audit, and the remaining 85 percent divided among numerous units within the Office of Inspector General (OIG), including Medicaid/CHIP, Contract Audit, Sub-Recipient Financial Review, Cost Report Review, Outpatient Hospital/Managed Care Organization (MCO) and Quality Assurance.

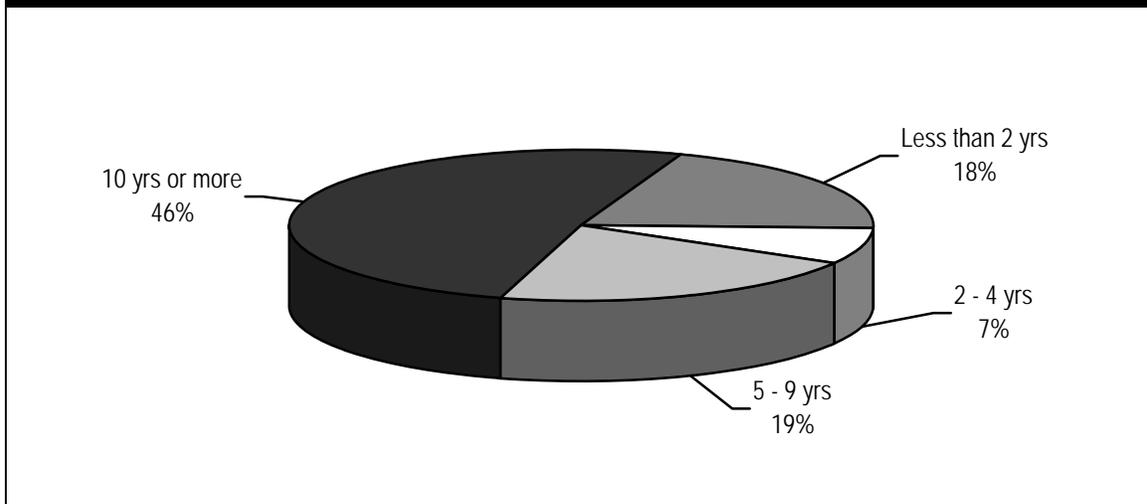
HHSC Internal Auditors perform operational and performance audits of programs, processes and systems in HHSC and across HHS agencies. OIG Auditors are responsible for performing contractor and medical provider audits and reviews to help ensure compliance with state and federal laws, rules and regulations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

The typical Auditor is about 47 years old and has an average of 11 years of state service.<sup>112</sup>

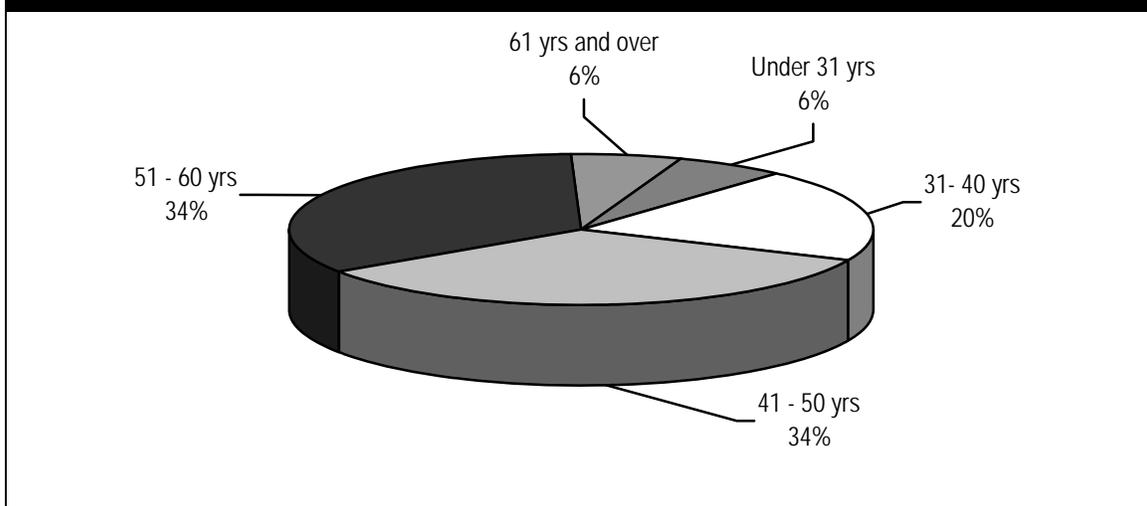
<sup>111</sup> HHSAS Database, FY 2009 data.

<sup>112</sup> HHSAS Database, as of 8/31/09.

**Figure 32: HHSC Auditors – Length of Service**



**Figure 33: HHSC Auditors – Distribution of Age**



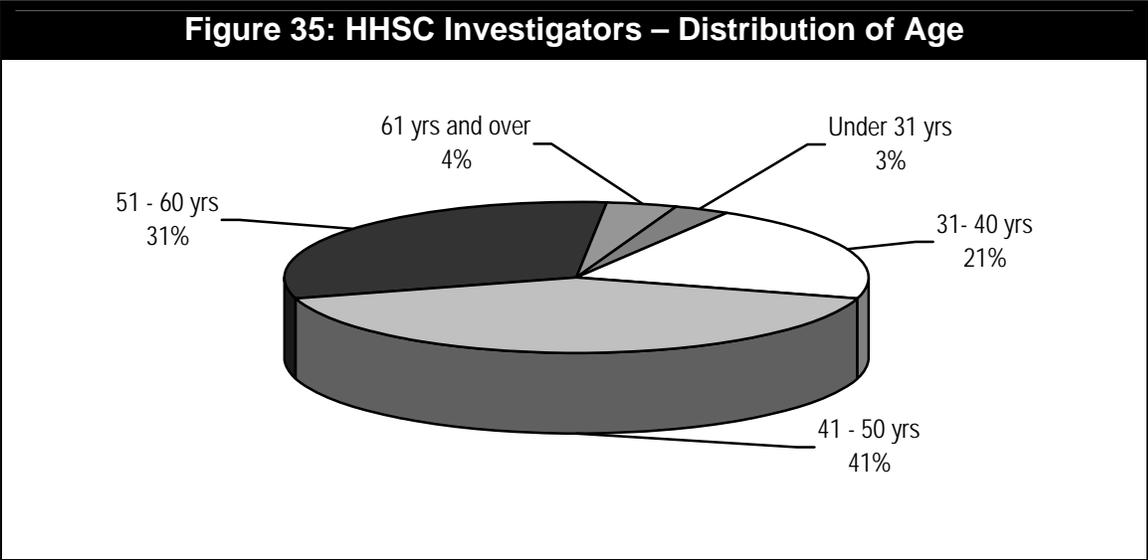
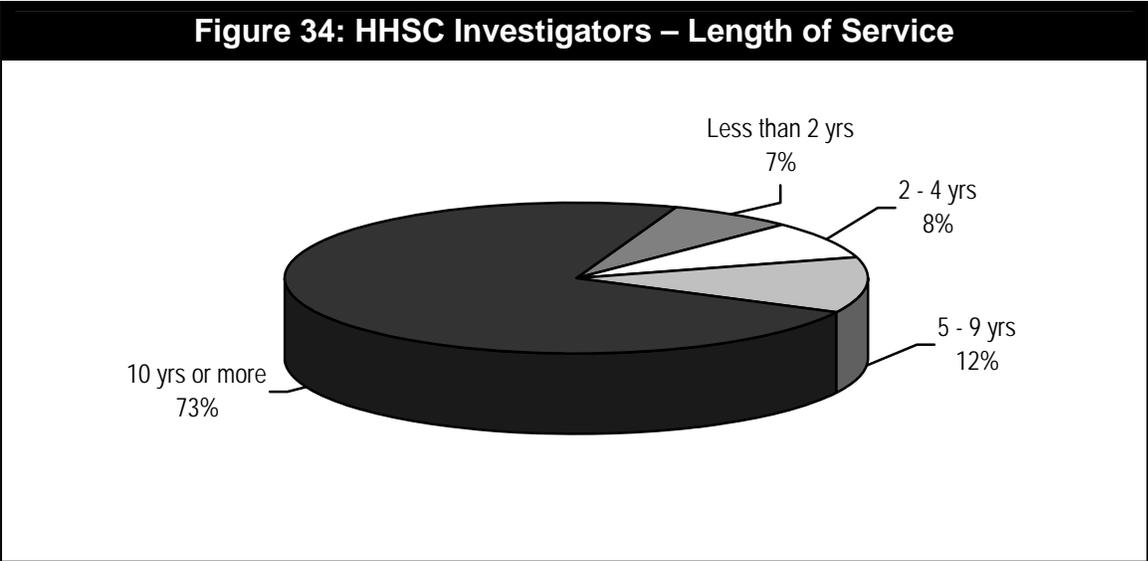
Though turnover for Auditors is currently well managed at around eight percent, HHSC may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. About a quarter of these employees (26 percent) will be eligible to retire by 2014.<sup>113</sup>

### Investigators

There are approximately 220 Investigators with HHSC, with about 99 percent of these employees working within the Office of the Inspector General (OIG). Most

<sup>113</sup> HHSAS Database, FY 2009 data.

OIG Investigators are in the General Investigations section of the Enforcement division. The typical Investigator is about 47 years old and has an average of 15 years of state service. Over 70 percent of these employees have 10 or more years of state service.<sup>114</sup>



Turnover for these highly-tenured employees is slightly below the state average at about 14 percent, representing the loss of 31 employees in fiscal year 2009.<sup>115</sup>

<sup>114</sup> HHSAS Database, FY 2009 data.

<sup>115</sup> Ibid.

Contributing to this turnover is steadily increasing workloads. Hardest hit are Investigators in General Investigations, who have reported an estimated 177 percent increase in workload.

With a vacancy rate for these positions at about 10 percent, HHSC has also experienced difficulty filling vacant positions.<sup>116</sup>

With approximately a third of the agency's Investigators eligible to retire by the year 2014, recruitment and retention for these jobs will continue to be ongoing challenges.

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

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

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

### **Recruitment Strategies**

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

- ◆ Competitive salaries utilizing the full salary group range;
- ◆ Raising entry-level salaries;
- ◆ Recruitment bonus payments;
- ◆ Professional development and education assistance;
- ◆ Defined career progression programs;

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<sup>116</sup> HHSAS Database, as of 8/31/09.

- ◆ Intern programs; and
- ◆ Partnering with colleges and universities to recruit hard-to-fill jobs.

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

### **Retention Strategies**

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

- ◆ One-time merit awards;
- ◆ Salary equity adjustments;
- ◆ Retention bonus payments;
- ◆ Performance recognition;
- ◆ Defined career progression;
- ◆ Mentoring programs;
- ◆ Professional development and education assistance;
- ◆ Basic and advanced computer training;
- ◆ Management skills training;
- ◆ Review and evaluate the current OES eligibility worker compensation plan;
- ◆ Use of the OES Comprehensive Management Improvement Plan, which includes providing improvements in training, standardized performance expectations, and opportunities for advancement;
- ◆ Enhance the work environment for staff by upgrading of telephone equipment and facilities;
- ◆ Expand the agency-specific questions on the Survey of Employee Engagement to include questions relating to employee retention, and post the analysis of the survey results on the agencies Intranet;
- ◆ Continue the practice of the agency's Executive Commissioner and members of the executive team traveling to regional offices, visiting with leadership and frontline staff and answering questions on a face-to-face basis; and
- ◆ Continue training agency supervisors/managers/leaders to perform their job duties and support their staff by strengthening their understanding of leadership and retention.

# 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 11,000 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>117</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.
- ◆ The Adult Protective Services (APS) Division investigates:

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<sup>117</sup> HHSAS Database, as of 8/31/09.

- Reports of abuse, neglect and/or exploitation of elderly adults (defined as 65 years and older) and adults with disabilities who reside in the community. If appropriate, provides or arranges for protective services, which may include referral to other programs, referral for guardianship, emergency assistance with food, shelter and medical care, transportation, counseling or other remedies; and
- Reports of abuse, neglect and/or exploitation of clients receiving services in state 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, seven days a week.

## WORKFORCE DEMOGRAPHICS

DFPS is the third largest agency in the HHS System. The agency currently employs almost 11,000 employees, with the majority of the workforce located in offices throughout the state.<sup>118</sup> The DFPS workforce is diverse. To better illustrate this diversity, the following demographic categories are examined:

### Job Families

The majority of DFPS employees work in Protective Services Worker job classifications, with the largest number of employees in Child Protective Services Worker positions.<sup>119</sup>

About 88 percent of DFPS employees (9,597 employees) work in only 12 job families.<sup>120</sup>

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<sup>118</sup> HHSAS Database, as of 8/31/09.

<sup>119</sup> HHSAS Database, as of 8/31/09. Note: References to "CPS Workers" in this document refer to both CPS Investigators and CPS Specialists.

<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 Services Specialists	2,627	\$34,800
Child Protective Services Investigators	1,786	\$33,660
Clerical Workers	1,214	\$25,814
Child Protective Services Supervisors	883	\$43,966
Human Services Technicians	815	\$25,449
Adult Protective Services Workers	676	\$35,748
Program Specialists	527	\$47,963
Inspectors	320	\$34,818
State Wide Intake Workers	311	\$34,780
Child Care License Workers	206	\$41,652
System Analysts	129	\$56,824
Adult Protective Services Supervisors	103	\$46,975

**Salary**

DFPS employees are, on the average, the second highest paid employees in the HHS System, earning an average annual salary of \$41,262.<sup>121</sup>

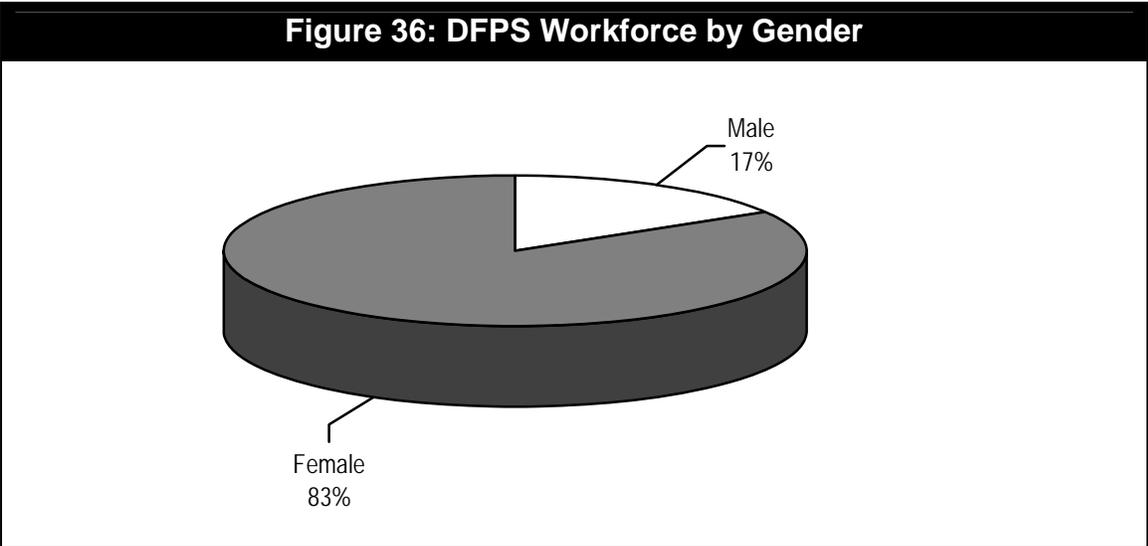
**Gender**

Females make up 83 percent of the agency workforce.<sup>122</sup>

<sup>120</sup> HHSAS Database, as of 8/31/09.

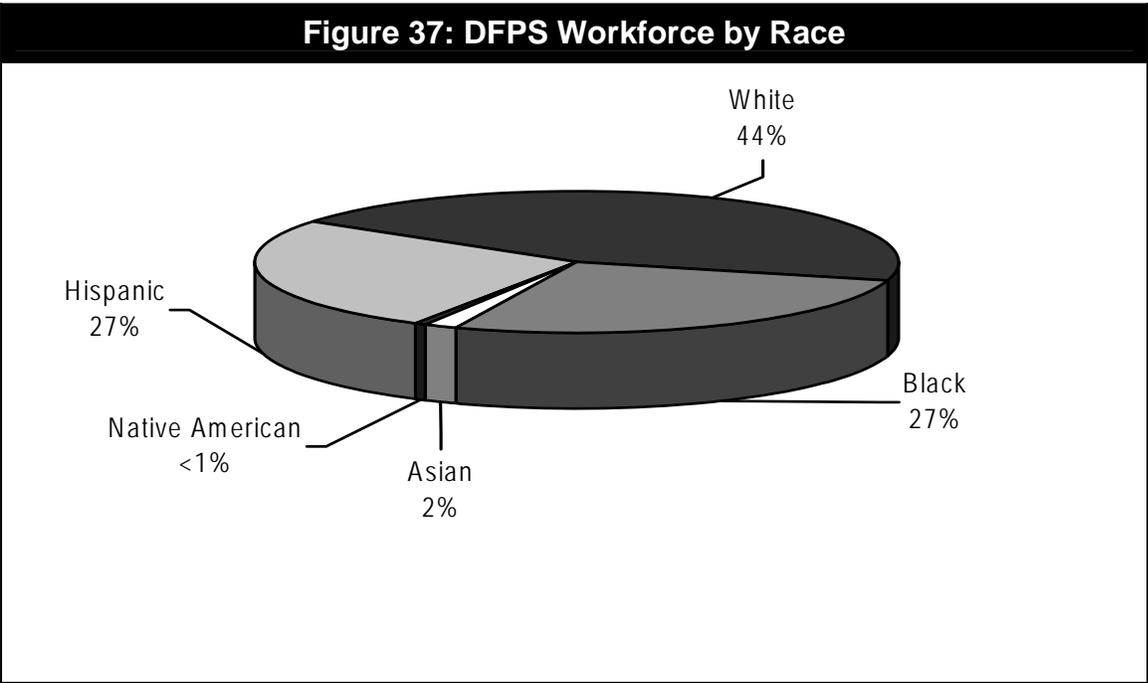
<sup>121</sup> Ibid.

<sup>122</sup> Ibid.



**Race**

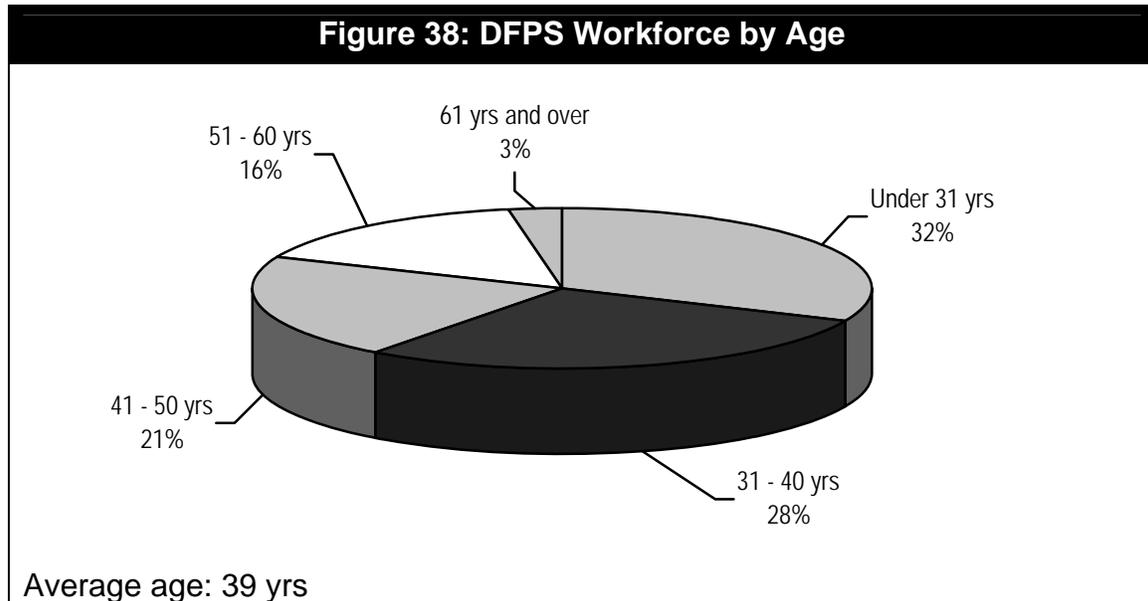
White employees represent the largest racial group at 44 percent, followed by Black employees at 27 percent and Hispanic employees at 27 percent.<sup>123</sup> The agency encourages diversity in its workforce, which is supported by its hiring practices.



<sup>123</sup> HHSAS Database, as of 8/31/09.

## Age

Of all HHS agencies, DFPS has the youngest workforce. Approximately 32 percent of the DFPS workforce are 30 years or younger. The average age of a DFPS employee is 39 years.<sup>124</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>125 126</sup>

<sup>124</sup> HHSAS Database, as of 8/31/09.

<sup>125</sup> Ibid.

<sup>126</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 6/8/05.

**Table 16: DFPS Utilization Analysis Results**

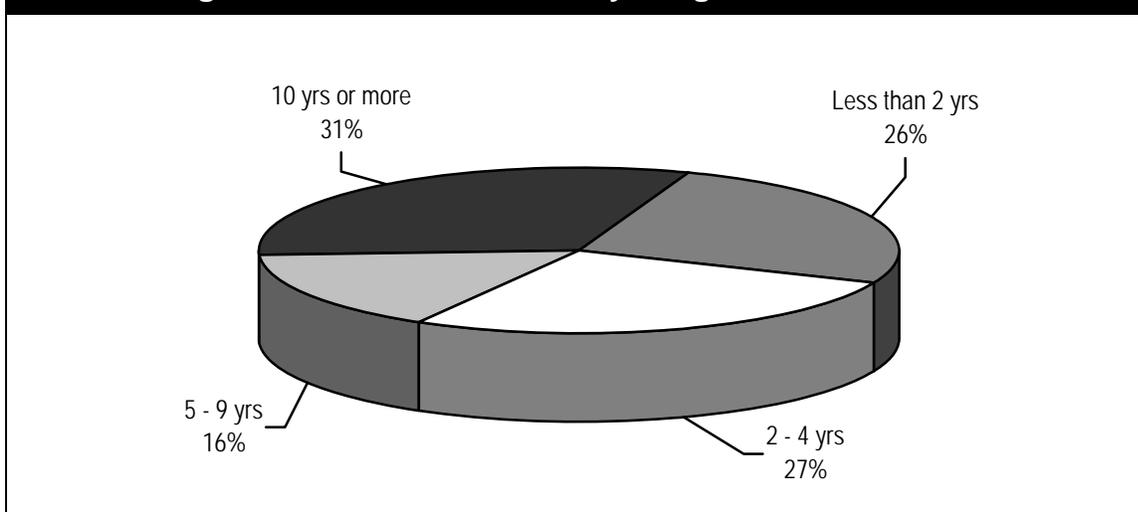
Job Category	Black			Hispanic			Female		
	DFPS %	CLF %	Underutilization (If Yes, # needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)
Officials/Administrators	14.9%	7.2%	No	17.4%	12.3%	No	75.2%	32.6%	No
Professionals	22.3%	9.4%	No	22.4%	11.6%	No	76.5%	49.0%	No
Technicians	27.1%	13.9%	No	25.1%	19.7%	No	78.3%	42.1%	No
Protective Service	29.3%	18.0%	No	24.5%	23.1%	No	83.4%	21.6%	No
Para-Professionals	32.9%	14.3%	No	38.3%	25.7%	No	90.7%	56.3%	No
Administrative Support	25.6%	19.4%	No	37.1%	26.8%	No	96.0%	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 69 percent have less than 10 years of state service.<sup>127</sup>

**Figure 39: DFPS Workforce by Length of State Service**

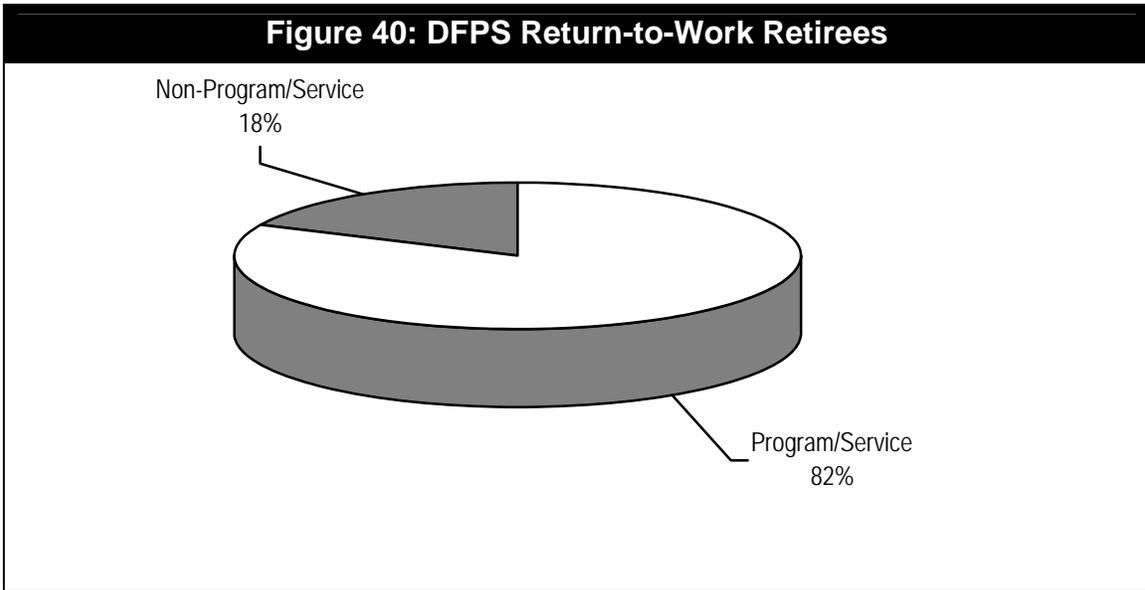


### Return-to-Work Retirees

DFPS employs 350 return-to-work retirees. The majority of these retirees (82 percent) work in the program/service related areas.<sup>128</sup>

<sup>127</sup> HHSAS Database, as of 8/31/09.

<sup>128</sup> Ibid.



## TURNOVER

The turnover rate during fiscal year 2009 was 16.8 percent, the second highest of all HHS agencies. This rate is slightly higher than the statewide turnover rate of 14.4 percent. The majority of these separations (approximately 86 percent) were voluntary separations from state employment.<sup>129</sup>

**Table 17: Reason for Separation**

Reason	Percentage <sup>130</sup>
<b>Voluntary Separations</b>	
Personal reasons	66.8%
Transfer to another agency	12.1%
Retirement	6.6%
<b>Involuntary Separations</b>	
Termination at Will	1.9%
Resignation in Lieu	6.6%
Dismissal for Cause	5.6%

<sup>129</sup> State Auditor's Office (SAO) FY 2009 Turnover Statistics.

<sup>130</sup> Death accounted for .4% of separations.

The table below indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.<sup>131</sup>

<b>Table 18: FY 09 Turnover for Significant Job Classes<sup>132</sup></b>		
Job Title	Average Annual Headcount	Turnover Rate
Child Protective Services Investigators	2,060.0	27.9%
State Wide Intake Workers	321.8	25.2%
Child Protective Services Specialists	2,824.0	19.5%
Adult Protective Services Workers	707.0	19.2%
Directors	64.3	18.7%
Contract Specialists	88.3	15.9%
Accountants	72.3	15.2%
Inspectors	335.3	15.2%
Clerical Workers	1,274.3	14.1%
Human Services Technicians	835.8	12.3%
Program Specialists	544.3	11.6%

## RETIREMENT PROJECTIONS

Currently, about nine percent of the DFPS workforce is eligible to retire from state employment. Over the next five years, approximately 17 percent of the DFPS workforce will reach retirement eligibility. This is the lowest projected percentage of all HHS agencies.<sup>133</sup>

<b>Table 19: DFPS Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)</b>		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2009	938	8.6%
2010	1,080	9.9%
2011	1,249	11.5%
2012	1,391	12.8%
2013	1,604	14.7%
2014	1,810	16.6%

<sup>131</sup> HHSAS Database, FY 2009 data.

<sup>132</sup> Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

<sup>133</sup> HHSAS Database, as of 8/31/09.

## EXPECTED WORKFORCE CHALLENGES

There are almost 300,000 Child, Family and School Social Workers in the US, with a projected 12.3 percent increase in job openings by the year 2018.<sup>134</sup>

Following four years of comprehensive agency reform, the 81<sup>st</sup> Legislature (Regular Session, 2009) continued its support of ongoing improvements of DFPS. The Legislature appropriated approximately \$2.7 billion to DFPS for the fiscal year 2010-11 biennium operating budget, a 4.4 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.

The 81st Texas Legislature (Regular Session, 2009) directed DFPS to develop a plan to improve employee morale and retention. Since turnover peaked at 23.2% in FY 2008, DFPS has steadily improved. A combination of extensive internal efforts and economic factors helped reduce the turnover rate to 16.8% in FY 2009.

The 81st Texas Legislature (Regular Session, 2009) allocated DFPS over 300 new positions for fiscal years 2010 and 2011. Hired staff will include:

- ◆ 34 Statewide Intake staff (including 28 workers);
- ◆ 116 Family Based Safety Services staff (including 72 caseworkers);
- ◆ 36 Family Group Decision Making staff;
- ◆ 39 Preparation for Adult Living staff (including 19 workers);
- ◆ 16 Foster Adoptive Home Development staff (including 12 workers);
- ◆ 16 other Child Protective Services staff;
- ◆ 42 Adult Protective Services Mental Health and Mental Retardation staff (including 21 workers); and
- ◆ 20 additional support staff.

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

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

- ◆ Competitively recruit, retain and train quality staff to adequately manage increasing caseloads and provide quality services to clients;
- ◆ Meet the training demands of new staff, explore innovative ways to improve skills and provide policy refresher training for supervisors and caseworkers; and

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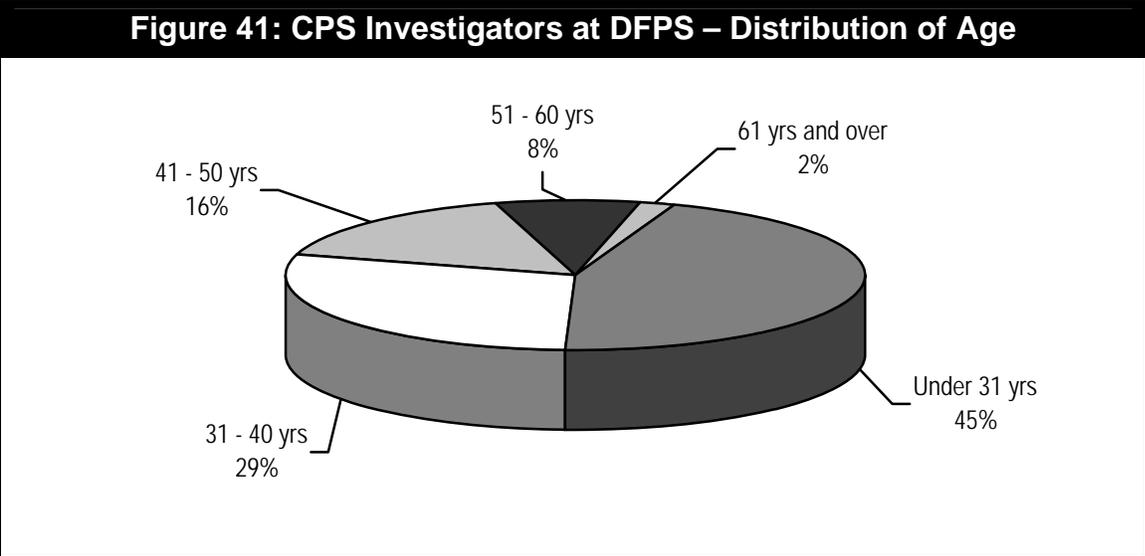
<sup>134</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

- ◆ 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.

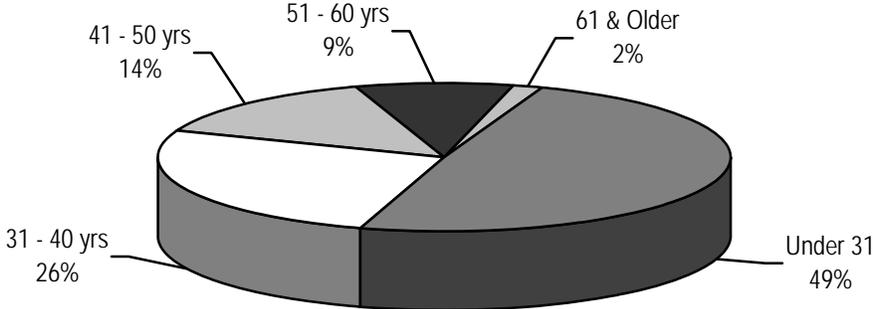
### Child Protective Service (CPS) Workers

There are 4,413 filled CPS Worker positions (1,786 CPS Investigators and 2,627 CPS Specialists). Turnover with this group of employees is considered high, at approximately 23 percent, with CPS Investigators having the highest of all job families at about 28 percent. With an average age of approximately 34 years, CPS Workers are young (nearly half are under 31 years of age) and have an average of 3.5 years of state service.<sup>135</sup> It is difficult to recruit an employee with an aptitude for CPS casework and equally hard to retain them.

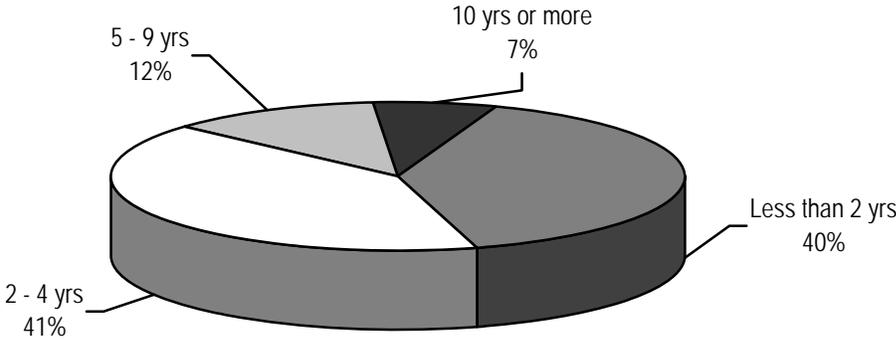


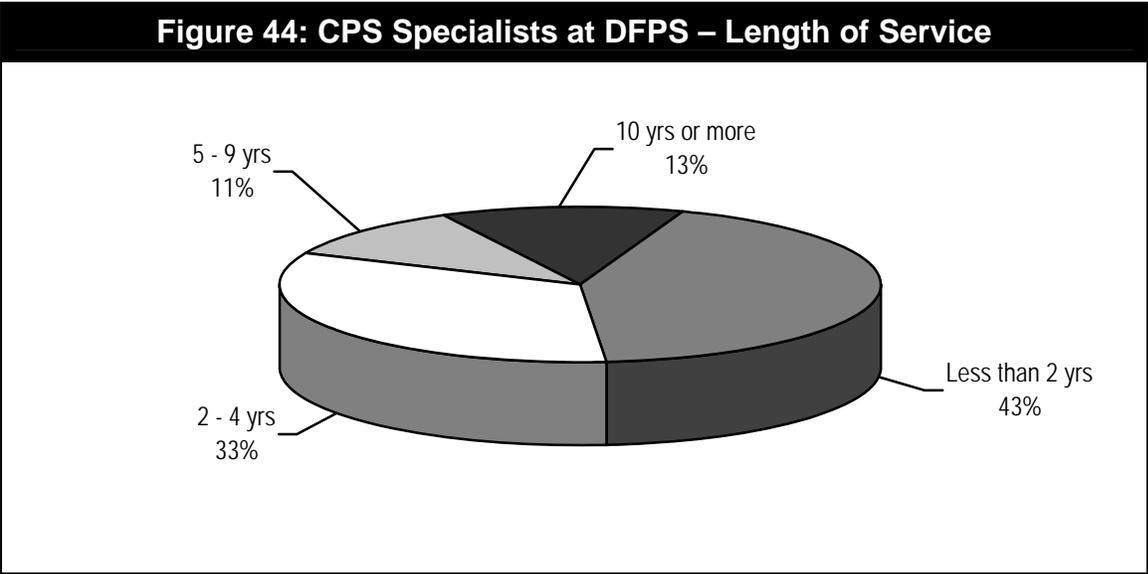
<sup>135</sup> HHSAS Database for FY 2009.

**Figure 42: CPS Specialists at DFPS – Distribution of Age**



**Figure 43: CPS Investigators at DFPS – Length of Service**

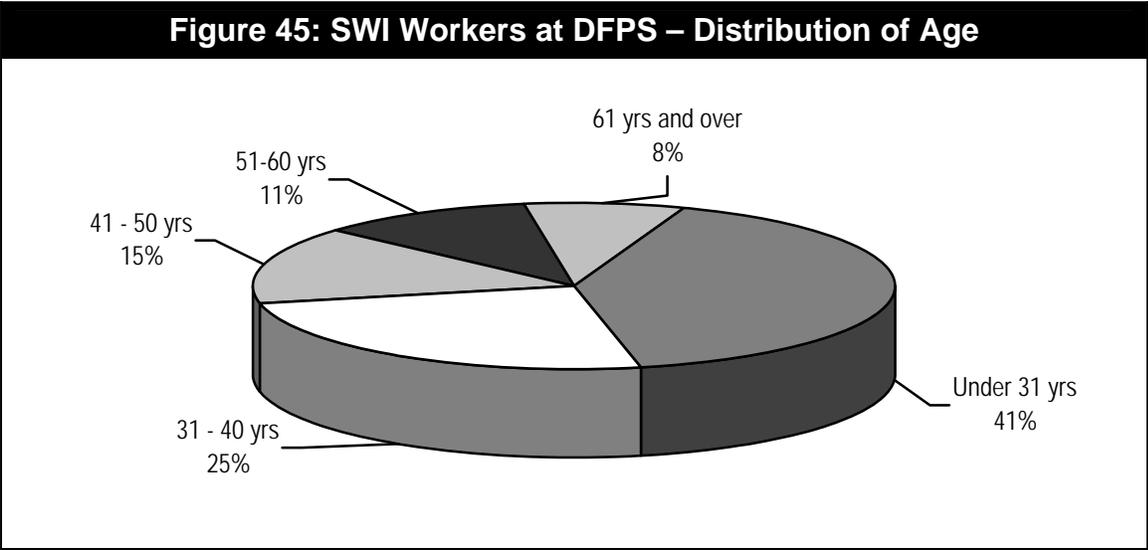




**Statewide Intake Workers (SWIs)**

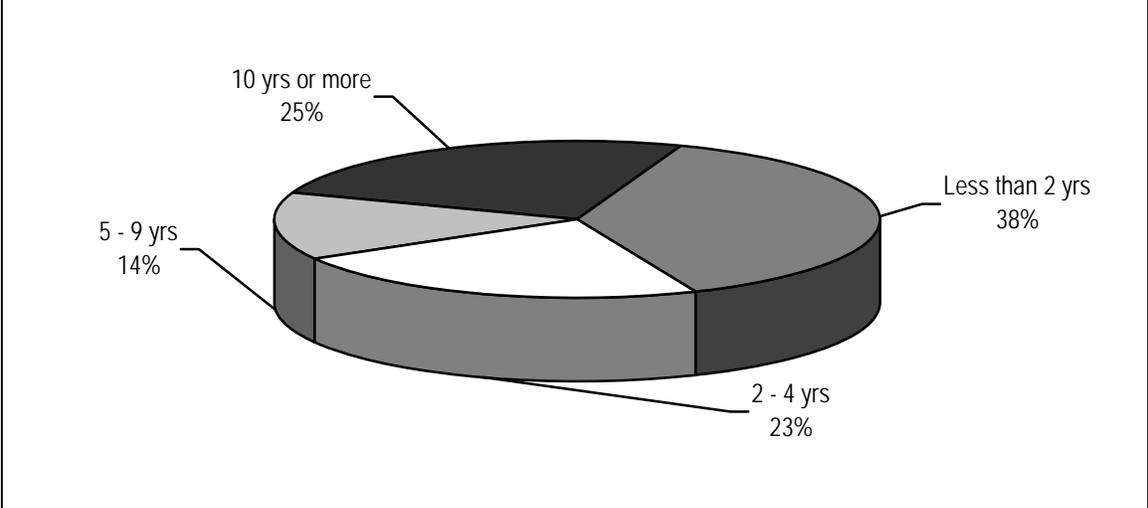
There are approximately 310 SWI Workers with DFPS. With an average age of about 38, approximately 41 percent of these Workers are under 31 years of age. SWI Workers have an average of six years of state service, with approximately 38 percent having less than two years of state service.

Turnover for SWI Workers is considered high at approximately 25 percent.<sup>136</sup>



<sup>136</sup> HHSAS Database, as of 8/31/09.

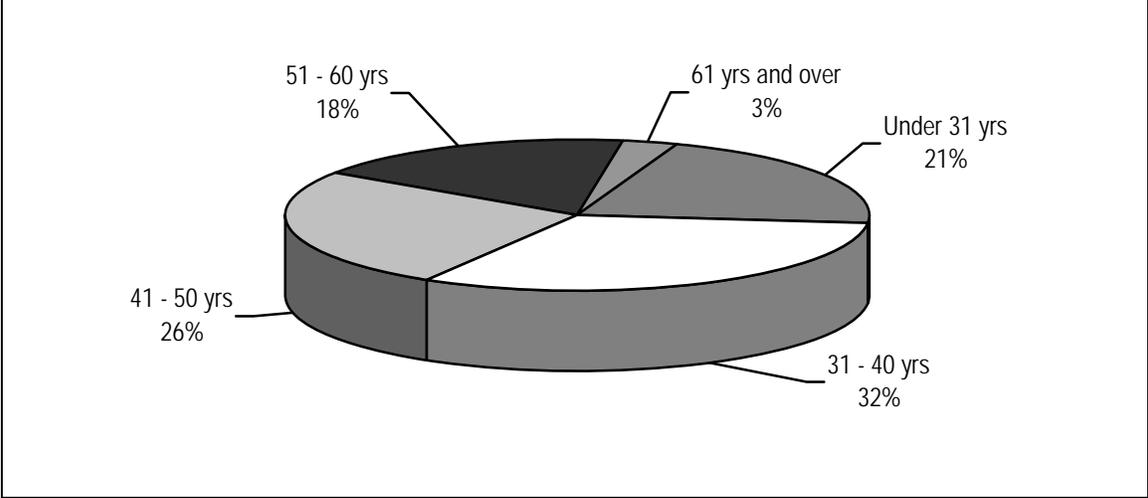
**Figure 46: SWI Workers at DFPS -- Length of State Service**



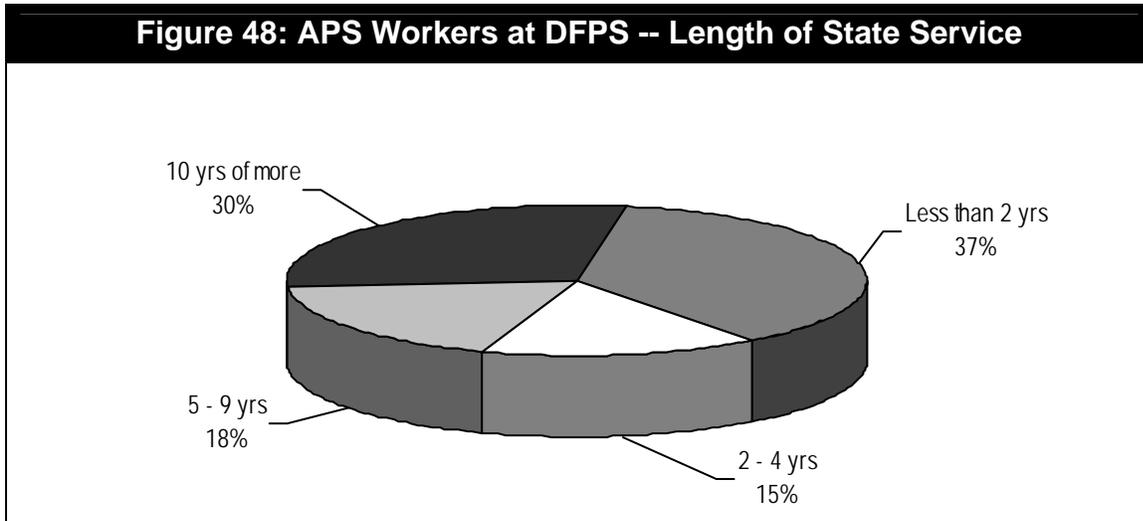
**Adult Protective Services (APS) Workers**

There are around 670 APS Workers with DFPS. The typical APS Worker is 41 years of age and has an average of seven years of state service. Over a quarter of these employees have less than two years of state service.<sup>137 138</sup>

**Figure 47: APS Workers at DFPS – Distribution of Age**



<sup>137</sup> HHSAS Database, as of 8/31/09.  
<sup>138</sup> Ibid.



During fiscal year 2009, APS Worker turnover reached 19.2 percent, significantly above the state average of 14.4 percent.<sup>139 140</sup>

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>141</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 CPS Special 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 the 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:

<sup>139</sup> HHSAS Database, FY 2009 data.

<sup>140</sup> State Auditor's Office (SAO) FY 2009 Turnover Statistics.

<sup>141</sup> Some of the strategies are contingent on funding approval.

- Social Work
- Counseling
- Early Childhood Education
- Psychology
- Criminal Justice
- Elementary or Secondary Education
- Sociology
- Human Services
- ◆ Continue to evaluate the DFPS hiring process of direct delivery caseworkers.
- ◆ 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 or develop comparable tools that will help identify the most qualified applicants:
  - A pre-screening test for job applicants to assess skills and performance capabilities.
  - A behavioral descriptive interview guide, geared at assessing how each candidate would respond to real life work situations.
- ◆ Continue efforts to recruit bilingual workers by using consistent testing for bilingual skills and implement a consistent policy for bilingual pay.
- ◆ 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 as long as funding is available.

### **Retention Strategies**<sup>142</sup>

- ◆ Offer alternative work schedule and telework options for appropriate positions.
- ◆ Implement the rookie year on-boarding concept, where supervisors welcome employees before their first day on the job and provide targeted support throughout the first year.
- ◆ Continue to offer certification programs for direct delivery workers and supervisors.
- ◆ Continue to recognize new employees' tenure during each of their first four years with the agency by providing tenure certificates.
- ◆ Form the supervisor support team to help supervisors to better support their employees so that those employees can provide better services to clients.
- ◆ Continue to reduce CPS and APS caseloads for individual caseworkers.
- ◆ Expand supervisory development, training and support to increase the focus on human resource management.
- ◆ 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.

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<sup>142</sup> Some of the strategies are contingent on funding approval.

- ◆ 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 concerns and suggestions, have issues escalated to the appropriate resolution level in the agency and have a method of tracking individual issues 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 Employee Engagement 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.
- ◆ Provide a continuum of leadership training that begins at the worker level and extends to the executive tiers.
- ◆ Continue training agency supervisors/managers/leaders to perform their job duties and support their staff by strengthening their understanding of leadership and retention.
- ◆ Continue to enhance the work environment for staff by:
  - replacing outdated computer equipment, and
  - providing tablet PCs to facilitate timely and accurate data entry and improve the quality of assessments and decision making.

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 3,200 DARS employees, in offices throughout the state, work to improve the quality of the lives of Texans with disabilities.<sup>143</sup>

## CORE BUSINESS FUNCTIONS

DARS provides services to consumers through the following program areas:

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

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<sup>143</sup> HHSAS Database, as of 8/31/09.

- Independent Living Services and Independent Living Centers. Program staff promote self-sufficiency despite significant disability by providing people with improved mobility, communication, personal adjustment and self-direction skills.
- Comprehensive Rehabilitation Services. Program staff assist persons with spinal cord and traumatic brain injuries by sponsoring intensive therapies to increase independence.
- ◆ Disability Determination Services (DDS) employees make disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance and/or Supplemental Security Income. Staff examine and review medical evidence provided by claimants or their medical providers and make the determination on whether or not a claimant is disabled under the law.
- ◆ Division for Blind Services (DBS) provides services through the following programs:
  - Vocational Rehabilitation. Program staff assist adult consumers whose visual disabilities (visual impairments or total blindness) may limit their ability to work in their current jobs or secure new jobs.
  - Business Enterprises of Texas. Program staff manage the program developed under federal law to provide food management opportunities for Texans who are blind or visually impaired.
  - Independent Living. Program staff assist adult consumers who are blind or visually impaired to learn adaptive skills to enable them to continue to live independently and confidently with vision loss.
  - Criss Cole Rehabilitation Center. Program staff provide a residential based intensive training in basic blindness skills for adult Texans who are blind or visually impaired due to a medical condition or accident which may progress to total blindness.
  - Blind Children's Vocational Discovery and Development. Program staff assist children who are blind or visually impaired to develop their individual potential.
  - Blindness Education, Screening and Treatment. Program staff assist in the prevention of blindness through education, screening and treatment.
- ◆ Early Childhood Intervention (ECI) Services employees coordinate a statewide system of early childhood intervention services for families of infants and toddlers, birth to age three, with disabilities or developmental delays. Services are provided through 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. The agency currently employs approximately 3,200 full and part-time employees, with the majority of DARS employees (2,610 employees or 82 percent) assigned to offices throughout Texas.<sup>144</sup> The remaining 580 employees, or 18 percent, are assigned to Central

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<sup>144</sup> HHSAS Database, as of 8/31/09.

Office in Austin.<sup>145</sup> To better understand the agency's unique workforce, the following demographic categories are examined:

### Job Families

About 87 percent of DARS employees (2,785 employees) work in 9 job families, with the largest number of employees in Vocational Rehabilitation Counselor positions (667 employees or 21 percent).<sup>146</sup>

<b>Table 20: Largest Program Job Classes and Average Salaries</b>		
Job Title	Number of Employees	Average Salary
Vocational Rehabilitation Counselors	667	\$48,552
Claims Examiners	511	\$47,160
Clerical Workers	465	\$38,089
Rehabilitation Services Technicians	353	\$35,424
Program Specialists	327	\$62,230
Human Services Specialists	166	\$37,453
Managers	149	\$73,235
Rehabilitation Teachers	76	\$36,595
System Analysts	71	\$64,940

### Salary

DARS employees earn an average annual salary of \$48,149.<sup>147</sup>

### Gender

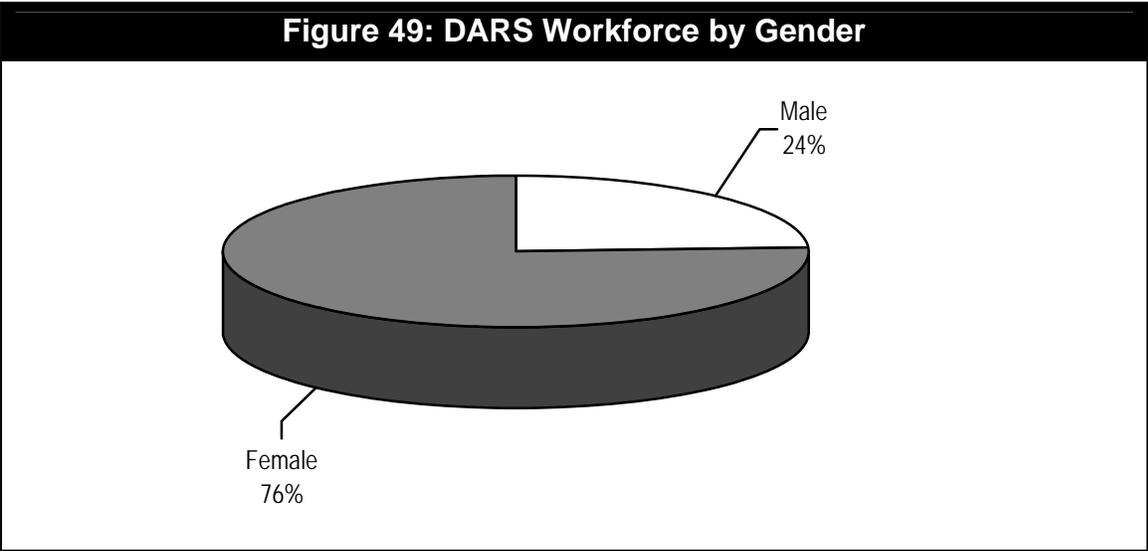
DARS employees are primarily female, representing approximately 76 percent of the agency workforce (2,409 employees).<sup>148</sup>

<sup>145</sup> HHSAS Database, as of 8/31/09.

<sup>146</sup> Ibid.

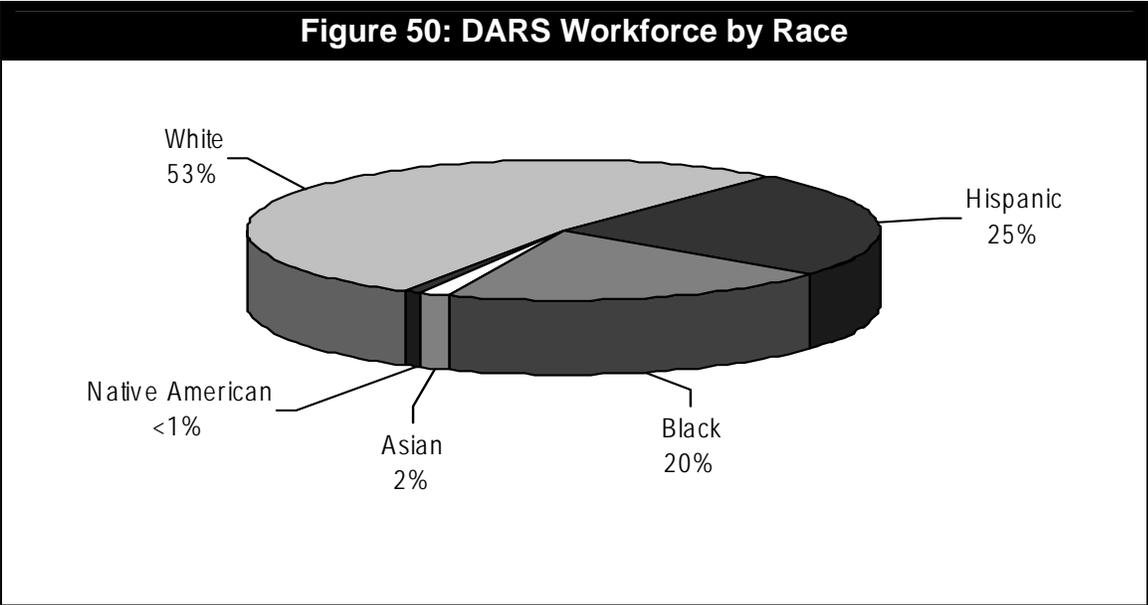
<sup>147</sup> Ibid.

<sup>148</sup> Ibid.



**Race**

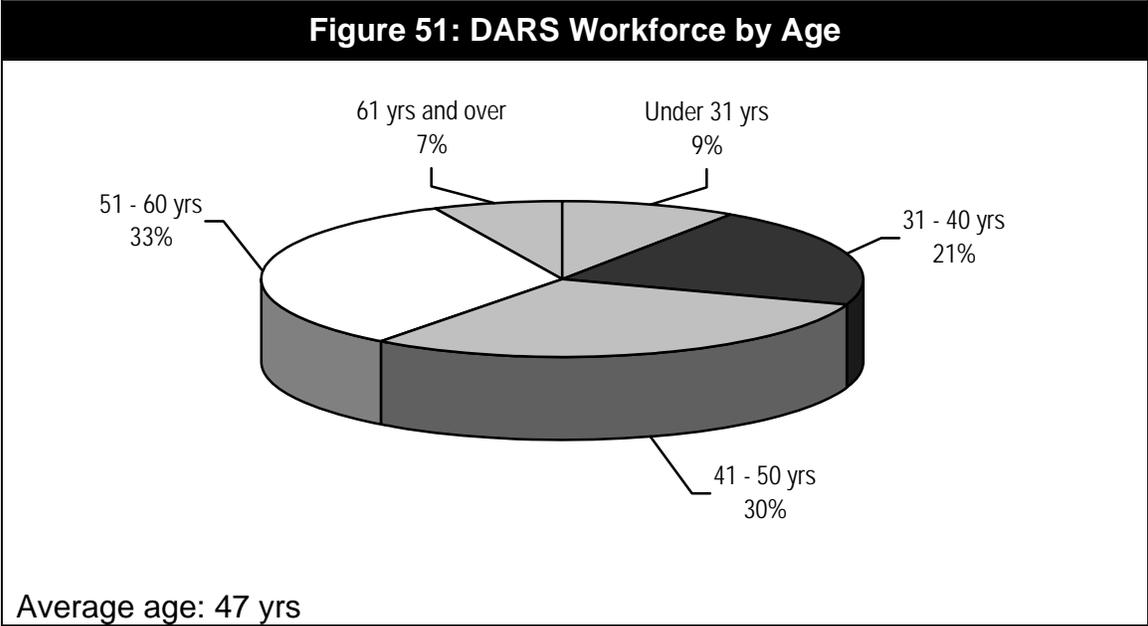
Approximately 1,680 or 53 percent of DARS employees are White, followed by Hispanic employees at 25 percent or 788 employees and Black employees at 20 percent or 638 employees.<sup>149</sup>



<sup>149</sup> HHSAS Database, as of 8/31/09.

**Age**

Approximately 70 percent of DARS employees are age 41 or older, with the average age being 47 years.<sup>150</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 indicated no underutilization within the DARS workforce.<sup>151</sup>

<sup>150</sup> HHSAS Database, as of 8/31/09.

<sup>151</sup> Ibid.

<sup>152</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**

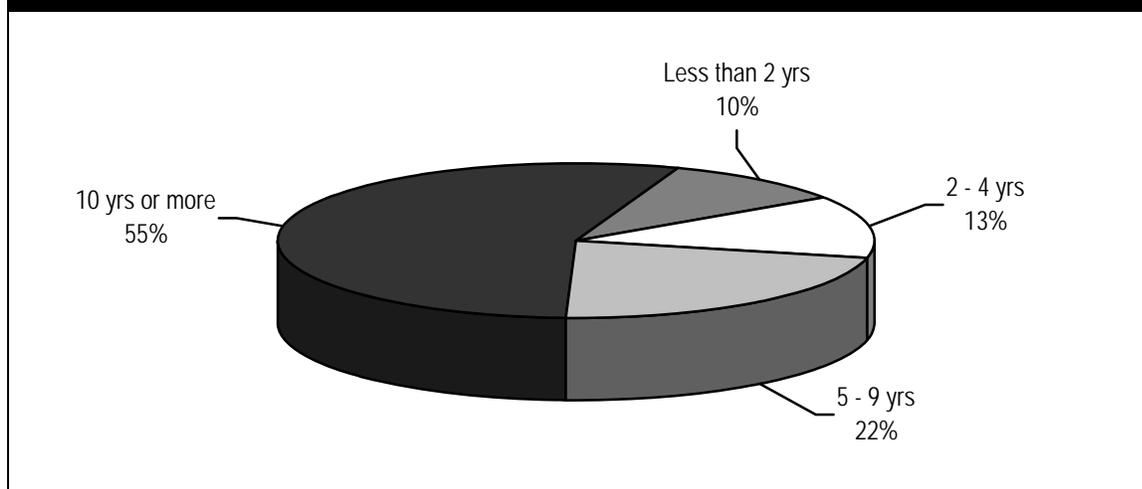
Job Category	Black			Hispanic			Female		
	DARS %	CLF %	Underutilization (If Yes, # needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)
Officials/Administrators	13.6%	7.2%	No	15.7%	12.3%	No	47.1%	32.6%	No
Professionals	19.3%	9.4%	No	22.9%	11.6%	No	74.6%	49.0%	No
Technicians	8.3%	13.9%	N/A	20.8%	19.7%	N/A	58.3%	42.1%	N/A
Protective Service	0.0%	18.0%	N/A	0.0%	23.1%	N/A	0.0%	21.6%	N/A
Para-Professionals	29.1%	14.3%	No	29.1%	25.7%	No	89.6%	56.3%	No
Administrative Support	23.8%	19.4%	No	38.2%	26.8%	No	91.3%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	50.0%	35.2%	N/A	25.0%	16.5%	N/A
Service Maintenance	66.7%	20.4%	N/A	0.0%	43.7%	N/A	50.0%	44.4%	N/A

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

### State Service

DARS has a stable, long tenured workforce, with about 90 percent of the workforce having more than two years of state service, and over half having at least 10 years of state service.<sup>153</sup>

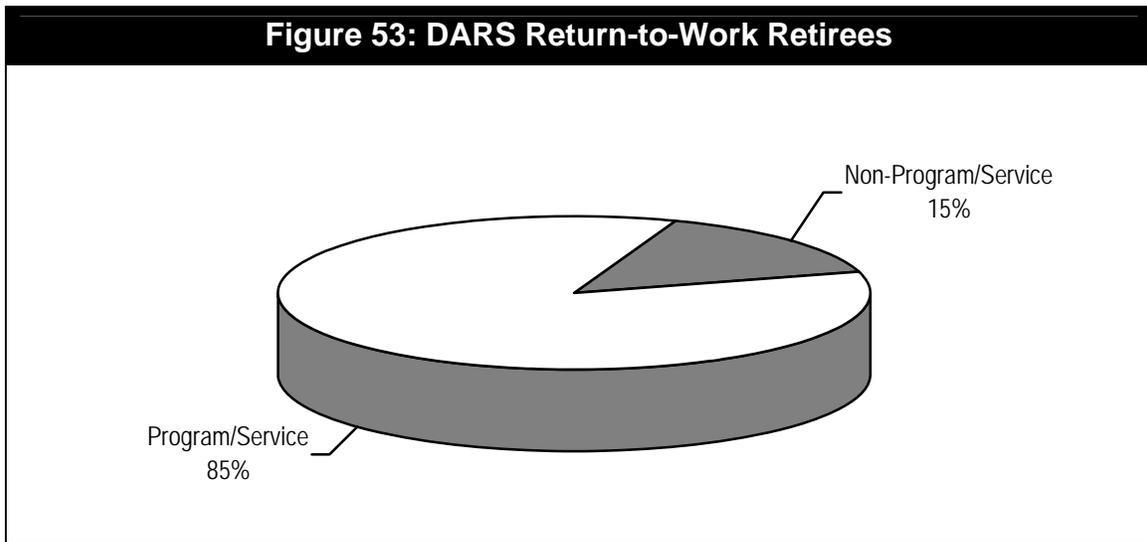
**Figure 52: DARS Workforce by Length of State Service**



### Return-to-Work Retirees

DARS employs 172 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>154</sup>

<sup>153</sup> HHSAS Database, as of 8/31/09.



## TURNOVER

The DARS turnover rate during fiscal year 2009 was 8.6 percent, the lowest of all HHS agencies. This rate is significantly lower than the statewide turnover rate of 14.4 percent. The majority of these separations (approximately 85 percent) were voluntary separations from state employment.<sup>155</sup> This low turnover rate contributes to having a highly-tenured, well trained workforce.<sup>156</sup>

**Table 22: Reason for Separation**

Reason	Percentage <sup>157</sup>
<b>Voluntary Separations</b>	
Personal reasons	36.7%
Transfer to another agency	14.0%
Retirement	34.2%
<b>Involuntary Separations</b>	
Termination at Will	0.0%
Resignation in Lieu	1.4%
Dismissal for Cause	11.9%

<sup>154</sup> HHSAS Database, as of 8/31/09.

<sup>155</sup> State Auditor's Office (SAO) FY2009 Turnover Statistics.

<sup>156</sup> HHSAS Database, FY 2009 data.

<sup>157</sup> Death accounted for 1.8% of separations.

Table 23 indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.<sup>158</sup>

<b>Table 23: FY 09 Turnover for Significant Job Classes<sup>159</sup></b>		
Job Title	Average Annual Headcount	Turnover Rate
Interpreters	7.8	38.7%
Auditors	6.8	29.6%
Database Administrators	4.8	25.0%
Accountants	39.3	22.9%
Telecommunications Specialists	6.0	16.7%
HHS Program Coordinators	25.0	16.0%
Programmers	13.5	14.8%
Information Specialists	7.3	13.8%
Vocational Rehabilitation Counselors	693.0	10.8%
Medical Services Coordinators	19.0	10.5%
Managers	150.5	10.0%
Directors	42.3	9.5%
Program Specialists	230.5	9.1%
Rehabilitation Services Technicians	355.8	9.0%
Human Services Specialists	118.3	8.5%
Claims Examiners	511.0	6.3%

## RETIREMENT PROJECTIONS

Currently, about 30 percent of the DARS workforce is eligible to retire from state employment. Over the next five years, approximately a third of the DARS workforce will reach retirement eligibility.<sup>160</sup> These eligibility levels are the highest of all HHS agencies.

<sup>158</sup> HHSAS Database, FY 2009 data.

<sup>159</sup> Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

<sup>160</sup> HHSAS Database, as of 8/31/09.

<b>Table 24: DARS Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)</b>		
<b>Fiscal Year</b>	<b>Cumulative Number of Eligible Employees</b>	<b>Percent of Workforce</b>
2009	500	15.7%
2010	603	18.9%
2011	713	22.4%
2012	821	25.7%
2013	944	29.6%
2014	1,074	33.7%

## EXPECTED WORKFORCE CHALLENGES

With over 24 million residents, Texas is one of the faster growing states in the nation. In a one year period, July 1, 2008 to July 1, 2009, the population of Texas increased by almost half a million, the largest population increase in the country.<sup>161</sup> By 2020, the Texas population is expected to reach 30 million residents.<sup>162</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>163</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>164</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

<sup>161</sup> U.S. Census Bureau, December 23, 2009, web page <http://www.census.gov/Press-Release/www/releases/archives/population/014509.html>, last accessed on 3/16/10.

<sup>162</sup> Office of the State Demographer, Texas State Data Center.

<sup>163</sup> Brigitte Volmer, et al., "Predictors of Long-term Outcome in Very Preterm Infants: Gestational Age Versus Neonatal Cranium Ultrasound," *Pediatrics*, November 2003.

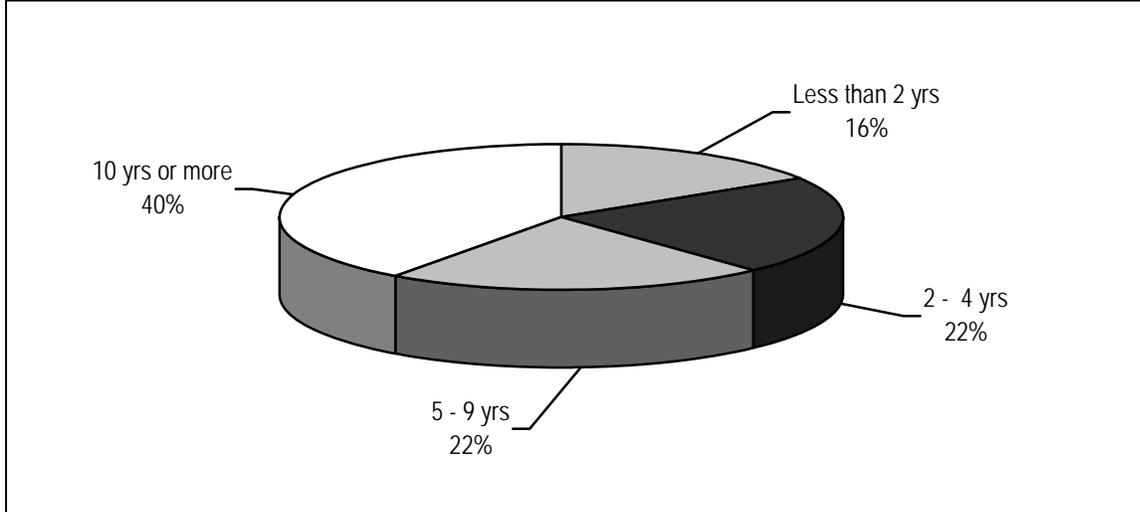
<sup>164</sup> Texas Education Agency, Registration Report.

direct-delivery Vocational Rehabilitation Counselors, Claims Examiners, Independent Living Workers and Deaf and Hard of Hearing Services (DHHS) Interpreters.

### Vocational Rehabilitation Counselors

As of November 2008, there were 129,500 rehabilitation counselors in the US. By 2018, this workforce group is expected to increase by 19 percent.<sup>165</sup> Within DARS, about 670 Vocational Rehabilitation Counselors are employed in the Division for Rehabilitative Services (DRS) and the Division for Blind Services (DBS).<sup>166</sup> These counselors have an average of 10 years state employment and an average age of approximately 46 years.<sup>167</sup>

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

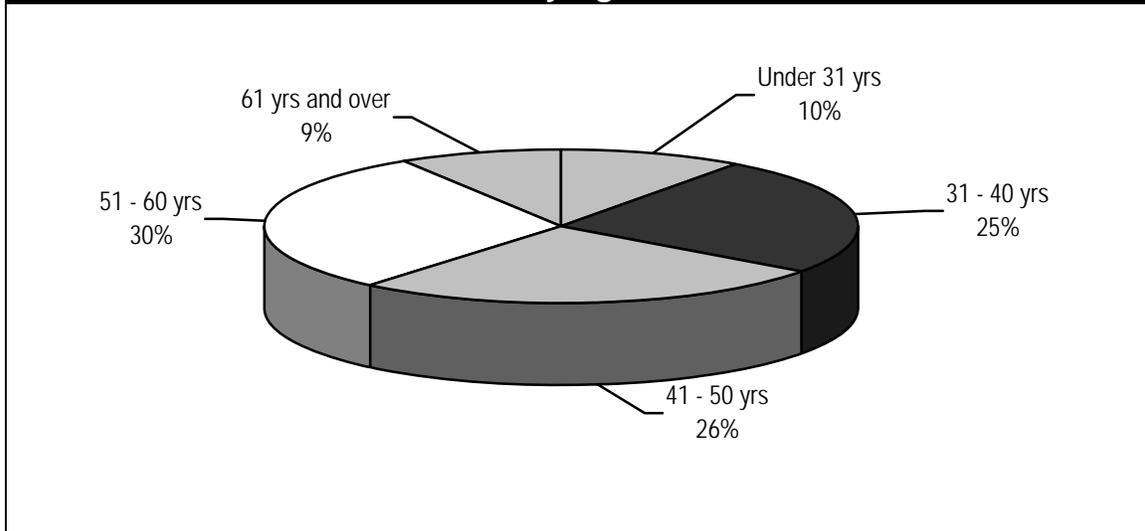


<sup>165</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/210.

<sup>166</sup> HHSAS Database, as of 8/31/09.

<sup>167</sup> Ibid.

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



This highly skilled and tenured group of employees is also nearing retirement age, with 23 percent of current counselors eligible to retire in the next five years.<sup>168</sup> To maintain current service levels to the expanding population of consumers, DARS must provide incentives to retain current counselors, provide succession planning opportunities to develop existing staff and aggressively recruit new counselors.

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

Due to the comprehensive and specialized training program, as well as the ongoing training that newly hired counselors must take, retention of these employees is crucial. Currently, agency counselors are separating from employment at an annual rate of 10.8 percent.<sup>169</sup> Though low, this loss rate should be closely monitored to identify any trends that may develop.

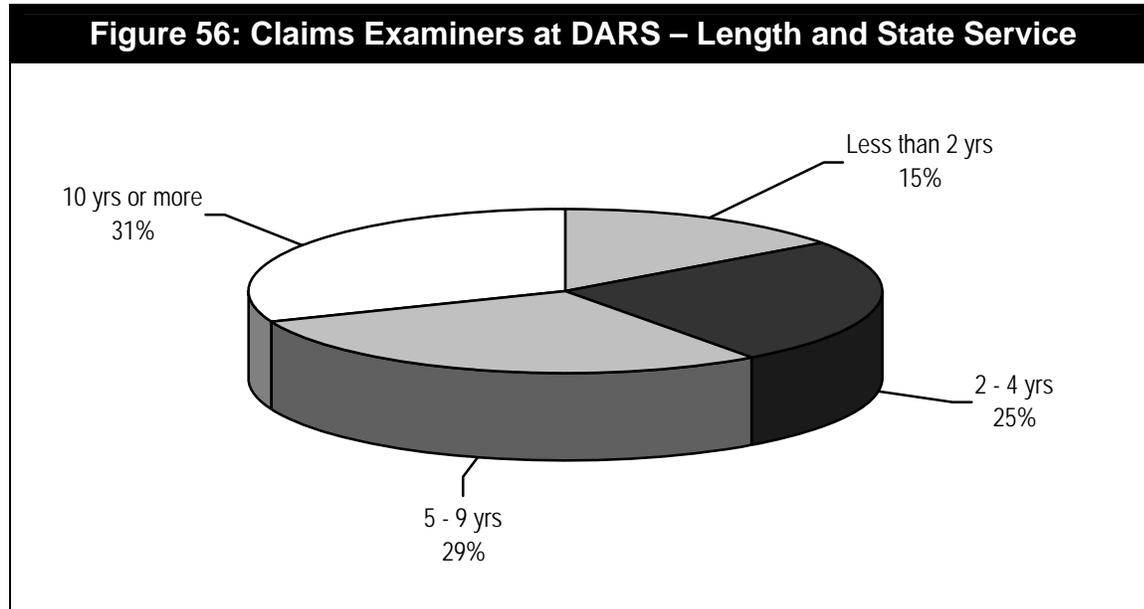
<sup>168</sup> HHSAS Database, as of 8/31/09.

<sup>169</sup> HHSAS Database, FY 2009 data.

### Claims Examiners

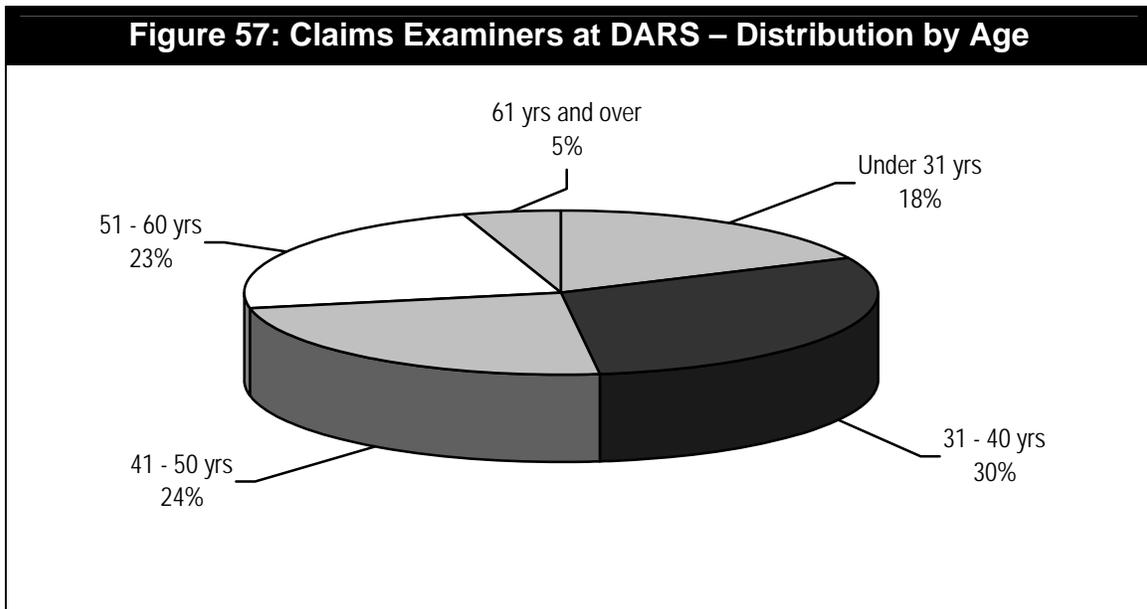
Within DARS, approximately 510 Claims Examiners are employed in the Division for Disability Determination Services (DDS).<sup>170</sup> DARS Claims Examiners have, on average, about eight years of state service, with an average age of about 43 years.<sup>171</sup> However, only about 16 percent of current examiners will be eligible to retire by the year 2014.

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



<sup>170</sup> HHSAS Database, as of 8/31/09.

<sup>171</sup> Ibid.



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

Though Claims Examiners are separating from employment at an annual rate of only 6.3 percent, the vacancies that have occurred tend to remain open for months.<sup>172</sup>

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**

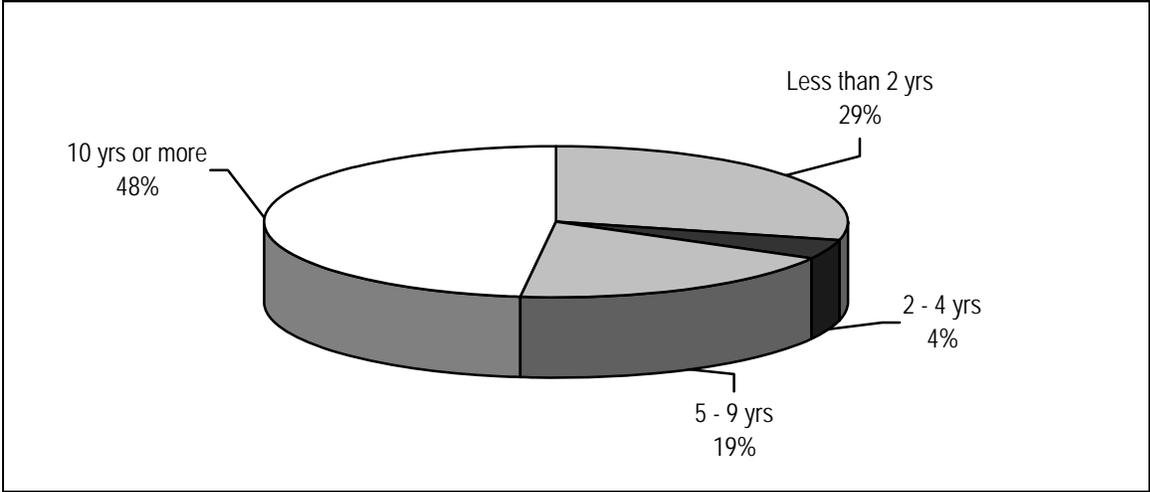
Within DARS, 21 Case Managers, HHS Program Coordinators and Rehabilitation Teachers are employed as Independent Living Workers for the Division for Blind Services (DBS). These workers assist individuals who are blind or visually impaired to live as independently as possible within their community by adjusting to blindness through the development of travel skills, skills of daily living, communication skills, support systems and quality of living.

DARS Independent Living Workers have, on average, 11 years of state service, with an average age of 46 years.<sup>173</sup>

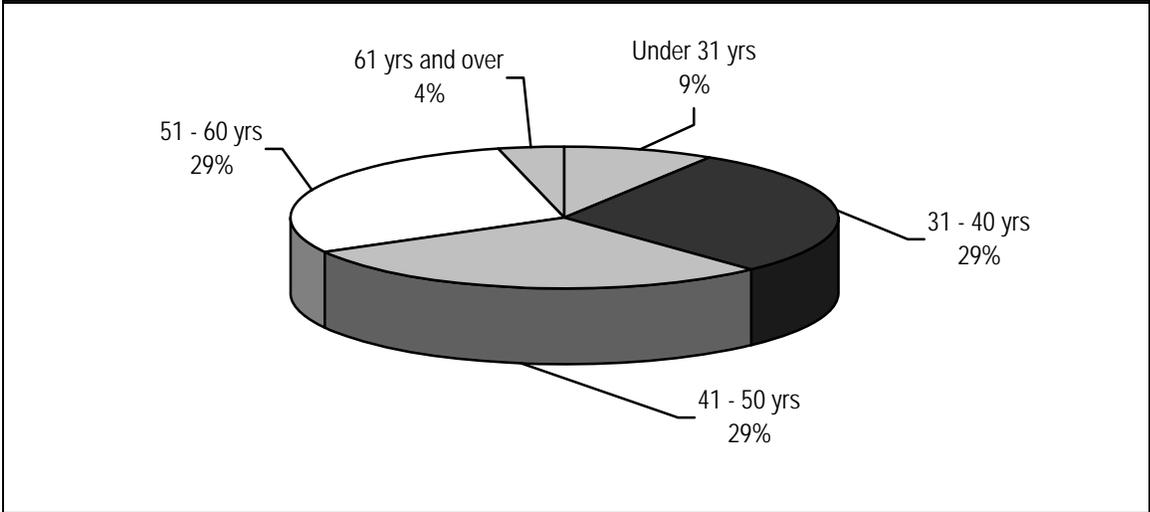
<sup>172</sup> HHSAS Database, FY 2009 data.

<sup>173</sup> HHSAS Database, as of 8/31/09.

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



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



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

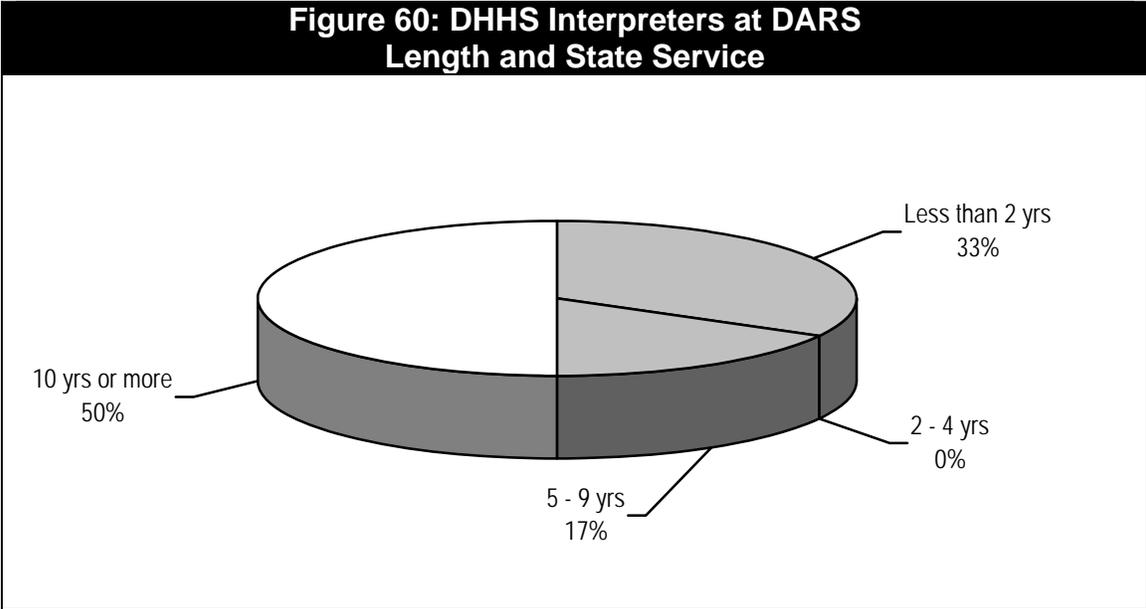
There are currently no college programs for this occupation and few individuals in the labor market possessing the knowledge and experience in working with individuals who are blind. To partially offset these limitations, new employees are required to complete an extensive two year training program to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

While only four Independent Living Workers (or 19 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.<sup>174</sup>

**Deaf and Hard of Hearing (DHHS) Interpreters**

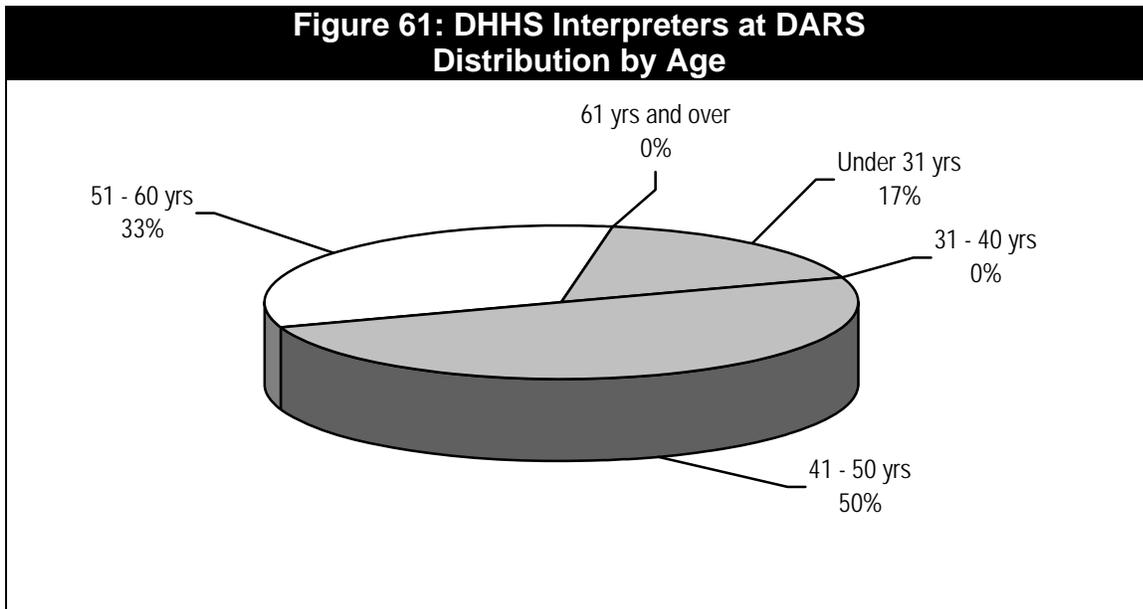
Within DARS, six of the agency’s seven Interpreters work in the Deaf and Hard of Hearing Services (DHHS) program. These six highly skilled employees work with people who are deaf or hard of hearing to eliminate barriers and improve equal access.

DHHS Interpreters have, on average, nine years of state service, with an average age of 45 years.<sup>175</sup>



<sup>174</sup> HHSAS Database, as of 8/31/09.

<sup>175</sup> Ibid.



Turnover for DHHS Interpreters is high at about 44 percent.<sup>176</sup>

Recruitment and retention 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, maintaining the flexibility to set the starting salary based on an applicant's education level, certification and related work experience.
- ◆ Continue to work closely with colleges and universities offering graduate degrees in rehabilitation counseling by:
  - Working in partnership with university advisory committees;
  - Maintaining/establishing intern programs and training placement positions for Vocational Rehabilitation Counselors;
  - Making site visits and classroom presentations to familiarize prospective graduates of career opportunities; and

<sup>176</sup> HHSAS Database, FY 2009 data.

- Sending DARS Vocational Rehabilitation Counselor vacancy announcements to the universities.
- ◆ Continue to use internet job posting/recruitment websites, professional publications, newspapers and trade associations to announce job vacancies.
- ◆ 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.
- ◆ Continue to review current job descriptions to ensure the essential job functions are in alignment with division/programmatic needs and an ever changing environment.
- ◆ Make use of strategies designed to meet the challenges of a changing workforce outlined in the agency Succession Plan.

### **Retention Strategies**

- ◆ Evaluate the results of future surveys of Employee Engagement and address identified employee and management issues that could potentially improve retention.
- ◆ Identify trends or recurring reasons employees separate from employment with DARS to determine whether strategies can be developed to improve retention.
- ◆ 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 to award career ladder promotions when appropriate.
- ◆ Continue to encourage Vocational Rehabilitation Counselors who have a bachelor's degree to earn a Master's degree through financial incentives (e.g. 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 \$1,500).
- ◆ Continue to encourage professional development through Certified Rehabilitation Counselor (CRC) Certification by providing a financial incentive (e.g. when a counselor is eligible to take the CRC exam, the agency pays the cost of the application fee, examination fee and in-state travel expenses to take the exam).
- ◆ Develop, implement and make training available to Claims Examiners that focuses on the key skills of assessing symptoms, credibility of medical information, weighing medical options and analyzing a person's ability to function.

- ◆ Make training available to Vocational Rehabilitation staff to ensure that work is in compliance with federal regulations, is of high quality and is documented in a clear, concise manner.
- ◆ Increase Professional Skill Enhancement Training.
- ◆ Evaluate the potential of including Claims Examiners in Social Security Administration succession planning/career development training opportunities.
- ◆ Make full use of agency-wide recognition programs and benefits to identify and reward top performers.
- ◆ Employ flexible work schedules and/or telework to attract or retain employees in positions that lend themselves to this flexibility.
- ◆ 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 older individuals or individuals with disabilities. In addition, the regulatory component of DADS licenses and/or certifies providers of these services and monitors compliance with regulatory requirements.

### CORE BUSINESS FUNCTIONS

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

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

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

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

- Credentialing/Certification
- Long-term Care Services and Supports Quality Outreach
- ◆ **Indirect Administration.** Assures efficient, quality, and effective administration of services provided to older individuals and individuals with disabilities.
  - Central Administration
  - Information Technology Program Support
  - Regional Administration

## WORKFORCE DEMOGRAPHICS

DADS is the second largest state agency, and the largest of the five HHS agencies. The agency employs over 15,700 individuals, and represents about 30 percent of the HHS workforce.<sup>177</sup> The majority of the agency's employees (12,087 employees or 77 percent) are assigned to 12 state supported living centers, which are 24-hour residential facilities, caring for people with intellectual and developmental disabilities (IDD).<sup>178</sup> The remaining 23 percent of DADS employees work in a regional or state office.

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

### Job Families

About 83 percent of DADS employees (13,071 employees) work in 10 job families.

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<sup>177</sup> HHSAS Database, as of 8/31/09.

<sup>178</sup> Ibid.

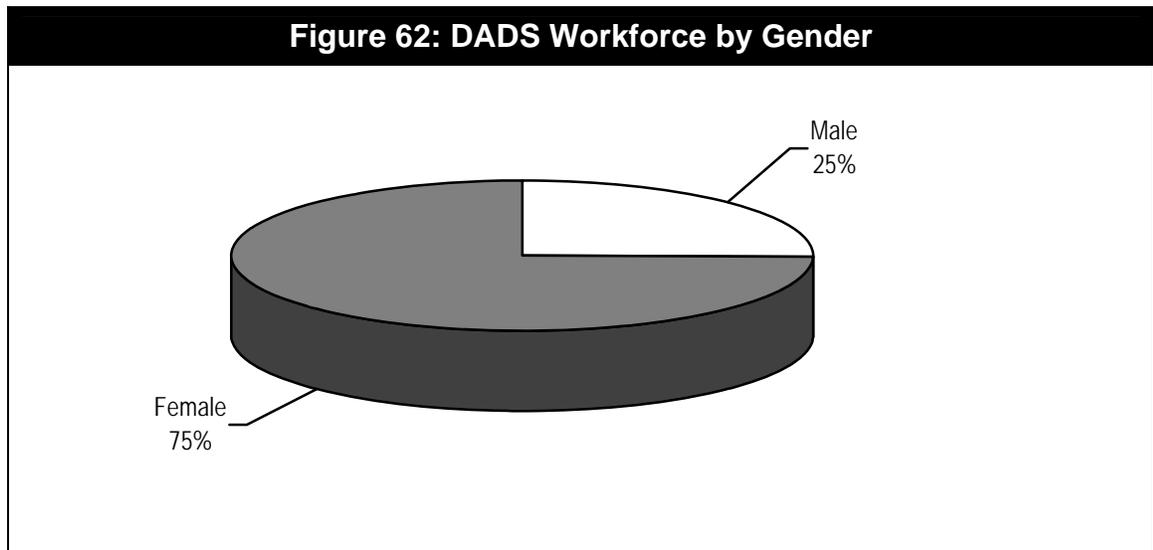
<b>Table 25: Largest Program Job Classes and Average Salaries</b>		
Job Title	Number of Employees	Average Salary
Mental Retardation Assistants	6,510	\$22,269
Clerical Workers	1,193	\$27,454
Human Services Specialists	1,105	\$32,588
Registered Nurses	1,075	\$54,932
Food Service Workers	645	\$20,426
Licensed Vocational Nurses	626	\$35,668
Program Specialists	626	\$48,366
Rehabilitation Therapy Technicians	583	\$23,182
Custodians	387	\$19,851
Maintenance Technicians	321	\$28,018

**Salary**

DADS employees, on average, are the lowest paid employees in the HHS System, earning an average annual salary of \$31,283.<sup>179</sup>

**Gender**

The majority of DADS employees are Female, comprising approximately 75 percent of the workforce (11,780 employees).<sup>180</sup>

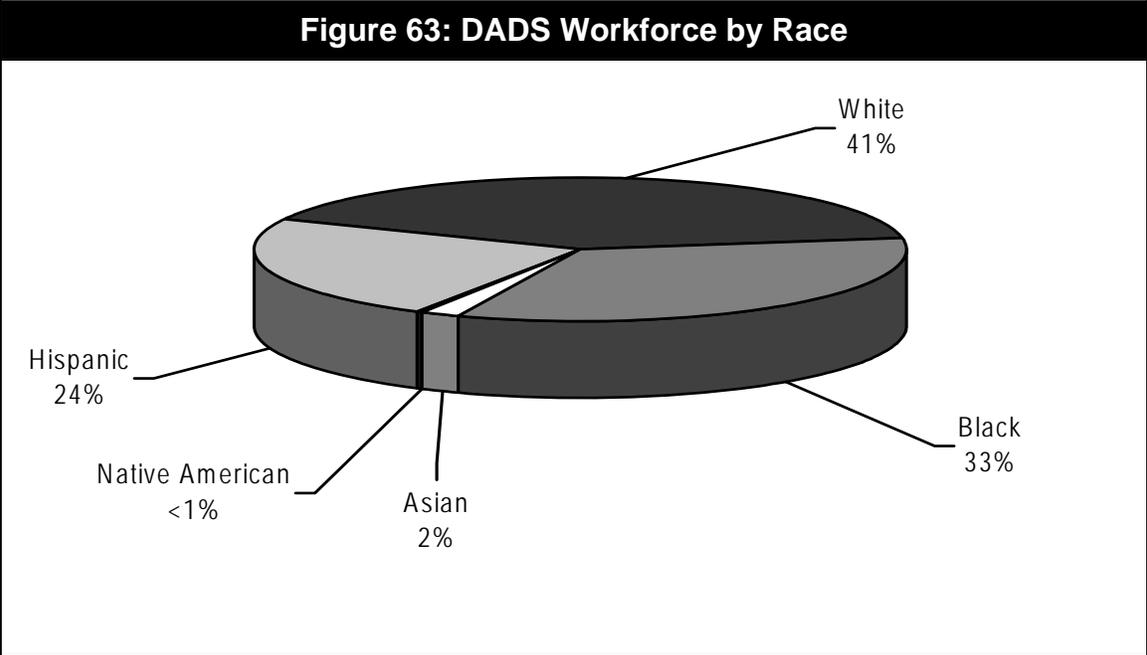


<sup>179</sup> HHSAS Database, as of 8/31/09.

<sup>180</sup> Ibid.

**Race**

White employees represent the largest racial group at 41 percent, followed by Black employees at 33 percent and Hispanic employees at 24 percent.<sup>181</sup>

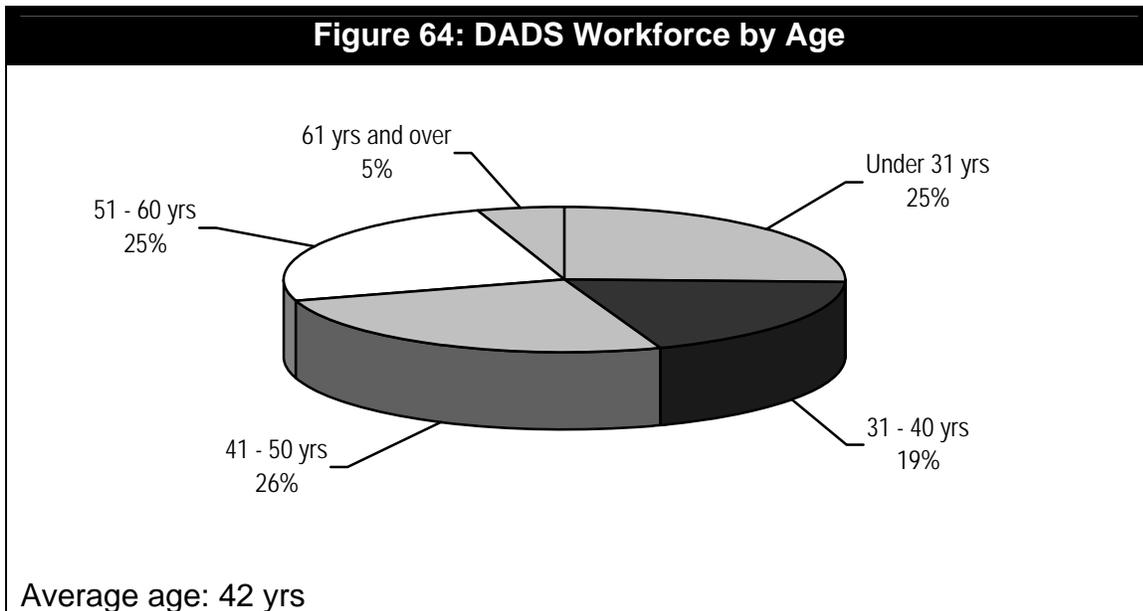


**Age**

The average age of a DADS employee is 42 years. Over 55 percent of the agency’s workforce are 41 years or older.<sup>182</sup>

<sup>181</sup> HHSAS Database, as of 8/31/09.

<sup>182</sup> Ibid.



### Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available 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>183 184</sup>

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.

<sup>183</sup> HHSAS Database, as of 8/31/09.

<sup>184</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 6/08/05.

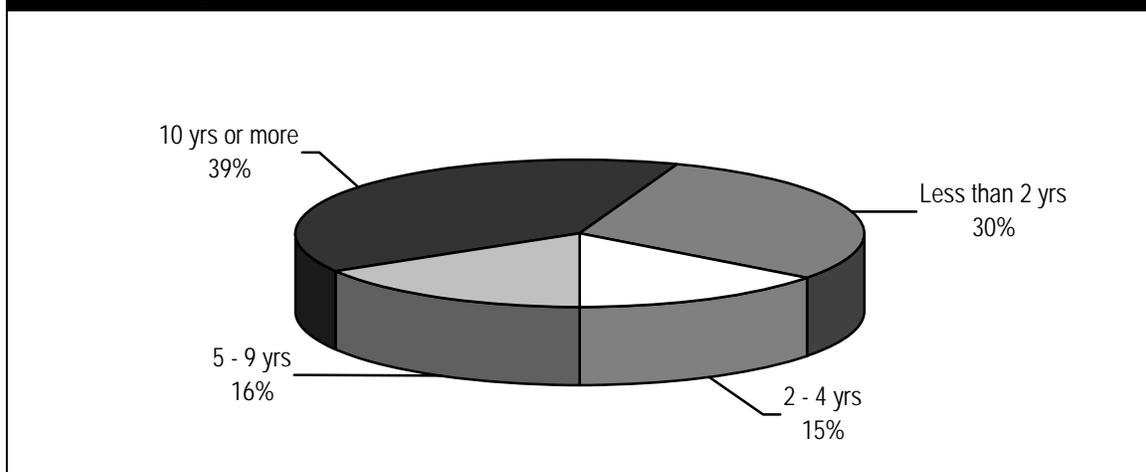
**Table 26: DADS Utilization Analysis Results**

Job Category	Black			Hispanic			Female		
	DADS %	CLF %	Underutilization (If Yes, # needed)	DADS %	CLF %	Underutilization (If Yes, # Needed)	DADS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	12.8%	7.2%	No	9.8%	12.3%	No	65.2%	32.6%	No
Professionals	18.4%	9.4%	No	23.7%	11.6%	No	76.5%	49.0%	No
Technicians	25.7%	13.9%	No	21.8%	19.7%	No	85.9%	42.1%	No
Protective Service	15.8%	18.0%	No	21.1%	23.1%	No	51.6%	21.6%	No
Para-Professionals	33.3%	14.3%	No	25.9%	25.7%	No	80.6%	56.3%	No
Administrative Support	19.5%	19.4%	No	27.0%	26.8%	No	89.7%	78.8%	No
Skilled Craft	5.7%	14.7%	19	23.3%	35.2%	24	4.3%	16.5%	30
Service Maintenance	47.6%	20.4%	No	24.0%	43.7%	1,451	73.7%	44.4%	No

**State Service**

About 40 percent of the DADS workforce have 10 or more years of state service. Approximately 60 percent of the agency’s employees have less than 10 years of state service.<sup>185</sup>

**Figure 65: DADS Workforce by Length of State Service**

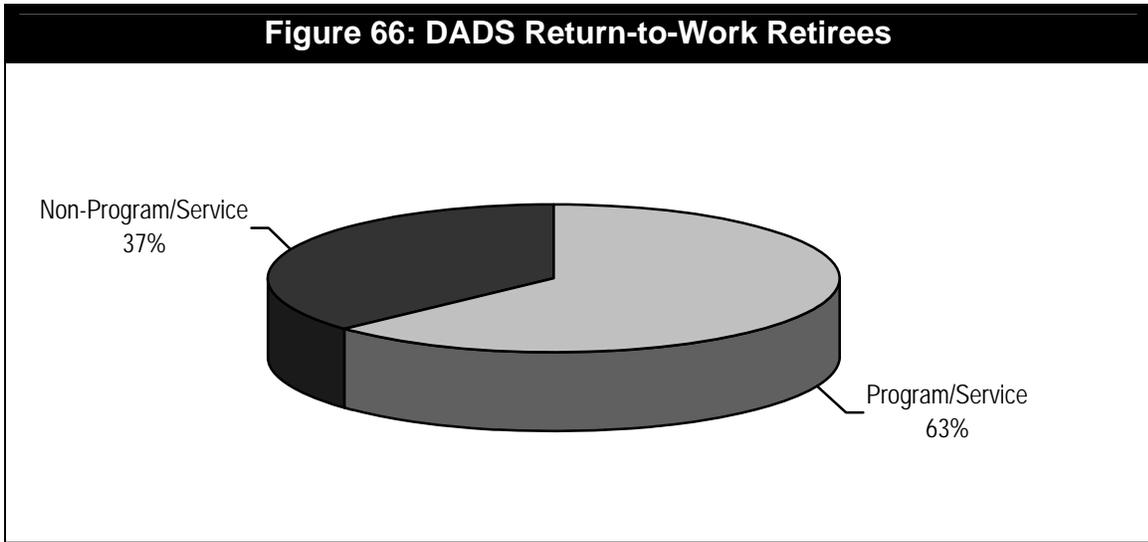


**Return-to-Work Retirees**

DADS employs 688 return-to-work retirees, representing about four percent of its total workforce. The majority of these retirees (63 percent) work in program/service related areas.<sup>186</sup>

<sup>185</sup> HHSAS Database, as of 8/31/09.

<sup>186</sup> Ibid.



## TURNOVER

The DADS turnover rate during fiscal year 2009 was about 29 percent (a workforce loss of some 4,812 employees), the highest of all HHS agencies. This rate is almost double the statewide turnover rate of 14.4 percent for all agencies. While the majority of those leaving the agency left for voluntary reasons (about 62 percent), a significant number were dismissed for cause (about 35 percent).<sup>187</sup>

**Table 27: Reason for Separation**

Reason	Percentage <sup>188</sup>
<b>Voluntary Separations</b>	
Personal reasons	49.8%
Transfer to another agency	5.9%
Retirement	6.6%
<b>Involuntary Separations</b>	
Termination at Will	0.1%
Resignation in Lieu	1.8%
Dismissal for Cause	35.3%

<sup>187</sup> State Auditor's Office (SAO) FY2009 Turnover Statistics.

<sup>188</sup> Death accounted for .5% of separations.

Table 28 indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.<sup>189</sup>

<b>Table 28: FY 09 Turnover for Significant Job Classes<sup>190</sup></b>		
<b>Job Title</b>	<b>Average Annual Headcount</b>	<b>Turnover Rate</b>
Medical Aides	17.0	76.5%
Psychological Assistants	7.3	55.2%
Mental Retardation Assistants	7,089.0	43.8%
Psychiatrists	9.0	32.4%
Licensed Vocational Nurses (LVNs)	731.0	30.2%
Rehabilitation Teachers	14.3	28.1%
Food Service Workers	678.8	27.6%
Qualified Mental Retardation Professionals (QMRPs)	223.8	26.8%
Clinical Social Workers	18.8	26.7%
Physicians	39.0	25.6%
Registered Nurses (RNs)	1,075.0	24.5%
Volunteer Services Coordinators	20.5	24.4%
Associate Psychologists	155.5	23.8%
Engineers	4.3	23.5%
Financial Analysts	4.8	21.1%
Resident Specialists	59.5	20.2%
Unit Supervisors	30.0	20.0%
Inspectors	194.8	19.0%

## RETIREMENT PROJECTIONS

About nine percent of the agency's workforce is currently eligible to retire from state employment. Almost a quarter of the DADS workforce will reach retirement eligibility by the year 2014.<sup>191</sup>

<sup>189</sup> HHSAS Database, FY 2009 data.

<sup>190</sup> Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

<sup>191</sup> HHSAS Database, as of 8/31/09.

<b>Table 29: DADS Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)</b>		
<b>Fiscal Year</b>	<b>Cumulative Number of Eligible Employees</b>	<b>Percent of Workforce</b>
2009	1,364	8.7%
2010	1,698	10.8%
2011	2,078	13.2%
2012	2,512	16.0%
2013	2,927	18.6%
2014	3,380	21.5%

## **EXPECTED WORKFORCE CHALLENGES**

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

As the number of older individuals continues to rise, demand will likely increase for Area Agencies on Aging (AAAs) services, regional and local services programs (Title XX), and entitlement programs such as Primary Home Care, Community Attendant Services, Day Activity Health Services and Hospice.

Growth in home and community support service agencies will increase workloads in licensing and credentialing, survey operations and enforcement programs. In addition, DADS anticipates continued growth in the number of assisted living facilities, which will affect the agency’s licensing and credentialing, survey operations and enforcement workload. With the economic downturn, enforcement and survey operations workload may require more staff if more facilities encounter difficulties that require financial monitoring.

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

Through an analysis of workforce factors, including but not limited to the number of employees by job class, occupancy by core job class, turnover rates, vacancy rates and workforce challenges, the following job classifications were identified as requiring the most attention: Mental Retardation Assistants, Food Service Workers, Nurses (Registered Nurses and Licensed Vocational Nurses), Psychiatrists, Physicians, Psychologists, Associate Psychologists, Pharmacists, Registered Therapists, Human Services Specialists and Guardianship Specialists.

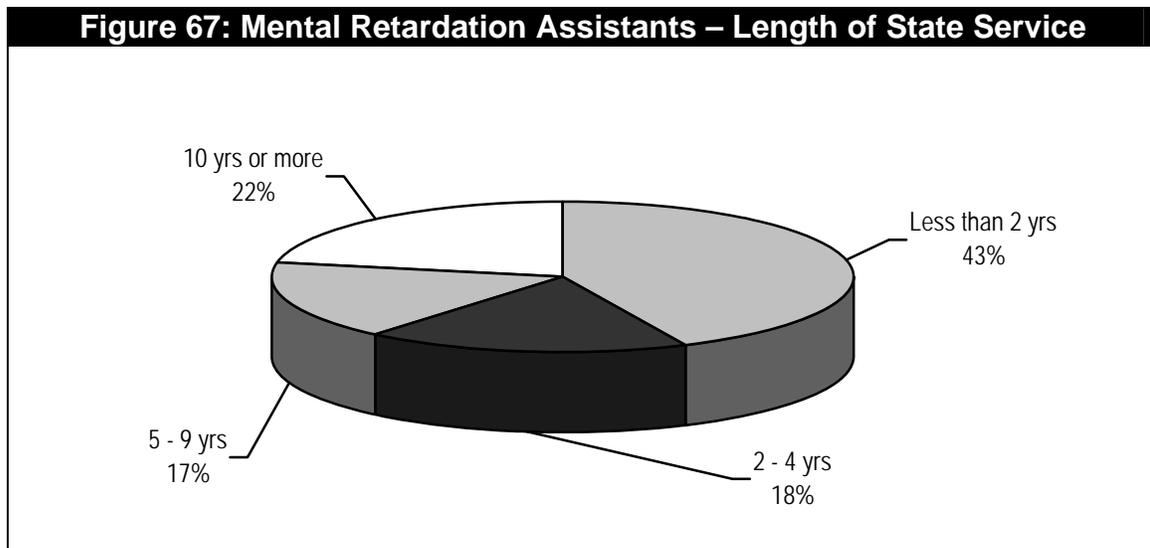
## Mental Retardation Assistants

There are over 6,500 Mental Retardation Assistants in state supported living centers across Texas, representing approximately 41 percent of the agency's total workforce.<sup>192</sup> These employees provide 24-hour direct care to over 4,000 people who reside in state supported living centers. They directly support these individuals by providing services including basic hygiene needs, dressing and bathing, general health care, and dining assistance. They support life-sustaining medical care such as external feeding and lifting individuals with physical challenges. A trained and experienced direct care staff is essential to ensure consumer safety, health and well-being.

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

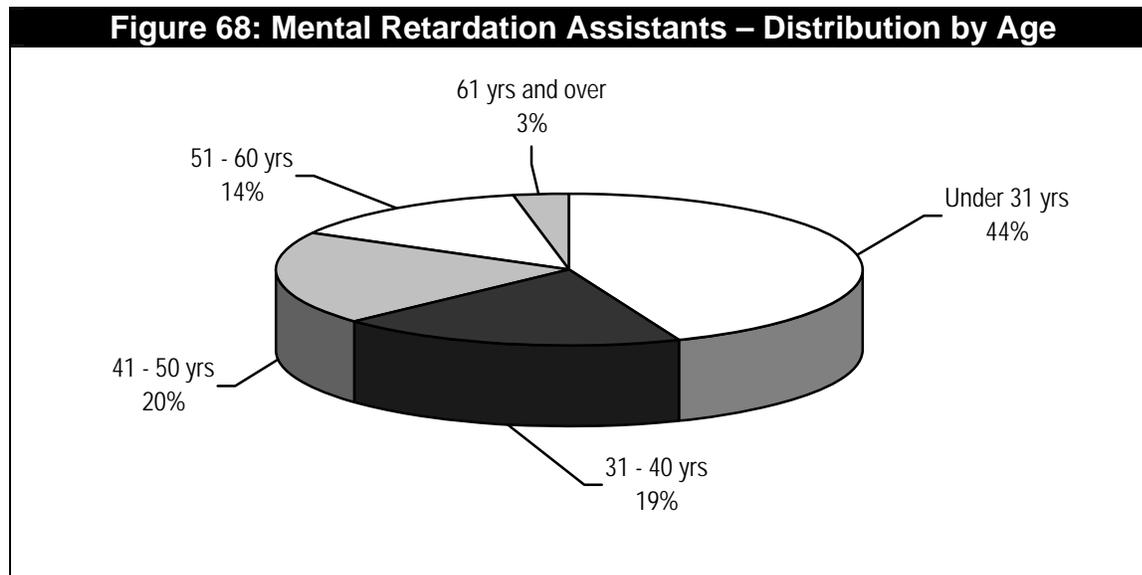
Employees who perform this work must interact with consumers on a daily basis. The work is performed in shifts throughout the day and night. The pay is low and the work is difficult and physically demanding.

A typical Mental Retardation Assistant in the agency is 36 years old and has about six years of state service.<sup>193</sup>



<sup>192</sup> HHSAS Database, as of 8/31/09.

<sup>193</sup> Ibid.



Turnover for Mental Retardation Assistants is high, at about 44 percent.<sup>194</sup> This is the third highest turnover rate of any job category in DADS, reflecting the loss of over 3,100 workers during fiscal year 2009. The average hourly salary rate is \$10.71 per hour.<sup>195</sup>

To deal with these retention difficulties, several state supported living centers have used contract staff to provide required coverage. Aside from being costly, the agency has experienced other challenges and problems with contracted staff, since these staff do not work consistently with the consumers and are therefore not able to carry out program plans fully. Contract staff are often placed for a very short time and do not always work with the same consumers. This also results in disruption to the consumer's lives and can suspend progress made toward their development goals.

To address these difficulties, DADS has plans to increase entry level salaries for new Mental Retardation Assistants and for currently employed Mental Retardation Assistants during fiscal years 2012 and 2013.

Retention of these workers remains a major challenge for DADS. Maintaining required staffing levels of Mental Retardation Assistants in state supported living centers is critical in meeting Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) certification requirements.

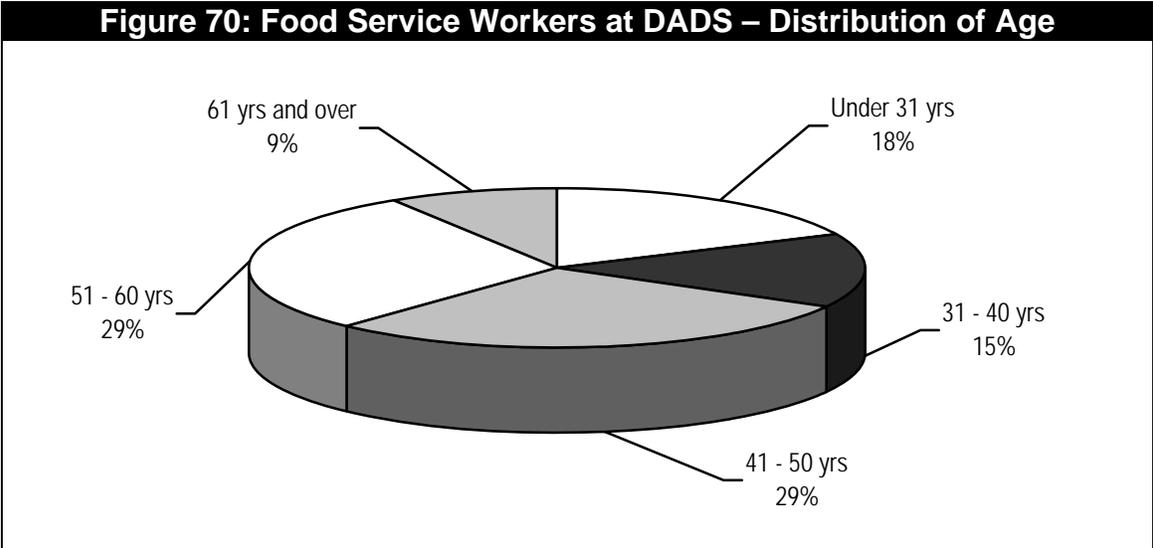
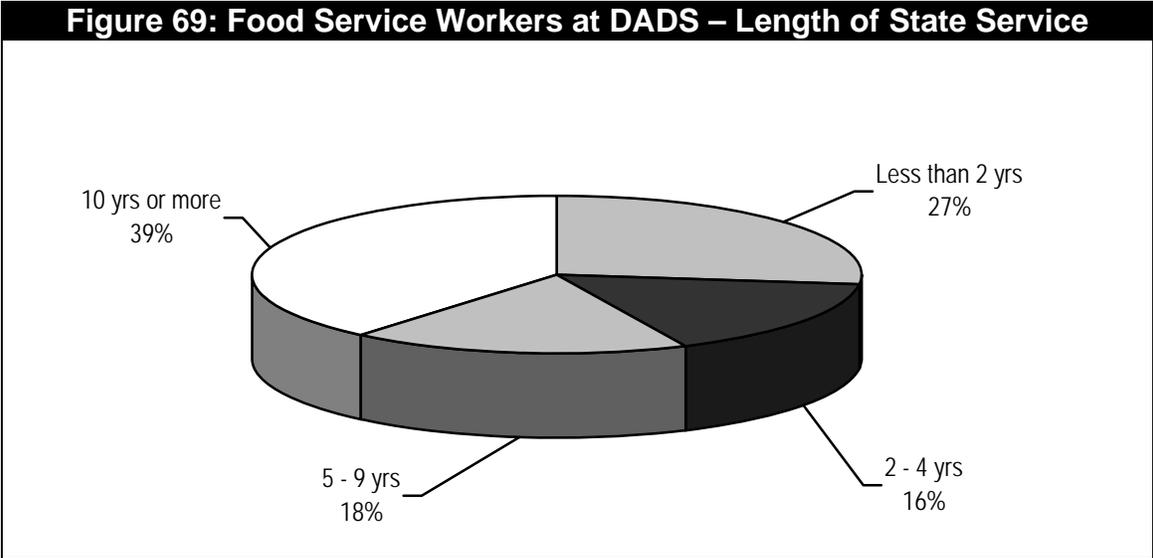
<sup>194</sup> HHSAS Database, FY 2009 data.

<sup>195</sup> HHSAS Database, as of 8/31/09.

**Food Service Workers** <sup>196</sup>

There are about 640 Food Service Workers employed in DADS state supported living centers throughout Texas.<sup>197</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 nine years of state service.<sup>198</sup>



<sup>196</sup> Food Service Workers include Food Service Workers, Managers and Cooks.

<sup>197</sup> HHSAS Database, as of 8/31/09.

<sup>198</sup> Ibid.

Turnover in Food Service Worker positions is high, at 27.6 percent. Pay is low, with an average wage of \$9.82 per hour.<sup>199 200</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 581,500 new RN jobs by 2018.<sup>201</sup> Job opportunities for RNs are expected to grow faster than the average for all occupations.<sup>202</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>203</sup> It is projected that between 2005 and 2020, the demand for nurses in Texas will increase by 86 percent, while the supply will grow by only 53 percent.<sup>204</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>205</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 96 nursing school programs across the state, most of them have more applicants than room for new students and only about two-thirds of enrolled students actually graduate.<sup>206 207</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>199</sup> HHSAS Database, FY 2009 data.

<sup>200</sup> HHSAS Database, as of 8/31/09.

<sup>201</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

<sup>202</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

<sup>203</sup> State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

<sup>204</sup> "Texas Nursing: Our Future Depends on It. A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013," Texas Center for Nursing Workforce Studies, March 2009. Web page <http://www.dshs.state.tx.us/chs/cnws/TexasTeam/TexasStrategy.pdf>, last accessed 3/17/10.

<sup>205</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.

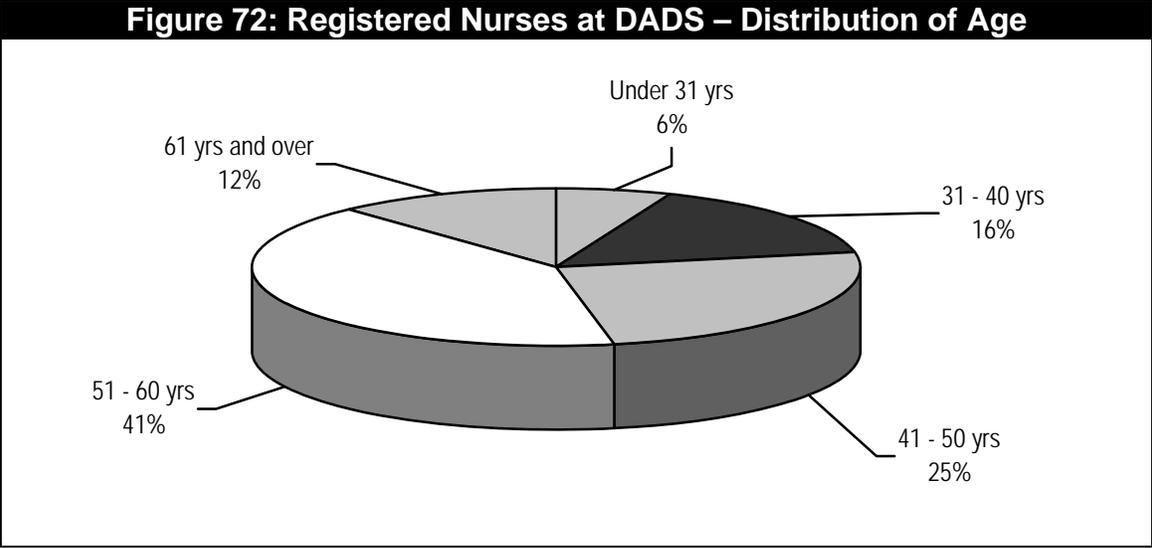
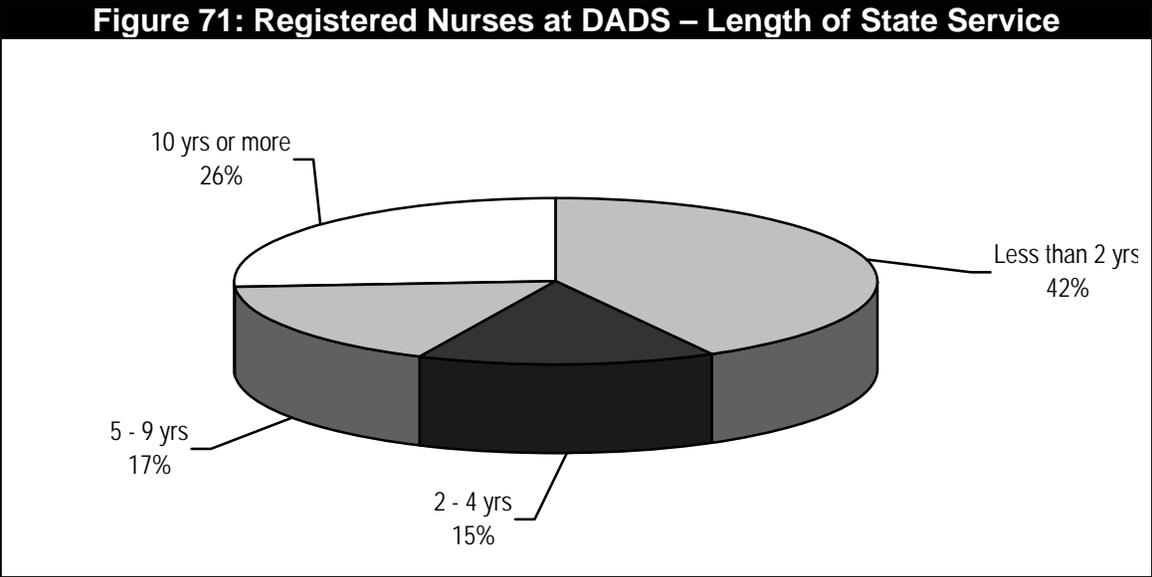
<sup>206</sup> Texas Board of Nursing, web page <http://www.bne.state.tx.us/nursingeducation/approved-programs.html>, last accessed on 4/22/10.

<sup>207</sup> "Professional Nursing Education in Texas: Demographics & Trends: 2006." Department of State Health Services, web page <http://www.dshs.state.tx.us/chs/cnws/2006ProfNrsEdRpt.pdf>, last accessed 3/17/10.

**Registered Nurses (RNs)**<sup>208</sup>

There are approximately 1,070 RNs employed by DADS.<sup>209</sup> The majority of these employees (about 62 percent) work at state supported living centers across Texas.

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



The turnover rate for RNs is considered high at about 25 percent.<sup>210</sup>

<sup>208</sup> RNs include six Nurse Practitioners.

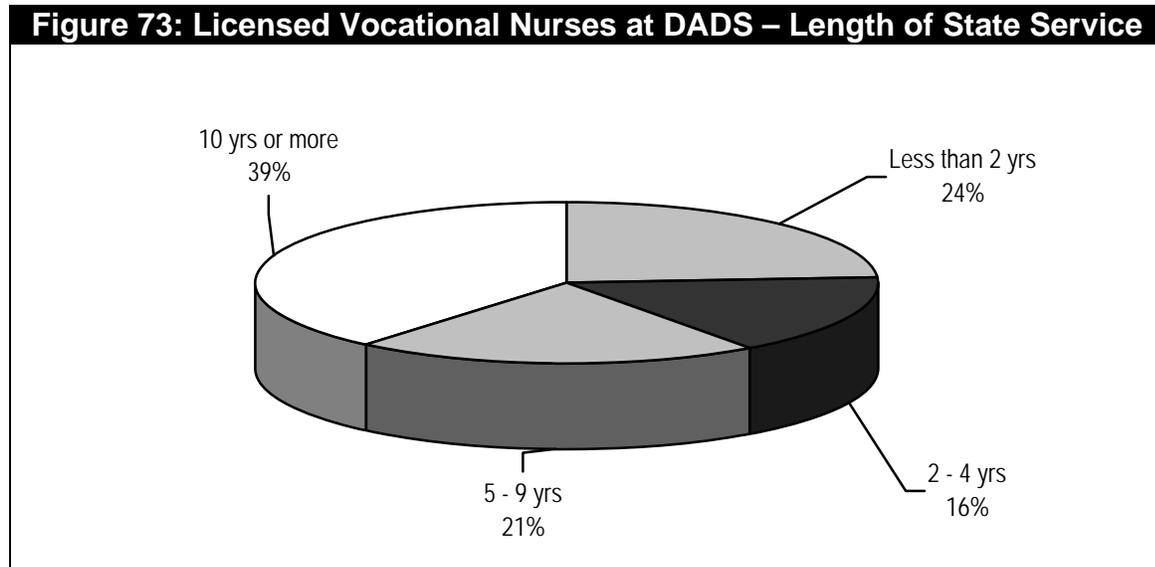
<sup>209</sup> HHSAS Database, as of 8/31/09.

<sup>210</sup> HHSAS Database, FY 2009 data.

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 percent in critical care occupations to about 10 percent in emergency rooms.<sup>211</sup> At DADS, there are always vacant nursing positions that need to be filled. With a high vacancy rate for these positions (at approximately 23 percent), RN positions often remain open for months before being filled.<sup>212</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.

**Licensed Vocational Nurses (LVNs)**

There are about 620 Licensed Vocational Nurses (LVNs) employed by DADS in state supported living centers across Texas.<sup>213</sup> The typical DADS LVN is about 45 years old and has an average of approximately nine years of state service.<sup>214</sup>



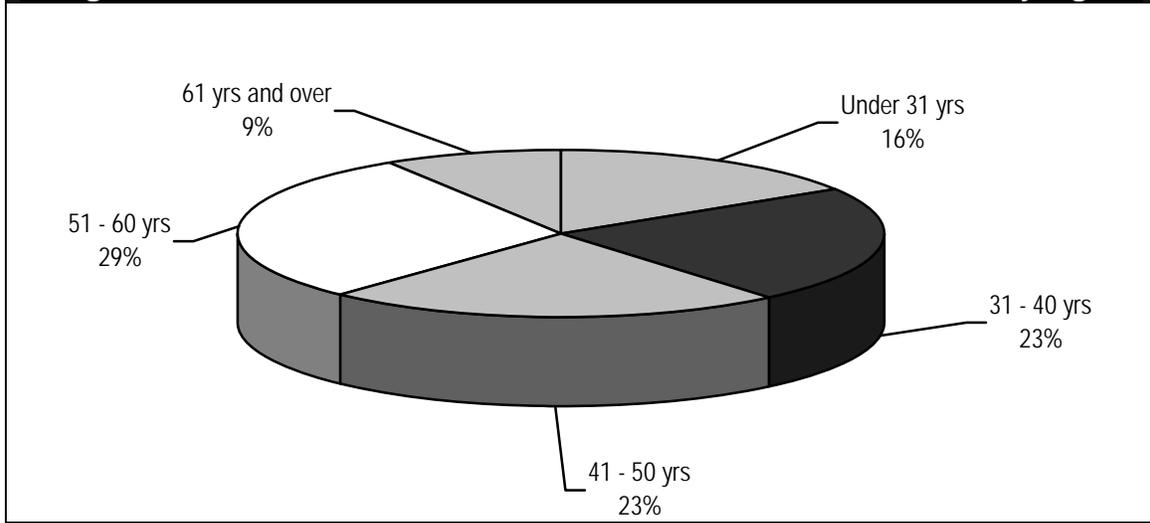
<sup>211</sup> Texas Hospital Association. "Hospital Workforce Study." Austin, Texas. 2004, as cited in "The state of the Nursing Workforce in Texas," Statewide Health Workforce Symposium Policy Brief, March 4, 2004.

<sup>212</sup> HHSAS Database, FY 2009 data.

<sup>213</sup> HHSAS Database, as of 8/31/09.

<sup>214</sup> Ibid.

**Figure 74: 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 about 30 percent. DADS experienced about 220 LVN separations last fiscal year. With a high vacancy rate of about 12 percent, vacant positions often go unfilled for several months.<sup>215</sup>

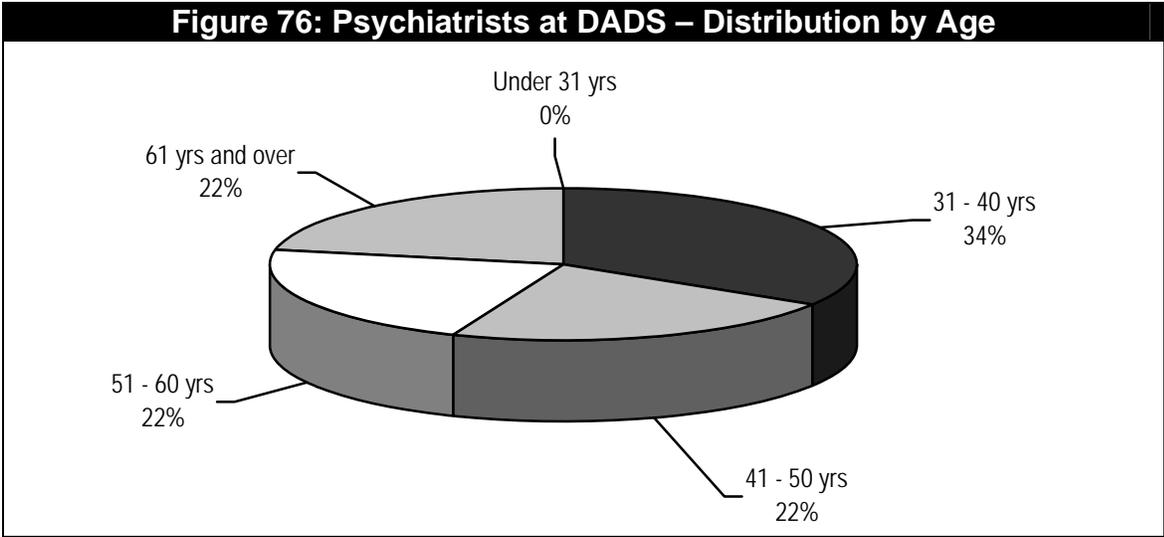
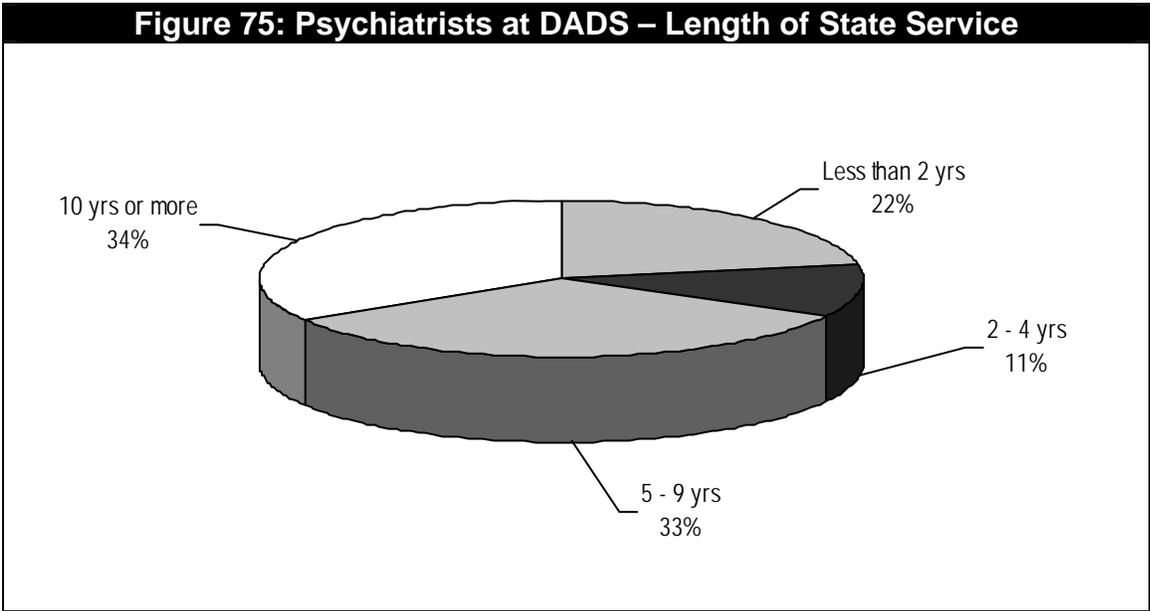
### Psychiatrists

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

DADS Psychiatrists have, on average, about 13 years of state service, with an average age of 51.<sup>216</sup>

<sup>215</sup> HHSAS Database, FY 2009 data.

<sup>216</sup> HHSAS Database, as of 8/31/09.



Turnover for Psychiatrists is one of the highest in the agency, at about 32 percent.<sup>217</sup>

DADS Psychiatrists earn an average annual salary of about \$163,950.<sup>218</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. With a very high vacancy rate of 72 percent, vacant positions go unfilled

<sup>217</sup> HHSAS Database, FY 2009 data.

<sup>218</sup> HHSAS Database, as of 8/31/09.

for months.<sup>219</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 \$79<sup>220</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 meet the health needs of individuals residing in state supported living centers, it is critical that the agency fill all budgeted Psychiatrist positions and is able to effectively recruit and retain qualified Psychiatrists.

## Physicians

There are 34 Physicians at DADS.<sup>221</sup> These highly skilled and tenured employees primarily work at state supported living centers across Texas.<sup>222</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 61. Local Physicians who have established long term private practices often apply as a staff Physician at state supported living centers late in their working career to secure retirement and insurance benefits, thus explaining the reason for the high average age. Only two full-time Physicians are under 41 years of age.<sup>223</sup>

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<sup>219</sup> HHSAS Database, FY 2009 data.

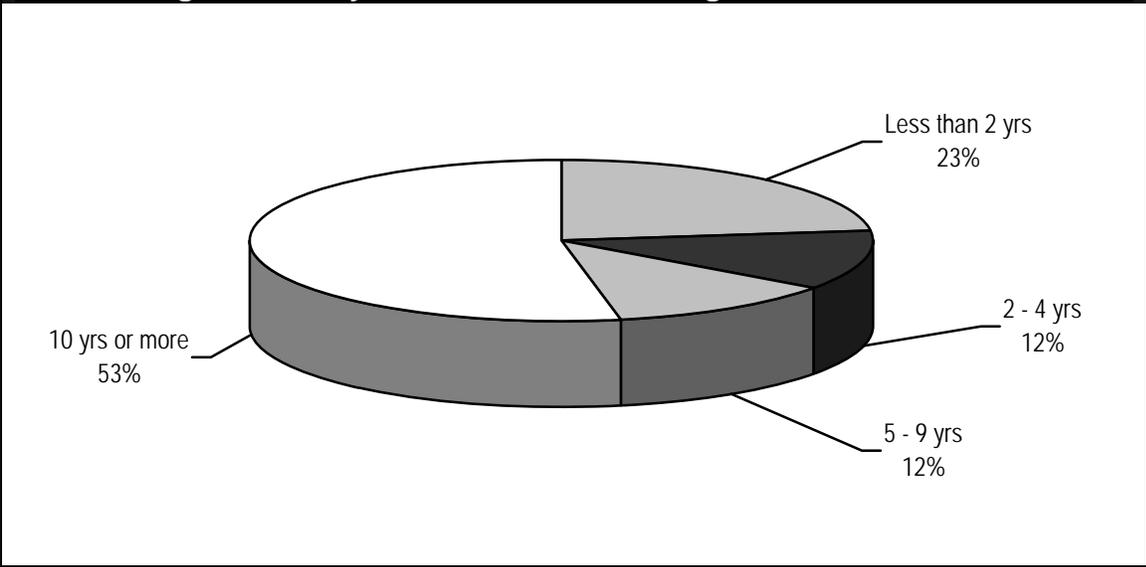
<sup>220</sup> HHSAS Database, as of 8/31/09. Note: Physicians include Physicians I – III.

<sup>221</sup> HHSAS Database, as of 8/31/09.

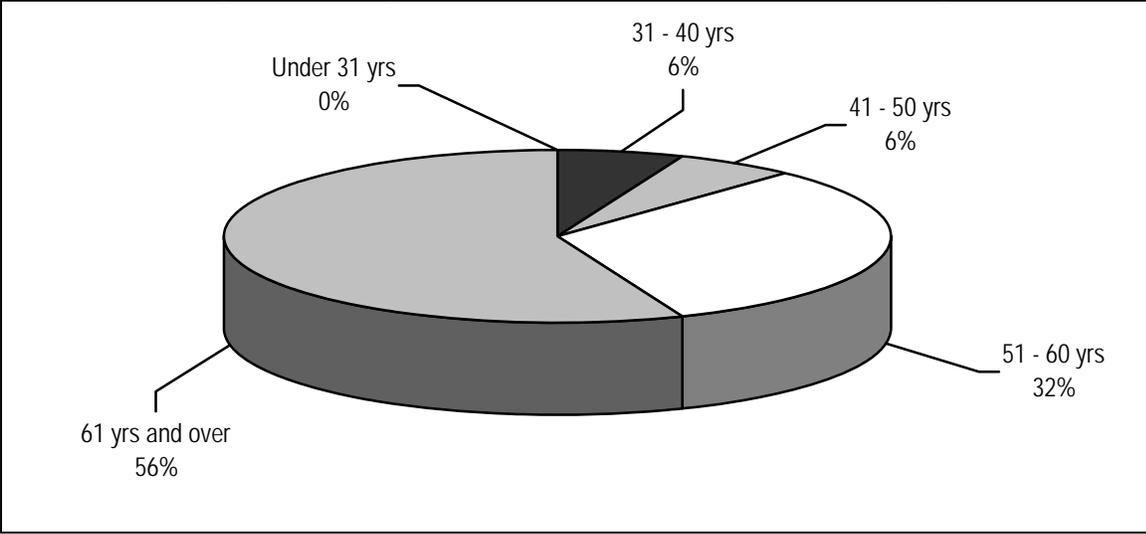
<sup>222</sup> Ibid.

<sup>223</sup> Ibid.

**Figure 77: Physicians at DADS – Length of State Service**



**Figure 78: Physicians at DADS – Distribution of Age**



Turnover for Physicians is significantly above the state average at 26 percent.

Agency Physicians earn an average annual salary of \$152,169, which is below both the state and national average. The average annual earnings for Family and General Practitioners in 2009 was \$168,550 nationally, and \$181,000 in Texas.<sup>224</sup>

<sup>224</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 2009; last accessed on 6/3/10.

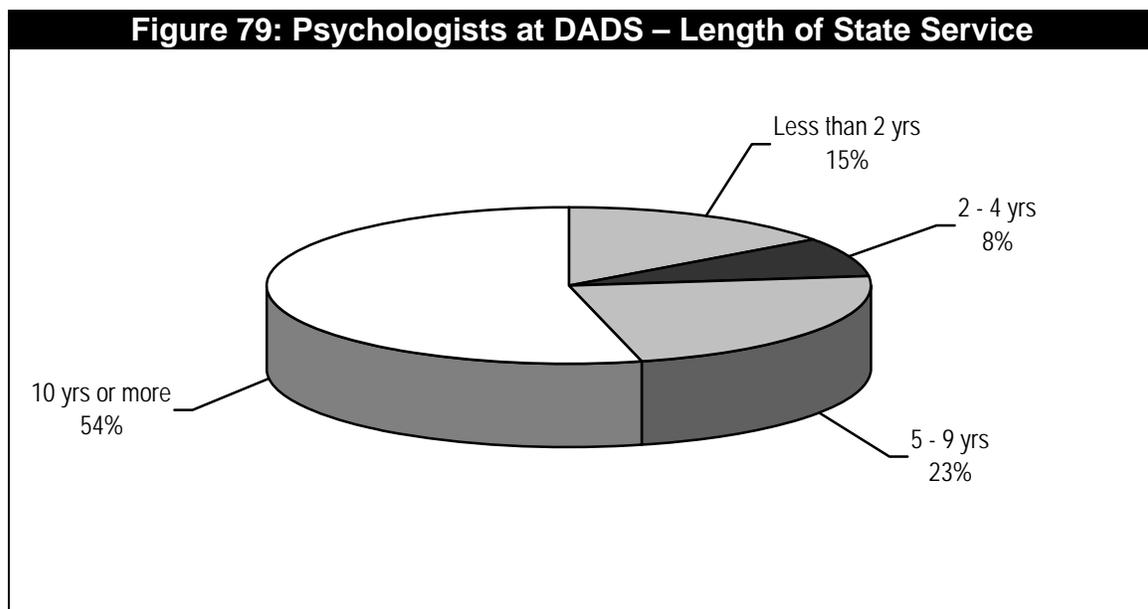
To deal with these recruitment and retention difficulties, the agency has often used contract Physicians to provide required coverage. These contracted Physicians are paid at rates that are well above the amount it would cost to hire Physicians at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$73<sup>225</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 meet the health needs of individuals residing in state supported living centers, it is critical that the agency recruit and retain qualified Physicians. However, due to the short supply and large demand, state supported living centers are experiencing difficulty hiring Physicians.

### Psychologists

The 13 Psychologists working at DADS are assigned to state supported living centers. Full staffing of these positions is critical to providing psychological services needed by residents.

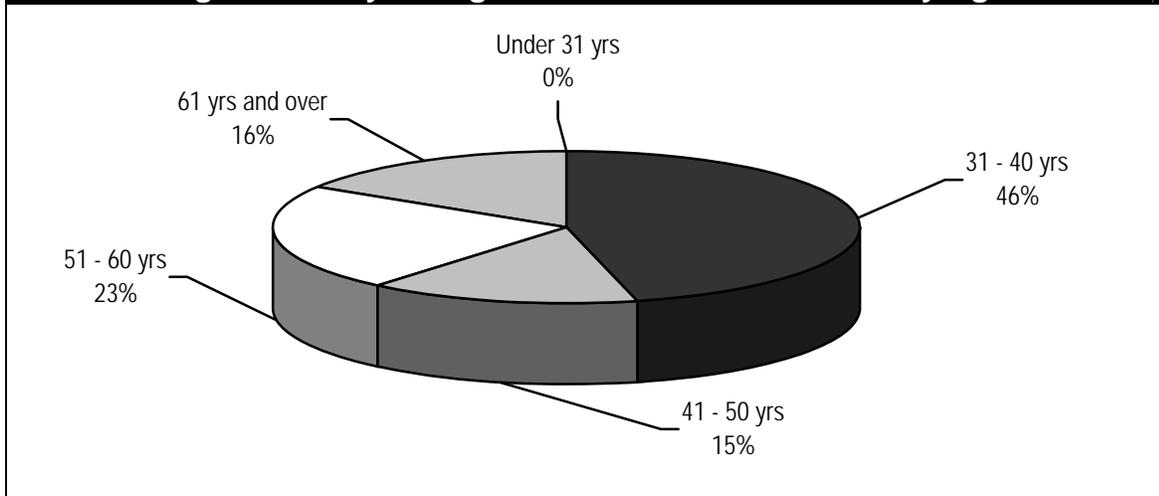
These highly skilled and tenured employees have, on average, about 12 years of state service, with an average age of 46.<sup>226</sup>



<sup>225</sup> HHSAS Database, as of 8/31/09.

<sup>226</sup> Ibid.

**Figure 80: Psychologists at DADS – Distribution by Age**



Turnover for Psychologists is high, at about 17 percent.<sup>227</sup>

In addition to this high turnover, the agency may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. Almost half of these employees (46 percent) will be eligible to retire in the next five years.<sup>228</sup>

The agency is also experiencing difficulty filling vacant positions. The vacancy rate for these positions is very high, at about 38 percent, with positions often remaining unfilled for months.<sup>229</sup>

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

### **Associate Psychologists**

There are about 140 Associate Psychologists working at DADS, assigned to state supported living centers.

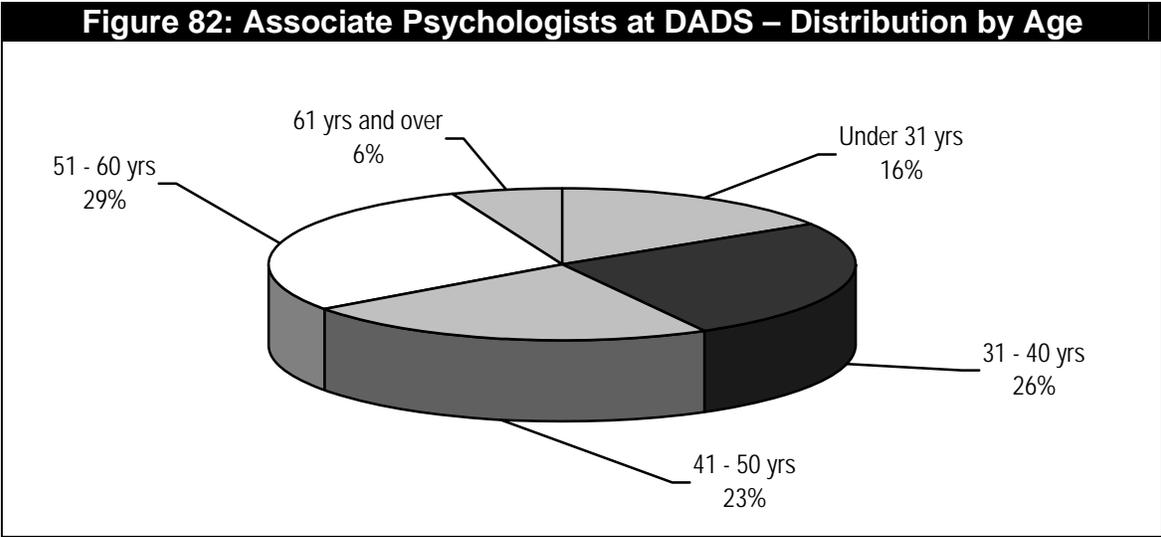
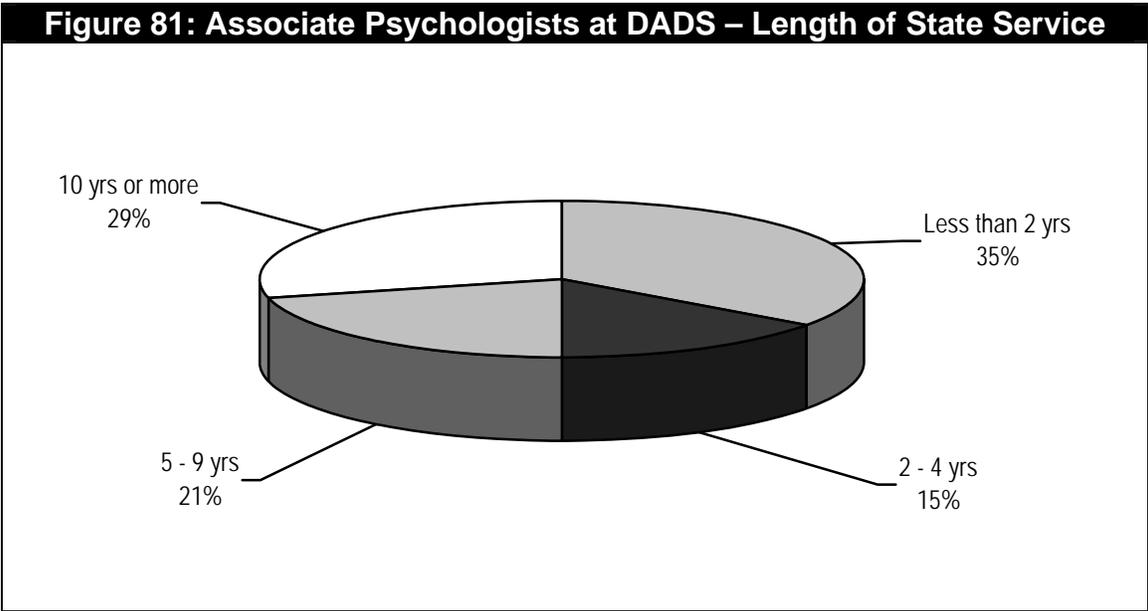
DADS Associate Psychologists have, on average, about seven years of state service, with an average age of 43.<sup>230</sup>

<sup>227</sup> HHSAS Database, FY 2009 data.

<sup>228</sup> Ibid.

<sup>229</sup> HHSAS Database, as of 8/31/09.

<sup>230</sup> Ibid.



Turnover for Associate Psychologists is high, at about 24 percent.<sup>231</sup>

The vacancy rate for these positions is high, at about 13 percent, with positions often remaining unfilled for months.<sup>232</sup>

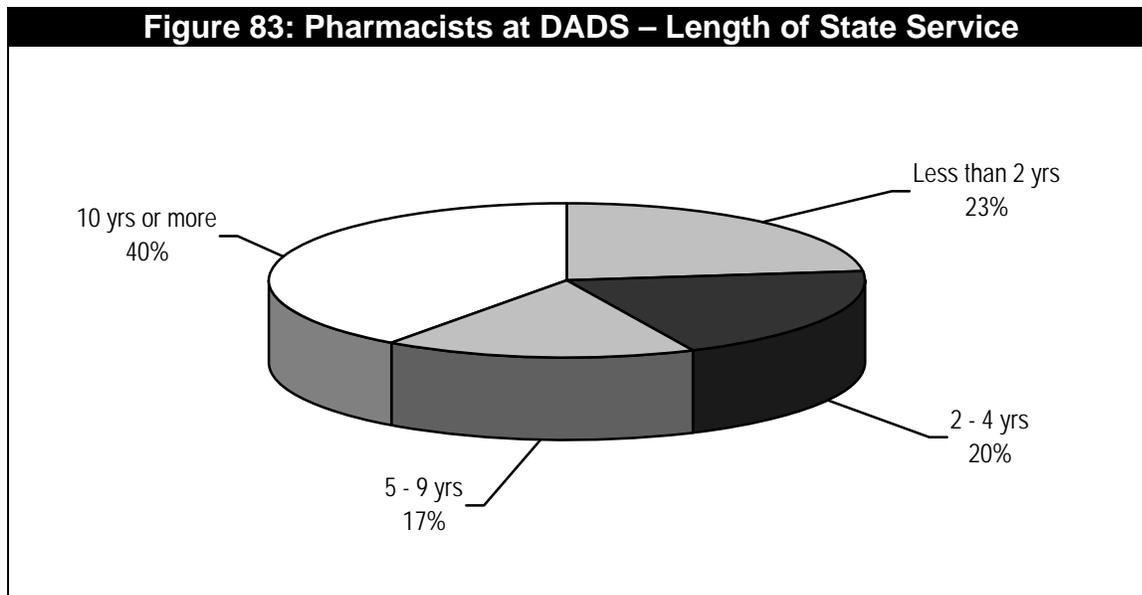
<sup>231</sup> HHSAS Database, FY 2009 data.

<sup>232</sup> HHSAS Database, as of 8/31/09.

## Pharmacists

Pharmacists represent one of the largest health professional groups in the US, with nearly 270,000 active Pharmacists as of November 2008.<sup>233</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 approximately 46,000 new Pharmacists by 2018, or a 17 percent increase in the number of total jobs.<sup>234</sup> However, the number of available Pharmacists is expected to grow only modestly.

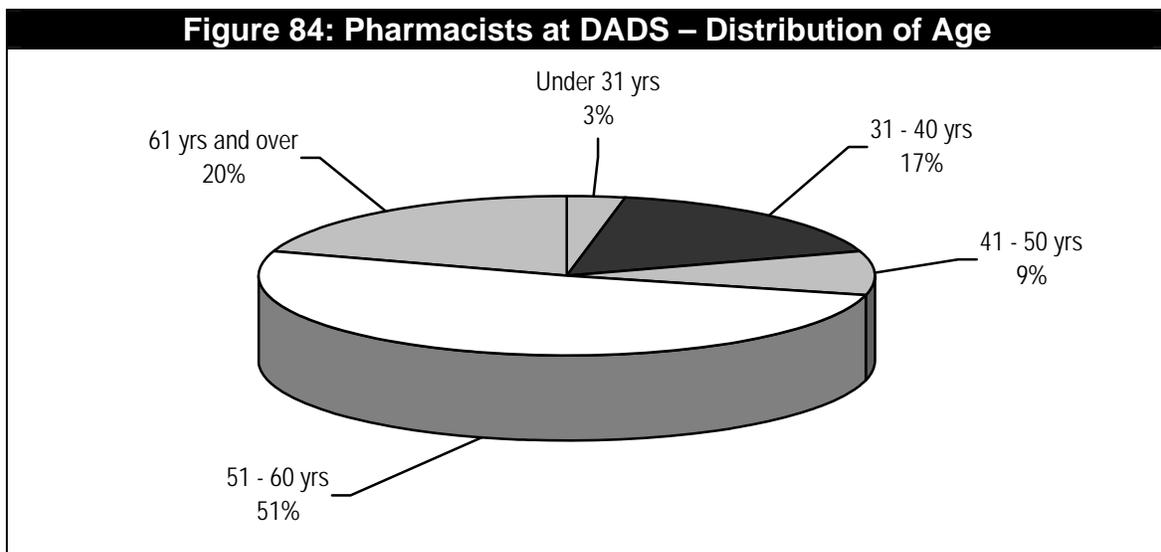
There are 35 Pharmacists working at DADS. The typical Pharmacist is about 53 years old and has an average of 10 years of state service.<sup>235</sup>



<sup>233</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

<sup>234</sup> Ibid.

<sup>235</sup> HHSAS Database, as of 8/31/09.



Pharmacists at DADS earn, on average, an annual salary of \$80,571. This salary falls significantly below the state and national market rates. The average annual salary for Pharmacists nationally is \$104,260 and \$108,630 in Texas.<sup>236</sup> This disparity has historically affected the agency's ability to recruit qualified applicants for vacant positions.

Though the turnover for Pharmacists is currently low at six percent, the vacancy rate for these positions is high, at about 10 percent, with Pharmacist positions often remaining unfilled for several months before filled.<sup>237</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.<sup>238</sup> With approximately a third of the agency's Pharmacists eligible to retire by the year 2014, this practice is expected to continue.

### Registered Therapists

There are about 170 Registered Therapists at DADS. These employees primarily work at state supported living centers across Texas.<sup>239</sup> These therapists include a variety of specializations, including Speech-Language Pathologists and Audiologists,

<sup>236</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 2008; last accessed on 2/5/10.

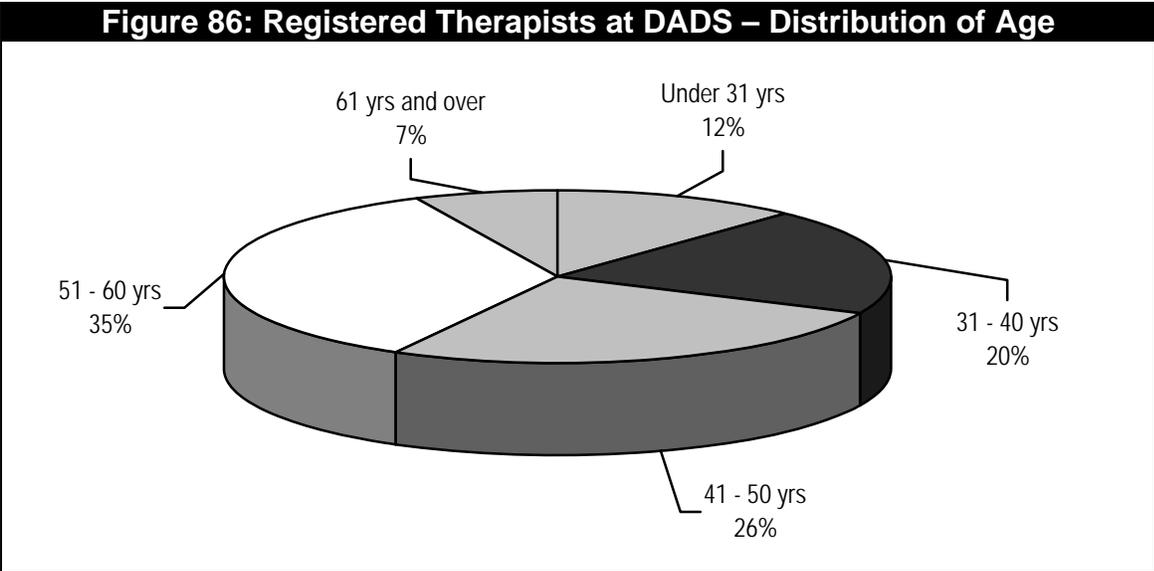
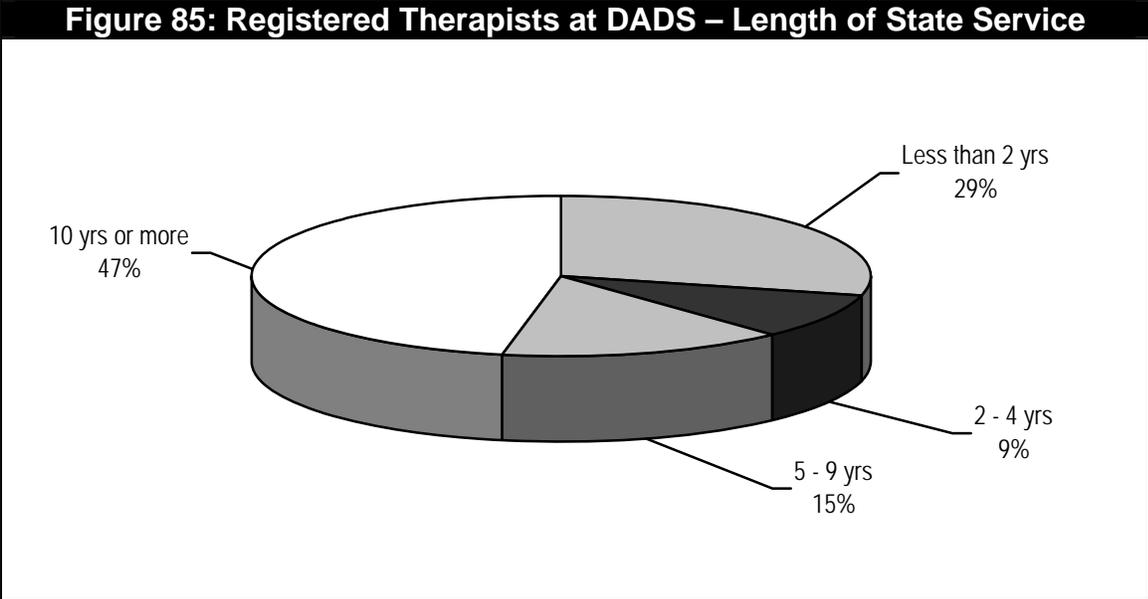
<sup>237</sup> HHSAS Database, as of 8/31/09.

<sup>238</sup> HHSAS Database, FY 2009 data.

<sup>239</sup> HHSAS Database, as of 8/31/09.

Occupational Therapists and Physical Therapists. Full staffing of these positions is critical to direct-care services.

DADS Registered Therapists have, on average, about 10 years of state service, with an average age of 46.<sup>240</sup>



Turnover for Registered Therapists is slightly below the state average at 12 percent.<sup>241</sup>

<sup>240</sup> HHSAS Database, as of 8/31/09.

<sup>241</sup> HHSAS Database, FY 2009 data.

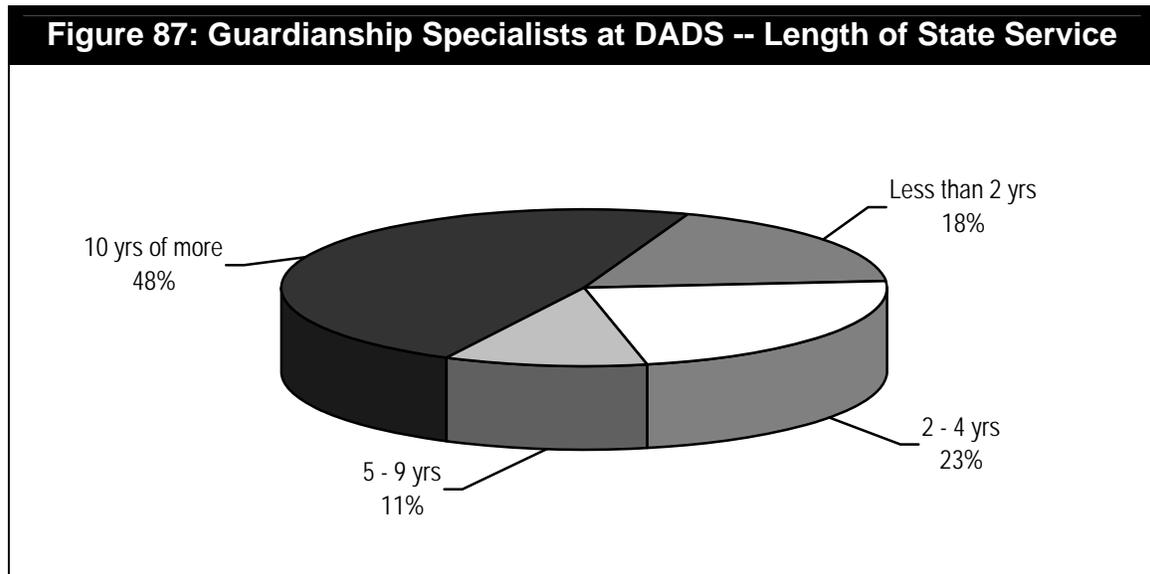
The agency may face significant challenges in the next few years to replace those employees who are eligible for retirement. Nearly a quarter of these employees (24 percent) will be eligible to retire by the year 2014.<sup>242</sup>

The agency is also experiencing difficulty filling vacant positions. The vacancy rate for these positions is very high, at about 21 percent, with positions often remaining unfilled for months.<sup>243</sup>

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

### Guardianship Specialists

There are about 50 Guardianship Specialists with DADS. The typical Guardianship Specialist is about 43 years old and has an average of 10 years of state service.<sup>244</sup>

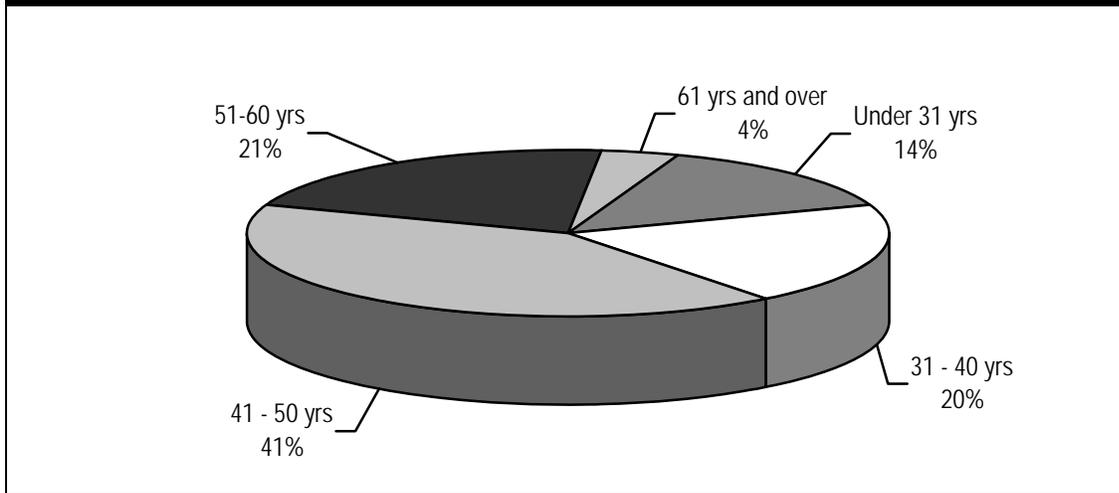


<sup>242</sup> HHSAS Database, FY 2009 data.

<sup>243</sup> HHSAS Database, as of 8/31/09.

<sup>244</sup> HHSAS Database, FY 2009 data.

**Figure 88: Guardianship Specialists at DADS – Distribution of Age**



Turnover for Guardianship Specialists is above the state average at approximately 17 percent.<sup>245</sup>

In addition to this high turnover, many of these employees will soon be eligible to retire. About 20 percent current Guardianship Specialists will be eligible to retire by the year 2014.<sup>246</sup>

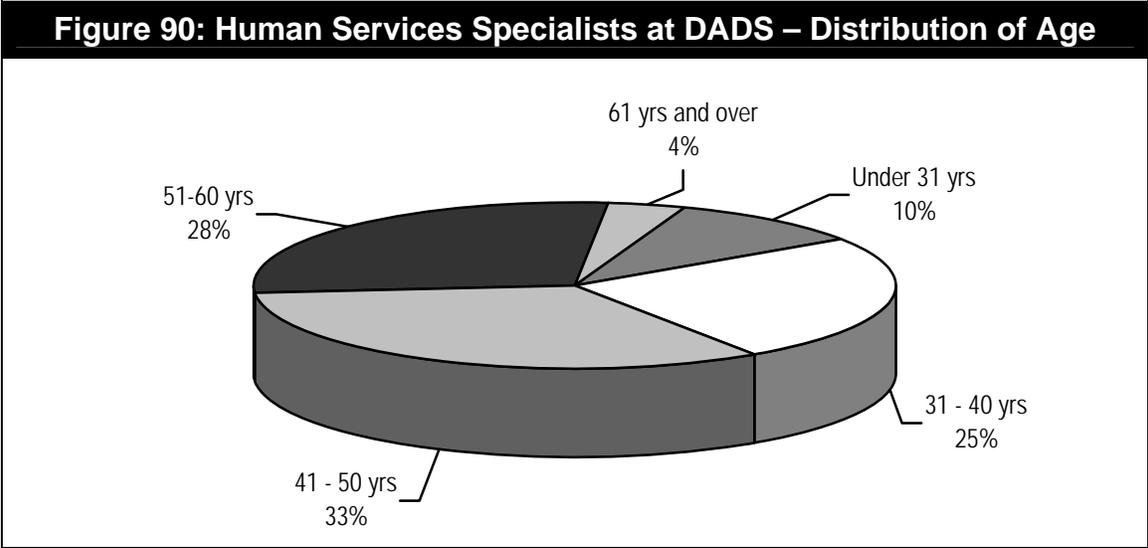
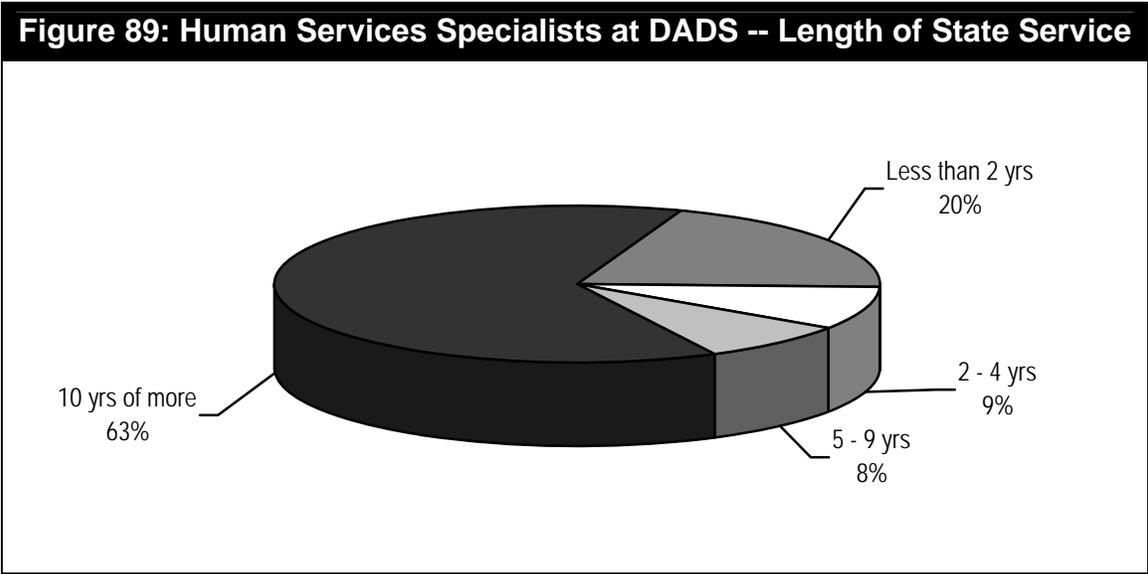
### Human Services Specialists

There are approximately 1,100 Human Services Specialists at DADS, with about 88 percent of these employees in Community Care Workers positions. Human Services Specialists have, on average, about 12 years of state service, with an average age of 45.<sup>247</sup>

<sup>245</sup> HHSAS Database, as of 8/31/09.

<sup>246</sup> Ibid.

<sup>247</sup> HHSAS Database, FY 2009 data.



Turnover for Human Services Specialists is slightly above the state average at approximately 15 percent.<sup>248</sup> In addition to this high turnover, the agency may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. About a quarter of these employees (26 percent) will be eligible to retire in the next five years.<sup>249</sup>

<sup>248</sup> HHSAS Database, as of 8/31/09.

<sup>249</sup> HHSAS Database, FY 2009 data.

## DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

### Recruitment Strategies

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

- ◆ Partnering with various colleges, universities, professional associations and organizations to increase awareness of job opportunities available.
- ◆ Revising the recruitment brochure.
- ◆ Updated the website ([careersatdads.com](http://careersatdads.com)) with a video of what it is like to work at a state supported living center. The website also links to accessHR (online human resources web portal), providing an application that can be completed online or printed out and faxed.
- ◆ Placing advertisements in newspapers, trade journals, professional magazines, radio, and television.
- ◆ Increasing the usage of the internet by posting hard-to-fill positions on Texas Health Match, 3rNet, Web MD, and the College of Psychiatric & Neurological Pharmacists.
- ◆ Initiated a "Tell a Friend" campaign designed to encourage employees to spread the word about job opportunities within the agency.
- ◆ Using mailing lists (for Physicians, Psychiatrists, Dentist, Nurses, Pharmacists and Registered Therapists) to launch a direct mail campaign to increase awareness of job opportunities at DADS.

Other strategies include:

- ◆ Increasing presence at college/university and professional career fairs.
- ◆ Posting "Hiring Banners" in front of the facilities.
- ◆ Hosting on-site job fairs.
- ◆ Sending direct mail to schools of psychology, occupational and physical therapy and workforce centers across the state of Texas.
- ◆ Promoting DADS as eligible to participate in the National Health Services Corps Loan Repayment Program for Physicians, Psychiatrists, Dentists and Nurses.

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

- ◆ Developing an agency-wide "nurse in training" program to include agreements with schools of nursing so that there will be 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.

- ◆ Encouraging LVNs to become RNs.
- ◆ Partnering 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.
- ◆ Encouraging direct-care staff to pursue other health care professions, such as RNs or Certified Occupational Therapists or Licensed Physical Therapists.
- ◆ Encouraging student internships at all state supported living centers, specifically in the fields of nursing and registered therapy.
- ◆ Having professional staff speak at schools of nursing, psychology, and physical/occupational therapy on medical care and treatment provided to residents at state supported living centers.
- ◆ Having 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.
- ◆ Considering hiring J-1 Visa Waiver applicants. The J-1 Visa Waiver allows a foreign student who is subject to the two-year foreign residence requirement to remain in the U.S. upon completion of degree requirements/residency program, if they find an employer to sponsor them. The J-1 Visa Waiver applies to specialty occupations in which there is a shortage. The J-1 Waiver could be used to recruit medical doctors for a minimum of three years.

### **Retention Strategies**

DADS has implemented several retention strategies that include:

- ◆ Raising starting salaries to assist in recruiting for:
  - Mental Retardation Assistants
  - Nurses (RNs, Nurse Practitioners and LVNs)
  - Pharmacists
  - Physicians
  - Psychiatrists
  - 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 are 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, which promotes professional development.

Additional strategies under consideration:

- ◆ Providing retention bonuses to employees in high turnover positions.

- ◆ Providing skill building training to improve employee competencies and better qualify them for advancement opportunities.
- ◆ Fully using available recognition programs and benefits to identify and reward top performers.
- ◆ Setting 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 \$2.9 billion and a workforce of approximately 12,200, DSHS is the fourth largest of Texas' 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
  - Business Continuity Services
- ◆ **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
  - 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 12,200 full and part-time employees, representing about 23 percent of the HHS System workforce. The majority of these employees (7,901 employees or about 64 percent) work in inpatient facilities across the state.<sup>250</sup> To better understand the agency's unique workforce, the following demographic categories are examined:

### Job Families

About 71 percent of DSHS employees (8,704 employees) work in 10 job families.<sup>251</sup>

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<sup>250</sup> HHSAS Database, as of 8/31/09.

<sup>251</sup> Ibid.

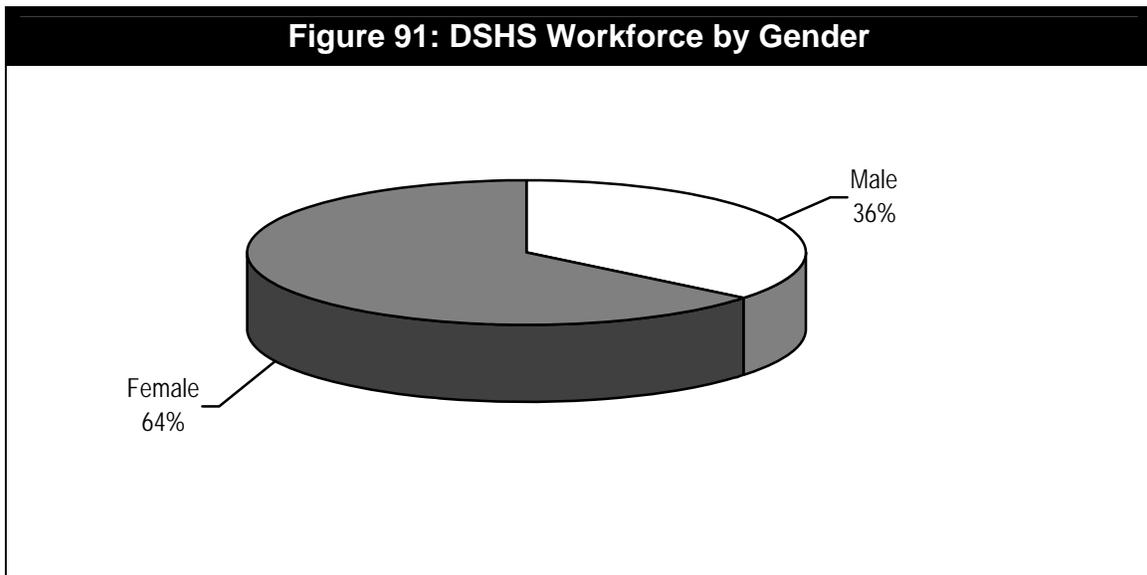
Table 30: Largest Program Job Classes and Average Salaries		
Job Title	Number of Employees	Average Salary
Psychiatric Nursing Assistants	2,899	\$22,463
Clerical Workers	1,582	\$27,332
Program Specialists	1,041	\$49,150
Registered Nurses (RNs)	1,009	\$51,734
Licensed Vocational Nurses (LVNs)	489	\$32,014
Public Health Technicians	356	\$34,155
Food Service Workers	352	\$19,897
Custodians	346	\$20,118
Rehabilitation Therapy Technicians	339	\$23,855
Managers	291	\$64,290

**Salary**

DSHS employees earn an average annual salary of \$36,959, which is slightly lower than the HHS System average annual salary of \$38,931.<sup>252</sup>

**Gender**

Females make up approximately 64 percent of the agency workforce.<sup>253</sup>

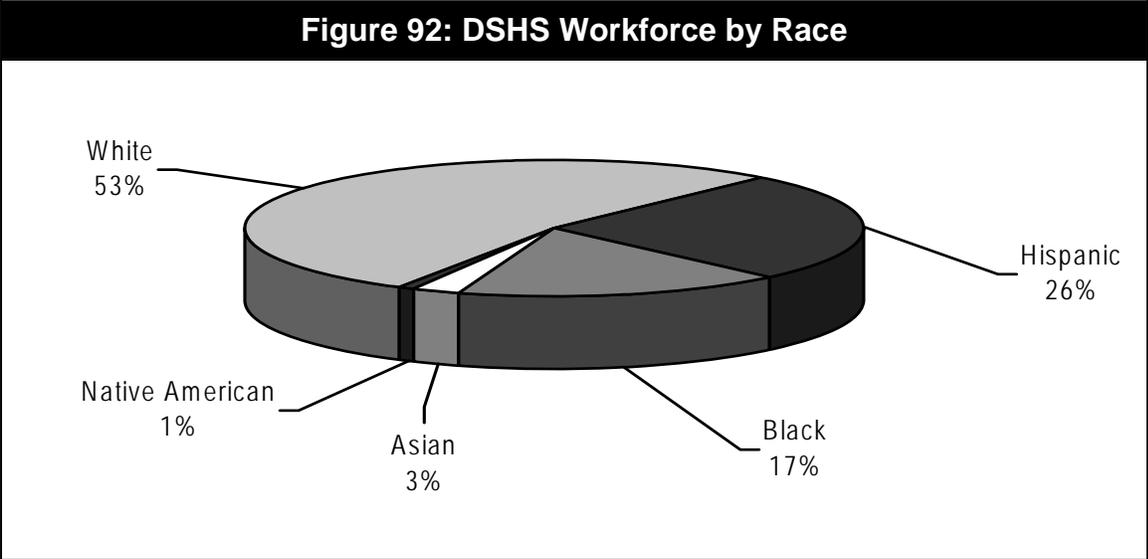


<sup>252</sup> HHSAS Database, as of 8/31/09.

<sup>253</sup> Ibid.

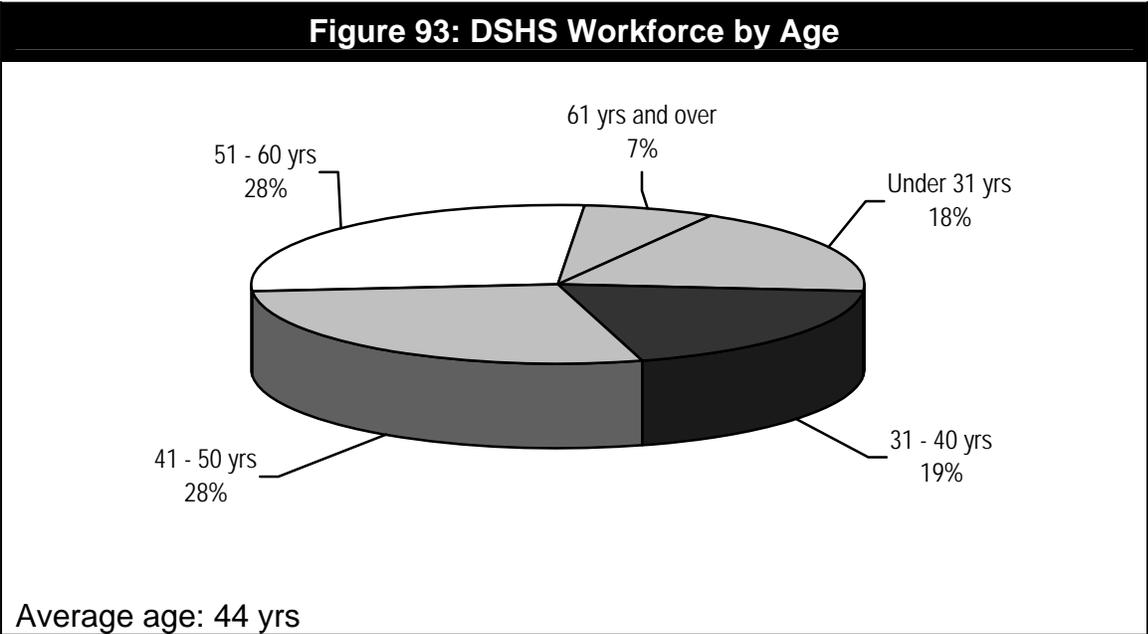
**Race**

White employees represent the largest racial group at 53 percent, followed by Hispanic employees at 26 percent and Black employees at 17 percent.<sup>254</sup>



**Age**

DSHS employees have an average age of 44 years. Approximately 63 percent of the DSHS workforce is 41 years or older.<sup>255</sup>



<sup>254</sup> HHSAS Database, as of 8/31/09.

<sup>255</sup> Ibid.

## Utilization Analysis

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

The utilization analysis of the DSHS workforce, as indicated in Table 31, reflects underutilization in the following areas:<sup>256 257</sup>

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

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

**Table 31: DSHS Utilization Analysis Results**

Job Category	Black			Hispanic			Female		
	DSHS %	CLF %	Underutilization (If Yes, # needed)	DSHS %	CLF %	Underutilization (If Yes, # Needed)	DSHS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	7.7%	7.2%	No	18.0%	12.3%	No	55.0%	32.6%	No
Professionals	10.3%	9.4%	No	19.0%	11.6%	No	65.8%	49.0%	No
Technicians	15.6%	13.9%	No	28.0%	19.7%	No	71.9%	42.1%	No
Protective Service	13.8%	18.0%	No	21.6%	23.1%	No	19.8%	21.6%	No
Para-Professionals	8.6%	14.3%	10	31.9%	25.7%	No	75.8%	56.3%	No
Administrative Support	14.3%	19.4%	53	32.1%	26.8%	No	88.7%	78.8%	No
Skilled Craft	6.3%	14.7%	15	31.1%	35.2%	No	3.3%	16.5%	31
Service Maintenance	30.5%	20.4%	No	31.4%	43.7%	402	56.2%	44.4%	No

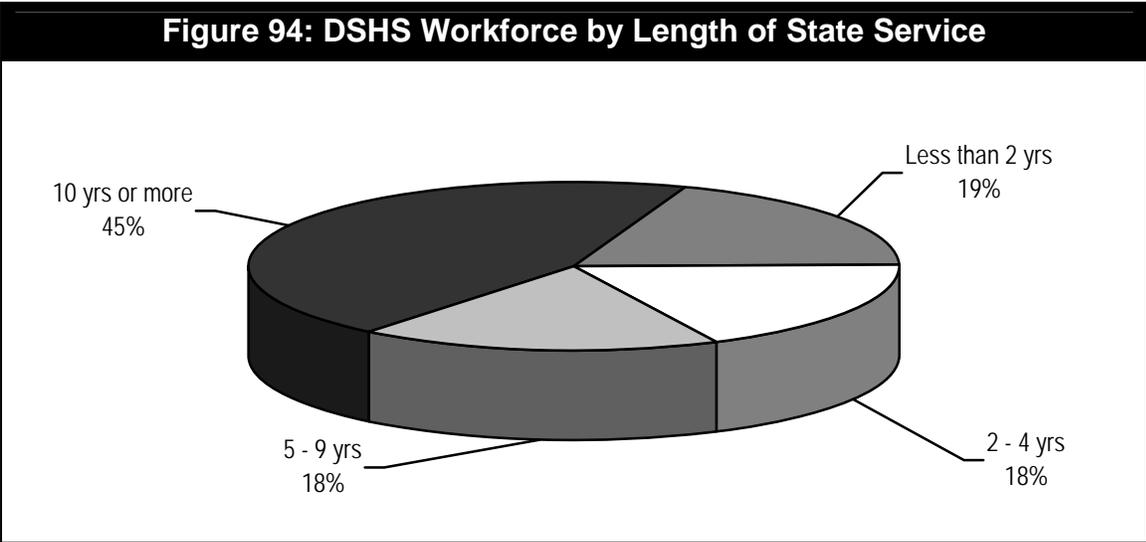
## State Service

Approximately 45 percent of the DSHS workforce has 10 or more years of state service. About 19 percent of the DSHS employees have less than two years of state service.<sup>258</sup>

<sup>256</sup> HHSAS Database, as of 8/31/09.

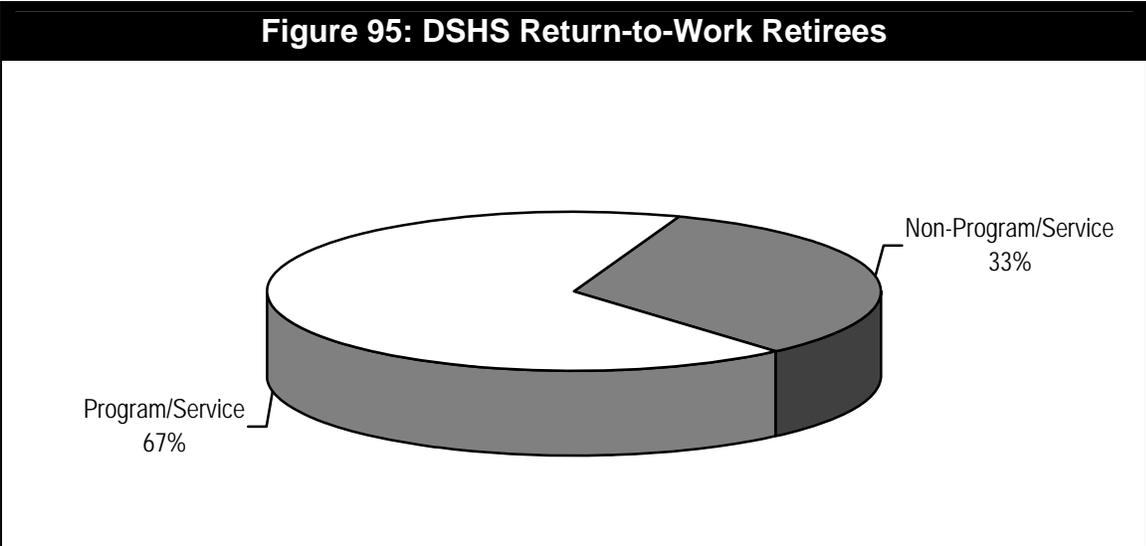
<sup>257</sup> CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/8/05.

<sup>258</sup> HHSAS Database, as of 8/31/09.



**Return-to-Work Retirees**

DSHS employs 602 return-to-work retirees. The majority of these retirees (67 percent) work in program/service related areas.<sup>259</sup>



<sup>259</sup> HHSAS Database, as of 8/31/09.

## TURNOVER

The DSHS turnover rate during fiscal year 2009 was about 24 percent, significantly higher than the statewide turnover rate of 14.4 percent. The majority of these employee separations (approximately 75 percent) were voluntary.<sup>260</sup>

<b>Table 32: Reason for Separation</b>	
Reason	Percentage <sup>261</sup>
<b>Voluntary Separations</b>	
Personal reasons	52.9%
Transfer to another agency	9.0%
Retirement	12.9%
<b>Involuntary Separations</b>	
Termination at Will	0.0%
Resignation in Lieu	1.6%
Dismissal for Cause	22.4%

The table below indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.<sup>262</sup>

<sup>260</sup> State Auditor's Office (SAO) FY2009 Turnover Statistics.

<sup>261</sup> Death accounted for 1.1% of separations.

<sup>262</sup> HHSAS Database, FY 2009 data.

<b>Table 33: FY 09 Turnover for Significant Job Classes<sup>263</sup></b>		
Job Title	Average Annual Headcount	Turnover Rate
Psychiatric Nursing Assistants	3,052.8	26.6%
Food Service Workers	366.0	24.0%
Pharmacists	40.0	22.5%
Vehicle Drivers	47.5	21.1%
Pharmacy Technicians	45.5	19.8%
Laboratory Technicians	51.5	19.4%
Registered Therapists	53.0	19.1%
Database Administrators	21.0	19.1%
Psychologists	53.0	18.9%
Licensed Vocational Nurses (LVNs)	510.0	18.2%
Registered Nurses (RNs)	1,013.5	17.7%
Accounting Technicians	35.0	17.1%
Rehabilitation Teachers	30.8	16.3%
Psychiatrists	124.0	15.3%
Veterinarians	20.0	15.0%
Human Services Specialists	154.0	14.9%

## RETIREMENT PROJECTIONS

Currently, approximately 11 percent of the DSHS workforce is eligible to retire from state employment. Over the next five years, over one-fourth of the agency workforce will reach retirement eligibility.<sup>264</sup>

<b>Table 34: DSHS Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)</b>		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2009	1,371	11.2%
2010	1,685	13.7%
2011	1,989	16.2%
2012	2,401	19.6%
2013	2,791	22.7%
2014	3,221	26.2%

<sup>263</sup> Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

<sup>264</sup> HHSAS Database, as of 8/31/09.

## EXPECTED WORKFORCE CHALLENGES

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

All of the agency's hospitals are Joint Commission (JC) accredited and almost all are certified as Medicare (CMS) providers. It is expected that regulations and care standards that agency hospitals must meet will continue to expand, requiring an increasingly specialized skill set from existing staff and a need for additional staff. As facilities are required to meet more and more of these standards, it is expected to become more difficult to maintain and increase current staffing levels.

Based on these trends and current employment conditions, DSHS anticipates continued difficulties in recruiting and retaining qualified and experienced employees due to the following issues:

- ◆ Accelerated retirement of many management and professional staff in the next five to 10 years, resulting in the loss of leadership, expertise and institutional knowledge;
- ◆ Increased workloads;
- ◆ Severe nursing staff shortages;
- ◆ Limited ability to pay for/fund incentives such as recruitment bonuses, retention bonuses and moving allowances, especially for highly sought-after professional staff;
- ◆ Limited ability to offer creative scheduling and flexible part-time positions;
- ◆ Increased need for bilingual staff;
- ◆ Limited funding for training;
- ◆ Limited funding for travel;
- ◆ Limited or lack of career ladders; and
- ◆ Non-competitive starting salaries compared to both the salaries offered in the private sector and compared to the technical skills, knowledge requirements and workload demands of the positions.

Shortage occupation jobs that will require targeted recruitment attention are Psychiatric Nursing Assistants, Nurses (RNs and LVNs), Registered Therapists, Rehabilitation Therapy Technicians, Clinical Social Workers, Human Services Specialists, Epidemiologists, Sanitarians, Dentists, Physicians, Psychiatrists, Psychologists, Associate Psychologists, Pharmacists, Veterinarians and Laboratory Staff.

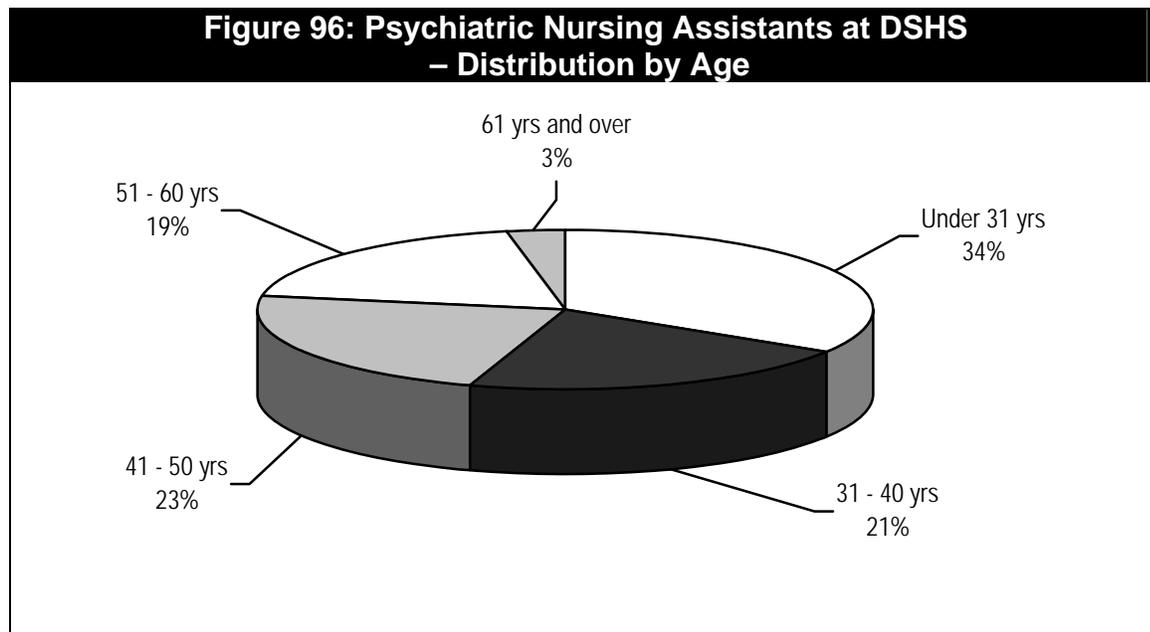
## Psychiatric Nursing Assistants

There are approximately 2,900 Psychiatric Nursing Assistants employed in DSHS state mental health hospitals.<sup>265</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, and assisting with bathing, hygiene and transportation. These employees are required to interact with patients on a daily basis. They are likely to be the first to intervene during crisis situations, and are the frontline staff most likely to de-escalate situations to avoid the need for behavioral restraints. They also have a higher potential for on-the-job injuries, both from lifting requirements and intervention in physical altercations during crisis situations.

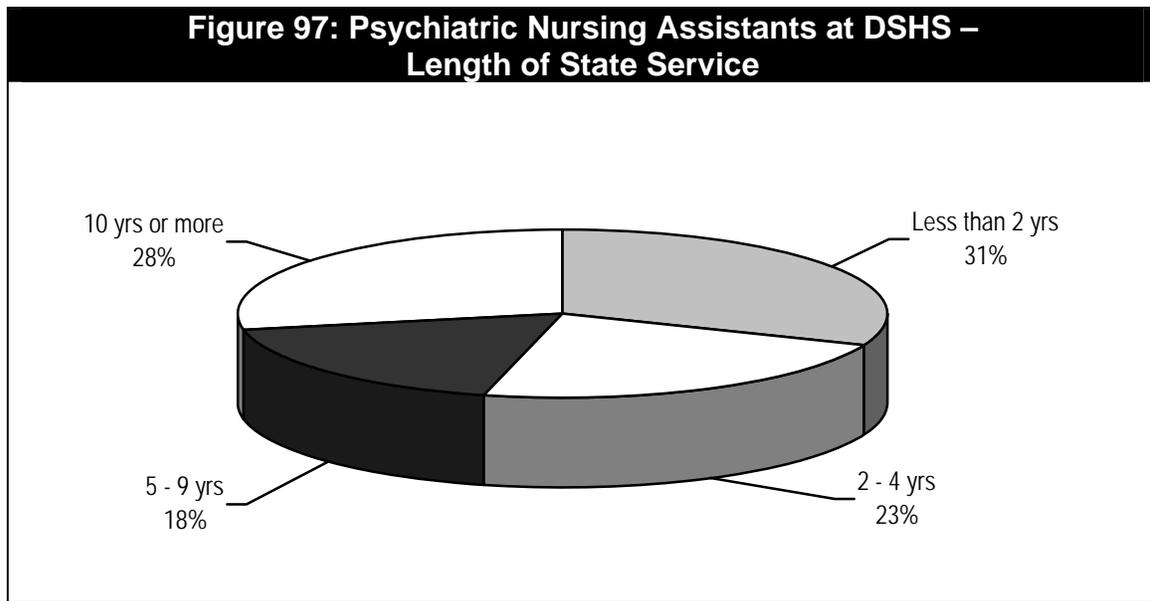
The work is performed in shifts throughout the day and night. The pay is low and the work is difficult.

The average Psychiatric Nursing Assistant is about 39 years old and has an average of seven years of state service.<sup>266</sup>



<sup>265</sup> HHSAS Database, as of 8/31/09.

<sup>266</sup> Ibid.



Pay is low, with an average hourly wage of \$10.80 per hour.<sup>267</sup>

Turnover for Psychiatric Nursing Assistants is high at about 27 percent, one of the highest turnover rates for any job category in DSHS.<sup>268</sup> About 81 percent of these separating employees were in entry-level Psychiatric Nursing Assistant I positions (658 losses or a 35 percent turnover rate). Further complicating this situation, many of the applicants for these entry-level positions lack the experience needed to work with patients and often lack the physical ability necessary to carry out their job duties.

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

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

Nationwide, the nursing shortage has reached crisis proportions. It is projected that there will be a need for 581,500 new RN jobs by 2018.<sup>269</sup> Job opportunities for RNs are expected to grow faster than the average for all occupations.<sup>270</sup> With this level of job growth, it is projected that there will not be enough qualified applicants to meet the increased demand.

<sup>267</sup> HHSAS Database, as of 8/31/09.

<sup>268</sup> HHSAS Database, FY 2009 data.

<sup>269</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

<sup>270</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

The nursing shortage is the most significant healthcare workforce staffing concern facing both the nation and Texas.<sup>271</sup> It is projected that between 2005 and 2020, the demand for nurses in Texas will increase by 86 percent, while the supply will grow by only 53 percent.<sup>272</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>273</sup>

DSHS nurses are generally required to work shifts and weekends. The work is demanding, requires special skills and staff often work long hours with minimal staffing. The work is also physically demanding, making it increasingly more difficult for the aging nursing workforce to keep up with these work demands. All of these job factors contribute to higher than average turnover rates.

Although there are 96 nursing school programs across the state, most of them have more applicants than room for new students and only about two-thirds of enrolled students actually graduate. The shortage of trained instructors limits both the number of accepted students and the number of available classes offered.<sup>274 275</sup>

### **Registered Nurses (RNs)**

There are about 1,000 RNs employed by DSHS.<sup>276</sup> The majority of these employees (about 82 percent) work at state hospitals across Texas.

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

The typical RN at the agency is about 50 years old and has an average of approximately 10 years of state service.<sup>277</sup>

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<sup>271</sup> State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

<sup>272</sup> "Texas Nursing: Our Future Depends on It. A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013," Texas Center for Nursing Workforce Studies, March 2009. Web page <http://www.dshs.state.tx.us/chs/cnws/TexasTeam/TexasStrategy.pdf>, last accessed 3/17/10.

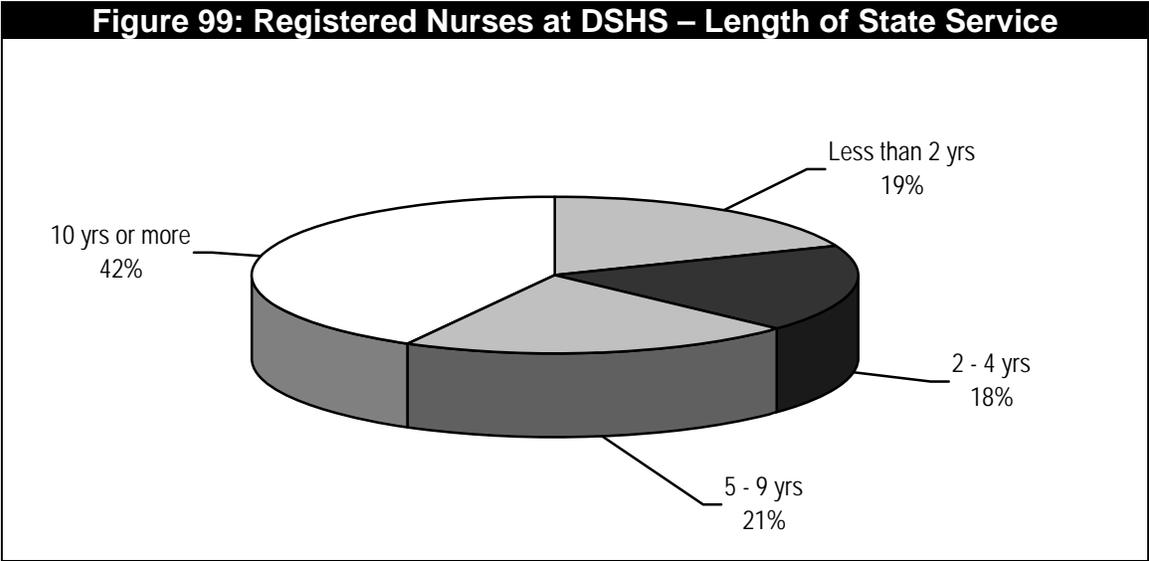
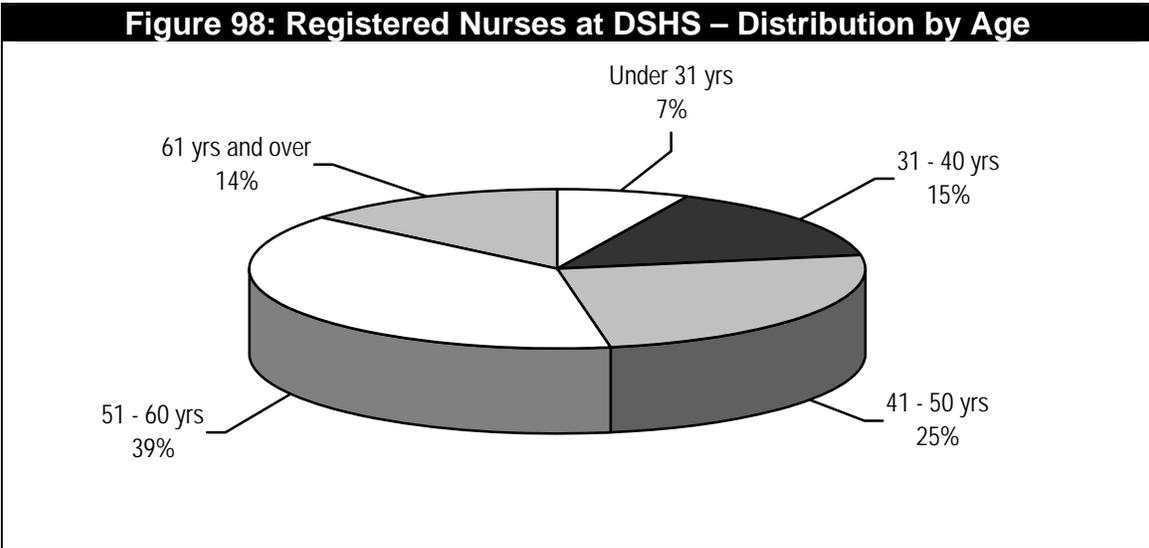
<sup>273</sup> MedicineWorld.org, "Lack of Resources, Not Lack of Students, Cause Nurse Shortage," web page <http://medicineworld.org/cancer/lead/12-2005/lack-of-resources-not-lack-of-students-cause-nurse-shortage.html>, last accessed on 1/17/06.

<sup>274</sup> Texas Board of Nursing, web page <http://www.bne.state.tx.us/nursingeducation/approved-programs.html>, last accessed on 4/22/10.

<sup>275</sup> "Professional Nursing Education in Texas: Demographics & Trends: 2006." Department of State Health Services, web page <http://www.dshs.state.tx.us/chs/cnws/2006ProfNrsEdRpt.pdf>, last accessed 3/17/10.

<sup>276</sup> RNs include 21 Nurse Practitioners.

<sup>277</sup> HHSAS Database, as of 8/31/09.



The turnover rate for RNs is considered high at about 18 percent.<sup>278</sup>

The agency continues to experience difficulty filling vacant positions. The Texas Hospital Association confirmed that vacancy rates for RNs in Texas ranged from 14.6 percent in critical care occupations to about 10 percent in emergency rooms.<sup>279</sup> In order to provide quality nursing care for patients it is essential that the agency maintain the lowest vacancy rate possible throughout the year. The agency is

<sup>278</sup> HHSAS Database, FY 2009 data.

<sup>279</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, 3/4/1004.

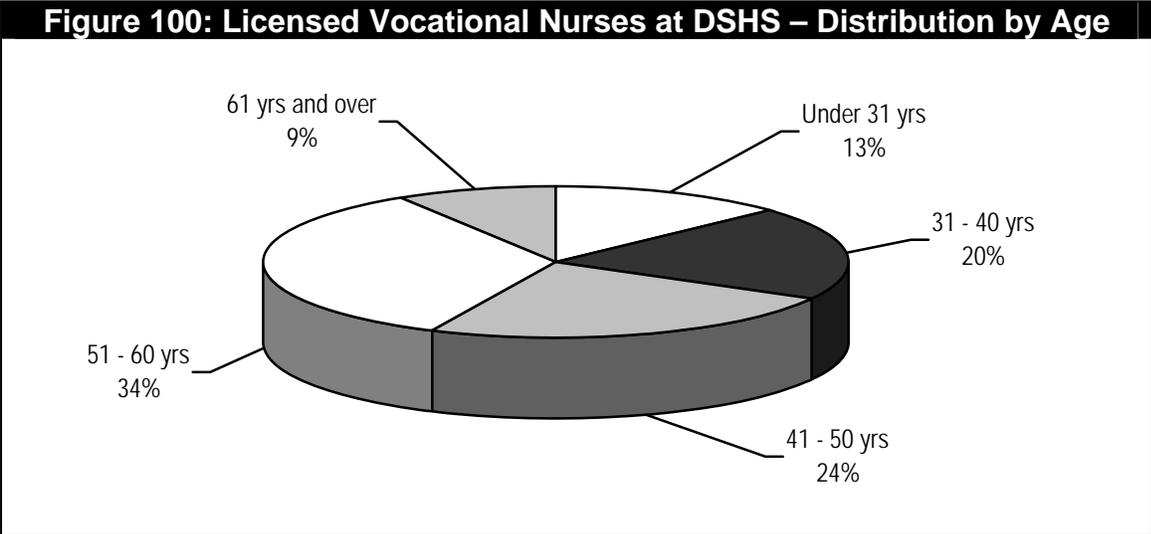
striving to maintain vacancy rates for nursing positions at a level below 10 percent at any given time. The vacancy rate for RNs at DSHS is currently slightly above the desired rate at 10.4 percent.

**Licensed Vocational Nurses (LVNs)**

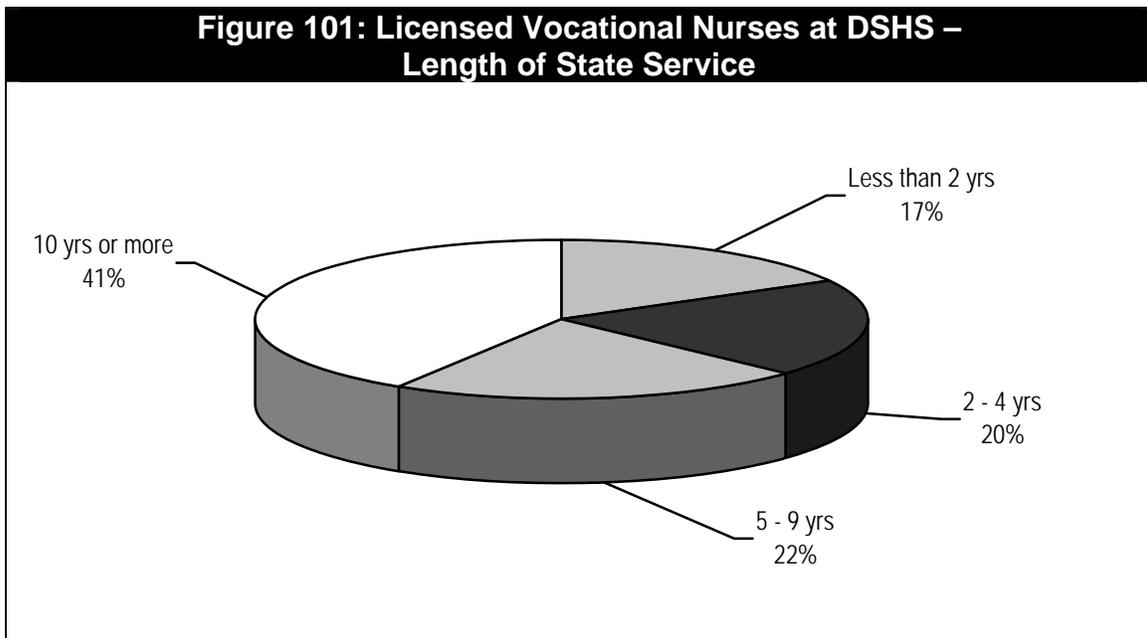
There are approximately 480 Licensed Vocational Nurses (LVNs) employed by DSHS. The majority of these employees (about 96 percent) work at state hospitals across Texas.

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

On average, a DSHS LVN is about 46 years old and has 10 years of state service.<sup>280</sup>



<sup>280</sup> HHSAS Database, as of 8/31/09.



As with RNs, the nursing shortage is also impacting the agency's ability to attract and retain LVNs. Turnover for LVNs is currently high at about 18 percent.<sup>281</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 training new employees.

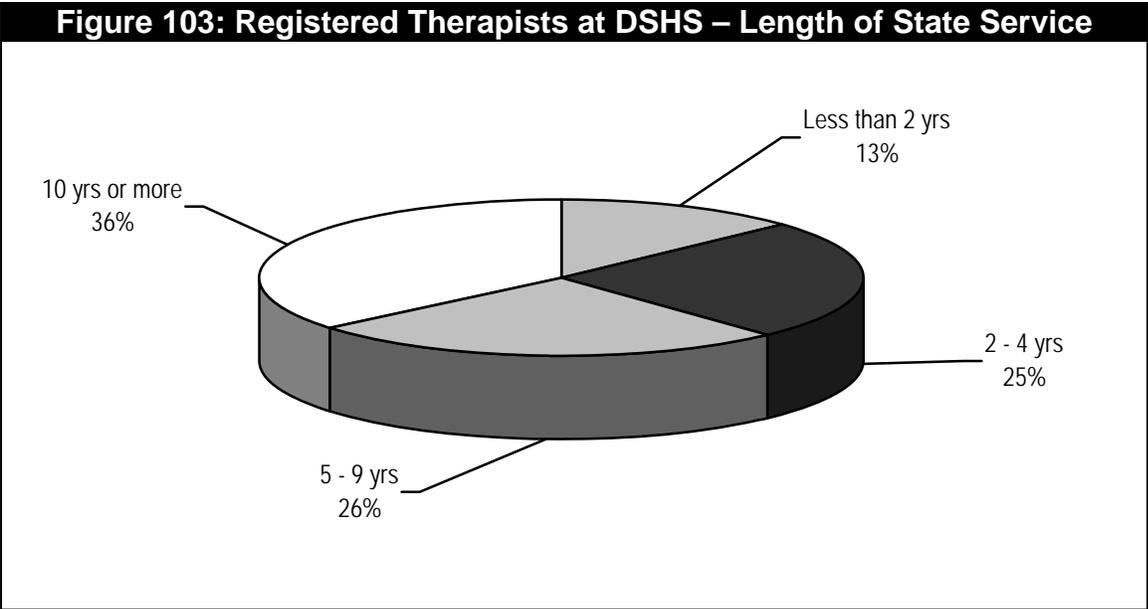
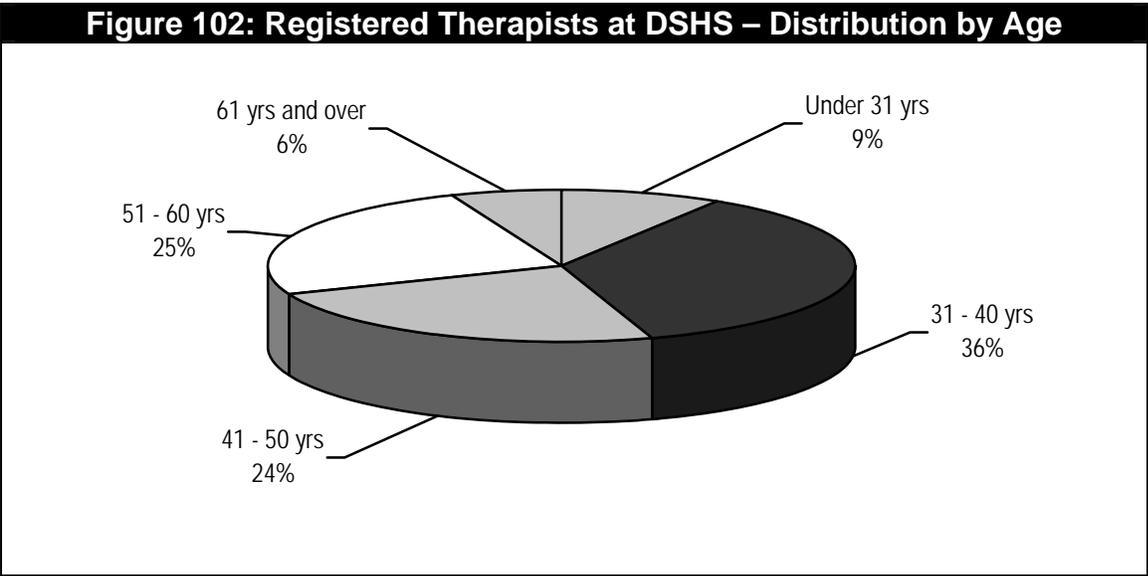
### Registered Therapists

The 53 Registered Therapists at DSHS are assigned to state hospitals across the state, working with patients in therapeutic rehabilitation activities.

These employees have, on average, about nine years of state service, with an average age of 44.<sup>282</sup>

<sup>281</sup> HHSAS Database, FY 2009 data.

<sup>282</sup> HHSAS Database, as of 8/31/09.



Turnover for Registered Therapists is high at about 19 percent.

The agency is experiencing difficulty filling vacant positions. The vacancy rate for these positions is high at about nine percent. Vacant positions often go unfilled for months.<sup>283</sup>

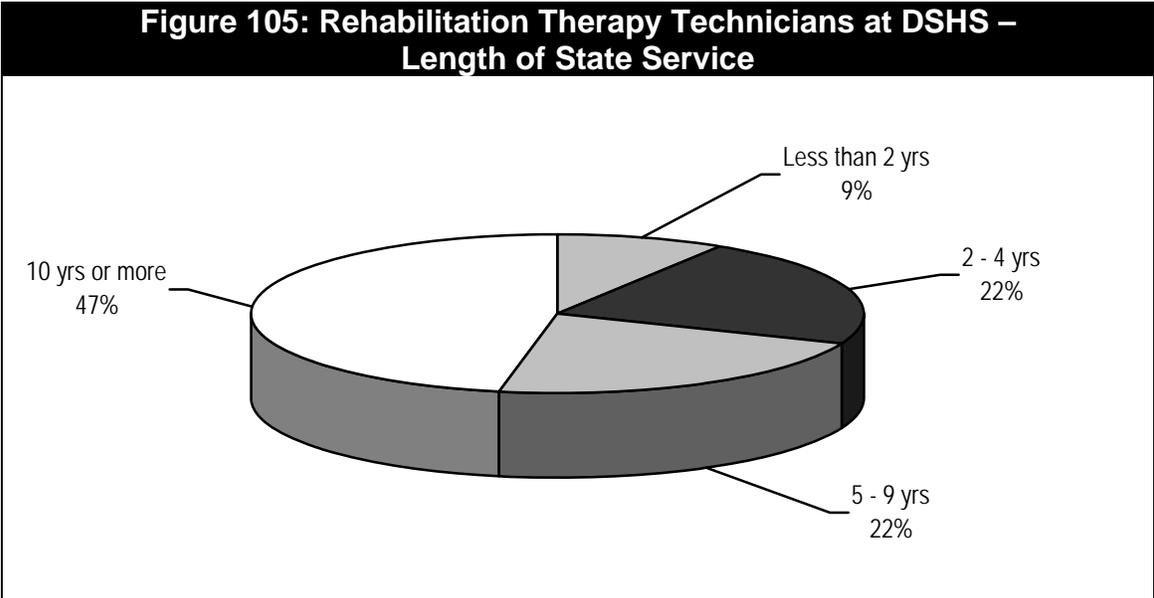
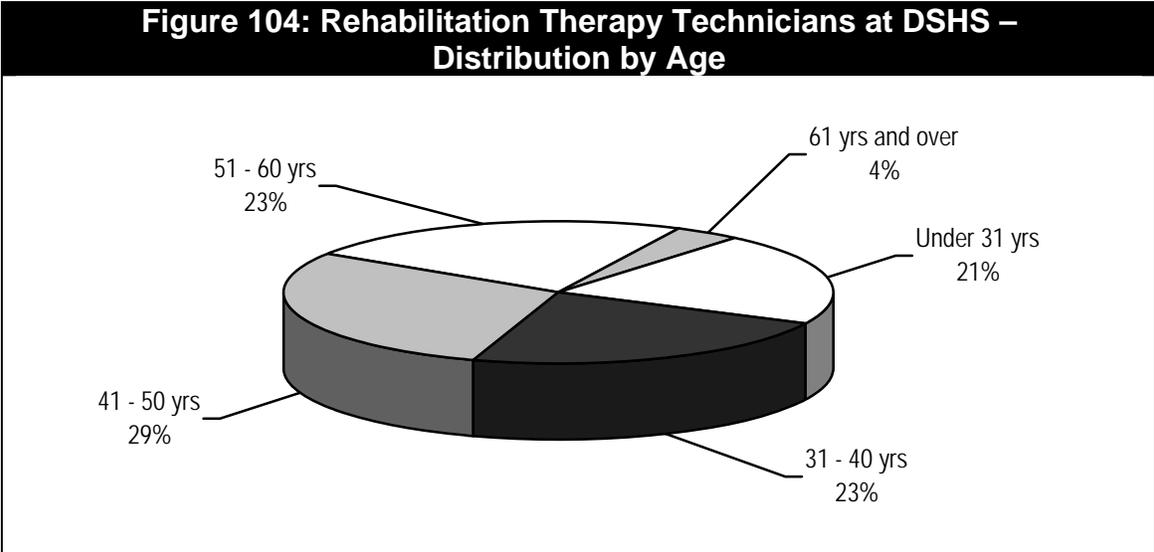
Recruitment and retention for these jobs are ongoing challenges.

<sup>283</sup> HHSAS Database, FY 2009 data.

### Rehabilitation Therapy Technicians

There are about 330 Rehabilitation Therapy Technicians working at DSHS state hospitals, providing rehabilitative services to patients with mental impairments.<sup>284</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>285</sup>



<sup>284</sup> HHSAS Database, as of 8/31/09.

<sup>285</sup> Ibid.

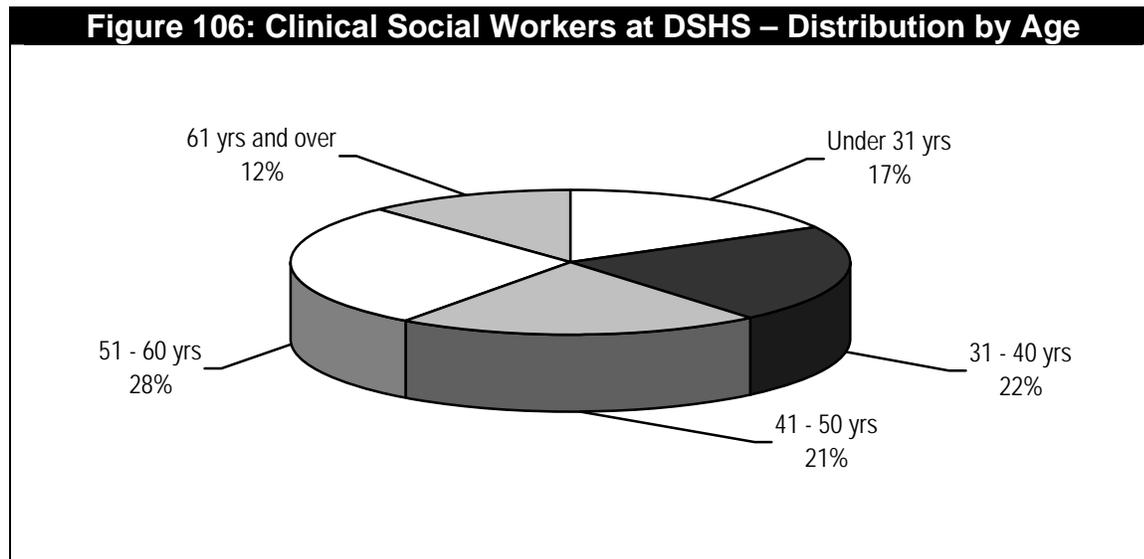
Though the turnover rate for Rehabilitation Therapy Technicians is well managed at approximately nine percent, the agency may face significant recruitment challenges, as over 20 percent of these employees will be eligible to retire in the next five years.<sup>286</sup>

### Clinical Social Workers

There are approximately 170 Clinical Social Workers at DSHS.<sup>287</sup> These employees are critical to managing patient flow in state hospitals and take the lead role in communicating with patient families and community resources. Clinical Social Workers provide essential functions within the agency that include:

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

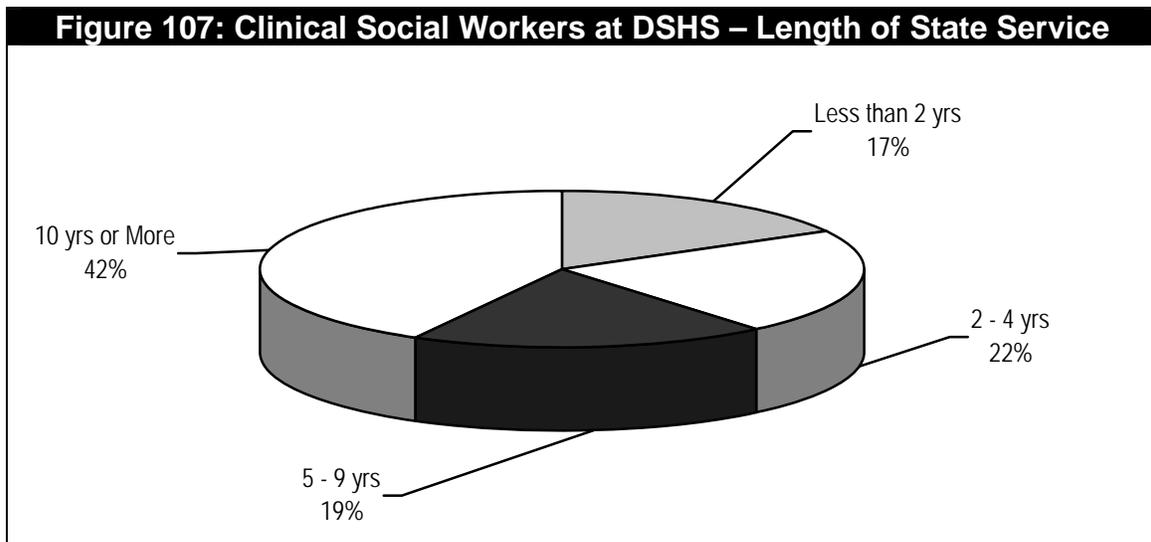
DSHS Clinical Social Workers are about 45 years old and have an average of 10 years of state service.<sup>288</sup>



<sup>286</sup> HHSAS Database, FY 2009 data.

<sup>287</sup> HHSAS Database, as of 8/31/09.

<sup>288</sup> Ibid.



Though the overall turnover rate for Clinical Social Workers manageable at around 11 percent, about a quarter of current Clinical Social Workers will be eligible to retire by the year 2014. In addition, vacant positions often go unfilled for several months until a qualified applicant is available.<sup>289</sup>

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

DSHS competes with both the federal and local governments, as well as the military and the private sector employers for 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.

### Human Services Specialists

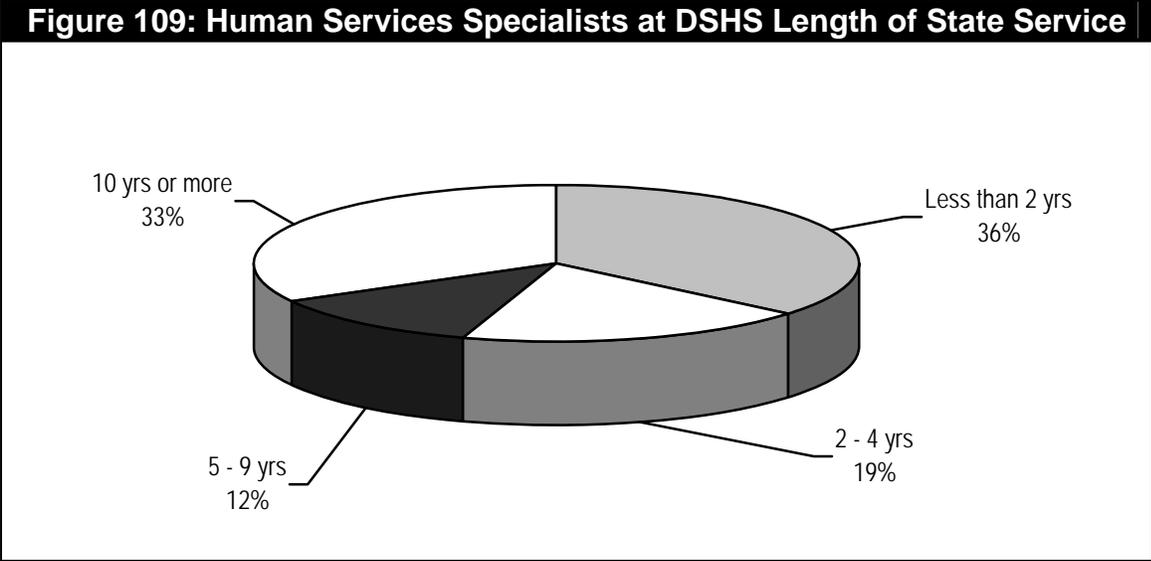
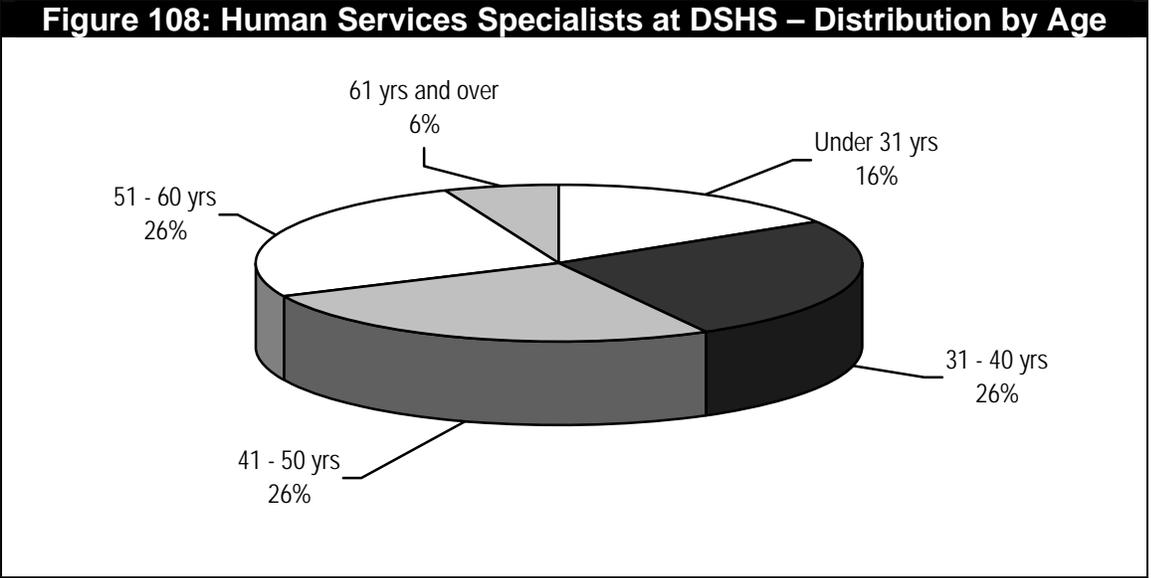
There are 159 Human Services Specialists employed at DSHS, with the majority of these employees in Human Services Specialist VII positions (154 employees or 97 percent).<sup>290</sup> These employees provide comprehensive public health case management to children with health conditions/health risks and 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

<sup>289</sup> HHSAS Database, FY 2009 data.

<sup>290</sup> HHSAS Database, as of 8/31/09.

work with a variety of consumers who vary in age, socioeconomic status, ethnicity, disability and service need.

The typical Human Services Specialist is about 43 years old and has an average of seven years of state service.<sup>291</sup>



Turnover for Human Services Specialists during fiscal year 2009 was about 15 percent, slightly above the state average of 14.4 percent.<sup>292 293</sup>

<sup>291</sup> HHSAS Database, as of 8/31/09.  
<sup>292</sup> State Auditor's Office (SAO) FY 2009 Turnover Statistics.  
<sup>293</sup> HHSAS Database, FY 2009 data.

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 \$39,961.<sup>294</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 \$48,180 and \$41,420 in Texas; while comparable Registered Nurses earn an average annual salary nationally of \$65,130 and \$61,780 in Texas.<sup>295</sup>

This disparity in earnings may be contributing to the agency's ability to recruit qualified applicants for open positions. These positions often remain unfilled for several months.<sup>296</sup>

Recruitment and retention for these jobs is an ongoing challenge.

## **Epidemiologists**

One of the public health professions currently experiencing shortages is Epidemiology.<sup>297</sup> Epidemiology is the study of how often diseases occur in different groups of people and why. Epidemiological information is used to plan and evaluate strategies to prevent illness and as a guide to the management of patients in whom disease has already developed. Epidemiology is the scientific basis for all decision making in the field of public health.

DSHS employs about 80 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>298</sup> They provide critical functions during disasters and pandemics and other preparedness and response planning.

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<sup>294</sup> HHSAS Database, as of 8/31/09.

<sup>295</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 2008; last accessed on 2/5/10.

<sup>296</sup> HHSAS Database, FY 2009 data.

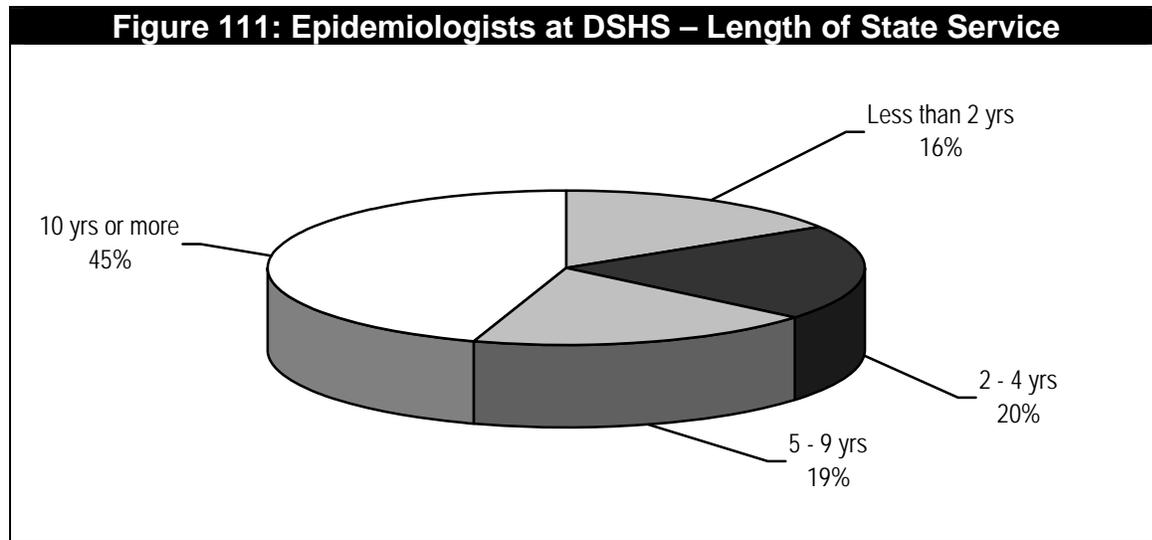
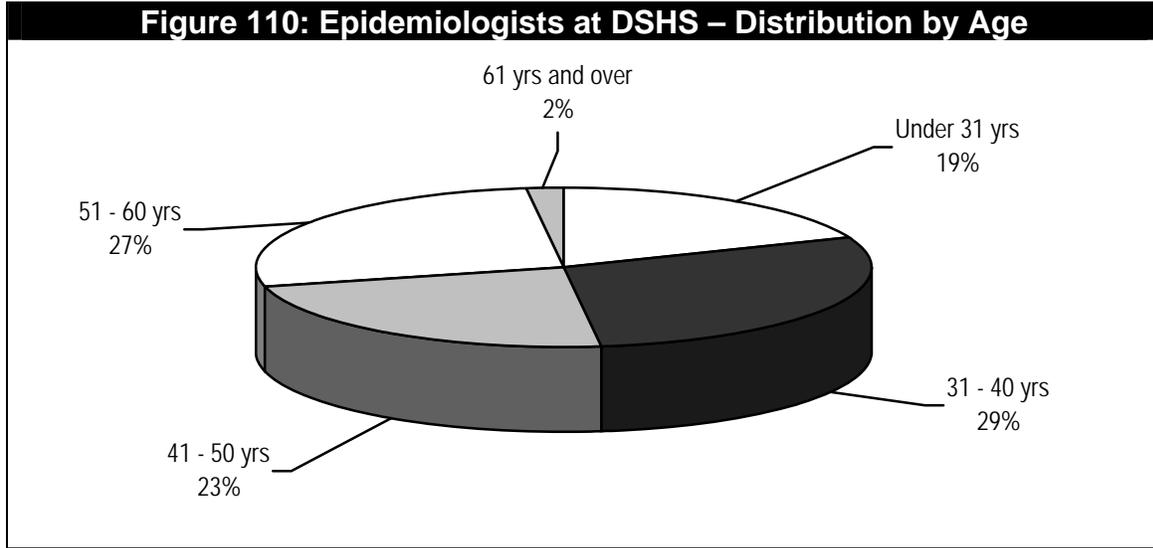
<sup>297</sup> "2007 State Public Health Workforce Survey Results," The Association of State and Territorial Health Officials, web page <http://www.astho.org/pubs/WorkforceReport.pdf>, last accessed on 4/29/08.

<sup>298</sup> HHSAS Database, as of 8/31/09.

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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>299</sup>



While the overall turnover rate for Epidemiologists at DSHS is low at about seven percent, the vacancy rate for these positions is high at almost 11 percent. Vacant positions often go unfilled for months.<sup>300</sup>

<sup>299</sup> HHSAS Database, as of 8/31/09.

<sup>300</sup> HHSAS Database, FY 2009 data.

In addition, DSHS may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. Almost 20% of these employees will be eligible to retire in the next five years.<sup>301</sup>

Low pay is a factor in the inability to attract qualified Epidemiologist applicants. DSHS Epidemiologists earn an average annual salary of \$51,541. The average annual salary for Epidemiologists nationally is \$64,500 and \$52,300 in Texas.<sup>302</sup>

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>303</sup>

There are about 110 Sanitarians employed with DSHS.<sup>304</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 50 years old and have about 13 years of state service. Over 60 percent of these employees have 10 or more years of state service.<sup>305</sup>

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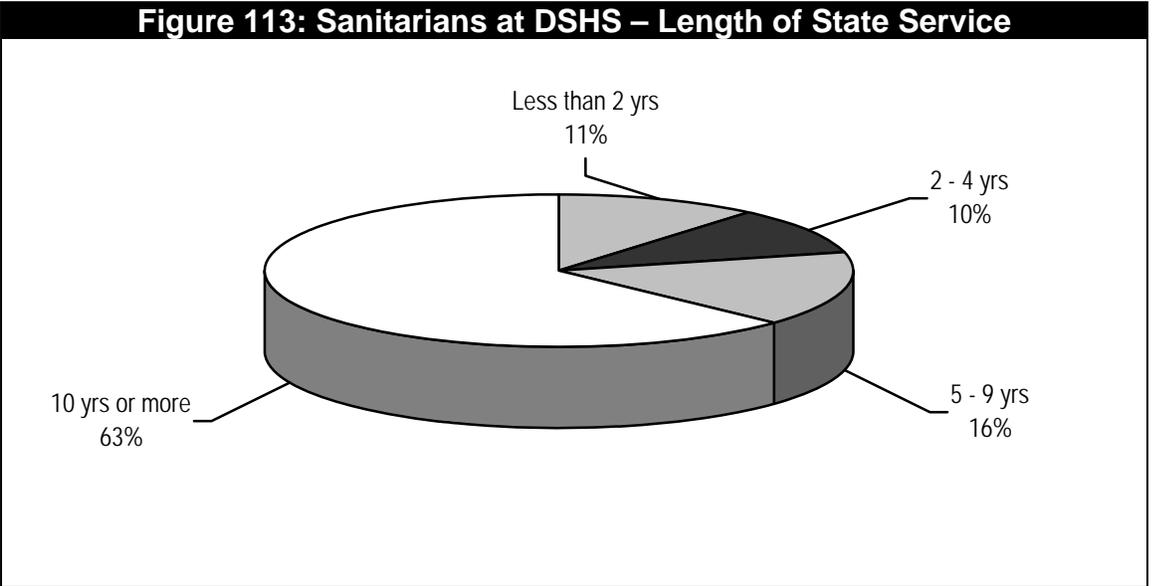
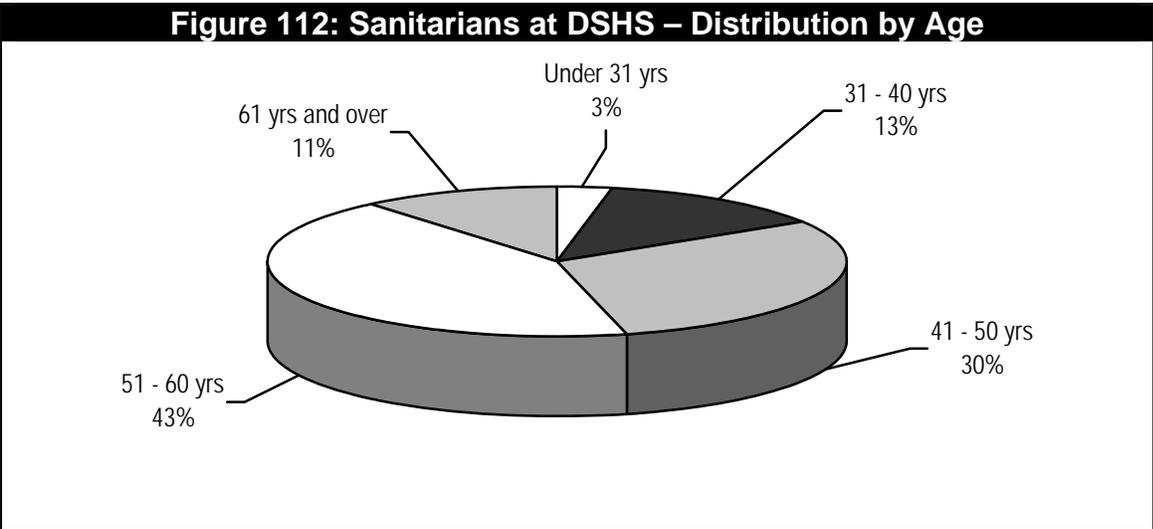
<sup>301</sup> HHSAS Database, as of 8/31/09.

<sup>302</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 2008; last accessed on 2/05/10.

<sup>303</sup> "2007 State Public Health Workforce Survey Results," The Association of State and Territorial Health Officials, web page <http://www.astho.org/Programs/Workforce-and-Leadership-Development/2007-State-Public-Health-Workforce-Survey-Results/>, last accessed on 4/21/09.

<sup>304</sup> HHSAS Database, as of 8/31/09.

<sup>305</sup> Ibid.



Turnover for Sanitarians is low at only six percent. However, the vacancy rate for these positions is high at about 15 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work. Historically, the agency has faced special challenges filling vacancies in both rural and urban areas of the state. In addition, the state requirement for Sanitarians to be registered and have at least 30 semester hours of science has made it increasingly difficult to find qualified individuals. The agency has some vacancies that have been posted for over two years and remain unfilled.<sup>306</sup>

<sup>306</sup> HHSAS Database, FY 2009 data.

Recruitment problems are expected to worsen as employees approach retirement. Approximately 29 percent of current sanitarian staff will be eligible to retire by the year 2014.<sup>307</sup>

DSHS Sanitarians earn an average annual salary of \$44,527, 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>308</sup>

In 2009, DSHS implemented a two phase salary equity adjustment plan to help recruit and retain Sanitarians.

## Dentists

The demand for Dentists nationwide is expected to increase as the overall population grows. Employment of Dentists is projected to grow by 16 percent through 2018, faster than the average for all occupations<sup>309</sup>

There are 12 Dentists employed by DSHS.<sup>310</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, emergency dental interventions and other treatment services to patients.

The typical agency Dentist is about 53 years old, with an average of 13 years of state service.<sup>311</sup>

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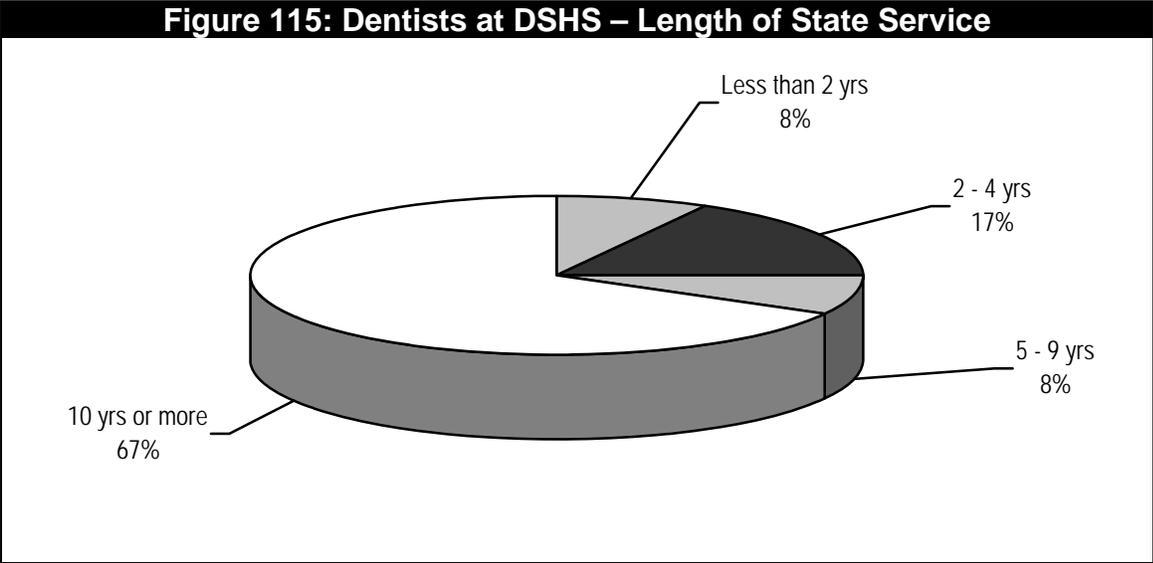
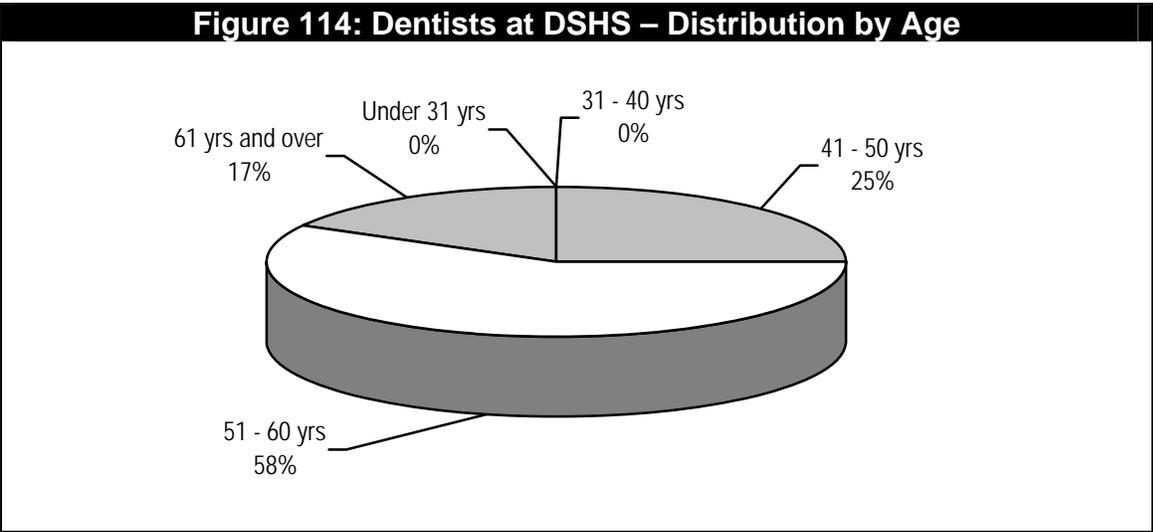
<sup>307</sup> HHSAS Database, as of 8/31/09.

<sup>308</sup> Ibid.

<sup>309</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos072.htm>, last accessed on 2/5/10.

<sup>310</sup> HHSAS Database, as of 8/31/09.

<sup>311</sup> Ibid.



Though Dentist positions are currently not experiencing turnover, vacant positions are going unfilled for many months.<sup>312</sup>

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

There is a large disparity between private sector and agency starting salaries. Dentists at DSHS earn, on average, an annual salary of \$91,283.<sup>313</sup> This salary falls

<sup>312</sup> HHSAS Database, FY 2009 data.

significantly below the market rate. The average annual salary for Dentists nationally is \$154,270 and \$153,560 in Texas.<sup>314</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. A third (33 percent) of these employees will be eligible to retire in the next five years.<sup>315</sup>

## Physicians

There are 75 Physicians at DSHS.<sup>316</sup> These Physicians are essential to providing medical care in state hospitals, health service regions and agency program areas. They take the lead role in diagnosing, determining a course of treatment, making referrals to outside medical hospitals, prescribing medications and monitoring the patients' progress toward discharge. Physician services in state hospitals are essential to the ongoing monitoring and management of an increasing number of complex chronic medical conditions, such as diabetes, seizure disorders, hypertension and chronic obstructive pulmonary disease (COPD). These employees are critical to the agency's preparedness and response to medical services provided by the state and to major public health initiatives, such as obesity prevention, diabetes, disease outbreak control and others. In addition, agency Physicians serving as Regional Directors are required by statute to serve as the Local Health Authority (LHA) in counties that do not have a designated LHA. As such, they establish, maintain and enforce quarantine in addition to reporting the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction.

DSHS Physicians have, on average, about 12 years of state service, with an average age of 58. Local Physicians who have established long term private practices often apply as Physicians at DSHS hospitals late in their working career to secure retirement and insurance benefits, contributing to the high overall age. Only six full-time Physicians are under 41 years of age.<sup>317</sup>

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<sup>313</sup> HHSAS Database, as of 8/31/09.

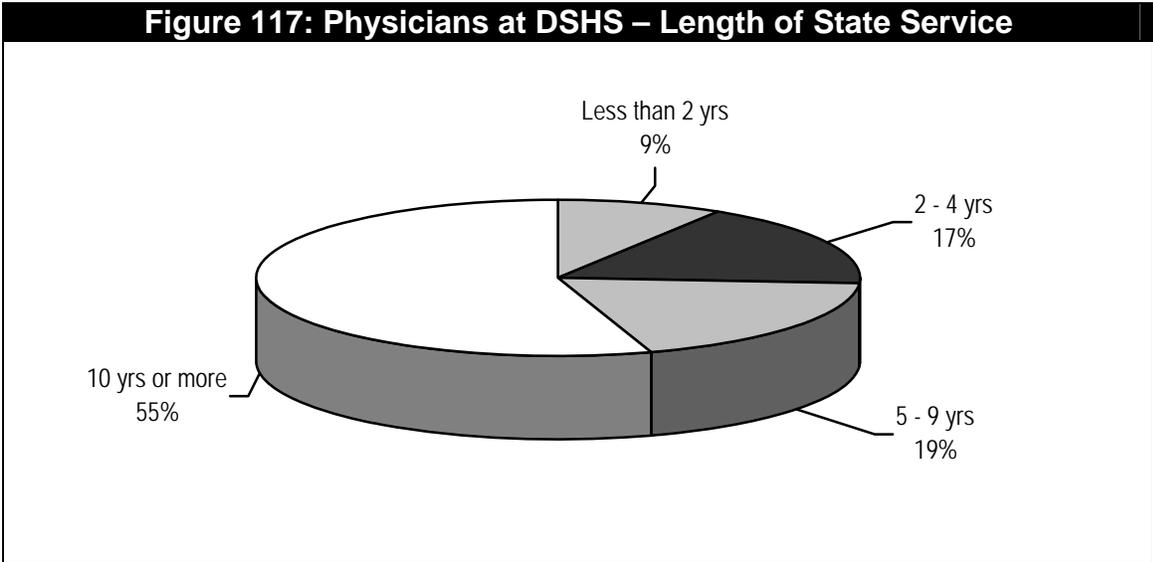
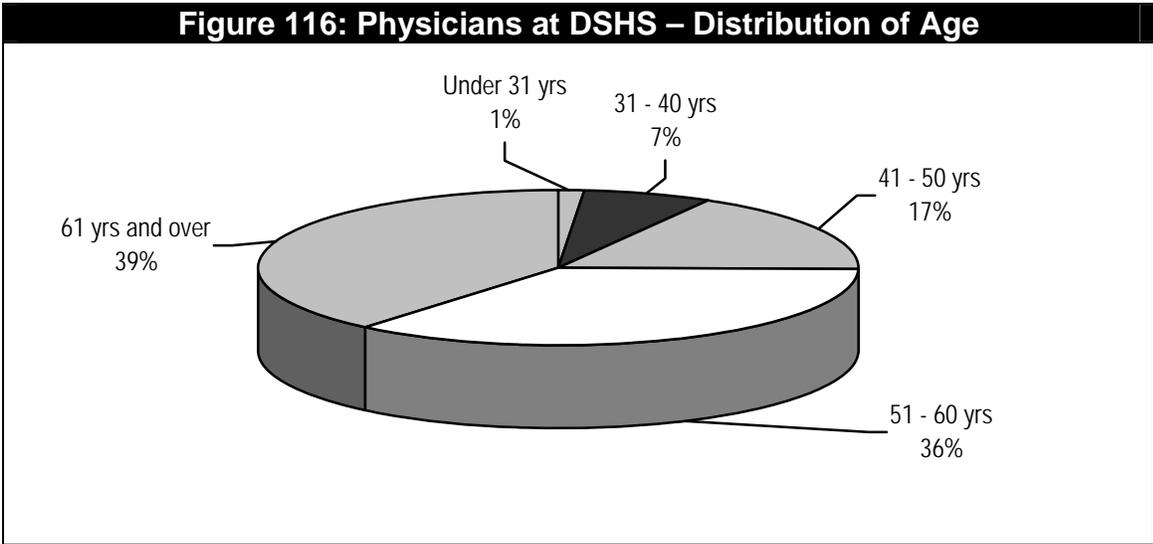
<sup>314</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2008; last accessed on 3/10/08.

<sup>315</sup> Ibid.

<sup>316</sup> HHSAS Database, as of 8/31/09. Note: Physicians include Resident Physicians and Physicians I – IIIs.

<sup>317</sup> HHSAS Database, as of 8/31/09.

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Though turnover for Physicians is low at about three percent, 38 of these highly skilled and tenured employees (51 percent) will be eligible to retire in the next five years.<sup>318 319</sup> As retirement opportunities near, the agency may lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to replace, with expertise that will be difficult to match and even harder to recruit.

With a high vacancy rate of about 10 percent, it can take almost a year to fill a physician position with someone who has appropriate skills and expertise.

<sup>318</sup> HHSAS Database, FY 2009 data.

<sup>319</sup> HHSAS Database, as of 8/31/09.

Non-competitive salaries are having a significant effect on retaining qualified Physicians with the agency. Agency Physicians earn an average annual salary of \$142,372. This salary falls below the market rate. The average annual salary for Physicians nationally is \$165,000 and \$164,020 in Texas.<sup>320</sup> <sup>321</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.

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 \$68<sup>322</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 about 120 Psychiatrists at DSHS.<sup>323</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.

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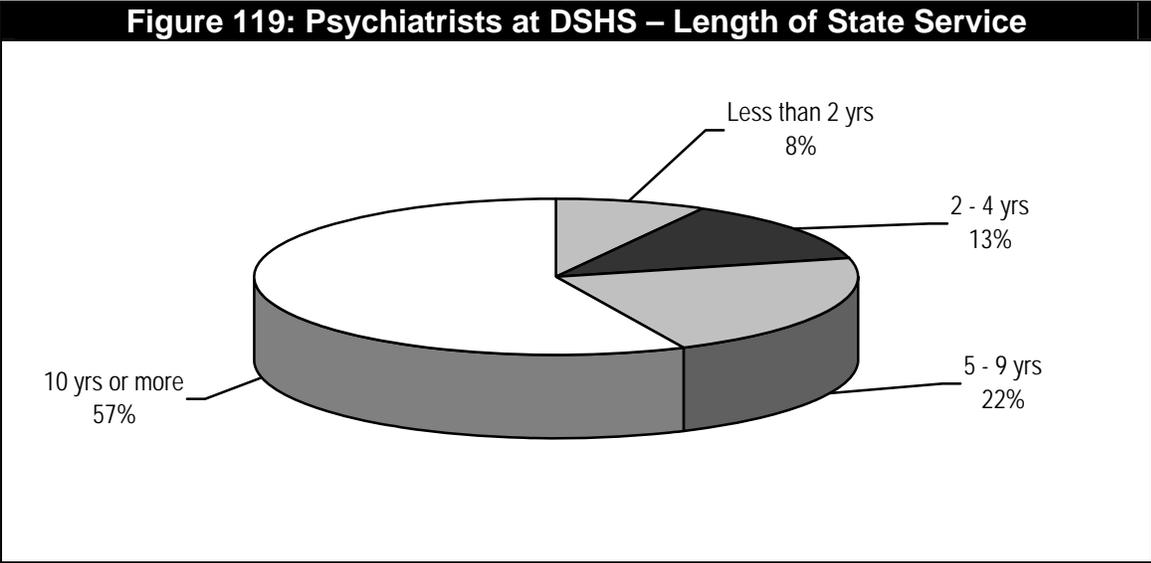
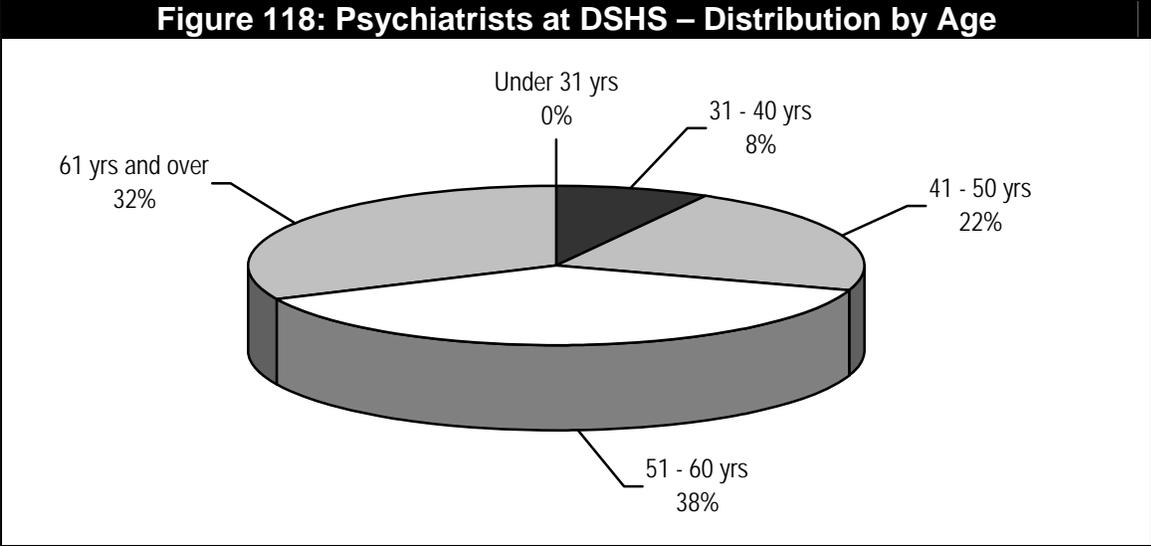
<sup>320</sup> US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page [http://data.bls.gov/oes/search.jsp?data\\_tool=OES](http://data.bls.gov/oes/search.jsp?data_tool=OES), Period: May 2008; last accessed on 2/5/10.

<sup>321</sup> HHSAS Database, as of 8/31/09.

<sup>322</sup> Ibid.

<sup>323</sup> Ibid.

DSHS Psychiatrists have, on average, about 12 years of state service, with an average age of 56. Over half of these employees have 10 or more years of service.<sup>324</sup>



Annual turnover for Psychiatrists is high at 16 percent.<sup>325</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 rural and

<sup>324</sup> HHSAS Database, as of 8/31/09.

<sup>325</sup> HHSAS Database, FY 2009 data.

border counties. The need to recruit and retain professionals is crucial to the mental health care of residents in these underserved areas.<sup>326</sup>

DSHS Psychiatrists earn an average annual salary of about \$170,656.<sup>327</sup> Market surveys indicate that this salary is below the entry level salary for the private sector in Texas. This discrepancy in earnings has created difficulties in attracting qualified applicants. With a high vacancy rate of 17 percent, most vacant Psychiatrist positions go unfilled for months.<sup>328</sup> These difficulties are expected to continue, as approximately 38 percent of these highly skilled and tenured employees become eligible to retire in the next five years.<sup>329</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, placing hospital accreditation at risk and increasing the average length of stay.

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 \$82<sup>330</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 system.

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

## **Psychologists**

The 51 Psychologists working at DSHS are assigned to state hospitals. Full staffing of these positions is critical to providing psychological services needed to patients.

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<sup>326</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>327</sup> HHSAS Database, as of 8/31/09.

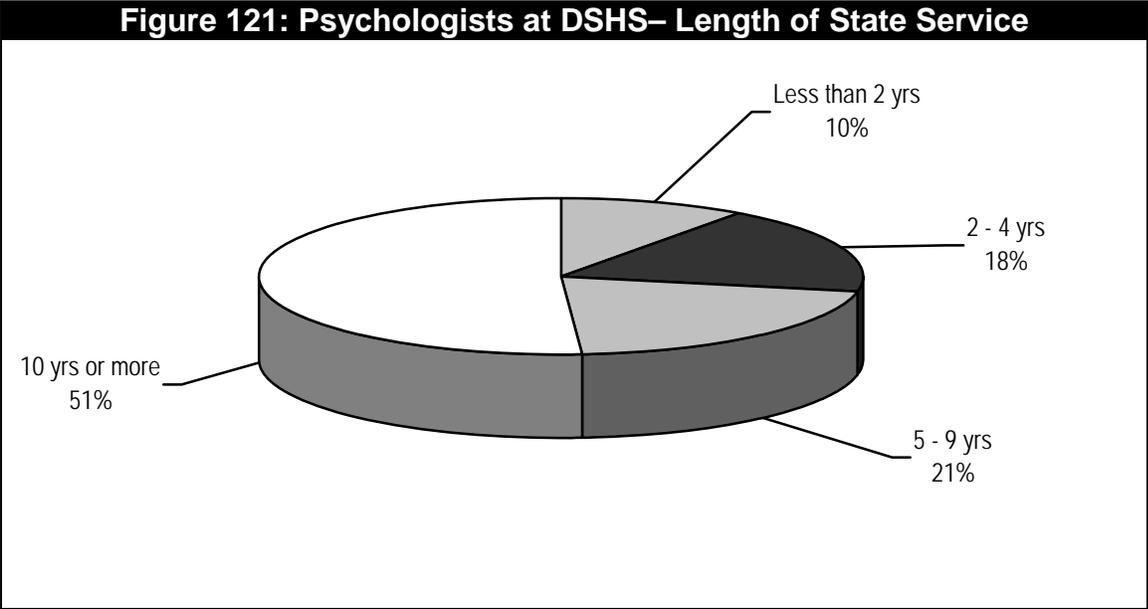
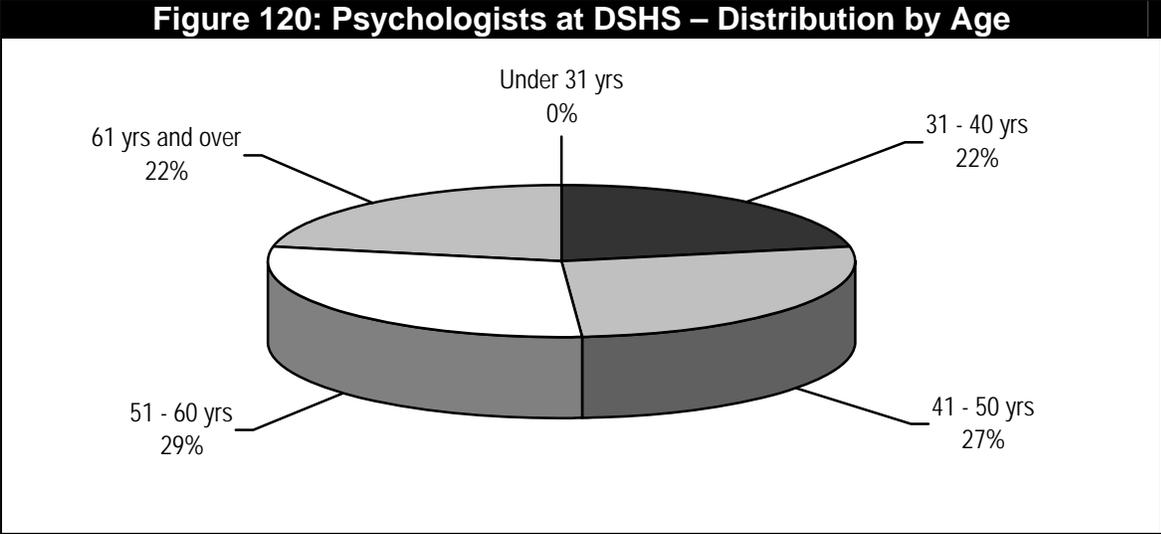
<sup>328</sup> HHSAS Database, FY 2009 data.

<sup>329</sup> HHSAS Database, as of 8/31/09.

<sup>330</sup> Ibid.

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

These highly skilled and tenured employees have, on average, about 13 years of state service, with an average age of 50.<sup>331</sup>



<sup>331</sup> HHSAS Database, as of 8/31/09.

Turnover for Psychologists is high at about 19 percent.<sup>332</sup>

In addition to this high turnover, the agency may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. Over 40 percent of these employees will be eligible to retire in the next five years.<sup>333</sup>

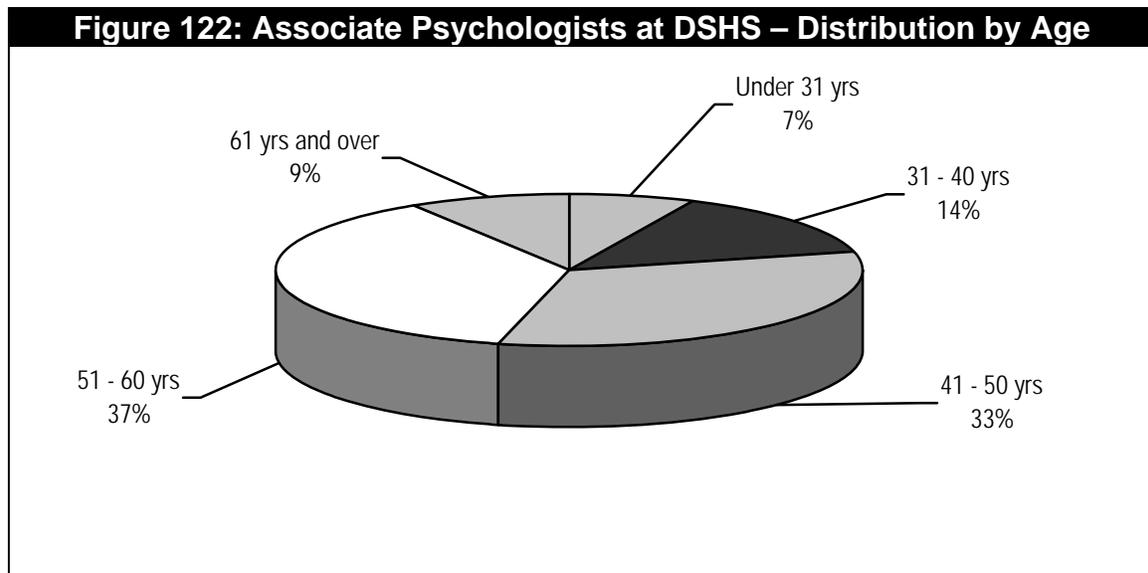
The agency is also experiencing difficulty filling vacant positions. The vacancy rate for these positions is high at about 14 percent, with positions often remaining unfilled for months.<sup>334</sup>

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

### Associate Psychologists

All of the 43 Associate Psychologists working at DSHS are assigned to state hospitals.

These highly-tenured employees have, on average, about 16 years of state service, with an average age of 49.<sup>335</sup>



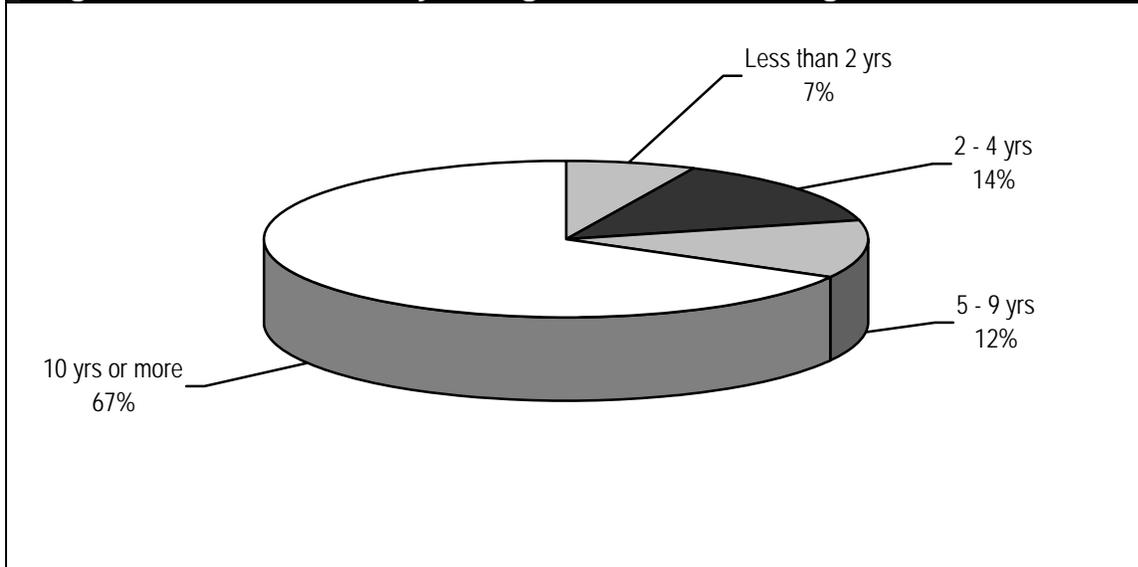
<sup>332</sup> HHSAS Database, FY 2009 data.

<sup>333</sup> Ibid.

<sup>334</sup> HHSAS Database, as of 8/31/09.

<sup>335</sup> Ibid.

**Figure 123: Associate Psychologists at DSHS – Length of State Service**



Though turnover for Associate Psychologists is slightly below the state average at about 14 percent, the agency may face significant recruitment challenges in the next five years, as over 40 percent of these employees become eligible for retirement.<sup>336</sup>

Recruitment and retention for these jobs are ongoing challenges.

## Pharmacists

Pharmacists represent one of the largest health professional groups in the US, with approximately 270,000 active Pharmacists as of November 2008.<sup>337</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 46,000 new Pharmacists by 2018, or a 17 percent increase in the number of total jobs.<sup>338</sup> However, the number of available Pharmacists is expected to grow only modestly.

There are 36 Pharmacists working in various capacities at DSHS.<sup>339</sup> For example, Pharmacists are essential to the timely filling of prescribed medications for patients

<sup>336</sup> HHSAS Database, FY 2009 data.

<sup>337</sup> T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

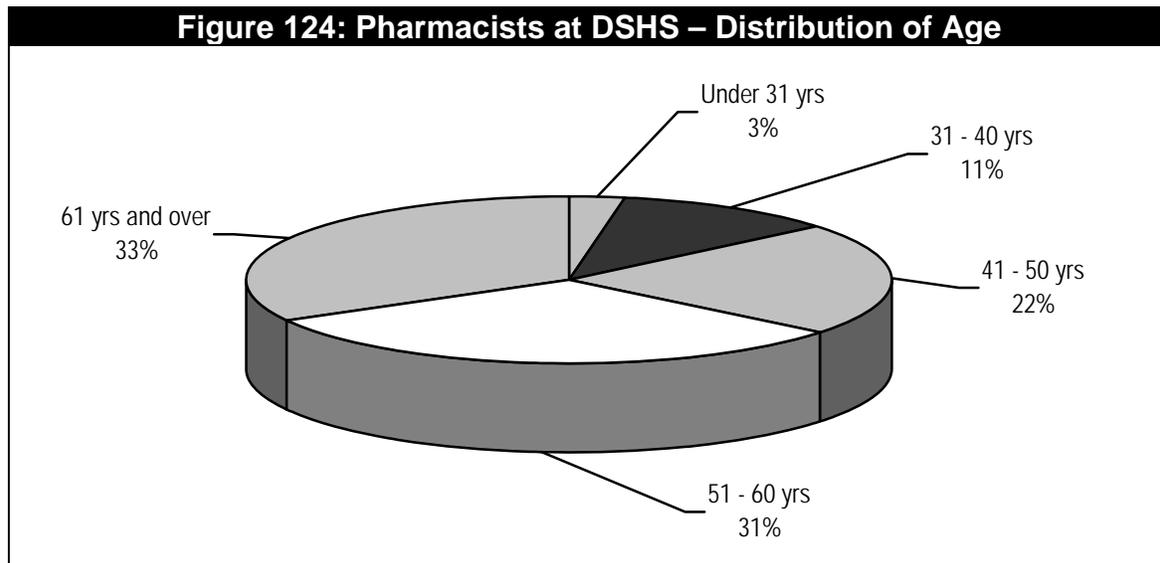
<sup>338</sup> Ibid.

<sup>339</sup> HHSAS Database, as of 8/31/09.

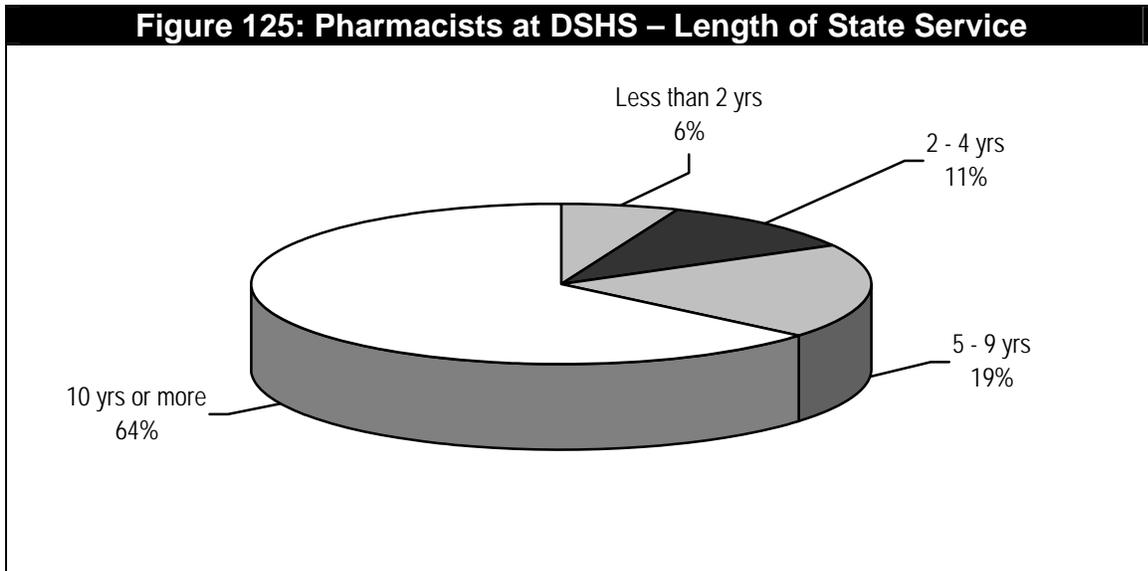
in state hospitals and work within other areas of DSHS, such as the Drugs and Medical Devices program, the Kidney Health Program and the agency's Pharmacy Branch. The majority of these employees are in Pharmacist II positions (33 employees or 92 percent).

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

The typical Pharmacist is about 53 years old and has an average of 14 years of state service. Sixty-four percent (64%) of these employees have 10 or more years of service.<sup>340</sup>



<sup>340</sup> HHSAS Database, as of 8/31/09.



Pharmacists at DSHS earn, on average, an annual salary of \$93,240.<sup>341</sup> This salary falls significantly below the market rate. The average annual salary for Pharmacists nationally is \$104,260 and \$108,630 in Texas.<sup>342</sup>

The annual turnover rate for Pharmacists is high at about 23 percent. In addition, approximately 44 percent of these highly skilled and tenured employees will be eligible to retire by the year 2014.<sup>343</sup>

With a high vacancy rate of 14 percent, most vacant Pharmacist positions go unfilled for months.

Recruitment and retention for these jobs are ongoing challenges.

## Veterinarians

There are 19 Veterinarians working for DSHS in the Division for Regulatory Services, the Division for Prevention & Preparedness and in Public Health Regions across the state.

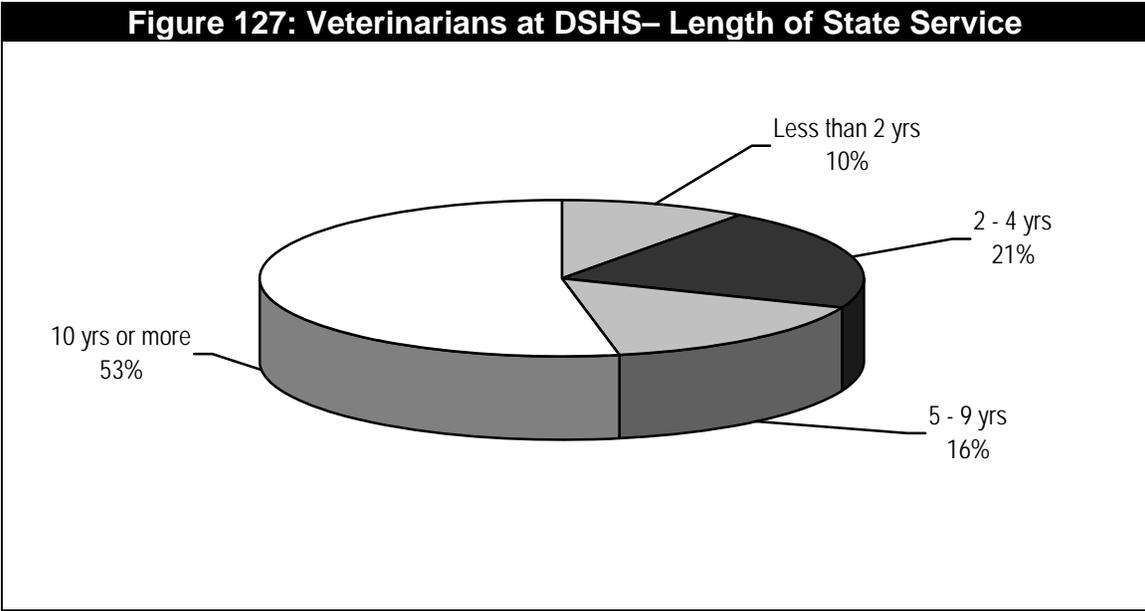
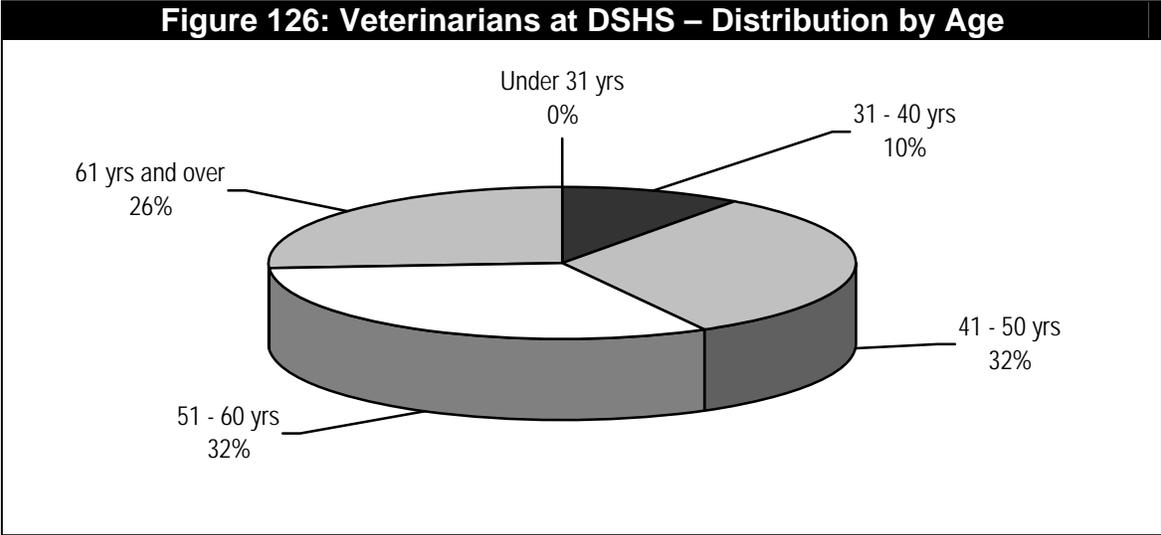
Among the many duties of a DSHS Veterinarian are the investigation of legally reportable zoonotic diseases in humans and animal (such as rabies and anthrax) and inspecting and registering rabies quarantine facilities and local animal shelters.

<sup>341</sup> HHSAS Database, as of 8/31/09.

<sup>342</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 2008; last accessed on 4/23/10.

<sup>343</sup> HHSAS Database, FY 2009 data.

These highly skilled and tenured employees have, on average, about 11 years of state service, with an average age of 54.<sup>344</sup>



Turnover for Veterinarians is slightly above the state average at 15 percent.<sup>345</sup>

In addition to this high turnover, the agency may face significant recruitment challenges in the next few years to replace those highly skilled and tenured

<sup>344</sup> HHSAS Database, as of 8/31/09.

<sup>345</sup> HHSAS Database, FY 2009 data.

employees who are eligible for retirement. Over 40 percent of these employees will be eligible to retire in the next five years.<sup>346</sup>

Special efforts should be made to recruit these professional to avoid a critical shortage in the near future.

### Laboratory Staff

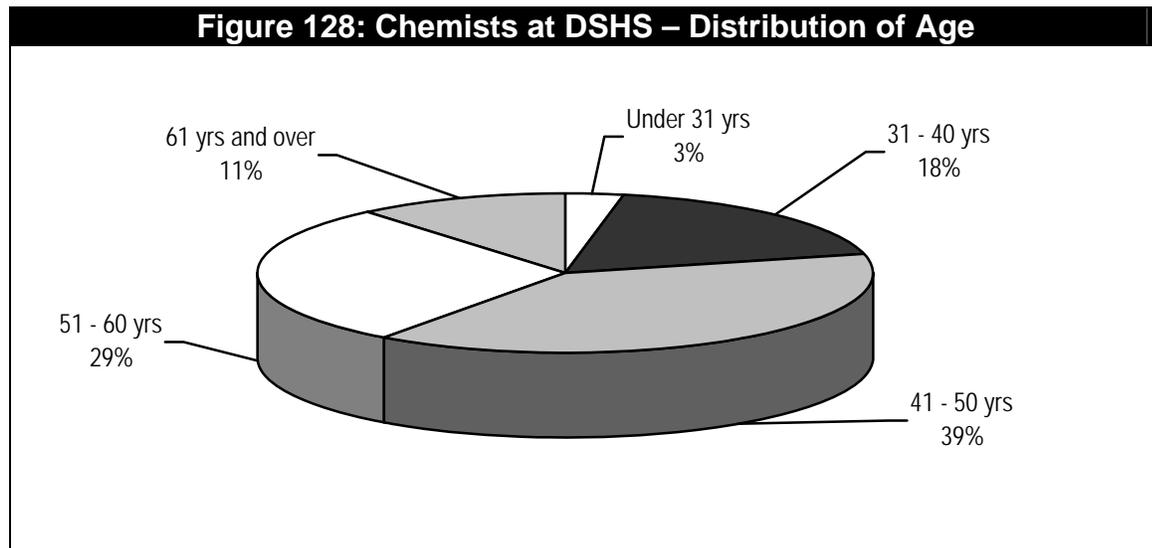
DSHS operates a state-of-the-art state laboratory in Austin and two regional laboratories, one in San Antonio and the other in Harlingen. The Austin state hospital provides laboratory services for the other agency state hospitals and DADS state supported living centers.

While laboratory staff is made up of a number of highly skilled employees, there are four job groups that are essential to laboratory operations: Chemists, Microbiologists, Laboratory Technicians and Medical Technologists.

### Chemists

There are 56 Chemists employed at DSHS, all located in Austin.<sup>347</sup>

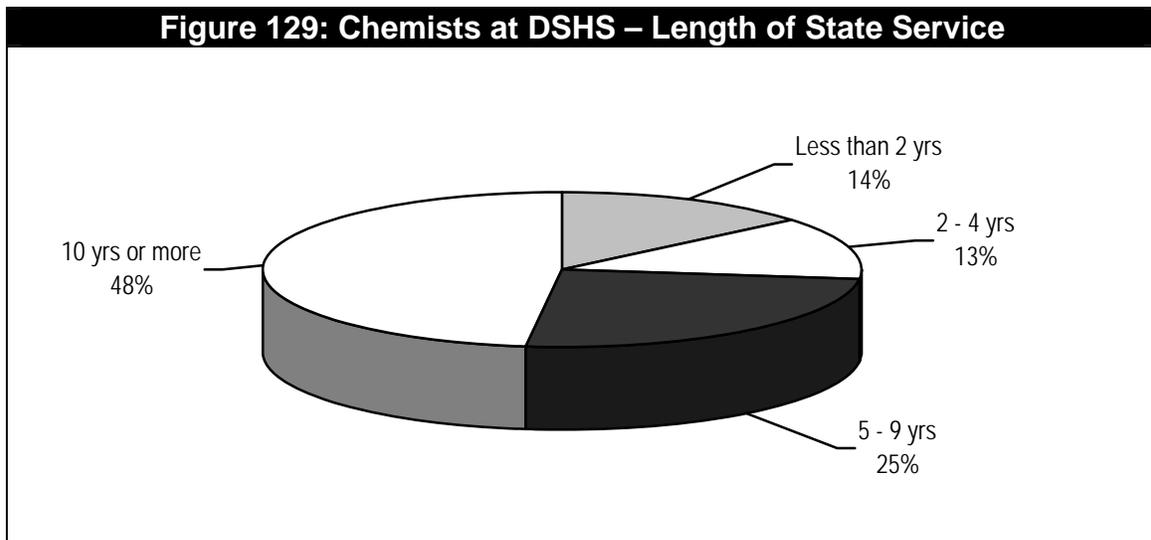
The typical agency Chemist is about 48 years old and has an average of 12 years of state service. Almost half of the employees have 10 years or more of state service.<sup>348</sup>



<sup>346</sup> HHSAS Database, FY 2009 data.

<sup>347</sup> HHSAS Database, as of 8/31/09.

<sup>348</sup> Ibid.



The turnover rate for DSHS Chemists is about 12 percent annually. While this rate is considered low, about 29 percent of current Chemists will be eligible to retire by the year 2014.<sup>349</sup>

Chemists at DSHS earn an average annual salary of about \$42,168.<sup>350</sup> This salary falls below the market rate. The average annual salary for Chemists nationally is \$71,070 and \$66,840 in Texas.<sup>351</sup>

### **Microbiologists**

There are about 120 Microbiologists at DSHS, with the majority working at the Austin laboratory.<sup>352</sup>

DSHS Microbiologists have, on average, about nine years of state service, with an average age of about 39 years.<sup>353</sup>

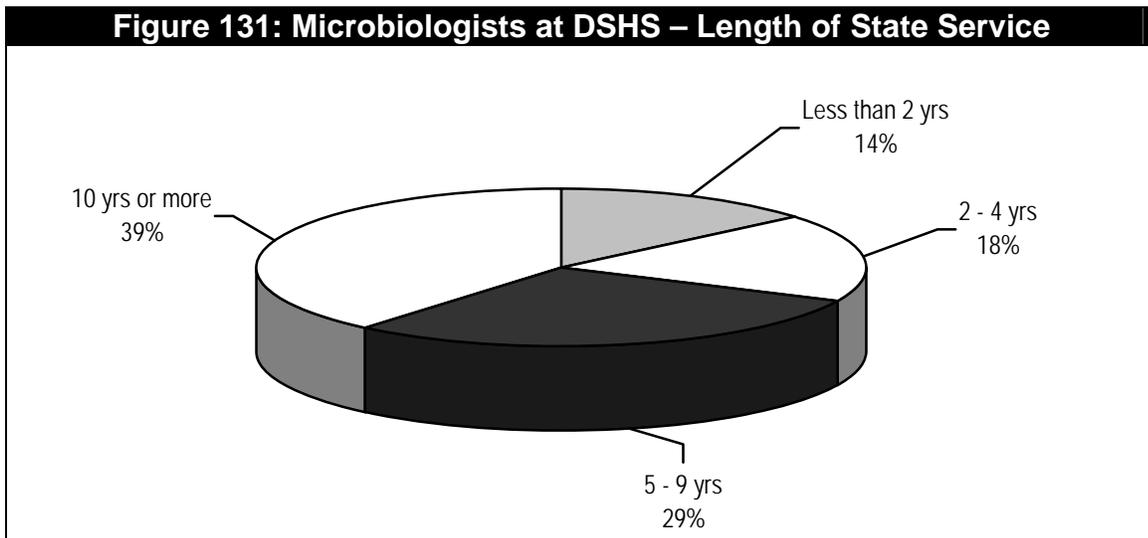
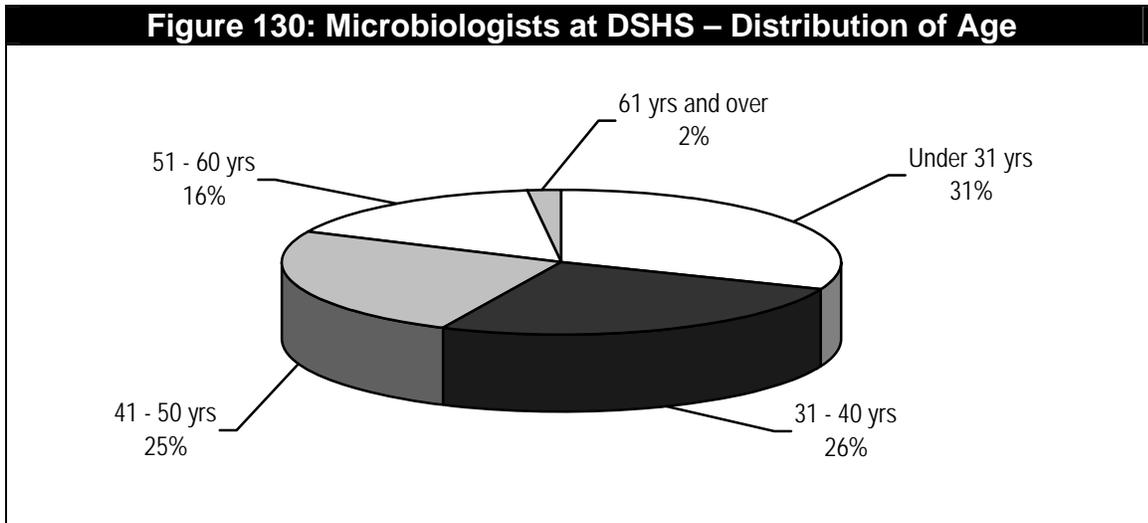
<sup>349</sup> HHSAS Database, FY 2009 data.

<sup>350</sup> HHSAS Database, as of 8/31/09.

<sup>351</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 2008; last accessed on 4/23/10.

<sup>352</sup> HHSAS Database, as of 8/31/09.

<sup>353</sup> Ibid.



The turnover rate for DSHS Microbiologists is well managed at about nine percent.<sup>354</sup>

Agency Microbiologists earn an average annual salary of about \$41,256. This salary falls below the national and statewide market rates for this occupation. The average annual salary for Microbiologists nationally is \$70,150 and \$49,760 in Texas.<sup>355 356</sup> This disparity in earnings is affecting the agency's ability to recruit qualified

<sup>354</sup> State Auditor's Office (SAO) FY 2009 Turnover Statistics.

<sup>355</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 2008; last accessed on 4/23/10.

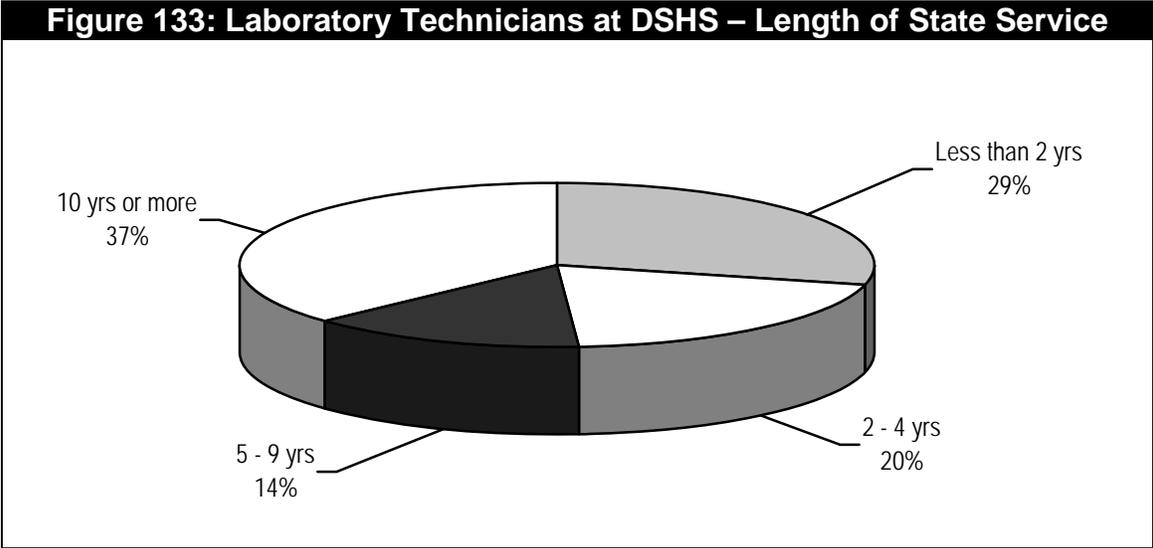
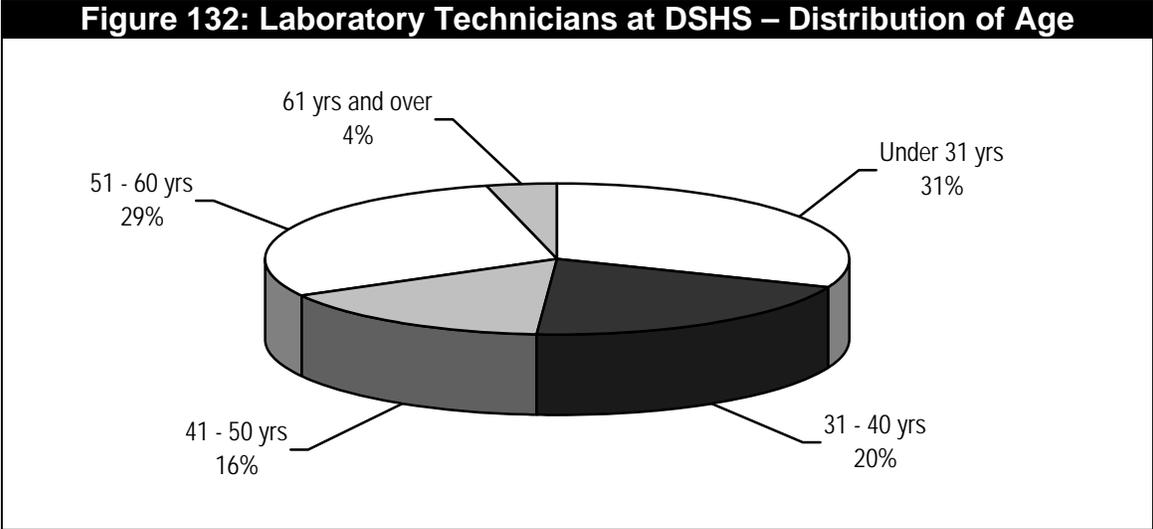
<sup>356</sup> HHSAS Database, as of 8/31/09.

applicants for open positions. Microbiologist positions often remain unfilled for several months.<sup>357</sup>

**Laboratory Technicians**

There are 51 Laboratory Technicians employed at DSHS.<sup>358</sup>

The typical Laboratory Technician is about 41 years old and has an average of 10 years of state service.<sup>359</sup>



<sup>357</sup> HHSAS Database, as of 8/31/09.

<sup>358</sup> Ibid.

<sup>359</sup> Ibid.

Annual turnover for DSHS Laboratory Technicians is considered high at approximately 19 percent.<sup>360</sup>

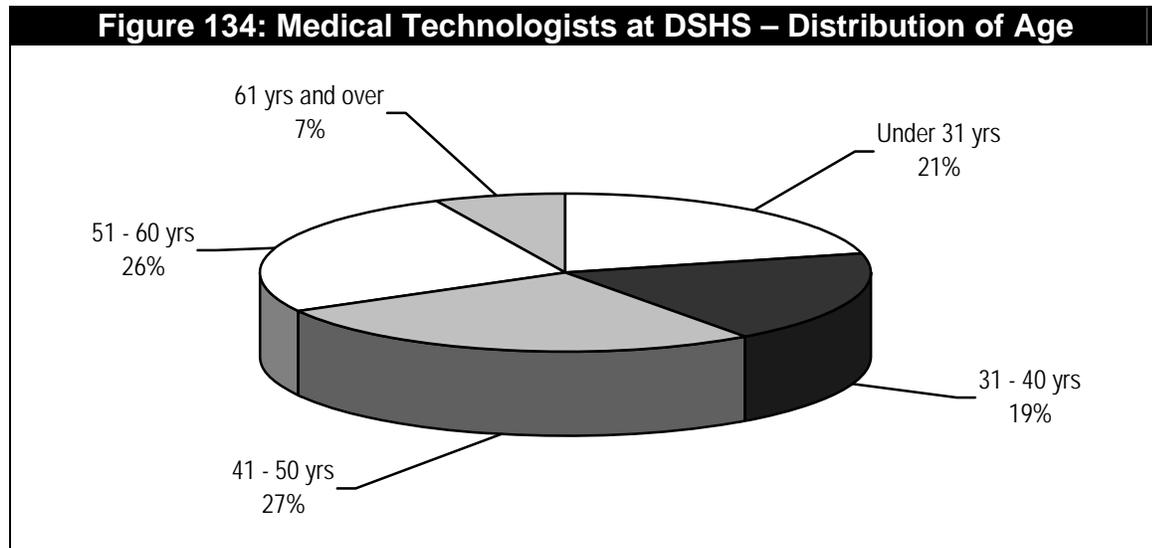
**Targeted recruitment and retention strategies are used to ensure that agency laboratories have enough staff to meet agency goals.**

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.

***Medical Technologists***

There are about 90 Medical Technologists at DSHS.<sup>361</sup> These laboratory employees are critical to providing efficient and quality healthcare.

DSHS Medical Technologists have, on average, about 10 years of state service, with an average age of approximately 44 years.<sup>362</sup>

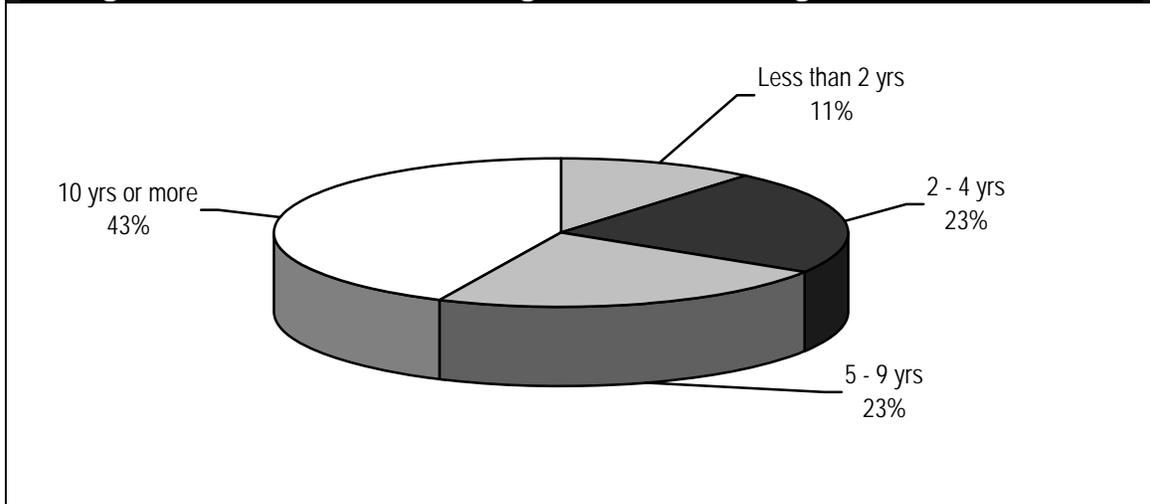


<sup>360</sup> HHSAS Database, FY 2009 data.

<sup>361</sup> HHSAS Database, as of 8/31/09.

<sup>362</sup> Ibid.

**Figure 135: Medical Technologists at DSHS Length of State Service**



Though turnover for Medical Technologists is well managed at about 12 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>363</sup>

DSHS Medical Technologists earn, on average, an annual salary of \$41,934.<sup>364</sup> This salary falls significantly below the market rate. The average annual salary for Medical and Clinical Laboratory Technologists is \$54,050 and \$49,840 in Texas. This disparity is affecting the agency's ability to recruit qualified applicants for open positions.<sup>365</sup>

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.

<sup>363</sup> HHSAS Database, FY 2009 data.

<sup>364</sup> HHSAS Database, as of 8/31/09.

<sup>365</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 2008; last accessed on 3/10/08.

- ◆ Continued use of social work, nursing, medical student, psychiatric resident and other medical professional student/intern rotations at state hospitals.
- ◆ Work with Nurse Practitioner educational programs to develop, fund and promote specialty psychiatric Nurse Practitioner tracks with rotations in state hospitals.
- ◆ Continued use of internet-based job postings, billboards, job fairs, professional newsletters, list serves and recruitment firms.
- ◆ Offer incentives and educational leave to encourage DSHS non-licensed staff in hospitals to train to become RNs or other critical shortage staff.
- ◆ Involvement in HHS System-wide efforts to address health and human services workforce issues, including recruitment of staff to fill essential positions.
- ◆ Continued posting of difficult-to-recruit positions in professional publications.
- ◆ Recruit individuals from diverse academic institutions.
- ◆ Review current Sanitarian salaries from local health departments, industry and the federal government and make necessary salary adjustments.
- ◆ Facilitate use of a “Sanitarian-In-Training” model, whereby individuals with appropriate education and experience but who lack the required license may be hired at a lower pay group in a related classification (as Environmental Specialist Is) and provided the opportunity to obtain their license and supplement their field experience. Once such an individual has successfully become a Registered Sanitarian, the employee would be promoted to the Sanitarian job series.
- ◆ Consider increasing the salary for Psychiatric Nursing Assistants, Registered Nurses and Licensed Vocational Nurses.
- ◆ 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 3.4 percent salary incentive for assuming the duty of providing interpreter services to consumers.
- ◆ Consider the use of recruitment bonuses and moving allowances for highly competitive job categories such as Physicians, Psychiatrists and Pharmacists.
- ◆ Consider relaxing agency rules governing the hiring of licensed psychological personnel to include license-eligible personnel.
- ◆ Increase commitment to and effectiveness of recruiting a racially and ethnically diverse workforce.
- ◆ Implement continuous business improvement processes to ensure work systems are effective and efficient so that employees are able to focus on their specific duties.

### **Retention Strategies**

- ◆ Systematic process for audit of job positions to ensure consistency across the agency.
- ◆ Involvement in HHS System-wide efforts to address health and human services workforce issues, including retention of staff filling essential positions.

- ◆ The development of a methodology for performance-based merits.
- ◆ 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 employees in shortage occupations 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.
- ◆ Provide workforce support and expertise in areas of recruitment and retention to work units.
- ◆ Use educational leave and stipends for Psychiatric Nursing Assistants who wish to pursue nursing careers, as well as other staff who wish to pursue critical shortage positions.
- ◆ Continue to fund stipends for Psychiatrists-in-training at state hospitals.
- ◆ Consider opportunities to mentor professional staff.
- ◆ Recognize and reward employees who make significant contributions to public health.
- ◆ Increase commitment to and effectiveness of retaining a racially and ethnically diverse workforce.

