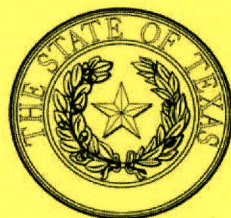




Health and Human Services System Strategic Plan 2015–2019

Volume II



Health and Human Services Commission

Department of Aging and Disability Services

Department of Assistive and Rehabilitative Services

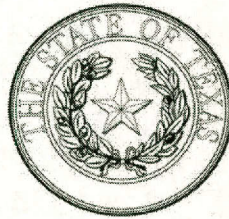
Department of Family and Protective Services

Department of State Health Services



Health and Human Services System Strategic Plan 2015–2019

Volume II



Health and Human Services Commission

Department of Aging and Disability Services

Department of Assistive and Rehabilitative Services

Department of Family and Protective Services

Department of State Health Services

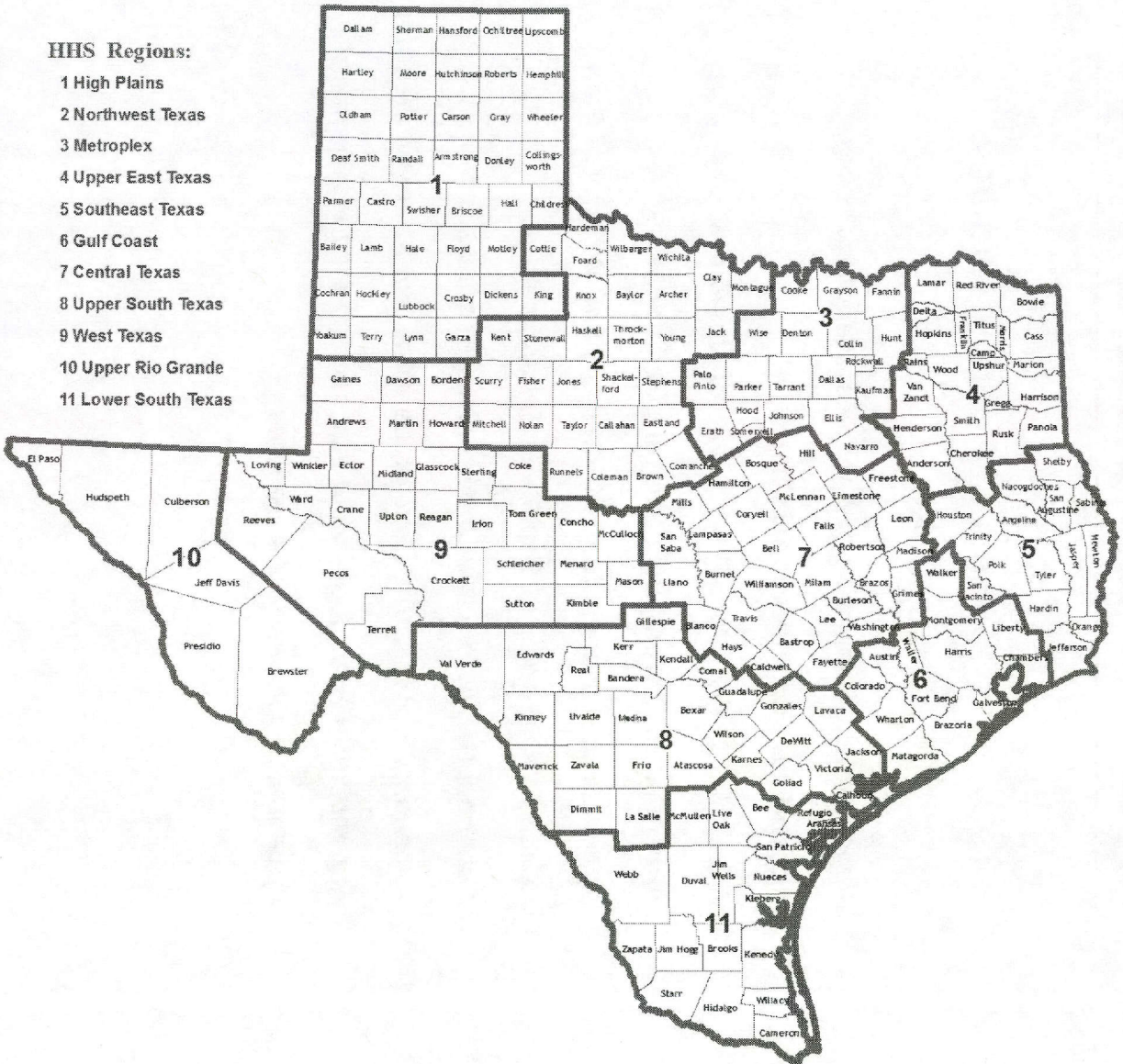
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Texas Health and Human Services System Strategic Plan 2015–2019

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Figure A
Map of the Health and Human Services System Regions



- HHS Regions:**
- 1 High Plains
 - 2 Northwest Texas
 - 3 Metroplex
 - 4 Upper East Texas
 - 5 Southeast Texas
 - 6 Gulf Coast
 - 7 Central Texas
 - 8 Upper South Texas
 - 9 West Texas
 - 10 Upper Rio Grande
 - 11 Lower South Texas

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

Appendix A

Description of Agencies' Planning Process

This Health and Human Services (HHS) System Strategic Plan for 2015–2019 is the sixth plan developed since the consolidation of HHS agencies according to House Bill 2292, 78th Legislature, Regular Session, 2003. It addresses requirements for the Coordinated Strategic Plan (CSP) required by Texas Government Code, Section 531.022, and the biennial Strategic Plans of Operation required by Texas Government Code, Chapter 2056.

In February 2014, the HHSC Executive Commissioner convened an executive planning session with HHS System agency commissioners and HHSC deputies. The attendees discussed cross-agency issues and individual agency challenges and opportunities. From these discussions, the HHS System Strategic Priorities were identified and refined, outlining high-level directions that the HHS System agencies will take to address the challenges and opportunities during the five-year planning period of 2015–2019. The HHS System Strategic Priorities are listed in Chapter 2 of this Strategic Plan.

As with the previous planning cycle, the HHSC planning staff was assigned to coordinate with HHSC divisions and the four HHS System agencies. Leadership in each of the agencies and divisions appointed a liaison to act as a single point of contact for planning responsibilities and activities. Liaisons were responsible for obtaining necessary departmental information and approval. In the draft Plan that was developed, each agency has its own Strategic Plan chapter and contributes shared material to the CSP portion of the Plan, Chapters 2 through 4.

A draft of the Strategic Plan was posted on the HHS website in May 2014, to enable public review and comment. Comments were received via electronic mail and as testimony at public hearings. To address the CSP statutory requirement for public hearings, the HHS agencies held a hearing in a rural area of the state and conducted a statewide videoconference. The rural hearing was held in Fredericksburg on May 29, 2014. A statewide videoconference was conducted on June 3, 2014, providing stakeholders an opportunity to gather at HHSC regional offices in Abilene, Austin, Beaumont, Corpus Christi, Edinburg, El Paso, Grand Prairie, Houston, Lubbock, San Antonio, and Tyler.

Agency councils were briefed on the planning process, and council members provided feedback at meetings held from February through June 2014. Council members also participated in the public hearings process.

In June 2014, the draft document was revised with public input considered, and the final Strategic Plan was submitted by the July 7, 2014 deadline.

Appendix B

Organizational Charts

Organizational charts for the Health and Human Services System agencies, as of June 2014, are included in the pages that follow.

Up-to-date organizational charts for the agencies may be found at the following web pages.

Health and Human Services Commission

http://www.hhsc.state.tx.us/about_hhsc/OrgChart/HHS/HHSC_OrgChart.html

The Department of Aging and Disability Services

http://www.dads.state.tx.us/news_info/executives/dads_org.pdf

The Department of Assistive and Rehabilitative Services

http://www.dars.state.tx.us/about/OrgChart_6-02-2014.shtml

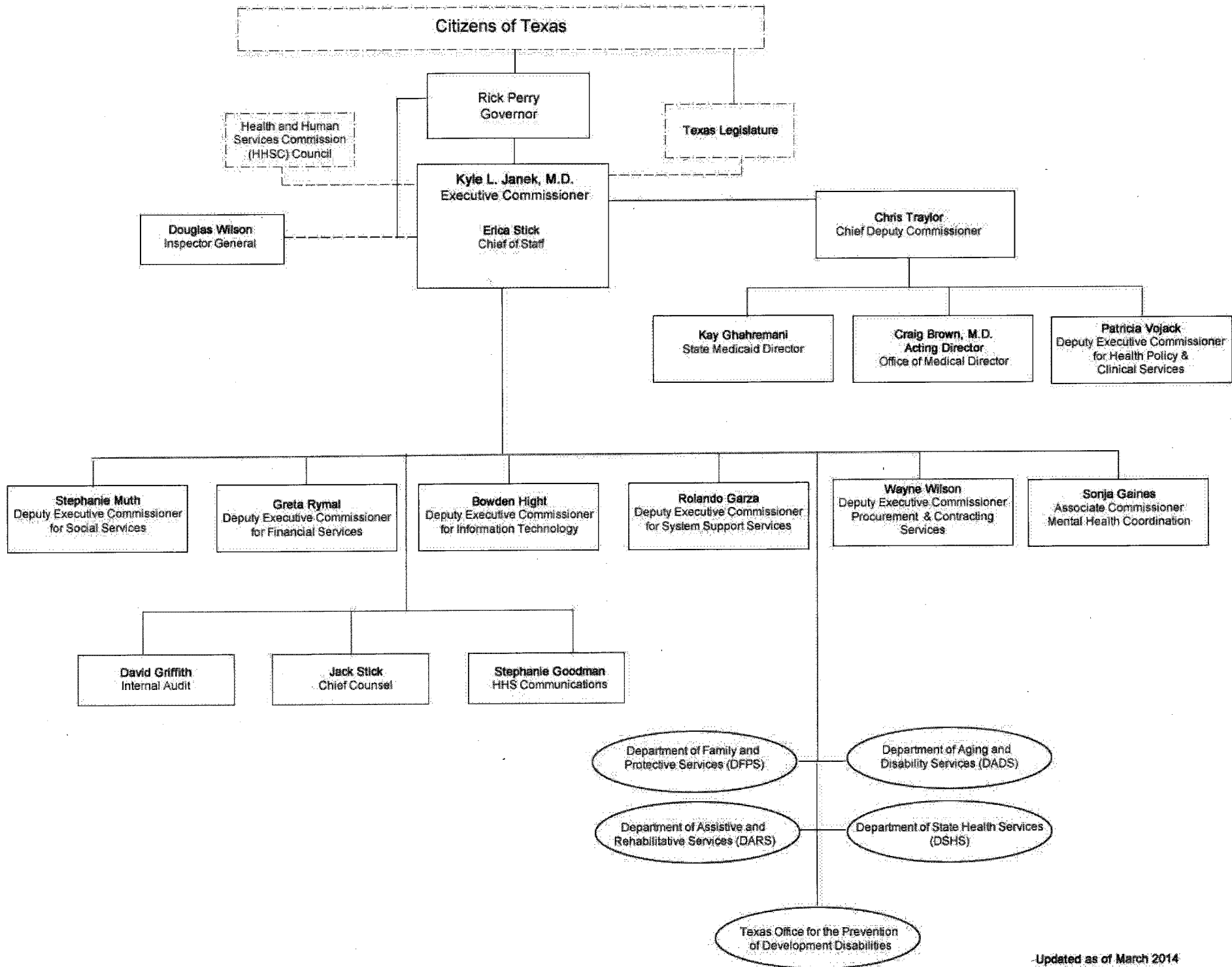
The Department of Family and Protective Services

http://www.dfps.state.tx.us/Documents/About/Executives/DFPS_Org_Chart.pdf

The Department of State Health Services

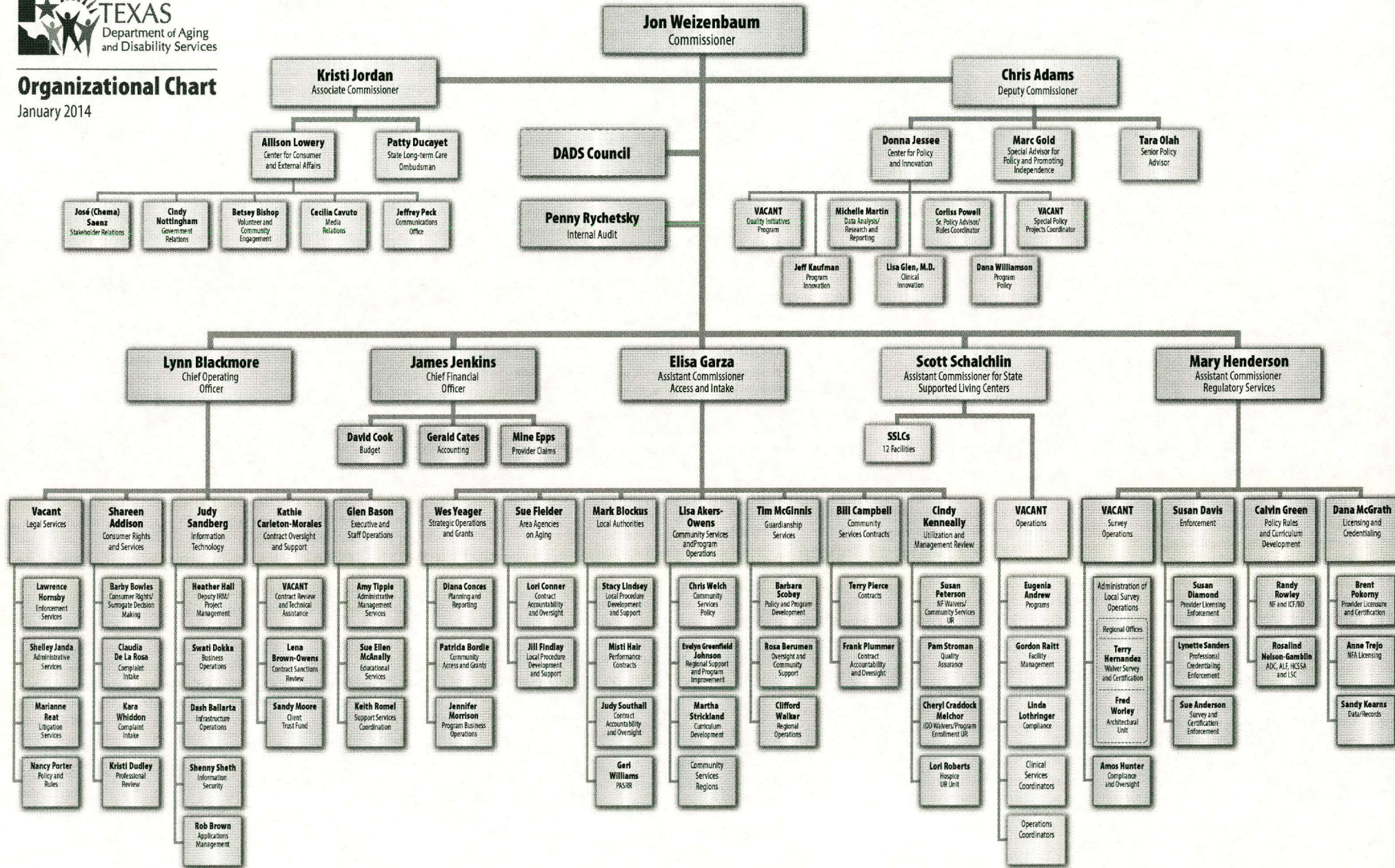
<http://www.dshs.state.tx.us/orgchart/default.shtm>

HEALTH AND HUMAN SERVICES COMMISSION



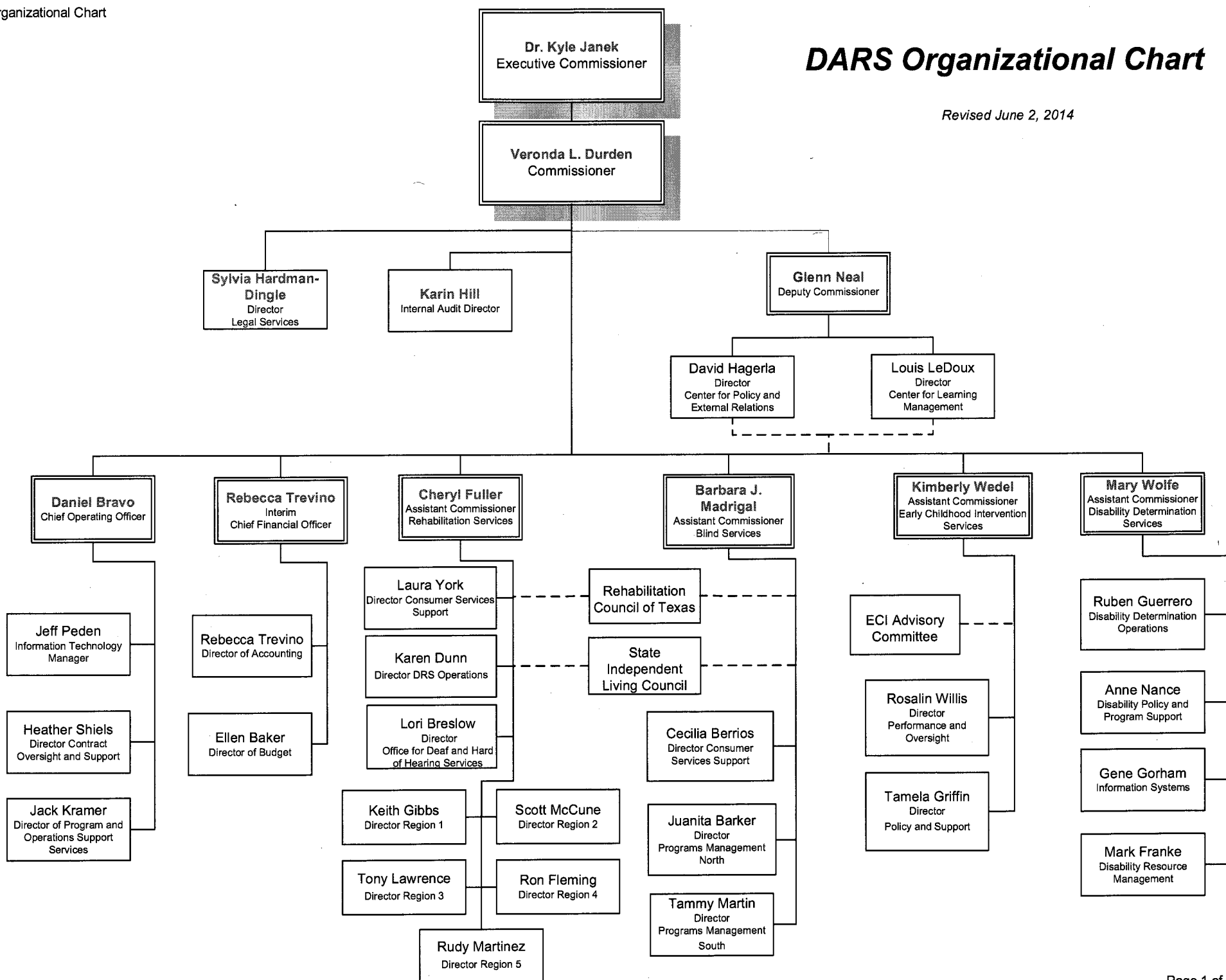
Organizational Chart

January 2014



DARS Organizational Chart

Revised June 2, 2014



Department of Family and Protective Services

John J. Specia, Jr.
Commissioner

DFPS Council
Christina Rawls Martin (Chair)
Imogen Papadopoulos (Vice Chair)
Lisa Annette Hembry
Patricia Cole
Benny Morris
Krizia Bernadette Ramirez
Scott Rosenbach
Juan Antonio Sorto
Linda Davis Timmerman

Annick Barton
Internal Audit

Susan Woods
Executive Assistant

Cynthia O'Keeffe
Legal Services/
General Counsel

Jennifer Sims
Deputy Commissioner

Ann Strauser
Center for Consumer and External
Affairs (CCEA)

James Rogers, MD
Medical Director

Katie Olse
Associate Commissioner

Peter Hajmasy
Center for Policy, Innovation and
Program Coordination

Jennifer Sims
Chief Operating
Officer (Interim)

Tracy Henderson
Chief Financial
Officer (Acting)

Beth Engelking
Assistant Commissioner
Adult Protective Services

Paul Morris
Assistant Commissioner
Child Care Licensing

Lisa Black
Assistant Commissioner
Child Protective Services

Christine Maldonado
Contract Oversight and
Support

Debby Wattman
Information Resource
Management

T.J. Wasden
Management Support

Lisa Kanne
Centralized Background Check
Unit

Maggi Collins
Program Support

Ric Zimmerman
Statewide Intake

Allaina Nelson-Lang
Center for Learning and
Organizational Excellence

Michele Carter
Operations Improvement

Pamela Mann
Operations Support Officer

Randy Quiroz
Identity & Access Management

Rand Harris
Deputy Chief
Financial Officer

Trey Wall
Accounting

Beth Cody
Budget

Laura Phillips
Federal Funds

Karl Urban
Performance and
Policy Development

Belinda Heffelfinger
Program Support
Officer

Lori Henry
Program Support
Manager

Kezeli Wold
Field Operations

Valeria Joiner
RD Reg. 1

Camille Payne
RD Reg. 3

James Booker
RD Reg. 6

Ann Cortez
RD Reg. 11

Tommy Reed
RD Reg. 2 & 9

Clara Piner
RD Reg. 4 & 5

Ross Jackson
RD Reg. 7

Patrick Turley
RD Reg. 10

JoAnn Tobias-Molina
RD Reg. 8

Michele Adams
Policy and Program Operations

Cheryl Nimmo
Program Support Officer

Jean Shaw
Residential Child Care
Licensing (Statewide)

William Wright
Performance Management

Jennifer Ritter
CCL Professional Development

Vacant
Daycare Field Operations

Kerri Fowler
Dist. Director
Northeast Reg. 3&4

Amy Woodard
Dist. Director
Northwest Reg. 1, 2, 7 & 9

Christina Harvey
Dist. Director
Southeast Reg. 5 & 6

Adrienne Driggers
Dist. Director
South Texas Reg. 8, 10 & 11

Tiffany Richards
Program Support Officer

Gail Gonzalez
Director of Placement

Debra Emerson
Permanency & CVS

Frianita Wilson
CPS Purchased Client Services

Mariselle McKeon
Prevention & Early
Intervention

Sasha Rasco
Contract Performance

Lee Williams
Regional Contracts

Heather Shiels
Residential Contracts

Claire Hall
Special Projects

Kaysie Reinhardt
Foster Care Redesign

Colleen McCall
Field Operations

Camille Gilliam
RD Reg. 1 & 9

Lisa Black
RD Reg. 3

Scott Dixon
(Outlying Counties)

CJ Broussard
(Harris County)
RDs Reg. 6

Georgina Morales
RD Reg. 11

Angela Goodwin
Investigations

Tanya Rollins
State Disproportionality Manager

Denise McDonald
Community Affairs Liaison

Daniel Capouch
Services

Sherrel Matthews
RD Reg. 2

Judy Bowman
RD Reg. 4 & 5

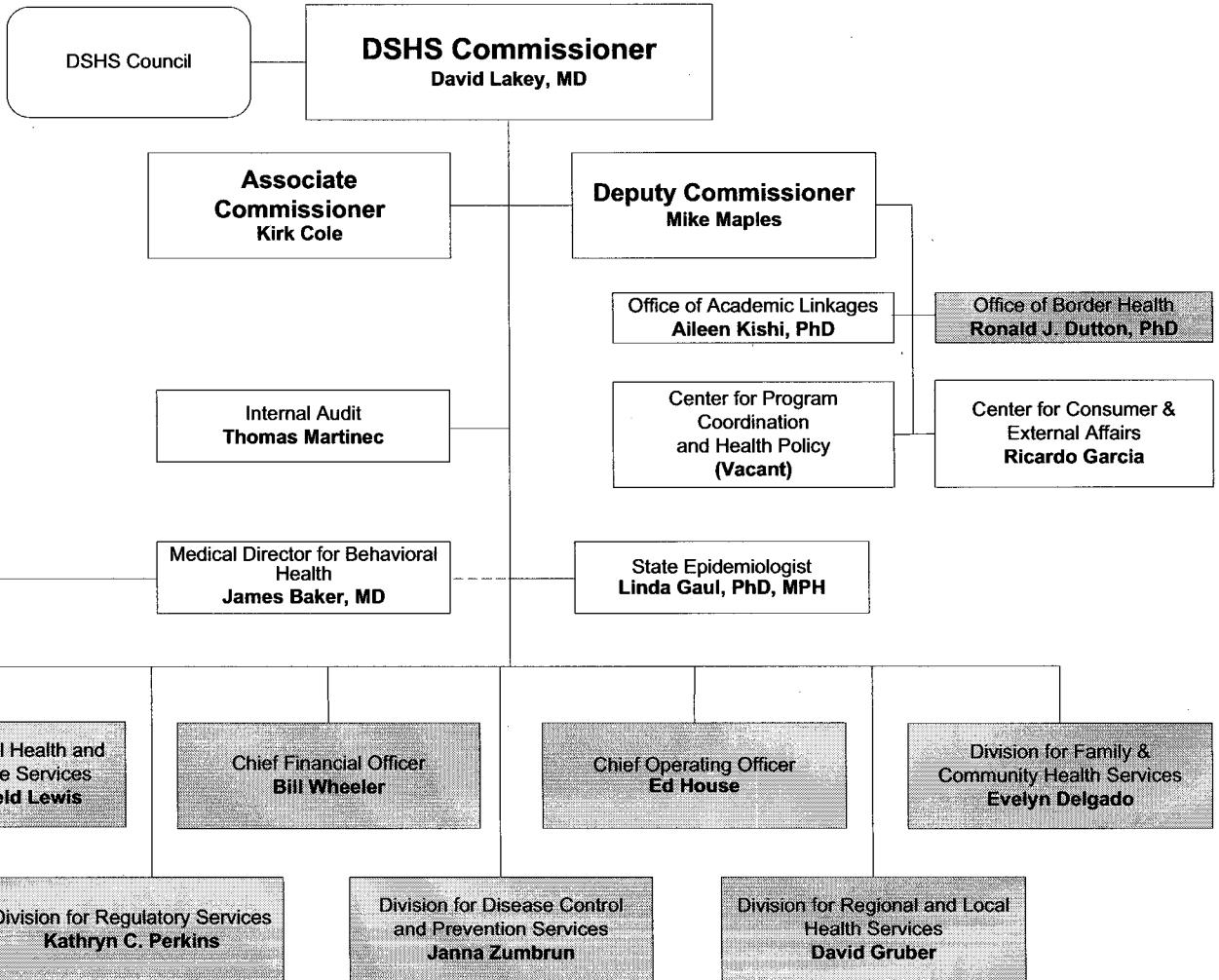
Shelia Brown
RD Reg. 7

Diana Barajas
RD Reg. 10

Sherry Gomez
RD Reg. 8

Department of State Health Services Organizational Chart

April 17, 2014



Appendix C

Five-Year Projections for Outcomes

At printing time for this Strategic Plan, final projections for outcomes for the five-year planning period of 2015–2019 were not available for all HHS System agencies. When the projected outcomes have been approved, they will be submitted in a subsequent printing, along with *Appendix D, Performance Measure Definitions*.

Appendix D

Performance Measure Definitions

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

Appendix E

Strategic Staffing Analysis and Workforce Plan

for the Planning Period 2015–2019

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 2015–2019 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 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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*Prepared by: System Support Services
Human Resources Office*

HEALTH AND HUMAN SERVICES SYSTEM

OVERVIEW

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

The HHS System consists of the following five agencies:

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

VISION

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

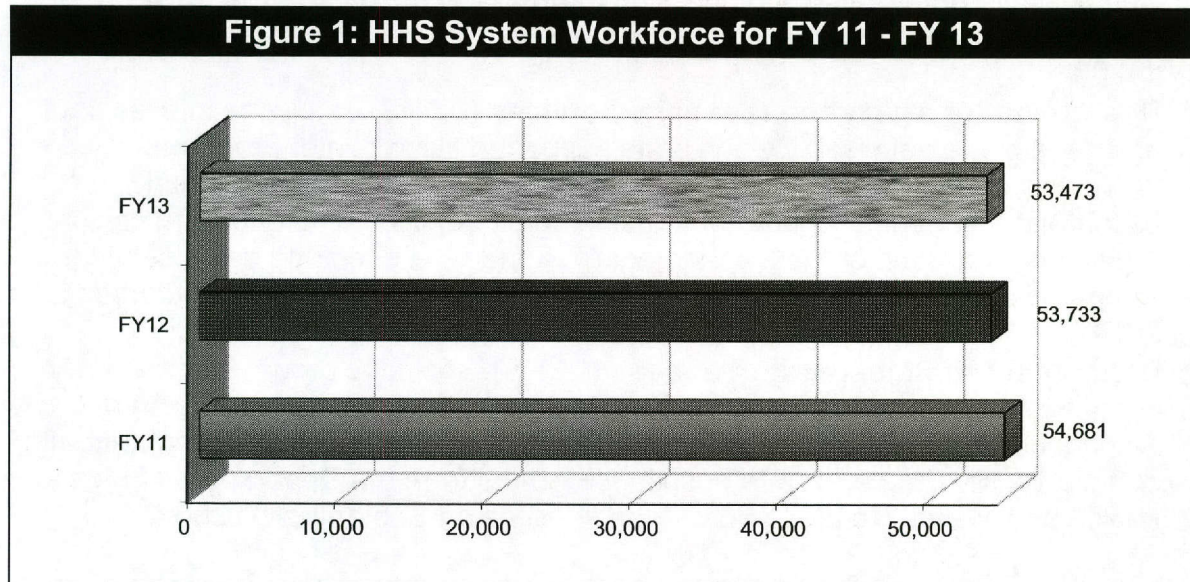
PHILOSOPHY

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

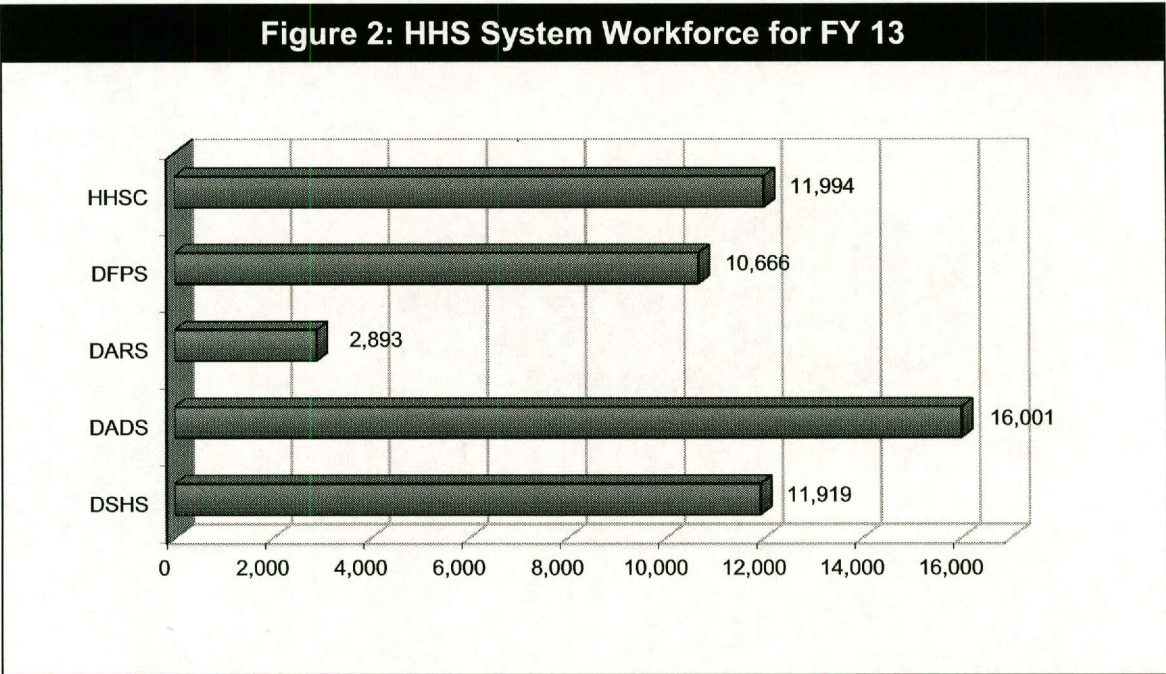
- ◆ Texans are entitled to openness and fairness, and the highest ethical standards from us, their public servants.
- ◆ Taxpayers, and their elected representatives, deserve conscientious stewardship of public resources and the highest level of accountability.
- ◆ Texans should receive services in an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

WORKFORCE DEMOGRAPHICS

With a total of 53,473 full-time and part-time employees, the HHS workforce has decreased by about two percent (1,208 employees) in the period from August 31, 2011 to August 31, 2013.¹



¹ HHSAS Database, as of 8/31/13.



Gender

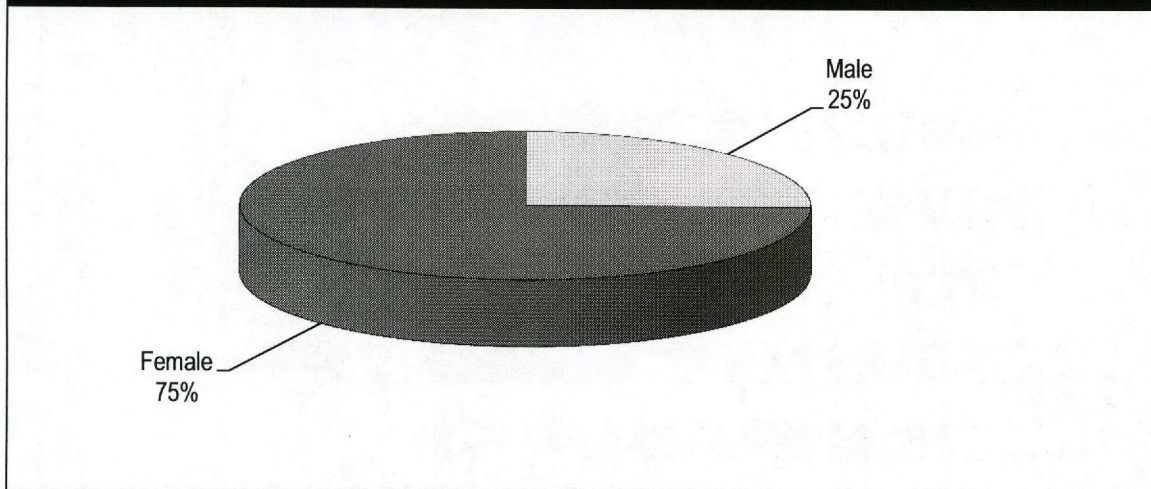
Most HHS employees are female, making up about 75 percent of the HHS workforce.²

Table 1: HHS System Workforce Gender for FY 11 – FY 13

Gender	FY 11	FY 12	FY 13
Male	25.2%	25.0%	25.1%
Female	74.8%	75.0%	74.9%

² HHSAS Database, as of 8/31/13.

Figure 3: HHS System Workforce by Gender for FY 13



Race

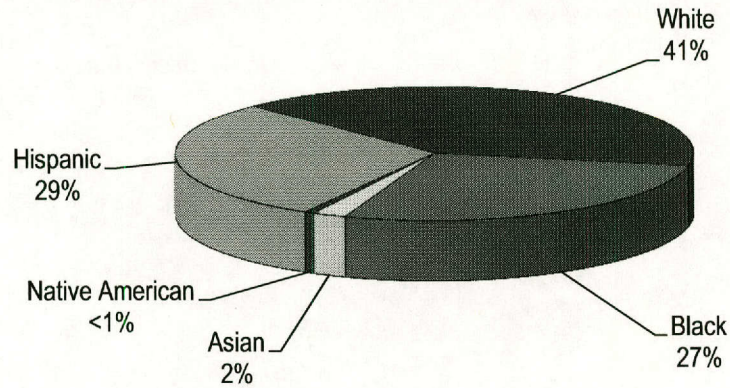
The workforce is diverse, with approximately 41 percent White, 29 percent Hispanic and 27 percent Black.³

**Table 2: HHS System Workforce
 Race for FY 11 – FY 13**

Race	FY 11	FY 12	FY 13
White	41.8%	41.4%	40.6%
Black	26.6%	26.7%	27.4%
Hispanic	29.0%	29.2%	29.3%
Native American	.6%	.6%	.6%
Asian	2.0%	2.0%	2.1%

³ HHSAS Database, as of 8/31/13.

Figure 4: HHS System Workforce by Race for FY 13



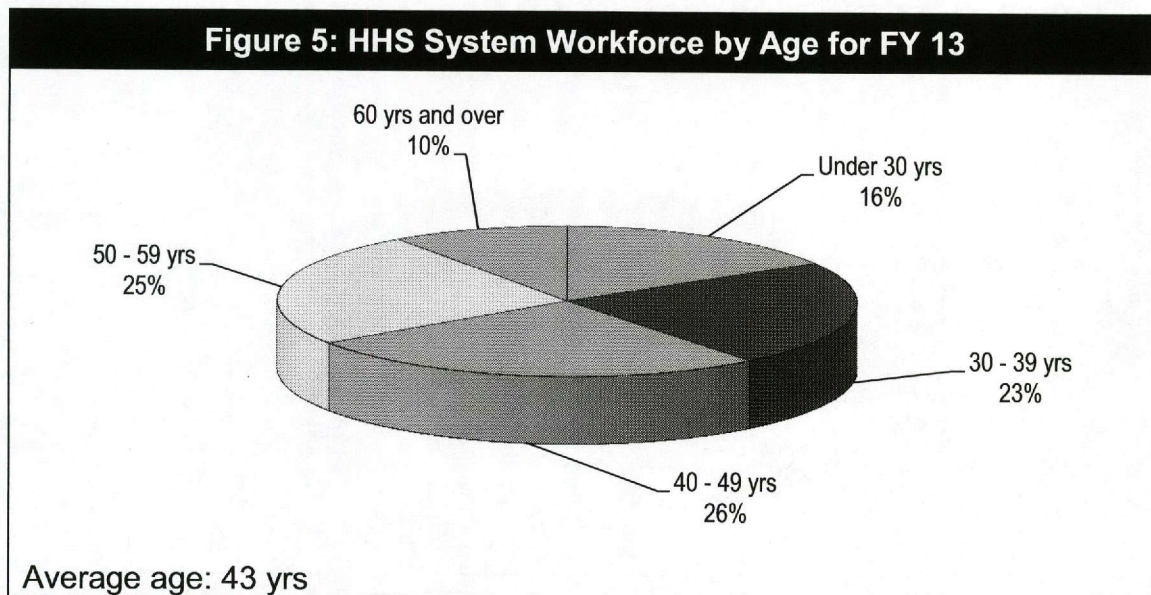
Age

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

**Table 3: HHS System Workforce
 Age for FY 11 – FY 13**

Age	FY 11	FY 12	FY 13
Under 30	17.3%	16.8%	16.3%
30-39	22.0%	22.3%	22.9%
40-49	25.9%	25.9%	26.1%
50-59	25.6%	25.4%	24.8%
Over 60	9.2%	9.6%	9.9%

⁴ HHSAS Database, as of 8/31/13.



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 2013 indicated underutilization in the DADS and DSHS workforce. The following table summarizes the results of the utilization analysis for the agencies of the HHS System.

Table 4: HHS System Utilization Analysis Results^{5 6 7}

Job Category	Agency				
	HHSC	DFPS	DARS	DADS	DSHS
Officials/ Administrators	No	No	No	No	No
Professionals	No	No	No	No	No
Technicians	No	No	N/A	No	No
Protective Service	N/A	No	N/A	No	No
Para-Professionals	No	No	No	Hispanic	No
Administrative Support	No	No	No	No	Black
Skilled Craft	N/A	N/A	N/A	Black Hispanic Female	No
Service Maintenance	N/A	N/A	N/A	Hispanic	Hispanic

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

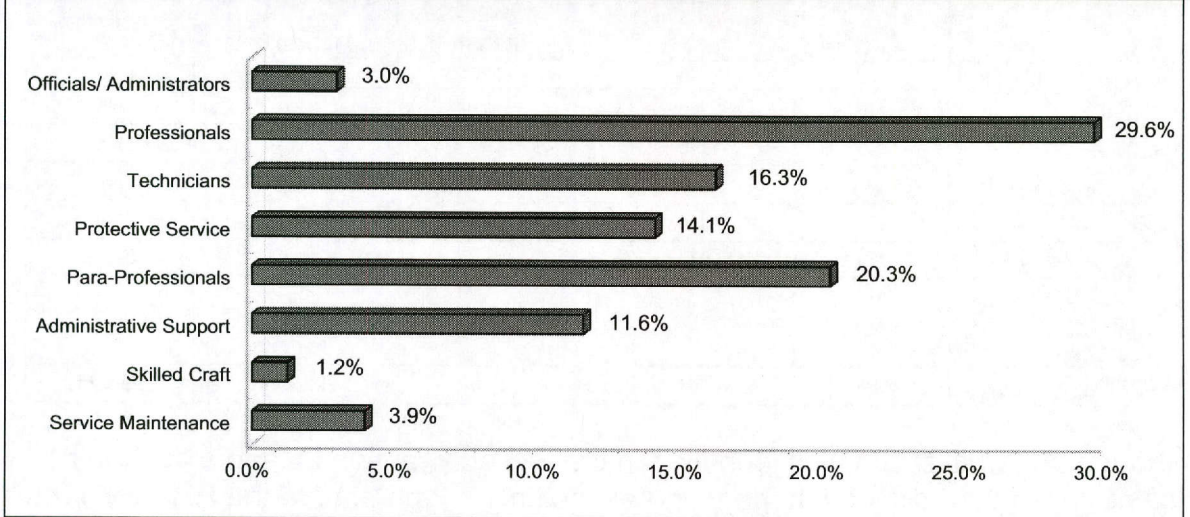
The other job categories showing underutilization are Para-Professionals, Administrative Support, and Service Maintenance. Underutilization within those job categories is discussed in greater detail under the individual agency data.

⁵ HHSAS Database, as of 8/31/13.

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

⁷ "N/A" indicates the number of employees 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

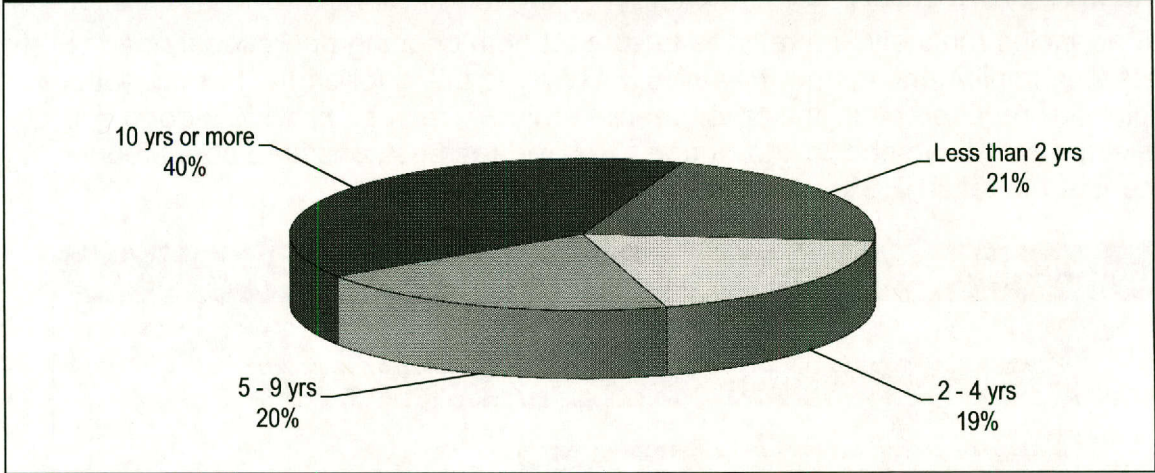
Approximately 40 percent of the workforce has 10 or more years of state service. Less than a quarter of the workforce have been with the state for less than two years.⁸

Table 5: HHS System Workforce Length of State Service for FY 11 – FY 13

State Service	FY 11	FY 12	FY 13
less than 2 yrs	20.5%	19.5%	20.9%
2-4 yrs	22.0%	21.8%	18.8%
5-9 yrs	16.0%	17.7%	20.4%
10 yrs or more	41.5%	41.1%	39.8%

⁸ HHSAS Database, as of 8/31/13.

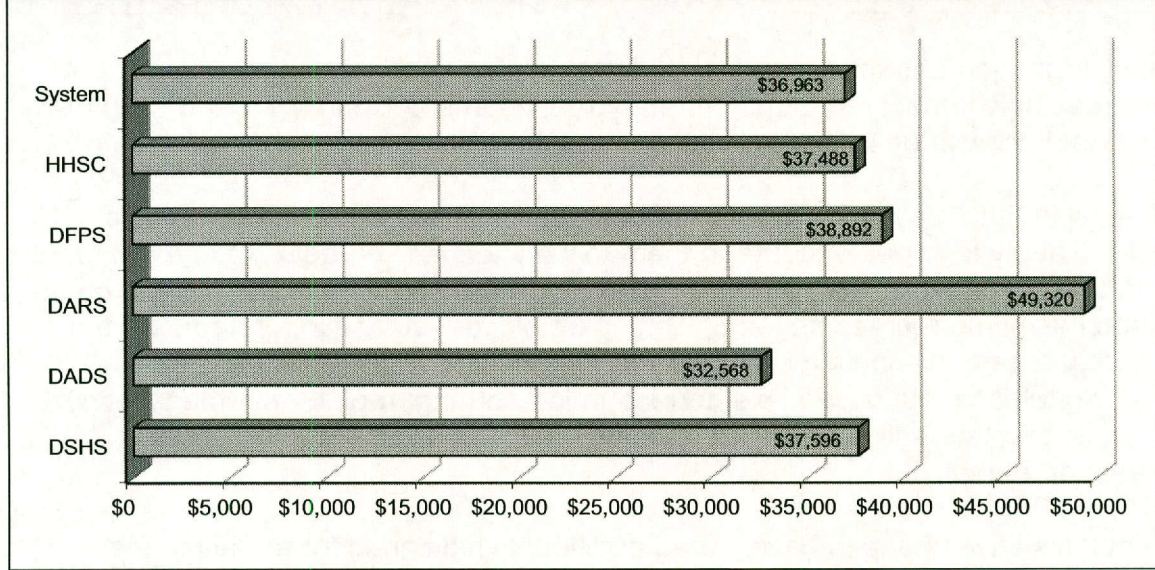
Figure 7: HHS System Workforce by Length of State Service



Average Annual Employee Salary

On average, the annual salary for an HHS System employee is \$36,963. DARS has the highest average annual salary at \$49,320 and DADS has the lowest at \$32,568.^{9 10}

Figure 8: HHS Average Annual Salary by Agency



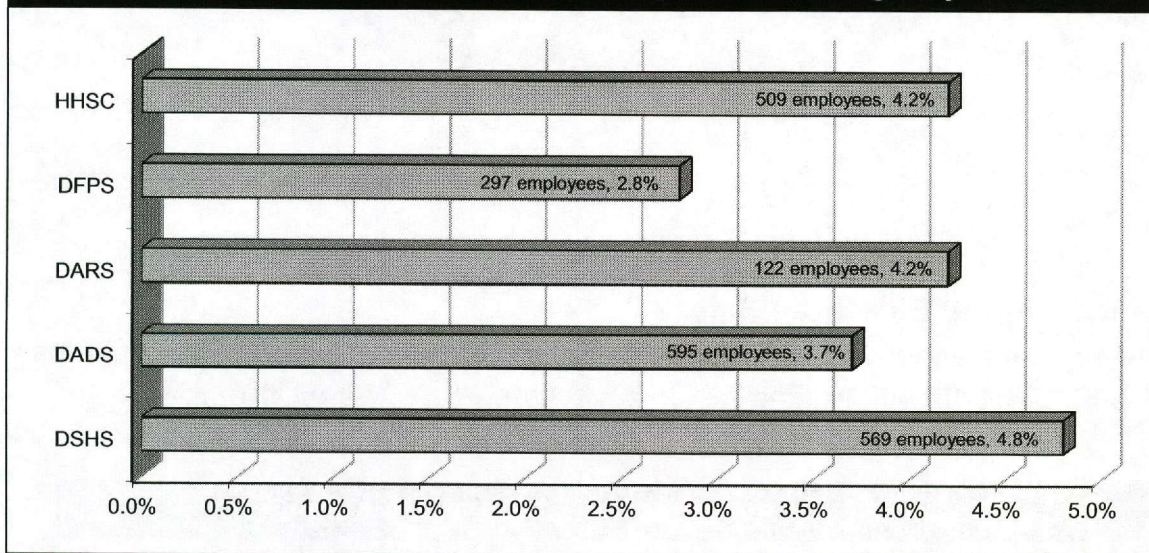
⁹ HHSAS Database, as of 8/31/13.

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

Return-to-Work Retirees

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

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



Agency management understands that demographic trends over the next decade will increasingly impact recruitment from typical sources. Retired workers who have institutional knowledge will be needed to pass their expertise to others.

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

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

¹¹ HHSAS Database, as of 8/31/13.

Employees Retirement System of Texas (ERS) a surcharge that is equal to the amount of the State's retirement contribution for an active employee.

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

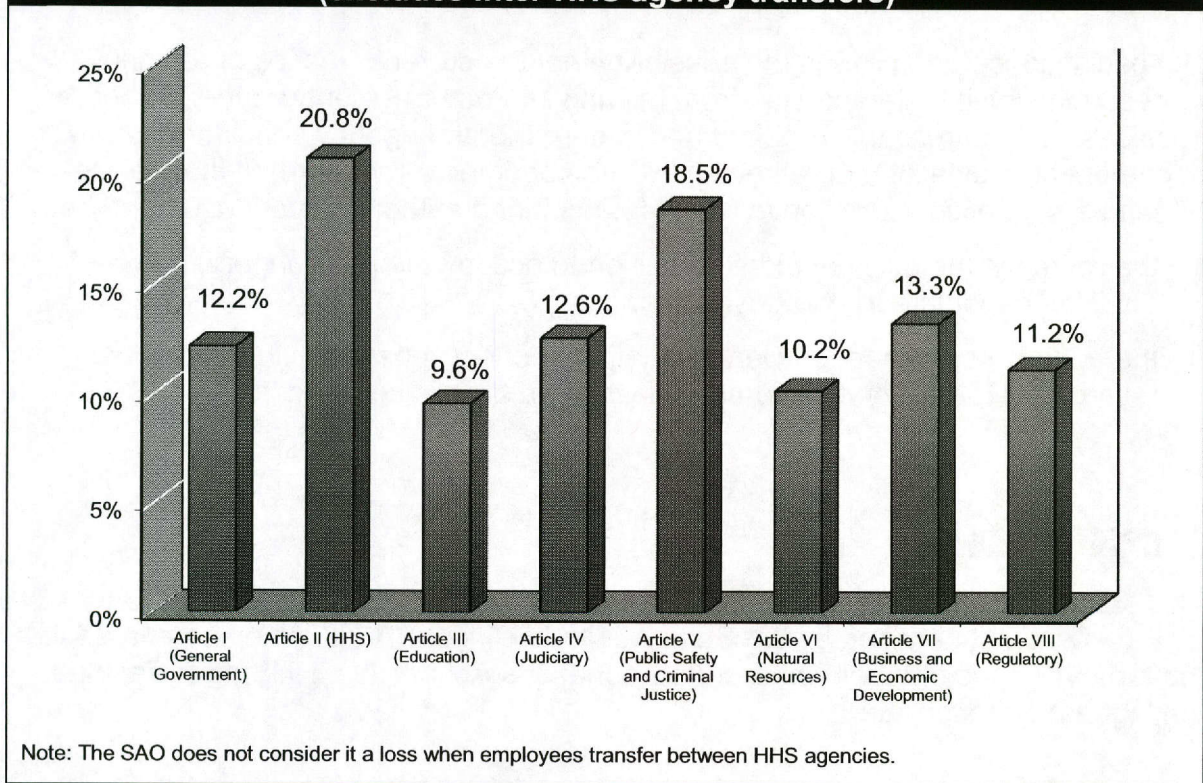
- ◆ the retiree is the only candidate qualified to occupy the position; or is the best qualified candidate for the position; and
- ◆ the agency or program efficiency, quality, or effectiveness will improve if the retiree is selected, or deteriorate unless the retiree is selected.

TURNOVER

The Article II (HHS agencies) employee turnover rate during fiscal year 2013 was 20.8 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.¹²

¹² State Auditor's Office, "An Annual Report on Classified Employee Turnover for Fiscal Year 2013," January 2014, Report No. 14-701, web page <http://www.sao.state.tx.us/reports/main/14-701.pdf>, last accessed 3/26/14.

**Figure 10: Turnover Rate by Article for FY 13
(excludes inter-HHS agency transfers)**



**Table 6: HHS System Workforce - Turnover for FY 11 – FY 13
(excludes inter-HHS agency transfers)**

	FY 11	FY 12	FY 13
HHS System	19.4%	20.8%	20.8%

DADS experienced the highest turnover rate (31.8 percent), with the lowest turnover rate at DARS (12.4 percent).¹³

The SAO does not consider transfers between agencies as a loss to the state and therefore does not include this turnover in their calculations. However, when transfers between HHS agencies are taken into account, the HHS turnover rate increases from 20.8 percent to 22.9 percent. This additional turnover is significant because replacement costs are incurred by the agencies to process terminations and hires, to train new staff for different jobs and to recruit staff to replace those who have moved to another agency.¹⁴

¹³ State Auditor’s Office, “An Annual Report on Classified Employee Turnover for Fiscal Year 2013,” January 2014, Report No. 14-701, web page <http://www.sao.state.tx.us/reports/main/14-701.pdf>, last accessed 3/26/14.

¹⁴ Ibid.

**Table 7: Turnover by HHS Agency for FY 13
 (includes inter-HHS agency transfers)**

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	12,426	2,211	17.8%
DFPS	11,153	2,097	18.8%
DARS	3,011	374	12.4%
DADS	17,325	5,510	31.8%
DSHS	12,439	2,721	21.9%
Grand Total	56,353	12,913	22.9%

Certain job families have significantly higher turnover than other occupational series, including direct care workers¹⁵ at 40.6 percent, licensed vocational nurses (LVNs) at 35.8 percent, child protective services (CPS) workers¹⁶ at 27.7 percent, and registered nurses (RNs) at 25.2 percent.¹⁷

¹⁵ Direct care workers include DADS direct support professionals and DSHS psychiatric nursing assistants.

¹⁶ CPS workers include CPS specialists and CPS investigators.

¹⁷ HHSAS Database for FY 2013.

Table 8: FY 13 Turnover for Significant Job Families¹⁸

Job Title	Average Annual Headcount	Separations	Turnover Rate
Direct Care Workers ¹⁹	10,582	4,299	40.6%
Licensed Vocational Nurses (LVNs)	1,208	433	35.8%
Food Service Workers ²⁰	1,030	309	30.0%
Child Protective Services (CPS) Workers ²¹	4,589	1,269	27.7%
Nurse Practitioners and Physician Assistants	46	12	26.4%
Registered Nurses (RNs)	2,157	544	25.2%
State Wide Intake (SWI) Specialists ²²	331	70	21.2%
Eligibility Clerks	1,812	374	20.6%
Registered Therapists	241	49	20.3%
Eligibility Workers ²³	6,213	1,220	19.6%
Child Care Licensing (CCL) and Residential Licensing Services (RCCL) Specialists ²⁴	354	68	19.2%
Adult Protective Services (APS) Specialists	692	121	17.5%
Pharmacists	99	17	17.2%
Psychologists	67	11	16.5%
Laboratory Technicians	50	8	15.9%
Epidemiologists	84	13	15.4%
Health Physicists	60	9	15.0%
Physicians	103	15	14.6%
Psychiatrists	138	20	14.5%
Microbiologists	123	17	13.9%
Medical Technologists	71	9	12.8%
Vocational Rehabilitation Counselors	678	85	12.5%
Claims Examiners	480	59	12.3%
Sanitarians	118	13	11.0%

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

¹⁹ Direct care workers include DADS direct support professionals and DSHS psychiatric nursing assistants.

²⁰ Food service workers include food service workers, managers and cooks.

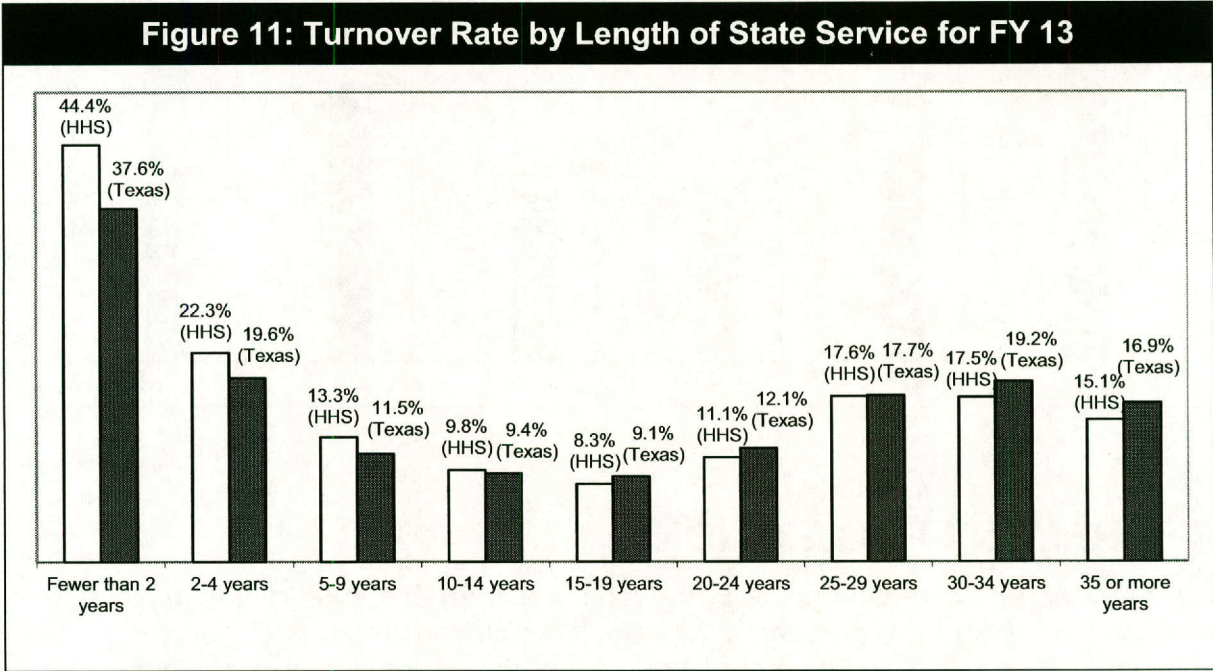
²¹ CPS workers include CPS specialists and CPS investigators.

²² SWI specialists include Protective Services Intake Specialists I-V.

²³ Eligibility workers include Texas works advisors, medical eligibility specialists, and hospital based workers.

²⁴ CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators.

Of the total losses during fiscal year 2013, approximately 78 percent were voluntary separations and 21 percent were involuntary separations.^{25 26} Voluntary includes resignation, transfer to another agency and retirement. Involuntary includes dismissal for cause, resignation in lieu of separation, reduction in force and separation at will.²⁷

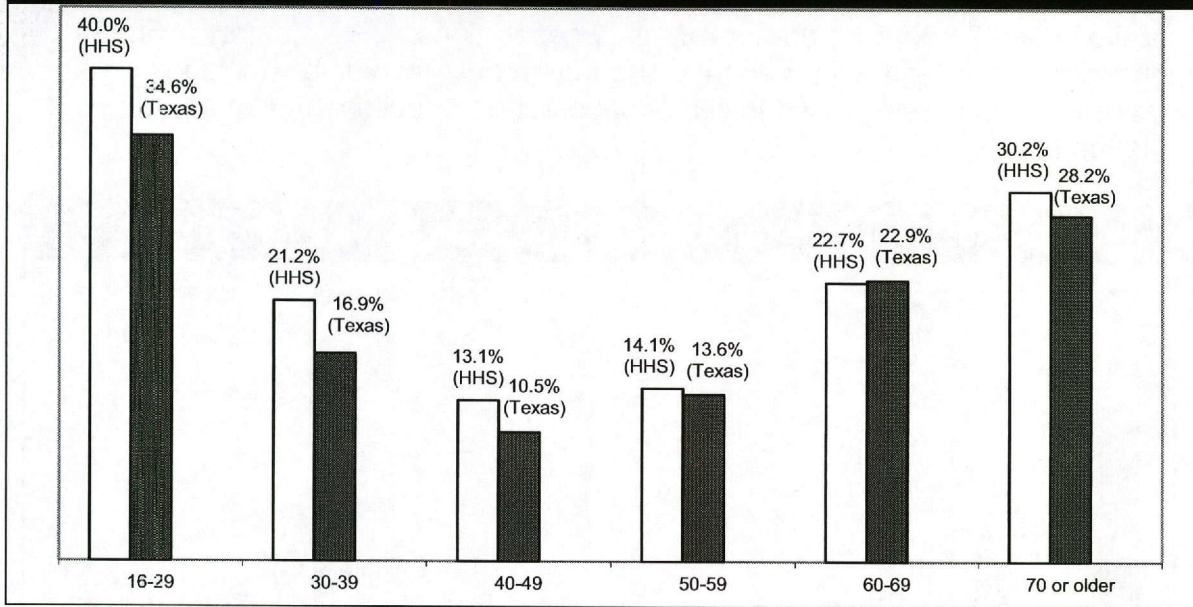


²⁵ Death accounted for .7% of separations.

²⁶ State Auditor’s Office (SAO) FY 2013 Turnover Statistics.

²⁷ State Auditor’s Office, “An Annual Report on Classified Employee Turnover for Fiscal Year 2013,” January 2014, Report No. 14-701, web page <http://www.sao.state.tx.us/reports/main/14-701.pdf>, last accessed 3/26/14.

Figure 12: Turnover Rate by Age for FY 13



RETIREMENT PROJECTIONS

Currently, about 13 percent of the HHS workforce is eligible to retire and leave state employment. About two percent of the eligible employees retire each fiscal year. If this trend continues, approximately 10 percent of the current workforce is expected to retire in the next five years.²⁸

Table 9: HHS System Retirements - Percent of Workforce (FY 09 – FY 13)

Fiscal Year	Retirement Losses	Retirement Turnover Rate
2009	1,108	2.0%
2010	1,105	1.9%
2011	1,301	2.2%
2012	1,346	2.4%
2013	1,444	2.6%

²⁸ HHSAS Database.

**Table 10: HHS System First-Time Retirement Eligible Projection
(FY 13 – FY 18)**

Agency	FY 13		FY 14		FY 15		FY 16		FY 17		FY 18	
HHSC	256	2.1%	356	3.0%	435	3.6%	455	3.8%	483	4.0%	448	3.7%
DFPS	169	1.6%	205	1.9%	215	2.0%	259	2.4%	280	2.6%	318	3.0%
DARS	112	3.9%	130	4.5%	112	3.9%	138	4.8%	154	5.3%	152	5.3%
DADS	318	2.0%	456	2.8%	504	3.1%	514	3.2%	555	3.5%	534	3.3%
DSHS	345	2.9%	425	3.6%	498	4.2%	507	4.3%	492	4.1%	538	4.5%
Grand Total	1,200	2.2%	1,572	2.9%	1,764	3.3%	1,873	3.5%	1,964	3.7%	1,990	3.7%

The loss of this significant portion of the workforce 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;
- ◆ Contract management skills; and
- ◆ Leadership and systems-thinking skills.

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

In addition, 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.

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

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

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

ENVIRONMENTAL ASSESSMENT

The Texas Economy

The Texas economy emerged from the worldwide recession during 2011. By December of 2011, all of the 433,400 jobs lost during the recession had been replaced. By April 2014, Texas added an additional 839,000 jobs.²⁹

The Comptroller's office reported that in 2012, the Texas' real gross domestic product grew by 4.8 percent (compared to 2.5 percent for the U.S.). This continued economic recovery could have a profound impact on the recruitment and retention challenges facing HHS agencies.³⁰

²⁹ "Comptroller's Economic Outlook," web page: <http://www.texasahead.org/economy/outlook.php>, last accessed on 5/16/14.

³⁰ Ibid.

Poverty in Texas

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

The U.S. Department of Health and Human Services defined the poverty level for 2013 according to household/family size as follows:

- ◆ \$23,550 or less for a family of four;
- ◆ \$19,530 or less for a family of three;
- ◆ \$15,510 or less for a family of two; and
- ◆ \$11,490 or less for individuals.³¹

It is estimated that 4.5 million Texas residents, or 17.4 percent of the population, live in families with annual incomes below the poverty level. This rate is slightly higher than the national poverty rate of 14.9 percent.³²

Unemployment

Another factor that directly impacts the demand for HHS System services is unemployment. In Texas, the August 2013 statewide unemployment rate was 6.4 percent, below the national rate of 7.2 percent.^{33 34}

Other Significant Factors

With over 25 million residents, Texas is one of the faster growing states in the nation. In just one period, July 1, 2012 to July 1, 2013, the population of Texas increased by more than 387,000, and more than 1.3 million since April 1, 2010.³⁵ The Texas population is expected to continue to increase. By 2020, the Texas population is expected to reach 30 million residents.³⁶

As the overall percentage of Whites continues to decline, the Texas population will become increasingly diverse over the next five years. By the year 2020, Hispanics, African-Americans/Blacks, Asian/Pacific Islanders and American Indians/Alaskan

³¹ "Annual Update of the HHS Poverty Guidelines," Federal Register (FR Doc. 2013-01422), webpage (<https://www.federalregister.gov/articles/2013/01/24/2013-01422/annual-update-of-the-hhs-poverty-guidelines>), last accessed on 5/9/14. Note: Guidelines apply to the 48 Contiguous States and D.C.

³² U.S. Census Bureau: State and County Quickfacts, webpage <http://quickfacts.census.gov/qfd/states/48000.html>, last accessed on 3/25/14.

³³ Bureau of Labor Statistics, seasonally adjusted unemployment rate, web page http://data.bls.gov/timeseries/LASST480000000000003?data_tool=XGtable, last accessed on 5/9/14.

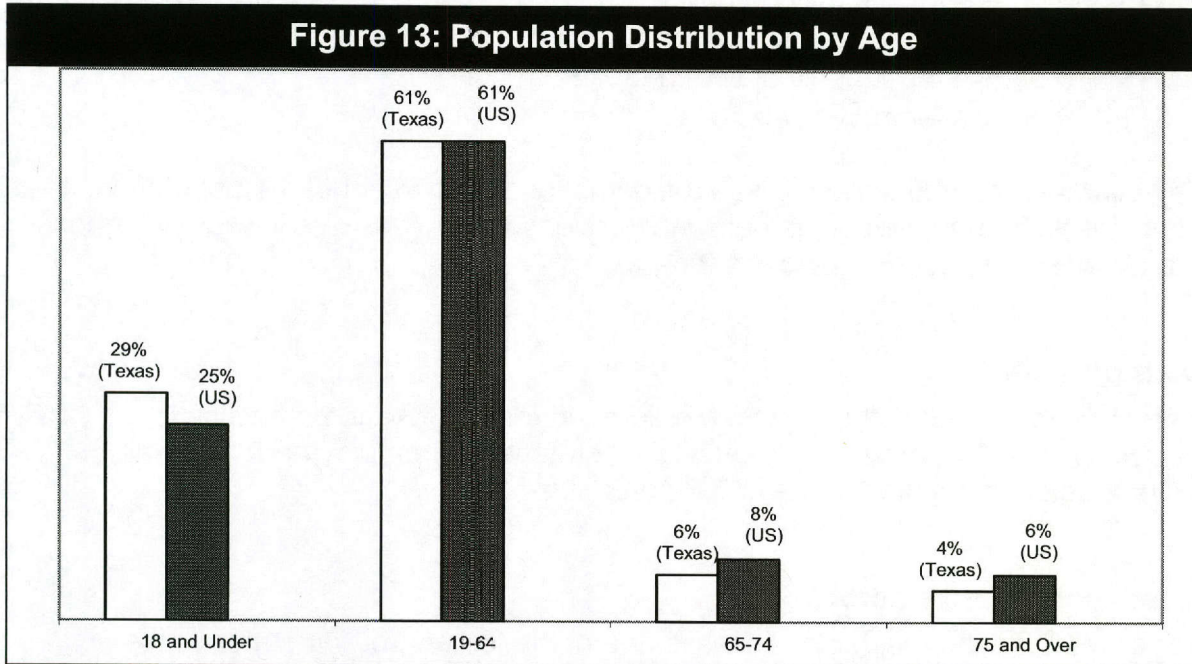
³⁴ Bureau of Labor Statistics, seasonally adjusted unemployment rate, for 16 years and over, web page http://data.bls.gov/timeseries/LNS14000000?data_tool=XGtable, last accessed on 5/9/14.

³⁵ American Fact Finder, U.S. Census Bureau, web page: <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmmk>, last accessed on 5/9/14.

³⁶ Office of the State Demographer, Texas State Data Center.

Natives are projected to make up 53 percent of the state population. The largest increase is Hispanic, representing 37 percent of the state’s population by 2020.³⁷

The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (61 percent) being between ages 19 to 64, followed by those 18 and under (29 percent) and those 65 and over (10 percent).³⁸



Long term population projections by the Texas State Data Center estimate that by 2040, the number of persons older than age 65 will increase by 295 percent.³⁹ 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.

³⁷ Policy Alert Supplement, November 2005, The National Center for Public Policy and Higher Education, web page http://www.highereducation.org/reports/pa_decline/states/TX.pdf, last accessed on 1/12/06.

³⁸ The Kaiser Family Foundation, State Health Facts: Population by Age, based on U.S. Census Bureau's March 2012 and 2013 Current Population Surveys, web page <http://kff.org/other/state-indicator/distribution-by-age/>, last accessed on 5/9/14.

³⁹ 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.

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 Eligibility Services staff, protective services workers (adult and children), direct care workers (direct support professionals 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. 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.⁴⁰

RNs constitute one of the largest healthcare occupations. With 2.7 million jobs in the U.S., job opportunities for RNs are expected to grow faster than the average for all occupations. It is projected that there will be a need for 526,800 new RN jobs by 2022. With this level of job growth, it is projected that there will not be enough qualified applicants to meet the increased demand.^{41 42 43}

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.⁴⁴ 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.⁴⁵ The Texas nurse-to-population ratio is below the national average of 921 nurses per 100,000 people, with the state ratio being only 753 nurses per 100,000 people.^{46 47}

⁴⁰ "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.

⁴¹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page <http://www.bls.gov/ooh/healthcare/registered-nurses.htm>, last accessed on 5/2/14.

⁴² U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 5/2/14.

⁴³ Ibid.

⁴⁴ "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.

⁴⁵ State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

⁴⁶ "Nursing Workforce in Texas - 2011: Demographics and Trends," Texas Center for Nursing Workforce Studies, January 2013. Web page <http://www.dshs.state.tx.us/chs/cnws/Final2-NursingWorkforceDemoTrends2011.pdf>, last accessed 5/12/14.

⁴⁷ "The U.S. Nursing Workforce: Trends in Supply and Education," Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, April 2013. Web page <http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>, last accessed 5/15/14.

Although there are 115 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.^{48 49} The shortage of trained instructors limits both the number of accepted students and the number of available classes offered.

Other 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 2,113 RNs and 1,120 LVNs.⁵⁰ As the demand for nursing services increases and the supply decreases, the recruitment and retention of nurses becomes more difficult and the need for competitive salaries will become more critical.

Currently, the average annual salary for DADS and DSHS RNs during fiscal year 2013 was \$54,553 and \$34,711 for LVNs during the same time period.⁵¹ These salaries fall below both national and state averages for these occupations. Nationally, the average annual earnings for RNs in 2013 was \$68,910 and \$42,910 for licensed practical nurses and LVNs.⁵² In Texas, the average annual earnings for RNs in 2013 was \$67,860 and \$43,730 for licensed practical nurses and LVNs.⁵³ In addition, the State Auditor's Office 2012 market index analysis found the average state salary for RNs ranged from four to 15 percent behind the market rate, while average LVN state salaries were 18 percent behind the market rate.⁵⁴ 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

⁴⁸ Texas Board of Nursing, web page

http://www.bne.state.tx.us/pdfs/education_pdfs/education_programs/ApprovedRNschoools.pdf, last accessed on 5/9/14.

⁴⁹ "Professional Nursing Education in Texas: Demographics & Trends: 2006." Department of State Health Services, web page <http://www.dshs.state.tx.us/chs/cnws/2006ProfNrsgEdRpt.pdf>, last accessed 3/17/10.

⁵⁰ HHSAS Database, as of 8/31/13.

⁵¹ Ibid.

⁵² U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/2/14.

⁵³ Ibid.

⁵⁴ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

higher paying private health care jobs at an alarming rate (turnover of 25 percent for RNs and 36 percent for LVNs).⁵⁵

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

Pharmacists

With over 280,000 active pharmacists as of May 2012, pharmacists represent one of the largest health professional groups in the U.S.⁵⁶ 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 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 41,000 new pharmacists by 2022, or a 15 percent increase in the number of total jobs.⁵⁷ However, the number of available pharmacists is expected to grow only modestly.

HHS agencies employ 95 pharmacists, with an average annual salary of \$94,764.⁵⁸ This salary falls significantly below the market rate. The average annual salary for pharmacists nationally is \$116,500 and \$116,790 in Texas.⁵⁹ In addition, the State Auditor's Office 2012 market index analysis found the average state salary for Pharmacist Is to be 24 percent behind the market rate.⁶⁰ This disparity is affecting the System's ability to recruit qualified applicants for open positions. Pharmacist positions often remain unfilled for several months.⁶¹

With pharmacist turnover at about 17 percent, HHS agencies have often contracted with 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.

⁵⁵ HHSAS Database, FY 2013 data.

⁵⁶ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 5/5/14.

⁵⁷ Ibid.

⁵⁸ HHSAS Database, as of 8/31/13.

⁵⁹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/5/14.

⁶⁰ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

⁶¹ HHSAS Database, FY 2013 data.

Eligibility Services Staff

Across the state, there are about 8,590 employees supporting eligibility determinations within the agency, accounting for about 72 percent of the HHSC workforce. The majority of these individuals (5,959 employees or 95 percent) are employed as Texas works advisors, medical eligibility specialists, hospital based workers, eligibility clerks and eligibility supervisors.⁶²

Turnover for these employees is high (at about 18 percent), with the highest turnover experienced by eligibility clerks at 21 percent, followed by Texas works advisors and medical eligibility specialists (both at a rate of about 20 percent).⁶³

Special retention strategies continue to be used to address this high turnover, including an expedited hiring process to fill vacancies as quickly as possible, assigning peers as mentors to new eligibility staff after they complete training and implementing telework options. New efforts are underway to implement targeted strategies for recruiting new employees for eligibility determination positions.

Protective Services Workers

In 2012, there were 285,700 protective service worker jobs in the U.S., with a projected job growth of 15.1 percent by 2022.^{64 65}

There are approximately 5,186 protective services workers employed by DFPS as child protective service (CPS) specialists, CPS investigators, adult protective service (APS) specialists and state wide intake (SWI) specialists.⁶⁶ The average annual salary for these workers is \$36,600, a salary below both the national and state average annual salary.⁶⁷ Nationally, protective services workers earn \$45,300 annually.⁶⁸

The 83rd Legislature (Regular Session, 2013) continued its support of ongoing improvements of DFPS by authorizing funds to allow the agency to continue to provide the salary retention supplement of \$5,000 established by the 79th Legislature (Regular Session, 2005) for CPS investigation caseworkers and supervisors. DFPS was provided with approximately 1,100 additional frontline CPS and child care

⁶² HHSAS Database, FY 2013 data.

⁶³ Ibid.

⁶⁴ Occupational title used is child, family and school social workers.

⁶⁵ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 3/31/14.

⁶⁶ HHSAS Database, as of 8/31/13.

⁶⁷ Ibid.

⁶⁸ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2012; last accessed on 3/31/14.

licensing (CCL) positions to be hired in fiscal year 2014. Expectations are that additional staff will eventually lower caseloads, thereby assisting in a reduction of turnover. Regardless, high turnover in specific locations in the state and in programs like APS or SWI still require specialized attention.

Vocational Rehabilitation Counselors

As of May 2012, there were 117,500 rehabilitation counselors in the U.S. By 2022, this workforce group is expected to increase by 20 percent.⁶⁹ Nationally, there is a shortage of qualified vocational rehabilitation counselors.

DARS employs 653 vocational rehabilitation counselors, with an average annual salary of \$48,306.⁷⁰

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 80 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.⁷¹

Nationally, there is a shortage of epidemiologists.^{72 73} Although epidemiology is known as the core science of public health, epidemiologists comprise less than one percent of all public health professionals.⁷⁴ As of May 2012, there were

⁶⁹ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 3/25/14.

⁷⁰ HHSAS Database, as of 8/31/13.

⁷¹ Ibid.

⁷² "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.

⁷³ Patricia A. Drehobl, Sandra W. Roush, Beth H. Stover, and Denise Koo, "Public Health Surveillance Workforce of the Future" Morbidity and Mortality Weekly Report (MMWR), 61(03); 25-29 (July 2012), web page <http://www.cdc.gov/mmwr/pdf/other/su6103.pdf>, last accessed on 5/9/14.

⁷⁴ Melissa Taylor Bell and Irakli Khodeli. "Public Health Worker Shortages," The Council of State Governments, November 2004.

approximately 5,100 epidemiologist jobs in the U.S., with a projected job growth rate of 10 percent by 2022.⁷⁵

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 \$54,883, significantly below the average wage paid nationally (\$73,040), and also lower than the Texas average of \$60,900.^{76 77}

Barriers to recruiting and retaining epidemiologists in the public health field include non-competitive salaries and a general shortage of professionals.

The agency is currently experiencing difficulty filling vacant epidemiologist positions. Though still below the state average turnover rate of 17.6 percent, the turnover rate for epidemiologists at DSHS has increased from only 10 percent in fiscal year 2011 to its current high of about 15 percent.^{78 79 80} One factor that may potentially add to this problem is the percent of these highly skilled employees who may retire from the agency in the near future. Currently, 15 percent of these employees are eligible to retire.⁸¹

Sanitarians

The System employs 116 sanitarians across the state.⁸² Registered sanitarians at DSHS inspect all food manufacturers, wholesale food distributors and food salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions. They conduct a multitude of environmental inspections, such as children's camps, asbestos abatement, hazardous chemicals/products and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer 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.

⁷⁵ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 5/2/14.

⁷⁶ HHSAS Database, as of 8/31/13.

⁷⁷ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

⁷⁸ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

⁷⁹ HHSAS Database, FY 2011 data.

⁸⁰ HHSAS Database, FY 2013 data.

⁸¹ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

⁸² HHSAS Database, as of 8/31/13.

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

Historically, the agency has faced special challenges filling vacancies in both rural and urban areas of the state. The vacancy rate for sanitarians is currently high at about 20 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. Eighteen percent of current sanitarians are eligible to retire.⁸³

Direct Care Workers (Direct Support Professionals and Psychiatric Nursing Assistants)

There are about 9,370 direct care workers employed in DSHS state 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 \$10.80.⁸⁴ The State Auditor's Office 2012 market index analysis found the average state salary for Direct Support Professionals to be three percent behind the market rate.⁸⁵

The overall turnover rate for employees in this group is very high, at about 40 percent annually.⁸⁶ 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.

Food Service Workers⁸⁷

There are approximately 963 food service workers employed across Texas in state hospitals, state supported living centers and rehabilitation centers.⁸⁸

⁸³ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

⁸⁴ HHSAS Database, as of 8/31/13.

⁸⁵ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

⁸⁶ HHSAS Database, FY 2013 data.

⁸⁷ Food service workers include food service workers, managers and cooks.

⁸⁸ HHSAS Database, as of 8/31/13.

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 \$9.87. Turnover in food service worker positions was high, at 30 percent during fiscal year 2013.⁸⁹ The State Auditor’s Office 2012 market index analysis found the average state salary for Food Service Worker Is to be 11 percent behind the market rate, and cooks ranged from four to 23 percent behind the market rate.⁹⁰

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

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

Gap	HHS agencies do not attract enough qualified applicants for critical and/or difficult to fill jobs.
Goal	Establish efficient and effective recruiting initiatives to attract qualified applicants.
Rationale	If HHS agencies are going to recruit effectively, the agencies must recognize that attracting and assessing applicants from outside traditional pools and resources will be a necessity.
Strategies	<ul style="list-style-type: none"> ◆ Implement an HHS internship program to attract future employees in hard-to-fill job classes. ◆ Provide summer and co-op placements for high school and college students. ◆ Provide college tuition reimbursement or scholarships for high-potential high school graduates in exchange for a certain number of years of service. ◆ Create customized recruitment strategies based on managers’

⁸⁹ HHSAS Database, as of 8/31/13.

⁹⁰ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

staffing goals, current/future program priorities and specific job vacancies.

- ◆ Increase recruitment efforts for ‘critical’ occupations, such as:
 - Eligibility Services staff;
 - protective services workers;
 - direct care workers (direct support professionals and psychiatric nursing assistants);
 - physicians and psychiatrists;
 - dentists;
 - nurses;
 - pharmacists;
 - psychologists;
 - vocational rehabilitation counselors;
 - epidemiologists; and
 - sanitarians.
- ◆ Provide assessment tools to identify applicants who have an aptitude for the position for which they apply.
- ◆ Prepare and implement targeted recruitment plans.
- ◆ Use aggressive recruiting efforts, such as extensive internet recruiting, attendance at technical job fairs and same day hiring at job fairs.
- ◆ Develop media presentations to assist in recruiting efforts.
- ◆ Post jobs using the full salary range or market comparable salaries to attract qualified applicants.
- ◆ Rehire skilled retirees.
- ◆ Use recruitment and retention bonuses to attract applicants for high turnover and critical positions.
- ◆ Offer alternative work schedules to attract applicants, such as telecommuting, job sharing and part-time work.
- ◆ Provide incentives for employee referrals that result in successful hiring of qualified applicants.
- ◆ Identify HHS agency positions in military communities and communicate these job opportunities to appropriate military out-processing centers. Concentrate efforts to recruit older workers and individuals seeking a second career.

Retention Strategies

Gap	There is a high rate of attrition for younger employees, less tenured employees and employees performing stressful jobs.
Goal	Create an environment whereby employees and applicants will view their HHS agency as an employer of choice.
Rationale	If HHS agencies are to be successful in retaining good employees, employees need to be treated well and rewarded for outstanding job performance.
Strategies	<ul style="list-style-type: none"> ◆ Obtain funding and implement a compensation program intended to attract, retain and reward employees and to make salaries more competitive. Compensation strategies might include the use of: <ul style="list-style-type: none"> ○ salary equity adjustments; ○ promotions; ○ merit raises, including one-time merit awards; ○ retention bonuses; and ○ hiring above the salary minimum at comparable market rates. ◆ Develop strategies to address turnover, including: <ul style="list-style-type: none"> ○ ensure sufficient FTEs are available for the volume of work to be accomplished; ○ provide a realistic preview of the job during the interview process; ○ provide adequate training to ensure success of the employee in completing assignments and duties; ○ ensure that supervisors set clear expectations of the new hire (and all employees); ○ assign a current employee as a peer mentor in the same job to assist the new employee in acclimating to the new position and ensure support from a lead worker; and ○ have the supervisor hold frequent meetings with the new employee to provide immediate feedback and information on how to improve within the position. ◆ Ensure separating employees participate in exiting surveys available through the SAO Exit Survey process and analyze the Survey Responses to determine appropriate actions for improving retention. ◆ Grant administrative leave for outstanding performance. ◆ Establish flexible work schedules to retain staff and meet the needs of HHS agencies, using: <ul style="list-style-type: none"> ○ telecommuting;

- job sharing;
- regular, instead of rotating, shift work for employees who desire a more regular and predictable schedule;
- part-time jobs; and
- flex hours.
- ◆ Audit HHS agency positions to ensure salary and FLSA parity among job classes that perform like and similar duties across all HHS agencies.
- ◆ Create career ladders, where job duties are clearly differentiated within the levels of a job series, to counter the lack of advancement opportunities and the impact of management/supervisory restrictions.
- ◆ Obtain funding and provide professional development training in the employee's career field for System employees.
- ◆ Obtain funding and provide personal development training that will benefit both the employee and the System.
- ◆ Expand the HHS Wellness Program to promote organizational satisfaction, reduce employee stress and reduce turnover.
- ◆ Ensure that the Employee Assistance Program (EAP) provider makes regular presentations to large employee groups on topics of interest, such as stress in the work place, employee burnout and prevention strategies.
- ◆ Implement an HHS employee recognition program to ensure that employees know that their work is valued and appreciated by:
 - providing non-monetary incentive awards and recognition to high-performing employees;
 - having senior management routinely visit employees in their job areas and thank them for being a part of the team; and
 - having agency heads and executive staff send notes, memos and emails, thanking and congratulating employees who perform exceptionally well on special projects and provide exceptional customer service to internal and external consumers.
- ◆ Recognize supervisors and managers who have decreased employee turnover.
- ◆ Recognize supervisors and managers who receive high praise from their employees and who get the job done with a high degree of excellence.
- ◆ Provide training for supervisors and managers – and require attendance and successful completion – on topics of agency

policy and positive performance to ensure that new employees receive better on-the-job training, coaching, recognition and supervision.

- ◆ Fund and encourage managers to use educational leave, stipends and scholarships to prepare employees for future employment in "critical" or "hard-to-fill positions."
- ◆ Develop "grow your own" employee training programs to ensure adequate staffing and reduce the overburden for employees in shortage occupations.
- ◆ Implement strategies to hire "soon to be qualified" individuals - even if they have not completed required certifications.
- ◆ Seek additional pay for employees who handle difficult consumers or who are routinely placed in difficult situations.
- ◆ Explore opportunities for job rotation, job sharing, etc. for employees in extremely difficult and stressful jobs.
- ◆ Expand the practice allowing retirees to return to positions within the HHS System to ease recruiting and retention issues.
- ◆ Communicate to employees the value of their employee benefits as part of their total compensation package. During fiscal year 2013 the total benefits package, according to the State Auditor's Office, was 66 percent salary and 34 percent benefits.⁹¹
- ◆ Remind employees that the HHS System allows FLSA exempt employees to bank compensatory time, which is often not done in the private sector.
- ◆ Remind employees that the HHS System provides some benefits that other employers and some state agencies don't provide, such as Sick Leave Bonus Days.
- ◆ Invest funds to "upgrade" the physical facilities in which employees work.
- ◆ Recognize employees who align with and support the vision and mission of the HHS System.

⁹¹ "A Report on State Employee Benefits as a Percentage of Total Compensation," State Auditor's Office (SAO) Report Number 14-704, April 2014, web page <http://www.sao.state.tx.us/reports/main/14-704.pdf>, last accessed 3/26/14.

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

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

SCOPE

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

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

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

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

⁹² HHSAS Database, as of 8/31/13.

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;
 - 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;
 - CHIP Vendor Drug Program; and
 - CHIP Perinatal.
- ◆ Social Services Program Administration. The administration of eligibility programs is the largest program function within HHSC. Employees performing this function administer the statewide social services programs using a comprehensive and integrated approach for establishing eligibility policy, and providing eligibility determinations and services for the state and federal programs administered by HHSC, including:
 - Temporary Assistance for Needy Families (TANF);
 - Supplemental Nutrition Assistance Programs (SNAP);
 - Health care for children and families (Medicaid and CHIP);
 - Financial Eligibility for Medicaid for the Elderly and People with Disabilities (MEPD);
 - Texas Women's Health Program;
 - Nutrition Education and Outreach;
 - 2-1-1 Information and Referral Network;
 - Family Violence Services;
 - Refugee Affairs Assistance;
 - Healthy Marriage Services;
 - Alternatives to Abortion; and
 - Disaster Assistance and Case Management.
- ◆ Eligibility Services. The agency administers an eligibility determination system for the programs administered by HHSC that provide assistance to families in need through:
 - Eligibility Offices in 166 counties;
 - Customer Care and Call Centers;
 - Centralized Operations and Processing Centers; and
 - A statewide network of more than 500 Community Partners.

WORKFORCE DEMOGRAPHICS

On August 31, 2013, HHSC employed about 12,000 full and part-time employees. The majority of these employees (about 72 percent) are eligibility staff located in offices throughout the state.⁹³

⁹³ HHSAS Database, as of 8/31/13.

Job Families

Approximately 93 percent of HHSC employees (11,108 employees) work in 13 job families.⁹⁴

Table 11: Largest Program Job Families and Average Salaries

Job Family	Number of Employees	Average Salary
Eligibility Workers ⁹⁵	5,976	\$31,080
Clerical Workers	2,053	\$25,861
Program Specialists	752	\$52,781
Program Supervisors	554	\$46,758
System Analysts	408	\$59,918
Managers	322	\$64,980
Investigators	222	\$46,084
Public Health Technicians	176	\$31,739
Directors	161	\$101,204
Quality Assurance Specialists	144	\$40,858
Auditors	127	\$53,630
Training Specialists	108	\$46,742
Accountants	105	\$40,840

Salary

HHSC employees earn an average annual salary of \$37,488.⁹⁶

Gender

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

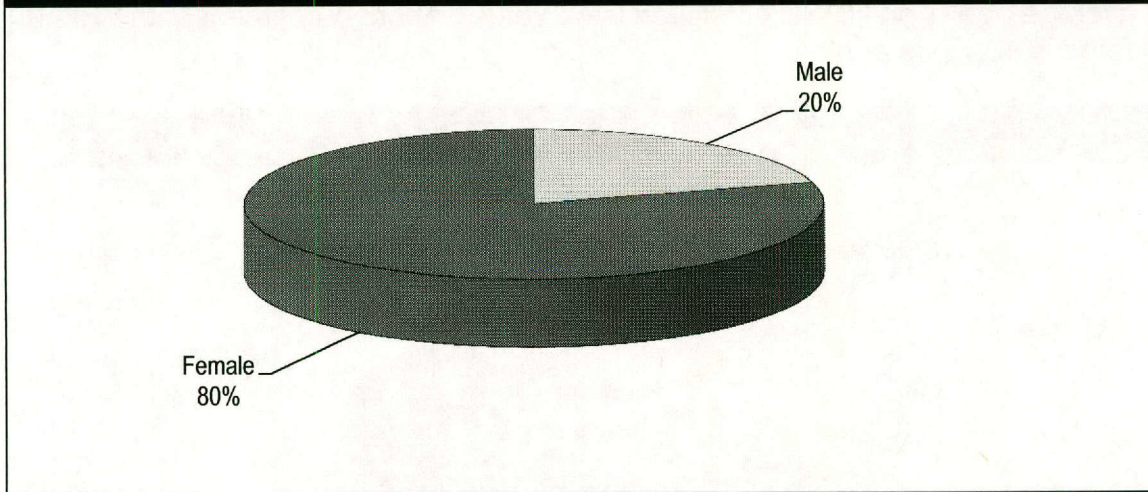
⁹⁴ HHSAS Database, as of 8/31/13.

⁹⁵ Eligibility workers include Texas works advisors, hospital based workers and medical eligibility specialists.

⁹⁶ HHSAS Database, as of 8/31/13.

⁹⁷ Ibid.

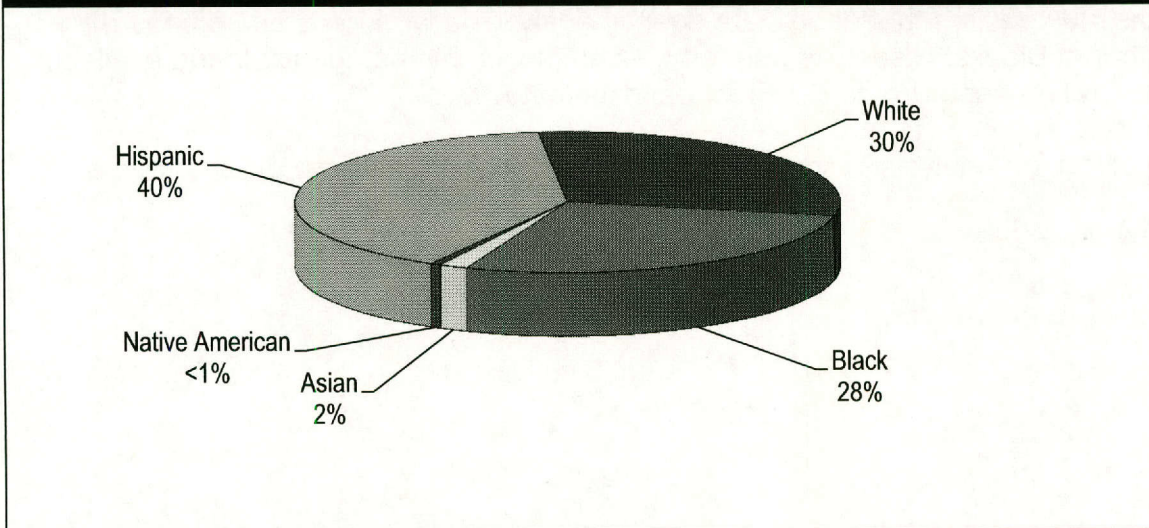
Figure 14: HHSC Workforce by Gender



Race

The largest racial group in the HHSC workforce is Hispanic. This group makes up 40 percent of all agency employees, followed by White employees at 30 percent and Black employees at approximately 28 percent.⁹⁸

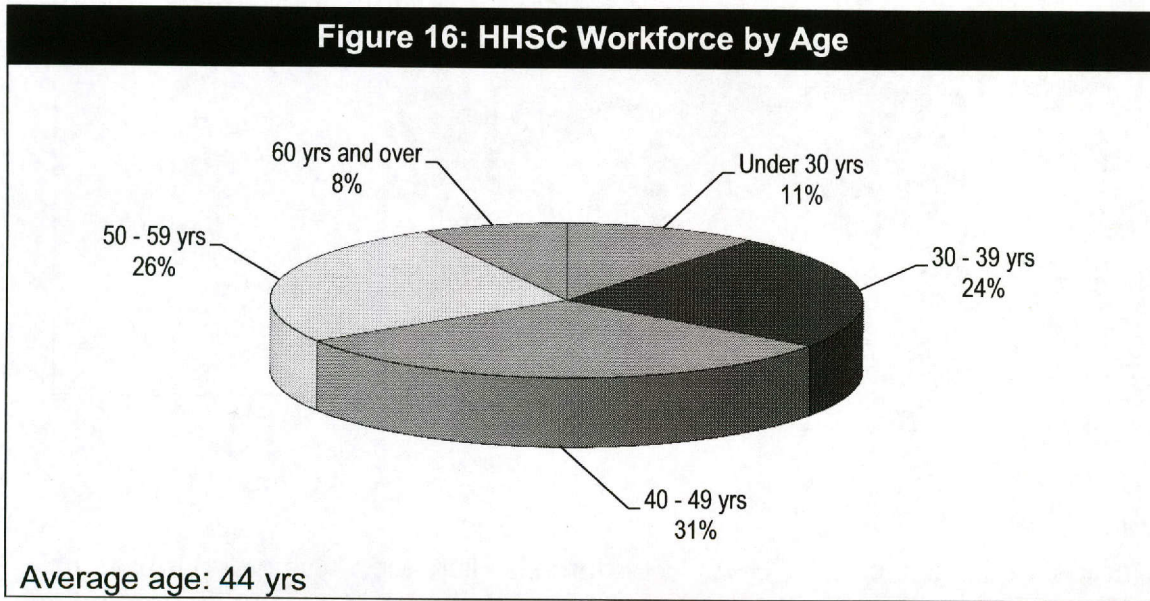
Figure 15: HHSC Workforce by Race



⁹⁸ HHSAS Database, as of 8/31/13.

Age

The average age of an HHSC employee is 44 years. About 65 percent of the HHSC workforce is 40 years or older.⁹⁹



Utilization Analysis

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

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

⁹⁹ HHSAS Database, as of 8/31/13.

¹⁰⁰ Ibid.

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

Table 12: HHSC Utilization Analysis Results

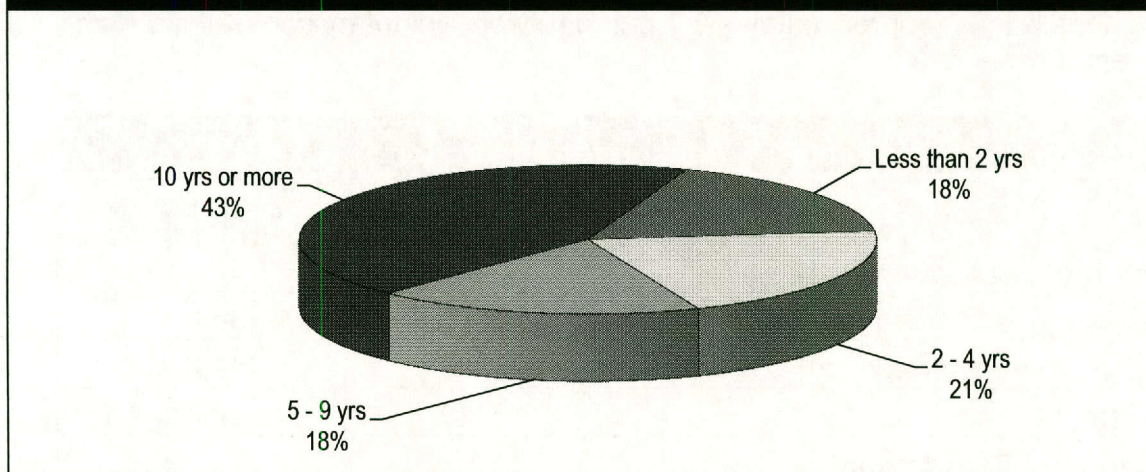
Job Category	Black			Hispanic			Female		
	HHSC %	CLF %	Underutilization (If Yes, # needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	19.7%	7.2%	No	21.1%	12.3%	No	62.0%	32.6%	No
Professionals	20.6%	9.4%	No	30.3%	11.6%	No	67.4%	49.0%	No
Technicians	31.7%	13.9%	No	44.0%	19.7%	No	84.0%	42.1%	No
Protective Service	66.7%	18.0%	N/A	25.0%	23.1%	N/A	100.0%	21.6%	N/A
Para-Professionals	21.9%	14.3%	No	34.2%	25.7%	No	80.7%	56.3%	No
Administrative Support	27.8%	19.4%	No	46.8%	26.8%	No	87.9%	78.8%	No
Skilled Craft	50.0%	14.7%	N/A	50.0%	35.2%	N/A	0.0%	16.5%	N/A
Service Maintenance	50.0%	20.4%	N/A	50.0%	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 a little less than half of the employees having 10 or more years of state service.¹⁰²

Figure 17: HHSC Workforce by Length of State Service



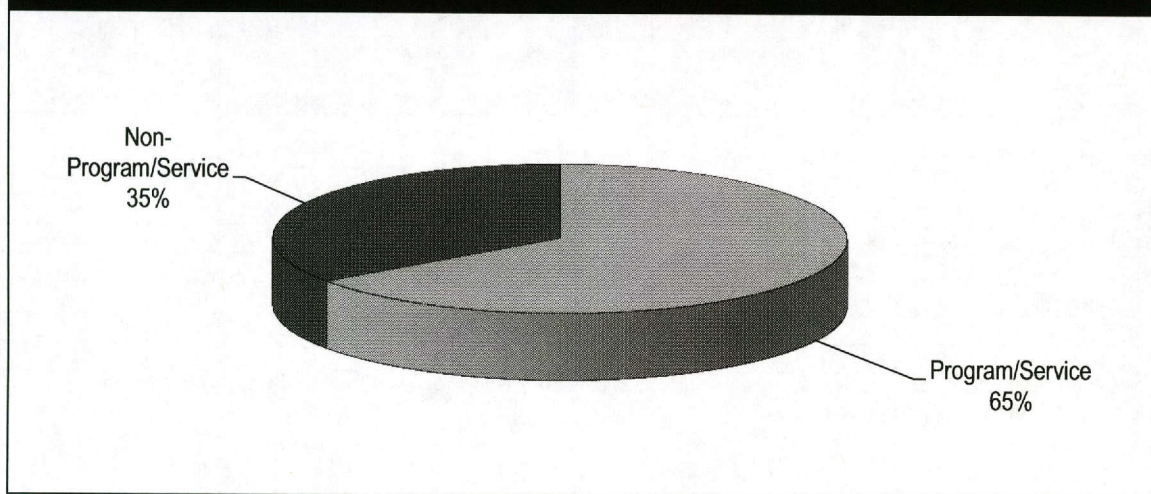
Return-to-Work Retirees

HHSC employs 509 return-to-work retirees. The majority of rehired retirees work in program/service areas.¹⁰³

¹⁰² HHSAS Database, as of 8/31/13.

¹⁰³ Ibid.

Figure 18: HHSC Return-to-Work Retirees



TURNOVER

The turnover rate during fiscal year 2013 was 17.8 percent. This rate is slightly above the statewide turnover rate of 17.6 percent for all agencies. The majority of these separations (approximately 83.7 percent) were voluntary separations from state employment.¹⁰⁴

Table 13: Reason for Separation

Reason	Separations	Percentage ¹⁰⁵
Voluntary Separations		
Personal reasons	1,106	50.0%
Transfer to another agency	427	19.3%
Retirement	318	14.4%
Involuntary Separations		
Termination at Will	17	0.8%
Resignation in Lieu	20	0.9%
Dismissal for Cause	305	13.8%

Table 14 indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2013.¹⁰⁶

¹⁰⁴ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

¹⁰⁵ Death accounted for 0.8% of separations (18 separations).

¹⁰⁶ HHSAS Database, FY 2013 data.

Table 14: FY 2013 Turnover for Significant Job Families¹⁰⁷

Job Family	Average Annual Headcount	Separations	Turnover Rate
Public Health Technicians	214	84	39.3%
Eligibility Clerks	1,812	374	20.6%
OIG Auditors	111	22	19.9%
Eligibility Workers ¹⁰⁸	6,213	1,220	19.6%
Accountants	108	21	19.4%
OIG Registered Nurses (RNs)	70	13	18.6%
Network Specialists	96	15	15.7%
System Analysts	405	58	14.3%
Program Specialists	756	97	12.8%
Directors	161	20	12.4%
Property Managers	77	9	11.7%
OIG Investigators	222	25	11.3%
Managers	321	35	10.9%

RETIREMENT PROJECTIONS

Currently, about 12 percent of the HHSC workforce is eligible to retire from state employment.¹⁰⁹

About three percent of the HHSC workforce retired in FY 2013. Within the last five years, the retirement turnover rate has remained below three percent.¹¹⁰

Table 15: HHSC Retirements - Percent of Workforce (FY 09 – FY 13)

Fiscal Year	Average Annual Headcount	Retirement Losses	Retirement Turnover Rate
2009	11,446	300	2.6%
2010	12,150	263	2.1%
2011	12,026	296	2.4%
2012	11,950	292	2.4%
2013	11,994	318	2.6%

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

¹⁰⁸ Eligibility workers include Texas works advisors, medical eligibility specialists, and hospital based workers.

¹⁰⁹ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

¹¹⁰ HHSAS Database, FY 2013 data.

**Table 16: HHSC First Time Retirement Eligible Projection
(FY 13 – FY 18)**

Fiscal Year	Number of Eligible Employees	Percent of Workforce
2013	256	2.1%
2014	356	3.0%
2015	435	3.6%
2016	455	3.8%
2017	483	4.0%
2018	448	3.7%

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 major workforce challenge for the agency continues to be the recruitment and retention of Eligibility Determination staff. Ongoing strategies to address these challenges include an expedited hiring process to fill vacancies as quickly as possible, assigning peers as mentors to new eligibility staff after they complete training and implementing telework options. New efforts are underway to implement targeted strategies for recruiting new employees for eligibility determination positions. HHSC is focusing on ways to make the functions performed by eligibility staff as efficient as possible to help manage workloads as caseloads increase in relation to the anticipated population growth in Texas. To this end, HHSC is implementing projects that result in more efficient business processes and support clients' access to self-service features through the agency's benefit application and management portal, YourTexasBenefits.com. Both focus areas are designed to improve the client experience and make staff workloads more manageable. In addition, HHSC is exploring options to enhance recruitment efforts for eligibility determination positions.

Additional appropriations received during the 83rd Legislative Session resulted in a significant increase in staffing levels for the Office of Inspector General (OIG). The majority of these positions (71 of 127, or 60%) are investigator positions. OIG is also adding additional actuarial and non-entry level research and program specialist staff to help provide statistical analysis of the claims and populations under investigation, as well as additional nursing staff at the Nurse IV level to assist with

audits, utilization reviews of nursing and hospital facilities, and research, analysis and detection functions. Recruitment and retention of qualified staff in these positions who can successfully manage large, complex workloads will be one of OIG's biggest workforce challenges.

Through an analysis of workforce factors, including but not limited to the number of employees by job family, occupancy by core job families, turnover rates, vacancy rates and workforce challenges, job families within Eligibility Services and OIG were identified as requiring the most attention.

Eligibility Services Staff

Across the state, there are about 8,590 employees supporting eligibility determinations within the agency, accounting for about 72 percent of the HHSC workforce. Turnover for these employees is high, at about 18 percent.

The majority of these individuals (5,959 employees or 95 percent) are employed as Texas works advisors, medical eligibility specialists, hospital based workers, eligibility clerks and eligibility supervisors.¹¹¹

Texas Works Advisors

There are over 4,800 Texas works advisors within HHSC that do eligibility determination for SNAP, TANF, CHIP and Medicaid for children, families and pregnant women. The typical Texas works advisor is 41 years of age and has an average of eight years of service.¹¹²

¹¹¹ HHSAS Database, FY 2013 data.

¹¹² Ibid.

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

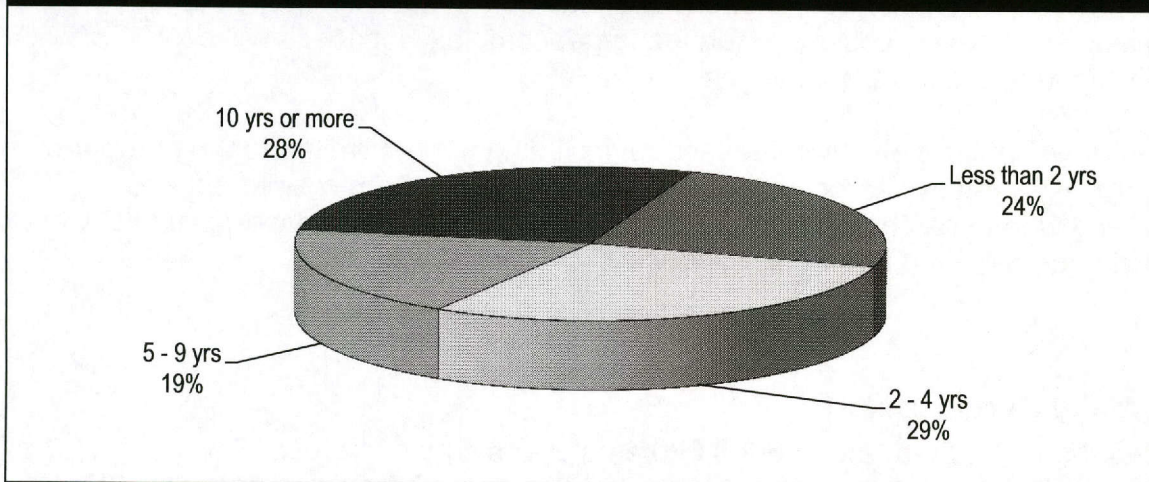
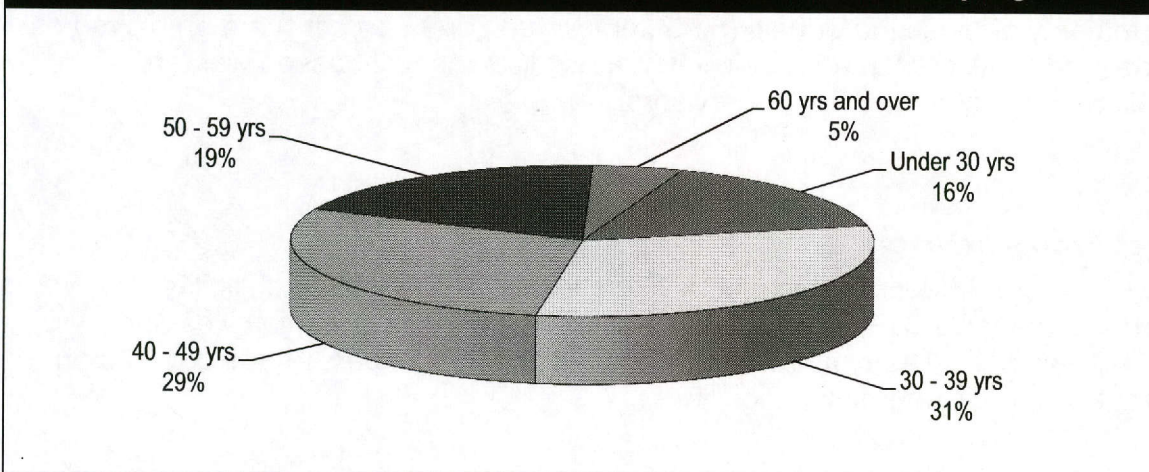


Figure 20: HHSC Texas Works Advisors – Distribution by Age



Turnover for these employees is high at about 20 percent, represents a loss of about 1,014 workers in fiscal year 2013.¹¹³

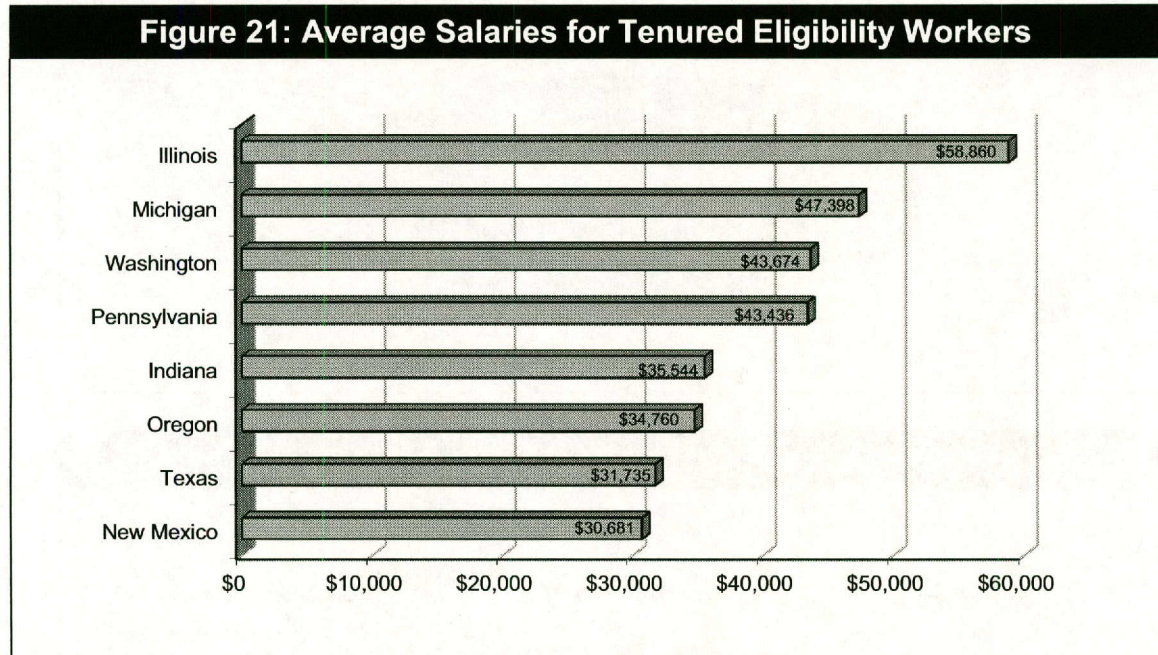
In addition, HHSC has experienced difficulty in finding qualified candidates for new worker positions. Due to this shortage of qualified applicants, vacant positions go unfilled for an average of almost three months.¹¹⁴

Salary is one factor that may be contributing to the agency's difficulty in recruiting and retaining eligibility workers. The State Auditor's Office 2012 market index analysis found the average state salary for Texas Works Advisor IIs to be 16 percent

¹¹³ HHSAS Database, FY 2013 data.

¹¹⁴ Ibid.

behind the market rate.¹¹⁵ In addition, a 2010 Texas State Auditor’s survey of the salary earned by tenured eligibility workers in 11 states indicated that Texas ranked near the bottom.¹¹⁶



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

Medical Eligibility Specialists

Within HHSC, there are about 750 medical eligibility specialists determining financial eligibility for Medicaid for Elderly and People with Disabilities (MEPD). Medical eligibility specialists have, on average, about nine years of state service, with an average age of 43.¹¹⁷

¹¹⁵ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

¹¹⁶ State Auditor’s Office, “An Audit Report on the Supplemental Nutrition Assistance Program at the Health and Human Services Commission,” March 2010, Report No. 10-026, web page <http://www.sao.state.tx.us/reports/main/10-026.pdf>, last accessed 3/26/14.

¹¹⁷ HHSAS Database, FY 2013 data.

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

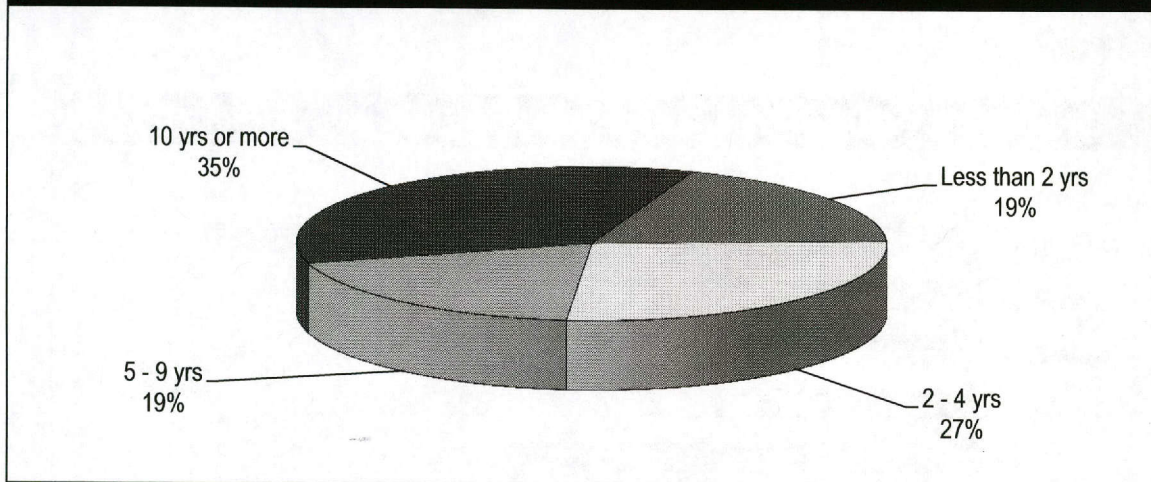
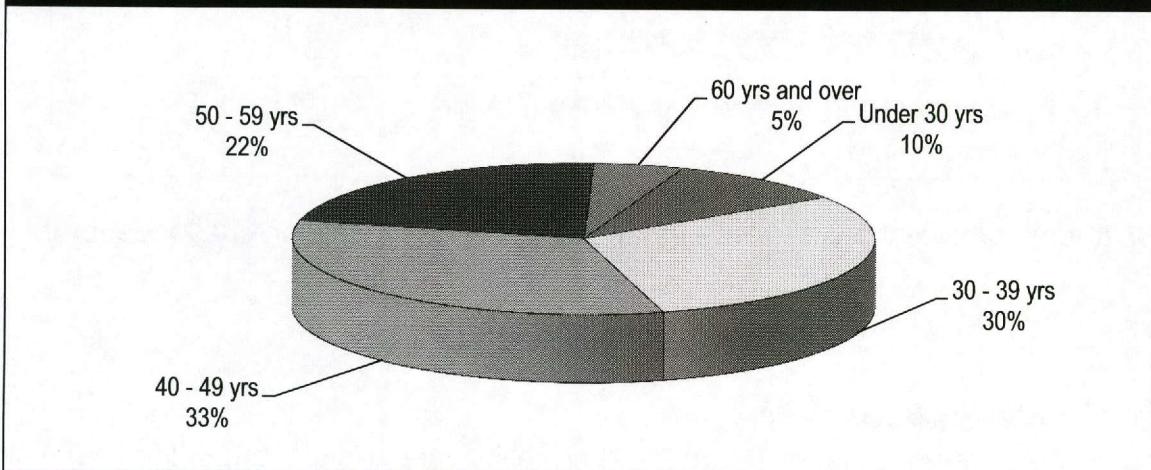


Figure 23: HHSC Medical Eligibility Specialists – Distribution by Age



Turnover for these employees is high at about 20 percent, representing the loss of 154 employees in fiscal year 2013.¹¹⁸

Retention of these specialists is an ongoing challenge.

Hospital Based Workers

HHSC has about 350 hospital based workers stationed in nursing facilities, hospitals, and clinics rather than in eligibility offices to determine eligibility for the SNAP, TANF, CHIP and Medicaid programs. These highly-tenured workers have an

¹¹⁸ HHSAS Database, FY 2013 data.

average of 15 years of state service (about 64 percent of these employees have 10 or more years of state service), with an average age of 46.¹¹⁹

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

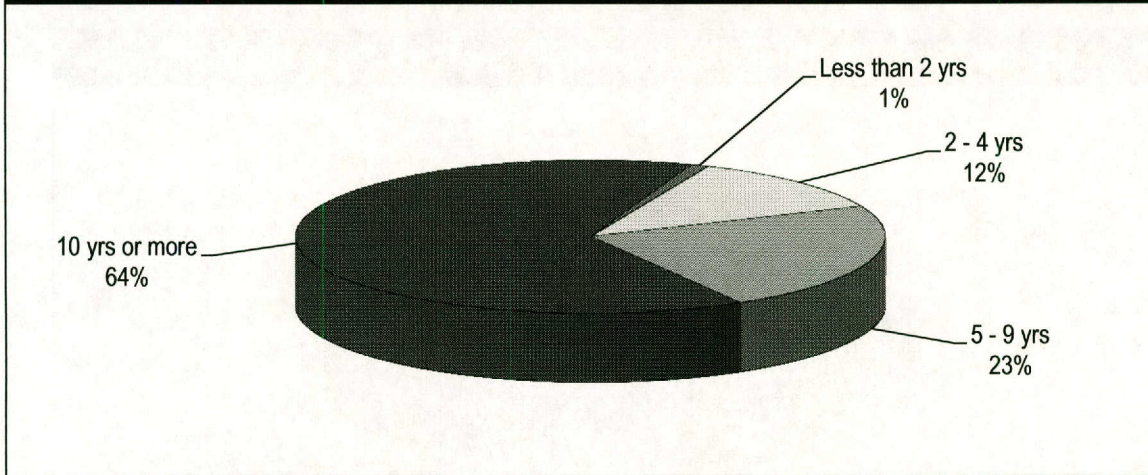
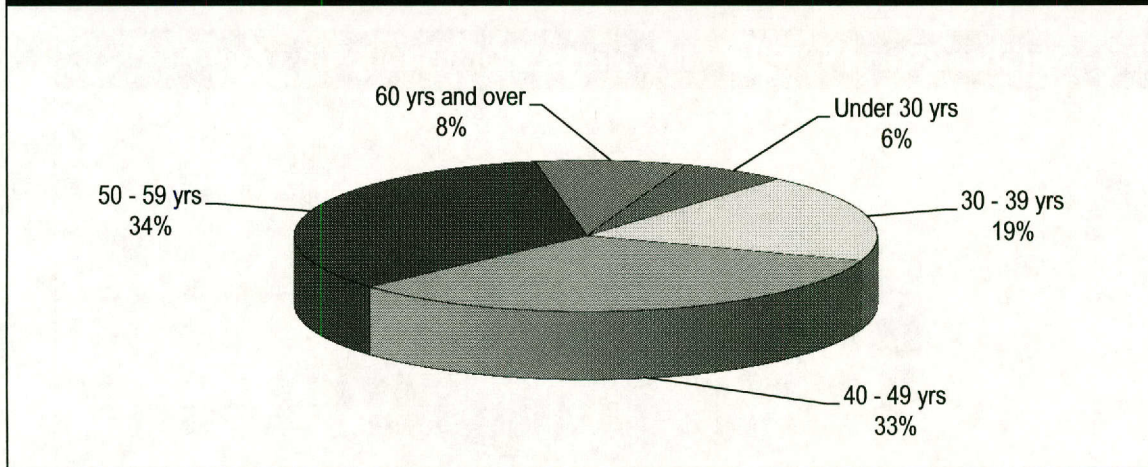


Figure 25: HHSC Hospital Based Workers – Distribution by Age



Turnover for these employees is currently below the state average (of 17.6 percent) at about 12 percent.^{120 121}

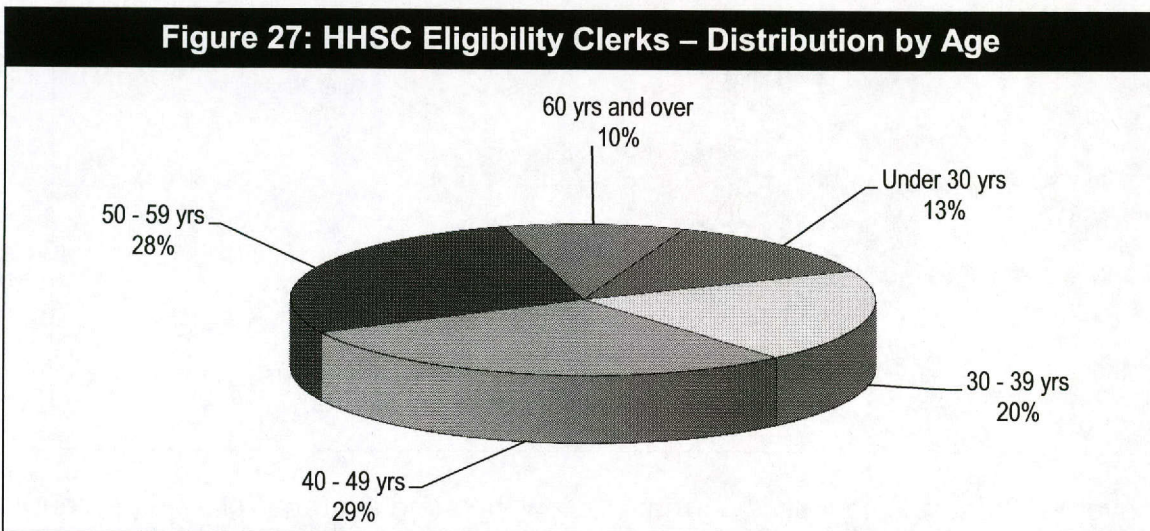
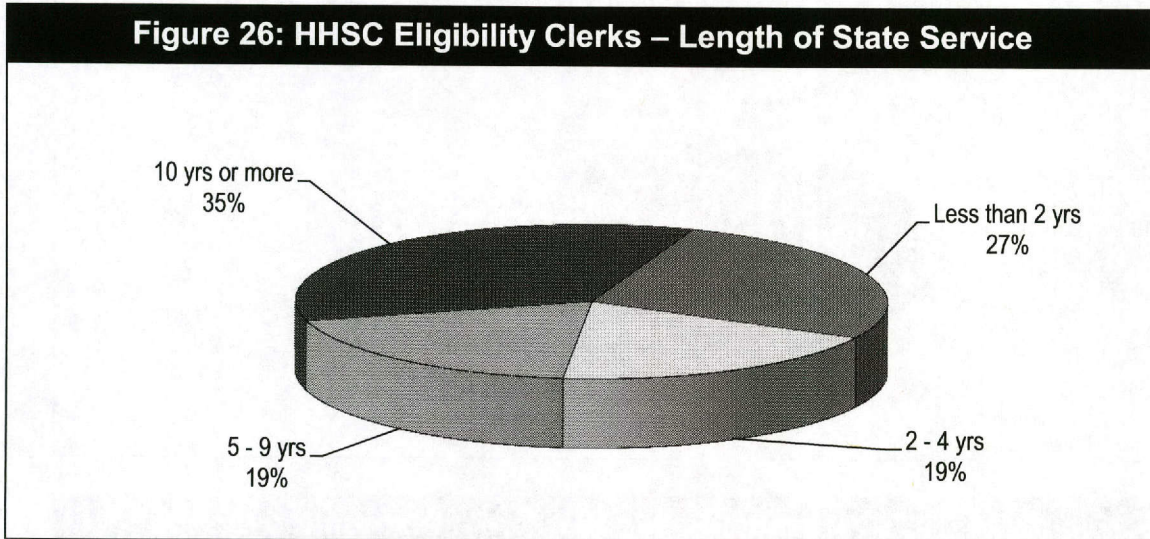
¹¹⁹ HHSAS Database, FY 2013 data.

¹²⁰ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

¹²¹ Ibid.

Eligibility Clerks

HHSC employs about 1,680 eligibility clerks in various clerical, administrative assistant and customer service representative positions.¹²² The typical eligibility clerk is 45 years of age and has an average of nine years of state service.¹²³



The turnover rate for eligibility clerks during fiscal year 2013 was high at about 21 percent, representing the loss of 374 employees. This rate is significantly higher than the statewide turnover rate of 17.6 percent.¹²⁴

Recruitment and retention for these jobs are ongoing challenges.

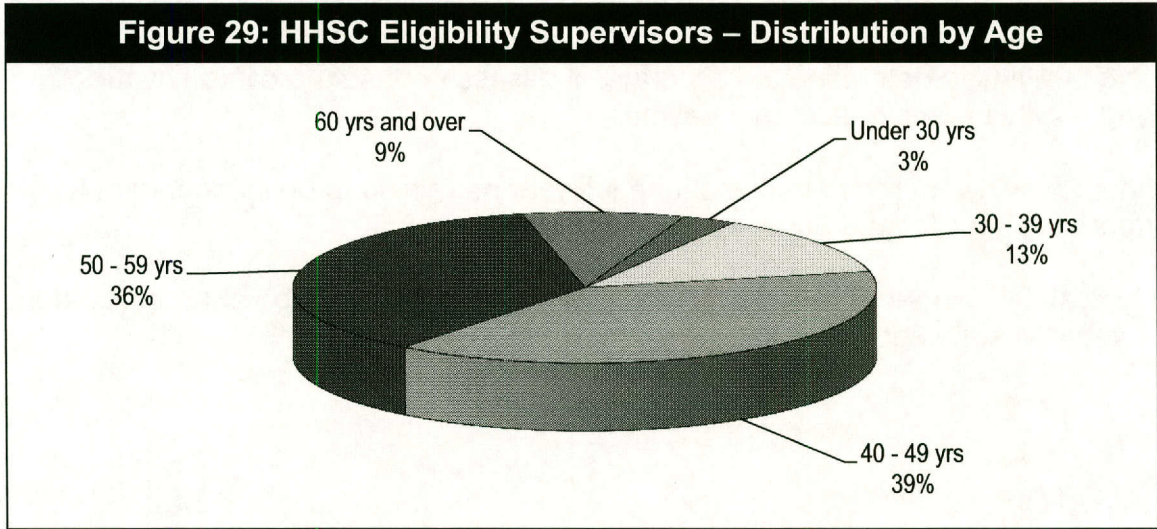
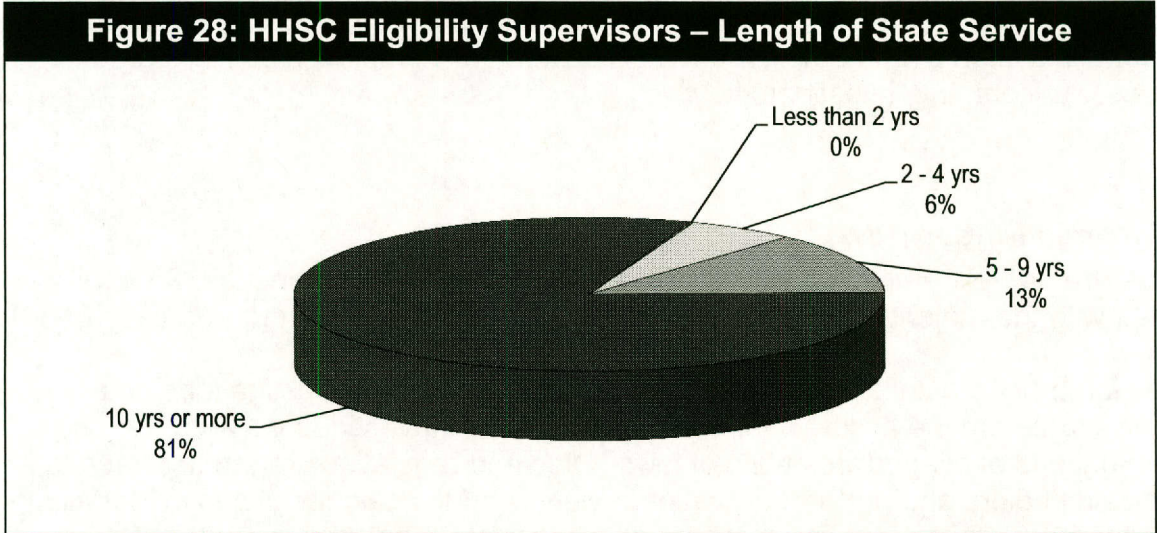
¹²² HHSAS Database, as of 8/31/13.

¹²³ HHSAS Database, FY 2013 data.

¹²⁴ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

Eligibility Supervisors

Approximately 530 eligibility supervisors are employed within HHSC. These highly-tenured supervisors have an average of 19 years of state service (81 percent of these employees have 10 or more years of state service), with an average age of 48.¹²⁵



Though turnover for these employees is well managed at about seven percent, 21 percent of these employees are currently eligible to retire from state employment.^{126 127}

¹²⁵ HHSAS Database, FY 2013 data.

¹²⁶ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

¹²⁷ Ibid.

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

Office of Inspector General (OIG) Staff

Across the state, there are about 600 OIG employees with the agency. The majority of these individuals (396 employees or 66 percent) are employed as registered nurses, auditors and investigators.¹²⁸

Registered Nurses (RNs)

There are 64 RNs employed as Nurse IVs within the Office of Inspector General (OIG), with the majority (78 percent) working in Quality Assistance.¹²⁹

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

OIG nurse reviewers require at least one full year of training to be independent to conduct both hospital and nursing facility reviews.

The typical OIG Nurse IV is about 56 years old and has an average of approximately eight years of state service.¹³⁰

¹²⁸ HHSAS Database, FY 2013 data.

¹²⁹ HHSAS Database, as of 8/31/13.

¹³⁰ Ibid.

Figure 30: HHSC OIG Nurse IVs – Length of State Service

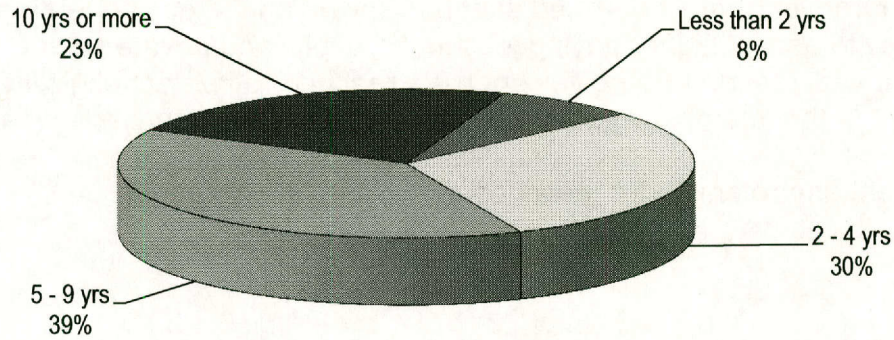
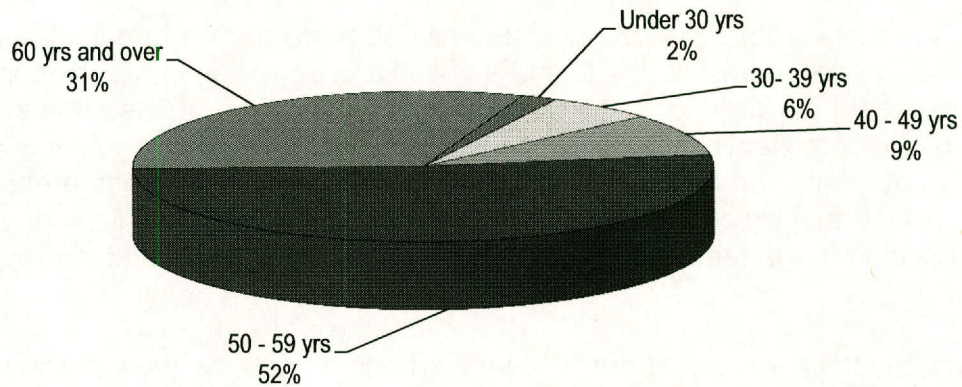


Figure 31: HHSC OIG Nurse IVs – Distribution by Age



The turnover rate for OIG Nurse IVs is considered high at about 19 percent.¹³¹

Recruitment and retention of the RNs remains one of the most critical issues for OIG due to extensive travel requirements and salary constraints. OIG Nurse IVs earn an average annual salary of \$55,554, which is below both the state and national average.¹³² The average annual earnings for RNs in 2013 was \$68,910 nationally, and \$67,860 in Texas.¹³³ The State Auditor’s Office 2012 market index analysis

¹³¹ HHSAS Database, FY 2013 data.

¹³² HHSAS Database, as of 8/31/13.

¹³³ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 4/22/14.

found the average state salary for Nurse IVs to be five percent behind the market rate.¹³⁴

The high turnover of most qualified staff has shown an increasing tendency to leave the agency to accept higher paying jobs in the public and private sector. In addition, in the past year, several RN reviewers have reached retirement eligibility. Currently, 22 percent of these employees are eligible to retire from state employment.¹³⁵

Recruitment and retention for these jobs are ongoing challenges.

Auditors

There are about 130 auditor positions with HHSC, with about 87 percent working in the Office of Inspector General (OIG). Of these staff, about 71 percent work in Audit Consolidated, and the remaining 28 percent are divided among numerous units within OIG, including Medicaid/CHIP Audit, WIC Vendor Monitoring, Hospital Audits and OIG Managed Care Operations.

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

The typical OIG auditor is about 51 years old and has an average of 13 years of state service.¹³⁶

¹³⁴ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

¹³⁵ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

¹³⁶ HHSAS Database, as of 8/31/13.

Figure 32: HHSC OIG Auditors – Length of State Service

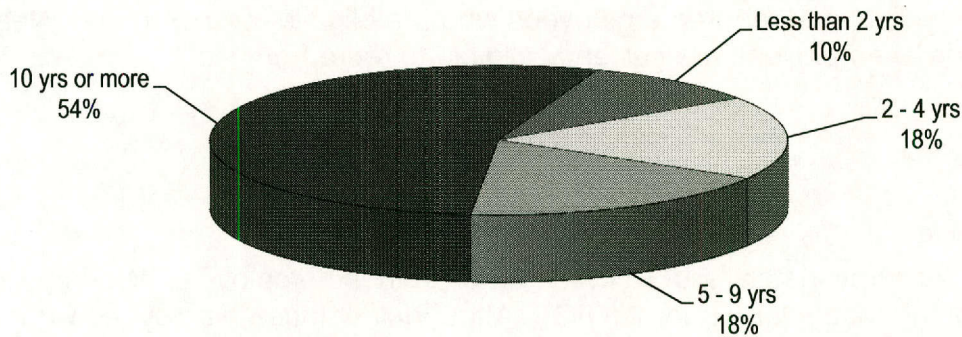
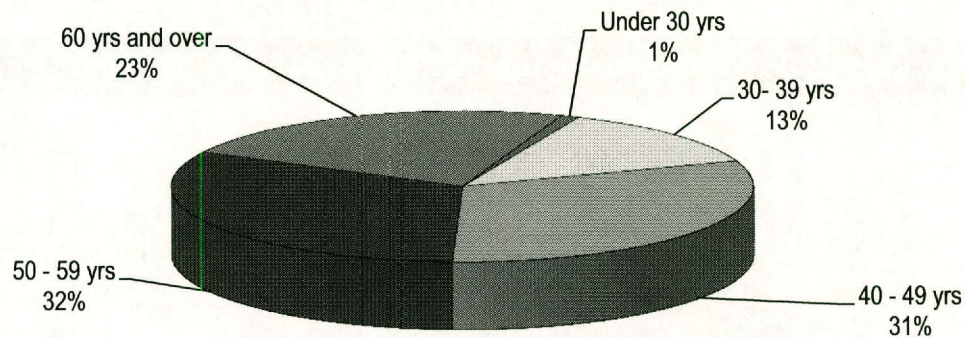


Figure 33: HHSC OIG Auditors – Distribution by Age



HHSC OIG auditors earn an average annual salary of \$50,816, which is below both the state and national average.¹³⁷ The average annual earnings for accountants and auditors in 2013 was \$72,500 nationally, and \$73,600 in Texas.¹³⁸ In addition, the State Auditor's Office 2012 market index analysis found the average state salary for auditors ranged from 10 percent behind the market rate to three percent above the market rate.¹³⁹

¹³⁷ HHSAS Database, as of 8/31/13.

¹³⁸ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 4/23/14.

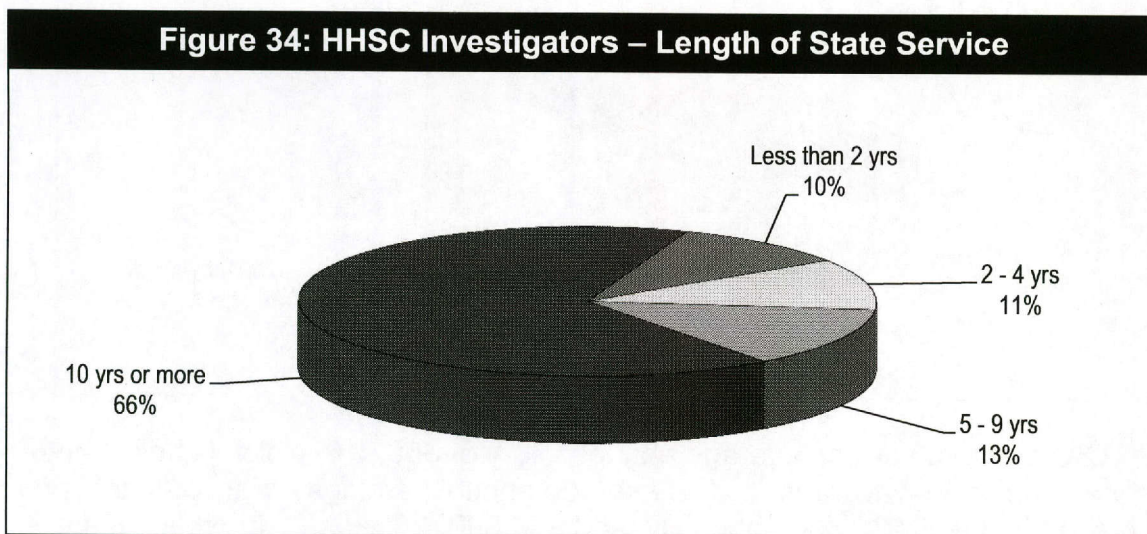
¹³⁹ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

Turnover for these employees is high at about 20 percent, representing the loss of 22 employees in fiscal year 2013.¹⁴⁰

HHSC may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. Nearly a quarter of these employees are currently eligible to retire from state employment.^{141 142}

Investigators

There are 222 investigators with HHSC, with all of these employees working within the Office of the Inspector General (OIG). About half of these employees work in the General Investigations section of the Enforcement Division, with the rest divided among numerous units within OIG, including Criminal History Checks, Internal Affairs Consolidations, Medical Provider Integrity, and Sanctions. The typical investigator is about 47 years old and has an average of 15 years of state service. Over 65 percent of these employees have 10 or more years of state service.¹⁴³



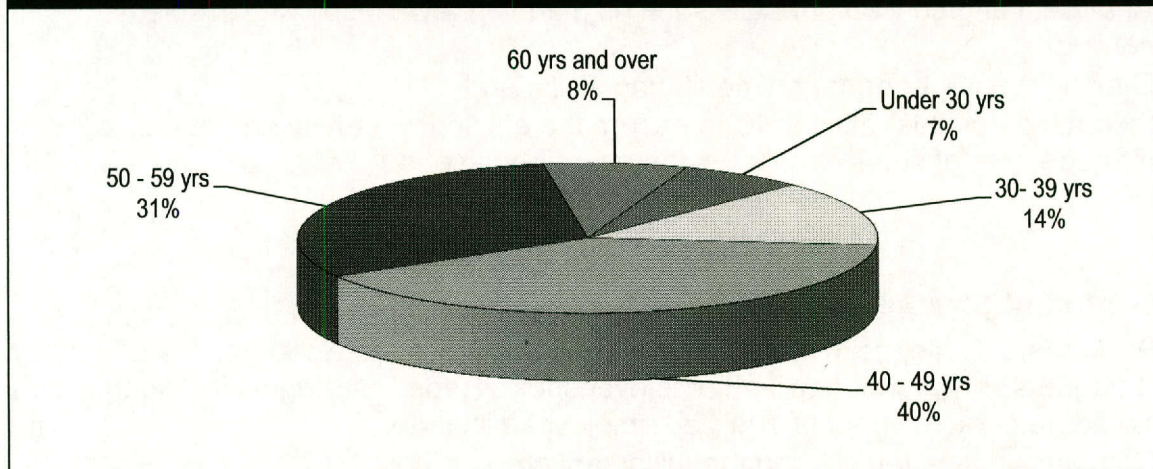
¹⁴⁰ HHSAS Database, FY 2013 data.

¹⁴¹ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

¹⁴² HHSAS Database, FY 2013 data.

¹⁴³ Ibid.

Figure 35: HHSC Investigators – Distribution by Age



Investigators at HHSC earn an average annual salary of \$46,084, which is below both the state and national average. The average annual earnings for investigators in 2013 was \$66,770 nationally, and \$66,540 in Texas.^{144 145}

Though turnover for these highly-tenured employees is well managed at about 11 percent, about 13 percent of these employees are currently eligible to retire from state employment.¹⁴⁶

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;

¹⁴⁴ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 4/23/14.

¹⁴⁵ Occupational title used is Compliance Officers.

¹⁴⁶ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

- ◆ 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;
- ◆ Flexible scheduling, alternative officing, and telework;
- ◆ Defined career progression programs;
- ◆ Intern programs; and
- ◆ Partnering with colleges and universities to recruit hard-to-fill jobs.

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

Retention Strategies

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

- ◆ One-time merit awards;
- ◆ Salary equity adjustments;
- ◆ Retention bonus payments;
- ◆ Performance recognition;
- ◆ Defined career progression;
- ◆ Mentoring programs;
- ◆ Professional development and education assistance;
- ◆ Basic and advanced computer training;
- ◆ Management skills training;

- ◆ Cross training, including opportunities for eligibility staff to work on statewide projects;
- ◆ Review and evaluate the current eligibility worker compensation plan to define career path options;
- ◆ Enhance the work environment for staff by upgrading telephone equipment and facilities;
- ◆ Utilize the findings of the Survey of Employee Engagement to design initiatives that proactively address lower-scoring constructs, and monitor future surveys for impact;
- ◆ 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 face-to-face;
- ◆ Continue training agency supervisors/managers/leaders to perform their job duties and support their staff by strengthening their understanding of leadership and retention;
- ◆ Certification and/or licensure fee reimbursement;
- ◆ Tuition reimbursement/granting of academic stipend and educational leave; and
- ◆ Production-based pay incentives.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

MISSION

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

SCOPE

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

Every day, over 10,600 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.¹⁴⁷

CORE BUSINESS FUNCTIONS

DFPS has the following four major program 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:

¹⁴⁷ HHSAS Database, as of 8/31/13.

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

WORKFORCE DEMOGRAPHICS

DFPS is the fourth largest agency in the HHS System. The agency currently employs a little over 10,600 employees, with the majority of the workforce located in offices throughout the state.¹⁴⁸ 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.¹⁴⁹

¹⁴⁸ HHSAS Database, as of 8/31/13.

¹⁴⁹ HHSAS Database, as of 8/31/13. Note: References to “CPS workers” in this document refer to both CPS specialists and CPS investigators.

About 82 percent of DFPS employees (8,723 employees) work in only 12 job families.¹⁵⁰

Table 17: Largest Program Job Families and Average Salaries¹⁵¹

Job Family	Number of Employees	Average Salary
Child Protective Services (CPS) Workers ¹⁵²	4,204	\$36,592
Clerical Workers	1,028	\$26,765
CPS Supervisors	904	\$46,224
Adult Protective Services (APS) Specialists	679	\$36,996
Human Services Technicians	493	\$26,228
Child Care Licensing (CCL) and Residential Licensing Services (RCCL) Specialists ¹⁵³	330	\$36,394
State Wide Intake (SWI) Specialists ¹⁵⁴	303	\$35,828
Inspectors	282	\$36,114
Program Specialists	155	\$50,651
System Analysts	122	\$59,237
Managers	117	\$63,509
APS Supervisors	106	\$46,691

Salary

DFPS employees are, on the average, the second highest paid employees in the HHS System, earning an average annual salary of \$38,892.¹⁵⁵

Gender

Females make up 84 percent of the agency workforce.¹⁵⁶

¹⁵⁰ HHSAS Database, as of 8/31/13.

¹⁵¹ Includes CPS Stipend pay (CPI).

¹⁵² CPS workers include CPS specialists and CPS investigators.

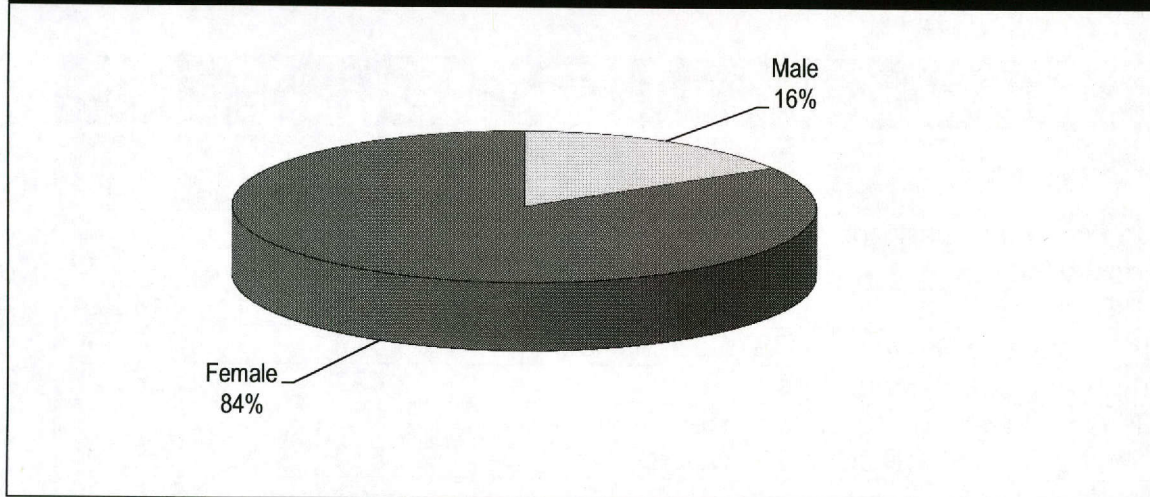
¹⁵³ CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators.

¹⁵⁴ SWI specialists include Protective Services Intake Specialists I-V.

¹⁵⁵ HHSAS Database, as of 8/31/13.

¹⁵⁶ Ibid.

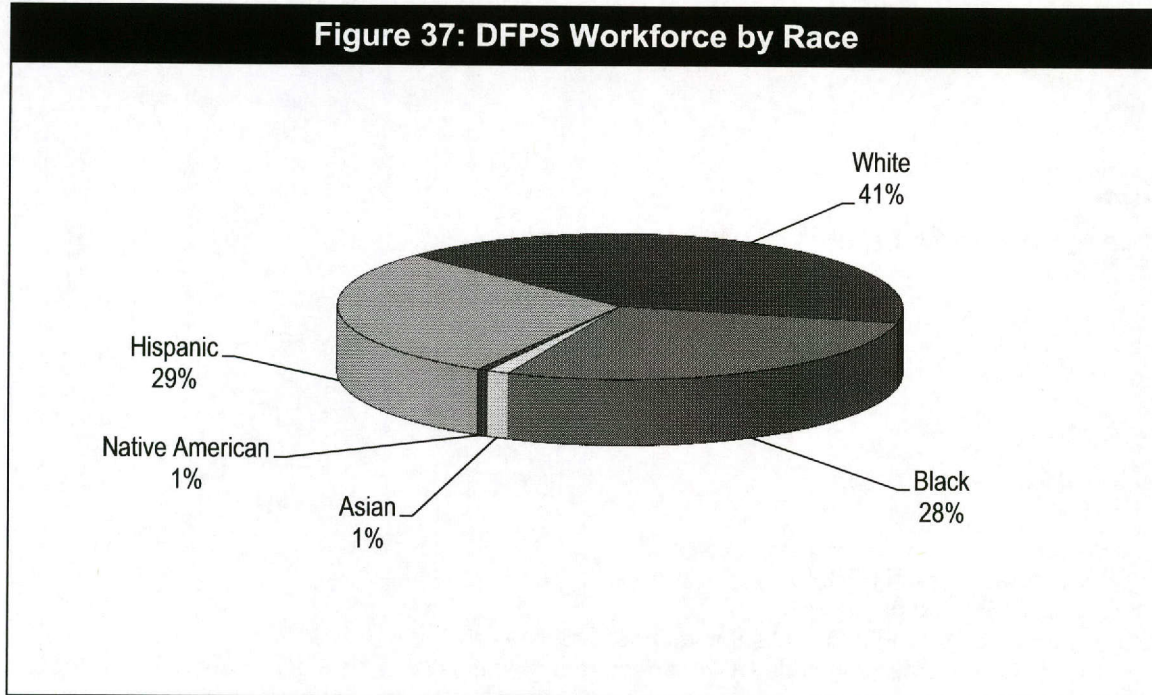
Figure 36: DFPS Workforce by Gender



Race

White employees represent the largest racial group at 41 percent, followed by Hispanic employees at 29 percent and Black employees at 28 percent.¹⁵⁷ The agency encourages diversity in its workforce, which is supported by its hiring practices.

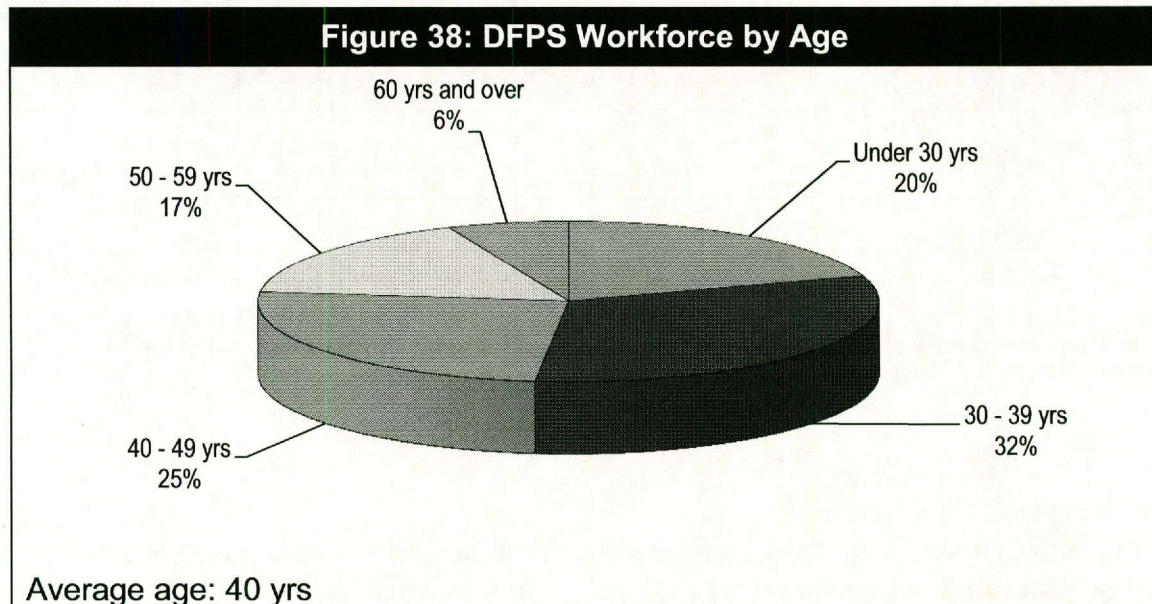
Figure 37: DFPS Workforce by Race



¹⁵⁷ HHSAS Database, as of 8/31/13.

Age

The average age of a DFPS employee is 40 years, the youngest of all HHS agencies. Over 50 percent of the agency's workforce is under 40 years.¹⁵⁸



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.^{159 160}

¹⁵⁸ HHSAS Database, as of 8/31/13.

¹⁵⁹ Ibid.

¹⁶⁰ 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 18: DFPS Utilization Analysis Results

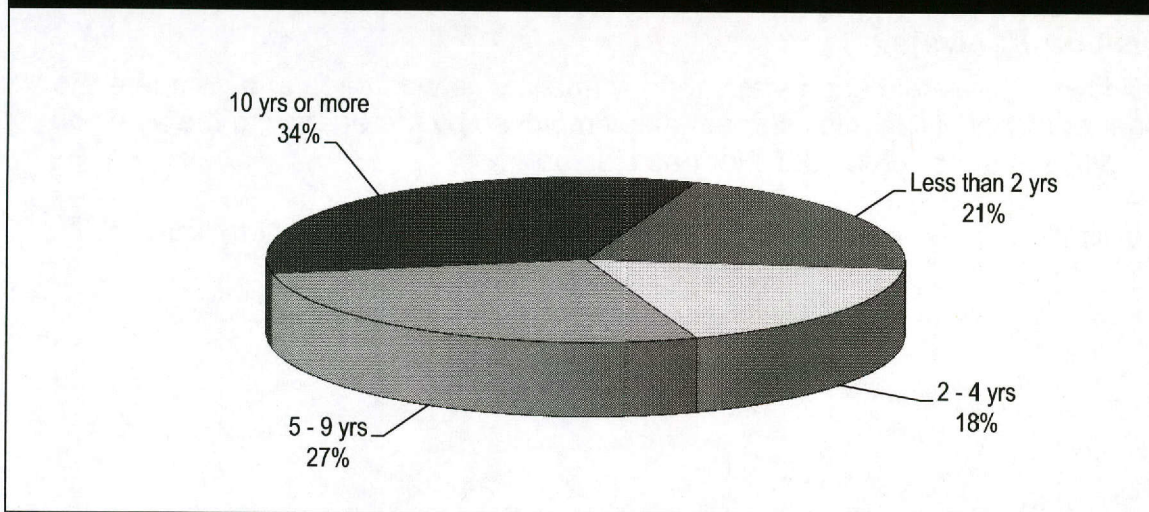
Job Category	Black			Hispanic			Female		
	DFPS %	CLF %	Underutilization (If Yes, # needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	23.2%	7.2%	No	17.1%	12.3%	No	78.5%	32.6%	No
Professionals	18.4%	9.4%	No	24.7%	11.6%	No	69.2%	49.0%	No
Technicians	27.8%	13.9%	No	26.7%	19.7%	No	79.4%	42.1%	No
Protective Service	30.0%	18.0%	No	27.0%	23.1%	No	84.9%	21.6%	No
Para-Professionals	32.8%	14.3%	No	39.0%	25.7%	No	89.5%	56.3%	No
Administrative Support	26.8%	19.4%	No	41.3%	26.8%	No	93.9%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	0.0%	35.2%	N/A	100.0%	16.5%	N/A
Service Maintenance	0.0%	20.4%	N/A	0.0%	43.7%	N/A	0.0%	44.4%	N/A

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

State Service

Not only does DFPS have the youngest workers, it also has the least tenured. About 66 percent have less than 10 years of state service.¹⁶¹

Figure 39: DFPS Workforce by Length of State Service



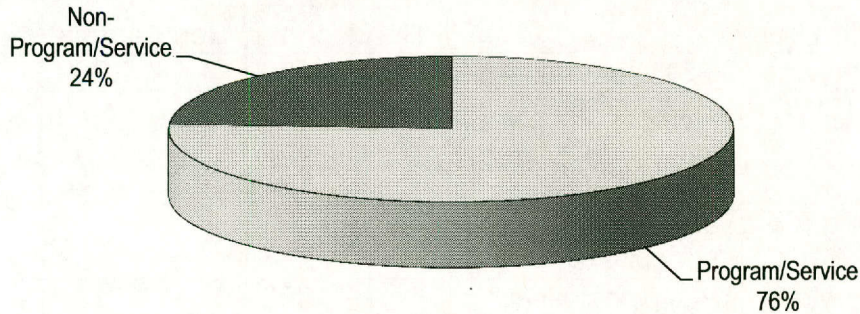
Return-to-Work Retirees

DFPS employs 297 return-to-work retirees. The majority of these retirees (76 percent) work in the program/service related areas.¹⁶²

¹⁶¹ HHSAS Database, as of 8/31/13.

¹⁶² Ibid.

Figure 40: DFPS Return-to-Work Retirees



TURNOVER

The turnover rate during fiscal year 2013 was 18.8 percent. This rate is slightly higher than the statewide turnover rate of 17.6 percent. The majority of these separations (approximately 89 percent) were voluntary separations from state employment.¹⁶³

Table 19: Reason for Separation

Reason	Separations	Percentage ¹⁶⁴
Voluntary Separations		
Personal reasons	1,487	70.9%
Transfer to another agency	164	7.8%
Retirement	213	10.2%
Involuntary Separations		
Termination at Will	26	1.2%
Resignation in Lieu	90	4.3%
Dismissal for Cause	110	5.2%

The following table indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2013.¹⁶⁵

¹⁶³ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

¹⁶⁴ Death accounted for .4% of separations.

¹⁶⁵ HHSAS Database, FY 2013 data.

Table 20: FY 13 Turnover for Significant Job Families¹⁶⁶

Job Family	Average Annual Headcount	Separations	Turnover Rate
Child Protective Services (CPS) Workers ¹⁶⁷	4,589	1,269	27.7%
State Wide Intake (SWI) Specialists ¹⁶⁸	331	70	21.2%
Inspectors	309	61	19.7%
System Analysts	124	24	19.4%
Child Care Licensing (CCL) and Residential Licensing Services (RCCL) Specialists ¹⁶⁹	354	68	19.2%
Adult Protective Services (APS) Specialists	692	121	17.5%
System Support Specialists	92	15	16.3%
Managers	121	17	14.0%
Attorneys	88	12	13.6%
Clerical Workers	1,038	140	13.5%
APS Supervisors	110	14	12.8%

RETIREMENT PROJECTIONS

Currently, only eight percent of the DFPS workforce is eligible to retire from state employment.¹⁷⁰ These eligibility levels are the lowest of all HHS agencies.

About two percent of the DFPS workforce retired in FY 2013. Within the last five years, the retirement turnover rate has nearly doubled. If this trend continues, the retirement turnover rate may increase to approximately four percent in the next five years.¹⁷¹

¹⁶⁶ 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.

¹⁶⁷ CPS workers include CPS specialists and CPS investigators.

¹⁶⁸ SWI specialists include Protective Services Intake Specialists I-V.

¹⁶⁹ CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators.

¹⁷⁰ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

¹⁷¹ HHSAS Database.

**Table 21: DFPS Retirements - Percent of Workforce
(FY 09 – FY 13)**

Fiscal Year	Average Annual Headcount	Retirement Losses	Retirement Turnover Rate
2009	10,894	129	1.1%
2010	11,125	116	1.0%
2011	10,619	154	1.4%
2012	10,630	157	1.4%
2013	10,666	213	1.9%

**Table 22: DFPS First Time Retirement Eligible Projection
(FY 13 – FY 18)**

Fiscal Year	Number of Eligible Employees	Percent of Workforce
2013	169	1.6%
2014	205	1.9%
2015	215	2.0%
2016	259	2.4%
2017	280	2.6%
2018	318	3.0%

EXPECTED WORKFORCE CHALLENGES

There are about 286,000 child, family and school social workers in the U.S., with a projected 15.1 percent increase in job openings by the year 2022.¹⁷²

In the 83rd Legislative Session, DFPS was provided with approximately 1,100 additional frontline CPS and CCL positions to be hired in FY 14. Expectations are that additional staff will eventually lower caseloads, thereby assisting in a reduction of turnover. Regardless, high turnover in specific locations in the state and in programs like APS or SWI still require specialized attention.

After hiring and training the expected influx of staff coming to the agency in FY 14, the greatest workforce challenge that DFPS will have is retaining these workers, as well as retaining staff in all other areas of the agency.

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

¹⁷² U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 4/9/14.

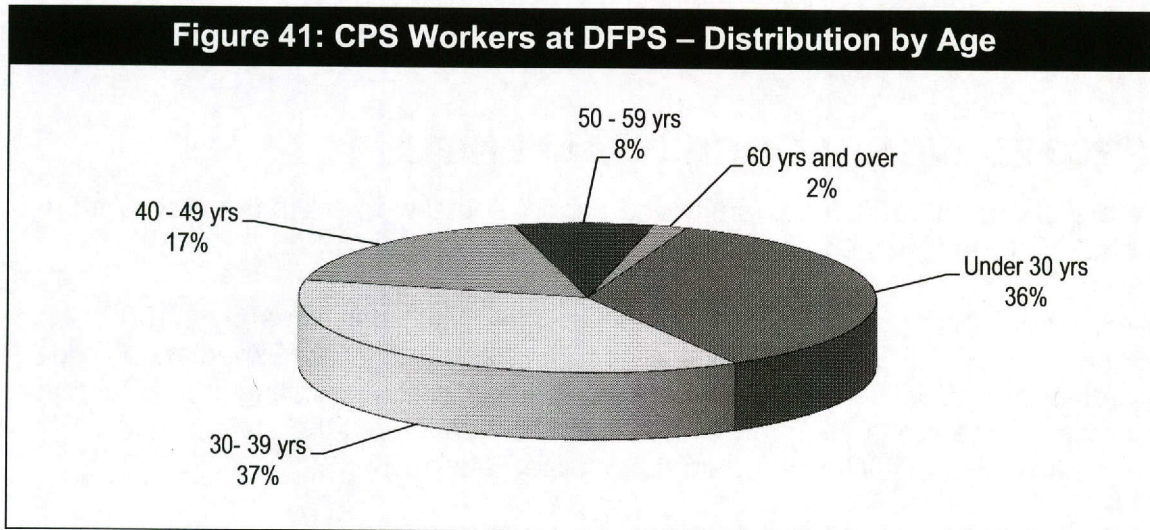
with vulnerable children and adults in dire need and with those who may be maltreating them.

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

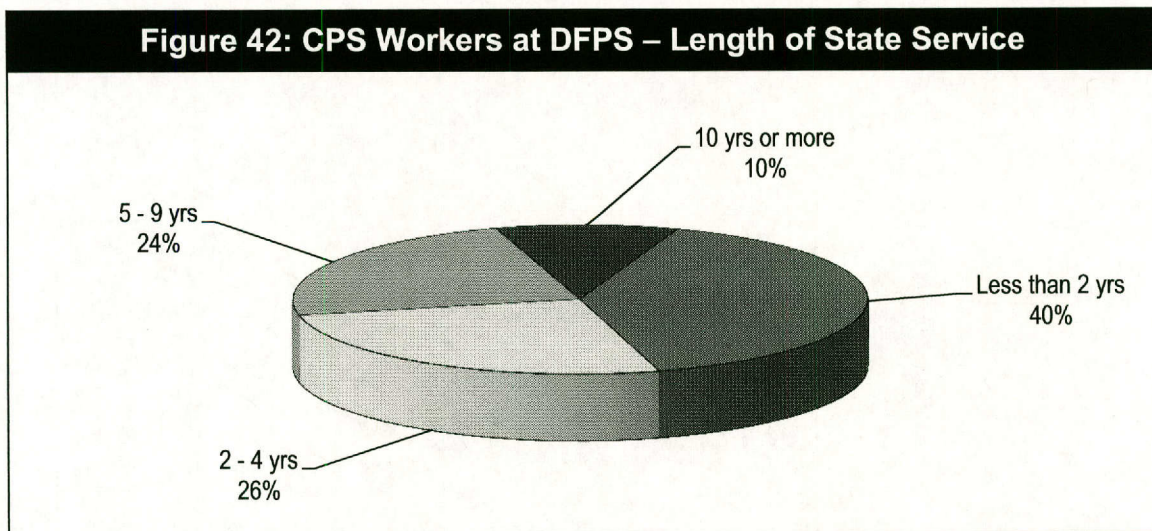
- ◆ Competitively recruit, retain and train quality staff to adequately manage increasing caseloads and provide quality services to clients;
- ◆ Meet the training demands of new staff, explore innovative ways to improve skills and provide policy refresher training for supervisors and caseworkers; and
- ◆ Maintain hiring efforts to fill protective services worker positions and Child Care Licensing (CCL) and Residential Licensing Services (RCCL) specialist positions that are experiencing high turnover.

Child Protective Services (CPS) Workers

There are 4,204 filled CPS worker positions (1,755 CPS investigators and 2,449 CPS specialists). CPS workers are young (over 70 percent are under 40 years of age), with an average age of approximately 35 years and an average of about five years of state service. About 40 percent of these workers have less than two years of state service.¹⁷³



¹⁷³ HHSAS Database, as of 8/31/13.



Turnover with this group of employees is considered high, at almost 28 percent.

As caseloads continue to increase, recruitment and retention of employees with an aptitude for CPS casework continues to be a challenge for the agency.

Statewide Intake Specialists (SWIs)¹⁷⁴

There are approximately 300 SWI specialists with DFPS. With an average age of about 38, approximately 61 percent of these specialists are under 40 years of age. SWI specialists have an average of about eight years of state service, with about 22 percent having less than two years of state service.

Turnover for SWI specialists is considered high at approximately 21 percent.¹⁷⁵

¹⁷⁴ SWI specialists include Protective Services Intake Specialists I-V.

¹⁷⁵ HHSAS Database, as of 8/31/13.

Figure 43: SWI Specialists at DFPS – Distribution by Age

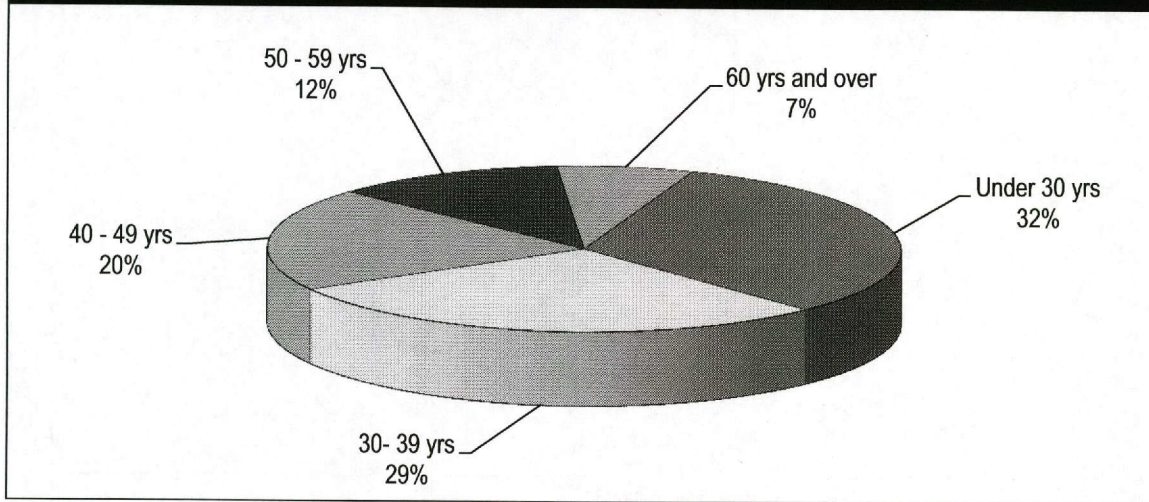
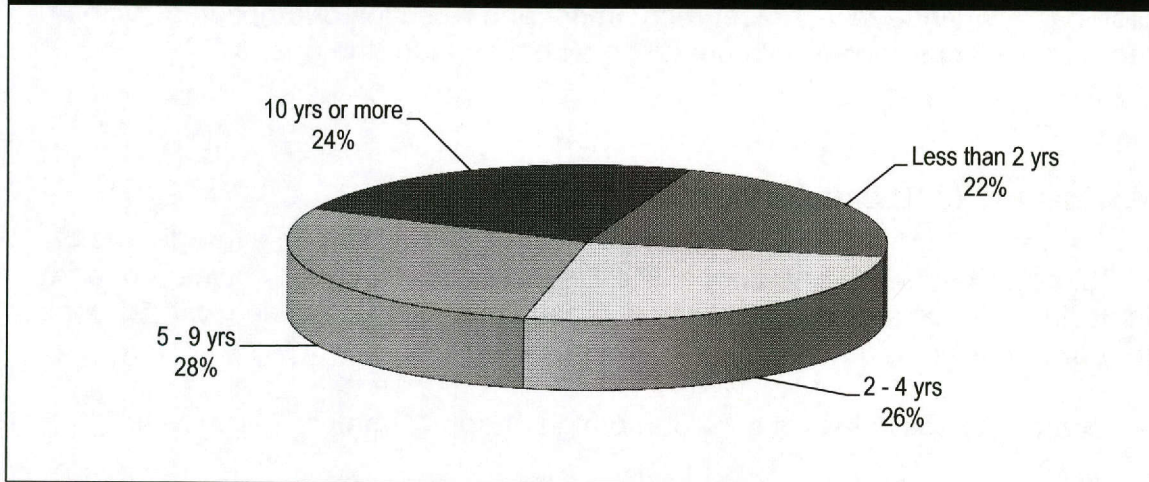


Figure 44: SWI Specialists at DFPS -- Length of State Service



Adult Protective Services (APS) Specialists

There are about 680 APS specialists with DFPS. The typical APS specialist is 41 years of age and has an average of eight years of state service. About 40 percent of these employees have less than five years of state service.^{176 177}

¹⁷⁶ HHSAS Database, as of 8/31/13.

¹⁷⁷ Ibid.

Figure 45: APS Specialists at DFPS – Distribution by Age

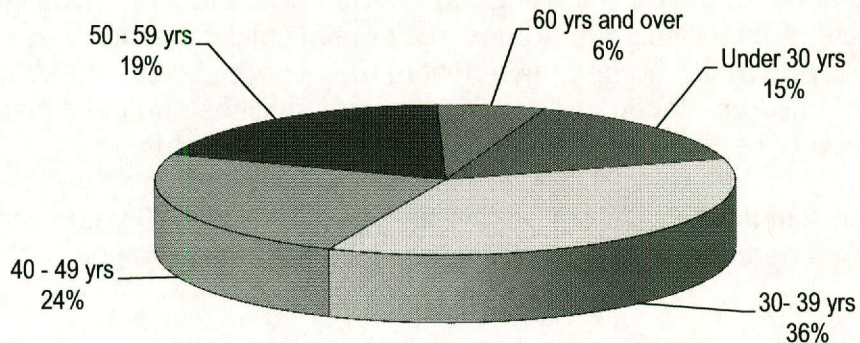
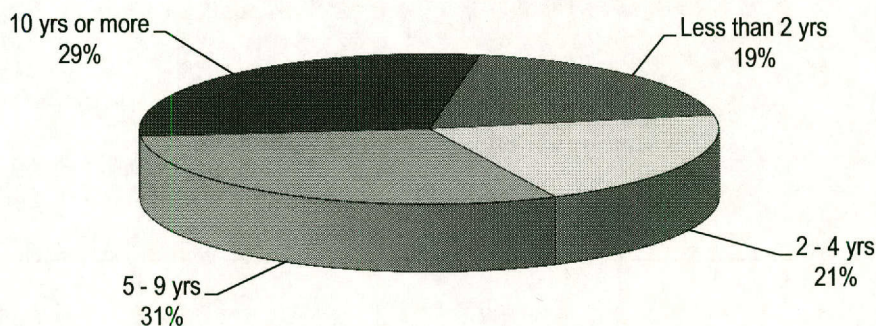


Figure 46: APS Specialists at DFPS -- Length of State Service



During fiscal year 2013, APS specialist turnover was slightly under the state average of 17.6 percent, at 17.5 percent.^{178 179}

With the aging of the Texas population, the agency anticipates an increasing demand for adult protective services.

¹⁷⁸ HHSAS Database, FY 2013 data.

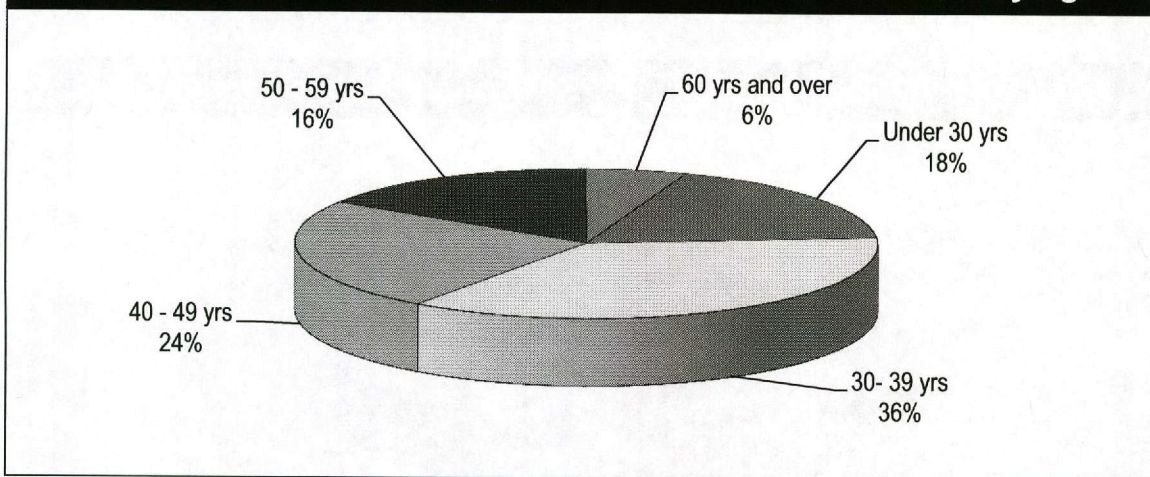
¹⁷⁹ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

Child Care Licensing (CCL) and Residential Licensing Services (RCCL) Specialists¹⁸⁰

DFPS employs about 330 CCL and RCCL specialists who monitor, investigate and inspect child day-care facilities and homes, residential child care facilities, child-placing agencies and foster homes. In addition, they conduct child abuse/neglect investigations of children placed in 24-hour childcare facilities and child placing agencies licensed or certified by Residential Child Care Licensing.

The typical specialist is 40 years of age and has an average of 10 years of state service. About 34 percent of these employees have less than five years of state service.^{181 182}

Figure 47: CCL and RCCL Specialists at DFPS – Distribution by Age

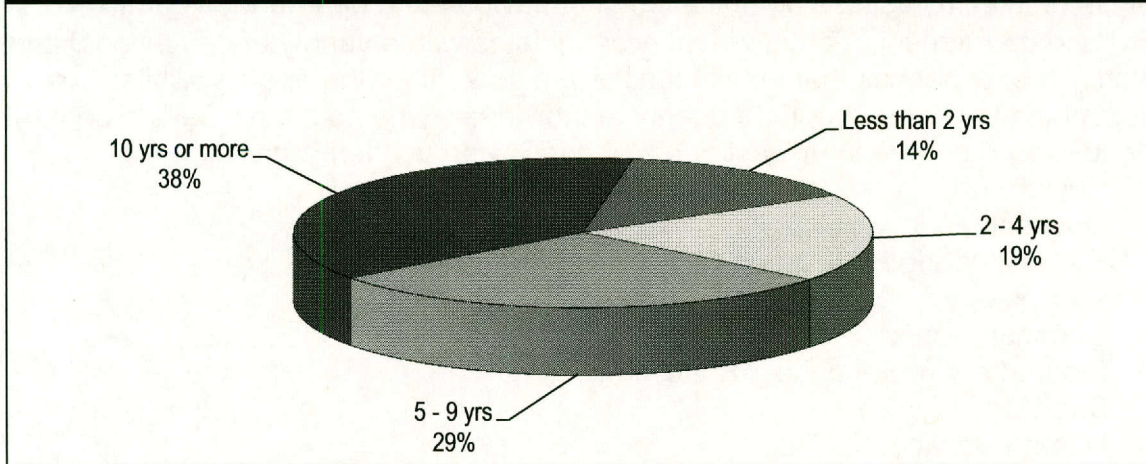


¹⁸⁰ CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators.

¹⁸¹ HHSAS Database, as of 8/31/13.

¹⁸² Ibid.

Figure 48: CCL and RCCL Specialists at DFPS -- Length of State Service



During fiscal year 2013, CCL and RCCL specialist turnover was high at 19 percent.¹⁸³

To deal with these retention difficulties caused in part by increasing caseloads, DFPS plans to increase training for existing staff and increase the number of frontline staff.

In addition, pending federal legislation would reauthorize the Child Care Development Block Grant, requiring substantial increases to Texas' current regulatory structure in order to improve the quality and safety of child day care. CCL and HHSC forecasting staff are working closely to determine the potential impact on staffing and will make recommendations should this legislation pass.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

- ◆ Continue to provide an internet resource. By clicking on the "Jobs" link from <http://www.dfps.state.tx.us>, users are taken to the "Come Work for Us" page that includes realistic job preview videos for CCL, RCCL and CPS positions, as well as written realistic job previews for all of the programs. CPS also has a self-screening test that asks applicants questions to help them decide if CPS is the right fit for them prior to applying.
- ◆ Continue to use a pre-screening test for job applicants to assess skills and performance capabilities.

¹⁸³ HHSAS Database, FY 2013 data.

- ◆ Update and expand the current interview guides to gain a greater understanding of candidates by using a combination of behavioral and open-ended questions.
- ◆ Expand recruitment efforts to identify candidates with a variety of educational and work/life experiences that may make them a good fit for the agency, while continuing to give appropriate priority to individuals who hold a bachelor's degree or advanced degree in at least one of the following academic areas:
 - Social work
 - Counseling
 - Early Childhood Education
 - Psychology
 - Criminal Justice
 - Elementary or Secondary Education
 - Sociology
 - Human Services
- ◆ Continue to provide a \$5,000 annual stipend to CPS investigation caseworkers and CPS investigation supervisors, as authorized by the General Appropriations Act.
- ◆ Continue efforts to recruit bilingual workers by using consistent testing for bilingual skills and implementing a consistent policy for bilingual pay.
- ◆ Provide an increased starting salary (6.8 percent or 3.4 percent) to social work graduates hired into APS, CPS and SWI.
- ◆ Provide the following focused recruitment activities for jobs with low applicant pools and high vacancy rates:
 - Offer 6.8 percent above base salary.
 - Provide locality pay in some areas of the state.
 - Provide recruitment bonuses to certain staff.
 - As funding allows, deploy recruiters in key areas of the state to build relationships and source potential applicants.
 - Attend job fairs and organize hiring fairs in specific areas to interview many staff in one or two days.
 - Partner with DFPS media specialists to produce special interest stories about jobs.
 - Add training sessions to accommodate all new hires.
 - Increase hiring specialist resources for targeted areas, when necessary.
 - Work with contracted partners to expedite certain hiring activities.
 - Post jobs on job search Web sites or newspapers that target needed professionals.
 - Request certain positions be posted as a "hot job" in the Centralized Accounting and Payroll/Personnel System (CAPPS).

Retention Strategies

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

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

Additionally, DFPS is pursuing the creation and staffing of a Workforce Management Division. This effort is in concert with the recent recommendation from the Sunset Commission's review of the agency.

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 who have developmental delays enjoy the same opportunities as other Texans to live independent and productive lives. The Department operates programs in five areas: the Division for Rehabilitation Services, the Division for Disability Determination Services, the Division for Blind Services, the Division for Early Childhood Intervention Services and the Center for Policy and External Relations. 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 2,890 DARS employees, in offices throughout the state, work to improve the quality of the lives of Texans with disabilities.¹⁸⁴

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 (VR). 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 societal and communication barriers to improve equal access for people who are deaf or hard of hearing.

¹⁸⁴ HHSAS Database, as of 8/31/13.

- Independent Living Services and Centers for Independent Living. Program staff promote self-sufficiency despite significant disability by providing people with improved mobility, communication, personal adjustment and self-direction skills.
- Comprehensive Rehabilitation Services. Program staff assist persons with traumatic spinal cord and traumatic brain injuries by sponsoring intensive therapies to increase independence.
- ◆ Disability Determination Services (DDS) employees make disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance and/or Supplemental Security Income. Staff examine and review medical evidence provided by claimants or their medical providers and make the determination on whether or not a claimant is disabled under the law.
- ◆ Division for Blind Services (DBS) provides services through the following programs:
 - Vocational Rehabilitation (VR). 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.
- ◆ Division for Early Childhood Intervention Services (ECI) employees coordinate a statewide system of early childhood intervention services for families of infants and toddlers, birth to age three, with disabilities or developmental delays. Services are provided through community centers, school districts, education service centers and private nonprofit organizations.
- ◆ Center for Policy and External Relations employees administer the DARS Autism Program, which champions excellence in the delivery of services for families of children with autism. Services are provided through grant contracts with local community agencies and organizations that provide applied behavioral analysis and other positive behavior support strategies.

WORKFORCE DEMOGRAPHICS

DARS is the smallest agency in the HHS System. The agency currently employs approximately 2,890 full and part-time employees, with the majority of DARS employees (about 83 percent) assigned to offices throughout Texas.¹⁸⁵ The remaining 17 percent are assigned to Central Office in Austin.¹⁸⁶ To better understand the agency’s unique workforce, the following demographic categories are examined:

Job Families

About 88 percent of DARS employees (2,540 employees) work in 10 job families, with the largest number of employees in vocational rehabilitation counselor positions (653 employees or 23 percent).¹⁸⁷

Table 23: Largest Program Job Families and Average Salaries

Job Family	Number of Employees	Average Salary
Vocational Rehabilitation Counselors	653	\$48,306
Claims Examiners	445	\$49,186
Rehabilitation Services Technicians	339	\$34,872
Program Specialists	288	\$62,454
Clerical Workers	274	\$37,278
Human Services Specialists	179	\$38,617
Managers	156	\$74,123
Administrative Support Workers	83	\$48,523
Rehabilitation Teachers	66	\$37,792
System Analysts	57	\$64,903

Salary

DARS employees earn an average annual salary of \$49,320.¹⁸⁸

Gender

DARS employees are primarily female, representing approximately 76 percent of the agency workforce (2,208 employees).¹⁸⁹

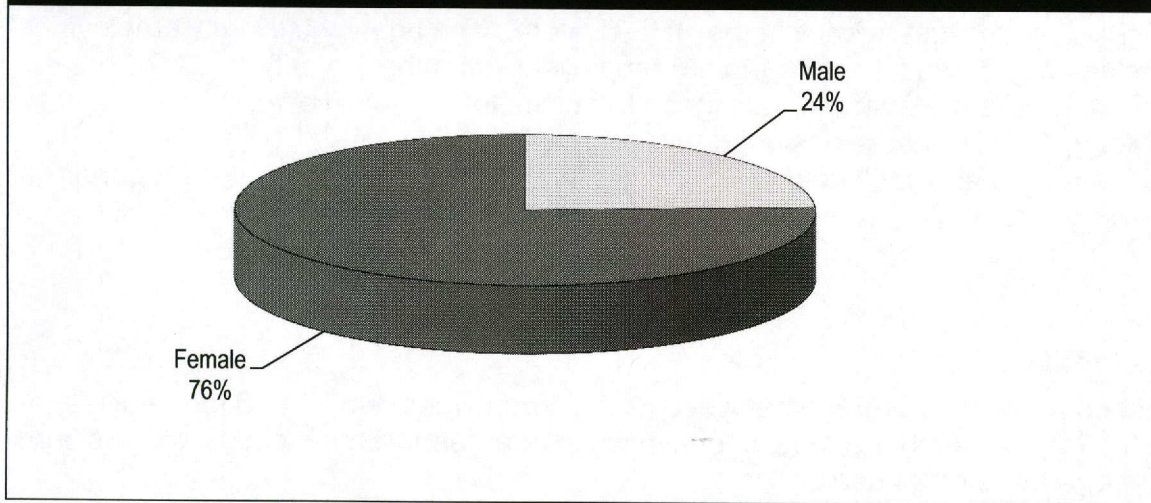
¹⁸⁵ HHSAS Database, as of 8/31/13.

¹⁸⁶ Ibid.

¹⁸⁷ Ibid.

¹⁸⁸ Ibid.

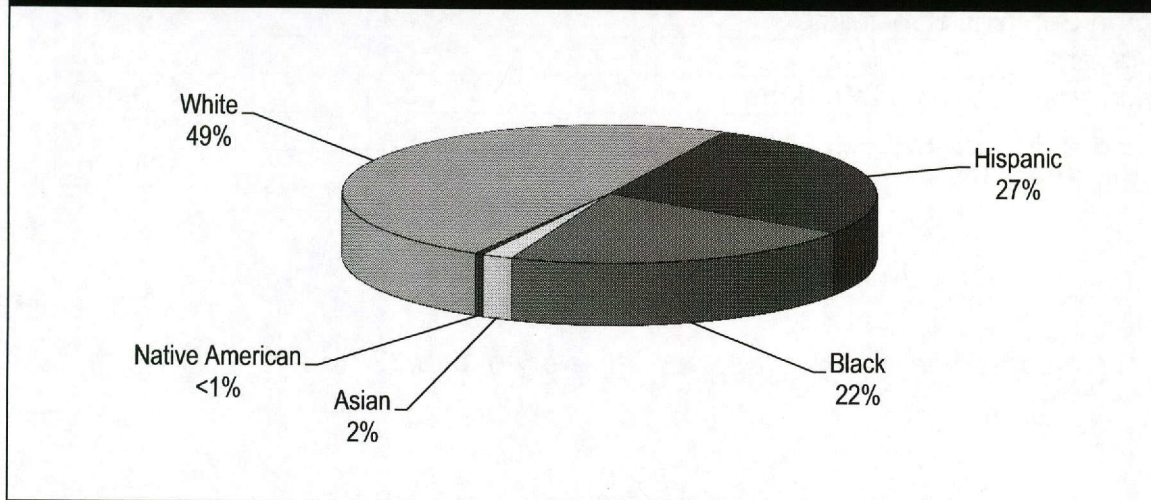
Figure 49: DARS Workforce by Gender



Race

Approximately 1,410 or 49 percent of DARS employees are White, followed by Hispanic employees at 27 percent or 788 employees and Black employees at 22 percent or 627 employees.¹⁹⁰

Figure 50: DARS Workforce by Race

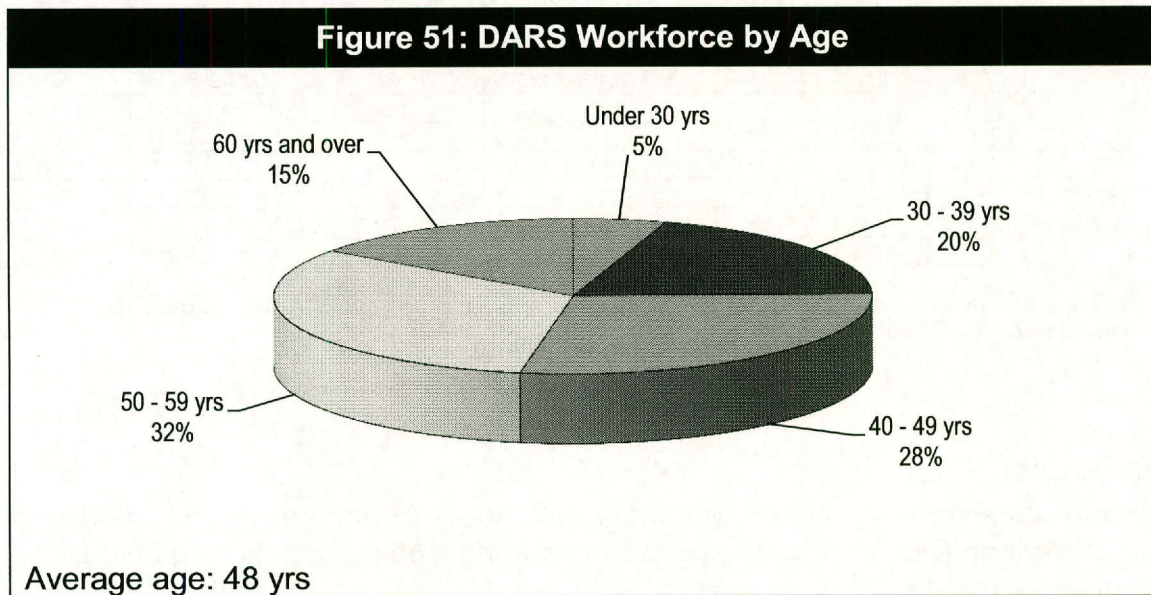


¹⁸⁹ HHSAS Database, as of 8/31/13.

¹⁹⁰ Ibid.

Age

Approximately 75 percent of DARS employees are age 40 or older, with the average age being 48 years.¹⁹¹



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.^{192 193}

¹⁹¹ HHSAS Database, as of 8/31/13.

¹⁹² Ibid.

¹⁹³ 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 24: DARS Utilization Analysis Results

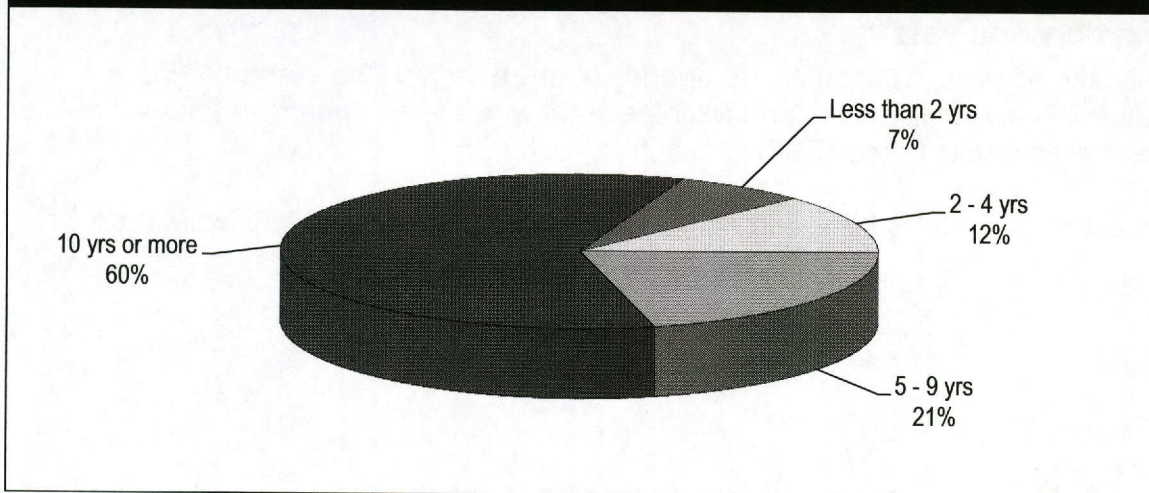
Job Category	Black			Hispanic			Female		
	DARS %	CLF %	Underutilization (If Yes, # needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	17.9%	7.2%	No	18.4%	12.3%	No	52.0%	32.6%	No
Professionals	20.8%	9.4%	No	26.2%	11.6%	No	76.0%	49.0%	No
Technicians	5.3%	13.9%	N/A	31.6%	19.7%	N/A	47.4%	42.1%	N/A
Protective Service	0.0%	18.0%	N/A	0.0%	23.1%	N/A	0.0%	21.6%	N/A
Para-Professionals	30.6%	14.3%	No	31.3%	25.7%	No	91.7%	56.3%	No
Administrative Support	26.1%	19.4%	No	37.9%	26.8%	No	90.8%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	75.0%	35.2%	N/A	0.0%	16.5%	N/A
Service Maintenance	50.0%	20.4%	N/A	10.0%	43.7%	N/A	40.0%	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 93 percent of the workforce having more than two years of state service, and about 60 percent having at least 10 years of state service.¹⁹⁴

Figure 52: DARS Workforce by Length of State Service

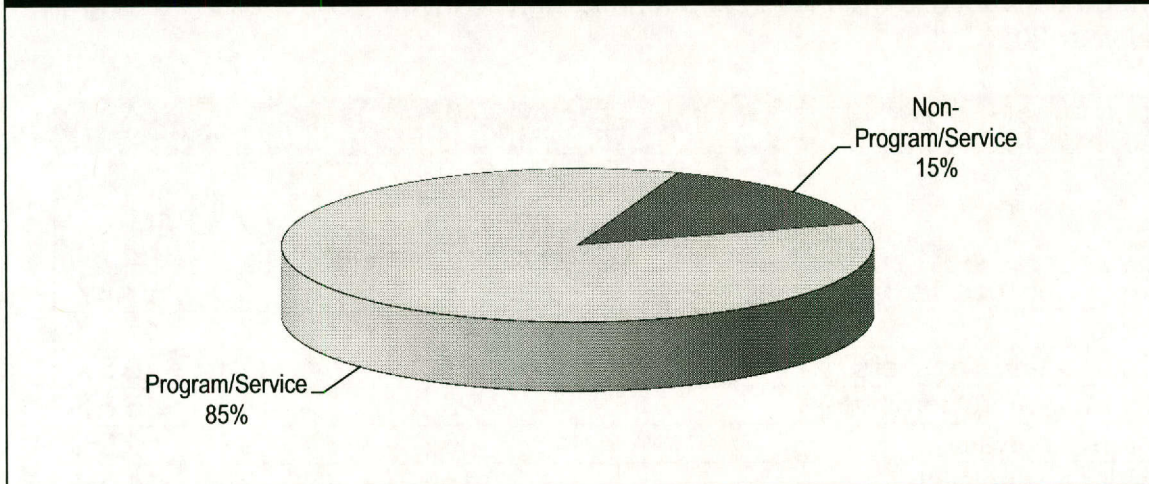


Return-to-Work Retirees

DARS employs 122 return-to-work retirees, representing about four percent of its total workforce. The majority of these retirees (85 percent) work in program/service related areas.¹⁹⁵

¹⁹⁴ HHSAS Database, as of 8/31/13.

Figure 53: DARS Return-to-Work Retirees



TURNOVER

The DARS turnover rate during fiscal year 2013 was 12.4 percent, the lowest of all HHS agencies. This rate is significantly lower than the statewide turnover rate of 17.6 percent. The majority of these separations (approximately 79 percent) were voluntary separations from state employment.¹⁹⁶ This low turnover rate contributes to having a highly-tenured, well trained workforce.

Table 25: Reason for Separation

Reason	Separations	Percentage ¹⁹⁷
Voluntary Separations		
Personal reasons	174	46.5%
Transfer to another agency	41	10.7%
Retirement	126	33.7%
Involuntary Separations		
Termination at Will	1	0.3%
Resignation in Lieu	2	0.5%
Dismissal for Cause	26	7.0%

¹⁹⁵ HHSAS Database, as of 8/31/13.

¹⁹⁶ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

¹⁹⁷ Death accounted for 1.3% of separations.

Table 26 indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2013.¹⁹⁸

Table 26: FY 13 Turnover for Significant Job Families¹⁹⁹

Job Family	Average Annual Headcount	Separations	Turnover Rate
Human Services Technicians	25	6	23.8%
Directors	41	7	17.3%
Rehabilitation Teachers	67	11	16.5%
HHS Program Coordinators	26	4	15.5%
System Analysts	60	9	14.9%
Resident Specialists	14	2	14.5%
Vocational Rehabilitation Counselors	678	85	12.5%
Program Specialists	299	37	12.4%
Claims Examiners	480	59	12.3%
Clerical Workers	291	32	11.0%
Rehabilitation Services Technicians	353	36	10.2%

RETIREMENT PROJECTIONS

Currently, about 21 percent of the DARS workforce is eligible to retire from state employment.²⁰⁰ These eligibility levels are the highest of all HHS agencies.

About four percent of the DARS workforce retired in FY 2013. Within the last five years, the retirement turnover rate has increased by about 50 percent. If this trend continues, the retirement turnover rate may increase to approximately six percent in the next five years.²⁰¹

¹⁹⁸ HHSAS Database, FY 2013 data.

¹⁹⁹ 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.

²⁰⁰ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

²⁰¹ HHSAS Database.

**Table 27: DARS Retirements - Percent of Workforce
(FY 09 – FY 13)**

Fiscal Year	Average Annual Headcount	Retirement Losses	Retirement Turnover Rate
2009	3,190	95	3.0%
2010	3,221	78	2.4%
2011	3,134	116	3.6%
2012	3,012	126	4.0%
2013	2,893	126	4.2%

**Table 28: DARS First Time Retirement Eligible Projection
(FY 13 – FY 18)**

Fiscal Year	Number of Eligible Employees	Percent of Workforce
2013	112	3.9%
2014	130	4.5%
2015	112	3.9%
2016	138	4.8%
2017	154	5.3%
2018	152	5.3%

EXPECTED WORKFORCE CHALLENGES

With over 26 million residents, Texas is the third fastest growing state in the nation. In a one year period, July 1, 2012 to July 1, 2013, the population of Texas increased by more than 387,000, and more than a million from April 1, 2010 to July 1, 2013 - one of the largest population increases in the country.²⁰² By 2020, the Texas population is expected to reach 30 million residents.²⁰³

This population growth is expected to directly affect 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.²⁰⁴ 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.

²⁰² U.S. Census Bureau, January 2014, web page.

<http://www.census.gov/popest/data/state/totals/2013/index.html>, last accessed on 3/25/14.

²⁰³ Office of the State Demographer, Texas State Data Center.

²⁰⁴ Brigitte Volmer, et al., "Predictors of Long-term Outcome in Very Preterm Infants: Gestational Age Versus Neonatal Cranium Ultrasound," *Pediatrics*, November 2003.

- ◆ The number of blind and visually impaired children who receive special education services has increased by 914 from fiscal year 2009 to 2013. These children are eligible for services through the agency's Blind Children's Vocational Discovery and Development Program.²⁰⁵

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

Another major challenge to the agency is the federal hiring freeze, or limited hiring authority imposed by the Social Security Administration (SSA) in the Disability Determination Services (DDS) program. For fiscal year 2014, the SSA allowed the Division for Disability Determination Services across the country limited hiring of claims examiner positions to address initial determination, reconsideration, and the Continuing Disability Review workload. Even with this limited hiring, it is not anticipated that DDS staffing levels will reach maximum full-time equivalent levels. This situation, coupled with continued attrition, increases the risk of not meeting production, quality, and performance goals.

To meet these challenges and the expanding population of consumers, the agency will need to aggressively recruit and retain its highly skilled direct-delivery vocational rehabilitation counselors. To address the agency's recruitment challenges for DDS claims examiners, the agency will need to continue working with the SSA to decrease current federal limitations on hiring levels.

Vocational Rehabilitation Counselors

As of May 2012, there were 117,500 rehabilitation counselors in the U.S. By 2022, this workforce group is expected to increase by 20 percent.²⁰⁶ Within DARS, 653 vocational rehabilitation counselors are employed in the Division for Rehabilitative Services (DRS) and the Division for Blind Services (DBS).²⁰⁷ These counselors have an average of 10 years state employment and an average age of approximately 44 years.²⁰⁸

²⁰⁵ DARS Annual Reports for Fiscal Years 2009 and 2013.

²⁰⁶ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 3/25/14.

²⁰⁷ HHSAS Database, as of 8/31/13.

²⁰⁸ Ibid.

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

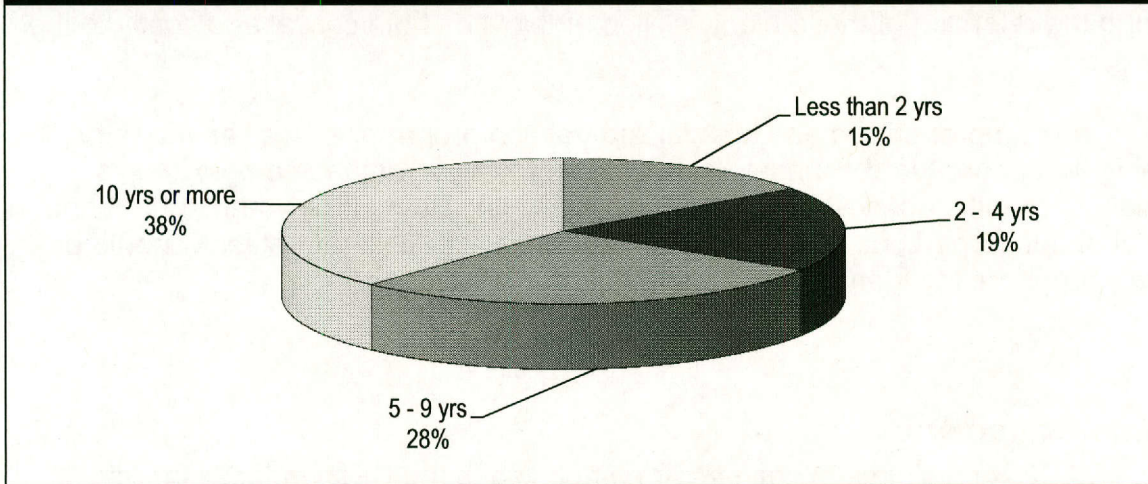
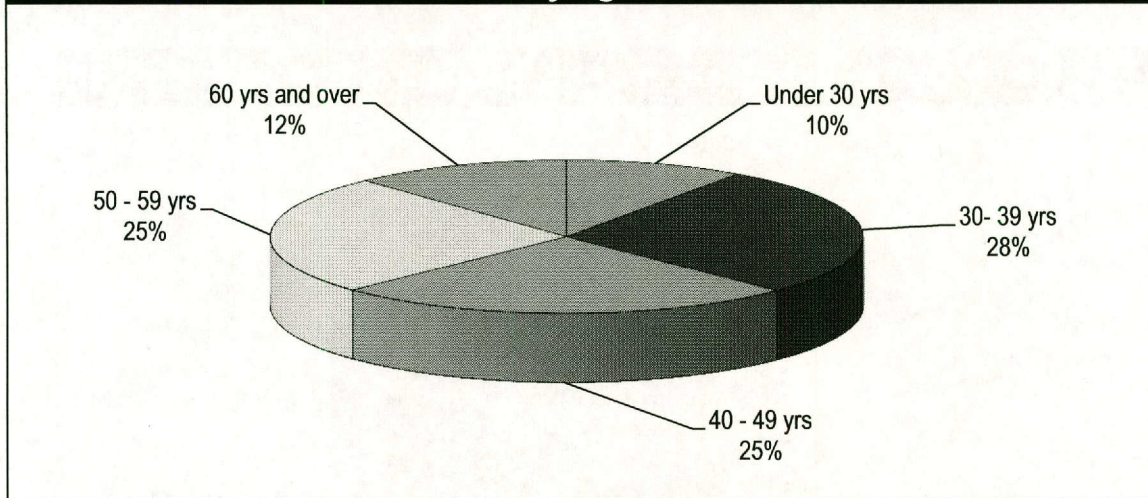


Figure 55: Vocational Rehabilitation Counselors at DARS – Distribution by Age



DARS vocational rehabilitation counselors earn an average annual salary of \$48,306.²⁰⁹

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

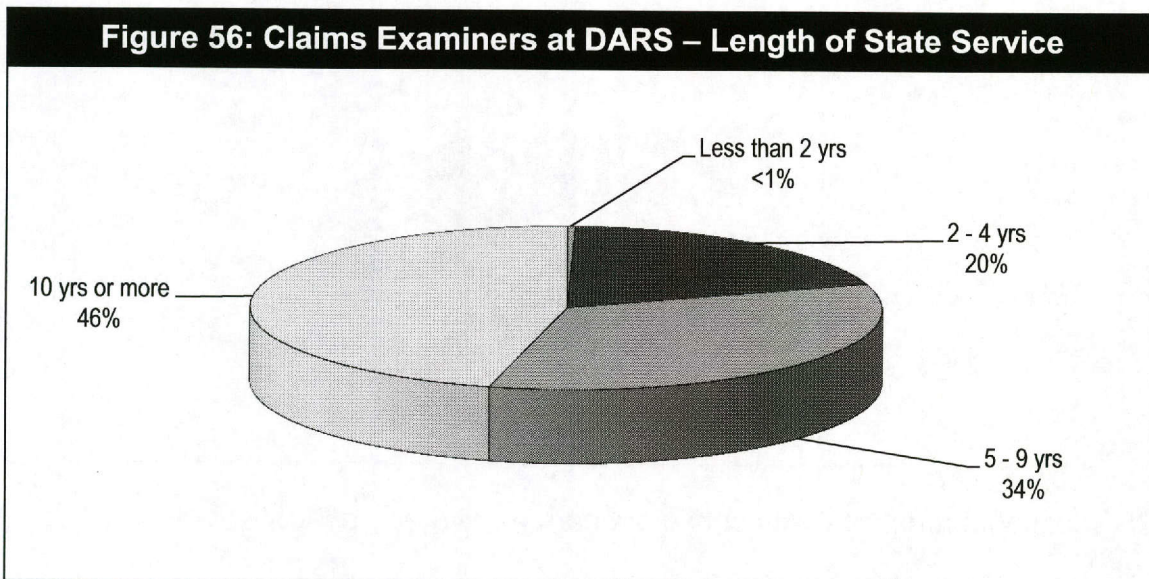
²⁰⁹ HHSAS Database, as of 8/31/13.

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 about 13 percent.²¹⁰ Though not extremely high, this rate of loss should be closely monitored to identify any trends that may develop.

Claims Examiners

Within DARS, 445 claims examiners are employed in the Division for Disability Determination Services (DDS).²¹¹ DARS claims examiners have, on average, about 11 years of state service, with an average age of about 44 years.²¹² Currently, about 15 percent of these employees are eligible to retire from state employment.²¹³



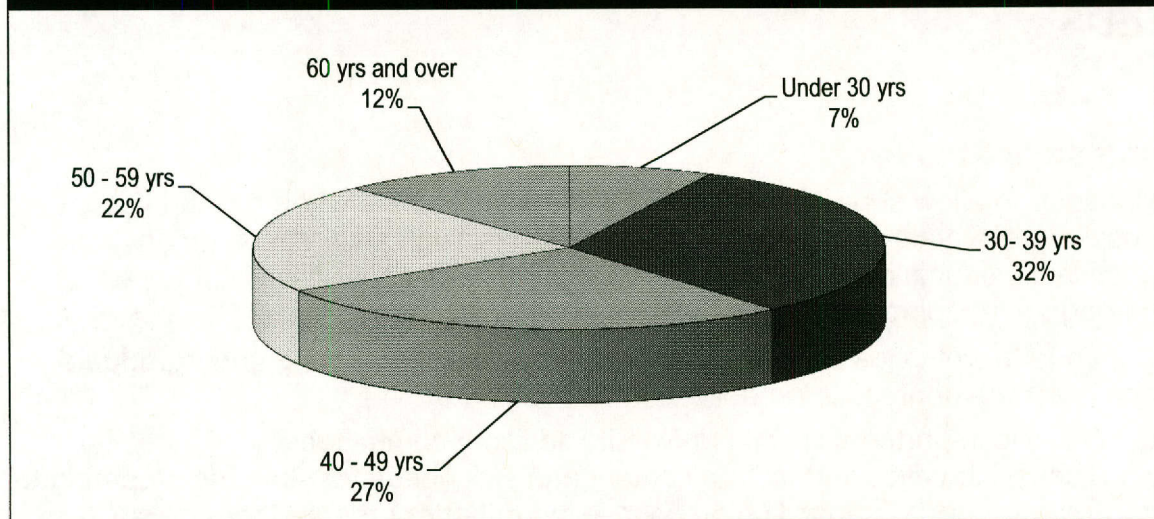
²¹⁰ HHSAS Database, FY 2013 data.

²¹¹ HHSAS Database, as of 8/31/13.

²¹² Ibid.

²¹³ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

Figure 57: Claims Examiners at DARS – Distribution by Age



Entry-level claims examiners must have a bachelor's degree and complete a two year training program before they are considered fully trained and able to work the various types of Social Security disability claims. Generally, it takes a minimum of two years for a DDS claims examiner to be fully competent in their knowledge of the complicated Social Security disability program.

Though claims examiners are separating from employment at an annual rate of only 12 percent, the vacancies that have occurred tend to remain open for months.²¹⁴

These employees are currently earning an average annual salary of \$49,186.²¹⁵ The State Auditor's Office 2012 market index analysis found the average state salary for Claims Examiner Is to be four percent behind the market rate.²¹⁶

Due to 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. In addition, as the Social Security Administration (SSA) allows for the filling of new approved vacancies, DDS will need to coordinate the timing of filling the new positions with the SSA to determine if DDS has the necessary resources (e.g. trainers, facility needs, etc.) to ensure all employees receive the required training and ongoing professional development.

²¹⁴ HHSAS Database, FY 2013 data.

²¹⁵ HHSAS Database, as of 8/31/13.

²¹⁶ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

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-related work experience and upper management approval.
- ◆ Continue to work closely with colleges and universities offering undergraduate and graduate degrees in rehabilitation counseling by:
 - Working in partnership with university advisory committees;
 - Discussing critical curriculum content and skill needs for students preparing to enter the field of rehabilitation counseling to better prepare them for success and increase retention rates for newly hired vocational rehabilitation counselors (VRC);
 - Maintaining and/or establishing intern programs and training placement positions for VRCs;
 - Making site visits and classroom presentations to familiarize prospective graduates with career opportunities;
 - Supporting the establishment of undergraduate and graduate programs; and
 - Sending DARS VRC vacancy announcements to universities.
- ◆ Continue to use Internet job posting and recruitment websites, professional publications, newspapers and trade associations to announce job vacancies.
- ◆ Explore expanded use of social media resources, such as LinkedIn.
- ◆ Work with the Social Security Administration (SSA) on a national recruitment and retention strategy for Disability Determination Services (DDS) nationwide implementation.
- ◆ Continue to review current job descriptions to ensure the essential job functions are in alignment with division and programmatic needs, as well as an ever-changing environment.
- ◆ Employ the new DARS workforce planning process to provide DARS management with accurate, complete, timely and relevant staffing and workforce information for future recruitment, training, retention and related workforce planning activities designed to meet needs of consumers today and in the future.

Retention Strategies

- ◆ Evaluate the results of future Surveys of Employee Engagement and address identified employee and management issues that could potentially improve retention.

- ◆ Identify trends or recurring reasons employees separate from employment with DARS to determine whether strategies can be developed to improve retention.
- ◆ Hire employees with values that are in alignment with established DARS values.
- ◆ Continue to promote the use of internal postings within DARS.
- ◆ Continue to award career ladder promotions when appropriate.
- ◆ Continue to encourage professional development through certified rehabilitation counselor (CRC) certification by providing a financial incentive (for example, when a counselor is eligible to take the CRC exam, DARS pays the cost of the application fee, examination fee, and in-state travel expenses to take the exam).
- ◆ Continue working with the Social Security Administration (SSA) to develop, enhance, and deliver training to claims examiners that is consistent with the federal Social Security disability program policies.
- ◆ Make training available to VR staff to ensure that work is in compliance with federal and state regulations, is of high quality, and is documented in a clear, concise manner.
- ◆ Increase Professional Skills Enhancement training.
- ◆ Evaluate the potential of including claims examiners in SSA succession planning and training opportunities for career development.
- ◆ Make full use of DARS-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 flexibility.
- ◆ Use the aggressive and creative recruitment and retention strategies necessary to ensure DARS maintains a fully employed, qualified workforce.
- ◆ Develop and deploy management training that capitalizes on the strengths and differences of a multigenerational workforce with a common purpose.
- ◆ Continue to make merit raises and promotions available to high performing employees.
- ◆ Use all available non-monetary incentives, including awarding administrative leave for outstanding performance.
- ◆ Continue to offer assistance to employees in pursuing degrees in preparation for higher-level positions in the agency to provide opportunities for career growth and to retain skilled employees.
- ◆ Review critical positions to ensure they are appropriately classified.

DEPARTMENT OF AGING AND DISABILITY SERVICES

MISSION

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

SCOPE

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

CORE BUSINESS FUNCTIONS

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

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

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

- Community Based Alternatives (CBA)
- Home and Community-based Services (HCS)
- Community Living Assistance & Support Services (CLASS)
- Deaf-Blind With Multiple Disabilities (DBMD)
- Medically Dependent Children Program (MDCP)
- Texas Home Living Waiver (TxHmL)
- ◆ **Community Services and Supports - State.** Provides non-Medicaid services and supports in homes and community settings which will enable older persons and persons with disabilities to maintain their independence and prevent institutionalization.
 - Non-Medicaid Services
 - Community Services for Persons with Intellectual Disabilities
 - Promoting Independence through Outreach, Awareness, and Relocation
 - In-Home and Family Support
- ◆ **Program of All-inclusive Care for the Elderly (PACE).** Provides community-based services to older individuals who qualify for nursing facility-level care and placement who desire to live in the community. PACE provides an array of services for a capitated monthly fee that is below the cost of comparable institutional care.
- ◆ **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 Individuals with Intellectual Disability (ICF/ID) Program.** Provides residential services and supports for individuals with intellectual and developmental disabilities (IDD) living in ICFs/ID.
- ◆ **State Supported Living Centers.** A state supported living center (SSLC) is campus-based and provides direct services and supports to persons with IDD. An 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 Support for Central Administration and DADS staff in Regional Offices and State Supported Living Centers
 - Regional Administration

WORKFORCE DEMOGRAPHICS

DADS is the second largest state agency, and the largest of the five HHS agencies. The agency employs about 16,000 individuals, and represents about 30 percent of the HHS workforce.²¹⁷ The majority of the agency’s employees (12,698 employees or 79 percent) are assigned to 12 state supported living centers, which are 24-hour residential facilities, caring for people with intellectual and developmental disabilities (IDD).²¹⁸ The remaining 21 percent of DADS employees work at regional or state offices.

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

Job Families

About 84 percent of DADS employees (13,478 employees) work in 10 job families.

Table 29: Largest Program Job Families and Average Salaries

Job Family	Number of Employees	Average Salary
Direct Support Professionals	6,463	\$22,368
Clerical Workers	1,079	\$27,473
Registered Nurses	1,955	\$55,572
Human Services Specialists	717	\$32,784
Rehabilitation Technicians	691	\$24,234
Licensed Vocational Nurses	638	\$36,232
Program Specialists	627	\$48,697
Food Service Workers ²¹⁹	614	\$20,683
Custodians	375	\$19,979
Maintenance Workers	319	\$28,723

²¹⁷ HHSAS Database, as of 8/31/13.

²¹⁸ Ibid.

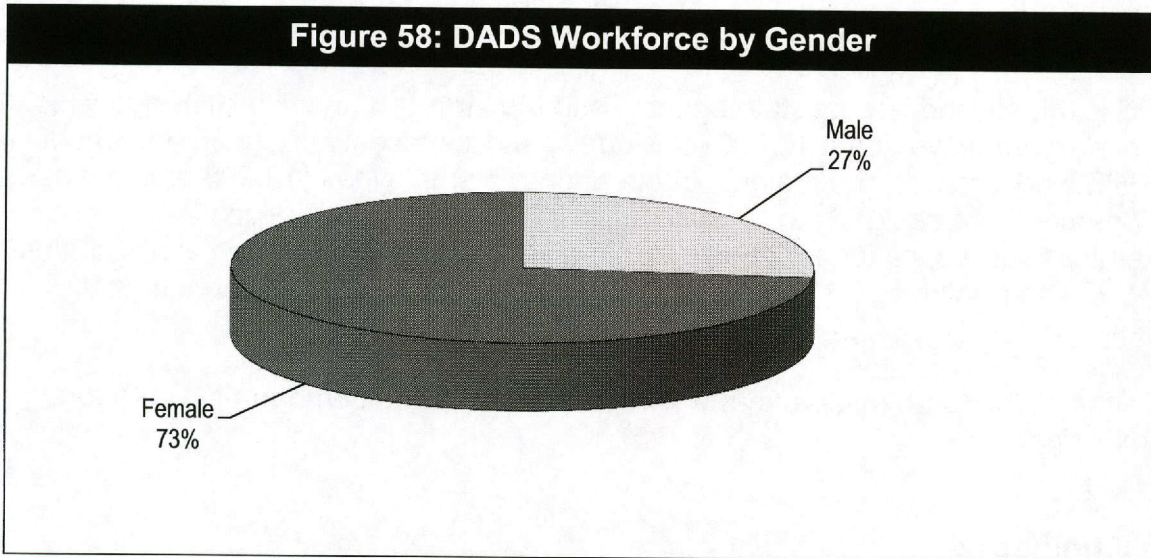
²¹⁹ Food service workers include food service workers, managers and cooks.

Salary

DADS employees, on average, are the lowest paid employees in the HHS System, earning an average annual salary of \$32,568.²²⁰

Gender

The majority of DADS employees are female, comprising approximately 73 percent of the workforce (11,709 employees).²²¹



Race

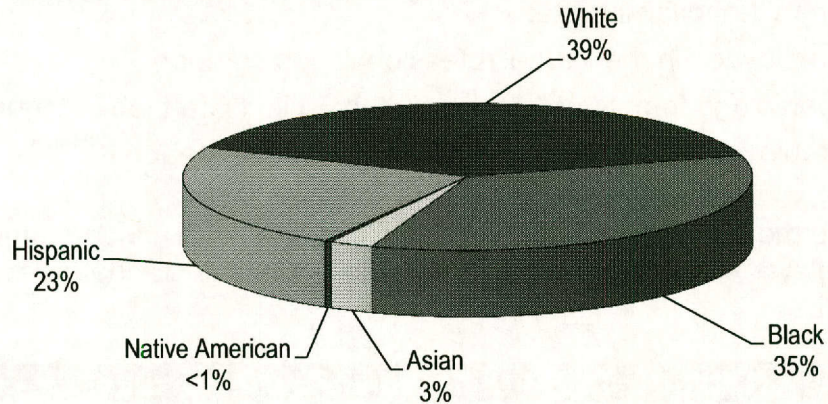
White employees represent the largest racial group at 39 percent, followed by Black employees at 35 percent and Hispanic employees at 23 percent.²²²

²²⁰ HHSAS Database, as of 8/31/13.

²²¹ *Ibid.*

²²² *Ibid.*

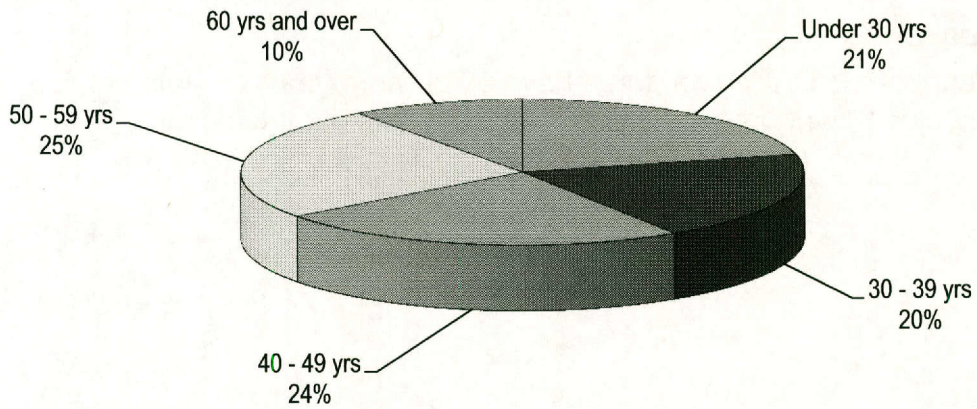
Figure 59: DADS Workforce by Race



Age

The average age of a DADS employee is 43 years. Nearly 60 percent of the agency's workforce is 40 years or older.²²³

Figure 60: DADS Workforce by Age



Average age: 43 yrs

²²³ HHSAS Database, as of 8/31/13.

Utilization Analysis

The utilization analysis of the DADS workforce, as indicated in Table 30, reflects underutilization in the following areas:

- ◆ Hispanic employees in the Para-Professionals job category;
- ◆ Black, Hispanic and female employees in the Skilled Craft job category; and
- ◆ Hispanic employees in the Service Maintenance job category.^{224 225}

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 30: 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	13.3%	7.2%	No	13.3%	12.3%	No	65.9%	32.6%	No
Professionals	21.6%	9.4%	No	21.1%	11.6%	No	76.7%	49.0%	No
Technicians	31.0%	13.9%	No	19.6%	19.7%	No	82.7%	42.1%	No
Protective Service	27.0%	18.0%	No	29.7%	23.1%	No	40.7%	21.6%	No
Para-Professionals	50.4%	14.3%	No	22.8%	25.7%	128	72.7%	56.3%	No
Administrative Support	17.9%	19.4%	No	27.8%	26.8%	No	89.9%	78.8%	No
Skilled Craft	7.0%	14.7%	14	26.2%	35.2%	14	3.5%	16.5%	32
Service Maintenance	34.1%	20.4%	No	32.8%	43.7%	102	67.8%	44.4%	No

State Service

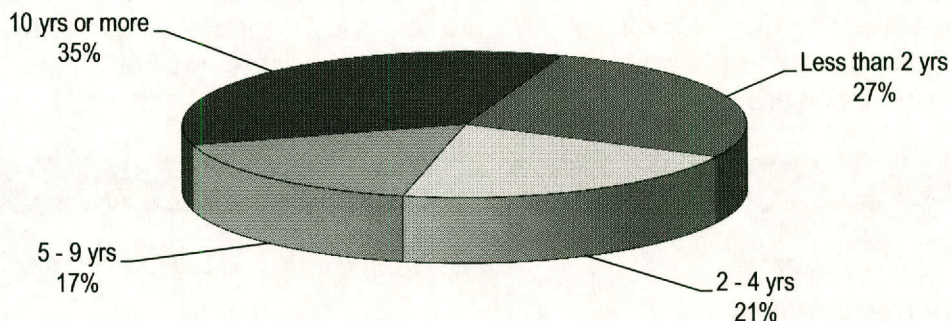
About 35 percent of the DADS workforce have 10 or more years of state service. Over a quarter of the workforce have less than two years of state service.²²⁶

²²⁴ Workforce data - from HR/PeopleSoft, as of 8/31/13.

²²⁵ 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.

²²⁶ HHSAS Database, as of 8/31/13.

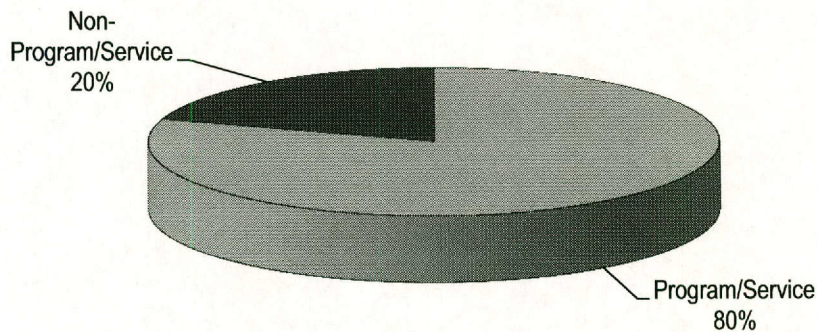
Figure 61: DADS Workforce by Length of State Service



Return-to-Work Retirees

DADS employs 595 return-to-work retirees, representing about four percent of its total workforce. The majority of these retirees (80 percent) work in program/service related areas.²²⁷

Figure 62: DADS Return-to-Work Retirees



²²⁷ HHSAS Database, as of 8/31/13.

TURNOVER

The DADS turnover rate during fiscal year 2013 was about 32 percent (a workforce loss of some 5,510 employees), the highest of all HHS agencies. This rate is almost double the statewide turnover rate of 17.6 percent for all agencies. While the majority of those leaving the agency left for voluntary reasons (about 70 percent), a significant number were dismissed for cause (about 27 percent).²²⁸

Table 31: Reason for Separation

Reason	Separations	Percentage ²²⁹
Voluntary Separations		
Personal reasons	3,164	57.4%
Transfer to another agency	302	5.5%
Retirement	404	7.3%
Involuntary Separations		
Termination at Will	12	0.2%
Resignation in Lieu	98	1.8%
Dismissal for Cause	1,501	27.2%

Table 32 indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2013.²³⁰

²²⁸ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

²²⁹ Death accounted for .5% of separations.

²³⁰ HHSAS Database, FY 2013 data.

Table 32: FY 13 Turnover for Significant Job Families²³¹

Job Family	Average Annual Headcount	Separations	Turnover Rate
Direct Support Professionals	7,395	3,367	45.5%
Licensed Vocational Nurses (LVNs)	704	275	39.1%
Food Service Workers	668	217	32.5%
Groundskeepers	46	14	30.6%
Registered Nurses (RNs)	1,272	354	27.8%
Nutritionists	38	10	26.1%
Physicians	43	11	25.7%
Security Officers	221	55	24.9%
Contract Specialists	61	15	24.6%
Pharmacists	50	12	24.1%
Associate Psychologists	260	62	23.9%
Registered Therapists	176	41	23.3%
Human Services Specialists	747	163	21.8%
Directors	56	12	21.3%
Human Services Technicians	77	16	20.8%
Maintenance Workers	331	68	20.6%
Accountants	105	21	20.0%
Qualified Developmental Disability Professionals	306	61	20.0%
Rehabilitation Technicians	729	146	20.0%
Custodians	401	78	19.4%
System Analysts	143	27	18.9%
Clerical Workers	1,137	201	17.7%
Managers	310	55	17.7%
Psychiatrists	19	3	16.0%
Program Specialists	656	95	14.5%

RETIREMENT PROJECTIONS

Currently, 12 percent of the DADS workforce is eligible to retire from state employment.²³² Only about two percent of the DADS workforce retired in FY 2013. Within the last five years, the retirement turnover rate has slightly increased. This trend is expected to continue.²³³

²³¹ 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.

²³² Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

²³³ HHSAS Database.

**Table 33: DADS Retirements - Percent of Workforce
(FY 09 – FY 13)**

Fiscal Year	Average Annual Headcount	Retirement Losses	Retirement Turnover Rate
2009	15,741	318	1.9%
2010	17,245	338	1.9%
2011	16,907	398	2.2%
2012	16,230	405	2.3%
2013	16,001	404	2.3%

**Table 34: DADS First Time Retirement Eligible Projection
(FY 13 – FY 18)**

Fiscal Year	Number of Eligible Employees	Percent of Workforce
2013	318	2.0%
2014	456	2.8%
2015	504	3.1%
2016	514	3.2%
2017	555	3.5%
2018	534	3.3%

EXPECTED WORKFORCE CHALLENGES

An aging Texas population will likely increase the demand for new nursing facilities and assisted living facilities and as a result will increase the need for regulatory activities, including licensing, certification surveys, and complaint investigations. This, in turn will require additional staff to meet the demands of this growing industry.

Between 2010 and 2013, there was an 11% increase in the number of Assisted Living Facilities (ALFs). This increase has created the need for more certified surveyors to meet the survey requirements. There is also a need for more investigators to respond to complaints and incident intakes at ALFs. DADS anticipates increased workload for staff as the number of Assisted Living Facilities (ALF), Home and Community Services (HCS), and Home and Community Support Service Agencies (HCSSAs) increase. Additional staff will be needed to successfully meet required federal and state workload and required performance measures. With the likelihood of continued increases in ALFs, HCSSA, and Waiver, Survey and Certification (WCS), DADS expects to see an increase in the need for new programs and staff for day habilitation services, boarding homes, residential services specific to traumatic brain injury, and the associated need for increased

employment screening (background checks) for facility/agency employees credentialing manager for ALFs or HCSSAs.

DADS Information Technology continues to be under-staffed for the number of existing employees within the agency and the workload demands.

In addition to these challenges, DADS anticipates continued difficulties in recruiting and retaining qualified medical staff for their state supported living centers. While some headway has been made through the increase of salaries for many of their clinical job classifications, DADS will continue to be challenged to keep pace with the private sector.

Through an analysis of workforce factors, including but not limited to the number of employees by job family, occupancy by core job families, turnover rates, vacancy rates and workforce challenges, the following job families were identified as requiring the most attention: Direct support professionals, food service workers, nurses (registered nurses and licensed vocational nurses), psychiatrists, physicians, nurse practitioners and physician assistants, pharmacists and registered therapists.

Direct Support Professionals

There are almost 6,500 direct support professionals in state supported living centers across Texas, representing approximately 40 percent of the agency's total workforce.²³⁴ These employees provide 24-hour direct care to over 4,000 people who reside in state supported living centers. They directly support these individuals by providing services including basic hygiene needs, dressing and bathing, general health care, and dining assistance. They support life-sustaining medical care such as external feeding and lifting individuals with physical challenges. A trained and experienced direct care staff is essential to ensure consumer safety, health and well-being.

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

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

A typical direct support professional in the agency is 37 years old and has about six years of state service.²³⁵

²³⁴ HHSAS Database, as of 8/31/13.

²³⁵ Ibid.

Figure 63: Direct Support Professionals at DADS – Length of State Service

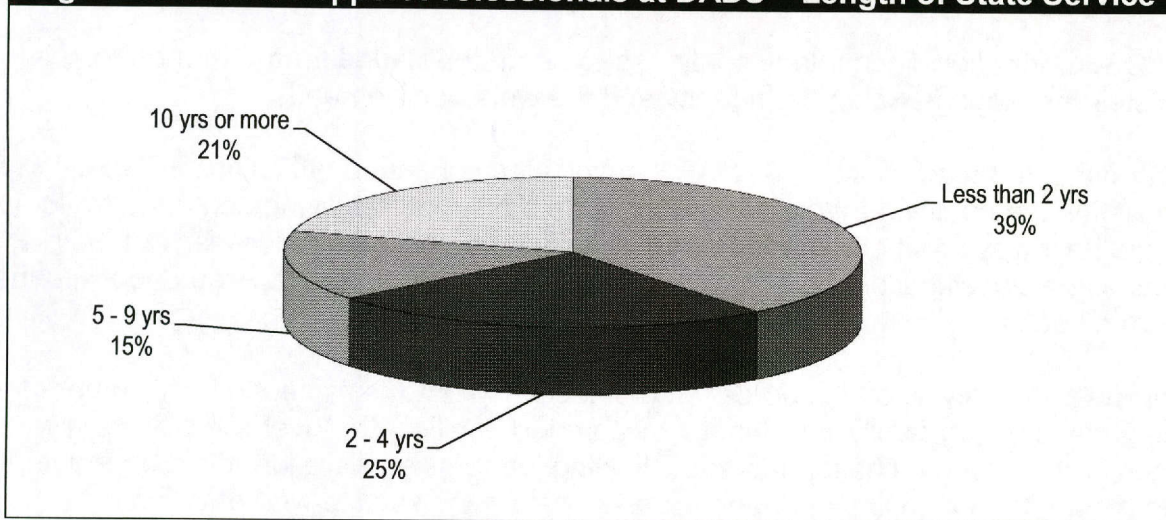
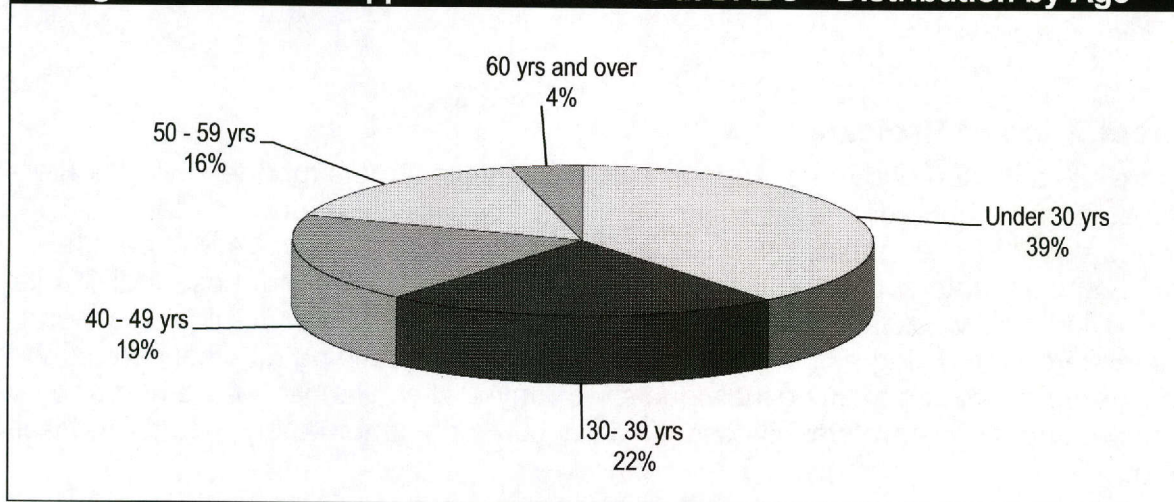


Figure 64: Direct Support Professionals at DADS – Distribution by Age



Turnover for direct support professionals is very high, at about 45 percent.²³⁶ This is one of the highest turnover rates of any job category in DADS, reflecting the loss of about 3,260 workers during fiscal year 2013. The average hourly salary rate is \$10.75 per hour.²³⁷ The State Auditor's Office 2012 market index analysis found the average state salary for Direct Support Professional Is to be three percent behind the market rate.²³⁸

²³⁶ HHSAS Database, FY 2013 data.

²³⁷ HHSAS Database, as of 8/31/13.

²³⁸ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

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 situation can result in disruptions to consumer's lives and the suspension of progress toward development goals.

To address these difficulties, a 10 percent salary increase was approved by the 83rd Legislature. In addition, DADS has plans to increase entry level salaries for new direct support professionals and for currently employed direct support professionals during fiscal years 2016 and 2017.

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

Food Service Workers²³⁹

There are 614 food service workers employed in DADS state supported living centers throughout Texas.²⁴⁰ The physical requirements are very demanding and there are no formal education requirements for the jobs. Food preparation is performed multiple times each day of the week, requiring a large staff at each location, using a combination of full-time and part-time employees.

The typical food service worker is about 45 years of age and has an average of approximately 10 years of state service.²⁴¹

²³⁹ Food service workers include food service workers, managers and cooks.

²⁴⁰ HHSAS Database, as of 8/31/13.

²⁴¹ Ibid.

Figure 65: Food Service Workers at DADS – Length of State Service

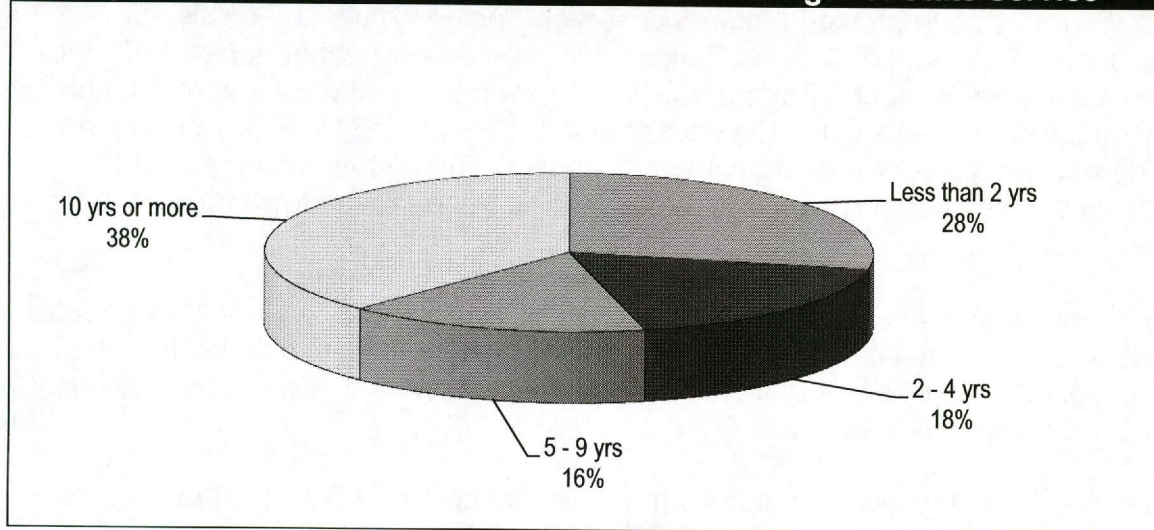
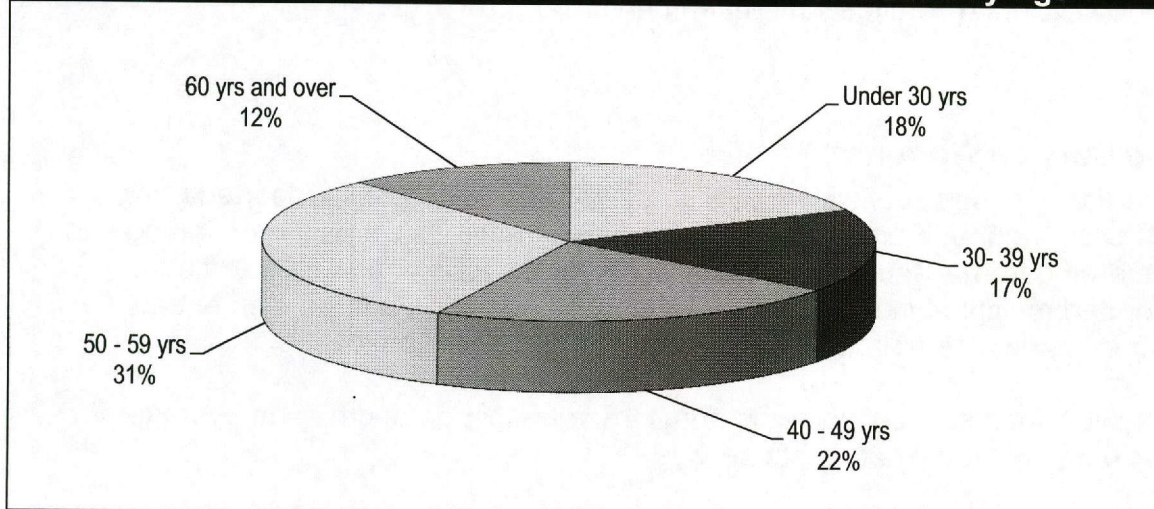


Figure 66: Food Service Workers at DADS – Distribution by Age



Turnover in food service worker positions is very high, at 33 percent. Pay is low, with an average wage of \$9.94 per hour.^{242 243} The State Auditor’s Office 2012 market index analysis found the average state salary for Food Service Worker Is to be 11 percent behind the market rate, and cooks ranged from four to 23 percent behind the market rate.²⁴⁴

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

²⁴² HHSAS Database, FY 2013 data.

²⁴³ HHSAS Database, as of 8/31/13.

²⁴⁴ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

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 526,800 new RN jobs by 2022.²⁴⁵ Job opportunities for RNs are expected to grow faster than the average for all occupations.²⁴⁶ 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.²⁴⁷ 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.²⁴⁸ The Texas nurse-to-population ratio is below the national average of 921 nurses per 100,000 people, with the state ratio being only 753 nurses per 100,000 people.^{249 250} By some estimates, Texas will need 138,000 additional nurses in the next 10 years to satisfy staffing demands.²⁵¹

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 115 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.^{252 253} The shortage of trained instructors limits both the number of accepted students and the number of available classes offered.

²⁴⁵ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 5/2/14.

²⁴⁶ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 5/2/14.

²⁴⁷ State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

²⁴⁸ "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.

²⁴⁹ "Nursing Workforce in Texas -2011: Demographics and Trends," Texas Center for Nursing Workforce Studies, January 2013. Web page <http://www.dshs.state.tx.us/chs/cnws/Final2-NursingWorkforceDemoTrends2011.pdf>, last accessed 5/12/14.

²⁵⁰ "The U.S. Nursing Workforce: Trends in Supply and Education," Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, April 2013. Web page <http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>, last accessed 5/15/14.

²⁵¹ 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.

²⁵² Texas Board of Nursing, web page http://www.bne.state.tx.us/pdfs/education_pdfs/education_programs/ApprovedRNschoools.pdf, last accessed on 5/15/14.

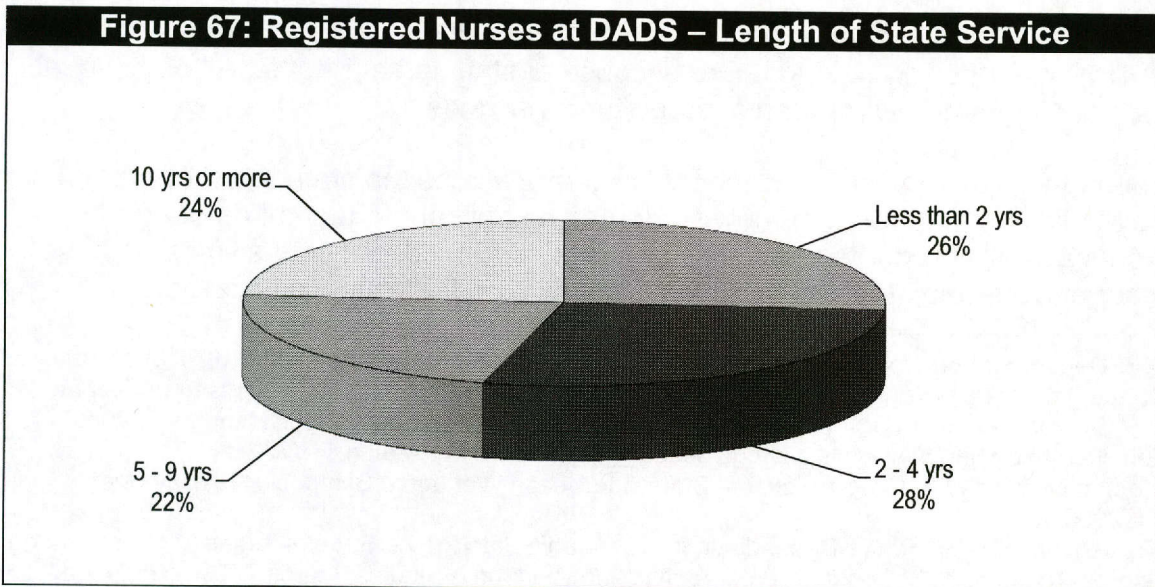
²⁵³ "Professional Nursing Education in Texas: Demographics & Trends: 2006." Department of State Health Services, web page <http://www.dshs.state.tx.us/chs/cnws/2006ProfNrsgEdRpt.pdf>, last accessed 3/17/10.

One recent study published in December of 2011 may indicate that the nursing shortage may be improving. The study reported a 62 percent increase in the number of new nurses from 2002 to 2009. If this trend continues, the number of nurses in 2030 may be enough to satisfy demand.²⁵⁴

Registered Nurses (RNs)

There are 1,162 RNs employed by DADS.²⁵⁵ The majority of these employees (about 64 percent) work at state supported living centers across Texas.

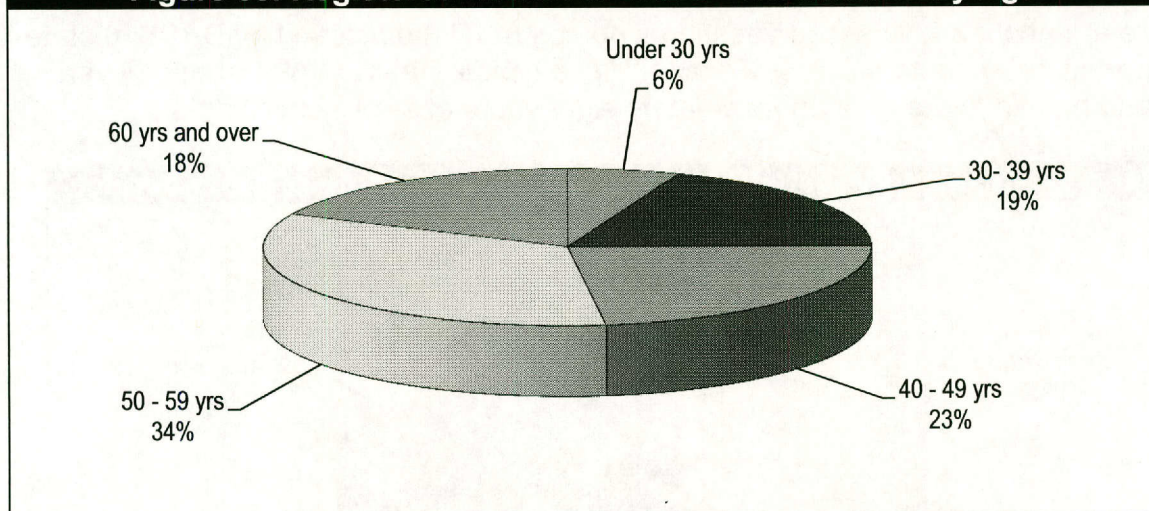
The typical RN at the agency is about 49 years old and has an average of approximately seven years of state service.



²⁵⁴ Auerbach, David, Buerhaus, Peter, Staiger, Douglas. "Registered Nurse Supply Grows Faster than Projected Amid Surge in New Entrants Ages 23-26", Health Affairs, 30(12), December 2011.

²⁵⁵ HHSAS Database, as of 8/31/13.

Figure 68: Registered Nurses at DADS – Distribution by Age



The turnover rate for RNs is considered high at about 28 percent.²⁵⁶

DADS RNs earn an average annual salary of \$55,868, which is below both the state and national average.²⁵⁷ The average annual earnings for RNs in 2013 was \$68,910 nationally, and \$67,860 in Texas.²⁵⁸ In addition, the State Auditor’s Office 2012 market index analysis found the average state salary for RNs ranged from four to 15 percent behind the market rate.²⁵⁹

The agency finds it difficult to fill vacant nurse positions. At DADS, there are always vacant nursing positions that need to be filled. With a high vacancy rate for these positions (at approximately 11 percent), RN positions often remain open for months before being filled.²⁶⁰ In order to provide quality nursing care for consumers, it is essential that the agency maintain the lowest vacancy rate.

To address these difficulties, DADS has plans to increase entry level salaries for new RNs and for currently employed RNs during fiscal years 2016 and 2017.

²⁵⁶ HHSAS Database, FY 2013 data.

²⁵⁷ HHSAS Database, as of 8/31/13.

²⁵⁸ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/2/14.

²⁵⁹ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

²⁶⁰ HHSAS Database, FY 2013 data.

Licensed Vocational Nurses (LVNs)

There are about 640 licensed vocational nurses (LVNs) employed by DADS in state supported living centers across Texas.²⁶¹ The typical DADS LVN is about 44 years old and has an average of approximately eight years of state service.²⁶²

Figure 69: Licensed Vocational Nurses at DADS – Length of State Service

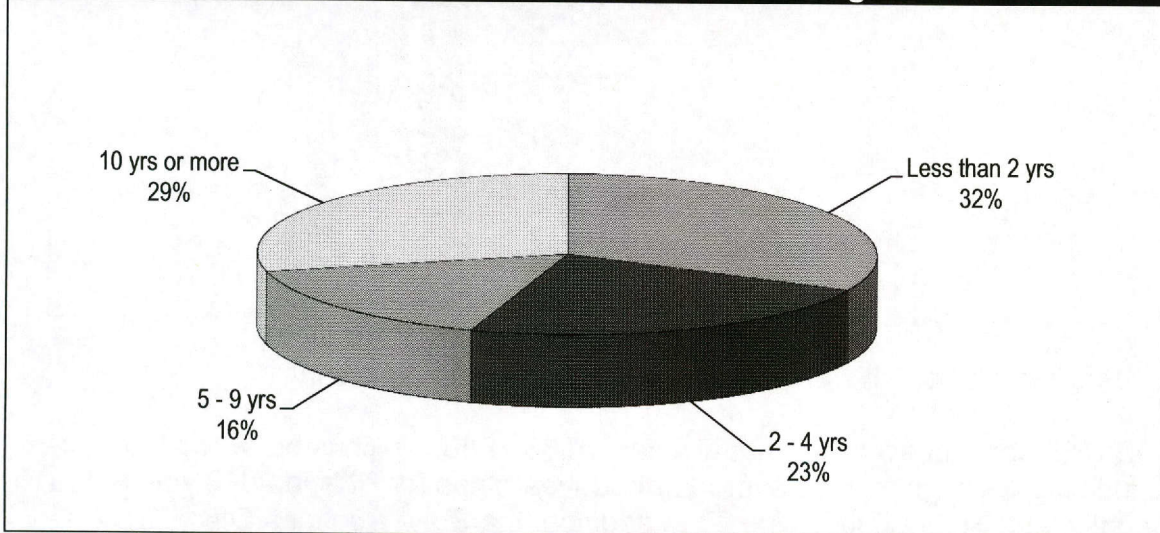
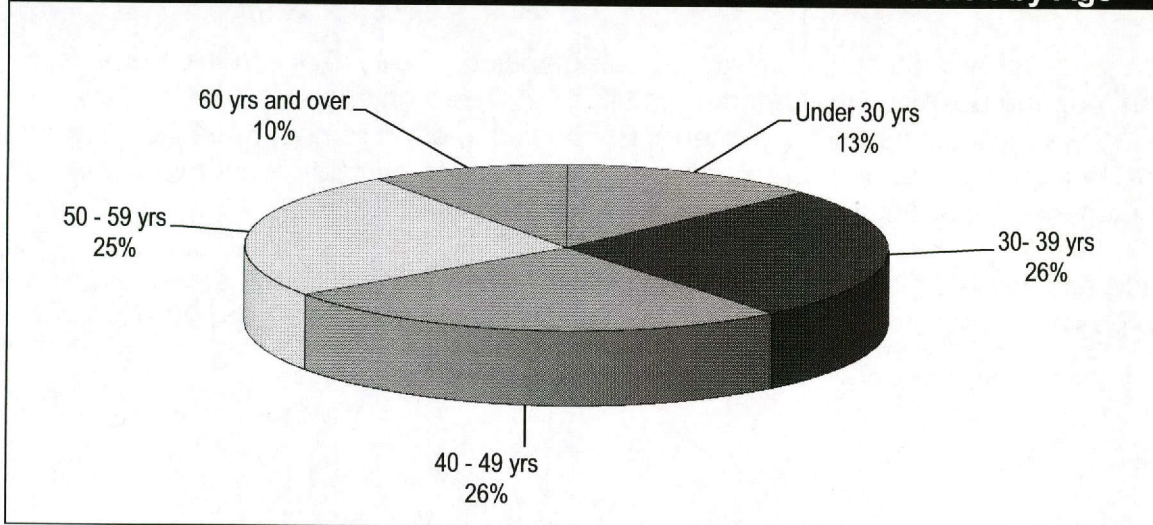


Figure 70: Licensed Vocational Nurses at DADS – Distribution by Age



As with RNs, the nursing shortage is also impacting the agency's ability to hire and retain LVNs. Turnover for LVNs is one of the highest in the agency at about 39 percent. DADS experienced 275 LVN separations last fiscal year.

²⁶¹ HHSAS Database, as of 8/31/13.

²⁶² Ibid.

Currently, the average annual salary for DADS LVNs during fiscal year 2013 was \$36,232.²⁶³ This salary falls below both national and state averages for this occupation. Nationally, the average annual earnings for licensed practical nurses and LVNs was \$42,910, and \$43,730 in Texas.²⁶⁴ The State Auditor's Office 2012 market index analysis found the average state salary for LVNs was 18 percent behind the market rate.²⁶⁵

With a high vacancy rate of about 13 percent, vacant positions often go unfilled for several months.²⁶⁶

To address these difficulties, DADS has plans to increase entry level salaries for new LVNs and for currently employed LVNs during fiscal years 2016 and 2017.

Psychiatrists

The 18 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 nine years of state service, with an average age of 57.²⁶⁷

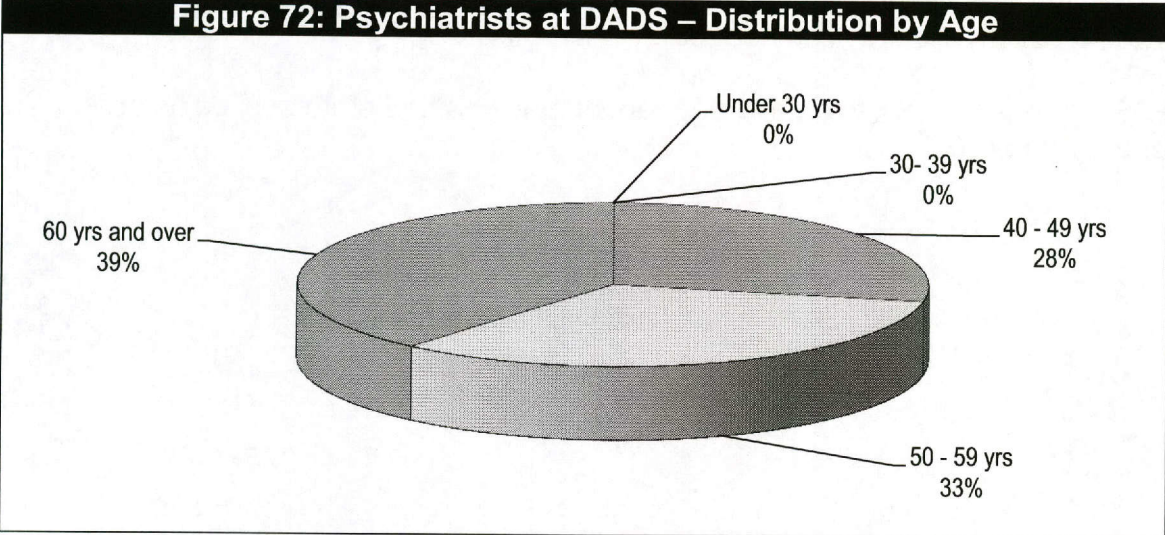
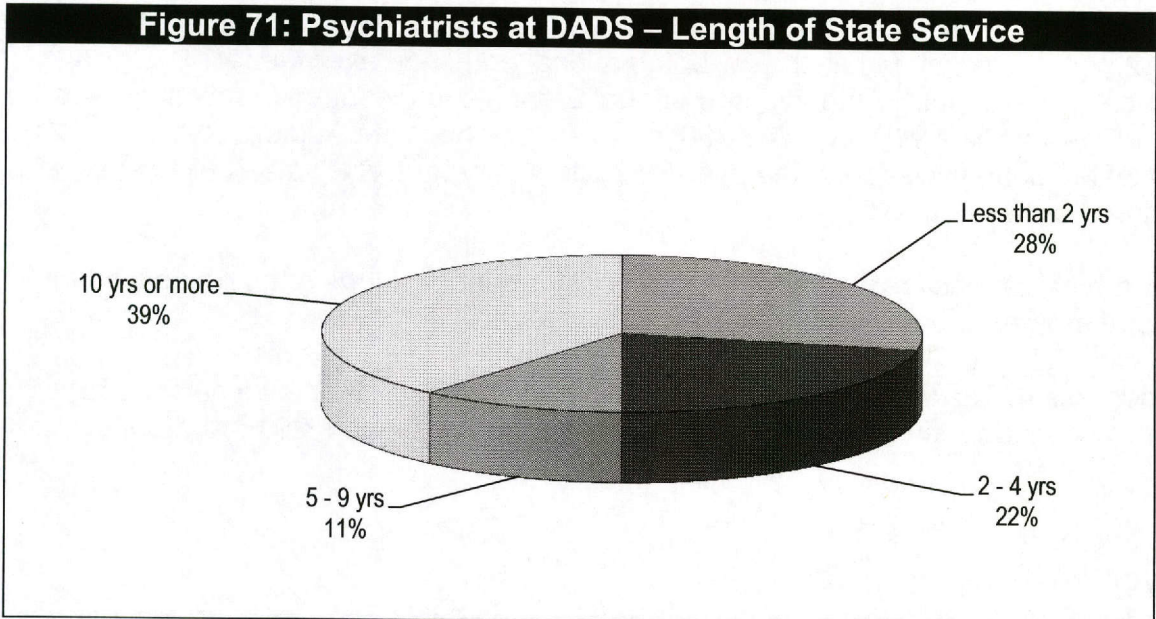
²⁶³ HHSAS Database, as of 8/31/13.

²⁶⁴ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 4/23/14.

²⁶⁵ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

²⁶⁶ HHSAS Database, FY 2013 data.

²⁶⁷ HHSAS Database, as of 8/31/13.



Turnover for psychiatrists is slightly below the state average at 16 percent.^{268 269}

With a very high vacancy rate of 33 percent, vacant positions go unfilled for months.²⁷⁰ 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

²⁶⁸ State Auditor's Office (SAO) FY 2013 Turnover Statistics.
²⁶⁹ HHSAS Database, FY 2013 data.
²⁷⁰ Ibid.

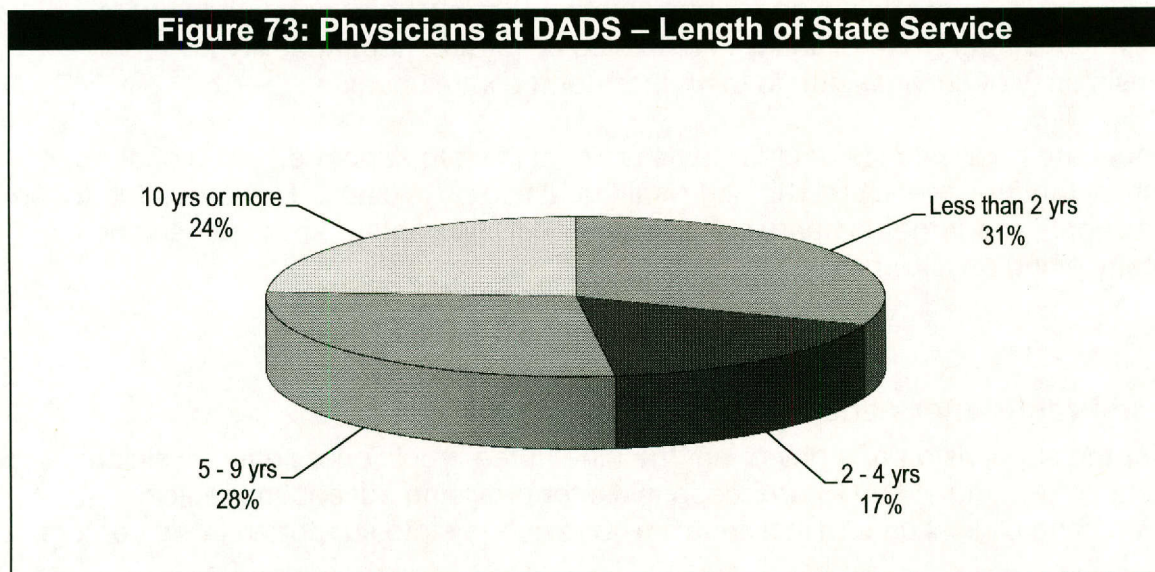
state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$100²⁷¹ paid to agency psychiatrists). Aside from being more costly, the agency has experienced other problems with contracted psychiatrists, including a lengthy learning curve, difficulty in obtaining long-term 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 42 physicians at DADS.²⁷² These highly skilled and tenured employees primarily work at state supported living centers across Texas.²⁷³ Full staffing of these positions is critical to direct-care services.

DADS physicians have, on average, about nine years of state service, with an average age of 57. Local physicians who have established long term private practices often apply as a staff physician at state supported living centers late in their working career to secure retirement and insurance benefits, thus explaining the reason for the high average age. Only two full-time physicians are under 40 years of age.²⁷⁴



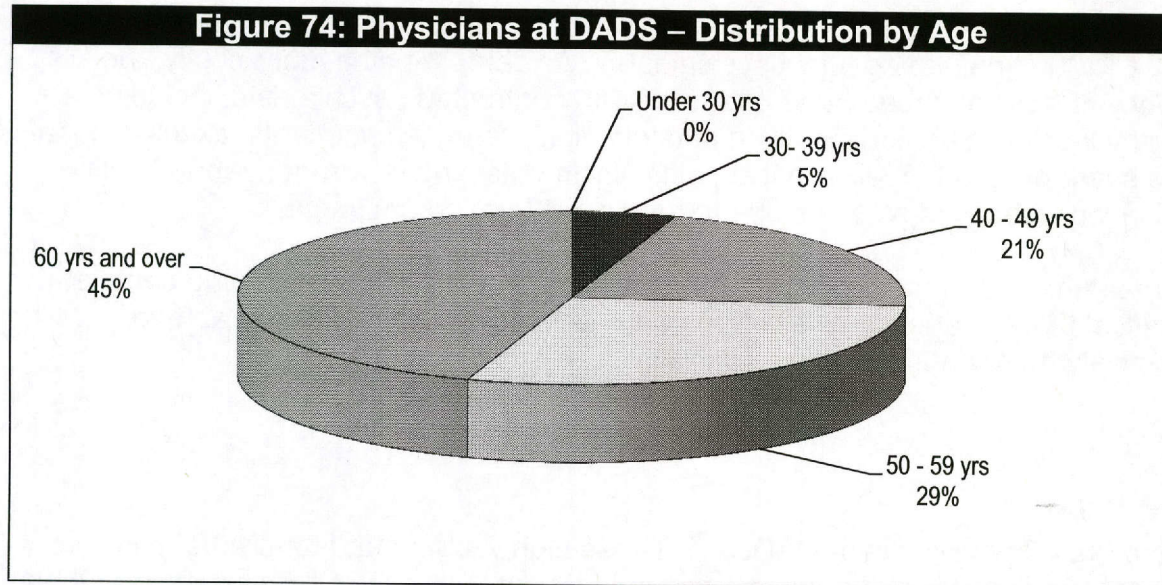
²⁷¹ HHSAS Database, as of 8/31/13.

²⁷² Ibid.

²⁷³ Ibid.

²⁷⁴ Ibid.

Figure 74: Physicians at DADS – Distribution by Age



Turnover for physicians is considered high at 26 percent.²⁷⁵

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 \$91 paid to agency physicians).²⁷⁶ 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.

Nurse Practitioners and Physician Assistants

Under the supervision of a physician, the nine nurse practitioners and physician assistants working at DADS are responsible for providing advanced medical services and clinical care to individuals who reside in state supported living centers.

²⁷⁵ HHSAS Database, FY 2013 data.

²⁷⁶ HHSAS Database, as of 8/31/13.

These highly skilled employees have, on average, only six years of state service, with an average age of 55.²⁷⁷

Figure 75: Nurse Practitioners and Physician Assistants at DADS – Length of State Service

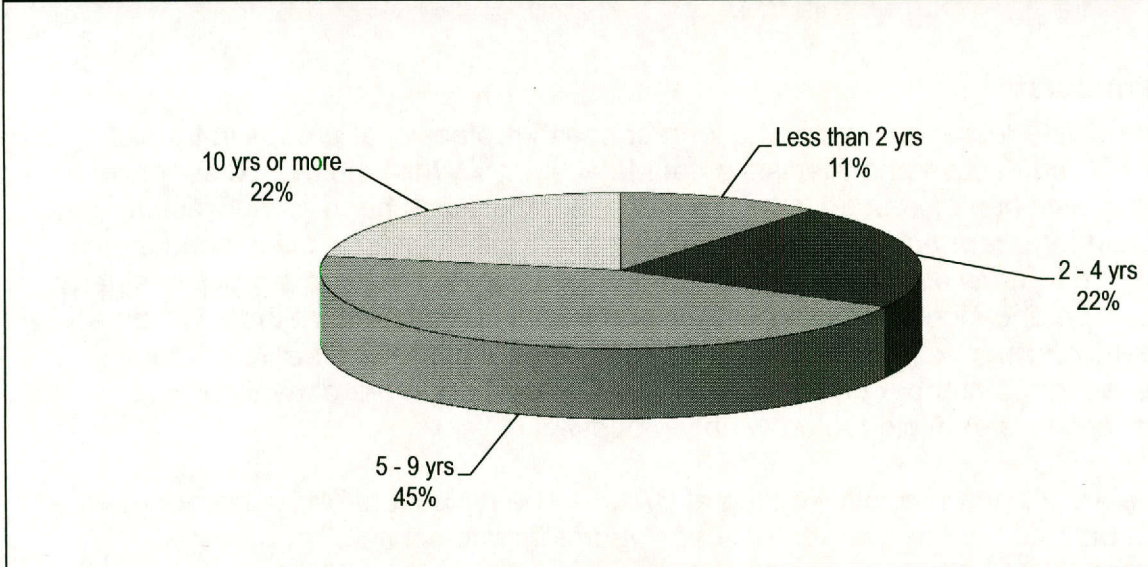
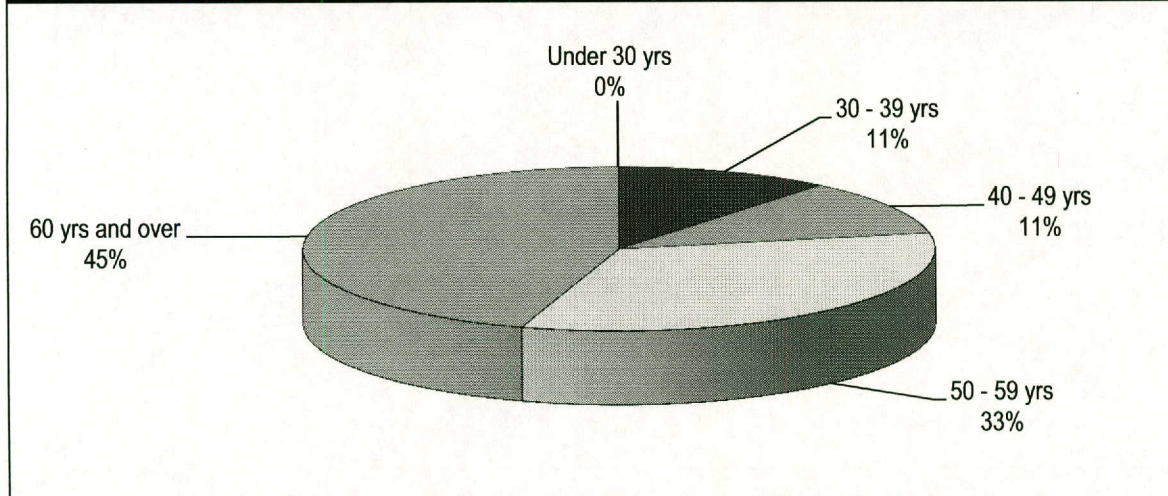


Figure 76: Nurse Practitioners and Physician Assistants at DADS – Distribution by Age



Turnover for nurse practitioners and physician assistants is one of the agency's highest, at about 46 percent, and about 20 percent of the remaining employees are eligible to retire from state employment.²⁷⁸

With a high vacancy rate of 18 percent, vacant positions go unfilled for months.²⁷⁹

²⁷⁷ HHSAS Database, as of 8/31/13.

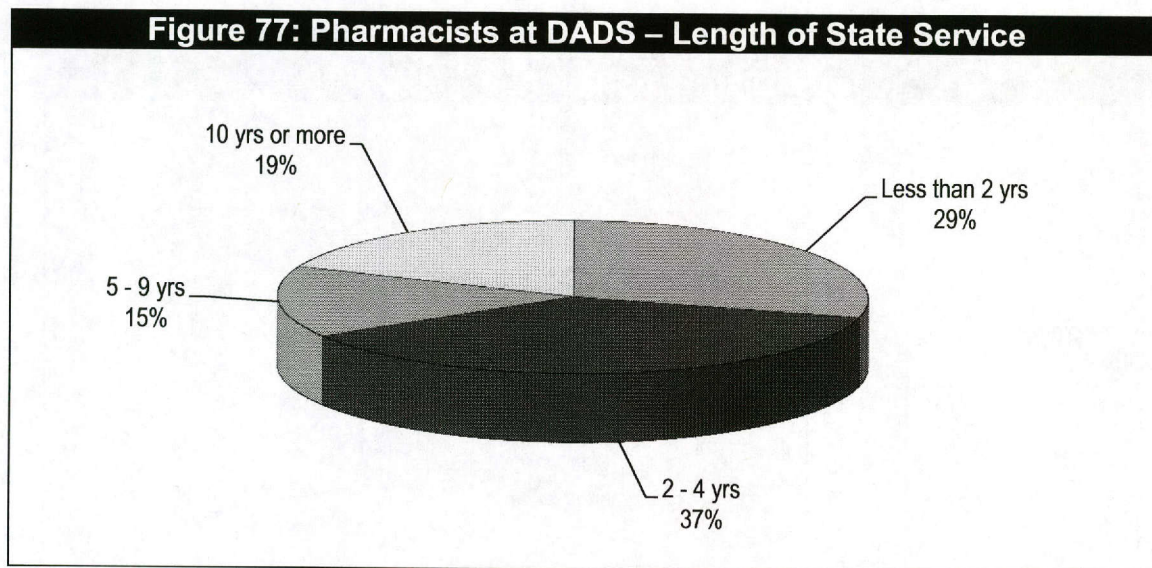
²⁷⁸ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

Due to the continuing short supply and high demand for these professionals, the agency will need to develop creative recruitment strategies to replace these employees.

Pharmacists

Pharmacists represent one of the largest health professional groups in the U.S., with over 280,000 active pharmacists as of May 2012.²⁸⁰ 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 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 41,000 new pharmacists by 2022, or a 15 percent increase in the number of total jobs.²⁸¹ However, the number of available pharmacists is expected to grow only modestly.

There are 48 pharmacists working at DADS. The typical pharmacist is about 49 years old and has an average of seven years of state service.²⁸²



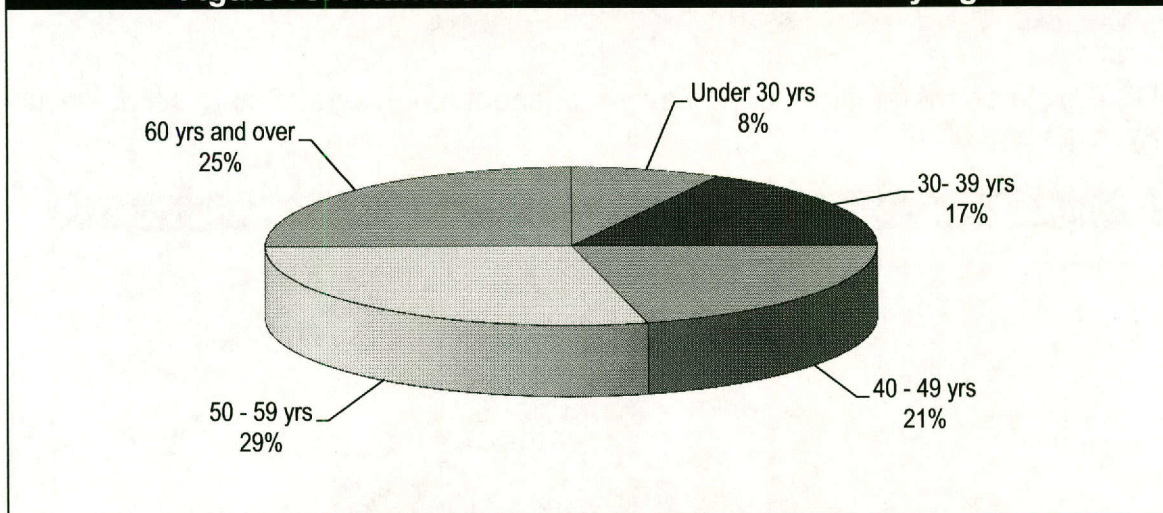
²⁷⁹ HHSAS Database, as of 8/31/13.

²⁸⁰ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 5/5/14.

²⁸¹ Ibid.

²⁸² HHSAS Database, as of 8/31/13.

Figure 78: Pharmacists at DADS – Distribution by Age



Pharmacists at DADS earn, on average, an annual salary of \$97,261.²⁸³ This salary falls significantly below the state and national market rates. The average annual salary for pharmacists nationally is \$116,500 and \$116,790 in Texas.²⁸⁴ In addition, the State Auditor’s Office 2012 market index analysis found the average state salary for Pharmacist Is to be 24 percent behind the market rate.²⁸⁵ This disparity has historically affected the agency’s ability to recruit qualified applicants for vacant positions.

Turnover for pharmacists is currently high at nearly 24 percent, with pharmacist positions often remaining unfilled for several months before being filled.²⁸⁶

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. This practice is expected to continue.

Registered Therapists

There are 174 registered therapists at DADS. These employees primarily work at state supported living centers across Texas.²⁸⁷ These therapists include a variety of specializations, including speech-language pathologists, audiologists, occupational

²⁸³ HHSAS Database, as of 8/31/13.

²⁸⁴ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/5/14.

²⁸⁵ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

²⁸⁶ HHSAS Database, as of 8/31/13.

²⁸⁷ Ibid.

therapists and physical therapists. Full staffing of these positions is critical to direct-care services.

DADS registered therapists have, on average, about nine years of state service, with an average age of 47.²⁸⁸

Figure 79: Registered Therapists at DADS – Length of State Service

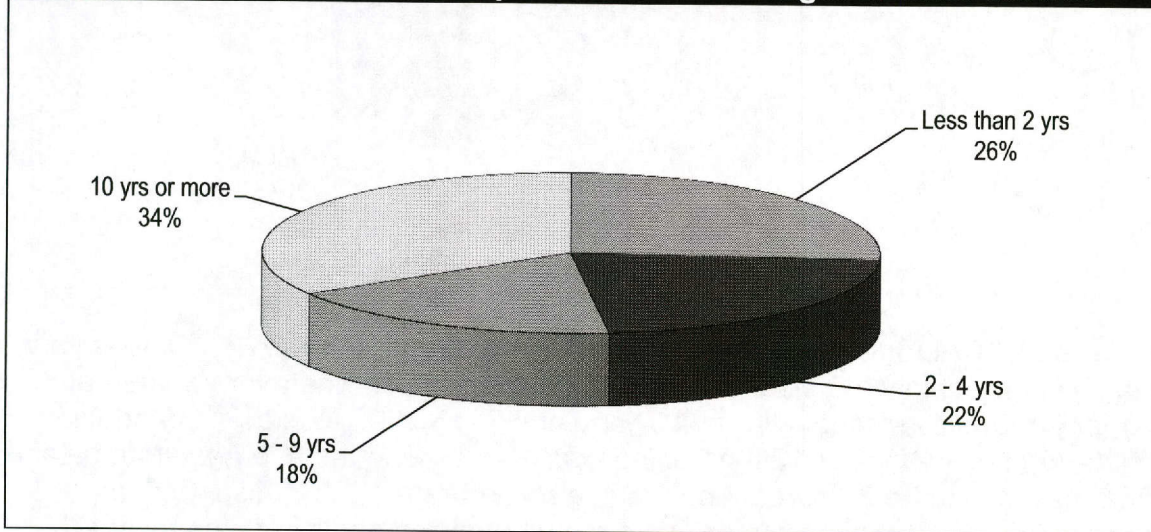
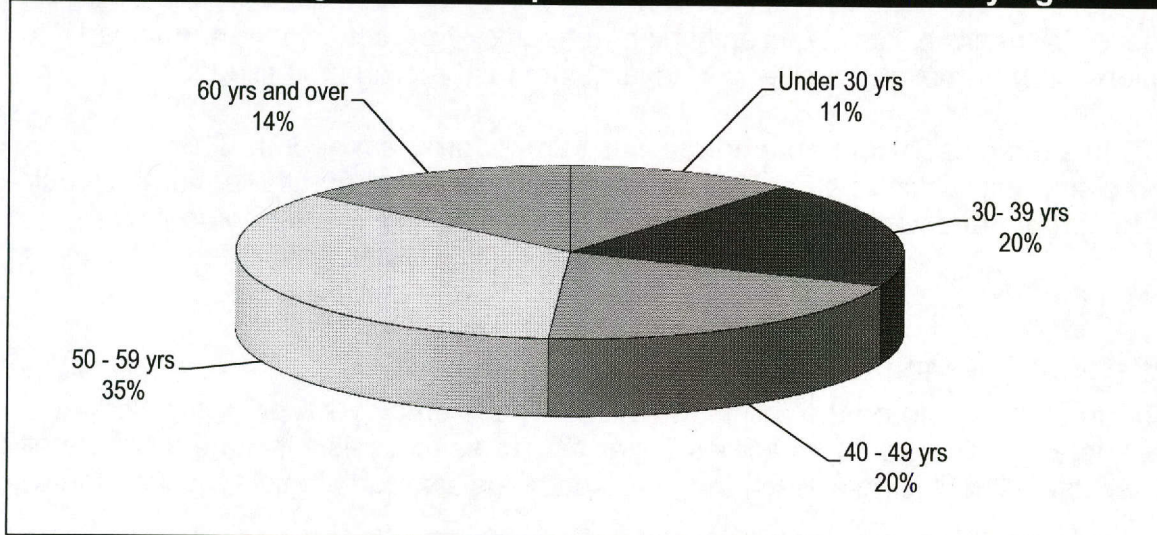


Figure 80: Registered Therapists at DADS – Distribution by Age



Turnover for registered therapists is significantly above the state average at 23 percent.^{289 290}

²⁸⁸ HHSAS Database, as of 8/31/13.

²⁸⁹ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

²⁹⁰ HHSAS Database, FY 2013 data.

In addition, the agency is 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.²⁹¹

Low pay is a factor in the inability to attract qualified registered therapist applicants. DADS registered therapists earn an average annual salary of \$72,175.²⁹² The average annual salary for registered therapists nationally is \$78,590 and \$82,624 in Texas.²⁹³ In addition, The State Auditor's Office 2012 market index analysis found the average state salary for registered therapists ranged from 13 to 30 percent behind the market rate.²⁹⁴

To address these difficulties, in 2013, the agency increased the salaries for all physical and occupational therapists, speech-language pathologists and audiologists.

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

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.
- ◆ Using recruitment brochure that provides information about DADS state supported living centers.
- ◆ Placing advertisements in newspapers, trade journals, professional magazines, radio, and television.

²⁹¹ HHSAS Database, as of 8/31/13.

²⁹² Ibid.

²⁹³ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/5/14. Note: Reported salaries represent the weighted average for occupational therapists, audiologists, speech-language pathologists and physical therapists.

²⁹⁴ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

- ◆ Increasing the usage of the internet by posting hard-to-fill positions on MD Search, 3rNet, and CareerMD.
- ◆ The “Tell a Friend” campaign designed to encourage employees to spread the word about job opportunities within the agency.
- ◆ Using mailing lists (for physicians, psychiatrists, nurses, pharmacists and registered therapists) to launch a direct mail campaign to increase awareness of job opportunities at DADS.
- ◆ Contract with professional staffing agencies to assist the agency in finding physicians to fill vacancies at the state supported living centers.
- ◆ Adjusting salaries to be more competitive with the private sector.
- ◆ The careersatdads.com website continues to be a valuable source of information for potential applicants. The video about DADS state supported living centers provides information that has resulted in increased applicant inquiries concerning job opportunities.

Other strategies include:

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

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

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

Retention Strategies

DADS has implemented several retention strategies that include:

- ◆ Adjusting salaries to assist in retaining direct support professionals and registered therapists.
- ◆ Using the full salary range for posting hard-to-fill positions.
- ◆ Promoting from within the agency when qualified applicants are available.

- ◆ Promoting succession planning/career development through the agency's "Building the Bench" program, which promotes professional development.

Additional strategies under consideration:

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

DEPARTMENT OF STATE HEALTH SERVICES

MISSION

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

SCOPE

DSHS administers and regulates public health and behavioral health programs.

CORE BUSINESS FUNCTIONS

DSHS is a multifaceted agency responsible for oversight and implementation of public health and behavioral health services in Texas. With a workforce of approximately 12,000, DSHS is the third largest Texas state agency employer. The DSHS mission is accomplished through the procurement or provision of services and supports that have a direct impact on Texans. DSHS administrative and service areas include:

- ◆ **Chief Operations Officer**
 - Vital Statistics
 - Center for Health Statistics
- ◆ **Family and Community Health Services**
 - Specialized Health Services
 - Community Health Services
 - Nutrition Services
 - Maternal and Child Health
- ◆ **Mental Health and Substance Abuse Services**
 - Community Mental Health Services
 - Substance Abuse Services
 - Hospital Services
- ◆ **Regional and Local Health Services**
 - Health Service Regions
 - Regional and Local Health Services Administration
 - Community Preparedness
- ◆ **Disease Control and Prevention Services**
 - Disease Registries and Environmental Epidemiology
 - Infectious Disease Prevention
 - Health Promotion and Chronic Disease Prevention

- Laboratory
- ◆ **Regulatory Services**
 - Health Care Quality
 - Environmental and Consumer Safety
 - Enforcement

WORKFORCE DEMOGRAPHICS

DSHS is the second largest agency in the HHS System. Statewide, the agency employs approximately 12,000 full and part-time employees, representing about 22 percent of the HHS System workforce. The majority of these employees (7,748 employees or about 65 percent) work in inpatient facilities across the state.²⁹⁵ To better understand the agency’s unique workforce, the following demographic categories are examined:

Job Families

About 70 percent of DSHS employees (8,318 employees) work in 10 job families.²⁹⁶

Table 35: Largest Program Job Families and Average Salaries

Job Family	Number of Employees	Average Salary
Psychiatric Nursing Assistants	2,905	\$22,645
Clerical Workers	1,334	\$26,581
Program Specialists	998	\$48,868
Registered Nurses (RNs)	951	\$52,946
Licensed Vocational Nurses (LVNs)	482	\$32,698
Custodians	347	\$19,972
Food Service Workers ²⁹⁷	343	\$19,896
Rehabilitation Technicians	343	\$23,615
Public Health Technicians	335	\$35,462
Maintenance Workers	280	\$27,760

Salary

DSHS employees earn an average annual salary of \$37,596, which is slightly higher than the HHS System average annual salary of \$36,963.²⁹⁸

²⁹⁵ HHSAS Database, as of 8/31/13.

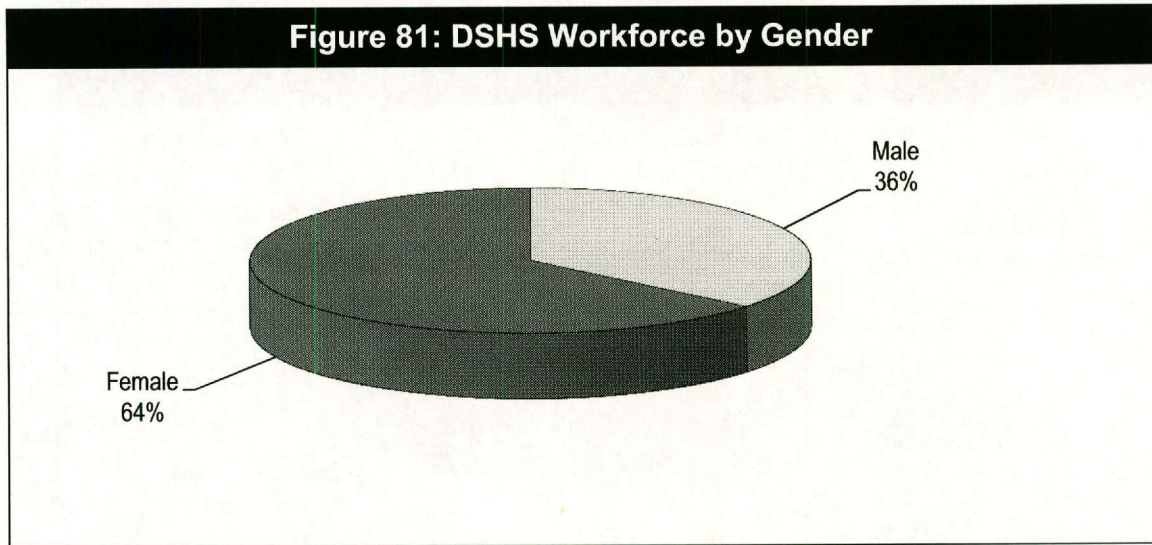
²⁹⁶ Ibid.

²⁹⁷ Food service workers include food service workers, managers and cooks.

²⁹⁸ HHSAS Database, as of 8/31/13.

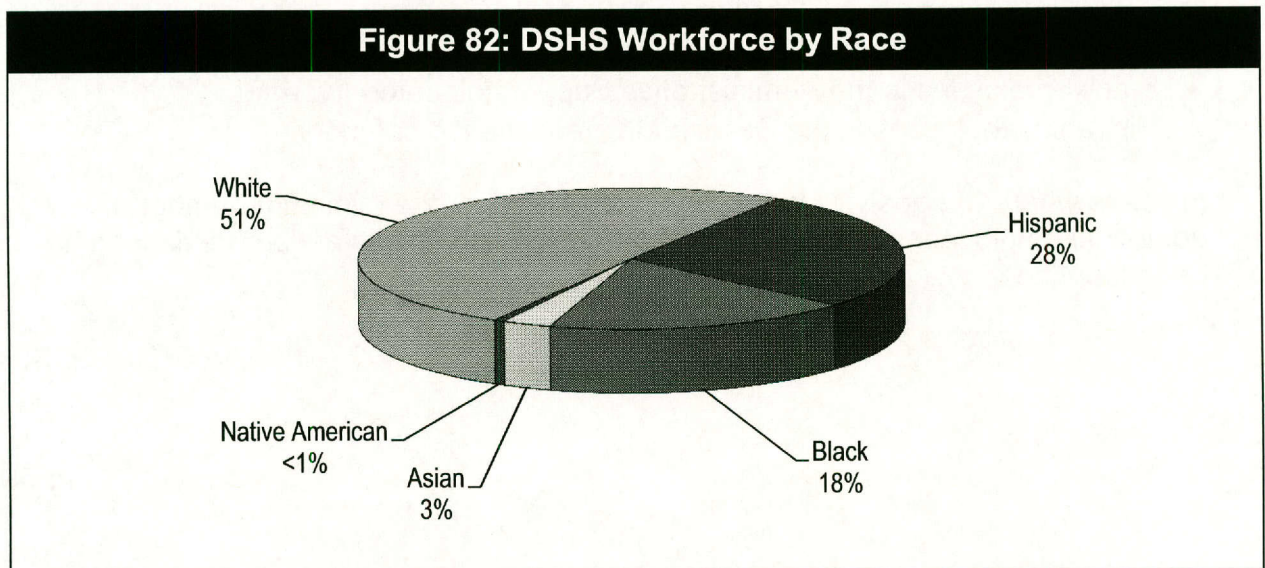
Gender

Females make up approximately 64 percent of the agency workforce.²⁹⁹



Race

White employees represent the largest racial group at 51 percent, followed by Hispanic employees at 28 percent and Black employees at 18 percent.³⁰⁰

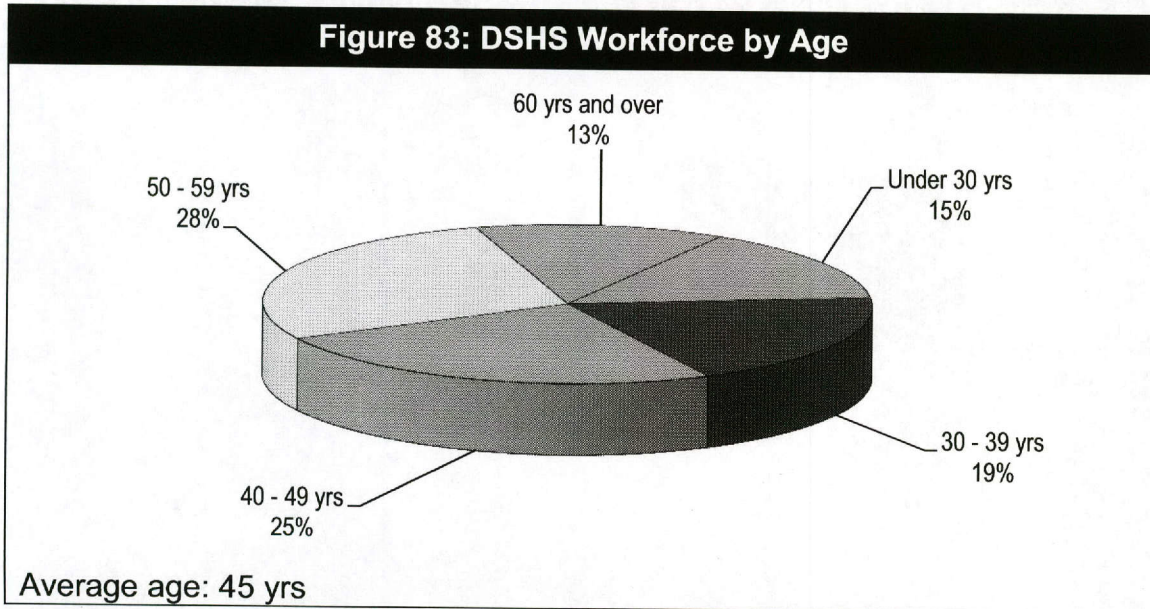


²⁹⁹ HHSAS Database, as of 8/31/13.

³⁰⁰ Ibid.

Age

DSHS employees have an average age of 45 years. Approximately 66 percent of the DSHS workforce is 40 years or older.³⁰¹



Utilization Analysis

The utilization analysis of the DSHS workforce, as indicated in Table 36, reflects underutilization in the following areas:^{302 303}

- ◆ Black employees in the Administrative Support 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.

³⁰¹ HHSAS Database, as of 8/31/13.

³⁰² Workforce data - from HR/PeopleSoft, as of 8/31/13.

³⁰³ 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 36: DSHS Utilization Analysis Results

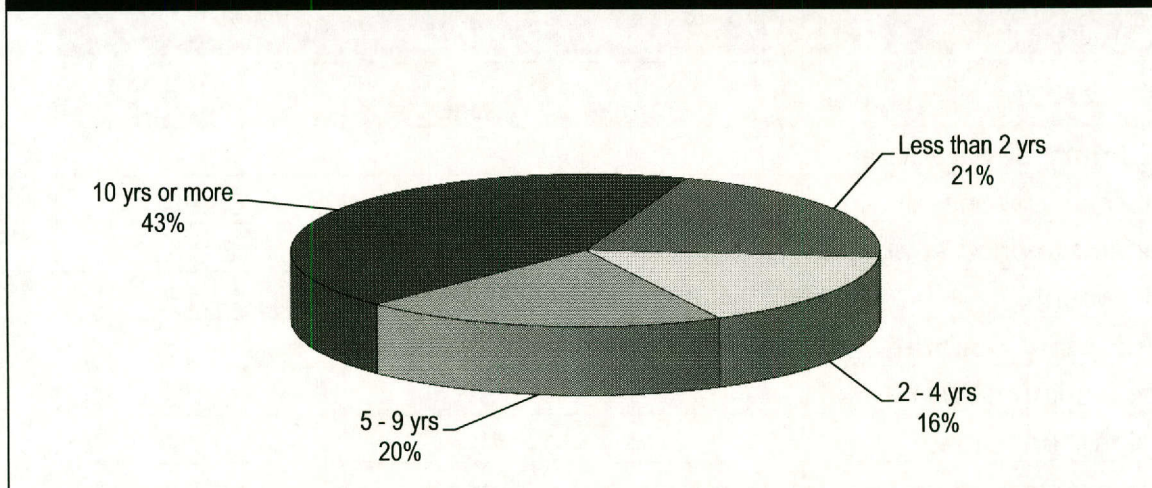
Job Category	Black			Hispanic			Female		
	DSHS %	CLF %	Underutilization (If Yes, # needed)	DSHS %	CLF %	Underutilization (If Yes, # Needed)	DSHS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	8.4%	7.2%	No	21.3%	12.3%	No	55.3%	32.6%	No
Professionals	11.2%	9.4%	No	20.2%	11.6%	No	66.7%	49.0%	No
Technicians	16.7%	13.9%	No	30.3%	19.7%	No	72.0%	42.1%	No
Protective Service	20.3%	18.0%	No	20.3%	23.1%	No	17.8%	21.6%	No
Para-Professionals	30.5%	14.3%	No	32.4%	25.7%	No	55.0%	56.3%	No
Administrative Support	14.8%	19.4%	38	34.0%	26.8%	No	88.3%	78.8%	No
Skilled Craft	5.8%	14.7%	N/A	30.6%	35.2%	No	4.0%	16.5%	N/A
Service Maintenance	25.1%	20.4%	No	39.1%	43.7%	9	62.6%	44.4%	No

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

State Service

Approximately 43 percent of the DSHS workforce has 10 or more years of state service. About 37 percent of the DSHS employees have less than five years of state service.³⁰⁴

Figure 84: DSHS Workforce by Length of State Service



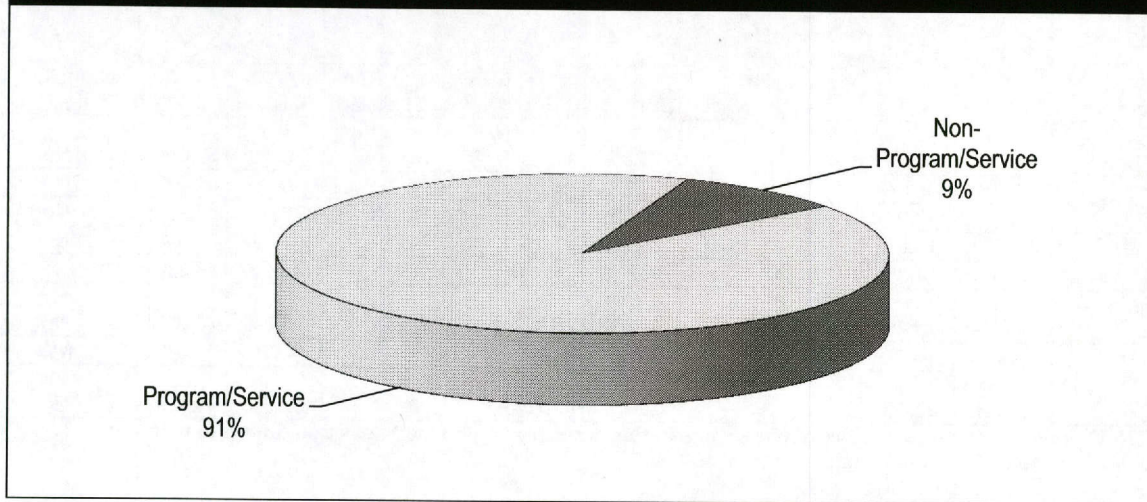
Return-to-Work Retirees

DSHS employs 569 return-to-work retirees. The majority of these retirees (91 percent) work in program/service related areas.³⁰⁵

³⁰⁴ HHSAS Database, as of 8/31/13.

³⁰⁵ Ibid.

Figure 85: DSHS Return-to-Work Retirees



TURNOVER

The DSHS turnover rate during fiscal year 2013 was about 21.9 percent, higher than the statewide turnover rate of 17.6 percent. The majority of these employee separations (approximately 79 percent) were voluntary.³⁰⁶

Table 37: Reason for Separation

Reason	Separations	Percentage ³⁰⁷
Voluntary Separations		
Personal reasons	1,521	55.9%
Transfer to another agency	240	8.8%
Retirement	383	14.1%
Involuntary Separations		
Termination at Will	3	0.1%
Resignation in Lieu	45	1.7%
Dismissal for Cause	444	16.3%
Reduction in Force	51	1.9%

The following table indicates the job families essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2013.³⁰⁸

³⁰⁶ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

³⁰⁷ Death accounted for 1.2% of separations.

Table 38: FY 13 Turnover for Significant Job Families³⁰⁹

Job Family	Average Annual Headcount	Separations	Turnover Rate
Human Services Technicians	65	43	66.4%
Nutritionists	47	20	42.8%
Public Health Registered Nurses	55	19	34.4%
Laundry Workers	50	17	33.8%
Psychiatric Nursing Assistants	3,151	1,038	32.9%
Associate Psychologist	47	15	32.1%
Licensed Vocational Nurses (LVNs)	519	158	30.4%
Food Service Workers ³¹⁰	362	91	25.2%
Registered Nurses (RNs)	993	207	20.8%
Maintenance Workers	293	60	20.5%
Security Officers	206	42	20.4%
Custodians	361	73	20.2%
Social Workers	181	35	19.3%
Rehabilitation Technicians	358	68	19.0%
Nurse Practitioners and Physician Assistants	33	6	18.5%
Accountants	118	21	17.8%
Managers	283	50	17.7%
Directors	83	14	16.9%
System Analysts	132	22	16.6%
Laboratory Technicians	43	7	16.3%
Clerical Workers	1,396	224	16.0%
Reimbursement Officers	32	5	15.9%
Epidemiologists	84	13	15.4%
Financial Analysts	26	4	15.2%
Health Physicists	60	9	15.0%
Groundskeepers	28	4	14.3%
Psychologists	57	8	14.2%
Psychiatrists	121	17	14.1%
Program Specialists	1,009	141	14.0%
Microbiologists	123	17	13.9%
Medical Technologists	69	9	13.1%
Sanitarians	118	13	11.0%

³⁰⁸ HHSAS Database, FY 2013 data.

³⁰⁹ 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.

³¹⁰ Food service workers include food service workers, managers and cooks.

RETIREMENT PROJECTIONS

Currently, about 16 percent of the DSHS workforce is eligible to retire from state employment, the second highest of all HHS agencies.³¹¹

About three percent of the DSHS workforce retired in FY 2013. Over the last five years, the retirement turnover rate has increased by about one percent. If this trend continues, the retirement turnover rate may increase to approximately four percent in the next five years.³¹²

Table 39: DSHS Retirements - Percent of Workforce (FY 09 – FY 13)

Fiscal Year	Average Annual Headcount	Retirement Losses	Retirement Turnover Rate
2009	12,277	266	2.1%
2010	12,230	310	2.4%
2011	11,995	337	2.7%
2012	11,911	366	3.0%
2013	11,919	383	3.1%

Table 40: DSHS First Time Retirement Eligible Projection (FY 13 – FY 18)

Fiscal Year	Number of Eligible Employees	Percent of Workforce
2013	345	2.9%
2014	425	3.6%
2015	498	4.2%
2016	507	4.3%
2017	492	4.1%
2018	538	4.5%

EXPECTED WORKFORCE CHALLENGES

DSHS anticipates that as the population of the State increases, there will be a need for additional public health services, as well as physical and behavioral health services. Projected job growth is expected to 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 will see a larger number of chronic health conditions, resulting in an increased need for the agency's healthcare services.

³¹¹ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

³¹² HHSAS Database.

As Texas' population continues to grow, it is expected that populations with limited access to preventative dental care will also continue to grow. Since the recruitment of dentists has historically been a challenge, DSHS anticipates that the need for fully-staffed dental teams will become a higher priority.

DSHS anticipates that this population growth will also increase the need for case management services for the infectious disease program. Public health is expected to play a larger role in the surveillance and control of healthcare-associated infections and preventable adverse events in healthcare settings.

Adjusting to the increasing population has provided numerous challenges for the agency and has the potential to change the focus and direction of the state hospital system and staffing. Clinicians of all types are in short supply nationally and in Texas, but are particularly acute for psychiatrists, child psychiatrists, psychiatric nurse practitioners, and psychiatric physician assistants and licensed substance abuse counselors. General physicians, pharmacists, and dentists are difficult to attract to psychiatric hospitals because of the low base pay of state hospitals and because working in the mental health field is generally perceived as less desirable. Market forces have increased competition among employers for the limited supply of clinicians available and have driven up the salaries in these fields. Within the state hospitals, DSHS has used contracted clinical staff to deal with these shortages.

Shortage occupation job families that will require targeted recruitment attention are psychiatric nursing assistants, nurses (RNs and LVNs), nurse practitioners and physician assistants, epidemiologists, sanitarians, health physicists, dentists, physicians, psychiatrists, psychologists, pharmacists, substance abuse counselors, social workers, financial analysts, and laboratory staff.

Psychiatric Nursing Assistants

There are approximately 2,900 psychiatric nursing assistants employed in DSHS state hospitals.³¹³ These positions require high school education or equivalency to perform the work; however, there is extensive on-the-job training.

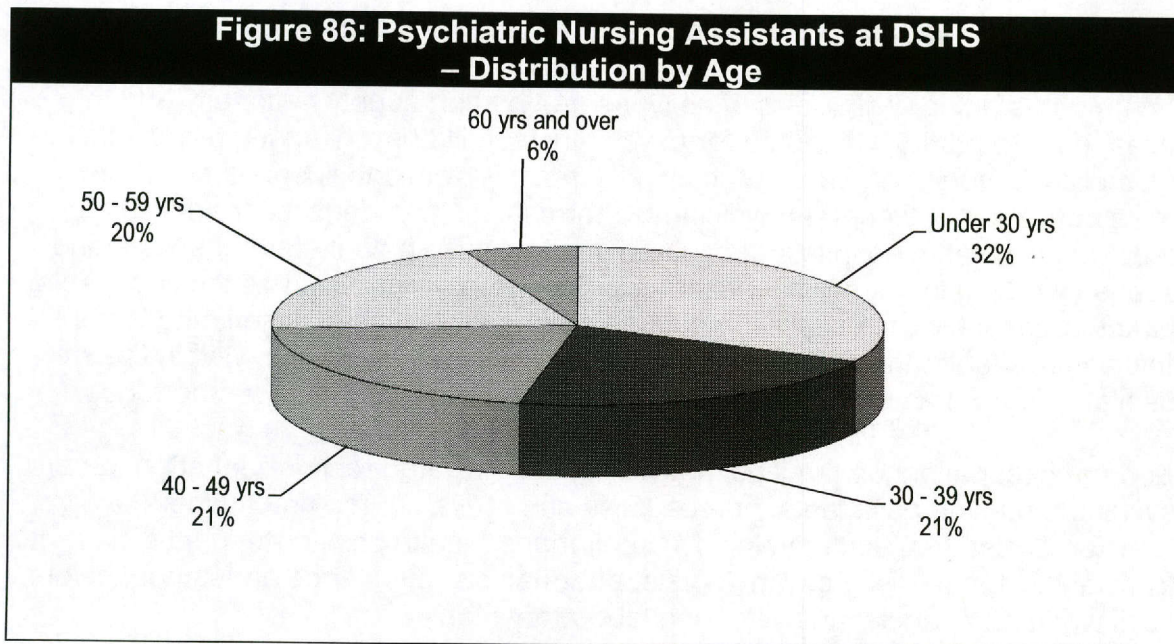
Workers are assigned many routine basic care tasks in the state hospitals that do not require a license to perform, such as taking vital signs, and assisting with bathing, hygiene and transportation. These employees are required to interact with patients on a daily basis. They are likely to be the first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

³¹³ HHSAS Database, as of 8/31/13.

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.

The work is performed in shifts throughout the day and night. The work is difficult and the pay is low. Psychiatric nursing assistants earn an average hourly wage of \$10.89 per hour.^{314 315}

The average psychiatric nursing assistant is about 39 years old and has an average of seven years of state service.³¹⁶

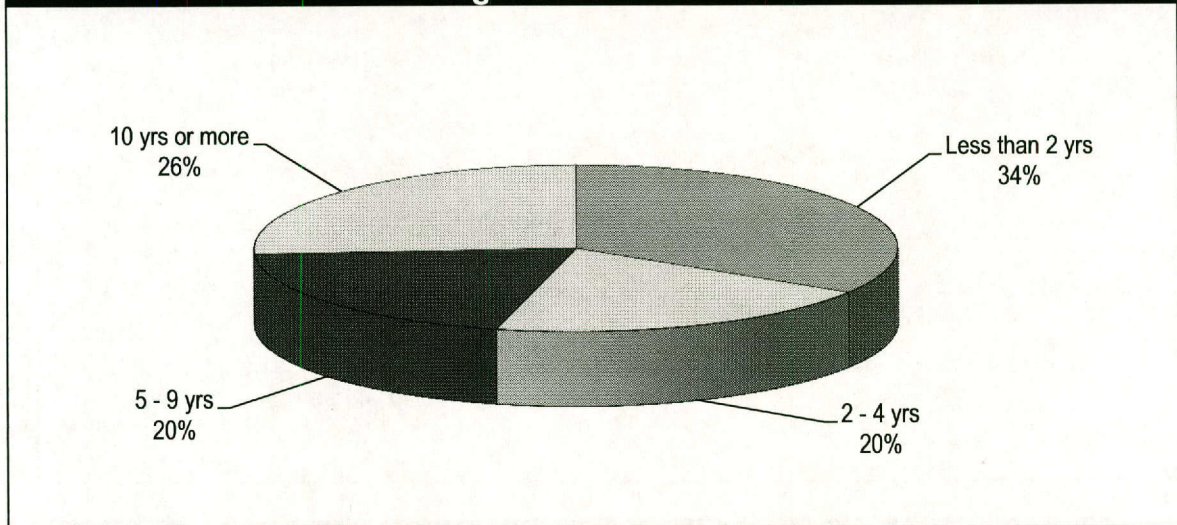


³¹⁴ HHSAS Database, as of 8/31/13.

³¹⁵ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

³¹⁶ HHSAS Database, as of 8/31/13.

**Figure 87: Psychiatric Nursing Assistants at DSHS –
Length of State Service**



Turnover for psychiatric nursing assistants is high at about 33 percent, one of the highest turnover rates for any job category in DSHS.³¹⁷ About 77 percent of these separating employees were in entry-level Psychiatric Nursing Assistant I positions (841 losses or a 44 percent turnover rate).

To address these difficulties, DSHS has plans to increase entry level salaries for new psychiatric nursing assistants and for currently employed staff during fiscal years 2016 and 2017.

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

Food Service Workers³¹⁸

There are 343 food service workers employed at DSHS state hospitals and centers throughout Texas.³¹⁹ 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 eight years of state service.³²⁰

³¹⁷ HHSAS Database, FY 2013 data.

³¹⁸ Food service workers include food service workers, managers and cooks.

³¹⁹ HHSAS Database, as of 8/31/13.

³²⁰ Ibid.

Figure 88: Food Service Workers at DSHS – Distribution by Age

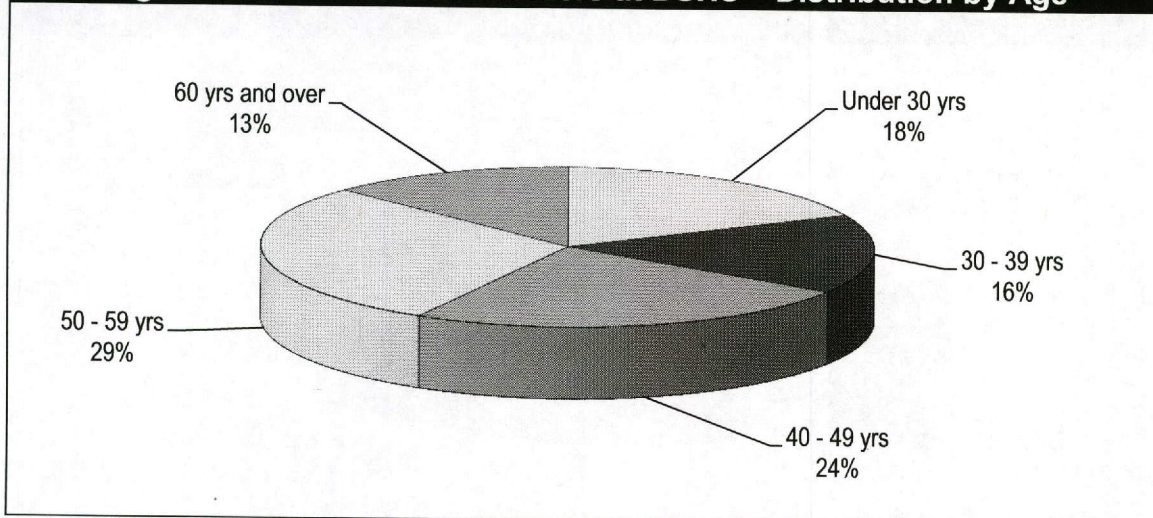
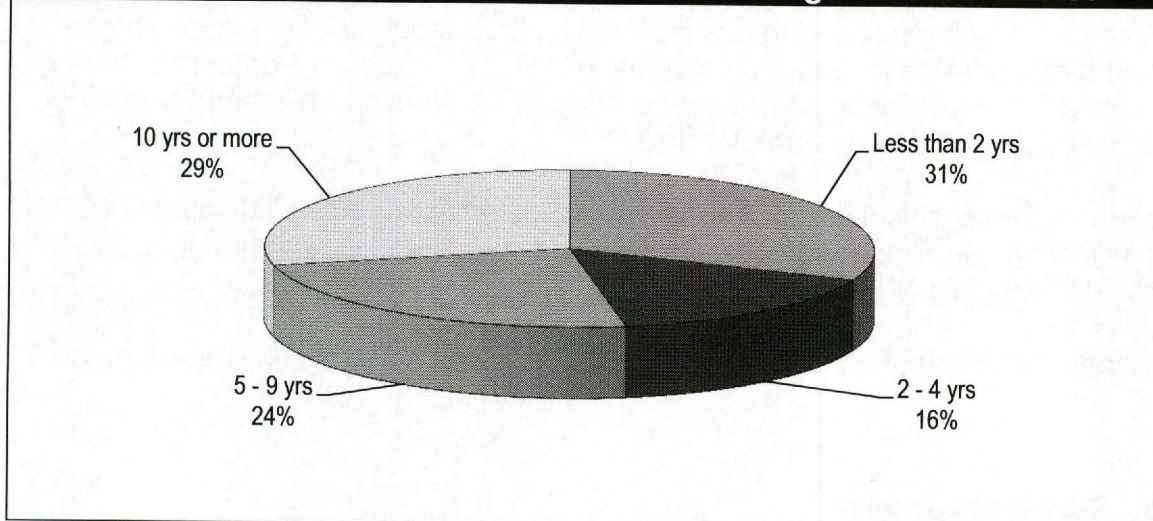


Figure 89: Food Service Workers at DSHS – Length of State Service



Turnover in food service worker positions is high, at 25 percent. Pay is low, with an average wage of \$9.57 per hour.^{321 322} The State Auditor's Office 2012 market index analysis found the average state salary for Food Service Worker Is to be 11 percent behind the market rate, and cooks ranged from four to 23 percent behind the market rate.³²³

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

³²¹ HHSAS Database, FY 2013 data.

³²² HHSAS Database, as of 8/31/13.

³²³ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

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

Nationwide, the nursing shortage has reached crisis proportions. It is projected that there will be a need for 526,800 new RN jobs by 2022.³²⁴ Job opportunities for RNs are expected to grow faster than the average for all occupations.³²⁵ 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.³²⁶ 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.³²⁷ The Texas nurse-to-population ratio is below the national average of 921 nurses per 100,000 people, with the state ratio being only 753 nurses per 100,000 people.^{328 329} By some estimates, Texas will need 138,000 additional nurses in the next 10 years to satisfy staffing demands.³³⁰

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 115 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.^{331 332}

³²⁴ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 5/2/14.

³²⁵ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

³²⁶ State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

³²⁷ "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.

³²⁸ "Nursing Workforce in Texas -2011: Demographics and Trends," Texas Center for Nursing Workforce Studies, January 2013. Web page <http://www.dshs.state.tx.us/chs/cnws/Final2-NursingWorkforceDemoTrends2011.pdf>, last accessed 5/12/14.

³²⁹ "The U.S. Nursing Workforce: Trends in Supply and Education," Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, April 2013. Web page <http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>, last accessed 5/15/14.

³³⁰ 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.

³³¹ Texas Board of Nursing, web page http://www.bne.state.tx.us/pdfs/education_pdfs/education_programs/ApprovedRNschoools.pdf, last accessed on 5/15/14.

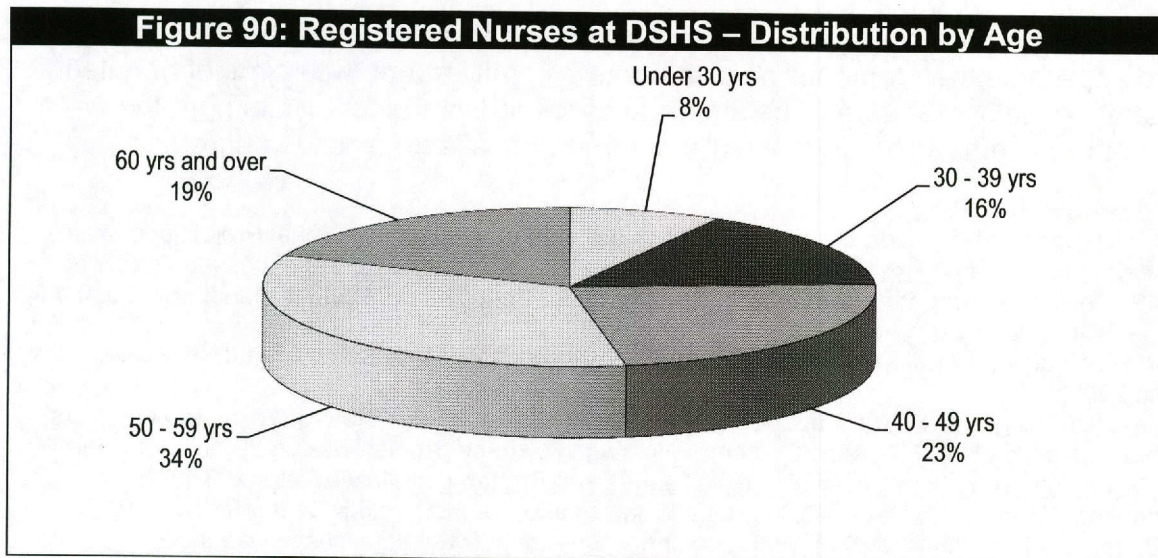
One recent study published in December of 2011 may indicate that the nursing shortage may be improving. The study reported a 62 percent increase in the number of new nurses from 2002 to 2009. If this trend continues, the number of nurses in 2030 may be enough to satisfy demand.³³³

Registered Nurses (RNs)

There are about 1,000 RNs employed by DSHS. The majority of these employees (about 84 percent) work at state hospitals and centers across Texas.

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

The typical RN at the agency is about 49 years old and has an average of approximately 10 years of state service.³³⁴

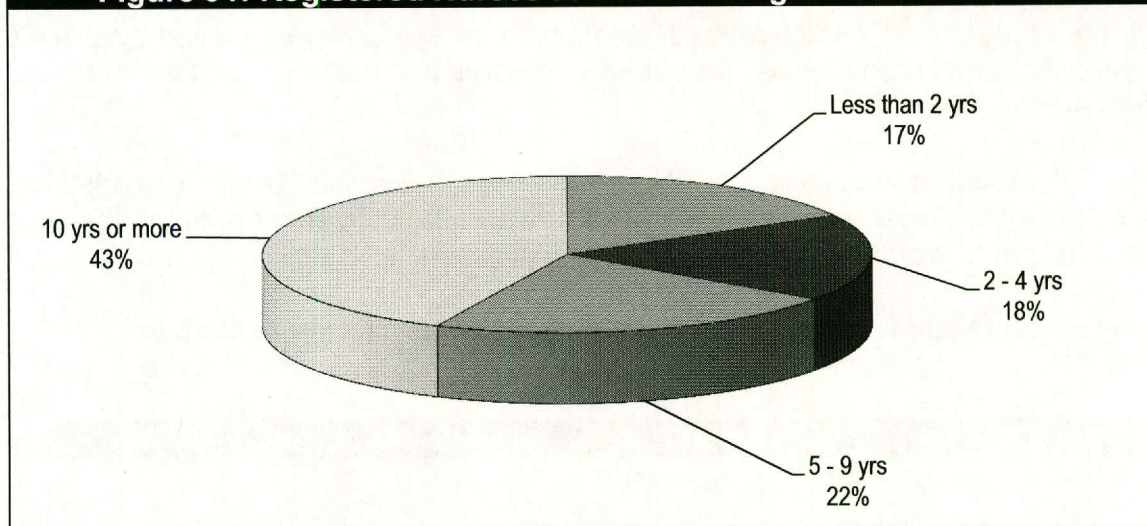


³³² “Professional Nursing Education in Texas: Demographics & Trends: 2006.” Department of State Health Services, web page <http://www.dshs.state.tx.us/chs/cnws/2006ProfNrsEdRpt.pdf>, last accessed 3/17/10.

³³³ Auerbach, David, Buerhaus, Peter, Staiger, Douglas. “Registered Nurse Supply Grows Faster than Projected Amid Surge in New Entrants Ages 23-26”, *Health Affairs*, 30(12), December 2011.

³³⁴ HHSAS Database, as of 8/31/13.

Figure 91: Registered Nurses at DSHS – Length of State Service



The turnover rate for RNs is considered high at about 21 percent.³³⁵

DSHS RNs earn an average annual salary of \$52,946, which is below both the state and national average.³³⁶ The average annual earnings for RNs in 2013 was \$68,910 nationally, and \$67,860 in Texas.³³⁷ In addition, the State Auditor’s Office 2012 market index analysis found the average state salary for RNs ranged from four to 15 percent behind the market rate.³³⁸

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.³³⁹ In order to provide quality nursing care for patients it is essential that the agency maintain the lowest vacancy rate. The agency is striving to maintain vacancy rates for nursing positions at a level below 10 percent at any given time. The vacancy rate for RNs at DSHS is currently at 8.1 percent (slightly below the desired rate), though these positions often remain unfilled for several months.

To address these difficulties, DSHS may consider an increase in entry level salaries for new RNs and for currently employed staff during fiscal years 2016 and 2017.

³³⁵ HHSAS Database, FY 2013 data.

³³⁶ HHSAS Database, as of 8/31/13.

³³⁷ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

³³⁸ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

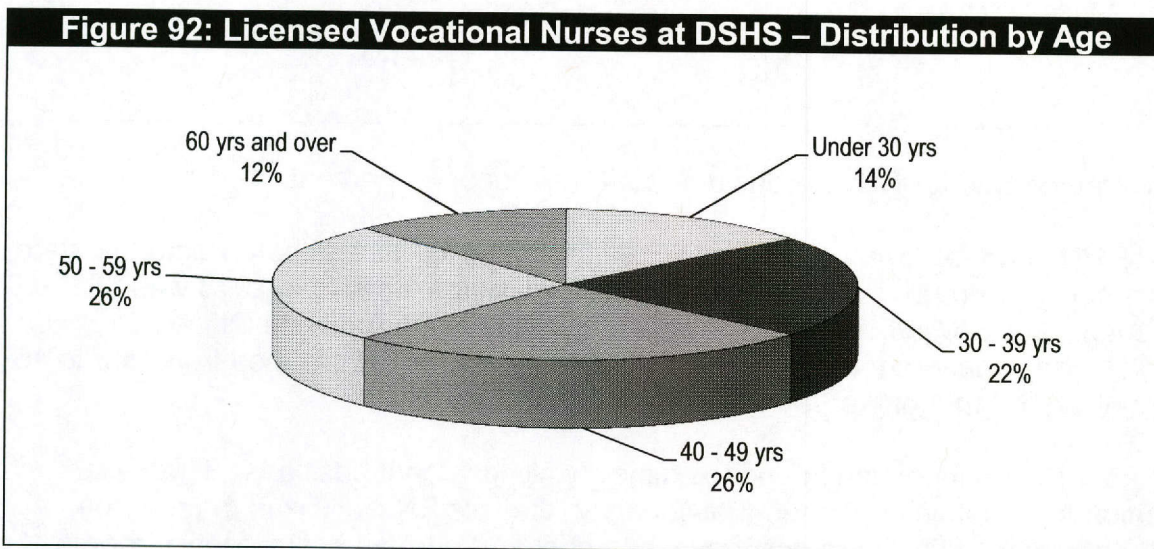
³³⁹ Texas Hospital Association. “Hospital Workforce Study.” Austin, Texas. 2004, as cited in “The state of the Nursing Workforce in Texas,” Statewide Health Workforce Symposium Policy Brief, 3/4/2004, web page <http://www.dshs.state.tx.us/chs/shcc/stateplan2005/ch12005.pdf>, last accessed 3/26/14.

Licensed Vocational Nurses (LVNs)

There are approximately 482 licensed vocational nurses (LVNs) employed by DSHS. The majority of these employees (about 98 percent) work at state hospitals and centers across Texas.

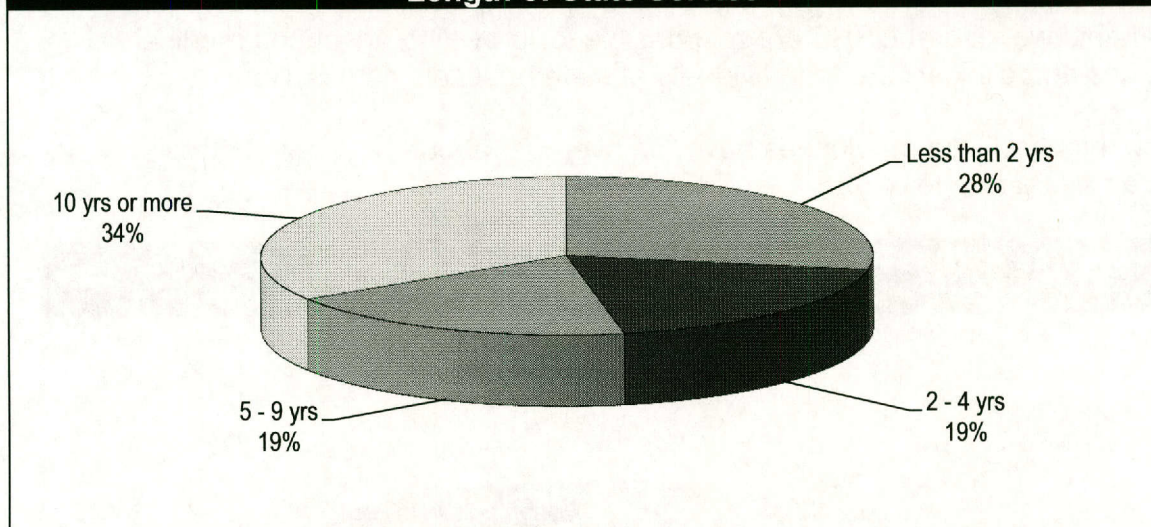
About two percent of the agency’s LVNs work in Health Services Regions, assisting in communicable disease prevention and control and the delivery of population-based services to women and children.

On average, a DSHS LVN is about 44 years old and has nine years of state service.³⁴⁰



³⁴⁰ HHSAS Database, as of 8/31/13.

Figure 93: Licensed Vocational Nurses at DSHS – Length of State Service



As with RNs, the nursing shortage is also impacting the agency’s ability to attract and retain LVNs. Turnover for LVNs is currently very high at about 30 percent.³⁴¹

Currently, the average annual salary for DSHS LVNs during fiscal year 2013 was \$32,698.³⁴² This salary falls below both national and state averages for this occupation. Nationally, the average annual earnings for licensed practical nurses and LVNs was \$42,910, and \$43,730 in Texas.³⁴³ The State Auditor’s Office 2012 market index analysis found the average state salary for LVNs was 18 percent behind the market rate.³⁴⁴

Many LVNs come into the state 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.

To address these difficulties, DSHS may consider an increase in entry level salaries for new LVNs and for currently employed staff during fiscal years 2016 and 2017.

³⁴¹ HHSAS Database, FY 2013 data.

³⁴² HHSAS Database, as of 8/31/13.

³⁴³ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 4/23/14.

³⁴⁴ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

Nurse Practitioners and Physician Assistants

Under the supervision of a physician, the 30 nurse practitioners and physician assistants working at DSHS are responsible for providing advanced medical services and clinical care to individuals at state hospitals across Texas.

These highly skilled employees have, on average, about 12 years of state service, with an average age of 52.³⁴⁵

Figure 94: Nurse Practitioners and Physician Assistants at DSHS – Distribution by Age

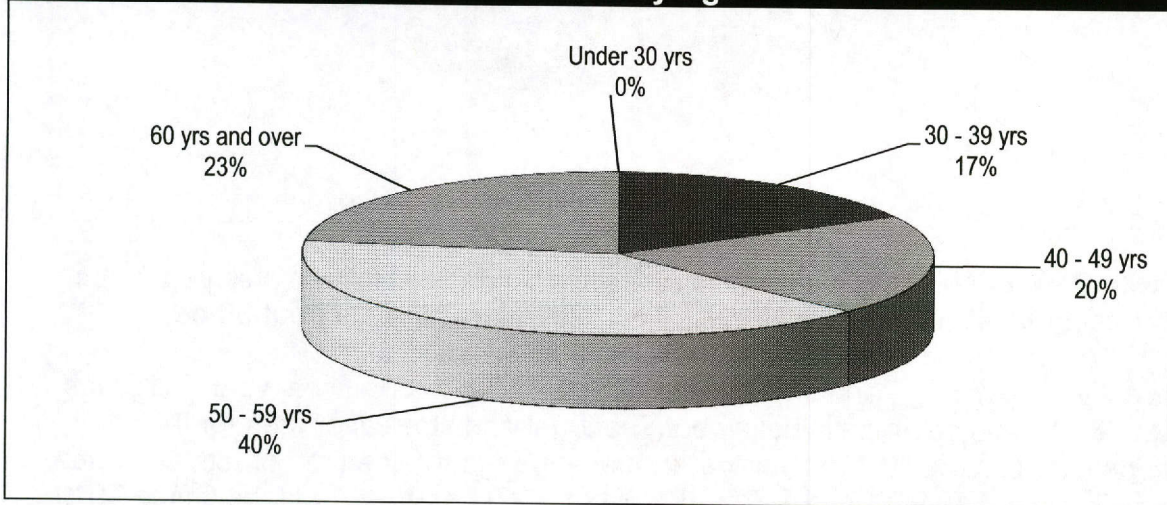
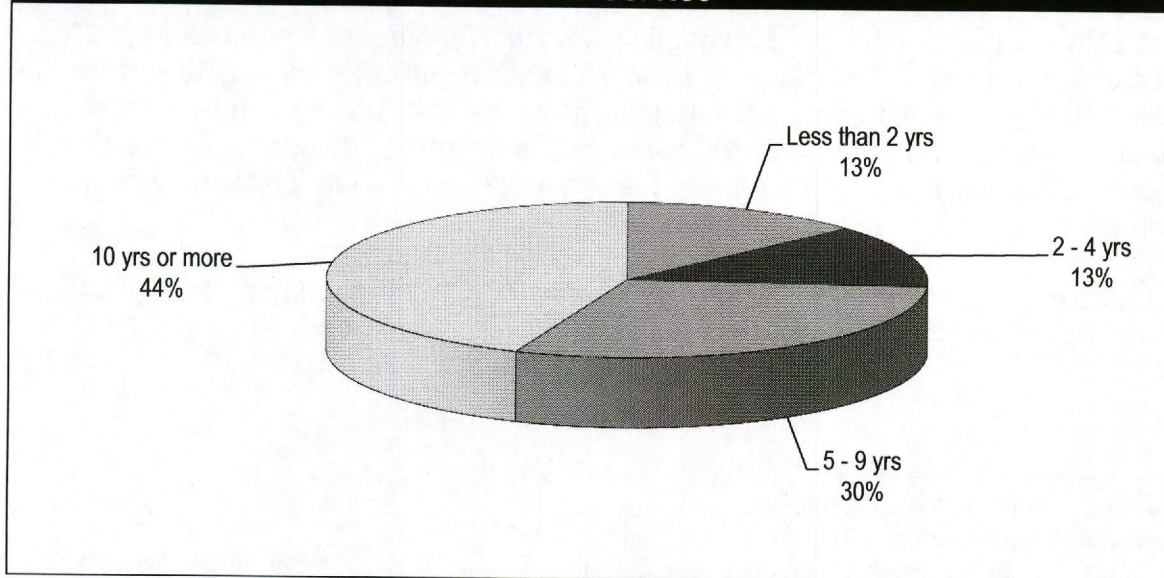


Figure 95: Nurse Practitioners and Physician Assistants at DSHS – Length of State Service



³⁴⁵ HHSAS Database, as of 8/31/13.

Turnover for nurse practitioners and physician assistants is considered high at about 19 percent.

DSHS has also experienced difficulty filling vacant nurse practitioners and physician assistant positions. With a vacancy rate for these positions at about 19 percent, vacant positions go unfilled for months.

With 27 percent of these highly skilled employees currently eligible to retire, recruitment and retention for these jobs will continue to be ongoing challenges.³⁴⁶

Epidemiologists

One of the public health professions currently experiencing shortages is epidemiology. Epidemiology is the study of how often diseases occur in different groups of people and why. Epidemiology is the scientific basis for all decision making in the field of public health.^{347 348}

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.³⁴⁹ They provide critical functions during disasters and pandemics and other preparedness and response planning.

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

DSHS epidemiologists have, on average, about 11 years of state service, with an average age of approximately 44.³⁵⁰

³⁴⁶ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

³⁴⁷ "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.

³⁴⁸ Patricia A. Drehobl, Sandra W. Roush, Beth H. Stover, and Denise Koo, "Public Health Surveillance Workforce of the Future" Morbidity and Mortality Weekly Report (MMWR), 61(03); 25-29 (July 2012), web page <http://www.cdc.gov/mmwr/pdf/other/su6103.pdf>, last accessed on 5/9/14.

³⁴⁹ HHSAS Database, as of 8/31/13.

³⁵⁰ Ibid.

Figure 96: Epidemiologists at DSHS – Distribution by Age

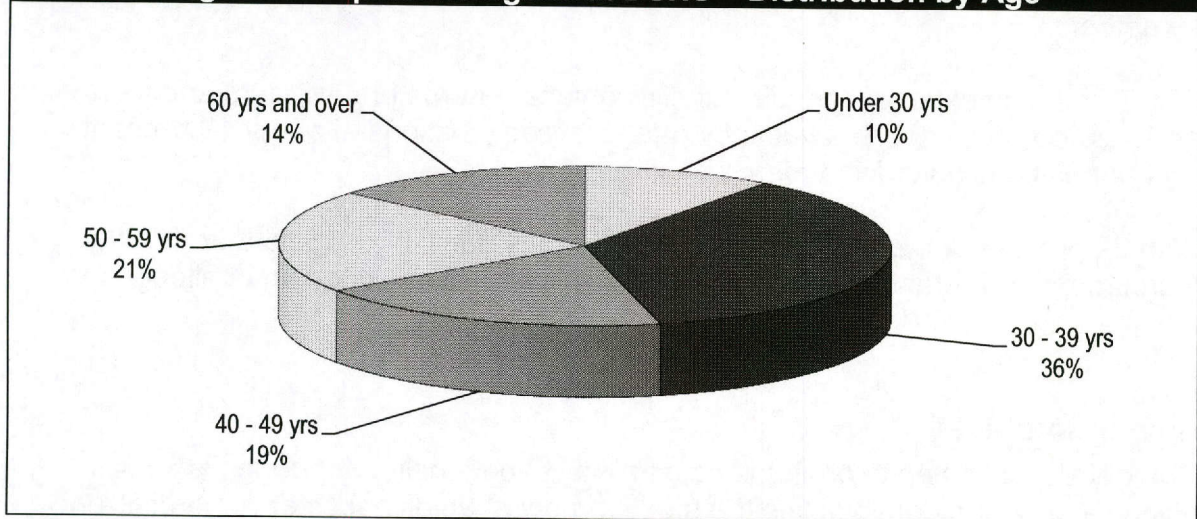
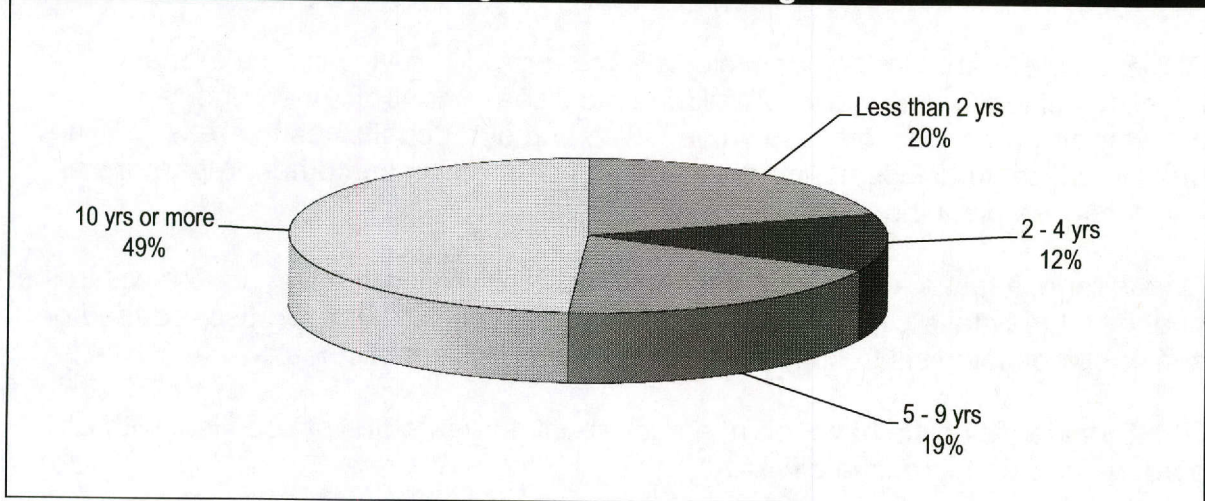


Figure 97: Epidemiologists at DSHS – Length of State Service



Though still below the state average turnover rate of 17.6 percent, the turnover rate for epidemiologists at DSHS has increased from only 10 percent in fiscal year 2011 to its current high of about 15 percent.^{351 352 353}

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. Currently, 15 percent of these employees are eligible to retire.³⁵⁴

³⁵¹ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

³⁵² HHSAS Database, FY 2011 data.

³⁵³ HHSAS Database, FY 2013 data.

³⁵⁴ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

Low pay is a factor in the inability to attract qualified epidemiologist applicants. DSHS epidemiologists earn an average annual salary of \$54,883.³⁵⁵ The average annual salary for epidemiologists nationally is \$73,040 and \$60,900 in Texas.³⁵⁶

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

Sanitarians

Another public health profession currently experiencing shortages is environmental health workers (i.e., sanitarians).^{357 358}

There are 116 sanitarians employed with DSHS.³⁵⁹ Registered sanitarians at DSHS inspect all food manufacturers, wholesale food distributors, food salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions and conduct a multitude of environmental inspections such as children's camps, asbestos abatement, hazardous chemicals/products and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer products. The U.S. Food and Drug Administration (FDA) and the Consumer Products Safety Commission (CPSC) have little manpower and therefore depend on the state programs to protect citizens. DSHS sanitarians also respond to a variety of emergencies, including truck wrecks, fires, tornados, floods and hurricanes. They are the first line of defense against a bioterrorist attack on the food supply.

On average, sanitarians employed with the agency are 49 years old and have about 12 years of state service. About 52 percent of these employees have 10 or more years of state service.³⁶⁰

³⁵⁵ HHSAS Database, as of 8/31/13.

³⁵⁶ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

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

³⁵⁸ Patricia A. Drehobl, Sandra W. Roush, Beth H. Stover, and Denise Koo, "Public Health Surveillance Workforce of the Future" Morbidity and Mortality Weekly Report (MMWR), 61(03); 25-29 (July 2012), web page <http://www.cdc.gov/mmwr/pdf/other/su6103.pdf>, last accessed on 5/9/14.

³⁵⁹ HHSAS Database, as of 8/31/13.

³⁶⁰ Ibid.

Figure 98: Sanitarians at DSHS – Distribution by Age

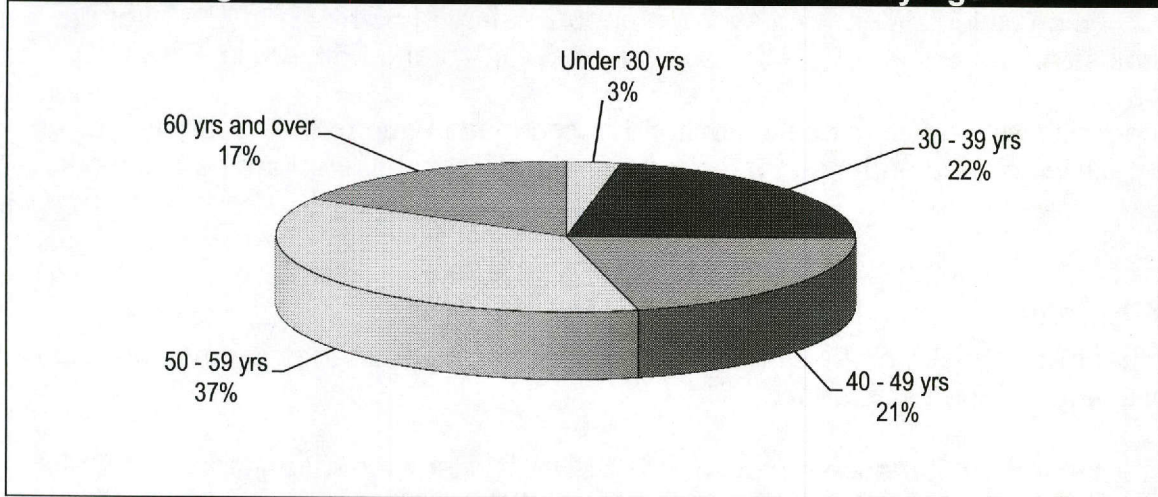
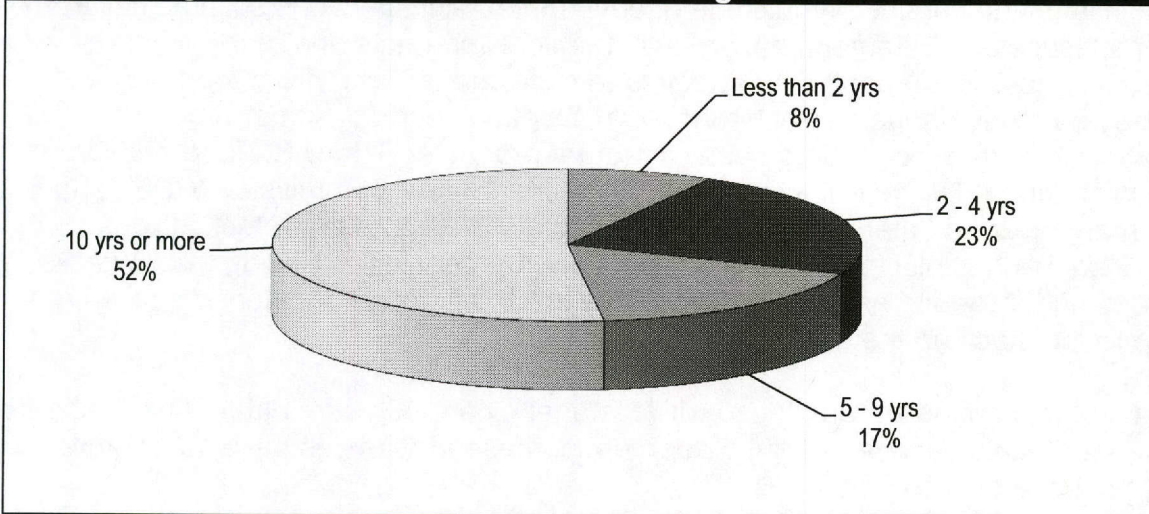


Figure 99: Sanitarians at DSHS – Length of State Service



Though the turnover rate for sanitarians at DSHS is currently low at about 11 percent, the rate has nearly doubled since fiscal year 2011.^{361 362} In addition, the vacancy rate for these positions is high at about 20 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.

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

³⁶¹ HHSAS Database, FY 2011 data.

³⁶² HHSAS Database, FY 2013 data.

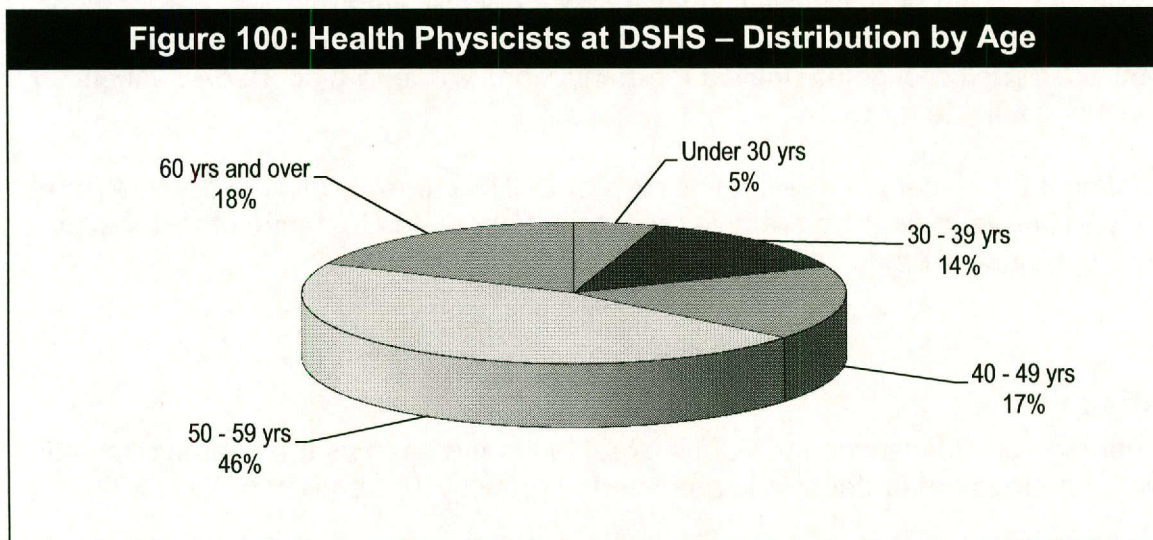
With 18 percent of current sanitarians are eligible to retire, the agency will need to develop creative recruitment strategies to replace these skilled and highly tenured employees.³⁶³

Health Physicists

Another profession currently experiencing national shortages is the health physicist profession.

Within DSHS, there are 57 health physicists. These workers plan and conduct complex and highly advanced technical inspections of industrial x-ray units, general medical diagnostic x-ray units, fluoroscopic units, mammographic units, C-Arm units, radiation therapy equipment, and laser equipment to assure user's compliance with applicable State and Federal regulations.

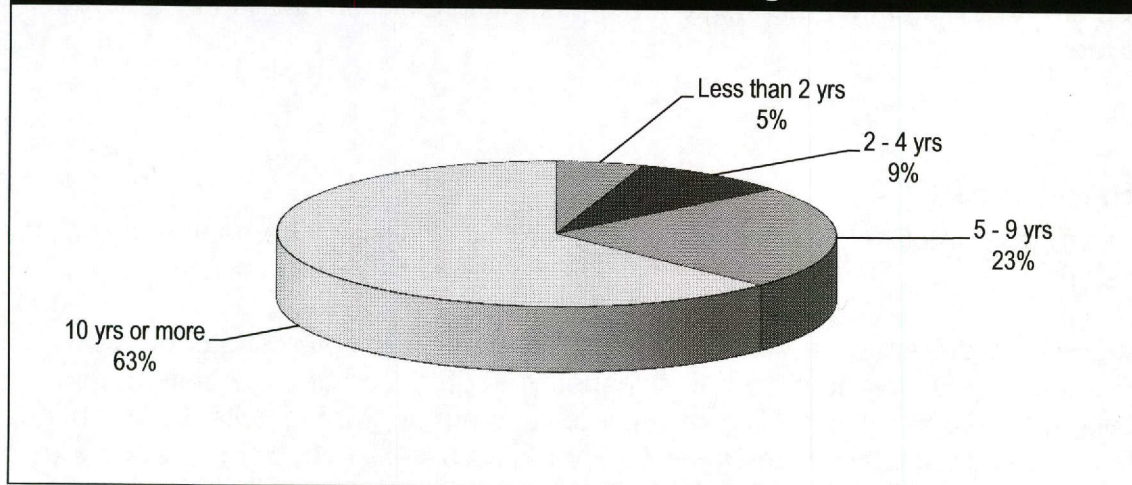
DSHS health physicists have, on average, 15 years of state service, with an average age of 50 years. Over 60 percent of these employees have 10 or more years of state service.³⁶⁴



³⁶³ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

³⁶⁴ HHSAS Database, as of 8/31/13.

Figure 101: Health Physicists at DSHS – Length of State Service



DSHS health physicists earn an average annual salary of \$57,426, which is below the average wage paid nationally (\$69,050), and also lower than the Texas average of \$70,520.^{365 366}

Turnover for health physicists is slightly below the state average rate at 15 percent. However, the vacancy rate for these positions is high at about 16 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.^{367 368}

With almost 20 percent of health physicists at DSHS currently eligible to retire, the agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.³⁶⁹

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 2022.³⁷⁰

There are nine dentists employed by DSHS.³⁷¹ Central Office staff and five regional dental teams conduct dental surveillance, data collection and reporting and provide

³⁶⁵ HHSAS Database, as of 8/31/13.

³⁶⁶ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14. Note: The Employees are listed under the Occupational title of Occupational Health and Safety Specialists.

³⁶⁷ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

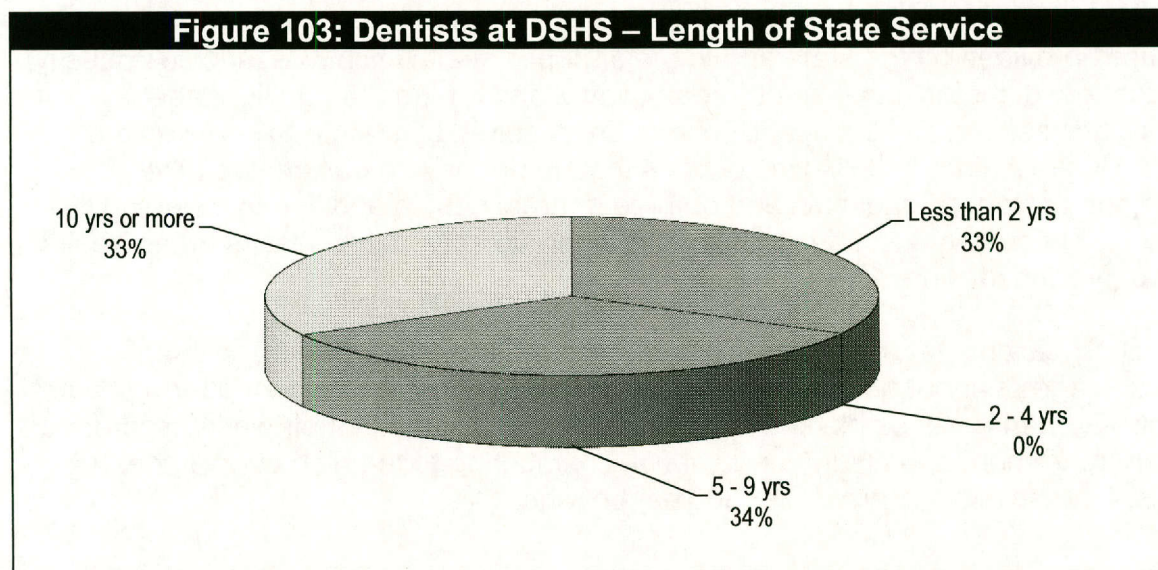
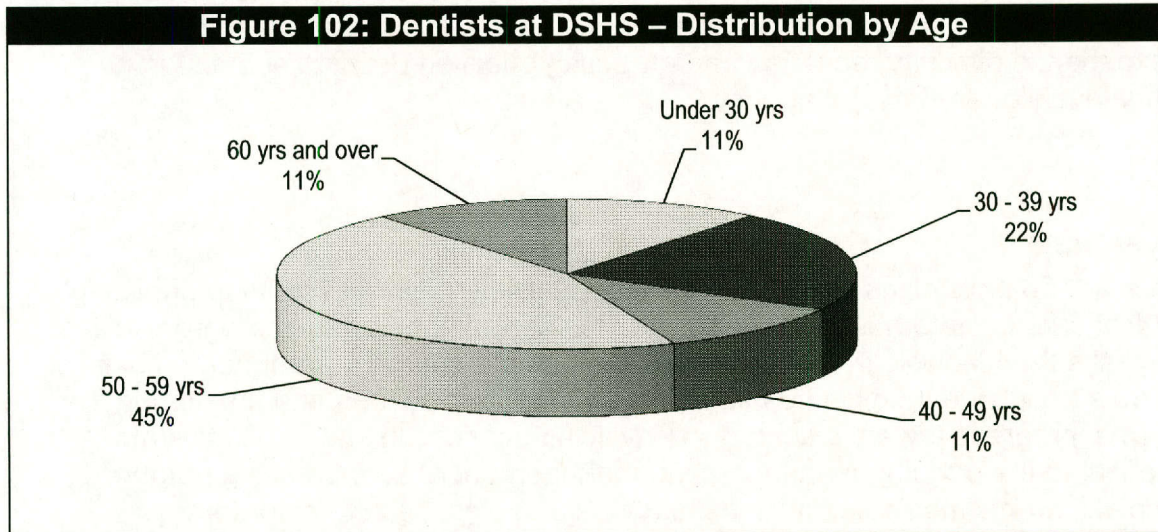
³⁶⁸ HHSAS Database, FY 2013 data.

³⁶⁹ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

³⁷⁰ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oepl/noeted/empoptd.jsp>, Period: May 2012; last accessed on 5/9/14.

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 47 years old, with an average of about 10 years of state service.³⁷²



Turnover for dentist positions is very high at about 33 percent.³⁷³

³⁷¹ HHSAS Database, as of 8/31/13.

³⁷² Ibid.

³⁷³ HHSAS Database, FY 2013 data.

One reason for this high turnover is the large disparity between private sector and agency salaries. Dentists at DSHS earn, on average, an annual salary of \$88,632.³⁷⁴ This salary falls significantly below the market rate. The average annual salary for dentists nationally is \$164,570 and \$186,520 in Texas.³⁷⁵ The State Auditor's Office 2012 market index analysis found the average state salary for Dentist IIs to be 27 percent behind the market rate.³⁷⁶

In addition, since most dentists do not have the experience or interest to work with the challenging special patient populations served by DSHS, the agency continues to experience difficulty recruiting and attracting qualified dentists at the starting salary levels offered by the agency.

Physicians

There are 56 physicians at DSHS.³⁷⁷ These physicians are essential to providing medical care in state hospitals, health service regions and agency program areas. They take the lead role in diagnosing, determining a course of treatment, making referrals to outside medical hospitals, prescribing medications and monitoring the patients' progress toward discharge. Physician services in state hospitals are essential to the ongoing monitoring and management of an increasing number of complex chronic medical conditions, such as diabetes, seizure disorders, hypertension and chronic obstructive pulmonary disease (COPD). These employees are critical to the agency's preparedness and response to medical services provided by the state and to major public health initiatives, such as obesity prevention, diabetes, disease outbreak control and others. In addition, agency physicians serving as Regional Directors are required by statute to serve as the Local Health Authority (LHA) in counties that do not have a designated LHA. As such, they establish, maintain and enforce quarantines, in addition to reporting the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction.

DSHS physicians have, on average, about 14 years of state service, with an average age of about 60. 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 12 full-time physicians are under 50 years of age.³⁷⁸

³⁷⁴ HHSAS Database, as of 8/31/13.

³⁷⁵ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

³⁷⁶ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

³⁷⁷ HHSAS Database, FY 2013 data.

³⁷⁸ HHSAS Database, as of 8/31/13.

Figure 104: Physicians at DSHS – Distribution by Age

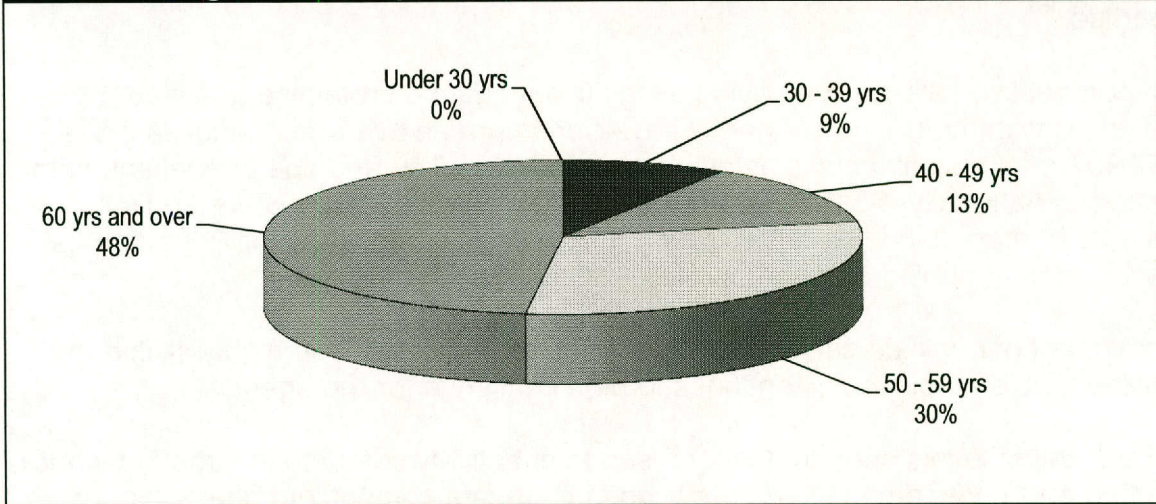
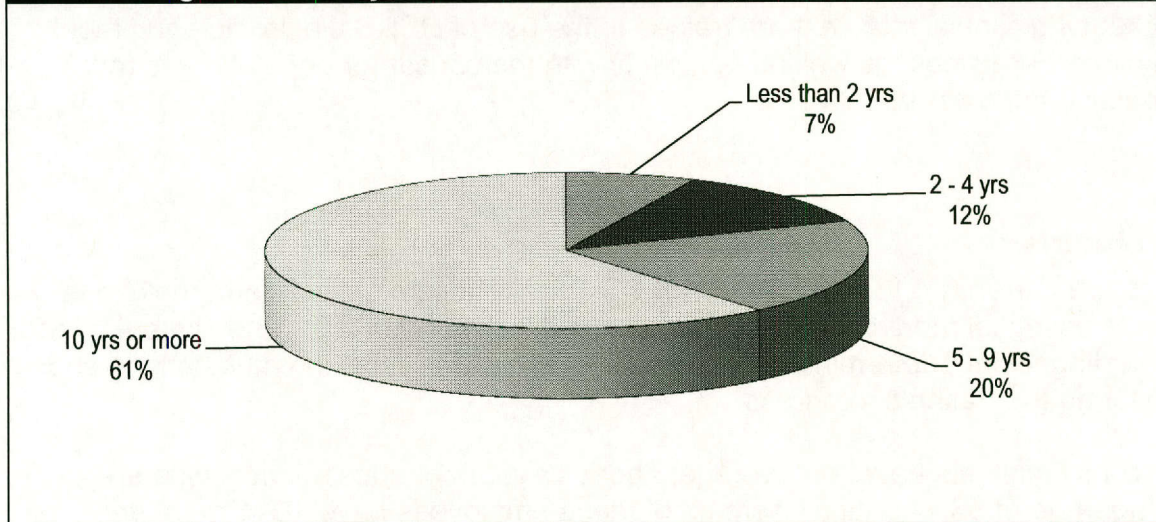


Figure 105: Physicians at DSHS – Length of State Service



Though turnover for physicians is currently well managed at seven percent, about 40 percent of these employees are currently eligible to retire.^{379 380}

The agency may face significant challenges in the next few years to replace those employees who are eligible for retirement. If these employees choose to retire, the agency would lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to match and even harder to recruit.

The agency is also experiencing difficulty filling vacant positions. With a high vacancy rate for these positions of about 16 percent, it can take about nine months

³⁷⁹ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

³⁸⁰ HHSAS Database, FY 2013 data.

to fill a physician position with someone who has appropriate skills and expertise.³⁸¹

Non-competitive salaries are having a significant effect on retaining qualified physicians with the agency. Agency physicians earn an average annual salary of \$157,997.³⁸² This salary falls below the market rate. The average annual salary for physicians nationally is \$187,200 and \$187,540 in Texas.³⁸³ The State Auditor's Office 2012 market index analysis found the average state salary for Physician IIs was 17 percent behind the market rate.³⁸⁴

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 118 psychiatrists at DSHS.³⁸⁵ These highly skilled employees provide essential medical and psychiatric care in state hospitals. They take the lead role in diagnosing, determining a course of treatment, prescribing medications and monitoring the patients' progress.

DSHS psychiatrists have, on average, about 13 years of state service, with an average age of 55. About 57 percent of these employees have 10 or more years of service.³⁸⁶

³⁸¹ HHSAS Database, as of 8/31/13.

³⁸² Ibid.

³⁸³ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 4/25/12.

³⁸⁴ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

³⁸⁵ HHSAS Database, as of 8/31/13.

³⁸⁶ Ibid.

Figure 106: Psychiatrists at DSHS – Distribution by Age

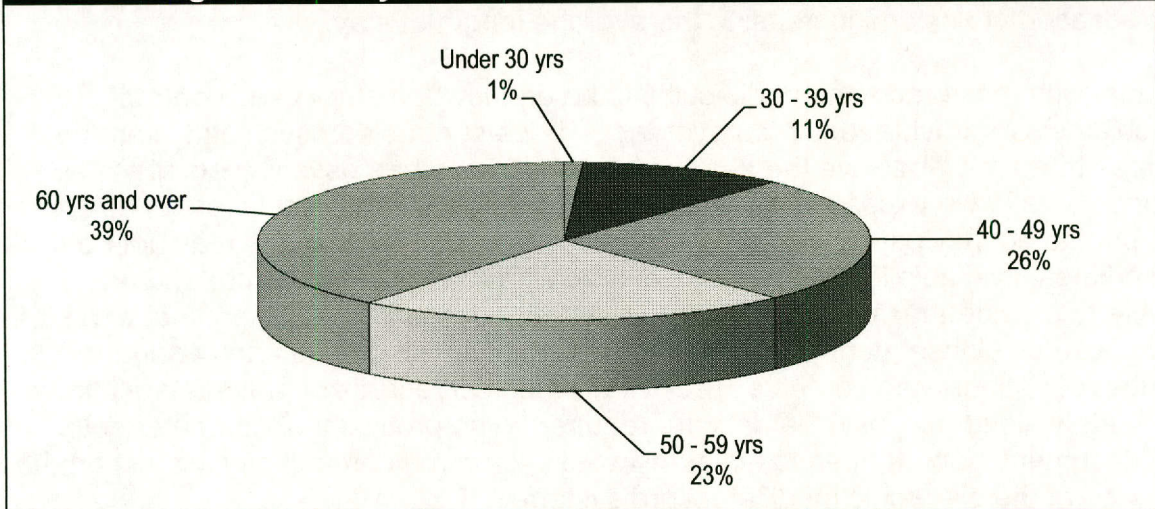
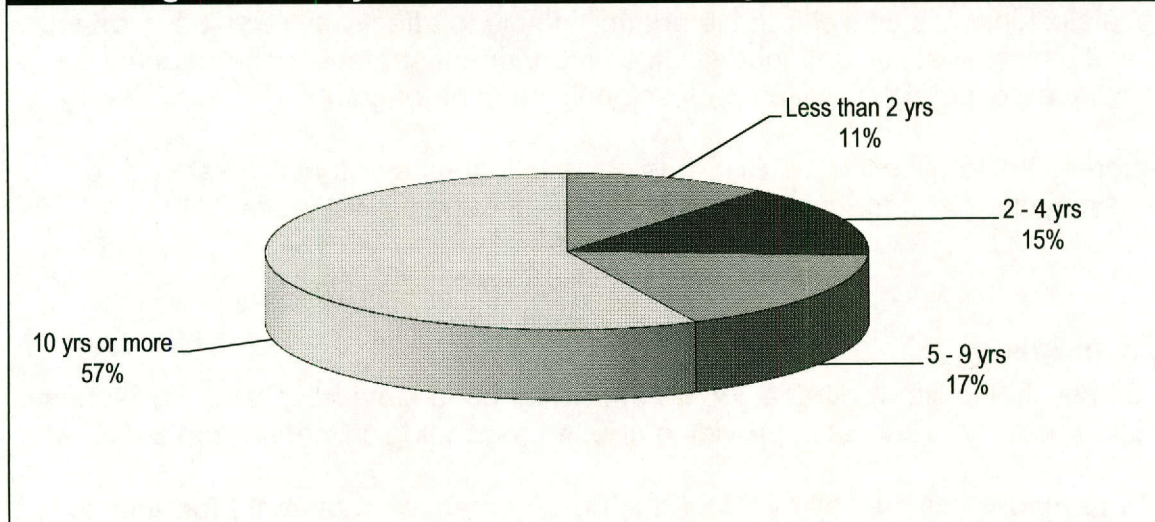


Figure 107: Psychiatrists at DSHS – Length of State Service



Annual turnover for psychiatrists is slightly below that state average at 14 percent.³⁸⁷

With a high vacancy rate of 20 percent, most vacant psychiatrist positions go unfilled for months.³⁸⁸ These difficulties are expected to continue, as more than 35 percent of these highly skilled and tenured employees are currently eligible to retire, and may leave at any time.³⁸⁹

The state hospital system faces increasing difficulty in recruiting qualified psychiatrists. This has resulted in excessively high workloads for the psychiatrists

³⁸⁷ HHSAS Database, FY 2013 data.

³⁸⁸ Ibid.

³⁸⁹ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

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 \$93 paid to agency psychiatrists).³⁹⁰ 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.

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

Psychologists

The 54 psychologists working at DSHS are assigned to state hospitals. Full staffing of these positions is critical to providing needed psychological services to patients.

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

These highly skilled and tenured employees have, on average, about 11 years of state service, with an average age of 47.³⁹¹

³⁹⁰ HHSAS Database, as of 8/31/13.

³⁹¹ Ibid.

Figure 108: Psychologists at DSHS – Distribution by Age

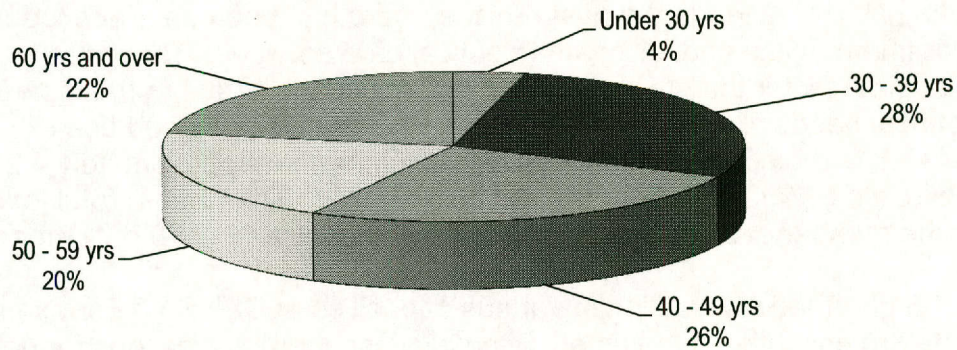
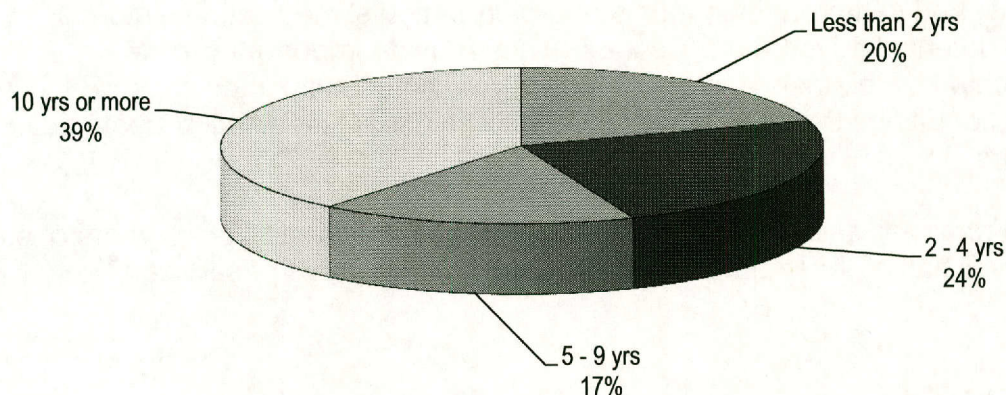


Figure 109: Psychologists at DSHS – Length of State Service



Though turnover for psychologists is under the state average of 17.6 percent, at 14 percent, the agency may face significant recruitment challenges in the next few years, as nearly a quarter of these highly skilled and tenured employees are currently eligible for retirement, and may leave the agency at any time.^{392 393}

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

³⁹² State Auditor's Office (SAO) FY 2013 Turnover Statistics.

³⁹³ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

Pharmacists

Pharmacists represent one of the largest health professional groups in the U.S., with over 280,000 active pharmacists as of May 2012.³⁹⁴ While the overall supply of pharmacists has increased in the past decade, there has been an unprecedented demand for pharmacists and for pharmaceutical care services. This need is expected to grow faster than the average for all occupations due to the increased pharmaceutical needs of a growing elderly population and increased use of medications. It is projected that there will be a demand for approximately 41,000 new pharmacists by 2022, or a 15 percent increase in the number of total jobs.³⁹⁵ However, the number of available pharmacists is expected to grow only modestly.

There are 35 pharmacists working in various capacities at DSHS.³⁹⁶ For example, pharmacists are essential to the timely filling of prescribed medications for patients in state hospitals and work within other areas of DSHS, such as the Drugs and Medical Devices program, the Kidney Health Program and the agency's Pharmacy Branch. The majority of these employees are in Pharmacist II positions (32 employees or 91 percent).

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

The typical pharmacist is about 51 years old and has an average of 13 years of state service. Over half of these employees have 10 or more years of service.³⁹⁷

³⁹⁴ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/oep/noeted/empoptd.jsp>, Period: May 2012; last accessed on 5/9/14.

³⁹⁵ Ibid.

³⁹⁶ HHSAS Database, as of 8/31/13.

³⁹⁷ Ibid.

Figure 110: Pharmacists at DSHS – Distribution by Age

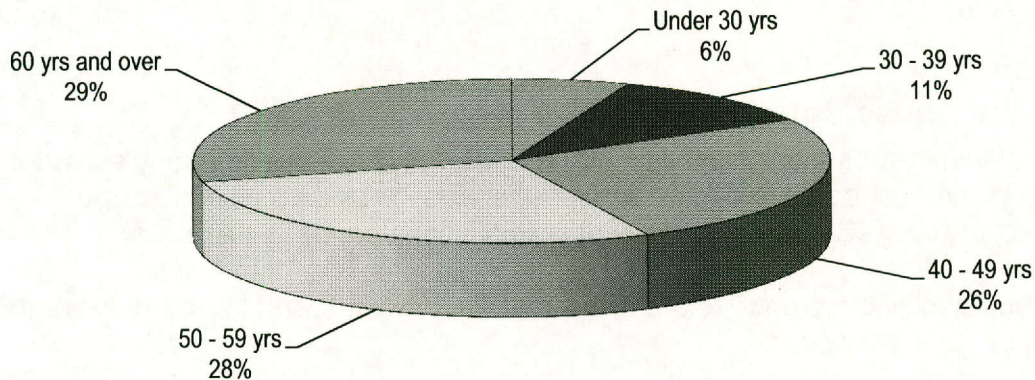
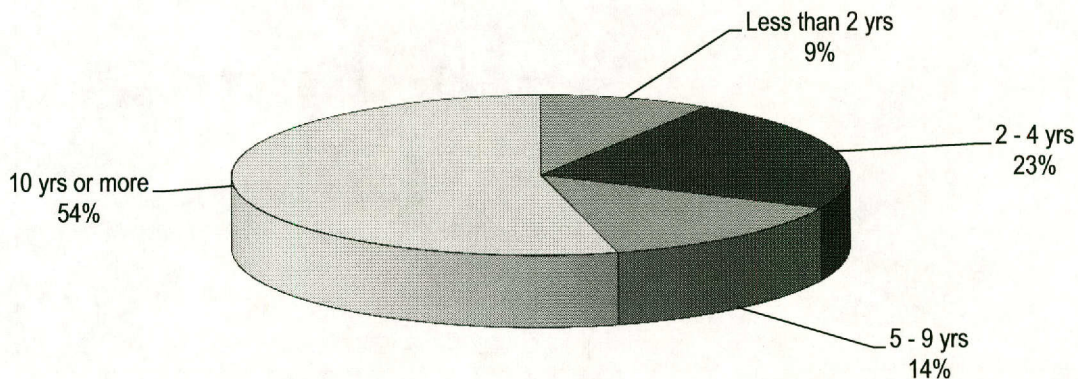


Figure 111: Pharmacists at DSHS – Length of State Service



Pharmacists at DSHS earn, on average, an annual salary of \$95,252.³⁹⁸ This salary falls significantly below the market rate. The average annual salary for pharmacists nationally is \$116,500 and \$116,790 in Texas.³⁹⁹ The State Auditor's Office 2012 market index analysis found the average state salary for Pharmacist Is to be 24 percent behind the market rate.⁴⁰⁰

³⁹⁸ HHSAS Database, as of 8/31/13.

³⁹⁹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 4/23/12.

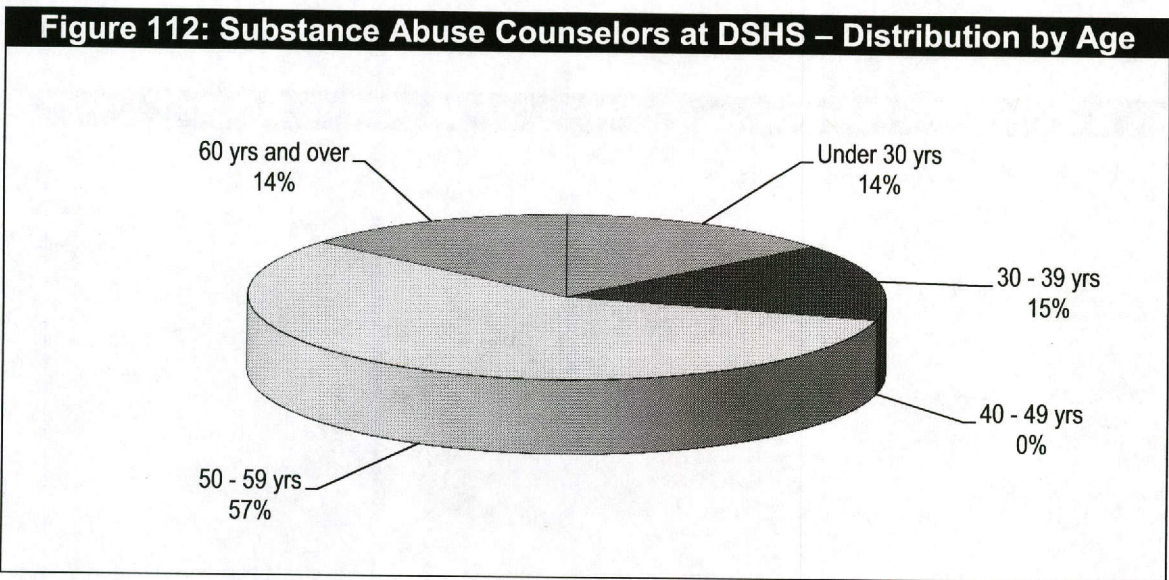
⁴⁰⁰ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

Though turnover for pharmacists is currently well managed at about six percent, the agency may face significant recruitment challenges in the next few years, as nearly a quarter of these employees are currently eligible to retire.^{401 402}

Substance Abuse Counselors

There are seven substance abuse counselors at DSHS.⁴⁰³ These highly skilled clinicians provide substance abuse services for co-occurring psychiatric and substance disorder (COPSD) patients at state hospitals across the state.

DSHS substance abuse counselors are about 48 years old and have an average of 10 years of state service.⁴⁰⁴



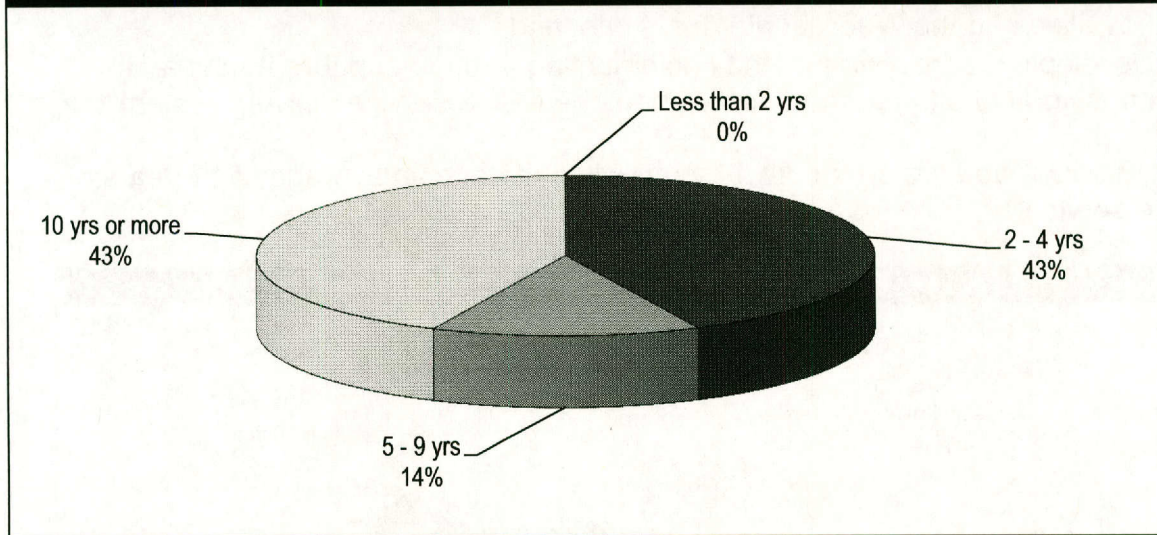
⁴⁰¹ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

⁴⁰² HHSAS Database, as of 8/31/13.

⁴⁰³ Ibid.

⁴⁰⁴ Ibid.

Figure 113: Substance Abuse Counselors at DSHS – Length of State Service



The overall turnover rate for substance abuse counselors is very high, at 33 percent.⁴⁰⁵

In addition, substance abuse counselors at DSHS earn an average annual salary of about \$33,060.⁴⁰⁶ This salary falls below the market rate. The average annual salary for substance abuse counselors nationally is \$41,090 and \$38,240 in Texas.⁴⁰⁷ The State Auditor's Office 2012 market index analysis found the average state salary for Substance Abuse Counselor IIs to be 16 percent behind the market rate.⁴⁰⁸

Considering these factors, retention of these employees is an ongoing challenge.

Social Workers

There are approximately 170 social workers at DSHS.⁴⁰⁹ These employees are critical to managing patient flow in state hospitals and taking the lead role in communicating with patient families and community resources. Social workers provide essential functions within the agency that include:

⁴⁰⁵ HHSAS Database, as of 8/31/13.

⁴⁰⁶ Ibid.

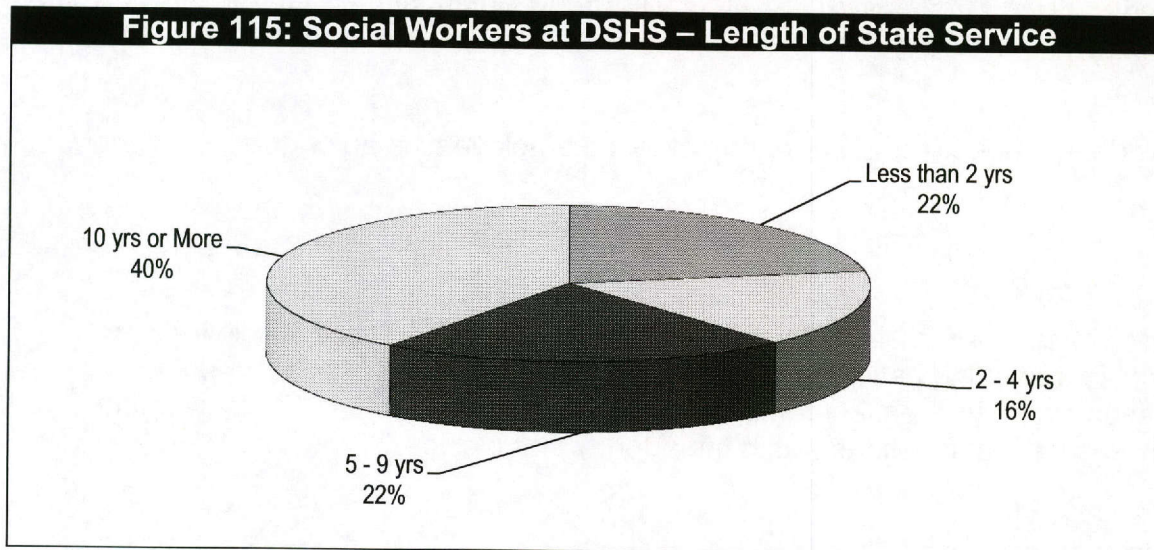
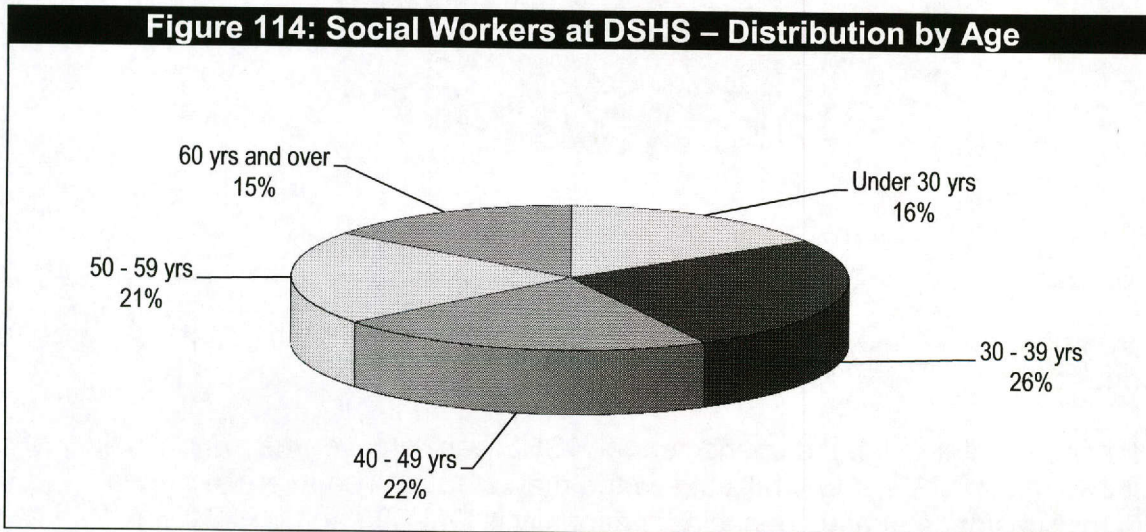
⁴⁰⁷ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

⁴⁰⁸ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

⁴⁰⁹ HHSAS Database, as of 8/31/13.

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

DSHS social workers are about 44 years old and have an average of 11 years of state service.⁴¹⁰



The overall turnover rate for social workers is high at around 19 percent, with about 17 percent of these employees currently eligible to retire.⁴¹¹ In addition, vacant

⁴¹⁰ HHSAS Database, as of 8/31/13.

⁴¹¹ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

positions often go unfilled for several months until a qualified applicant is available.⁴¹²

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

DSHS competes with both federal and local governments, as well as the military and the private sector employers for social worker applicants. Many times the competitors are able to offer a higher starting salary. DSHS social workers earn an average annual salary of \$40,157, which is significantly below both the state and national average.⁴¹³ The average annual earnings for healthcare social workers in 2012 was \$52,520 nationally, and \$55,310 in Texas.⁴¹⁴ The State Auditor's Office 2012 market index analysis found the average state salary for Social Worker IIs and IIIs ranged from two to five percent behind the market rate.⁴¹⁵

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

Financial Analysts

There are 25 financial analysts at DSHS, with the majority of these employees (84 percent) working for the Chief Operating Officer.⁴¹⁶

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

The typical financial analyst is about 50 years old and has an average of approximately 13 years of state service.⁴¹⁷

⁴¹² HHSAS Database, FY 2013 data.

⁴¹³ HHSAS Database, as of 8/31/13.

⁴¹⁴ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

⁴¹⁵ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

⁴¹⁶ HHSAS Database, as of 8/31/13.

⁴¹⁷ Ibid.

Figure 116: Financial Analysts at DSHS – Distribution by Age

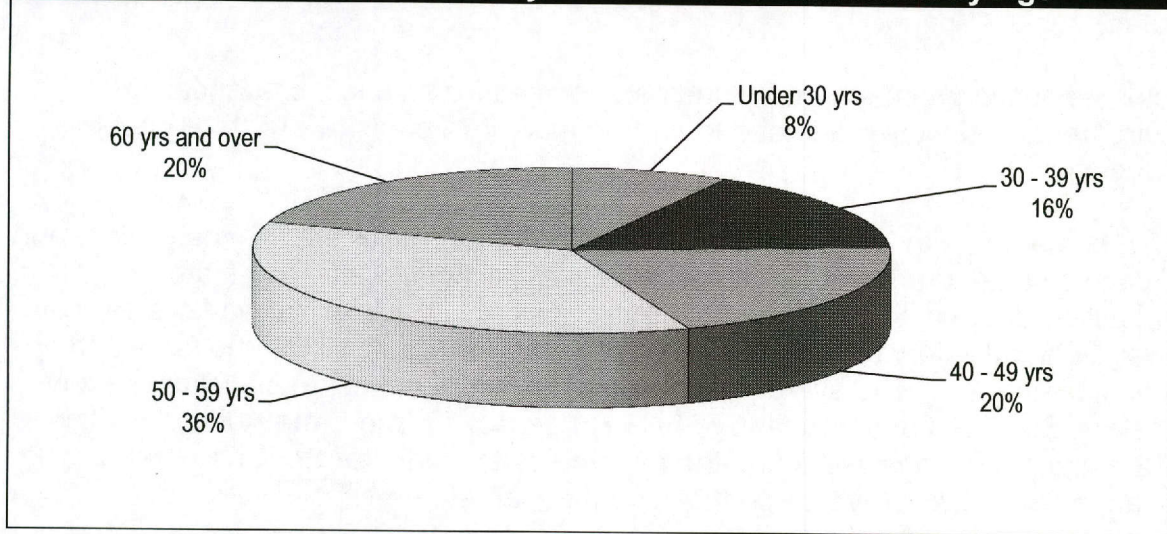
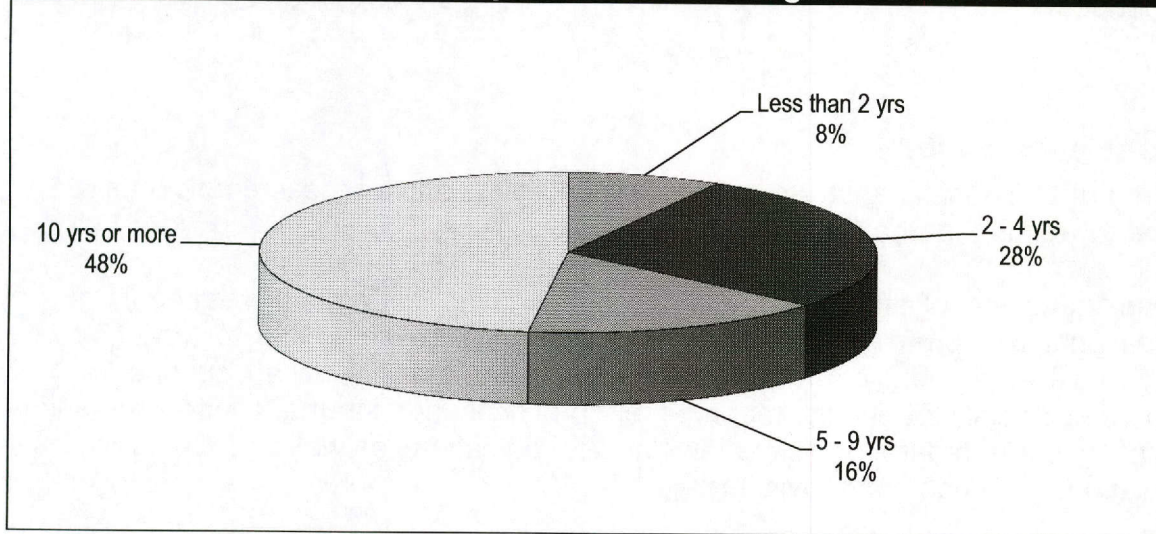


Figure 117: Financial Analysts at DSHS – Length of State Service



The turnover rate for financial analysts is below the state average of 17.6 percent at 15 percent.^{418 419}

DSHS financial analysts earn an average annual salary of \$50,756, which is significantly below both the state and national average.⁴²⁰ The average annual earnings for financial analysts in 2012 was \$91,620 nationally, and \$89,600 in Texas.⁴²¹ The State Auditor's Office 2012 market index analysis found the average

⁴¹⁸ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

⁴¹⁹ HHSAS Database, FY 2013 data.

⁴²⁰ HHSAS Database, as of 8/31/13.

⁴²¹ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

state salary for financial analysts ranged from nine to 14 percent behind the market rate.⁴²²

The agency is also experiencing difficulty filling vacant positions. The vacancy rate for these positions is very high at about 36 percent, with positions often remaining unfilled for months.⁴²³

Recruitment and retention for these jobs are ongoing challenges.

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 58 chemists employed at DSHS, all located in Austin.⁴²⁴

The typical agency chemist is about 48 years old and has an average of 13 years of state service. Over half of the employees have 10 years or more of state service.⁴²⁵

⁴²² State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

⁴²³ HHSAS Database, FY 2013 data.

⁴²⁴ HHSAS Database, as of 8/31/13.

⁴²⁵ Ibid.

Figure 118: Chemists at DSHS – Distribution by Age

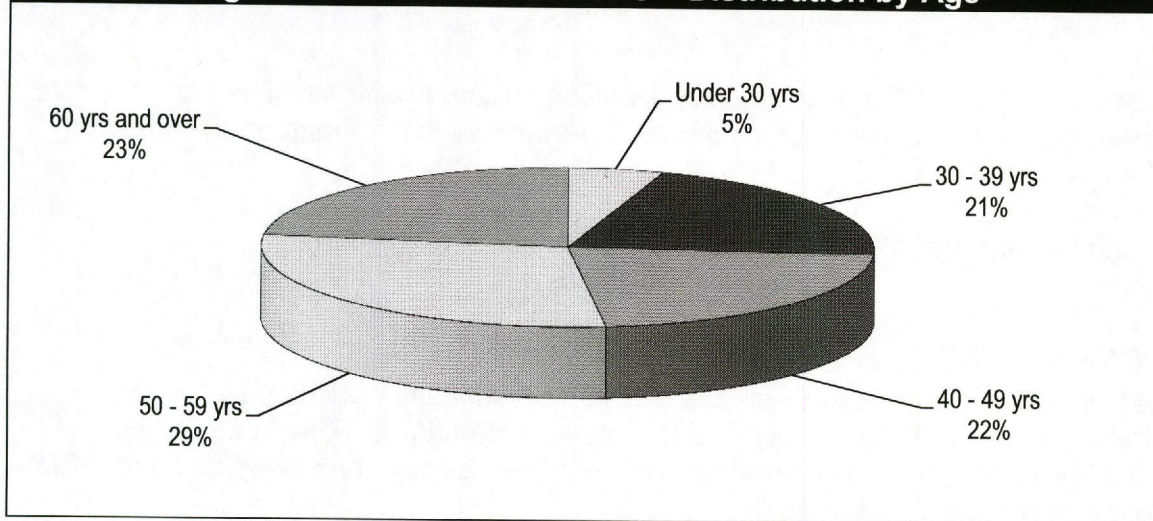
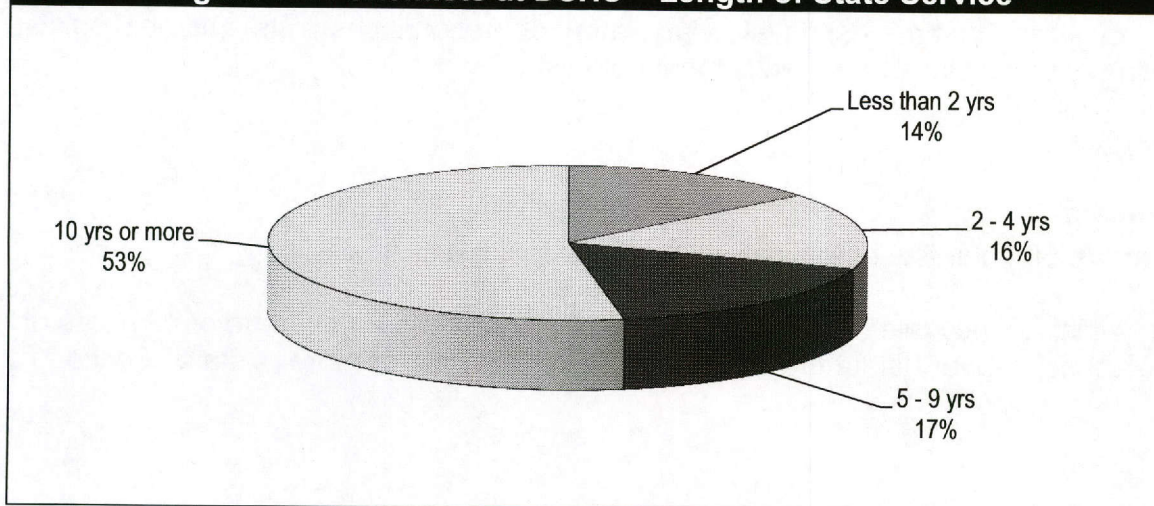


Figure 119: Chemists at DSHS – Length of State Service



The turnover rate for DSHS chemists is well managed at about five percent annually.⁴²⁶ While this rate is low, nearly a quarter of these tenured and highly skilled employees are currently eligible to retire.⁴²⁷

The agency is experiencing difficulty filling vacant positions, with positions remaining unfilled for months.

Low pay is a factor in the inability to attract qualified chemist applicants. DSHS chemists earn an average annual salary of about \$43,648.⁴²⁸ The State Auditor's Office 2012 market index analysis found the average state salary for chemists

⁴²⁶ HHSAS Database, FY 2013 data.

⁴²⁷ Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

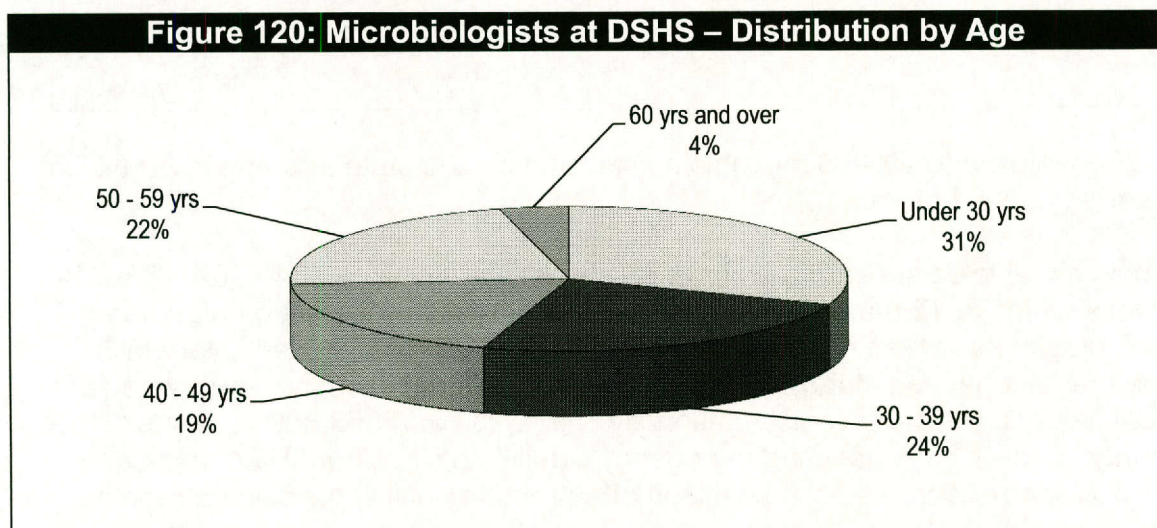
⁴²⁸ HHSAS Database, as of 8/31/13.

ranged from seven to 19 percent behind the market rate.⁴²⁹ The average annual salary for chemists nationally is \$77,740 and \$68,400 in Texas.⁴³⁰

Microbiologists

There are about 123 microbiologists at DSHS, with the majority working at the Austin laboratory.⁴³¹

DSHS microbiologists have, on average, about 10 years of state service, with an average age of about 40 years.⁴³²



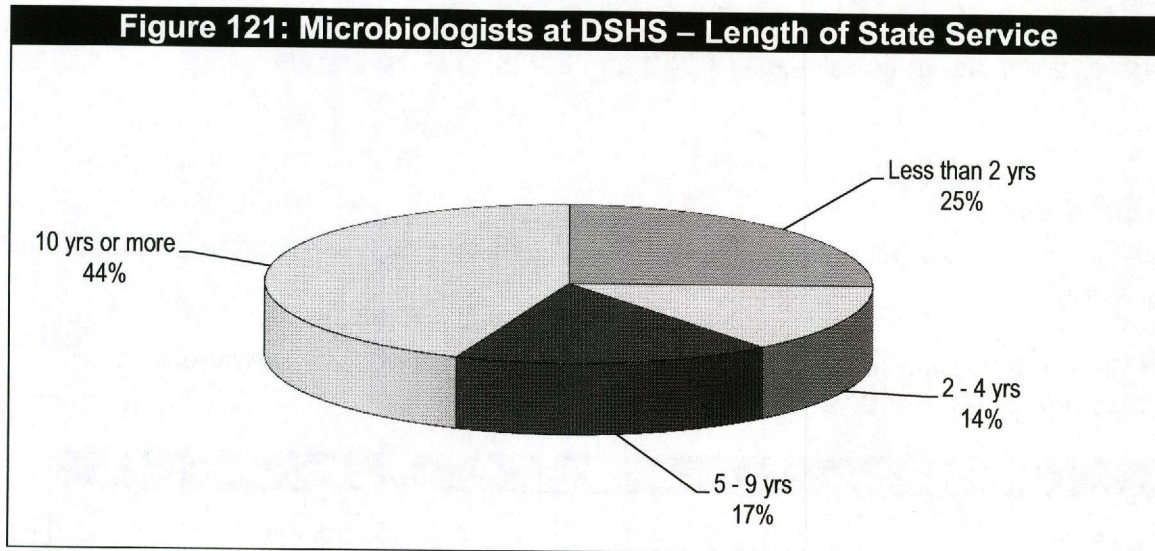
⁴²⁹ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

⁴³⁰ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

⁴³¹ HHSAS Database, as of 8/31/13.

⁴³² Ibid.

Figure 121: Microbiologists at DSHS – Length of State Service



The turnover rate for DSHS microbiologists is below the state average rate of 17.6 percent at about 14 percent.^{433 434}

Agency microbiologists earn an average annual salary of about \$40,967. The State Auditor's Office 2012 market index analysis found the average state salary for Microbiologist IIs to be eight percent behind the market rate.⁴³⁵ This salary falls below the national and statewide market rates for this occupation. The average annual salary for microbiologists nationally is \$75,230 and \$53,800 in Texas.⁴³⁶ This disparity in earnings is affecting the agency's ability to recruit qualified applicants for open positions. Microbiologist positions often remain unfilled for several months.⁴³⁷

Laboratory Technicians

The laboratory technician profession is currently experiencing national shortages.⁴³⁸

There are 44 laboratory technicians employed at DSHS.⁴³⁹

⁴³³ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

⁴³⁴ HHSAS Database, FY 2013 data.

⁴³⁵ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

⁴³⁶ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

⁴³⁷ HHSAS Database, as of 8/31/13.

⁴³⁸ Bill Malone, "May 2011 Clinical Laboratory News: Trends in Recruitment and Retention" Clinical Laboratory News, 37(5) (May 2011), web page <http://www.aacc.org/publications/cln/2011/May/Pages/TrendsinRecruitment.aspx#>, last accessed on 5/9/14.

⁴³⁹ HHSAS Database, as of 8/31/13.

The typical laboratory technician is about 42 years old and has an average of 10 years of state service.⁴⁴⁰

Figure 122: Laboratory Technicians at DSHS – Distribution by Age

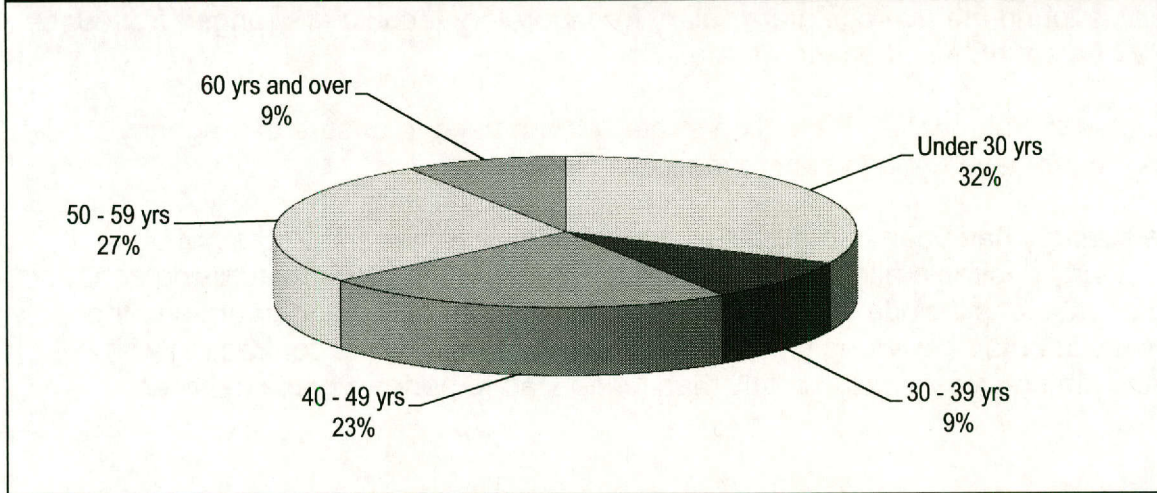
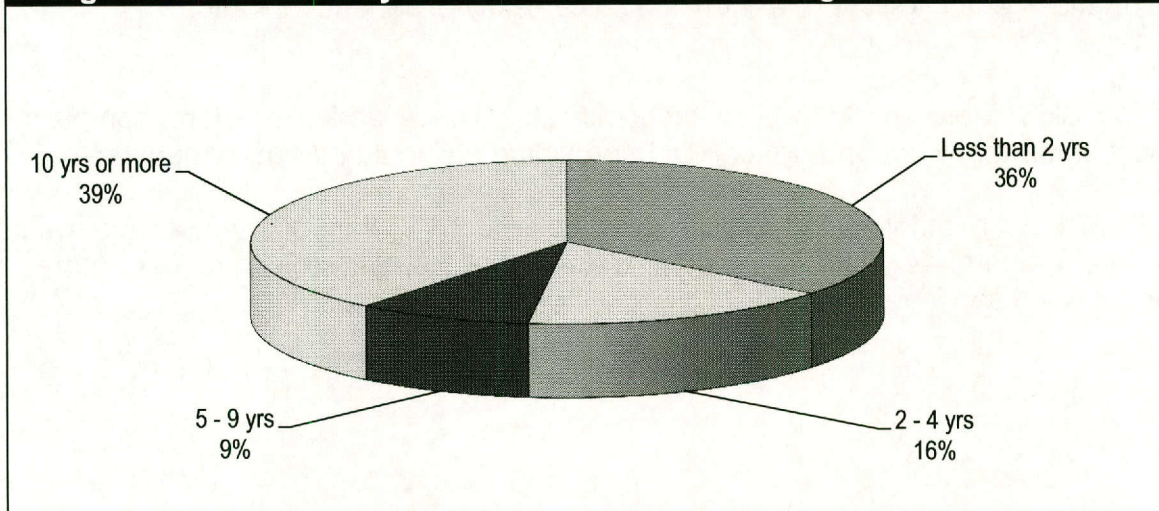


Figure 123: Laboratory Technicians at DSHS – Length of State Service



The turnover rate for DSHS laboratory technicians is slightly below the state average rate of 17.6 percent at about 16 percent.^{441 442}

The agency is experiencing difficulty filling vacant positions, with positions remaining unfilled for months.

⁴⁴⁰ HHSAS Database, as of 8/31/13.

⁴⁴¹ State Auditor's Office (SAO) FY 2013 Turnover Statistics.

⁴⁴² HHSAS Database, FY 2013 data.

Low pay is a factor in the inability to attract qualified laboratory technician applicants. DSHS laboratory technicians earn an average annual salary of about \$28,259.⁴⁴³ The average annual salary for medical and clinical laboratory technicians nationally is \$40,240 and \$36,260 in Texas.⁴⁴⁴ The State Auditor’s Office 2012 market index analysis found the average state salary for laboratory technicians ranged from one to 29 percent behind the market rate.⁴⁴⁵

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

The medical technologist profession is also currently experiencing national shortages.⁴⁴⁶

Within DSHS, there are 66 medical technologists. These workers perform complex clinical laboratory work and are critical to providing efficient and quality healthcare.

DSHS medical technologists have, on average, about 11 years of state service, with an average age of 44 years. Over 40 percent of these employees have 10 or more years of state service.⁴⁴⁷

⁴⁴³ HHSAS Database, as of 8/31/13.

⁴⁴⁴ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14.

⁴⁴⁵ State Auditor’s Office, “A Biennial Report on the State’s Position Classification Plan,” September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

⁴⁴⁶ Bill Malone, “May 2011 Clinical Laboratory News: Trends in Recruitment and Retention” *Clinical Laboratory News*, 37(5) (May 2011), web page <http://www.aacc.org/publications/cln/2011/May/Pages/TrendsinRecruitment.aspx#>, last accessed on 5/9/14.

⁴⁴⁷ HHSAS Database, as of 8/31/13.

Figure 124: Medical Technologists at DSHS – Distribution by Age

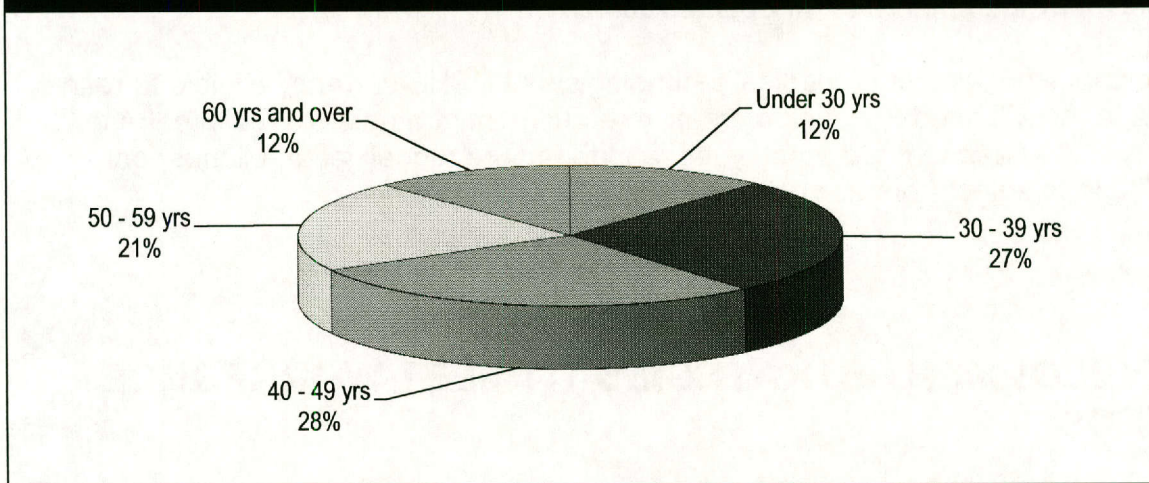
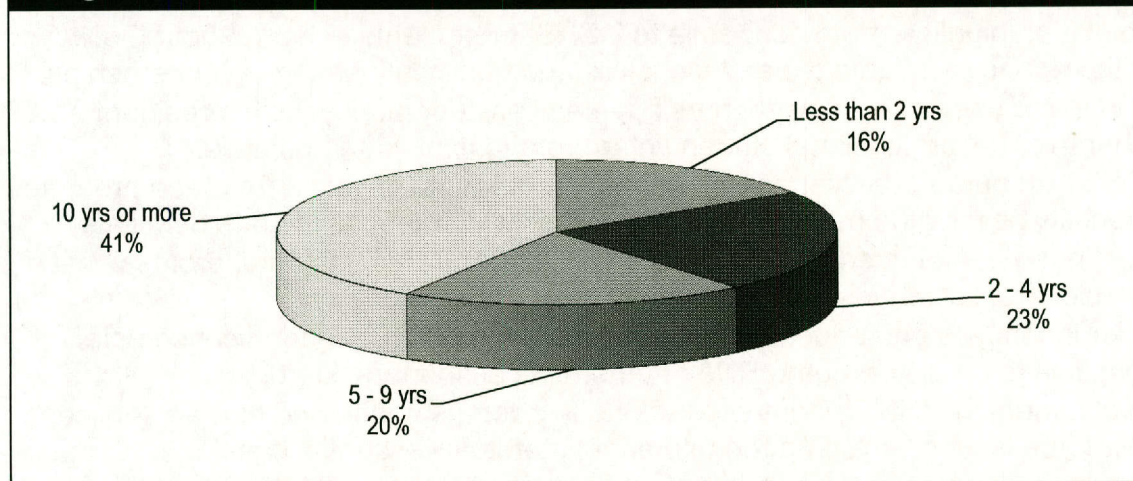


Figure 125: Medical Technologists at DSHS – Length of State Service



Though turnover for medical technologists is well managed at about 13 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.⁴⁴⁸

DSHS medical technologists earn an average annual salary of \$39,568, which is below the average wage paid nationally (\$59,460), and also lower than the Texas average of \$57,080.⁴⁴⁹ ⁴⁵⁰ In addition, the State Auditor's Office 2012 market index analysis found the average state salary for medical technologists ranged from 14 to

⁴⁴⁸ HHSAS Database, as of 8/31/13.

⁴⁴⁹ Ibid.

⁴⁵⁰ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2013; last accessed on 5/9/14. Note: The Employees are listed under the Occupational title of Medical and Clinical Laboratory Technologists.

17 percent behind the market rate.⁴⁵¹ This disparity is affecting the agency's ability to recruit qualified applicants for open positions.

With about 18 percent of medical technologists at DSHS currently eligible to retire, the agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees, and to ensure a qualified applicant pool is available to select from as vacancies occur.⁴⁵²

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

- ◆ Solidify a “pipeline” from academia to DSHS for students to learn about the work of the agency and gain experience, skills and qualifications through internships.
- ◆ Continued use of social work, nursing, medical student, psychiatric resident and other medical professional student/intern rotations at state hospitals.
- ◆ Work with nurse practitioner educational programs to develop, fund and promote specialty psychiatric nurse practitioner tracks with rotations in state hospitals.
- ◆ Continued use of internet-based job postings, billboards, job fairs, professional newsletters, list serves and recruitment firms.
- ◆ Offer incentives and educational leave to encourage DSHS non-licensed staff in hospitals to train to become RNs or other critical shortage staff.
- ◆ Involvement in HHS System-wide efforts to address health and human services workforce issues, including recruitment of staff to fill essential positions.
- ◆ Continued posting of difficult-to-recruit positions in professional publications.
- ◆ Review current sanitarian salaries from local health departments, industry and the federal government and make necessary salary adjustments.
- ◆ Continue to 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 Protection 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.

⁴⁵¹ State Auditor's Office, “A Biennial Report on the State's Position Classification Plan,” September 2012, Report No. 13-701, web page <http://www.sao.state.tx.us/reports/main/13-701.pdf>, last accessed 3/26/14.

⁴⁵² Includes return-to-work retirees. HHSAS Database, as of 8/31/13.

- ◆ Evaluate options for paying for continuing education programs.
- ◆ Enhance capacity to recruit bilingual workers.
- ◆ Consider the use of recruitment bonuses and moving allowances for highly competitive job categories such as psychiatrists and pharmacists.
- ◆ Consider agency rules governing the hiring of licensed psychological personnel to include license-eligible personnel.
- ◆ Increase commitment to and effectiveness of recruiting a racially and ethnically diverse workforce.
- ◆ Implement continuous business improvement processes to ensure work systems are effective and efficient so that employees are able to focus on their specific duties.

Retention Strategies

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

Appendix F

Survey of Employee Engagement

Introduction

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

Response Rate

The University of Texas at Austin Institute for Organizational Excellence views the percentage of agency employees participating in the SEE as an indicator of organizational health, with higher response rates being an indicator of healthy investment by employees in an organization. Response rates greater than 50 percent and response rates that are rising over time are viewed as positive, while response rates lower than 30 percent may indicate a strong basis for concern. In 2014, 53,299 surveys were distributed to Health and Human Services (HHS) System employees, with 34,115 employees providing responses. The response rate of 64 percent was an increase from the 2012 response rate. This is viewed as an average response rate. The response rates listed below for each agency in the HHS System show that the Department of Assistive and Rehabilitative Services (DARS) and the Health and Human Services Commission (HHSC) again had exemplary response rates. The Department of State Health Services (DSHS) had the greatest gain from the previous survey.

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

Agency	2006	2008	2010	2012	2014
HHSC	53%	45%	61%	80%	81%
Department of Aging and Disability Services (DADS)	41%	32%	50%	49%	49%
DARS	82%	82%	82%	84%	81%
Department of Family and Protective Services (DFPS)	66%	67%	66%	70%	69%
(DSHS)	46%	41%	50%	51%	57%

Table F.1: Health and Human Services Commission, 2014.

Structure of the Survey

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

Fourteen survey constructs support the five workplace dimensions. The constructs are designed to profile organizational strengths and weaknesses so that interventions can be targeted appropriately. These constructs, which are sets of related questions, offer data about how employees view the organization. They provide management with information about what actions might strengthen the organization. In addition to the dimensions and constructs, which are based on 71 standard items used statewide in the administration of the SEE, the HHS System agencies also included 15 additional agency-specific items and 5 additional enterprise items in the 2014 survey.

Scores for individual items range from 1.0 to 5.0. The mean score of these items is then averaged and multiplied by 100 to determine the construct score. Constructs are scored differently from items to denote them as a separate measure. Scores for the constructs range from a low of 100 to a high of 500, with 350 as the neutral point

on the scoring continuum. Scores greater than 350 suggest that employees perceive a construct more positively than negatively, and scores of 375 or greater indicate areas of substantial strength. Conversely, constructs with scores below 350 are viewed less positively by employees, and scores below 325 should be a significant source of concern for the organization and receive immediate attention.

Highlights of HHS System Results

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

HHS employees gave their highest score of 389 to the Strategic construct. This indicates a strong degree of confidence in the ability of the HHS System agencies to respond to external factors that play a role in defining the organizations' missions, visions, and services. Implied in this construct is the ability to understand the environment and to seek out and work with relevant external stakeholders.

Closely related to the Strategic construct is the Supervision construct, which received the second highest score of 386. This construct focuses on the nature of supervisory relationships within HHS with an emphasis on aspects of leadership, communicating expectations, and a sense of fairness between supervisors and employees. A high score in this construct implies that employees view supervisors as fair, helpful, and critical to the work flow process.

Most noteworthy in terms of a result on the negative side are employee perceptions reflected in the Pay construct. As in 2010 and 2012, this was by far the lowest-scoring construct for HHS System employees. This construct consists of questions relating to whether salaries keep up with inflation, whether salaries are competitive with similar jobs in an employee's community, and whether people are paid fairly for their work. Respective scores of 1.96, 2.14, and 2.21 for these questions contributed to the overall score of 210 for the Pay construct, as shown in Figure F.1.

The survey also contains data about the climate, or work environment. Climate is measured by five categories which include atmosphere, ethics, fairness, feedback, and management. Like constructs, climate area scores can also range from 100 to 500. Climate areas also use scores of 325 and 375 to indicate areas of concern and strength, with 350 being neutral. Questions on the survey pertaining to climate areas addressed employee perceptions relating to the more integrated HHS System created following House Bill 2292, 78th Legislature, Regular Session, 2003. Overall, all climate area scores increased from 2012, with increases ranging from 8 to 32 points. The two highest scoring climate areas are atmosphere and ethics with

scores of 374 and 370, respectively. The positive atmosphere score indicates that employees view the organization as being freer from harassment, and there is a feeling of community among employees. The positive ethics score indicates that employees perceive other employees to be ethical in their behavior and that ethical violations are appropriately handled, which helps to build trust within the organization.

Figure F.1
2014 SEE Survey Constructs for HHS System

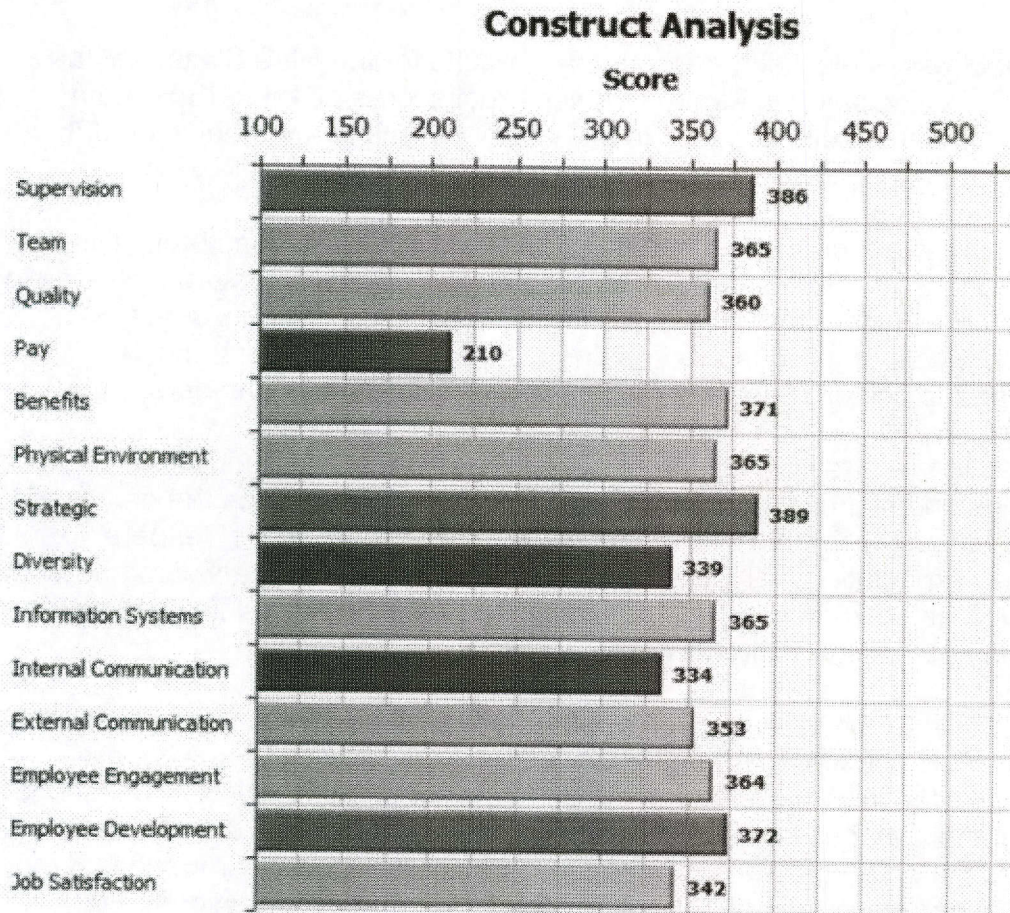


Figure F.1: University of Texas Institute For Organizational Excellence, Health and Human Services System Survey of Employee Engagement, 2014.

Appendix G

Historically Underutilized Businesses Plan

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

This appendix serves as the HUB plan for each of the HHS System agencies and for the HHS System as a whole.

Goal

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

Objective

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

Outcome Measures

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

In procuring goods and services through contracts, the HHS System, as well as each of its individual agencies, will make a good faith effort to meet or exceed the statewide goals, as described in Table G.1, and/or agency-specific goals for HUB participation for the contracts that the agency expects to award in a fiscal year.

**Table G.1
 Statewide HUB Goals by Procurement Categories, Fiscal Year 2013**

PROCUREMENT CATEGORIES	UTILIZATION GOALS
Heavy Construction	11.2%
Building Construction	21.1%
Special Trade Construction	32.7%
Professional Services Contracts	23.6%
Other Services Contracts	24.6%
Commodity Contracts	21.0%

Table G.1: Data from FY 2013 Statewide HUB Report, Texas Comptroller of Public Accounts.

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

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

Each HHS System Agency may track additional outcome measures.

HHS System Strategies

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

- HUB availability,
- Current HUB usage,
- Geographical location of the project,
- Contractual scope of work,
- Size of the contract, or
- Other relevant factors not yet identified.

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

The HHS agencies employ several additional strategies, such as:

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

Output Measures

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

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

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

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

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

HUB External Assessment

According to the Comptroller of Public Accounts FY 2013 Statewide Annual HUB Report, the HHS System collectively awarded 20.29 percent of all contract funds to HUBs. Table G.2 specifies details of the total FY 2013 expenditures for each HHS agency and total spending with HUBs directly and indirectly through subcontracting.

Table G.2
HHS System Expenditures with Historically Underutilized Businesses, by Agency, Fiscal Year 2013

Agency	Total Expenditures	Total Spent with All Certified HUBs	Percent
HHSC	\$750,633,686	\$174,604,251	23.26%
DADS	142,350,828	21,676,865	15.23%
DARS	21,565,727	4,874,598	22.60%
DFPS	46,268,450	16,230,175	35.08%
DSHS	349,746,637	48,595,992	13.89%
Total	\$1,310,565,328	\$265,981,881	20.29%

Table G.2: Data from FY 2013 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.

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

Other areas of progress include:

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

Additional goals include:

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

Appendix H

Workforce Development System Strategic Planning

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

System partner agencies include:

- Economic Development and Tourism (EDT),
- Texas Department of Criminal Justice (TDCJ)—Windham School District
- Texas Education Agency (TEA),
- Texas Health and Human Services Commission—Department of Assistive and Rehabilitative Services (DARS),
- Texas Higher Education Coordinating Board (THECB),
- Texas Juvenile Justice Department (TJJJD),
- Texas Veterans Commission (TVC), and
- Texas Workforce Commission (TWC).

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

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

Responsible Agencies	Ref. No.	Long Term Objective
THECB, TWC	S1	Produce each biennium, commencing in 2010, a report that documents an assessment of the number and type of postsecondary education and training credentials (certificate, level two certificate, associate, bachelor's and advanced degrees) required to match the demand for a skilled and educated workforce. The assessment will include the number of forecast net job openings by occupation at each level of postsecondary education and training and the number of credentials needed to match that forecast.
TEA	S2	By 2013, Texas will decrease high school dropout rates by implementing rigorous Career and Technical Education (CTE) as part of the recommended or advanced high school graduation program.
TEA, THECB	S3	By 2013, education and training partners will have the infrastructure necessary (policies, procedures, data processes, rules, and capabilities) to facilitate the effective and efficient transfer of academic and technical dual credit courses from high schools to community colleges and four year institutions.
HHSC (DARS)	C1	By 2013, the blind and disabled populations will achieve additional employment outcomes.
TVC	C2	By 2013, the veteran population will achieve additional employment outcomes.
TEA, TWC	C3	By 2013, design and implement integrated Adult Education and workforce skills training programs to enhance employment outcomes for the English-language learner population.
TEA, TWC	C4	By 2013, design and implement adult education programs to enhance employment outcomes for populations requiring workplace literacy skills.
HHSC (DARS), TDCJ, THECB, TVC, TYC	P5	Partner agencies will gather data from employer customers at appropriate intervals to determine employer needs and satisfaction.
HHSC (DARS), TDCJ, TVC	P6	Partner agencies will use the employment data/outcomes of their programs to understand and improve those programs.

Part 1: Long Term Objectives (LTO)

LTO Reference No.:	C1	Key Actions/Strategies for FY 2013–2017
<p>DARS achieved the objective to increase employment for people with blindness and other disabilities by 2013. DARS has retained this objective as part of the 2015 to 2019 planning period. DARS also has taken additional steps to improve vocational rehabilitation services, including services provided to veterans with disabilities, underserved populations, and transition-age youth.</p> <p>As part of its planning process, DARS has identified veterans with disabilities as a consumer group with unique vocational rehabilitation needs and has committed to more effectively serving this population. To address the needs of veterans, DARS will focus on serving more veterans with disabilities through the agency’s vocational rehabilitation programs. This increased service will take place through multiple initiatives, including</p> <ul style="list-style-type: none"> ● enhancing the marketing of services to the disabled veterans’ community; ● building on collaborative relationships with the Veterans Administration, state governmental entities, and local workforce development boards to enhance coordination of services; and ● matching military training and skills with civilian jobs to which those skills can be applied. <p>DARS also has set a goal of improving service delivery to underserved VR consumers. Underserved VR consumers are those who are eligible to receive services from DARS but are not served as effectively as other DARS consumers. Underserved consumers include people who have</p> <ul style="list-style-type: none"> ● developmental or intellectual impairments, ● neurodevelopmental disorders such as autism, ● mental health disorders such as bipolar disorder or schizophrenia, ● other disabilities in addition to blindness, and/or ● deafblindness. <p>The number of underserved consumers has grown steadily in recent years. This growth has occurred for a number of reasons, including the trend toward community integration rather than institutionalization.</p> <p>To better serve these populations, DARS will increase staff members’ skills in rehabilitation strategies for serving people with developmental or intellectual impairments, neurodevelopmental disorders, mental health disorders, disabilities in addition to blindness, and deafblindness. To do this, DARS will research and implement best practices to serve these consumers and seek stakeholder feedback on strategies for improving services. DARS also will increase coordination of and develop new partnerships with other state and community organizations that serve people with developmental or intellectual impairments and mental health disorders. Finally, DARS</p>		

commits to building staff capacity and expertise through coordination with state and community organizations and by using subject matter experts to provide staff training.

As part of its strategic planning process, DARS has also set a goal of improving service delivery to transition-age youth.

H.B. 617, 83rd Legislature, Regular Session, 2013, requires each school district to designate a transition coordinator for students in special education, and S.B. 1226, 83rd Legislature, Regular Session, 2013, establishes competitive employment as the preferred outcome for people with disabilities. This increased focus on transition services will require DARS to expand its capacity to serve transition-age consumers, develop new service delivery strategies, and increase partnerships with secondary and postsecondary educational programs as well as businesses that might provide pre-employment work experience options for youth.

LTO Reference No.:	P5	Key Actions/Strategies for FY 2013-2017
<p>DARS developed surveys and a process for obtaining feedback from businesses to evaluate their use of DARS' vocational rehabilitation services as well as to know their satisfaction with those services. Survey results help DARS determine how well DARS is meeting businesses' needs. Web-based surveys are sent to businesses upon completion of services provided and/or after successful consumer placements.</p> <p>DARS will continue to send surveys to businesses that received services and support from DARS in</p> <ul style="list-style-type: none"> ● hiring a consumer referred by DARS (to determine whether or not an appropriate applicant referral was made and if the applicant was hired, and if not, why not); ● job retention services (to determine if services provided to the business helped the business retain a valuable employee); and ● training, such as sensitivity and diversity training (to determine if the business owners and/or managers believed they received the education necessary to understand the disabilities and abilities of employees with disabilities). <p>Using the surveys to gauge business feedback is critical to the evaluation of DARS' business relationships.</p>		

LTO Reference No.:	P6	Key Actions/Strategies for FY 2013-2017
<p>DARS will continue to improve services to businesses by evaluating effectiveness of services provided. DARS routinely provides data to managers for program evaluation and improvement.</p> <p>DARS uses its surveys to find out when it has provided effective services to business as well as to identify areas for improvement.</p>		

Part 2: Narrative

DARS collaborates with workforce partners at the local, state, and federal levels to expand service capabilities and improve employment and wage outcomes for eligible individuals with disabilities.

Within the Texas workforce system, DARS specifically

- Coordinates and aligns with other Texas workforce system partners that provide services for DARS consumers to ensure that services are integrated. This is done through participation on local and state workforce development boards.
- Develops and enhances employer relations to ensure that Texas employers understand the capabilities of current and future workers who receive DARS’ services. This is done by maintaining relationships with employers throughout the state.
- Develops and deploys assistive technologies so that Texas workers with disabilities will have a broader range of employment options. This is done by assessing the needs of each worker and providing the correct technology at the right time.

As outlined in *Advancing Texas* and in collaboration with our workforce partners, DARS is engaged in the activities listed below.

C1 By 2013, the blind and disabled populations will achieve additional employment outcomes.

DARS achieved this objective and retained it as part of the 2015 to 2019 planning period. DARS has also begun additional strategies to improve vocational rehabilitation services, which include improving the effectiveness of services provided to veterans with disabilities, improving service delivery to underserved populations, and improving service delivery to transition-age youth.

As part of its planning process, DARS has identified veterans with disabilities as a distinct consumer demographic and has set a goal of more effectively serving this population by

- assessing the potential benefits of establishing dedicated caseloads for veterans with disabilities;

- exploring and enhancing communication with and marketing of vocational rehabilitation services to the disabled veterans' community;
- enhancing relationships with local workforce development boards to better coordinate services to veterans with disabilities;
- creating and enhancing business and operational relationships with federal, state, and local governmental agencies that are responsible for providing services to veterans; and
- enhancing alignments between military training and skills and the civilian jobs to which those skills can be applied.

DARS has identified people with developmental or intellectual impairments, neurodevelopmental disorders, mental health disorders, disabilities in addition to blindness, and deafblindness as underserved populations and committed to improving service delivery to these groups. It will do this by focusing on providing expertise, raising capacity, and increasing knowledge of staff and stakeholders, and by educating providers to create better service models. Strategies include

- considering the use of the successful Statewide Autism Team and Benefits Planning Team models;
- using strategies learned from Project HIRE (Helping Individuals Reach Employment) educational opportunities for adults by expanding the opportunities available for persons with significant disabilities in an educational arena to achieve employment outcomes;
- partnering with other federal, state, and community organizations that serve persons in these underserved populations to leverage resources and increase knowledge about how to best deliver services;
- increasing efforts to educate employers about the benefits of hiring persons in these populations; and
- participating on workgroups, committees, or ongoing initiatives at the state and national level to increase expertise, relationships, and opportunities related to these populations.

As part of the strategic planning process, DARS has committed to improving service delivery to transition-age youth. Strategies include

- strengthening partnerships with the Texas Education Agency, the Texas Higher Education Coordinating Board, Independent School Districts, education service centers, the Texas Workforce Commission, and local workforce development boards and centers to improve access to services and to develop and implement additional service delivery strategies;
- expanding partnerships with high schools and community and technical colleges to improve access and transition for students moving from secondary to postsecondary education and training; and
- expanding partnerships with businesses that have an interest in pre-employment training for high school students and developing additional work experience options.

P5 Partner agencies will gather data from employer customers at appropriate intervals to determine employer needs and satisfaction.

The department created and implemented two surveys to obtain feedback from businesses. The surveys were

- the **Business Satisfaction Survey**, which provides feedback about DARS services related to consultation and training on disability and disability awareness for businesses; and
- the **Applicant Hiring and Retention Satisfaction Survey**, which provides feedback about services that provide job retention and employment accommodations and/or technical assistance to qualified candidates.

Business partners' levels of satisfaction have been very high for DARS' services. (For example, its potential hire, job retention assistance, accommodations and technical assistance, and diversity awareness presentations have received positive feedback.) DARS has used feedback to improve services that are related to business relationship development. DARS continues to make program changes as appropriate.

DARS has found the surveys to be very useful and continues to use them to improve services and recognize staff members for their commendable work.

P6 Partner agencies will use the employment data/outcomes of their programs to understand and improve those programs.

DARS uses survey feedback to identify strengths, weaknesses, and other trends in service delivery. DARS uses this information to identify opportunities for staff coaching and training, staff recognition, program improvements, and replication of successful practices.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Data Center Transformation: Texas Data Center Services (DCS) offers mainframe, server, bulk print and mail, and co-location services to state agencies initiated in 2005 by the Texas Legislature.	DADS	80 DADS-owned servers to be transformed and DADS Vblock server to be transferred to DCS support. Status: Incomplete	All Agency Objectives	P2, P3, P4, P10	Operational efficiencies, Citizen/customer satisfaction, Compliance	Capabilities: N/A Barriers: 4/20/14 - EMC, DADS ex-contractor supporting Vblock prior to the transitioning the support to DCS notified DADS lead domain admin that they received system "alert" that DCS should have received. Reference DCS ticket # REQ000000203059 for more information. As 5/21/14, DADS DCS CR and ISO are still working with DCS to assist their ADDM team to reach the Corpus vCenter. DCS is not able to scan the servers due to firewall issues.
Data Center Transformation	HHSC	CAPPs Datacenter Migration: Plan and implement migration of the HHSC Centralized Accounting and Payroll/Personnel System (CAPPs) application from servers in the CPA datacenter to Data Center Services' (DCS') Austin Data Center (ADC) and San Angelo Data Center (SDC).	Objective 6-1. Information Technology Projects.	P1, P3, P4, P5, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Globalscape EFT migration to Data Center Services (DCS): Datacenter server transformation of the Globalscape Enhanced File Transfer (EFT) system.	Objective 6-1. Information Technology Projects.	P3	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Shared DCS Infrastructure for Ancillary Systems: Provide a standard technology for the deployment of ancillary HHSC systems within the consolidated Data Centers, including a standard environment of application servers, database servers, middleware servers, file servers, etc. Building banks of servers to accommodate segments of data files.	Objective 6-1. Information Technology Projects.	P1, P3, P4, P5, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Data Center Transformation	HHSC	Transform Medicare Buy-in System from Winters Data Center to San Angelo and Austin: Transform Medicare Buy-in System from Winters Data Center to San Angelo and Austin	Objective 6-1. Information Technology Projects.	P1, P3, P4, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Transformation for CTS: To migrate this application to the DCS, this application must be rewritten. There is a possibility that this will become part of the Executive Directive Tracking System (EDTS), this project will cover the effort or either transformation to the DCS or migration into EDTS.	Objective 6-1. Information Technology Projects.	P1, P3, P4, P5, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Transformation for Enterprise Services Database Servers: Migration of existing Enterprise Services databases on DB10, DB13, and DB14 to new servers in the DCS. Databases reside on an older infrastructure at the DCS and will need to be moved.	Objective 6-1. Information Technology Projects.	P1, P3, P4, P5, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Transformation for Health Services Medicaid Systems: Transformation for Third Party Billing (MV), Third Party Resource (TS), THSteps (MP), MED-ID (MN), MSIS, TMSIS	Objective 6-1. Information Technology Projects.	P1, P3, P4, P5, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Transformation for PA Breakdown: DCS will not accept ACCESS applications, so PA Breakdown (Public Assistance Breakdown) must be re-written. This application is on the transformation path.	Objective 6-1. Information Technology Projects.	P1, P3, P4, P5, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Data Center Transformation	HHSC	Transformation for TravelTracker: DCS will not accept ACCESS applications, they must be re-written. This application is on the transformation path.	Objective 6-1. Information Technology Projects.	P1, P3, P4, P5, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Transformation for Web Content Management (WCM) for Communications: Currently hosted with Aquia as SaaS. Will need to reapply to DIR for a hosting waiver, and if hosting waiver is not approved for additional 2 years will need to begin process of moving to the DCS in December 2014. This will include standing up servers and migrating sites.	Objective 6-1. Information Technology Projects.	P1, P3, P4, P5, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation	HHSC	Transformation of DAPP: This application is on the transformation path. DAPP (Disaster Assistance Payment Processing) must be re-written to move to DCS, or it must be rewritten and migrated into the Financials system.	Objective 6-1. Information Technology Projects.	P1, P3, P4, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Center Transformation:	DARS	Data Center Consolidation (capital project in the Information Technology Detail). Status: New contract began on May 1, 2012. Continuing to move all appropriate computing infrastructure to the CDCs.	All Agency Objectives	P2, P4, P7	Operational efficiencies, Foundation for future operational improvements, Compliance (as required by State law or regulations)	Barriers: Cost of Data Center Services contract vs. DARS available funding could impact the level of participation in the Data Center Services (DCS) contract.
Data Center Transformation:	DFPS	Data Center Consolidation Status: In Progress	All Agency Objectives	P1, P4, P6, P8,	Operational efficiencies	N/A
Data Center Transformation:	DSHS	FY14-15 Data Center Services (DCS) Cost Reduction (DCR) Program	All Agency Objectives	P1, P3, P4, P5, P7, P10	Operational efficiencies; Security improvements; Foundation for future operational improvements	Capabilities: Improved efficiencies and infrastructure cost.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Data Center Transformation:	DADS	52 DADS applications are on servers owned by HHSC. These applications need to be transformed to DADS-owned servers. Status: Funding has been identified. Planning has started.	All Agency Objectives	P3, P4, P10	Operational efficiencies, Citizen/customer satisfaction, Security improvements, Compliance	Capabilities: Overhead funds have been identified to cover this cost during the Fiscal Years 2014/2015. Barriers: Limited vendor resources for project management, network architecture, and commitment to complete by 8.31.2015. Use of overhead funds for DCS may require capital authority.
Data Center Transformation:	DADS	Disaster Recovery Plan (DRP) to include timely and accurate recovery of data and restoration of service to be developed and implemented by the vendor under existing contract. Status: Incomplete	All Agency Objectives	P3, P4, P10	Operational efficiencies, Citizen/customer satisfaction, Compliance	Capabilities: The existing DCS contract includes DRP as a deliverable. Barriers: The vendor has been unable to deliver a satisfactory DRP as of 3QFY2014. The vendor and DIR have proposed agencies seek additional LAR exceptional item funding for Fiscal Years 2016/2017 to meet this need.
Data Center Transformation:	HHSC	Data Center Services (DCS) Transformation: Remediate HHSC applications in order to migrate applications and systems from state-owned data centers to DCS data centers	Objective 6-1. Information Technology Projects.	P1, P3, P4, P5, P7, P10	Compliance	Barriers: For all efforts to parallel tracks under the new Data Center Services contracts; limited agency resources which may delay completion. While application remediation is highly probable, scheduling the necessary changes may affect completion of tasks due to schedule availability.
Data Sharing: Development of policy and technical mitigation processes for secure data exchanges.	DADS	100 Jobs were Identified that PUT data to an UNIX FTP Target server Status: 40% ready to test.	All Agency Objectives	P1	Operational efficiencies, Foundation for future operational improvements, Compliance	Capabilities: knowledgeable staff. Barriers: No FY14/15 funding to hire staff augmentation contractors to complete SFTP work.
Data Sharing	DSHS	1915i	Community Health Services	P1, P2, P5, P7, P8	Operational efficiencies; Citizen/customer satisfaction; Security improvements; Foundation for future operational improvements; Compliance	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Data Sharing	DARS	Agency data loss prevention (not a capital project in the Information Technology Detail). Status: Adopted Office 365 hosted e-mail solution along with Voltage encryption and participating in the HHS remote access standardization initiative.	All Agency Objectives	P1 through P9	Operational efficiencies, customer satisfaction, security improvements, and compliance	Capabilities: All of these initiatives are across HHS agency endeavors. Barriers: Currently, there are no foreseeable barriers to address.
Data Sharing	DSHS	Balancing Incentive Program (BIP): Level 1 Screening Tool	Community Health Services	P1, P2, P5, P7, P8	Operational efficiencies; Citizen/customer satisfaction; Foundation for future operational improvements	Capabilities: Provide improved service for clients. Barrier: Staffing Limitations.
Data Sharing	DSHS	Clinical Data Exchange for Behavioral Health (CDE4BH)	Hospital Facilities and Services, Community Health Services	P1, P2, P5, P5, P7, P8	Operational efficiencies; Citizen/customer satisfaction; Security improvements; Foundation for future operational improvements	Barrier: Staffing Limitations.
Data Sharing	DSHS	DSHS ICD-10 Integration	All Agency Objectives	P5, P8	Operational efficiencies; Citizen/customer satisfaction; Compliance	Capabilities: Ensure compliance with ICD-10 requirements.
Data Sharing	DSHS	eGrants	All Agency Objectives	P3, P5, F&, P8	Operational efficiencies; Citizen/customer satisfaction; Security improvements; Foundation for future operational improvements	Capabilities: Standard process lifecycle for sub-recipient grant contracts management.
Data Sharing	DSHS	HAI Surveillance System - Preventable Adverse Events (PAE)	Prevention and Preparedness Services	P1, P2, P3, P7, P8	Operational efficiencies; Security improvements; Compliance	Barriers: Privacy Issues, Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Data Sharing	DSHS	Trauma Registry - Linking Data for Health Information Quality	Prevention and Preparedness Services	P1, P2, P7, P5, P8, P9	Operational efficiencies; Citizen/customer satisfaction; Security improvements	Capabilities: Leverage experience of prior deployment of Consilience Software's Maven commercial off the shelf product.
Data Sharing	DSHS	Trauma Registry First Responders and Emergency Department (FRED)	Prevention and Preparedness Services	P1, P3, P5, P7, P8, P9	Operational efficiencies; Citizen/customer satisfaction; Foundation for future operational improvements	Capabilities: Leverage experience of prior deployment of Consilience Software's Maven commercial off the shelf product.
Data Sharing:	DADS	Balancing Incentive Program (BIP) Project #2 (LTSS Screen) will leverage the new HHSC Needs Assessment application/portal. DADS, DSHS and HHSC will be able to share data to facilitate the needs assessment that will consist of a basic LTSS screening tool that can be completed online (a self-screen) or can be conducted over the phone or in person by trained staff. Information provided upon completion of a Level 1 screening would be based on the basic demographic, financial, and functional information the individual provides. FY14/15. Status: In Progress	All Agency Objectives	P3, P5, P8	Operational efficiencies, Citizen/customer satisfaction, Foundation for future operational improvements, Compliance	Capabilities: knowledgeable staff dedicated to this project which is one of the key BIP requirements. Barriers: limited timeframe and funds to complete the project.
Data Sharing	HHSC	Enterprise Data Warehouse - Medicaid Initiative: Develop an enterprise data warehouse for the five Texas health and human services agencies (DFPS, DSHS, DADS, DARS, and HHSC) that will contain client-centric information and become a foundation for decision support analysis, data mining, and enterprise-wide management information reporting. Geographic information analysis is also a required feature. For FY14/15, the scope of EDW includes Medicaid provider and member data. Status: In Progress	Objective 2-2. Other Medicaid Services.	P8	Operational Efficiencies, Security Improvements, Citizen/Customer satisfaction	EDW to provide a single common data model for all data of interest regardless of the data's source. This program will also improve data quality, by providing consistent codes and descriptions, flagging or even fixing bad data.
Data Sharing	DADS	International Classification of Diseases (ICD) 9/10 Implementation Phase. In coordination with the other HHS agencies, implement changes necessary to move to the International Classification of Diseases version 10 (ICD-10) from ICD-09 in FY14/15. Status: In Progress	All Agency Objectives	P3, P5, P8	Operational efficiencies, Citizen/customer satisfaction, Compliance	Capabilities: knowledgeable staff. Barriers: Changing federal deadlines.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Governance: Establishment of IT framework focusing and enhancing critical processes and key management practices assuring the investment generates business value while mitigating associated risks.	HHSC	Activity-Based Costing Model: To better illustrate IT costs for business customers, develop a costing model that aligns IT budget expenditures with service catalog offerings.	Objective 1-1. Enterprise Oversight and Policy.	P5	• Operational efficiencies	Barriers: Resource constraints and funding limitations.
Governance	HHSC	Portal Authority: Develop governance and oversight of HHS web site portal features, technologies and operations for the enterprise and create an Information Technology Portal Support Team.	Objective 1-1. Enterprise Oversight and Policy.	P5	• Operational efficiencies	Barriers: Requires cross agency coordination and collaboration, but no clear barriers foreseen at this time.
Governance:	DARS	Governance Framework Improvement (not a capital project in the Information Technology Detail). Status: Assessment, planning, and implementation in progress.	All Agency Objectives	P1 through P10	Operational efficiencies, Citizen or customer Satisfaction	Barriers: Currently, there are no foreseeable barriers to address.
Governance:	DADS	Technology Investment Planning (TIP). Status: Implemented.	All Agency Objectives	P1, P2, P3, P4, P5, P6, P7, P8, P9, P10	Operational efficiencies, Citizen/customer satisfaction, Foundation for future operational improvements, Compliance	Capabilities: Executive Management support is in place. Barriers: None.
Information Security: The protection of data and its systems from unauthorized access or use.	HHSC	2015-2016: Preliminary Deployment <u>HHS</u> Cyber Security Operations Center (SOC) Tracking # 1185069	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	Within the Archer software, the SOC module will be installed including the preliminary configuration and steps to establish incident response capabilities for each DADS, DARS, DFPS, and DSHS agency . Because performing incident response effectively is a complex undertaking, establishing a successful incident response capability requires substantial planning and resources. Continually monitoring for attacks is essential. Establishing clear procedures for prioritizing the handling of incidents is critical, as is implementing effective methods of collecting, analyzing, and reporting data. The procedures will include applicable communication plans with other internal groups and with external groups.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Information Security:	HHSC	2015-2017 DADS Information Security Improvements for Services and Contractors Assistance	Objective 6-1. Information Technology Projects	P1	Security improvements	<p>What?: Improve security of DADS information by:</p> <ul style="list-style-type: none"> - Enforcing secure coding & assurance methods in (Application Security), ●Implementing new remote device access & user authentication methods (Multi-Factor & Network Device Access), and ●Automating logon account inventory, routine validation and management (System Admin Best Practices). <p>Why?: Compliance with Texas Administrative Code (TAC) rule §202.20 that states "Security requirements shall be identified, documented, and addressed in all phases of development or acquisition of information resources."</p>
Information Security:	HHSC	2015-2017: Public Key Infrastructure Management for Enterprise (HHS) Tracking # 1185068	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	<p>A public key infrastructure (PKI) will bind public keys to entities, enables other entities to verify public key bindings, and provides the services needed for ongoing management of keys in a distributed system. The project once completed will allow Enterprise (HHS) stakeholders to conduct business electronically with the confidence that:</p> <ul style="list-style-type: none"> • The person or process identified as sending the transaction is actually the originator. • The person or process receiving the transaction is the intended recipient. • Data integrity has not been compromised.
Information Security:	DARS	Annual Risk Assessment process (not a capital project in the Information Technology Detail). Status: Cross agency deployment of RSA's eGRC (enterprise governance, risk, and compliance) solution.	All Agency Objectives	P2 through P5, P7 through P10	Operational efficiencies, customer satisfaction, security improvements, and compliance	Barriers: Requires cross agency coordination and collaboration, but no clear barriers foreseen at this time.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Information Security:	DSHS	Data Classification and Inventory of Computing System that may hold Classified Information. Status: Implementing	All Agency Objective(s)	P1-P10	Security improvements, Operational efficiencies, Foundation for future Operational and Security Improvements, Compliance	Barriers: Limited DSHS personnel resources devoted to the operation and implementation of improved security measures. Dependent on HHS Enterprise Security's DLP roadmap and timeline to implement new or improved data security methodologies.
Information Security:	DSHS	End-Point and Web Application Vulnerability Management Status: Implementing	All Agency Objective(s)	P1-P10	Security improvements, Compliance	Barriers: Network and end-point availability
Information Security:	DSHS	End-point Security Improvements Status: Implementing	All Agency Objective(s)	P1	Security improvements, Operational efficiencies, Compliance	Barriers: Limited DSHS personnel resources devoted to the operation and implementation of improved security measures.
Information Security:	DARS	Hitachi ID Identity & Access Management (IAM) rollout (not a capital project in the Information Technology Detail). Status: On hold while DARS investigates how the HHS Enterprise Tivoli Access Management Installation may meet our needs	All Agency Objectives	P2 through P5, P7 through P9	Operational efficiencies, customer satisfaction, security improvements, and compliance	Barriers: 1) Current staffing levels impede the ability to easily integrate all technologies due to capacity limitations. The IAM suite affords a work around in these cases.
Information Security:	DSHS	Improved Risk Assessment Process Status: Implementing	All Agency Objective(s)	P1-P10	Security improvements, Operational efficiencies, Foundation for future Operational and Security Improvements, Compliance	Barriers: Limited DSHS personnel resources devoted to the operation and implementation of improved security measures. Dependent on HHS Enterprise Security's roadmap and timeline to implement new risk assessment methodologies.
Information Security:	DSHS	Incident Management System Implementation and Process Improvement. Status: Implementing	All Agency Objective(s)	P1	Security improvements, Operational efficiencies; Compliance	Barriers: Dependent on HHS Enterprise Security's roadmap and timeline to implement new GRC technologies.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Information Security:	DADS	Implement Recommendations from Security Audit Findings at State Supported Living Centers. Status: In Progress	State Supported Living Centers	P1	Security improvements, Compliance	<p>Capabilities: 1) Good, mature foundational Security Standards are in place; 2) Skilled, motivated staff are on payroll; 3) A sound security integration strategy and security architecture vision was finalized in March 2013; and 4) Continued joint Data Loss Prevention (DLP) initiative with the HHSC will provide added monitoring support. 5) Ample management and program area support is in place for a successful implementation.</p> <p>Barriers: No funding provided to implement physical security recommendations from audit. Aging buildings and delicate environmental controls may require unforeseen advance remediation. (Note: This exceptional item has been moved to Facilities and renamed "Construction to provide physical security of Information Technology assets at SSLC campuses".)</p>
Information Security:	HHSC	2015-2016 Enterprise Security Contract	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	Evaluate whether the AT&T contract for the HHS security stack (aka DLP - Data Loss Prevention) should be renewed or another method for performing this function be established. Options are to continue with AT&T, contract with a different vendor, or insource and negotiate a new contract, if necessary. If a decision to rebid is made, RFO development will start in FY14.
Information Security:	HHSC	2015-2016 TIERS Security Remediation and Enhancements Championed by Glen Boyer under Paul Diaz.	Objective 6-1. Information Technology Projects.	P1	Security improvements	Implementing remediation strategy and security enhancements as the result of the TIERS Security Audit. Scope includes Eligibility Supporting Technologies (EST).
Information Security:	HHSC	2015-2017 Enterprise Tokens for 2-Factor Authentication	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This project adds an additional layer of security to an account that provides passwords which are used only one time. 2-Factor passwords are a combination of an individuals password and a token which changes frequently

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Information Security:	HHSC	2015-2017 TIERS Security Project (formerly Application Security SDLC) - Assessment Phase. Championed by Glen Boyer under Paul Diaz.	Objective 6-1. Information Technology Projects.	P1	Security improvements	Partner with the Denim Group to assess security controls as directed by CMS and resolve open audit findings.
Information Security:	HHSC	2015-2017: Archer (HHS) Tracking # 1185066	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	The capabilities of Archer will be implemented at the Enterprise level .
Information Security:	HHSC	2015-2017: Preliminary Deployment <u>HHSC</u> Cyber Security Operations Center (SOC) Tracking # 1220298	Objective 6-1. Information Technology Projects	P1	Security improvements	Within the Archer software, the SOC module will be installed including the preliminary configuration and steps to establish incident response capabilities. Because performing incident response effectively is a complex undertaking, establishing a successful incident response capability requires substantial planning and resources. Continually monitoring for attacks is essential. Establishing clear procedures for prioritizing the handling of incidents is critical, as is implementing effective methods of collecting, analyzing, and reporting data. The procedures will include applicable communication plans with other internal groups and with external groups.
Information Security:	HHSC	2015-2017: Public Key Infrastructure Management for <u>Enterprise (HHS)</u> Tracking # 1185068	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	A public key infrastructure (PKI) will bind public keys to entities, enables other entities to verify public key bindings, and provides the services needed for ongoing management of keys in a distributed system. The project once completed will allow Enterprise (HHS) stakeholders to conduct business electronically with the confidence that: <ul style="list-style-type: none"> • The person or process identified as sending the transaction is actually the originator. • The person or process receiving the transaction is the intended recipient. • Data integrity has not been compromised.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Information Security:	HHSC	2015-2017: Public Key Infrastructure Management for <u>HHSC</u> Tracking # 1220299	Objective 6-1. Information Technology Projects	P1	Security improvements	A public key infrastructure (PKI) will bind public keys to entities, enables other entities to verify public key bindings, and provides the services needed for ongoing management of keys in a distributed system. The project once completed will allow <u>HHSC</u> stakeholders to conduct business electronically with the confidence that: <ul style="list-style-type: none"> • The person or process identified as sending the transaction is actually the originator. • The person or process receiving the transaction is the intended recipient. • Data integrity has not been compromised.
Information Security:	HHSC	2015-2017: Security Awareness Tracking # 1185067	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This project will provide Security Awareness Content Development (education) for areas such as application security, administrator security, best practices, etc.
Information Security:	HHSC	2016-2017: 24/7 HHS Cyber Security Operations Center	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	A centralized on premise agency location (staffed with a mix of agency security personnel and managed security services) that deals with security issues on an enterprise and technical level. This service will allow us to expand to 24 X7 monitoring coverage and will provide us a better knowledge/understanding of international threats.
Information Security:	HHSC	2016-2017: HHS Advance Threat Protection for Endpoints and Servers	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This project provides an agent with real-time visibility, detection, response, and prevention.
Information Security:	HHSC	2016-2017: HHS Advanced Attacks and Cyber Threat Protection	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This project provides defense against malware and Advanced Persistent Threats (APT). APT is a set of stealthy and continuous hacking processes often orchestrated by humans steadily targeting a specific entity.
Information Security:	HHSC	2016-2017: HHS Enterprise Automated Scanning (including code) for Apps/IS/Hosts	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This project provides the capability to conduct automated and continuous scanning to identify potentially damaging vulnerabilities.
Information Security:	HHSC	2016-2017: HHS Equipment Support Services	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This project provides the capability to support remote servers in regional locations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Information Security:	HHSC	2016-2017: HHS General and Specialized Security Awareness & Training	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This project provides an awareness of the risks and available safeguards regarding the protection of the physical and information assets of the agency.
Information Security:	HHSC	2016-2017: HHS GRC (Governance, Risk, and Compliance) Improvements	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This service will continue to define processes and improve the use of our enterprise governance, risk, and compliance tool. The GRC allows us to manage the lifecycle of agency policies, assess and respond to risks, and report compliance of internal controls and regulatory requirements.
Information Security:	HHSC	2016-2017: HHS Patching of Third Party Applications	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This project enables administrators to detect, download and deploy missing security patches for supported applications (such as, Adobe, Java, etc.) in the same way they monitor and manage operating systems (Microsoft, Linux, etc.).
Information Security:	HHSC	2016-2017: HHS Web Application Firewall (WAF)	Objective 6-1. Information Technology Projects	P1, P5	Security improvements	This project provides a service that will apply a set of rules to Web (HTTP) traffic, for sensing and blocking malicious traffic.
Information Security:	HHSC	2016-2017: Network Access Control/Advanced Authentication	Objective 6-1. Information Technology Projects	P1	Security improvements	This project provides network access control and advanced authentication for the Winters core and Brown Healty core which are not covered in the Enterprise plan (DARS)
Information Security:	HHSC	FY 2015-2019 Annual Risk Assessments:	Objective 6-1. Information Technology Projects.	P1	Security improvements	Use the HHS Information System Security Plan to perform 2015 - 2019 annual risk assessments (56 systems within HHSC which includes High and applicable Medium and Low risk systems). Response to an Internal Audit Comment.
Information Security:	HHSC	FY 2015-2019 Data Owner and Data Classification Program (TAC 202)	Objective 6-1. Information Technology Projects.	P1, P5	Security improvements	Classify HHSC information resources so that they may be better secured. Response to an Internal Audit finding.
Information Security:	DADS	Security Improvements Project. Phase I: Threat Review & Resource Monitoring Phase II: Implementation of Intrusion Prevention System (IPS) Hardware Phase III: Software Application Security Review & Prioritization Plan Phase IV: Remediation of Essential Applications with Known Security Risks & Vulnerabilities Status: In Progress	All Agency Objectives	P1	Security improvements, Compliance	Capabilities: knowledgeable staff, adequate funding. Barriers: Long procurement timelines.

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* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization: Improvement of IT infrastructure to provide enhancements of the availability and capability of data.	HHSC	10GB Southeast Data Center Upgrade: Work to deploy Data Center switching hardware in the Southeast Data Center.	Objective 6-1. Information Technology Projects.	P10	Operational efficiencies	N/A
Infrastructure Modernization	HHSC	10GB Upgrade for 45th Street: Replace the THHS 45th Street networking core and (Catens) with Nexus 9K or 7K network switches	Objective 6-1. Information Technology Projects.	P10	Operational efficiencies	N/A
Infrastructure Modernization	HHSC	10GB Winters Switching Upgrade for Core: Replace the Winters networking core with Nexus 9K or 7K networking switches.	Objective 6-1. Information Technology Projects.	P10	Operational efficiencies	N/A
Infrastructure Modernization	HHSC	Active Directory Federation Services Upgrade: Evaluate, design and upgrade environment associated with Federated authentication services. The ADFS service and associated hardware will be upgraded	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational efficiencies	N/A
Infrastructure Modernization	HHSC	Balancing Incentive Program (BIP) - Access Management: Create Your Texas Benefits enterprise framework. Upgrade TIERS into Framework and implement Web Content.	Objective 6-1. Information Technology Projects.	P1, P7, P10	Operational efficiencies	Resource Limitations, Time Constraints
Infrastructure Modernization	HHSC	Business Intelligence (BI) Strategy: Strategy to establish Enterprise/Agencies vision for business intelligence. Capture business requirements that will help evaluate and recommend technology solution. Status: In research phase	Objective 6-1. Information Technology Projects.	P3, P5, P6, P9	Operational efficiencies, Foundation for future Operational Improvements	Cross Agency Cooperation initiative, Limited Resources
Infrastructure Modernization	HHSC	Compuware APM (Application Performance Management): Upgrade to "perpetual" licensing for Compuware APM and implement the licenses as needed to monitor, diagnose and resolve performance issues impacting production for HHSC applications.	Objective 6-1. Information Technology Projects.	P3	Operational efficiencies, Foundation for future Operational Improvements	N/A
Infrastructure Modernization	HHSC	DBMS privileged ID Account Mgmt.: Using ISAM (IBM Security Access Manager) and ISIM (IBM Security Identity Manager) to streamline and manage privileged ID account management of HHSC DBMS (database management system) account management.	Objective 6-1. Information Technology Projects.	P1, P7, P10	Operational efficiencies, Foundation for future Operational Improvements	N/A

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* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization	HHSC	Eligibility Infrastructure, Software and Hardware (IAPD#2): Upgrade TIERS WebSphere, including WebSphere 8.0, WebSphere Message Broker 8.0, WebSphere MQ 7.5, and Solaris 11. Planned for Release 87 and Release 88. Related to APD#2. □ □ Evaluate additional capacity needed to meet demands of an increasing applicant population resulting from changes in eligibility rules. This includes increased server, storage, and network capacity. In addition, new software and systems are required to support new applicant population interactions. Many initiatives are addressed by IAPD#2; this initiative is for the items not covered by other initiatives.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational efficiencies, Foundation for future Operational Improvements, Citizen/Customer Satisfaction	N/A
Infrastructure Modernization	HHSC	Email Encryption Migration: Migrate from Voltage Encryption to Microsoft Hosted Encryption or other product.	Objective 6-1. Information Technology Projects.	P3, P6, P9	Security improvements * Also supports Mobile Work - Telework	N/A
Infrastructure Modernization	HHSC	Enterprise Cloud Storage Solution Strategy - One Drive: Research and develop recommendation for One Drive as End User Cloud Storage Solution. Enterprise owns this solution through O365 and is available for all Enterprise users. Recommendation will cover security assessment, accessibility assessment, features and functionality data sheet, storage limitations etc. This solution could provide option for replacing drop box or like solutions at the Enterprise.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational efficiencies, Foundation for future Operational Improvements, Citizen/Customer Satisfaction	Flexibility for case worker and employees to access files from outside of the physical building. Enables collaboration and increase productivity of the staff.
Infrastructure Modernization	HHSC	Enterprise Network Re-Architecture Implementation: Modernize and enhance underlying network and communications infrastructure to support HHS' business initiatives designed to increase efficiencies and promote improvement in service delivery in order to meet projected increases in caseloads without expanding the workforce.	Objective 6-1. Information Technology Projects.	P3	Operational efficiencies, Foundation for future Operational Improvements, Citizen/Customer Satisfaction	Cross Agency Cooperation initiative.
Infrastructure Modernization	HHSC	Enterprise Single Sign-On (ESSO) for Eligibility Staff: Automate some of the application logon and password change processes for HHSC eligibility staff.	Objective 6-1. Information Technology Projects.	P3, P6, P9	Security improvements	Cross Agency Cooperation initiative, Limited Resources
Infrastructure Modernization	HHSC	Enterprise Single Sign-On for the Enterprise (ESSO): Will complete ESSO for HHSC. Plan to start DADS and DFPS in FY15. DARS could potentially also start in FY15	Objective 6-1. Information Technology Projects.	P3, P6	security Improvements	Cross Agency Cooperation initiative, Limited Resources

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization	HHSC	Federated Identity Management: Implement the Tivoli Federated Identity Manager as part of the requirements for BIP and other projects	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Security improvements	N/A
Infrastructure Modernization	HHSC	Google Review: Evaluate potential transition from Microsoft O365 to Google applications.	Objective 6-1. Information Technology Projects.	P3, P6, P9	Operational Efficiencies	N/A
Infrastructure Modernization	HHSC	HHSC .gov Domain Planning: Plan the move of HHSC and potentially other agencies to the .gov domain.	Objective 6-1. Information Technology Projects.	P3, P6, P9	Operational Efficiencies * Also supports Mobile Work - Telework	Resource Limitations
Infrastructure Modernization	HHSC	HHSC Scanning and Fax Solution: HHSC's previous server solution for scanning and faxing is no longer supported by Xerox. Xerox is working with HHSC to provide a scanning and fax solution that meets the business needs. Xerox has initially recommended iXware as a potential solution. The project will include a Proof of Concept, pilot and then full implementation once software is proven to meet the business needs.	Objective 6-1. Information Technology Projects.	P3, P6, P9	Operational Efficiencies, Citizen/Customer Satisfaction * Also supports Mobile Work - Telework	N/A
Infrastructure Modernization	HHSC	High Availability Model (HAM) for State Hospitals and State Supported Living Centers Applications: Implement a robust failover infrastructure for the suite of software systems used to support administrative and clinical Pharmacy and the Medication Administration applications that house and support the electronic medical records.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies, Citizen/Customer Satisfaction, * Also supports Mobile Work - Telework	Cross Agency Cooperation initiative.
Infrastructure Modernization	HHSC	IEE Call Center Cloud Services: Transition IEE Call Center Managed Services to Cloud Services due to current telecom platform going out of support in April 2014.	Objective 6-1. Information Technology Projects.	P3, P6, P9	Citizen/Customer Satisfaction, Operational Efficiencies	N/A
Infrastructure Modernization	DADS	Implement Results of Infrastructure Assessment at 12 State Supported Living Centers. Includes implementing Virtual Desktop Pilot at DADS (Pilot through the Data Center Services Request for Solutioning Process). Implement Virtual Desktops Pilot at DADS utilizing the Data Center Services (DCS) Request for Solutioning (RFS) Process. Status: In Progress	State Supported Living Centers	P10	Operational efficiencies, Citizen/customer satisfaction, Foundation for future operational improvements	Capabilities: Ample funding obtained for Fiscal Years 2014/2015 through the Balancing Incentive Program (BIP) funding as part of the Electronic Health Record (EHR). Barriers: Wide Area Network (WAN) improvements are critical to overall success and are outside the control of DADS. Aging buildings and delicate environmental controls may require unforeseen advance remediation, hazardous materials may be present in various locations, and costs may run high.
Infrastructure Modernization	HHSC	ITSM Upgrade: Replace existing HHSC ITSM system with Remedy On Demand.	Objective 6-1. Information Technology Projects.	P1, P2, P3, P5, P10	Operational Efficiencies	N/A

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization	HHSC	Lobby PC Project - Expanding Statewide: Deploy PCs in eligibility office lobbies for public access to YourTexasBenefits.com.	Objective 6-1. Information Technology Projects.	P3, P6, P9	Citizen/Consumer Satisfaction, Operational Efficiencies	Limited Resources
Infrastructure Modernization	HHSC	Migrate secured applications through Novell IAM into Enterprise IAM: Migrate applications that use Novell to the Enterprise Identity and Access Management (IAM) framework. This project is dependent on applications going through the DCS transformation. Hardware and WebSphere upgrades must be completed in order for this to occur.	Objective 6-1. Information Technology Projects.	P1, P3, P10	Security improvements	Dependent on DCS Transformation
Infrastructure Modernization	HHSC	Migration to WebSphere 8.5 Application Server - TIERS/IE: This initiative is associated with the migration of all IBM WebSphere Application servers to software version 8.5. This impacts TIERS and other eligibility supporting technologies.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	citizen/Consumer Satisfaction, Operational Efficiencies	Resource Limitations
Infrastructure Modernization	HHSC	Mobile Device Management (MDM) Expansion: Continue expanding enterprise-wide MDM for BYOD (Bring Your Own Device) and additional state-issued devices such as iPads & tablets.	Objective 6-1. Information Technology Projects.	P7, P9, P1, P6	Operational Efficiencies, Foundation for future operational	BYOD expansion goals and objectives are: • Implement a BYOD solution that supports the ever-increasing mobile workforce.
Infrastructure Modernization	HHSC	Operating System Upgrade: Upgrade standard HHSC operating system from Windows XP to Windows 7 or 8. Microsoft will end support of Windows XP in April 2014.	Objective 6-1. Information Technology Projects.	P3, P6	Operational Efficiencies	
Infrastructure Modernization	HHSC	Oracle 11g TIERS Upgrade: Upgrade TIERS to Oracle 11g.	Objective 6-1. Information Technology Projects.	P3	Operational Efficiencies	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	PC Image Process Maturation: Develop and publish standards for image creation including documented lists of all specialty settings within the OS, applications, and policies. Also includes identifying approved software packages for individual business areas. This initiative is related to Enhanced Image Security which will be completed in FY13.	Objective 6-1. Information Technology Projects.	P3, P6	Operational Efficiencies, Security Improvements	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	Portal Migration Project - TIERS: TIERS will migrate to new Portal Framework.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	DADS	Recommend Additional/Expanded Web Portal at HHSC. Status: Planning.	All Agency Objectives	P10	Foundation for future operational improvements	Barrier: Insufficient funding for portal improvements.
Infrastructure Modernization	DARS	Seat Management Services (capital project in the Information Technology Detail). Status: Contract for refresh will be awarded in FY16. Rollout will begin September 2016.	All Agency Objectives	P4,P9	Operational efficiencies, mobile workforce	Capabilities: This is a recurring and funded item, so no known barriers at this time.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization	HHSC	Self Service Portal (SSP) Migration - Your Texas Benefits: Migration of Self Service Portal (Your Texas Benefits) to new Portal Framework.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies, Security Improvements	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TAM Upgrade for TIERS: Applications migrating to WebSphere Application Server (WAS) v. 8 require Identity Management to upgrade to Tivoli Access Manager (TAM) v.7. Identity Management supports applications from HHSC, DADS, MAXIMUS and Deloitte. (36 total)	Objective 6-1. Information Technology Projects.	P3	Security improvements, Operational Efficiencies	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	DSHS	Telephone Systems MH Hospitals (MHSA)	Hospital Facilities and Services	P4, P5,P6,P7,P9 and P10	Operational Efficiencies Foundation for future operational improvements	Barriers: Limited DSHS personnel resources devoted to the operation and implementation of improved infrastructure measures.
Infrastructure Modernization	HHSC	Tex-AN NG (Next Generation) – AVPN Migration : Migrate 1100 sites to AVPN. AVPN is AT&T's Virtual Private Network offering.	Objective 6-1. Information Technology Projects.	P3, P10	Operational Efficiencies, Security Improvements	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TIERS BMC ProactiveNet Capacity Planning: Services to implement Capacity Planning using BMC ProactiveNet for predictive infrastructure capacity management. Will assist with infrastructure management and planning within TIERS.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies, Foundation for future operational improvements	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TIERS Data Center Services Implementation: Implement TIERS data center tools (including ITIL processes, ProActive Net tool) and annual equipment refresh plan.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies, Foundation for future operational improvements	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TIERS Disaster Recovery: Expand TIERS facilities, infrastructure, and network DR capabilities	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TIERS End Point Monitoring: Purchase and implementation of an end point monitoring software tool to monitor TIERS end user desktop/laptop experience. This will assist TIERS in diagnosing performance issues and improving the end user experience when using TIERS. The project will include selection of a tool, and the services to implement the tool. End - to - End Monitoring is the overall objective.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies, Foundation for future operational improvements, Security Improvements	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TIERS Infrastructure Security Hardening: Implementation of Security Controls on TIERS Infrastructure. This is a key implementation of the overall TIERS Security Program.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies, Foundation for future operational improvements	Barrier: Infrastructure modernization to support Teleworking.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization	HHSC	TIERS Operations Technology Refresh: Next TIERS infrastructure refresh and subsequent cascade of equipment in FY15. Driven by capacity growth and infrastructure currency requirements.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies, Foundation for future operational improvements	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TIERS System Software Updates: Upgrade TIERS system software, including OPCON new version and Cognos 10. Planned for Release 87 and Release 88. Related to APD#2.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies, Foundation for future operational improvements	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TIERS Virtual Database Solution: Establish virtual database software solution (potentially from Delphix) to reduce storage consumption, improve development test cycle times, and database access for developer activities. Will provide increased efficiencies in regards to database management within TIERS development environments. Essentially allows multiple apps to utilize a single virtual DB.	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Operational Efficiencies	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TIERS-Enterprise Merge of IBM's Security Identity Manager (ISIM) : Merge TIERS and Enterprise identity repositories in preparation for BIP and other projects	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Security improvements, Operational Efficiencies	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	TMS Reprourement: Define procurement strategy for reprourement of Telecom Managed Services (TMS). New procurement may include more facilities and services than the current contract.	Objective 6-1. Information Technology Projects.	P2, P3, P5, P6, P7, P9	Operational Efficiencies	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	Upgrade Winters Data Center Facilities: Upgrade key data center facility infrastructure components, focusing on the electrical infrastructure components, installing a power generator system, related electrical system enhancements, and server racks.	Objective 6-1. Information Technology Projects.	P3	Operational Efficiencies	Barrier: Infrastructure modernization to support Teleworking.
Infrastructure Modernization	HHSC	Video Conferencing Integration: Plan and implement video conferencing for selected sites across the enterprise.	Objective 6-1. Information Technology Projects.	P3, P6, P9	Operational Efficiencies, Foundation for future Operational Improvements, Compliance	Integrated videoconferencing solution across the Enterprise and agencies.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization	DADS	<p>Videoconferencing.</p> <p>In FY14/15, pilot videoconferencing at 2 SSLCs and the Public Hearing Room at State Office. Upon successful completion of the pilot, expand videoconferencing to the other 10 SSLCs. Status: In Progress.</p> <p>In FY16/17, expand videoconferencing to other areas in the SSLCs, Regions and State Office. Status: Planning.</p>	All Agency Objectives	P10	Operational efficiencies, Citizen/customer satisfaction, Foundation for future operational improvements	<p>Capabilities: DADS equipment is interoperable with HHSC videoconferencing network.</p> <p>Barriers: Conflicting priority projects. Vendor support concerns.</p>
Infrastructure Modernization	HHSC	<p>Virtual Desktop Infrastructure (VDI) Evaluation. Strategy, and Pilot Implementation: Develop a VDI (Virtual Desktop Infrastructure) roadmap and detailed service design for applications and services that would benefit from virtualization.</p> <p>Status: In research phase, CTO office is working with DADS on their POC and learning from DSHS on their architecture.</p>	Objective 6-1. Information Technology Projects.	P7, P9, P1, P6	Citizen/Customer Satisfaction, Operational Efficiencies	<p>VDI objectives are:</p> <ul style="list-style-type: none"> • Improved data security by eliminating risk associated with having sensitive data stored outside of a central server environment (a virtualized desktop is similar to that of a dummy terminal). • Reduced staff time expended on creating and restoring computer access for users (desktops are no longer customized for the user, so complexity is removed). • Reduced complexity as software such as Microsoft Office applications, the Internet, and the state mainframe computers now reside on servers. Support and troubleshooting occurs at the server level not on thousands of desktops. • Improved data backup and disaster recovery as data is secure on the central servers. • Reduced support complexities with efficiencies in managing the hundreds of applications to a desktop with similar look and feel.
Infrastructure Modernization	HHSC	Web Analytics Assessment Software for TIERS: IBM Web analytics software provides behavior-based metrics to assess effectiveness of TIERS WEB / Internet presence. (There is no tool currently providing this functionality).	Objective 6-1. Information Technology Projects.	P1, P3, P7, P10	Citizen/Customer Satisfaction, Operational Efficiencies	Barriers: Resource constraints and funding limitations.
Infrastructure Modernization	DSHS	Wireless MH Hospitals (MHSA)	Hospital Facilities and Services	P9-P10	Operational Efficiencies Foundation for future operational improvements	Barriers: Limited DSHS personnel resources devoted to the operation and implementation of improved infrastructure measures.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Infrastructure Modernization	HHSC	Wireless Network Expansion: Gather requirements, design, and expand wireless networking for HHS Offices	Objective 6-1. Information Technology Projects.	P3, P6, P9	Operational Efficiencies	Barriers: Resource constraints and funding limitations.
Infrastructure Modernization	HHSC	Xerox MDO Refresh: IT's support of HHS System Support Services' work for the Xerox refresh of all regional MDO devices for HHSC between Aug and Dec 2013.	Objective 6-1. Information Technology Projects.	P3, P6	Operational Efficiencies	
Infrastructure Modernization	HHSC	Desktop/Server Management Solution (Endpoint Technology Strategy): Define support, security, governance, and detailed service design for all end point technologies, from smartphones, tablets, laptops to virtual desktops. Focus on HHSC in FY14.HHSC's client management tool that supports software asset management and patching is underpowered and insufficient. This project includes evaluation of the current tool and competitors, as well as implementation of the chosen tool.	Objective 6-1. Information Technology Projects.	P3, P6, P9	Operational Efficiencies, Security Improvements	Capabilities: In house expertise in support of telecommunications infrastructure. Barriers: Resource constraints and funding limitations.
Infrastructure Modernization	DADS	Increase Bandwidth at five State Supported Living Centers. Status: In Progress	State Supported Living Centers	P10	Operational efficiencies, Citizen/customer satisfaction,	Capabilities: Ample funding obtained for Fiscal Years 2014/2015 through the Balancing Incentive Program (BIP) funding as part of the Electronic Health
Mobile Work - Telework: Mobile Work or telework eliminates the daily commute to a central place of work, instead working from home or wherever the business is required.	HHSC	HHS Telework & Mobility Services Roadmap: Develop business requirements, processes and implementation plans to support telework & mobility. New telecom services. Specific projects TBD.	Objective 6-1. Information Technology Projects.	P9	Operational Efficiencies	Capabilities: Agency currently has an Enterprise Subscription Agreement with Microsoft that allows operating system upgrades without additional licensing costs.
Mobile Work - Telework:	HHSC	Retention - Enterprise IT Staff: Consider increasing # of IT staff who telework. Consider hiring outside the Austin area. Implement/enhance training program for IT staff.	Objective 6-1. Information Technology Projects.	P6, P9	Operational Efficiencies	Barriers: Resource constraints and funding limitations.
Mobile Work - Telework:	DSHS	Alternatives to Hospital (Mobile App)	Hospital Facilities and Services; Community Health Services	P2, P5, P7, P8, P9, P10	Operational efficiencies; Citizen/customer satisfaction; Foundation for future operational improvements	Barrier: Staffing Limitations.
Mobile Work - Telework:	DFPS	CLASS Upgrades Status: Ongoing	Reduce abuse and neglect in children, increasing safety, and assuring quality care in Child Care facilities	P1, P6, P8, P9	Citizen or customer satisfaction, Operational efficiencies	N/A
Mobile Work - Telework:	DFPS	Computer Devices Lease Payments Status: In Progress	All Agency Objectives	P1, P4, P6, P8, P9	Operational efficiencies	N/A

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Mobile Work - Telework:	DFPS	IMPACT Upgrades Status: Ongoing	Reduce abuse and neglect in adults and children, mitigating their effects.	P1, P6, P8, P9	Citizen or customer satisfaction, Operational efficiencies	N/A
Mobile Work - Telework:	DSHS	Mobile Application of Versa Regulation for Inspection Compliance (MAVRIC)	Consumer Protection Services	P1, P2, P3, P4, P5, P7, P8, P9	Operational efficiencies; Citizen/customer satisfaction	Capabilities: Enhanced work load management; Improve inspection staff effectiveness with mobile technology; Comply with Federal (Food and Drug
Mobile Work - Telework:	DARS	Status: Telework policy in place. Continuing to explore various means to expand telework capabilities.	All Agency Objectives	P6,P9	Operational efficiencies	There are no known barriers at this time.
Mobile Work - Telework:	DADS	Regulatory Services Mobility Project for Investigators in FY14/15. Status: Cancelled. DADS plans to request an LAR EI in FY15/16 to implement mobility hardware and software to meet Regulatory Services, Access and Intake, and Center for Policy and Innovation needs. Status: Planning.	Regulation, Certification, and Outreach	P6, P9	Operational efficiencies; Citizen or customer satisfaction	Capabilities: Through the pilot, DADS identified lessons learned to be applied to future mobility efforts. We also determined that the hardware solution was not the best solution for DADS. The software product may have merit and may be considered in future mobility projects.
Social Media:	DFPS	CLASS Upgrades Status: Ongoing	Reduce abuse and neglect in children, increasing safety, and assuring quality care in Child Care facilities	P1, P6, P8, P9	Citizen or customer satisfaction, Operational efficiencies	N/A
Social Media: The promotion of information across social networks with the use of enhanced web-based communication utilizing social media technologies of varying platforms, for example, Internet forums, podcasts, or social media networks sites, such as Face book or Twitter.	DARS	Agency Social Media Policy Revisions (not a capital project in the Information Technology Detail). Status: DARS published the Social Media Policy in June, 2012, and continuously revises based on current business needs and alignment with the Health and Human Services Commission (HHSC).	All Agency Objectives	P8	Citizen or customer satisfaction	Barriers: Currently, there are no foreseeable barriers to address.
Systems Modernization: Improvements of IT systems to provide increased capabilities or enhancements to the current applications.	DSHS	Accessibility Remediation	All Agency Objectives	P3	Citizen/customer satisfaction; Compliance	Capabilities: Ensure applications comply with Federal and State accessibility requirements.
Systems Modernization	DFPS	APS Risk Assessment Tool Status: In Progress	Reduce abuse and neglect in adults using assessments for safety, risk, and needs in a casework practice model based on allegation type.	P1, P6, P8, P9	Operational efficiencies	N/A

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	ASOIG Enhancements: A collection of enhancements for the ASOIG (Automated System for Office of the Inspector General) system. Priorities of the enhancements will be determined by the business customer.	Objective 7-1. Integrity and Accountability.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	DADS	BIP-Secure Provider Web Portal [DADS BIP Project #4]. Develop a secure, web-based portal for service providers and DADS staff or contracted case management staff to upload and download necessary documents. <u>Status: In Progress.</u>	Access and Intake	P3	Operational efficiencies, Citizen/customer satisfaction, Compliance	Capabilities: Procurement is underway Barriers: N/A
Systems Modernization	HHSC	Business Process Redesign (BPR) Automation for OSS: This project will encompass automation initiatives to support OSS Business Process Redesign for FY15.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Call Center Inquiry (CCI) Statewide Rollout for OSS: Call Center Inquiry (CCI), an application developed and maintained by MAXIMUS, is used by Call Center staff to look up TIERS cases and report limited changes. Development is needed to address capacity concerns with statewide rollout, as well as gap analysis regarding migration project.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies, Foundation for future operational improvements, Citizen/customer satisfaction	Barrier: Staffing Limitations.
Systems Modernization	HHSC	CAQH CORE Eligibility & Claim Status Operating Rules (COR 117): HHSC staff oversight of TMHP work. COR 117 is for TIERS Eligibility data that needs to be standardized to a format that can be used by the MMIS system in supporting decision and reporting requirements. □ □ Example: TIERS Last Name data will need to be modified to the TMHP standardized format and conform with the reporting requirements of the CORE. CORE is the Committee on Operating Rules for information Exchange under the Council for Affordable Quality Healthcare (CAQH). Also includes rules covering eligibility verification, claims status, and electronic funds transfer transactions.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies, Citizen/Custom er Satisfaction, Security Improvements	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DADS	CARE Retirement - The CARE application is dated technology that no longer supports HHS Enterprise business needs and does not meet current industry standards or Medicaid Information Technology Architecture (MITA) standards. HHSC, DADS, and DSHS must perform analysis and project implementation planning in order to ensure that HHS agencies no longer have any direct dependency on data stored or processed within the CARE application or its related functionality. Analysis must be conducted to develop a high level plan and roadmap for any necessary migration or elimination of these dependencies. Planning in FY14/15. Execution in FY16/17. Status: In Progress	Regulation, Certification, and Outreach	P3	Operational efficiencies, Citizen/customer satisfaction, Foundation for future operational improvements, Compliance	Capabilities: N/A Barriers: FY14/15 project has been delayed.
Systems Modernization	DFPS	Casework System Modernization Status: In Progress	All Agency Objectives	P1, P6, P8, P9	Citizen or customer satisfaction, Operational efficiencies	N/A
Systems Modernization	HHSC	CFO-FSS Additions/ Enhancements: Additions and enhancements for the CFO-FSS (Chief Financial Officer-Financial Services Support) System. Priorities of the enhancements will be determined by the business customer.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Changes to "Your Texas Benefits" Portal (BIP): Create Your Texas Benefits enterprise framework. Upgrade TIERS into Framework and implement Web Content Management for TIERS.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3, P5	Operational Efficiencies, Foundation for future operational improvements, Citizen/customer satisfaction	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Children with Special Needs Website (BIP): Provide interactive, public-facing website with information about services for Children with Special Needs.	Objective 5-1. Program Support.	P3	Citizen/Customer Satisfaction, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Cisco POD Pilot: This project will deploy Cisco POD structures in select areas. The POD provides a full services virtual window for a HHSC field office. The pilot will help the business area evaluate if this method of service delivery is a viable option. Initial pilot phase is being funded by Cisco to deploy PODs for the Office of Social Services. A technical proof of concept will be followed by POD piloting in a couple of regions.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DFPS	CLASS Upgrades Status: Ongoing	Reduce abuse and neglect in children, increasing safety, and assuring quality care in Child Care facilities.	P1, P6, P8, P9	Citizen or customer satisfaction, Operational efficiencies	N/A
Systems Modernization	HHSC	Client Trust Fund (CTF) Phases I and II: Finalize CTF Phase I and complete CTF Phase II enhancements.	DADS Objective 1-8. State Supported Living Centers Services. DSHS Objective 3-1. Provide State Owned Hospital Services and Facility Operations.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	DSHS	Clinical Management for Behavioral Health Services (CMBHS) - DSM 5	Hospital Facilities and Services: Community Health Services	P5, P8	Operational efficiencies; Citizen/customer satisfaction; Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	CMBHS-MMIS Interface (COR 62 and COR 92): HHSC's oversight of TMHP's work. CORs 62 and 92 replace the MMIS-CARE interface with a MMIS-CMBHS interface in support of the Client Assignment & Registration (CARE) system replacement. CMBHS (aka "Columbus") is Clinical Management for Behavioral Health Services. MMIS is the Medicaid Management Information System.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Colonias Reporting: David Luna (Director of Border Affairs in Harrington) has requested assistance with Colonias reporting. In 2008-2011 we were looking into building an application that would support the Border Affairs organization efforts to comply with a Senate Bill related to data collection for Colonias cost, activity and plans. This was determined to be a low priority when the group was able to meet their requirements with manual reports and data collection. GPS was a big obstacle at the time. Colonias areas are not separated by zip code or a straight rule that follows streets and the only way to really nail down their locations is via GPS coordinates. Mr. Luna has reached out again and is asking for assistance in finding/building an automated solution to help with the reporting.	Objective 4-2. Other Support Services.	P3	Citizen/Custom er Satisfaction, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Community Partner Program Expansions for OSS: This project will enable automation changes to support the expansion of community partner programs.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	Community Partner Program System: Oversee a vendor that is developing a new web-based application to support Community Partners so they can use a selection of Social Services Apps.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies, Foundation for future operational improvements, Citizen/customer satisfaction	Barrier: Staffing Limitations.
Systems Modernization	DFPS	Computer Devices Lease Payments Status: In Progress	All Agency Objectives	P1, P4, P6, P8, P9	Operational efficiencies	N/A
Systems Modernization	HHSC	Contact Center Application for OSS: New Contact Center application will be developed for OSS as a replacement for Call Center Inquiry (CCI).	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Citizen/Customer Satisfaction, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	DFPS	CPS Alternative Response to Intakes Status: In Progress	Reduce abuse and neglect in children by creating a "flexible response system" for investigations.	P1, P6, P8, P9	Operational efficiencies	N/A
Systems Modernization	HHSC	Critical Pre-Project Activities for the CAPPs Financials Upgrade: This initiative is to accomplish the critical pre-project activities needed to make the CAPPs Financials Upgrade that will be funded in the FY16-17 LAR a success. Some of these critical pre-project activities include: <ul style="list-style-type: none"> • Developing work plans, Advanced Planning Documents, Project Framework Documents for Quality Assurance. • Installing and configuring CPA-delivered statewide baseline version of CAPPs Financials application. • Comparing CPA statewide baseline to HHSAS Financials application to identify HHS-specific customizations. • Identifying HHSAS Financials reports and queries that will need to be brought forward with the HHSC CAPPs Financials Upgrade. • Assembling functional project materials, formulating documentation templates. • Identifying and securing software licenses • Working with the HHSC ARTS business area to identify needs for the ARTS rewrite 	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DADS	DADS Balancing Incentive Program (BIP) Project #1(Electronic Health Record/Electronic Life Record) project. implement a full EHR at the SSLCs. Status: In Progress	State Supported Living Centers	P3	Operational efficiencies, Citizen/customer satisfaction, Security improvements, Foundation for future operational improvements, Compliance	Capabilities: N/A Barriers: RFP solicitation timeframe is lengthy. RFP requires DIR exception.
Systems Modernization	DADS	DADS BIP-IDD Assessment Tool [DADS BIP Project #3] project. DADS currently uses multiple assessment instruments to determine functional eligibility for the four Intermediate Care Facility/Individual with Intellectual Disability (ICF/IID) waiver programs. This FY14/15 project will involve: 1. selecting a new comprehensive IDD assessment instrument to replace all of the existing ones; 2. conducting a pilot with the selected assessment instrument; and, 3. analyzing the results of the pilot. Status: In Progress. A new FY16/17 project will implement the selected tool. Status: In Progress.	All Agency Objectives	P3	Operational efficiencies, Citizen/customer satisfaction, Compliance	Capabilities: N/A Barriers: N/A
Systems Modernization	HHSC	Developing PA Portal (COR 84): The purpose of this COR is to add requirements include the following: 1) The creation of a universal Prior Authorization portal for MCOs. 2) A single consolidated Remittance and Status (R&S) report to providers with all Medicaid transactions for both Acute Care and MCO claims. 3) Provider and Claims Status Inquiry (CSI) improvements. 4) The routing of Long-term Services and Support (LTSS) Claims to MCOs. 4) Implementation of enhancements to the single source claims portal.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Document Center for OSS: New Document Center will be developed for OSS to replace MAXeIE.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	Driving Records Request System (DRRS) Enhancements: DRRS enhancement requests.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies, Foundation for future operational improvements, Citizen/customer satisfaction	Barrier: Staffing Limitations.
Systems Modernization	HHSC	DSHS Billing and Coordination System for HIV/STD Prevention and Care Branch (COR 113): The purpose of this COR is to implement expansion of part of the Texas Medicaid Health Partnership's (TMHP) billing and coordination system (screening for other insurance payers) to include the Texas Department of State Health Services (DSHS) HIV/STD Prevention and Care Branch.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	DSHS Expanded Primary Healthcare Program (COR 132): DSHS will expand the current Primary Health Care (PHC/EPHC) program for the purpose of increasing client access to an array of priority women's health services. The PHC/EPHC program expects to serve approximately 240K clients annually via a network or approximately 85 contracting agencies, all of whom will bill for services provided and be reimbursed on a fee-for-service basis.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies, Foundation for future operational improvements, Citizen/customer satisfaction	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Dual Eligibles Integrated Care: Texas is participating in a 3-year demonstration with CMS to align and coordinate care for Star+Plus clients who are eligible for both Medicaid and Medicare. During the demonstration, clients in selected counties will be passively enrolled in MMPs (Medicaid/Medicare Plans). The demonstration is targeted to start in Jan 2015.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Electronic Benefit Transfer (EBT) Link in Self Service Portal (SSP) for OSS: Link will be added to Self Service Portal for Electronic Benefit Transfer, allowing clients to view balances, etc. on their Lone Star cards.	Objective 4-1. Assistance Services.	P3	Citizen/Customer Satisfaction, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Electronic Visit Verification (COR 97): HHSC staff oversight of TMHP work. COR (to be submitted by Xerox) will address Electronic Visit Verification (EVV) which allows entities to electronically verify delivery of billed services and data associated with those billed services. The COR is still in draft and is likely to change pending direction from the Executive Commissioner.	Objective 2-1. Medicaid Health Services.	P3	Citizen/Customer Satisfaction, Operational Efficiencies	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	Eligibility as a Service (EaaS) (TIERS and COR 66): Eligibility as a Service (EaaS) will provide a single source of nearly real-time eligibility information to trading partners via a web service in the Type of Assistance (TOA) format. This initiative is for HHSC IT oversight of TMHP and for TIERS. Status: This item as been scheduled for TIERS release in FY 15.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies, Citizen/Custom er Satisfaction	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Enable Document Uploads for Lobby PC's for OSS: Changes to Self Services Portal to allow clients to scan and upload supporting documents at lobby pc's.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Citizen/Custom er Satisfaction, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Encounter System Updates (COR 119): HHSC oversight of TMHP work. COR 119 addresses a number of functional deficits in the current process of maintaining the Encounter Data Warehouse. The COR includes new front end edits, new identification flag, universe modification, and linking of inpatient stays.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Enhanced Data Sources / Data Matching / Asset Verification for OSS: Development work to support enhanced data sources, data matching, and asset verification in TIERS. Improve existing interface with Data Broker, automatic data matching features, leverage hub services via Affordable Care Act. Integrate with services like Early Warning, Asset Verification Services by HMS and others.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Security improvements, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Enhanced Front-End Customer Authentication for OSS: Integrate client-facing applications with enhanced security tools (NexisLexis, etc.)	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services.	P3	Citizen/Custom er Satisfaction, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Enhancements to Enterprise Content Management for OSS: Implement all functionality associated with Enterprise Content Management components including the consolidation of all individual repositories, implementation of enhanced document indexing and accepting digital images from various channels.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DARS	Enhancements to ReHabWorks, a web-based case management system (capital project in the Information Technology Detail through 2017). Status: DARS continues to collectively plan and schedule ReHabWorks enhancement projects based on current business needs as prioritized through DARS Information Technology Governance and the Application Change Control Management Board.	2.1.Rehabilitation Services - Blind 2-3.General Disabilities Services.	P2, P5	Operational efficiencies, Foundation for future operational improvements, Compliance	Barriers: Cost of enhances versus DARS available funding and capital authority authorization could impact the scope of each project.
Systems Modernization	HHSC	Enterprise BIP Oversight: The Balancing Incentive Program (BIP) is comprised of 9 Projects HHSC Project 1: Changes to Your Texas Benefits for Children with Special Needs (CSN) HHSC Project 2: Secure Provider Web Portal HHSC Project 3: Changes to Your Texas Benefits (YTB) HHSC Project 4: Implement IT Enhancements/No Wrong Door (NWD) DADS Project 1: State Supported Living Center Electronic Life Record/Electronic Health Record (ELR/EHR) DADS Project 2: Long Term Services (LTSS) and Support Screen DADS Project 3: Intellectual Disability (ID) Assessment Tool DADS Project 4: Secure WEB Portal DSHS Project 1: LTSS Screen	Objective 5-1. Program Support.	P3, P5	Compliance, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Enterprise Content Management Strategy: Develop an architectural framework, recommendation, and detailed service design for content management across HHSC. This initiative will wait until SharePoint is implemented. Rolando Garza's group may have an FY14 need for storing non-Microsoft documents. Status: In Progress, Agencies are requesting funding through LAR process for FY 16/17. HHSC OPS group is procuring ECM solution for FY14/15.	Objective 1-1. Enterprise Oversight and Policy.	P5	Operational Efficiencies, Security Improvements	Effectively manage all the content floating around the enterprise and agencies in documents, emails and information in various electronic file cabinets, boxes of papers etc.
Systems Modernization	HHSC	Enterprise Provisioning Electronic Document Imaging: Convert and continue imaging all IT Access Request Forms that are handled by the Enterprise Provisioning Group.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Enterprise Travel Solution (eTravel): Establish an enterprise travel submission and reimbursement system.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DSHS	FCH Consolidated System	Community Health Services	P1, P3, P5, P7, P8, P9	Operational efficiencies; Citizen/customer satisfaction; Security improvements; Foundation for future operational improvements	Capabilities: Provide integrated solution supporting four program areas.
Systems Modernization	HHSC	FVNet (Family Violence Application) Phase II: Enhance the web-based Family Violence application.	Objective 4-2. Other Support Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Health Information Exchange (HIE) Oversight - Interfaces: Regardless of who operates the Health Information Exchange (HIE), TMHP systems interfaces must be updated to receive and share data with HIE. HHSC staff oversee project performed by TMHP.	Objective 2-1. Medicaid Health Services.	P3	Security improvements, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Health Insurance Exchange (HIX) Oversight - Eligibility data interfaces: HHSC will provide TIERS eligibility data to the Federal Health Insurance Exchange (HIX).	Objective 2-1. Medicaid Health Services.	P3	Security improvements, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Healthcare Reform - TIERS' Part: ACA. Very large. Medicaid expansion is in three parts: 1) Streamline the application, 2) Use MAGI to determine eligibility, and 3) eligibility rules for new client groups.	Objective 2-3. Medicaid Support.	P3, P5	Compliance, Operational Efficiencies, Security Improvements	Barrier: Staffing Limitations.
Systems Modernization	DSHS	HealthPac Upgrade	Prevention and Preparedness Services	P7,P8	Operational efficiencies; Compliance	Capabilities: Implement ICD-10 functions.
Systems Modernization	HHSC	HHSC Refugee Data Collection Phase II: Enhance the web-based Refugee Data Collection system.	Objective 4-2. Other Support Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	DSHS	ImmTrac Replacement	Prevention and Preparedness Services	P1, P2, P3, P4, P5, P7, P8	Operational efficiencies; Citizen/customer satisfaction; Security improvements; Foundation for future operational improvements	Capabilities: Provision of reliable immunization data during times of disaster; Compliance with state statutes, follows guidelines of the CDC and American Immunization Registry Association.
Systems Modernization	DFPS	IMPACT Upgrades	Status: Ongoing Reduce abuse and neglect in adults and children, mitigating their effects.	P1, P6, P8, P9	Citizen or customer satisfaction, Operational efficiencies	N/A

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	Implement Enterprise Travel Solution (eTravel): Implement the enterprise travel submission and reimbursement system that was created by DFPS. Assumes that DFPS will deliver to HHSC an enterprise travel system and HHSC would work with other agencies to migrate to the new system.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Implement Executive Directive Tracking System: As a result of an internal audit of HHSC organizational governance, IT is building a system to track executive directives, including action memos and decision summaries. This effort is to implement the recommendations from the FY 14 plan and move it to Enterprise Services for ongoing support.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Implement Unique Health Plan Identifier (COR 117): HHSC staff oversight of TMHP's work to analyze impacts of the Unique Health Plan Identifier as part of COR 117 which includes CORE Operating Rules changes.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Implementation of Mobile Application Functionality for OSS: This initiative is focused on defining, developing and implementing mobile technologies and applications in support of HHSC OSS initiatives.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3, P9	Operational Efficiencies	Mobile Apps Strategy objective is to empower our agency clients with the information they need to do their jobs – anywhere, any time, and on any device. <ul style="list-style-type: none"> • Creates deeper engagement with citizens and workforce. • Enables easy sharing and access of agency information between mobile users • Improved transparency through increased access to government data and information. • Providing a happier and more productive workforce which will inevitably translate to better customer service. • Opportunities to use mobile apps to improve the efficiency of service delivery in government.
Systems Modernization	DSHS	Improve Client CARE Systems - Enterprise	Hospital Facilities and Services, Community Health Services	P1, P2, P5, P7, P8	Operational efficiencies; Citizen/customer satisfaction; Foundation for future operational improvements; Compliance	Barrier: Staffing Limitations.

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DSHS	Improve Client CARE Systems - Enterprise Implementation	Hospital Facilities and Services: Community Health Services	P1, P2, P5, P7, P8	Operational efficiencies; Citizen/customer satisfaction; Foundation for future operational improvements; Compliance	Barrier: Staffing Limitations.
Systems Modernization	DADS	In FY15/16, implement automated timekeeping and scheduling system or software package. Utilize wireless scanners for inventory purposes. Status: Planning.	State Supported Living Centers	P3	Operational efficiencies, Citizen/customer satisfaction, Compliance	Capabilities: N/A Barriers: N/A
Systems Modernization	DADS	Incident Tracking System - In FY15/16, purchase a Web-Based, vendor hosted solution (VHS) which would allow accessibility and portability of records with a seamless integration with providers systems. Incident reporting with documentation to support injury reports, behavior restraint, restraints, flagging abuse and neglect, corrective actions and witness reports. Status: Planning	All Agency Objectives	P3	Operational efficiencies, Citizen/customer satisfaction, Compliance	Capabilities: N/A Barriers: N/A
Systems Modernization	HHSC	International Classification of Diseases (ICD-10) (COR 64 and 106 and state systems): HHSC staff oversight of TMHP work. CORs 64 and 106 are the continuation of system updates at DADS, DARS, DSHS and HHSC from ICD-9 to ICD-10.	Objective 2-1. Medicaid Health Services.	P3	Compliance	Barrier: Staffing Limitations.
Systems Modernization	DSHS	Labware Upgrade	Prevention and Preparedness Services	P7,P8	Operational efficiencies; Compliance	Capabilities: Implement ICD-10 functions.
Systems Modernization	HHSC	Legislative Tracking System (LTS) Enhancements: Enhance LTS prior to the 2015 legislative session. Was on the transformation plan to the DCS in FY14, this will finish out the testing in the new environment and any remaining transformation effort.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	LTSS Screen (Needs Assessment) (BIP): Develop a single point of access (within YourTexasBenefits.com) to HHS programs for clients, stakeholders, taxpayers, workers and other interested parties. Develop integration points between universal LTSS screening tool; TIERS; Managed Care Organization (MCO) systems; SAS, SSAS and TMHP LTC portals; CMBHS and OSAR systems; IDD Assessment Tool; and ADRC functions.	Objective 2-1. Medicaid Health Services. Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services. DADS Objective 1-1. Intake, Access, and Eligibility. DSHS Objective 3-1. Provide State Owned Hospital Services and Facility Operations	P3, P5	Operational Efficiencies, Citizen/Custom er Satisfaction	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Managed Care Expansion (SB 7, 8, 58): This is providing oversight for multiple projects that will be listed separately once known. This entry will be deleted once the specific projects are known.	Objective 2-1. Medicaid Health Services.	P3	Compliance	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Managed Transportation Organization (MTO) Application and Call Centers Implementation (SB8): Make changes to IT applications, mainly PPS (Premiums Payable System) and TMTS (Texas Medical Transportation System), to accommodate the transition from MTP (Medical Transportation Program) fee for service to eleven MTOs (Managed Transportation Organizations). Create outsourced call centers for MTP. □ □ Per SB8, the MTOs will begin performing administrative functions related to non-emergency medical transportation services on August 1, 2014, and will be fully operational with arranging, scheduling, and coordinating transportation services on Sept 1, 2014	Objective 5-1. Program Support.	P3	Compliance, Citizen/Custom er Satisfaction	Barrier: Staffing Limitations.
Systems Modernization	HHSC	MAPPER Application Remediation & Retirement: Retirement of 6 MAPPER instances by rewriting in a new technology.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	MCATS Enhancements: A collection of enhancements for the MCATS (Medicaid Contract Administration Tracking System) application. Priorities of the enhancements will be determined by the business customer. There is also the possible split of the shared architecture for HCATS/MCATS to accommodate any changes resulting from the selection of a new purchasing/contracting system by PCS.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies, Foundation for future operational improvements	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	Med ID Changes for MEHIS Program: Enhance the Med ID system to send daily changed data via a flat file to MEHIS (Medicaid Eligibility and Health Information Services) application hosted by HP, and enable Med ID printing to be switched off for the monthly and weekly process.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Medicaid CHIP Division (MCD) Managed Care Expansion in TIERS: Implement online Medicaid CHIP Division (MCD) managed care plan selection in TIERS.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Medicaid Quality Improvement Process For Clinical Initiatives (SB 1542): Clone the functionality of the HEART - IMPROVE system to fulfill SB 1542, which requires the commission to receive suggestions for clinical initiatives to improve the cost-effectiveness of the Medicaid program.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	DADS	Medicaid Quality Utilization Project - Consolidate through creation of a new data management system the various databases utilized by staff in the Utilization Management and Review (UMR) section of the Access and Intake division. Status: In Progress	Regulation, Certification, and Outreach	P3	Operational efficiencies, Citizen/customer satisfaction, Security improvements, Foundation for future operational improvements, Compliance	Capabilities: Funding received for Staff Augmentation Contractors. Barriers: N/A
Systems Modernization	DSHS	Mental Health Hospitals Analytics Platform	Hospital Facilities and Services	P2, P5, P7, P8	Operational efficiencies; Citizen/customer satisfaction; Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	DSHS	Migration to Imaging and Document Automation System - Business Process Improvement (MIDAS-BPI)	Consumer Protection Services	P2, P5, P7, P8, P9	Operational efficiencies; Citizen/customer satisfaction; Security improvements; Foundation for future operational improvements	Capabilities: Assessment for integrating document access into a content management application; Supports records retention cycles and efficient Open Records Request response with document redaction.
Systems Modernization	HHSC	MITA 3.0 Annual State Assessment - Preparing and Assessment: Develop the strategy for the assessment in FY14 and perform the assessment in FY15. This annual assessment also implements a new framework for conducting the annual MITA assessment.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies, Compliance	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	MMIS Re-procurement (RFP management): Procurement project for the design, development, and implementation of the replacement Medicaid Management Information System (MMIS). Current plan (as of Feb 2013) is to award the contract in Sept 2014.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	MTP Enhancements and Support (COR 103): HHSC oversight of TMHP work. COR 103 is TMHP's support of MTP (Medical Transportation Program).	Objective 5-1. Program Support.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	New Asset Scanning Devices - Interfaces and Possible Tagging: Establish a new asset management system and scanning devices for asset tagging of HHS assets. Could include RFID and/or SaaS. IT will coordinate affixing new asset tags to computing devices and will modify HHSAS interfaces.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	NorthStar BHO Interfaces: Build interfaces for multiple BHOs for DSHS NorthStar project. DSHS posted RFP Feb 2014, estimated contract to be signed by September 2014, with go live on September 2015. This effort will build the interfaces for each BHO.	DSHS Objective 3-1. Provide State Owned Hospital Services and Facility Operations.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	DSHS	NorthSTAR Enrollment Optimization (NEO)	Community Health Services	P1, P2, P3, P5, P7, P8	Operational efficiencies; Citizen/customer satisfaction; Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Nursing Care Assessment Form (COR 104): The purpose of this COR is: SB 7, 82nd Legislature, First Special Session, 2011, requires HHSC to develop, if cost-effective and feasible, an objective assessment process for use in assessing a Medicaid recipient's needs for acute nursing services. The bill states that if the objective assessment is determined cost effective and feasible, HHSC must implement the objective assessment process.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DADS	Nursing Facility Administrator (NFA) On-Line Licensing Software - Create a web-enabled licensing system that includes: a database; ability to create and update a license online; ability to submit an application online; generation of letters; generation of custom reports; NFA enforcement tracking; continuing education unit (CEU) requirements tracking; initial licensing generation and renewal; provide for the current status to the applicants (automated and on demand); ability to track certified preceptors; verify the status of a license (online verification); and provide for the automated tracking of applications. Status: In Progress.	Regulation, Certification, and Outreach	P3	Operational efficiencies, Citizen/customer satisfaction, Compliance	Capabilities: knowledgeable staff, good requirements. Barriers: Vendor is delayed in delivering system.
Systems Modernization	DSHS	Orchard Upgrade	Prevention and Preparedness Services	P7,P8	Operational efficiencies; Compliance	Capabilities: Implement ICD-10 functions.
Systems Modernization	HHSC	OSS Data Management: Implement additional data exchanges and data quality tools. Define/incorporate data cleansing measures, and improve existing interfaces.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	PMRS Migration : PMRS migration is needed from the current version of .NET to a newer version, along with several changes to the application.	Objective 1-2. HHS Consolidated System Support Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Portable 'Disaster' Application for OSS: Develop and implement new portable 'disaster' application for OSS.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3, P9	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	PPS - Claims (OT) Files Changes: This is the in-house Premiums Payable System (PPS) work that is related to COR 73/107. OT is a type of claim file.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	PPS Automated Vouchers Program Enhancement: Audit related enhancement to the Premiums Payable System (PPS) application to include automated payments to the Managed Care Organizations (MCOs) and support of full NPI (National Provider Identification) remediation by TMHP. Audit Finding resolution.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	PPS Automation (Audit Resolution) (J046): To track all requests from State Auditors Office, KPMG and Steve Sizemore.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	PPS changes due to CHIP into TIERS: Premiums Payable System (PPS) changes due to Children's Health Insurance Program (CHIP) into TIERS	Objective 2-1. Medicaid Health Services.	P3	Compliance, Operational Efficiencies	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	Prescribed Pediatric Extended Care Centers (COR 136): The purpose of this request is to create a new provider type and enrollment process, as well as create processes for claims and prior authorization.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies, Citizen/Custom er Satisfaction	Barrier: Staffing Limitations.
Systems Modernization	DADS	Prescribed Pediatric Extended Care Centers. SB 492 adds a new program provider type to Regulatory Services - Prescribed Pediatric Extended Care Centers (PPECC), and it will provide non-residential care for children aged 0-21 with complex medical needs. Status: In Progress.	Regulation, Certification, and Outreach	P3	Operational efficiencies, Citizen/custom er satisfaction, Compliance	Capabilities: knowledgeable staff, good requirements. Barriers: project is dependent on the NFA Online Licensing software which has been delayed.
Systems Modernization	HHSC	Procurement Contracting Services (PCS) Business Process Review: IT will facilitate work with a business process advisor to assist Procurement in gathering requirements and planning the future state of procurement business processes.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Procurement Contracting Services (PCS) Requirements and Fit-Gap: Gather requirements for Procurement Contracting Services (PCS), conduct an Oracle deep dive and fit/gap analysis.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Foundation for future operational improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Provider Management Modernization (COR 76): HHSC staff oversight of TMHP work. COR 76 implements a stand-alone, commercial-off-the-shelf (COTS) provider system to support claims processing, provider verification and other services for Medicaid. Status: This COR had been placed on hold but currently strategy is being developed to define the solution.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Provider Portal Enhancements (BIP) (COR 129): HHSC staff oversee project performed by Texas Medicaid & Healthcare Partnership (TMHP).	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Reduce Contingency Processing Methods in TIERS: This project will provide the automation to reduce the number of Contingency Processing Methods (CPMs) in TIERS. CPM is the TIERS terminology for a workaround.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Re-engineer Medicare Buy-in Business Processes and Enhancements: This is a placeholder for a potential Medicare Buy-in Business Process and Enhancement project.	Objective 2-1. Medicaid Health Services.	P3	Foundation for future operational improvements	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DADS	Referral Tracking - in FY15/16, Implement a stable and sustainable tracking application to systematically track and process information related to individuals from across the state. Programs include referrals for: <ul style="list-style-type: none"> • Employee Misconduct Registry • Fraud • HIPAA disclosures • Internal Affairs • Office of the Inspector General • Nurse Aide Registry • Other required agency tracking. Status: Planning.	All Agency Objectives	P3	Operational efficiencies, Citizen/customer satisfaction, Compliance	Capabilities: N/A Barriers: N/A
Systems Modernization	DSHS	Regulatory Automation System (RAS) Portal Redesign and Development	Consumer Protection Services	P1, P2, P3, P4, P5, P7, P9	Operational efficiencies; Citizen/customer satisfaction; Security improvements; Foundation for future operational improvements	Capabilities: Improve security and accessibility; Upgrade technology to a cloud environment.
Systems Modernization	DADS	Regulatory Services Systems Modernization Project. Status: In Progress	Regulation, Certification, and Outreach	P3	Operational efficiencies, Citizen/customer satisfaction, Security improvements, Foundation for future operational improvements, Compliance	Capabilities: Some LAR exceptional item funding received for Fiscal Years 2014/2015. Barriers: Full funding not received for Fiscal Years 2014/2015. An LAR exceptional item request is being considered for Fiscal Years 2016/2017.
Systems Modernization	HHSC	Remediate/Upgrade HHSAS Financials Systems: Remediate and upgrade the HHSAS Financials PeopleSoft application and move to new DCS servers.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Retire Legacy CARE System Across Enterprise Agencies: In FY14, perform analysis and planning for CARE retirement, transferring functionality from current mainframe application to DADS/SSAS and DSHS/CMBHS "Columbus" systems. HHSC IT provides oversight of this DSHS and DADS project.	DADS Objective 1-8. State Supported Living Centers Services. DSHS Objective 3-1. Provide State Owned Hospital Services and Facility Operations.	P3, P5	Foundation for future operational improvements	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	SOAR/SOAR II Enhancements: This application is on the transformation plan and must be re-written to move to DCS. The System of Automated Records (SOAR) provides records management tracking including storage of retention schedules for the five HHS agencies. SOAR II is a web-based tool to capture, catalog and report on the storage of documents that are housed in offsite locations.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	DFPS	Software Licenses Status: In Progress	All Agency Objectives	P1, P4, P6, P8, P9	Operational efficiencies	N/A
Systems Modernization	HHSC	Sourced Coding Rules (COR 55): HHSC oversight of TMHP work. COR 55 reviews and implements the remaining sourced coding rules not currently enforced within the Compass21 (C21) system or through the National Correct Coding Initiative (NCCI).	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Staff Performance Dashboards for OSS: Implement individualized performance dashboards that will reflect staff's respective performance.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	DADS	Systems Modernization LAR EI for FY15/16 to replace costly, disparate information systems including: Enrollment and Service Data Consolidation, ADRC Resource Database Modernization, Timesaving and Cost Management, Regulatory Services System Modernization Implementation (Phase 3), Enrollment and Service Data Consolidation, Tracking System Migration, SAAVIK to OPCON, QAI Exadata Migration and a Statewide Provider Portal for A&I and CPI. Status: Planning.	All Agency Objectives	P3	Operational efficiencies, Citizen/customer satisfaction, Security improvements, Foundation for future operational improvements, Compliance	Capabilities: N/A Barriers: N/A
Systems Modernization	DSHS	TB/HIV/STD Systems Integration (THISIS)	Prevention and Preparedness Services	P1, P2, P3, P5, P7, P8	Operational efficiencies, Citizen/customer satisfaction; Security improvements	Capabilities: Leverage experience of prior deployment of Consilience Software's Maven commercial off the shelf product. Barrier: Staffing Limitations.
Systems Modernization	HHSC	Teammate Add Agencies and Upgrade to 10.4: Adding additional agencies to the Teammate implementation at DCS, and upgrading from version 10.3 to version 10.4.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Teammate Upgrade: Upgrade HHSC's Teammate implementation at DCS to version 10.3 and migrate DFPS Internal Audit to that DCS implementation.	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DSHS	Texas Electronic Vital Events Registrar (TxEVER)	Consumer Protection Services	P1, P3, P5, P7, P8, P9	Operational efficiencies; Citizen/customer satisfaction; Security improvements; Foundation for future operational improvements; Compliance	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TIERS Business Activity Monitoring (BAM): Business oriented dashboard functionality for IBM Business Process Mgt (BPM) and Operational Decision Mgt (ODM) reflecting task status. BAM will be the TIERS / Eligibility dashboard fed by BPM and ODM.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TIERS Client Notifications via Text / Email / Voicemail: Enable clients to subscribe to TIERS notifications via text, email, or voicemail thereby reducing print costs and adding convenience for the client.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Citizen/Custom er Satisfaction, Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TIERS Release 89: TIERS Functionality Release 89 (December 2013)	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TIERS Release 90: TIERS Functionality Release 90 (April 2014)	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TIERS Release 91: TIERS Functionality Release 91 (August 2014)	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TIERS Release 92: TIERS Release 92 includes all of the prioritized and approved SR's for the December release.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	TIERS Release 93: TIERS Release 93 which includes all prioritized and approved SR's for the April, 2015 Release.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TIERS Release 94: TIERS Release 94 includes all of the prioritized and approved SR's chartered for the August, 2015 release.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TINS Conversion: Convert the current TINS (Texas Identification Number System) numbers starting with a 2 to the new number starting with a 7.	Objective 1-2. HHS Consolidated System Support Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TMHP work for CHIP into TIERS (COR 112): HHSC staff oversight of TMHP work. COR 112 is TMHP's work for Children's Health Insurance Program (CHIP) into TIERS.	Objective 3-1. CHIP Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TMSIS Transformation for Claims (COR 73, 107, and 131): HHSC staff oversight of TMHP work. COR 73 is for ACS to take over production of Medicaid Statistical Information System (MSIS) provider, claims, and third party liability data files from HHSC IT; integrate CHIP provider and claims data into the data sets; and produce and transmit data in new data formats specified to meet requirements established by the CMS. <input type="checkbox"/> <input type="checkbox"/> COR 107 is the second phase of Transformed Medicaid Statistical Information System (T-MSIS) that adds the new data elements to the files that are sent to CMS. <input type="checkbox"/> <input type="checkbox"/> COR 131 is the third phase	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TMSIS Transformation for Eligibility: Eligibility reporting for the Transformed Medicaid Statistical Information System (TMSIS) initiative being led by the Centers for Medicare and Medicaid Services (CMS).	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	TMTS Phase II: Enhancements to the Texas Medical Transportation System (TMTS) including reporting, cloning of service requests, eligibility web services, self service for social workers, automation of faxing, and imaging services.	Objective 5-1. Program Support.	P3	Citizen/Custom er Satisfaction, Operational Efficiencies	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	HHSC	Transition Hospital Outpatient Reimbursement to EAPG (COR 125): HHSC oversight of TMHP work. COR 125 implements 3M's (Minnesota Mining and Manufacturing) EAPG (Enhanced Ambulatory Patient Groups) reimbursement methodology for the fee-for-service reimbursement of outpatient hospital services.	Objective 2-1. Medicaid Health Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Upgrade CRS to MyAvatar: Upgrade Client Record System (CRS) to MyAvatar. This initiative is an upgrade to current functionality until a repurchase decision is made.	DADS Objective 1-8. State Supported Living Centers Services. DSHS Objective 3-1. Provide State Owned Hospital Services and Facility Operations.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	Upgrade MIMS: Upgrade unsupported application and infrastructure for MIMS (Materials Inventory Management System) used by facility services at State Supported Living Centers and State Schools.	DADS Objective 1-8. State Supported Living Centers Services. DSHS Objective 3-1. Provide State Owned Hospital Services and Facility Operations.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	HHSC	WebSphere Content Management (WCM) for TIERS: Design, develop and implement a WebSphere WCM solution for TIERS staff to update website content. Selected IBM product is WCM (WebSphere Content Management).	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.
Systems Modernization	DSHS	WIN Evolution / Texas Integrated Network (TXIN)	Community Health Services	P1, P2, P3, P4, P7, P8, F9, P10	Operational efficiencies; Citizen/customer satisfaction; Security improvements; Foundation for future operational improvements; Compliance	Capabilities: Ensure improved supportability for technically current solution. Barrier: Privacy Issues.
Systems Modernization	HHSC	Workflow Management (Get Next and more): This project will encompass automation efforts required to support the new workload distribution model for OSS, including dynamic caseload management and implementation of reminder and escalation features. Chosen solution is a combination of enhancements to TLM (Task List Manager) and IBM's BPM (Business Process Management) tool.	Objective 2-3. Medicaid Support. Objective 3-1. CHIP Services. Objective 4-1. Assistance Services.	P3	Foundation for future improvements	Barrier: Staffing Limitations.
Systems Modernization	HHSC	WORx Pharmacy System Online Adjudication Implementation for DADS: WORx Pharmacy System Online Adjudication Implementation for DADS	DADS Objective 1-8. State Supported Living Centers Services.	P3	Operational Efficiencies	Barrier: Staffing Limitations.

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

* Statewide Technology Priorities: P1 - Security and Privacy; P2 - Cloud; P3- Legacy Applications; P4 - Business Continuity; P5 - Enterprise and Planning;

Initiative Name & Description	Agency	Associated Project(s)	Agency Objective(s)	Statewide Technology Priority(ies)	Anticipated Benefit(s)	Capabilities or Barriers
Systems Modernization	DARS	<p>ReHabWorks, the development and deployment of a web-based case management system (capital project in the Information Technology Detail through 2013).</p> <p>Status: Deployed in Division of Rehabilitation Services and working towards deployment in Division for Blind Services.</p>	<p>2.1.Rehabilitation Services - Blind</p> <p>2-3.General Disabilities Services.</p>	P2, P5	Operational efficiencies, Foundation for future operational improvements, Compliance	Capabilities: This is a funded item and can draw upon experience from a previous deployment of the application in the Division for Rehabilitation Services.
Systems Modernization	HHSC	<p>HCATS Enhancements: A collection of enhancements for the HHS Contract Administration and Tracking System (HCATS). Priorities of the enhancements will be determined by the business customer. There is also the possible split of the shared architecture for HCATS/MCATS to accommodate any changes resulting from the selection of a new purchasing/contracting system by PCS.</p>	Objective 1-2. HHS Consolidated System Support Services.	P3, P5	Operational Efficiencies	Barrier: Staffing Limitations.

Appendix J

Glossary of Acronyms

ACRONYM	FULL NAME
2-1-1 TIRN	2-1-1 Texas Information and Referral Network
AAA	Area Agency on Aging
ABA	Applied Behavior Analysis
ABI	Acquired Brain Injury
ACA	Patient Protection and Affordable Care Act (federal)
ACD	Automated Call Distributor
ACS	American Community Survey
AD	Alzheimer's Disease
ADC	Adult Day Care
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AFC	Adult Foster Care
AIDS	Acquired Immunodeficiency Syndrome
ALF	Assisted Living Facility
APS	Adult Protective Services
APT	Advanced Persistent Threat
ASD	Autism Spectrum Disorder
ATOD	Alcohol, Tobacco, and Other Drugs
ATWAC	Aging Texas Well Advisory Committee
BCCS	Breast and Cervical Cancer Services
BCP	Blind Children's Program (informal name for BCVDD)
BCVDD	Blind Children's Vocational Discovery and Development
BEI	Board for Evaluation of Interpreters
BEST	Blindness Education, Screening, and Treatment
BET	Business Enterprises of Texas
BHC	U.S.-Mexico Border Health Commission
BIP	Balancing Incentive Program
BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System

ACRONYM	FULL NAME
BRS	Business and Regional Svices
BSD	Basic Skills Development
CAP	Council for Advising and Planning for the Prevention and Treatment of Mental and Substance Use Disorders
CAPPS	Centralized Accounting and Payroll/Personnel System
CAPTA	Child Abuse Prevention and Treatment Act (federal)
CAS	Community Attendant Services
CAT	Cancer Alliance of Texas
CBA	Community-Based Alternatives
CBO	Community-Based Organization
CCL	Child Care Licensing
CCRC	Criss Cole Rehabilitation Center
CDC	Centers for Disease Control and Prevention
CEU	Continuing Education Unit
CFRT	Child Fatality Review Team
CHIP	Children’s Health Insurance Program
CHIPRA	Children’s Health Insurance Program Reauthorization Act of 2009 (federal)
CHS	Center for Health Statistics
CIL	Center for Independent Living
CKD	Chronic Kidney Disease
CLASS	Community Living Assistance and Support Services
CLM	Center for Learning Management
CMPAS	Consumer Managed Personal Attendant Services
CMS	Centers for Medicare & Medicaid Services (U.S.)
CPA	Child Placing Agency
CPC	Children’s Policy Council
CPP	Community Partner Program
CPS	Current Population Survey (U.S. Census Bureau) Child Protective Services (DFPS) Child Passenger Safety (DSHS)
CRC	Certified Rehabilitation Counselor
CRCG	Community Resource Coordination Group
CRS	Comprehensive Rehabilitation Services
CRT	Citizen Review Team
CSHCN	Children with Special Health Care Needs
CSP	Coordinated Strategic Plan
CSRC	Child Safety Review Committee

ACRONYM	FULL NAME
CVD	Cardiovascular Disease
CYD	Community Youth Development
DADS	Department of Aging and Disability Services
DAHS	Day Activity and Health Services
DARS	Department of Assistive and Rehabilitative Services
DBMD	Deaf-Blind with Multiple Disabilities
DBS	Division for Blind Services
D.C.	District of Columbia
DD&I	Design, Development, and Implementation
DDRAC	Drug Demand Reduction Advisory Committee
DDS	Disability Determination Services
DFPS	Department of Family and Protective Services
DHHS	Deaf and Hard of Hearing Services (DARS) Department of Health and Human Services (U.S.)
DIR	Department of Information Resources
DLP	Data-Loss Prevention
DOJ	Department of Justice (U.S.)
DPS	Department of Public Safety
DRS	Division for Rehabilitation Services
DSHS	Department of State Health Services
DSRIP	Delivery System Reform Incentive Payment
DSW	Direct Service Worker
DWI	Driving While Intoxicated
DY	Demonstration Year
EBT	Electronic Benefit Transfer
ECI	Early Childhood Intervention
ECM	Enterprise Content Management
EDG	Enterprise Data Governance
EDW	Enterprise Data Warehouse
EDW/BI	Enterprise Data Warehouse and Business Intelligence
EFCSDM	Enhanced Family-Centered Safety Decision-Making
EHR	Electronic Health Record
EIET	Environmental and Injury Epidemiology and Toxicology
ELA	Executive Leadership Academy
EMR	Employee Misconduct Registry
EMS	Emergency Medical Services
EPHC	Expanded Primary Health Care

ACRONYM	FULL NAME
EQRO	External Quality Review Organization
ERS	Emergency Response Services
ESP	Emergency Services Program
ESRD	End-Stage Renal Disease
EVV	Electronic Visit Verification
FBSS	Family-Based Safety Services
FC	Family Care
FFM	Federally Facilitated Marketplace
FFY	Federal Fiscal Year
FMAP	Federal Medical Assistance Percentage
FP	Family Planning
FPL	Federal Poverty Level
FTE	Full-Time Equivalent
FVP	Family Violence Program
FY	Fiscal Year (State)
GAA	General Appropriations Act
GETAC	Governor's EMS and Trauma Advisory Council
GIS	Geographic Information System
HAC	Hospital-Acquired Condition
HAI	Healthcare-Associated Infection
H.B.	House Bill
HCCS	Health Coordination and Consumer Services
HCS	Home and Community-Based Services
HCSSA	Home and Community Support Services Agency
HHS	Health and Human Services (usually HHS System)
HHSC	Health and Human Services Commission
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act of 1996 (federal)
HISGR	Health Information Systems Governance Redesign
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act of 2009 (federal)
HIV	Human Immunodeficiency Virus
HMP	Healthy Marriage Program
HNTC	Heartland National TB Center
HTB	Healthy Texas Babies

ACRONYM	FULL NAME
HUB	Historically Underutilized Businesses
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
ICG	Interagency Coordinating Group
ICPC	Interstate Compact on the Placement of Children
ICS	Intensive Case Services
IDD	Intellectual and Developmental Disabilities
IDEA	Individuals with Disabilities Education Act (federal)
IFSP	Individualized Family Service Plan
IGT	Intergovernmental Transfer
IHCQE	Institute of Health Care Quality and Efficiency
IL	Independent Living
ILS	Independent Living Services
ImmTrac	Statewide Immunization Registry
IT	Information Technology
ITP	Interpreter Training Program
IWRP	Individualized Written Rehabilitation Plan
KHC	Kidney Health Care
LA	Local Authority
LAR	Legislative Appropriations Request
LBB	Legislative Budget Board
LMHA	Local Mental Health Authority
LTBI	Latent Tuberculosis Infection
LTSS	Long-Term Services and Supports
LTSSQR	Long-term Services and Supports Quality Review
MAGI	Modified Adjusted Gross Income
MBCC	Medicaid for Breast and Cervical Cancer
MCO	Managed Care Organization
MCU	Managed Care Unit
M.D.	Doctor of Medicine
MDCP	Medically Dependent Children Program
MDM	Mobile Device Management
MEDNET	Medicaid Network for Evidence-Based Treatment
MFP	Money Follows the Person
MIECHV	Maternal Infant Early Childhood Home Visiting
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System

ACRONYM	FULL NAME
MOA	Memorandum of Agreement
MRSA	Medicaid Rural Service Area
MTO	Managed Transportation Organization
MTP	Medical Transportation Program
NCI	National Core Indicators
NF	Nursing Facility
NFP	Texas Nurse-Family Partnership
NFQR	Nursing Facility Quality Review
NICU	Neonatal Intensive Care Unit
NQF	National Quality Forum
OAA	Older Americans Act (federal)
OABI	Office of Acquired Brain Injury
OBH	Office of Border Health
OBRA	Omnibus Budget Reconciliation Act (federal)
OIG	Office of Inspector General
OIRA	Office of Immigration and Refugee Affairs
OMB	U.S. Office of Management and Budget
ORR	Office of Refugee Resettlement (U.S. DHHS)
PABI	Post-Acute Brain Injury
PACE	Program for All-Inclusive Care of the Elderly
PADRE	Parenting Awareness and Drug Risk Education
PAE	Preventable Adverse Event
PC	Personal Computer
PCC	Preparedness Coordinating Council
PCS	Procurement and Contracting Services (HHSC) Personal Care Services (DSHS)
PDMP	Prescription Drug Monitoring Project
PEI	Prevention and Early Intervention
PES	Participant Experience Survey
PHC	Primary Home Care (DADS) Primary Health Care (DSHS)
PHI	Personal Health Information
PMUR	Psychotropic Medication Utilization Review
PNA	Psychiatric Nurse Assistant
PPC	Potentially Preventable Complication
PPECC	Prescribed Pediatric Extended Care Center
PPH	Potentially Preventable Hospitalization

ACRONYM	FULL NAME
PPI	Pregnant and Postpartum Intervention
PPR	Potentially Preventable Readmission
PRA	Program Reporting and Analysis
PRC	Prevention Resource Center
PRT	Permanency Roundtable
PTSD	Post-Traumatic Stress Disorder
QI	Quality Improvement
QRS	Quality Reporting System
RAS	Regulatory Automation System
RCA	Refugee Cash Assistance
RGSC	Rio Grande State Center
RHP	Regional Healthcare Partnership
RMA	Refugee Medical Assistance
ROSC	Recovery Oriented Systems of Care
RTC	Residential Treatment Center
SAMHSA	Substance Abuse and Mental Health Services Administration
S.B.	Senate Bill
SDC	Texas State Data Center
SDLC	Software Development Life Cycle
SED	Serious Emotional Disturbance
SEE	Survey of Employee Engagement
SELN	State Employment Leadership Network
SHCC	Statewide Health Coordinating Council
SHIELD	Strategies that Help Interventions and Evaluations Leading to Decisions
SILC	State Independent Living Council
SMHH	State Mental Health Hospital
SMOC	State Medical Operations Center
SNAP	Supplemental Nutrition Assistance Program
SPIL	State Plan for Independent Living
SSA	Social Security Administration (U.S.)
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSLC	State Supported Living Center
SSPD	Special Services for Persons with Disabilities
SSS	System Support Services
STAP	Specialized Telecommunication Assistance Program

ACRONYM	FULL NAME
STAR	State of Texas Access Reform (Medicaid)
	Services to At-Risk Youth (DFPS)
STD	Sexually Transmitted Disease
SWI	Statewide Intake
TACP	Texas Asthma Control Program
TANF	Temporary Assistance for Needy Families
TARRC	Texas Autism Research & Resource Center
TB	Tuberculosis
TBI	Traumatic Brain Injury
TCCCP	Texas Comprehensive Cancer Control Program
TCFV	Texas Council on Family Violence
TCID	Texas Center for Infectious Disease
TER	Texas Electronic Registrar
TFTS	Texas Families: Together and Safe
THMP	Texas HIV Medication Program
THSteps	Texas Health Steps
THV	Texas Home Visiting
TICW	Trauma-Informed Care Workgroup
TIRN	Texas Information and Referral Network
TMF QIO	Texas Medical Foundation Quality Improvement Organization
TOMH/HE	Texas Office of Minority Health and Health Equity
TOPDD	Texas Office for the Prevention of Developmental Disabilities
TRR	Texas Resilience and Recovery
TVRC	Transition Vocational Rehabilitation Counselor
TWC	Texas Workforce Commission
TWHP	Texas Women's Health Program
TWIC	Texas Workforce Investment Council
TxHmL	Texas Home Living
UC	Uncompensated Care
UPL	Upper Payment Limit
U.S.	United States
USDA	U.S. Department of Agriculture
VA	Department of Veterans Affairs (U.S.)
VCE	Volunteer and Community Engagement
VR	Vocational Rehabilitation
VSU	Vital Statistics Unit

ACRONYM	FULL NAME
WCY	Waco Center for Youth
WIC	Women, Infants, and Children Program
WIN	Wellness Incentives and Navigation
WNV	West Nile Virus
YES	Youth Empowerment Services
YRBS	Youth Risk Behavior Survey

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