
Department of Human Services

Agency Overview



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Department of Human Services
Agency Overview
2003 Ways and Means Presentation

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DHS mission and goals

Mission

Assisting people to become independent, healthy and safe

Goals

- People are healthy
- People are living as independently as possible
- People are safe
- People are able to support themselves and their families

DHS oversees health care for low-income Oregonians, child protection, public health, welfare to work, vocational rehabilitation, mental health and addiction services, and services for seniors and for people with physical or developmental disabilities.

Performance measures

Overview

- DHS has identified 28 key performance measures that link to the mission, goals and high-level outcomes of the department, as well as to the Oregon Benchmarks.
- While some of these measures may appear to be beyond the control of DHS, the department feels it has substantial influence on the outcome. DHS will continue to review the measures to determine if narrower sub-populations might be chosen to better reflect agency performance.
- Data and targets are provided for every measure except two, for which data sources are currently being developed.
- DHS has effectively condensed much of what we do into a short list of key performance measures that are easily understood. Each is measurable and results-oriented.
- DHS will continue to ensure that data sources are accurate and reliable.

A systematic approach

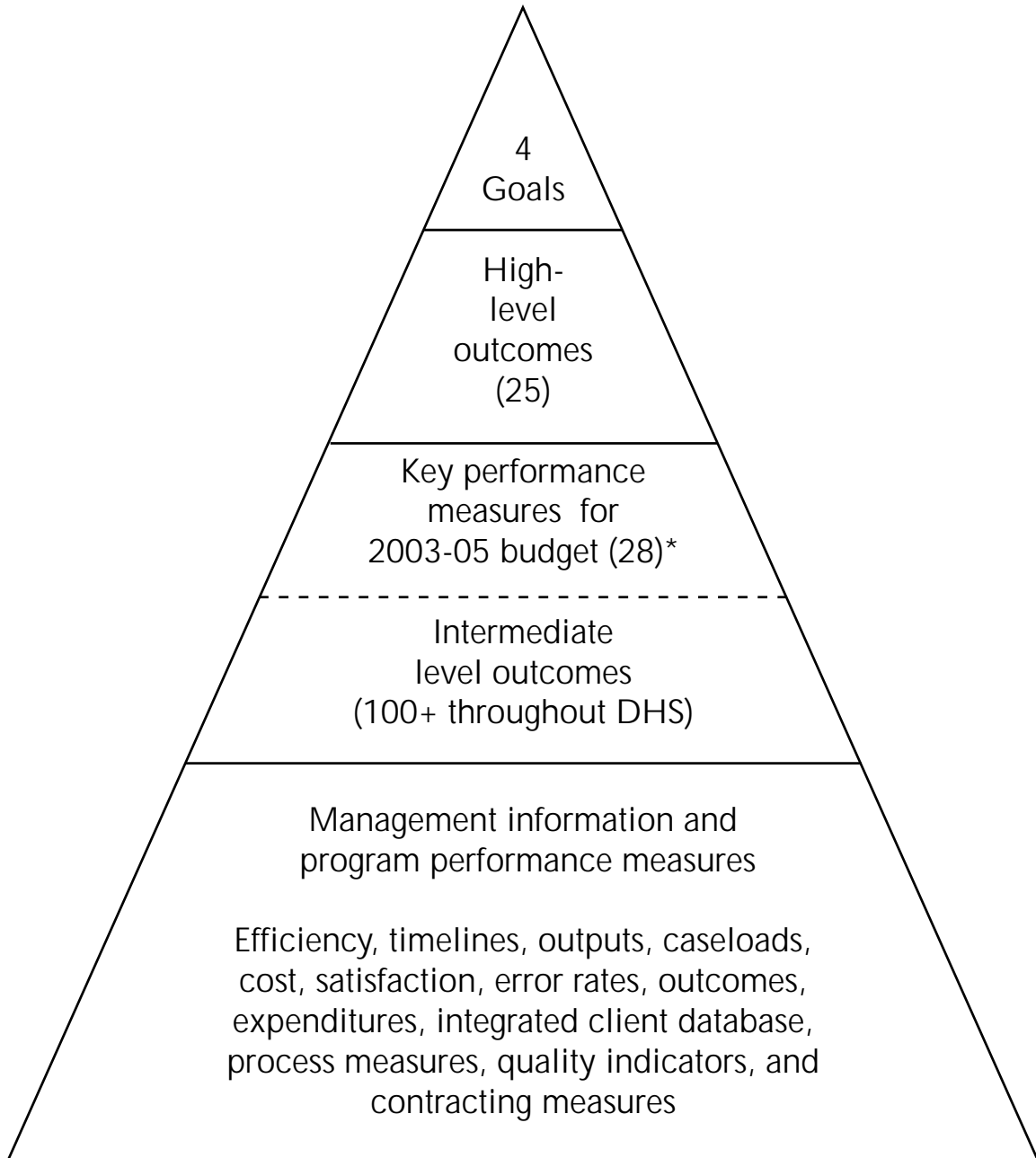
- The DHS Performance Measurement System has levels of accountability, from four broad DHS goals and 25 high-level outcomes to a series of intermediate-level outcomes, of which 28 have been identified as key performance measures for the budget process.
- The system also includes such measures as caseload counts, cost per case, efficiency, customer satisfaction and error rates.

Performance measures *Cont...*

- The overall objective of the Performance Measurement System is to effectively use data for accountability, best practices, decision-making, training and better outcomes for clients and communities.
- In 2001, DHS began publishing quarterly results reports – a comprehensive collection of intermediate-level outcomes. The reports are a management tool for DHS staff, as well as a means of communicating accountability to partners, stakeholders and the general public.
- The DHS performance measure coordinator group, with representatives from across DHS, provides support, leadership and coordination on DHS accountability through performance measurement. The group works closely with the DHS Cabinet, managers and staff across the Department and the Oregon Progress Board.
- Other tools to gauge our effectiveness include the Integration Index Field Review, which measures the degree of integration in the Service Delivery Area offices, and a Consumer Feedback Form that measures how effectively DHS is providing integrated services in the field.

See Appendix for “Links to Oregon Benchmarks.”

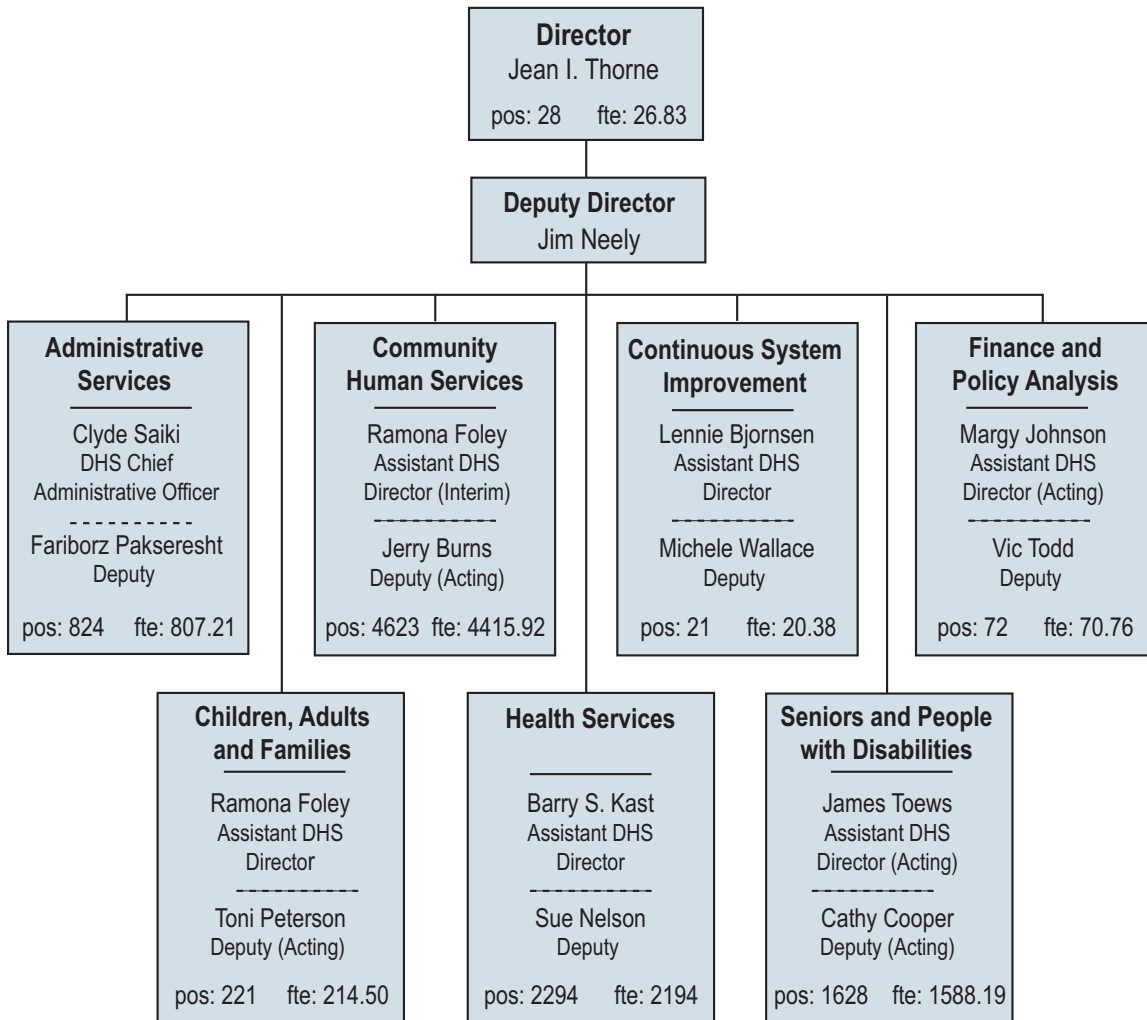
DHS performance measurement system



**Subset of intermediate
level outcomes*

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Total positions: 9,711

Total fte: 9,337.79

Program and service summary

Children, Adults and Families

These programs seek to help Oregonians become self-sufficient through employment, and to provide safe, permanent families for abused or neglected children. Programs include:

- Temporary Assistance to Needy Families (TANF), which provides federal cash assistance to low-income families with children; and food stamps, which help low-income Oregonians buy food for themselves and their families.
- Training, child care, job search assistance and other supports that help low-income families find and retain jobs, or advance to better jobs.
- Prevention programs that address teen pregnancy and other problems that contribute to poverty and increase the need for public assistance.
- Investigation of alleged child abuse or neglect, and intervention if necessary.
- Connections to mental health services, substance abuse treatment, or other supports necessary to help parents provide safe homes for their children and increase their job readiness and self-sufficiency.
- Foster care for children removed from their homes while DHS and other agencies work toward reuniting the family.

Program and service summary *Cont...*

- Adoption, which provides permanent new homes for children who are unable to return to their biological families.

Seniors and People with Disabilities

These programs, many of which are provided through local government, deliver long-term care, monitor quality of care, and provide other supports that promote independence. They include the state's Medicaid long-term care and other programs for seniors and people with disabilities, such as:

- Abuse prevention, investigation of alleged abuse, training for care providers, licensing and monitoring of nursing homes and other facilities, and other services to ensure quality of care.
- Help for seniors and people with disabilities in arranging and paying for in-home care and other services that help them live as independently as possible.
- Substitute care for seniors and persons with disabilities who can't remain in their own homes. Settings include foster care, residential care facilities, assisted living facilities and nursing homes.
- State-operated group homes for people with developmental disabilities.
- Community supports for persons with developmental disabilities, including employment, residential care and family support.

Program and service summary *Cont...*

- Employment assistance, provided through a federal waiver that allows people with disabilities to take jobs, while remaining eligible for federal help in paying for personal attendants and other essential supports.
- Determination of eligibility for Social Security disability benefits.

Health Services

Office of Medical Assistance Programs

The state provides health coverage to low-income Oregonians through Medicaid and the Children's Health Insurance Program. Services provided by DHS include:

- The Oregon Health Plan, by far the largest of the state's health programs. Over 400,000 people are enrolled, including seniors and people with disabilities. The Children's Health Insurance Program, which provides health care for low-income children whose families have incomes above Medicaid eligibility limits, is also part of the Oregon Health Plan.
- Assistance with paying Medicare premiums for low-income people eligible for Medicare.

Public Health

These programs, delivered primarily through counties, protect the overall health of Oregon's communities. Public health programs include:

Program and service summary *Cont...*

- Inspection of drinking water systems and restaurants, regulation of ambulance services and hospitals, and monitoring of lead and other toxic substances.
- Monitoring and prevention of communicable disease, prevention of chronic illnesses such as diabetes and heart disease, prevention of accidental injuries, bioterrorism preparedness, and promotion of healthy behaviors such as quitting tobacco use.
- Maintenance of vital records (births, deaths, marriages, divorces), analysis of health data, and research to help in designing and evaluating public health strategies.
- Family health services, including prenatal care, the Women, Infants and Children (WIC) nutrition program, and promotion and regulation of school immunizations.
- Public health laboratory services, including support of state and local infectious-disease programs, and screening of newborns for serious disorders.

Mental Health and Addiction

The integration of mental health and substance abuse programs reflects the reality that mental illness and addiction often occur together. Mental health and substance abuse treatment services are provided primarily through contracts with counties or local non-profit organizations.

Program and service summary *Cont...*

About 100,000 adults and children receive mental health services funded through DHS, primarily in communities rather than in institutional settings.

In addition, DHS joins with local partners in coalitions involved in substance abuse prevention activities. Programs include:

- Outpatient and residential treatment.
- Crisis and extended inpatient psychiatric services, including operation of psychiatric hospitals in Salem, Portland and Pendleton for patients who can't be treated successfully in their communities.
- Prevention and treatment of problem gambling.

Community Human Services

This group, the department's largest, provides direct services to clients and families through more than 150 field offices across the state. Community Human Services brings together experts in child welfare, self sufficiency, and services for seniors and people with disabilities, so that a coordinated range of appropriate services can be provided to each client.

The Office of Vocational Rehabilitation Services within Community Human Services helps people with disabilities become employed, in addition to providing program and policy support.

Program and service summary *Cont...*

The state is divided into 16 service delivery areas, each consisting of one or more counties. Managers in each service delivery area work with community partners to plan and deliver integrated services in ways that are consistent with local strengths, resources and needs.

Each service delivery area receives input from a review committee made up of representatives from local government, advocate groups, non-profits and others involved in human services. A statewide review committee, with representatives from each local committee, provides input and guidance to the Community Human Services group's leadership.

Department-wide Support Services

Director's Office

The director provides overall leadership, ensuring that the agency achieves its outcomes, manages funds responsibly, and complies with state and federal law. The director also is responsible for coordinating activities with the Governor's Office, the Legislature, other state agencies, local governments, advocacy groups, the private sector and others.

Key elements and activities include:

- Policy analysis, internal audits, and legislative and intergovernmental relations.
- The Governor's Advocacy Office, which helps individuals and families navigate the human services system and gain access to appropriate

Program and service summary *Cont...*

services. The office also helps citizens resolve individual issues and concerns with department programs and services.

In addition, the office operates Oregon's Pain Management Program, which raises awareness about chronic pain issues and links citizens to support groups and other resources.

- The tribal liaison, who works with representatives of the nine federally recognized tribes located in Oregon.

Administrative Services

This group provides department-wide support in human resources, information systems, contracts, communication, facilities management, financial services, and forms and document management. The group establishes administrative systems and policies that are consistent across the agency, and seeks to increase efficiency and reduce unnecessary duplication of processes.

By simplifying and standardizing business processes, Administrative Services seeks to improve the department's efficiency and facilitate integration of client and community services.

The group also coordinates key agency-wide administrative initiatives, including work to enhance security and privacy of data and information, and to implement the federal Health Insurance Portability and Accountability Act (HIPAA).

Program and service summary *Cont...*

Finance and Policy Analysis

This group provides budget and policy-related information and recommendations to department leaders, to program, policy and field managers and to staff, the Legislature, advocacy groups and others.

The group's activities also include forecasting caseload and cost per case, developing and monitoring the department budget, and performing fiscal and policy analysis on budget and operational issues.

Continuous System Improvement

This group provides research and evaluation, course training and other services to help the department measure progress toward outcomes, develop its workforce, and increase effectiveness and integration.

Activities include development and monitoring of department-wide performance measures, data gathering and analysis, and training in process improvement and other areas.

Major budgetary issues

Reliance on federal revenues

- Approximately 87 percent of the General Funds in the department's budget are either used to match federal Medicaid funds or are needed to provide a maintenance of state effort for other federal programs.
- The Medicaid program is an entitlement to the services for those eligible. Since income is part of the eligibility standard, when the economy is in decline and the unemployment rate is high, more people qualify for this entitlement.

Growth in cost of health care

- The cost of health care has grown both in the public and private sectors. The changes approved by the federal government for the Oregon Health Plan provided the state more flexibility in managing the benefit level for clients on the Health Plan. However, a minimum level of services will continue to be prescribed by the federal government to allow the states' continuation in the program. The Governor's Balanced Budget assumes that Oregon Health Plan cost and utilization will remain constant through the biennium.
- Prescription drugs are a significant driver in the cost of the Health Plan, comprising 30 percent of the cost. Controlling pharmaceutical costs is a critical issue for both the public and private sectors.

Major budgetary issues *Cont...*

Financial stability of local providers and access to services

- Reduced payment rates put private providers in financial risk. While providers may continue to maintain services for a time, lower funding levels will jeopardize their viability because the state revenues are such a large share of the business for many of our providers.
- The Governor's Balanced Budget does not provide for either cost increases due to inflation or adjustments for increased utilization of services. The cost estimates for the Oregon Health Plan do not include these adjustments. If health providers withdraw from the plan, access to medical care will be more severely jeopardized.
- The reduction or elimination of less intensive services such as outpatient mental health and chemical dependency treatment that has been necessary in the 2001-03 biennium because of shrinking revenues is continued in the Governor's Balanced Budget. The loss of these services will most probably result in the need for more intensive services.

Public health infrastructure

- Almost all public health services (immunizations, women and children nutritional services, etc.) are provided through county health departments. When health care services become harder to access more people will turn to county health departments for assistance.

Major budgetary issues *Cont...*

- The state has reduced its per capita distribution to counties because of the revenue shortfalls this biennium. This further reduces the counties' ability to provide basic services.
- Although the state has received federal funding for responding to threats of bioterrorism, it is tied to specific actions that the state has assured the federal government it will take.

State-owned facilities

- The department provides mental health treatment to 219 civilly committed and 374 criminally committed patients at Oregon State Hospital in Salem. It also owns and operates two facilities in Pendleton for 45 residents at Eastern Oregon Training Center and for 60 patients at Eastern Oregon Psychiatric Center.
- All of these facilities are old. Parts of the State Hospital date back to the late 1800s. The hospitals maintain accredited levels of service and provide care in safe and humane environments, but there is no budgeted depreciation fund to plan for needed remodeling or construction. Therefore, necessary physical plant improvements must compete with the cost of providing adequate patient services.

The department has attempted to find other financing options in the past, but any alternative would require an appropriation of funds to finance major improvements or construction.

The DHS business strategy

The following elements guide the DHS approach to its work in helping Oregonians to become independent, healthy and safe.

Integrating services

- DHS serves the most vulnerable of Oregonians. These individuals and families often have multiple needs.
- Accordingly, DHS is working to make a wide range of services available in a coordinated way, minimizing clients' need to visit multiple offices in search of help, to tell their stories repeatedly, and to contend with multiple and sometimes conflicting case plans.

Partnerships

- Many DHS services are delivered through local government or other providers. These services include public health, mental health and addiction treatment, and services to seniors and people with disabilities.
- Through the Local Government Advisory Committee and other forums, DHS seeks to build collaborative relationships with these and other partners.
- The agency recognizes that services are most effective when they are designed and delivered in ways that are consistent with local strengths, needs and interests.

The DHS business strategy *Cont...*

- DHS also seeks ways to deliver service in cooperation with non-governmental partners, including faith groups, and the private non-profit and for-profit sectors.

Measurable results

Measuring and reporting results allows DHS to communicate about its work in a way that is useful to stakeholders and to the general public. It also helps DHS show accountability, measure satisfaction of clients, partners and others, and promote ongoing improvement.

DHS has identified 28 key performance measures that link to the mission, goals and high-level outcomes of the department, as well as to the Oregon Benchmarks.

DHS issues Quarterly Results Reports – comprehensive and consolidated collections of outcome information. These are a management tool for DHS staff, as well as a method of communicating accountability to partners, stakeholders and the general public.

Streamlining and consolidating administrative services

DHS continues to work toward building standardized, department-wide approaches to administrative functions previously handled in different ways across the agency.

- Administrative Services establishes agency-wide policies and procedures for communication, contracts, facilities management, financial

The DHS business strategy *Cont...*

services, forms and document management, human resources and IT systems.

- This strategy seeks to simplify and standardize administrative functions for staff and partners, and to facilitate the service integration necessary to most effectively serve clients.

Setting priorities in human services

The financial challenges facing state government require a review of fundamental assumptions about providing human services in Oregon.

Working with the Governor and other state agencies, the Legislature, advisory groups, partners and stakeholders, DHS evaluates the full spectrum of human services to determine which are of highest priority, given available resources.

Major changes in the past decade

The past 10 years have brought significant changes within DHS, and in the economic and policy environment in which the agency operates.

Waivers and other federal issues

Waivers have provided flexibility in many areas, allowing Oregon to provide supports to greater numbers of vulnerable citizens. The future of many of these waivers is uncertain, due to their pending expiration or to budget constraints. Examples:

- Under the Oregon Option waiver, involving welfare clients in the pursuit of employment became the primary strategy for helping them achieve self sufficiency. This has been a crucial part of Oregon's welfare reform success.
- The Oregon Health Plan (OHP) demonstration waiver, approved in 1993, permitted expansion of health care coverage to more than 100,000 poor Oregonians not eligible for Medicaid. OHP 2 waivers, received in October 2002, allow the state to further refine the benefit packages for those served and to expand coverage to more low-income Oregonians.
- Home- and Community-based Services waivers have helped seniors and people with disabilities to find alternatives to long-term care that are less costly than nursing facility care. The number and variety of community-based living options increased during the 1990s, as did the community-based care caseload.

Major changes in the past decade *Cont...*

- Federal waivers have permitted people with disabilities to become employed, while remaining eligible for federal help in paying for personal attendants and other essential supports.
- The Title IV-E waiver allows DHS to use federal foster care funds in flexible ways to prevent the need for foster care, or to reduce time children spend in foster care, providing the measures are cost-neutral.

Federal legislative developments also have major implications for Oregon's human services system. These include:

- The Adoption and Safe Families Act, which shortens the time that parents have to resolve alcohol and drug problems or other issues that prevent them from providing a safe home for children who have been court-ordered into DHS care.
- The Health Insurance Portability and Accountability Act, which requires major technology and business process changes to protect health information, to standardize its use and to make other changes.

Moving from institutional to community-based care

Fairview Training Center was closed in 2000, and DHS developed a network of group homes to provide community-based care for its former residents. Dammasch State Hospital closed in 1995 after services were developed in the community to provide treatment and long-term psychiatric care.

Major changes in the past decade *Cont...*

Services provided in smaller, community-based settings provide a more economical and normalized care setting for people with disabilities.

Litigation

A variety of legal actions have required provision of services to certain populations. The financial crisis compromises DHS' ability to comply with its obligations under various settlements. Examples:

- The Staley lawsuit alleged that the state had failed to provide adequate services for adults with mental retardation and/or developmental disabilities. A settlement agreement reached in 2000 established a plan to phase in new services for more than 5,000 citizens with developmental disabilities by June 2007.
- In 1995, the adequacy of child welfare services was challenged by a coalition of concerned parties. A settlement with the Juvenile Rights Project and the National Youth Law Center requires use of a "system of care" model, in which specialized service plans are created based on each family's unique strengths and needs.

Rising caseloads, reduced state revenue

With the highest unemployment rate in the nation, Oregon continues to struggle economically. This increases the need for services at a time when revenue to finance these services is declining. In addition, the cost of certain supports, most notably prescription drugs, has risen sharply.

Major changes in the past decade *Cont...*

DHS has experienced increases in its food stamp, health coverage and other caseloads.

Service integration and community planning

The 1990s brought increased emphasis on integrating services, and on involving communities in the planning and delivery of services.

- SB 1099, passed by the 1991 Legislature, directed DHS to work locally to establish eight “family-centered human-investment demonstration projects.”
- Throughout the 1990s, DHS partnered with communities to create service integration projects across the state.
- The Legislature has shown ongoing interest in local involvement in human services. For instance, SB 555, passed in 1999, required state and local partners to work together in planning and delivering services for children.

DHS reorganization

A reorganization that began in late 2000 sought to bring together separate networks of field-services offices and to standardize and consolidate administrative functions.

Major changes in the past decade *Cont...*

- SB 303, passed in 1999, gave the DHS director increased flexibility to manage resources across the various divisions of DHS.
- SB 2294, passed in 2001, dissolved the former divisions, clearing the way for major reorganization.
- In early 2003, DHS is evaluating its reorganization efforts, joining with stakeholders to determine what has worked, what changes should move ahead with some modification, and which should be rethought as DHS continues to strive for increased efficiency and improved service.

Cost control and coordination

Cost control initiatives

- Oregon Health Plan and managed care.
- Moving from institutional to community-based care.
- Settlement of the Staley lawsuit.
- Streamlining and standardizing administrative processes.

Coordination with related programs

- Joint planning with the Commission on Children and Families for services to children provided at the local level.
- Statewide coordination of transportation services including all state agencies.
- Support to the Oregon Youth Authority, Department of Education and tribes in leveraging Medicaid funding.
- Coordination with the Housing and Community Services Department in financing housing for people with disabilities.
- Coordination with the Employment Department to find employment for clients in the JOBS program.

Cost control and coordination *Cont...*

Administrative cost description

The department spends approximately four percent of its budget on administrative activities including policy direction, business services, information technology and human resource management.

Information technology

How information technology helps DHS achieve its goals

- DHS depends heavily on information technology (IT) to serve clients, make policy, measure performance, manage operations, report to federal agencies, and meet legislative mandates.
- Almost all DHS programs, including TANF, Medicaid, Food Stamps, child welfare, public health, mental health, developmental disabilities, and vocational rehabilitation, are supported by one or more information systems. The department supports service delivery with a large mainframe computer, about 400 mid-size computers, and about 9,500 personal computers.
- IT is critical to the successful integration of services. People who deliver services collaboratively need information about individuals and families that crosses program lines. With few exceptions, they do not have that type of information today.

IT interfaces with related agencies, local governments, and among agency departments

- Many DHS partners (community service providers, non-profits, local governments, and other state agencies) use DHS information systems. We work closely with them in designing or implementing new systems, and in modifying existing ones.

Information technology *Cont...*

- One of our greatest challenges is to allow greater access to DHS data by outside entities while protecting against misuse of sensitive information, fraud, and improper disclosure of client information.
- Some of DHS' security methodologies are over 20 years old and must be replaced. Also, the federal Health Insurance Portability and Accountability Act (HIPAA) has stringent security requirements.
- DHS is working to implement HIPAA and to implement policies, procedures and systems to protect all forms of sensitive information.

Many systems

- The department has an amalgamation of systems, most of which were created over the last 30 years to meet the business needs of individual programs and to take advantage of federal funding streams.
- Consequently, today's systems are "interfaced" rather than "integrated," meaning that some data is exchanged among them but the systems themselves remain separate.
- We are building our new systems around a "unified data" approach. Although individual systems may still be built to meet the needs of individual programs, over time we hope to combine common DHS services such as client screening, assessment and referral into one system that handles all DHS programs, and to store all of the department's data together for ease of access and analysis.

Information technology *Cont...*

Goal of upgrades; expected savings or service improvements

Medicaid Management Information System

- DHS is replacing one of its largest systems – the Medicaid Management Information System (MMIS). This is a multi-year project.
- The current MMIS was transferred into Oregon from another state, is 21 years old, and no longer meets the business needs of the department.
- The estimated 12-year cost of continuing to operate the current MMIS is \$468 million (\$351 million Federal, \$117 million State GF). For the same period, the estimated cost associated with DHS' proposed MMIS solution is \$447 million (\$345 million Federal, \$102 million State GF).
- The new system will save money and improve insurance premium processing, claims processing and reporting, verification of third-party resources, and other functions.

Department-wide IT standards

- Historically, each former DHS division developed its own systems and purchased personal computers and software. The result is a mixed technical environment that is expensive to maintain and insufficiently reliable. This affects worker productivity.

Information technology *Cont...*

- DHS has begun to implement a standard technical infrastructure including standard desktop hardware and software, a standard development platform, and a standardized approach to project management. These efforts will help DHS reduce service costs and increase operational efficiencies.

Contract monitoring and review

- Many of the department's IT projects use contracted services. Every project has a DHS project manager responsible for managing all activities of the project, including any contracts.
- The project manager ensures that contracted deliverable dates are met, that the appropriate staff are involved in deliverable acceptance and sign-off, and that invoicing and payments are correct.
- On larger projects, a contractor performs objective project oversight from an outside perspective. The project manager works closely with the oversight contractor to ensure that expected results are achieved and that project risks are well managed.

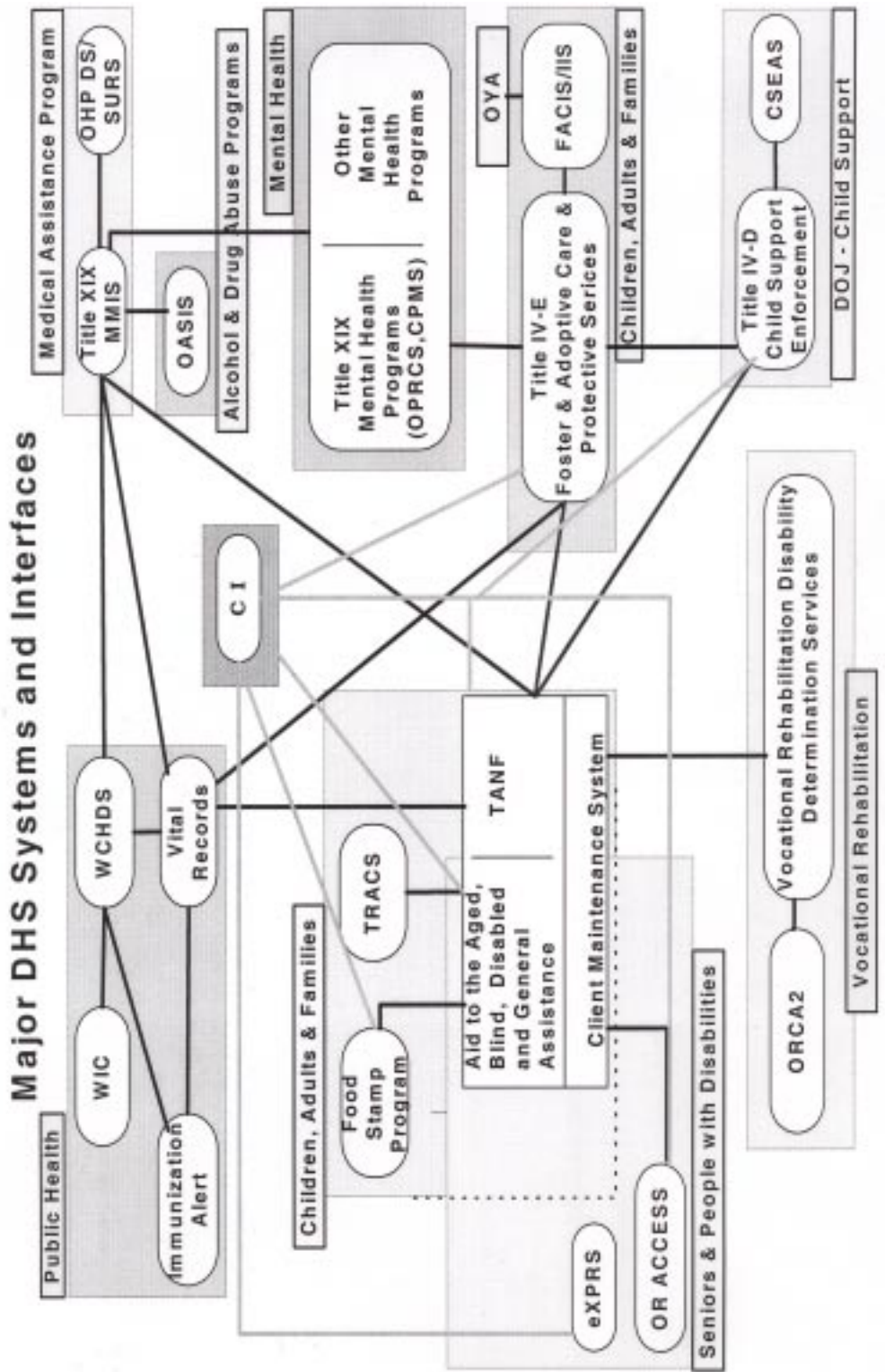
Online service delivery

- Each DHS office is connected to the statewide network, and staff in those offices use on-line systems to support service delivery.
- At present, DHS does not deliver its services over the Internet.

Information technology *Cont...*

- Where appropriate, we are using Web-based technologies to build new systems that will allow access over the Internet by mobile staff, community partners, providers, and clients. This will facilitate collaborative work.
- In the future, we hope that clients will be able to access systems to learn about services, apply for them, and check eligibility and benefit status.

Information technology *Cont...*



Budget-related policy legislation

- HB 2152 - Eliminates sunset on the 10-cent-per-pack cigarette tax that helps fund the Oregon Health Plan.

- HB 2243 - Eliminates the requirement that Type B rural hospitals be reimbursed at cost for providing care to medical assistance clients. Oregon has 19 Type B hospitals, which have fewer than 50 beds and are within 30 miles of another hospital.

- LC 1797 - Deletes requirements that rural hospitals – both Type A and Type B – be reimbursed at cost for providing care to medical assistance clients. Oregon has 11 Type A hospitals, which have fewer than 50 beds and are more than 30 miles from another hospital.

- LC 1798 - Directs Health Services Commission to develop a list of health services consisting only of adult dental services. Permits the department to reduce adult dental services if insufficient funds are available, without reducing other benefits on the prioritized list.

- LC 1979- Modifies method for determining payment of providers for medical assistance program. No longer requires that capitation payments to managed care plans be based on reasonable cost.

- LC 1800 - Allows prior authorization to continue beyond January 2008 for certain drugs covered by medical assistance program. Intended to support enhanced prior authorization requirements, which are used to determine that a given drug is medically appropriate for a given condition, and to assure that DHS pays only for drugs for covered conditions.

Affirmative action report summary

Civil rights and affirmative action programs enhance the diversity of the DHS workforce. They also provide equal employment opportunity, guide organizational change, and help managers eliminate workplace discrimination.

Accomplishments: 2001-2003

The Governor's Affirmative Action Progress Report through June 30, 2001 includes DHS in its list of state agencies making the most progress in affirmative action and equal employment opportunity. Although our successes have brought recognition, we are committed to further progress.

To increase the number of women, minorities and people with disabilities in our applicant pool:

- DHS has created partnerships with organizations throughout the state – and individual managers have cultivated relationships with organizations locally – to help in building links to these population groups.
- The department sponsors membership for employees and encourages participation in a number of organizations, and promotes attendance at significant conferences regarding these populations.
- DHS has established several advisory groups representing the interests of protected-class populations.

Affirmative action report summary *Cont...*

- The agency has increased its participation in job fairs, internships and scholarship programs, and is a leader in establishing new initiatives such as the Hiring Individuals Ready for Employment program for people with disabilities.
- The DHS Recruitment and Retention Unit is implementing a plan to increase the pool of bilingual applicants. Approaches include use of an active network of state and local community groups and higher-education placement services.

Addressing work environment issues through training and organization development

Strategies in this area include:

- Working to create an environment in which staff appreciate and validate differences among people.
- Providing information, training, and work experiences that help employees work effectively with people of diverse cultural and ethnic backgrounds.
- Supporting managers as they address employee career planning, the workplace environment and other issues as they relate to staff diversity.
- Providing developmental job assignments and promotions from within to support careers for our diverse workforce.

Affirmative action report summary *Cont...*

Statistical summary

In DHS:

- Women represent 64 percent of all employees at salary range 24 and above. This compares to 42 percent for the rest of state government.
- People of color represent 12 percent of all DHS employees at salary range 24 and above, compared to 9 percent for the rest of state government
- People with disabilities represent 4 percent of all DHS employees, compared to 3 percent in the rest of state government.

DHS has seen increased participation of women and people of color at all levels and in all functions. However, the agency has experienced a decrease in the participation of people with disabilities, and has committed to move toward increasing this participation.

Corrective action (2003-2005 and six-year plans)

Although DHS has had much success in meeting its goals, the data point toward opportunities for continued improvement.

Areas for ongoing emphasis include maintaining existing gains; providing for upward mobility and increased representation at higher job levels for women, people of color and people with disabilities, and achieving parity for under-represented groups.

Affirmative action report summary *Cont...*

Specific, focused initiatives will include efforts to:

- Hold managers accountable for setting and achieving workforce representation and diversity goals in their areas of responsibility.
- Provide training and other opportunities to support career development, organizational growth, and effective, inclusive client services.
- Support statewide affirmative action efforts, including encouraging DHS staff to promote or transfer to other state agencies when opportunities arise. This recognizes DHS' potential as a resource for diversity across the state workforce.
- Continue to increase the number of qualified women, minorities and people with disabilities on our applicant lists for job openings.
- Make the most effective use of existing targeted recruitment programs, particularly those for people with disabilities.
- Expand partnerships with local, state and regional community-based organizations.
- Maintain a strong department-wide Diversity Committee.