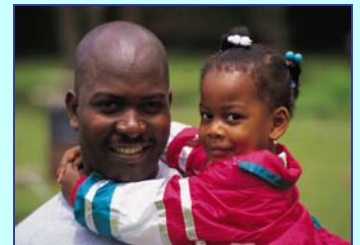
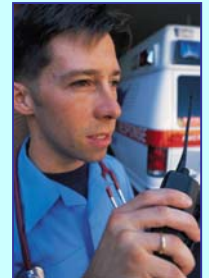


FY2004 Strategic Plan

Georgia Georgia
Department of Human Resources



July 1, 2003



FY2004 Strategic Plan Table of Contents

- 1. Background***
- 2. Strategic Business Planning***
- 3. Strategic Information
Technology Planning***
- 4. Strategic Workforce Planning***
- 5. Measuring Plan Performance***

Section 1 **Background**

- **Section 1 Background**



- Section 2 Strategic Business Planning
- Section 3 Strategic Information Planning
- Section 4 Strategic Workforce Planning
- Section 5 Measuring Plan Performance

1. [Objectives of Strategic Planning Process](#)
2. [DHR FY2003 Strategic Planning Process](#)
3. [Key Strategic Plan Components](#)

Over the past year, Georgia and the nation experienced a period of general economic downturn that has resulted in diminished state revenues and the subsequent need to maintain fiscal prudence by reducing agency spending. Decreased state fiscal resources have led to difficult and painful decisions about reducing State programs and services available to its citizens; and must be coupled with the need for unanticipated spending for new programs such as homeland security and bioterrorism. Despite the negative economic indicators, our economy continues to diversify, along with increased demands for a more highly skilled workforce.

With this growing population comes increasing – and changing – expectations for a more responsive, more accessible government. Increasingly, citizens require government to protect, educate, and serve them in as cost-effective and efficient manner as possible.

As one of the largest State agencies, the Department of Human Resources (DHR) is working aggressively and creatively to address these changes and challenges. The Department serves all Georgia citizens through direct human service and financial assistance programs and regulatory inspection and oversight. Over 18,000 DHR state and county employees manage over 100 programs in 1,000 locations and in all 159 counties. As such, each of these changes and issues noted above impacts the way DHR's workforce, processes and systems support delivery of a wide range of critical services to Georgians.

This document presents DHR's vision for the future. It is a consolidated Strategic Plan that serves as DHR's response to the Governor's request for more businesslike agency planning. This plan was prepared using the methodology detailed in the **Guidelines for Georgia's FY2003 Strategic Planning Process** developed by the Governor's Office of Planning and Budget, the Georgia Technology Authority and the Georgia Merit System.

All members of DHR's Leadership Team have actively participated in the development of this plan and have taken ownership of this plan. In each phase of the planning process, DHR sought input from all levels of management representing its four Divisions and thirteen Offices. The plan has also been reviewed and endorsed by the Board of Human Resources, which developed its own strategies to support this plan in May 2002.

1. OBJECTIVES OF STRATEGIC PLANNING PROCESS

Key objectives of the DHR strategic planning process include:

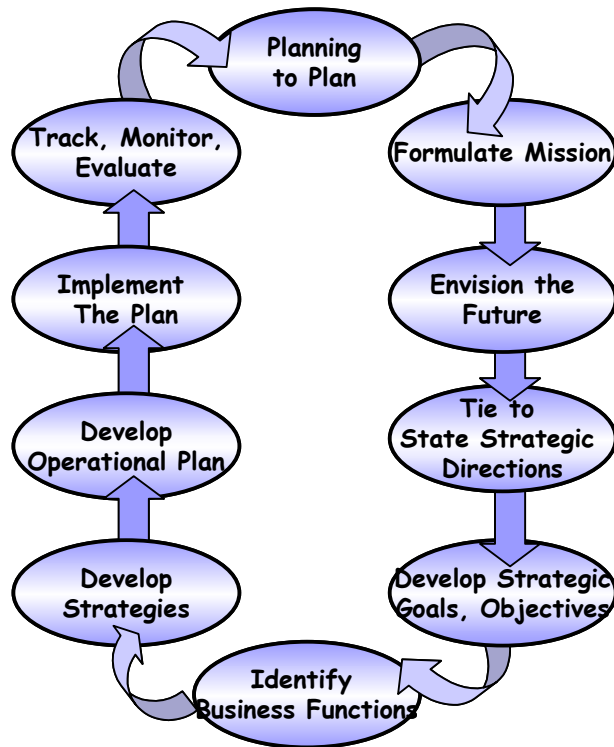
- Incorporating the strategic plan into the overall management process of DHR
- Identifying Department priorities relating to service delivery, IT initiatives and workforce needs
- Identifying strategies in which DHR Divisions and Offices can collaborate to meet stated Departmental goals and objectives
- Developing key measures to evaluate progress/success in achieving DHR's Strategic Goals and Objectives
- Identifying opportunities to leverage current and future resources to maintain or expand program coverage
- Complying with planning mandates contained in State laws and regulations

DHR's strategic plan is a Department plan – an overarching strategic direction to guide the planning and program-delivery efforts of all of its operating units.

DHR believes that the FY2004 plan update builds on the achievements made in the FY2002-2003 plans, which represented a significant improvement over prior efforts, primarily because it presented a more collaborative, Departmental strategic view - not simply a composite view of separate unit plans.

The DHR Leadership Team made a concerted effort to focus their planning efforts at the Department level in order to provide the necessary framework for aligning the goals, objectives and strategies in each Division and Office Operating Plan. This approach has improved the overall level of collaboration and coordination within the Department.

2. DHR STRATEGIC PLANNING PROCESS



DHR's strategic planning process followed the **Georgia Strategic Planning Model** shown above.

2.1 STRATEGIC PLANNING APPROACH

DHR's approach to strategic planning was driven by the commitment to actively and collaboratively engage representation from all Divisions and Offices within DHR's organization. Although the process was guided by a large, structured set of planning teams, many other employees throughout DHR were directly and indirectly involved. Many facilitated sessions were conducted to reach workable consensus on every aspect of the plan.

The first step of the planning process was the development of a consolidated Strategic Planning Workplan that included tasks, deliverables, responsibilities, and schedule.

The next step of DHR's strategic business planning was the generation and examination of an environmental scan, which included trends, challenges and issues in the following areas: Economic, Demographic, Technological, Social, Political/Legislative, Legal, Educational and Environmental.

***DHR's strategic
planning
approach
expanded on
State Guidelines.***

Although not required, a short version of an Environmental Scan had been generated as part of DHR's strategic planning process. The information from this scan was combined with State-Level Environmental Indicators from the **FY2003 Strategic Planning Guidelines**. Representatives from all DHR Divisions and Offices were then assembled for a facilitated brainstorming session. Multi-disciplinary input was generated for each key area of the Scan. People continued research using Georgia Merit System's **gScan** tool, and submitted additional ideas following this session. The sum of this input was consolidated into a final working copy of the **FY2003 DHR Environmental Scan**.

All members of the DHR Leadership Team were then assembled for an all-day facilitated planning session. Here, they reviewed and updated the Environmental Scan, and summarized these findings as key trends impacting DHR over the next three to five years.

Using these key trend directions, the Leadership Team then reviewed the FY2003 Plan and updated DHR's Vision, Mission, Goals, Objectives, Strategies and Long-term Outcomes. They reviewed and updated factors deemed critical to the success of the plan and listed factors that could inhibit successful plan implementation. Updated strategic business planning documents were reviewed and approved by the entire DHR Leadership Team at subsequent meetings.

These business strategy updates formed the foundation for strategic Technology and Workforce planning. The DHR Business Functions and Sub-Functions were reviewed and updated. Likewise, the DHR Core Strategic Planning Team reviewed and updated DHR's primary Subject Areas and Information Needs. Definitions were clarified and updated for each of these areas.

As further groundwork for technology planning, key information components were mapped in various combinations against business planning components using a series of matrices. The input for this matrix analysis was solicited in a series of planning meetings with the DHR strategic planning Core Team and various combinations of business and technology representatives from every DHR Office and Division. The matrix plottings revealed and validated various alignments among the business and information strategic planning components (e.g., Business Function alignment with Strategic Objectives).

DHR initiatives were inventoried (or updated, as needed). In the series of IT planning meetings, the Initiatives were mapped in various combinations against strategic business and information components (e.g., IT Initiative alignment with DHR Information Needs). The matrices were examined to validate DHR business and technology directions and priorities for FY2003 and beyond.

The largest and most complex planning effort for FY2003 was Workforce planning.

All of this business and technology planning formed the groundwork for workforce strategic planning. In FY2003 workforce planning effort was significantly more extensive than any previous years' planning. It focused on transforming DHR's workforce model from a more traditional skills and experience model to a competency-based model, which is more effectively aligned with the actual behaviors, skills, knowledge and attributes needed to perform DHR jobs.

Like all other planning areas, Workforce Planning activities were driven by a multidisciplinary team representing not only DHR's Office of Human Resource Management, but also every Division and Office.

The Workforce Planning Team members led months of effort to assess DHR's future business and staffing outlook, assess diversity and turnover outlook, identify outcome priorities, identify needed vs. current workforce competencies, develop a series of strategies to address the gaps, and create a plan for implementation and outcome evaluation.

2.2 PLANNING TEAM COMPOSITION AND ROLES

The complete DHR strategic planning team was composed of the DHR Leadership Team, Program Representatives from the DHR Divisions and Offices, and Planners from key functional support units. A consulting firm, The North Highland Company, was engaged to provide facilitation. A multidisciplinary Core Team was designated to manage the overall planning process. The process directly and indirectly involved a large number of employees throughout the DHR organization.

The composition of each of the strategic planning teams is detailed below.

2.2.1 DHR Leadership Team

The complete Planning Team included executive, program and functional managers, and other employee representatives from throughout DHR

Name	Title	Division/Office
Jim Martin	Commissioner	Commissioner's Office
Juanita Blount-Clark	Director	Division of Family & Children Services
Kenneth Bramlett	Director	Office of Investigative Services
Debra Elovich	Assistant Commissioner	Office of Policy & Government Services
Maria Greene	Director	Division of Aging Services
John Hurd	Deputy Commissioner Chief Information Officer	Commissioner's Office
Kenneth Jones	Director	Office of Planning and Budget Services
Kate Pfirman	Deputy Commissioner Chief Operating Officer	Commissioner's Office
Larry Ricks	Director	Office of Audits
Robert Riddle	Director	Office of Child Support Enforcement
Martin Rotter	Director	Office of Regulatory Services
John Sartain	Director	Office of Financial Services
Karl Schwarzkopf	Director	Division of Mental Health / Developmental Disabilities / Addictive Diseases
Jack Senterfitt	Assistant Commissioner Chief Legal Officer	Commissioner's Office
Sylvia Swiney	Director	Office of Adoptions
Kathleen Toomey	Director	Division of Public Health
Rosa Waymon	Director	Office of Human Resource Management
Dennis Yarman	Director	Office of Human Resource & Organization Development

2.2.2 Core Planning Team

Members of the Core Planning Team guided the overall strategic planning processes. This team consisted of representatives from the key planning entities: Commissioner's office, Office of Human Resource Management, Office of Information Technology, and Office of

The Core Planning Team guided the overall planning process.

Planning and Budget Services.

In addition, DHR engaged the resources of the North Highland Company to provide meeting facilitation and project management assistance with workforce planning.

Name	Title	Division/Office
Jim Bricker	Project Management Director	Commissioner's Office
Susan Anderson	Manager, OIT Project Mgmt Office	Office of Information Technology
Ted Burgess	Planning Administrator	Office of Planning and Budget Services
Rosemary Calhoun	OHRM Planner	Office of Human Resource Management
Ed Manning	Facilitator and HR Specialist	The North Highland Company

DHR Strategic Planning Coordinator:

Jim Bricker, DHR Project Management Director

Two Peachtree Street, NW, 29.262
Atlanta, GA 30303-3142

Phone: 404-657-5104

Fax: 404-651-8669

Email: jtbricker@dhr.state.ga.us

2.2.3 Division/Office Program Representatives

Division and Office representatives carried Strategic Planning themes into coordinated Operational Planning.

Name	Title	Division/Office
Judy Bullard	Assistant Director	Office of Fraud & Abuse
Winnie Clark	Chief-Administrative Development Unit	Division of Family & Children Services
Sharon Dougherty	Assistant Director	Office of Regulatory Services
Gary Driggers	Operations Analyst III	Office of Child Support Enforcement
Judy Fuller	Constituent Services Director	Office of Policy and Government Services
Gail Greer	Program Manager	Office of Adoptions
Sharon Hudson	Operations Analysis Manager	Division of Aging Services
Duane Johnson	Operations Services Manager	Office of Facilities and Support Services
John Laszlo	OD Consultant 2	Office of Human Resource & Organization Development
Sandra Mack	Special Assistant	Division of Family & Children Services
David Martin	Assistant Director	Office of Financial Services
Darlene Meador	Section Director	Division of Mental Health, Developmental Disabilities and Addictive Disorders
Michele Mindlin	Director, Grants Development & Mgmt	Division of Public Health
Greg Peterson	Program Evaluation Manager	Office of Audits

2.2.4 Office of Planning and Budget Services - Business Planning Team

Name	Title	Division/Office
Ted Burgess	Core Team Leader Planning Administrator	Office of Planning and Budget Services
Mary Alice Bray	Planner 1	Office of Planning and Budget Services
Harry Burkett	Planner 1	Office of Planning and Budget Services
Margaret Cone	Planner 2	Office of Planning and Budget Services
Cheryl Desbordes	Planner 2	Office of Planning and Budget Services
Rich Devine	Planner 2	Office of Planning and Budget Services
Sonia Gilbert	Planner 2	Office of Planning and Budget Services
Synetra Leaphart	Planner 2	Office of Planning and Budget Services

OPBS representatives provided critical guidance for business and budget planning efforts.

2.2.5 DHR Workforce Planning Steering Committee

A
multidisciplinary
Workforce
Planning Team
tackled a new
and complex
planning effort.

Name	Title	Division/Office
Carolee Anderson	OHRM Analyst and Facilitator	Office of Human Resource Management
Ted Burgess	OPBS Planning Section Manager	Office of Planning and Budget Services
Rosemary Calhoun	WFP Core Team Leader	Office of Human Resource Management
Greedy Davis Millionnes	OHRM Analyst and Facilitator	Office of Human Resource Management
Gosier, Celeste	OHRM Analyst and Facilitator	Office of Human Resource Management
Geraldine Jackson-White	Family and Children's Services SME	Division of Family and Children Services
Bill Krysak	OHRM Analyst and Facilitator	Office of Human Resource Management
Dan Kullen	Child Support Enforcement SME	Office of Human Resource Management
John Laszlo	Organizational Development Consultant	Office of Human Resource and Organizational Development
Darlene Meador	Mental Health SME	Division of Mental Health Developmental Disabilities and Addictive Diseases
Gary Nagel	Management Champion; Diversity Specialist	Office of Human Resource Management
Richard Perreault	IT SME	Office of Information Technology
Nancy Pisor	Public Health SME	Public Health
Joann Sheats	Board of Health SME	Dekalb County Board of Health
Anita Thomas	OHRM Analyst and Facilitator	Office of Human Resource Management
Charlie Walters	Mental Health SME	Division of Mental Health Developmental Disabilities and Addictive Diseases
Rosa Waymon	OHRM Executive Sponsorship	Office of Human Resource Management

2.2.6 DHR Information Technology Planning Team

Name	Title	Division/Office
Susan Anderson	Core Team Leader OIT PMO Unit Chief	OIT - Project Management Office
Jim Anderson	Unit Chief	OIT – Division of Mental Health, Developmental Disabilities and Addictive Diseases
Mike Lynch	Safe Futures Program Director	Office of Deputy Commissioner/CIO
Jere Martin	Unit Chief	OIT – Division of Aging Services, Office of Child Support Enforcement, and Administrative Offices
Terry Patterson	Chief Technical Officer (Acting)	Office of Deputy Commissioner/CIO
Diane Scott	Portal Program Director	Office of Deputy Commissioner/CIO
Lynn Sims	Unit Chief	OIT - Division of Family and Children Services
Dean Watts	IT Section Manager	OIT – Administrative Offices and Division of Aging Services

The Information Technology Planning Team focused on business need solutions.

2.3 KEY PLANNING EVENTS

Following is a list of key events supporting the development of DHR's FY2004 Strategic Plan Update.

The schedule was aggressive; meeting it required focused efforts by all parties.

Date	Event
March 27	DHR Leadership Team retreat to review environmental scan, mission, vision, strategic goals, strategic objectives, critical success factors, success inhibitors and business functions
March 27 – June 18	Strategic Planning Core team revises and updates FY03 Strategic Plan for FY04 based on changes made by the DHR Leadership Team
June 13	DHR IT Project Review Board reviews Information Technology projects and initiatives and sets priorities based on the goals and objectives in the Strategic Plan, and other relevant factors.
June 23	Draft of plan update submitted to DHR Leadership Team for review
June 30	DHR FY2004 Strategic Plan Update submitted to OPB/GTA/GMS;
August 1	DHR Divisions / Offices complete FY2004 Operating Plans

3. KEY STRATEGIC PLAN COMPONENTS

The subsequent sections of this document present the following key components of the DHR FY2004 Strategic Plan:

- Section 2: ***Business Strategy***
- Section 3: ***Information Technology Planning***
- Section 4: ***Workforce Planning***
- Section 5: ***Measuring Plan Performance***

Section 2

Strategic Business Planning

- [Section 1](#) Background
- **[Section 2](#) Strategic Business Planning**
- [Section 3](#) Strategic Information Planning
- [Section 4](#) Strategic Workforce Planning
- [Section 5](#) Measuring Plan Performance



1. [Environmental Scan](#)
2. [DHR Mission Statement](#)
3. [DHR Vision Statement](#)
4. [Goals, Objectives, Strategies, Long-Term Outcomes](#)
5. [Link to State Strategic Directions](#)
6. [Critical Success Factors](#)
7. [Success Inhibitors](#)
8. [Business Functions](#)
9. [Business Organization](#)
10. [Division/Office Operational Planning](#)

This section describes the Strategic Business Planning portion of DHR's consolidated strategic planning process. This planning was completed in accordance with the **Guidelines for Georgia's FY2003 Strategic Planning Process**.

The following sub-sections summarize the results of DHR's strategic business planning.

1. ENVIRONMENTAL SCAN

Major changes in a variety of environmental areas have had a direct impact on DHR's planning.

As part of DHR's 2002-2003 strategic business planning efforts, DHR's original FY2002 Environmental Scan was reviewed and updated in multi-disciplinary facilitated sessions that included representatives from all Offices and Divisions. Statewide Indicators from the FY2003 Guidelines and other items located using Georgia Merit System's gScan tool were included in the draft. In addition, subject matter experts on various topics were called on to offer research and information about other new items and their suggested impacts on DHR.

To update the Environmental scan for FY2004, the DHR Leadership Team members reviewed the detailed Environmental Scan and made adjustments based on the key trends they considered most likely to have a significant impact on DHR during FY2004-2005:

1. Increasing diversity and changing demographics of Georgia's population, families and workforce*Key Impacts:*

- a. Allows, because of medical advances, children and adults with disabilities to live longer and live in the community instead of in institutions. This causes an increasing demand for community – based health care services and creates an increasing need for quality providers of services.
- b. Requires changes in DHR's service delivery system to accommodate different cultures that address a wider range of life-style, health and assistance-seeking behaviors.
- c. Creates a growing need for a multi-lingual workforce to serve DHR's client base
- d. Compels DHR to alter its recruiting and training processes

2. Increasing proportion of Georgia's population over the age of 65*Key Impacts:*

- a. Creates growth in the future need for DHR services
- b. Provides opportunity for recruiting from a more experienced pool of applicants
- c. Requires more flexible workplace rules

3. Large numbers of children living in poverty in Georgia*Key Impacts:*

- a. Generates higher demand for DHR services
- b. Causes caseloads per DHR employee that could exceed service delivery capacity

4. Increasing level of public accountability for State programs and expenditures*Key Impacts:*

- a. Provides opportunity for DHR to promote agency's effectiveness
- b. Requires more management and staff time to respond in a prompt and integrated fashion to requests for information
- c. Requires continuing focus on customer service and communication

5. Rising costs of health care*Key Impacts:*

- a. Raises cost of providing medical care and pharmaceuticals to DHR clients
- b. May increase DHR employee caseloads as people shift to public support for health care-related services

6. Fluctuations in the economy*Key Impacts:*

- a. Decreases funds (proportionately) to meet social service needs
- b. Increases in demand for all DHR services
- c. Increases demands that DHR address problems that are preventable with early intervention
- d. Causes loss of staff positions, which inhibits DHR's ability to provide quality services
- e. Increases need to develop and expand relationships with key stakeholders
- f. Increases competition within DHR for limited resources

7. Increasing difficulty in recruiting, developing, transitioning and retaining an experienced workforce*Key Impacts:*

- a. Reduces the DHR knowledge base and efficiency
- b. Lowers overall employee satisfaction
- c. Increases need for succession planning efforts
- d. Increases need for planning to address rising number of retirements in key positions

8. Expanding role of technology in both the lives of DHR's clients and in the delivery of social services*Key Impacts:*

- a. Raises the demand for electronic access to information about social services
- b. Accelerates the need for technology investment in required systems, infrastructure, and equipment
- c. Increases incidents of cyber crime and breaches in electronic data security

9. Volatile world situation/rising world tensions*Key Impacts:*

- a. Increases focus on terrorism, defense and security
- b. Requires increasing collaboration with a variety of local, state, and federal agencies regarding emergency response planning
- c. Requires an increased focus on staff and funding for emergency and bio-terrorism response preparedness
- d. Raises the number of citizens who must be evacuated and repatriated to the United States; this causes an increased demand for social services
- e. Increases public concern and anxiety leading to increasing need for health and counseling services and collaborative planning because of bioterrorism issues (e.g., smallpox, anthrax, botulism, etc.) as well as newly emerging infectious diseases (i.e. SARS)

10. Increased demand for security and privacy of consumer information*Key Impacts:*

- a. Requires compliance with emerging Federal (HIPAA) privacy and security regulations, which will require significant funds and dedicated work effort by DHR employees
- b. Requires compliance with privacy and security regulations, which will require system modifications as well as far-reaching changes to policies and procedures in all areas of DHR

11. Increased demand to utilize private providers in the delivery of services*Key Impacts:*

- a. Causes an increased need to grow and develop a network of competent, fiscally stable community-based service providers
- b. Causes stress on service delivery system when a provider fails; requiring immediate intervention to continue services
- c. Requires increased regulatory capacity to assure that service providers are operating in compliance with regulations, standards and policy

12. Leadership and public policy changes over time*Key Impacts:*

- a. May cause changes in leadership in key positions, which may cause changes in policy
- b. May cause changes in public policy to reflect citizen priorities and demands
- c. May trigger changes in DHR service delivery systems
- d. Require proactive planning for potential shifts in service needs, priorities and fund sources

2. DHR MISSION STATEMENT

The DHR Mission Statement answers the following questions regarding the organization:

- **Who** are the primary customers?
- **What** customer needs is the agency attempting to fill?
- **Why** does the agency exist?
- **How** does the agency accomplish its function?

It is a statement of the overall purpose of the organization.

***The Georgia Department of Human Resources,
in partnership with others, will effectively deliver
compassionate, innovative, and accountable services to
individuals, families and communities.***

3. DHR VISION STATEMENT

The DHR Vision Statement is a concise declaration of the direction that DHR is planning to take into its preferred future.

Georgians living safe, healthy, and self-reliant lives

4. GOALS, OBJECTIVES, STRATEGIES, LONG-TERM OUTCOMES

A strategic **goal** is a broad area of endeavor that must be addressed if DHR is to make progress towards its vision. DHR Leadership examined and re-confirmed 5 of the 6 goals developed for FY2003. The Leadership Team decided that “Information Technology” was not a strategic goal unto itself, but rather, a means for achieving the other strategic goals of the department. Accordingly, Goal 5: Information Technology, was dropped for FY2004.

A strategic **objective** is a statement of what DHR wants to achieve over a specific period of time—generally 1 to 3 years—in order to move forward toward the agency’s mission and vision.

DHR’s Goals and Objectives have been specifically developed with input from, and collaboration among, DHR’s multiple Divisions and Offices. DHR’s Strategic Objectives are specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specified period. The objectives for FY2004 are not the sum of objectives developed by individual Divisions and Offices. Rather, these objectives have been developed at the Department level, and require input from, and promote collaboration among, multiple Divisions and Offices. DHR has developed specific measures for each Strategic Objective

that will be incorporated in the on-going management and operational processes for DHR. These measures are detailed in **Section 5** of this document.

A **strategy** proposes the means by which goals will be implemented. DHR developed strategies that may support more than one Objective.

A **long-term outcome** expresses the desired and expected result to be achieved over an extended period of time. DHR developed objectives that may promote more than one outcome.

The following pages present DHR’s strategic goals with their associated objectives, strategies and expected long-term outcomes. The linkages among objectives, strategies and outcomes are also identified.

STRATEGIC GOAL #1: SERVICES

Quality services are improved, expanded, and delivered in an integrated manner based on our customers' needs.

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>1.1 By the end of FY2005, at least 90% of DHR clients will indicate to DHR that services have met or exceeded their expectations.</p> <p><i>Addressed by Strategy(s): 1,3,4</i> <i>Yield Outcome(s): A,B,C,D,E</i></p> <p>1.2 By the end of FY2005, DHR will reduce by 10% the incidence of repeated, substantiated domestic violence, or abuse or neglect of vulnerable people.</p> <p><i>Addressed by Strategy(s): 1,2,3,5</i> <i>Yield Outcome(s): A,C</i></p> <p>1.3 By the end of FY2005, DHR will meet or exceed the federal or other established standards for the number of DHR job-targeted clients who have retained employment for at least six months.</p> <p><i>Addressed by Strategy(s): 1,3,5</i> <i>Yield Outcome(s): A,B,D</i></p> <p>1.4 By the end of FY2005, DHR will decrease by 10% the number of children reporting underage tobacco, alcohol use, and/or illicit drug use.</p> <p><i>Addressed by Strategy(s): 1,3,5</i> <i>Yield Outcome(s): A,C</i></p>	<ol style="list-style-type: none"> 1. Develop a collaborative plan to establish comprehensive services within DHR or in partnership with other public and private sector organizations to address the needs of specific populations. 2. Use competency-based recruiting and retention strategies to hire and retain qualified additional resources for long-term care. 3. Enhance screening criteria and recruiting procedures to increase the number of qualified providers. 4. Engage in cross-Divisional collaborative planning to increase the number of sites where complementary services are co-located. 5. Establish integrated Departmental tracking mechanism(s) to gather data and establish baseline measures on children and adults placed and served in community settings. 	<ol style="list-style-type: none"> A. Improved overall health status for all Georgia citizens B. Improved economic status for lower-income Georgia citizens C. Fewer children and older Georgians being abused, neglected or exploited D. More older Georgians leading independent and self-sufficient lives for longer periods of time E. Improved quality community services

STRATEGIC GOAL #1: SERVICES (Continued...)

Quality services are improved, expanded, and delivered in an integrated manner based on our customers' needs.

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>1.5 By the end of FY2005, DHR will increase by 5% the number of children placed and served in community settings based on their assessed needs.</p> <p><i>Addressed by Strategy(s): 1,3,5</i> <i>Yield Outcome(s): A,C,E</i></p> <p>1.6 By the end of FY2005, DHR will transition individuals from institutions to community settings according to the State of Georgia Olmstead Plan in the numbers approved and funded annually by the Georgia General Assembly.</p> <p><i>Addressed by Strategy(s):1,2,3,4,5</i> <i>Yield Outcome(s): A,C,D,E</i></p> <p>1.7 By the end of FY2005, DHR will meet or exceed federal or other annual performance goals and objectives for nutrition services.</p> <p><i>Addressed by Strategy(s):1</i> <i>Yield Outcome(s): A,C,D,E</i></p>	<p>(....same)</p> <ol style="list-style-type: none"> 1. Develop a collaborative plan to establish comprehensive services within DHR or in partnership with other public and private sector organizations to address the needs of specific populations. 2. Use competency-based recruiting and retention strategies to hire and retain qualified additional resources for long-term care. 3. Enhance screening criteria and recruiting procedures to increase the number of qualified providers. 4. Engage in cross-Divisional collaborative planning to increase the number of sites where complementary services are co-located. 5. Establish integrated Departmental tracking mechanism(s) to gather data and establish baseline measures on children and adults placed and served in community settings. 	<p>(....same)</p> <ol style="list-style-type: none"> A. Improved overall health status for all Georgia citizens B. Improved economic status for lower-income Georgia citizens C. Fewer children and older Georgians being abused, neglected or exploited D. More older Georgians leading independent and self-sufficient lives for longer periods of time E. Improved quality community services

STRATEGIC GOAL #2: WORKPLACE

The DHR workplace environment is enhanced and maintained to support and attract highly motivated, well-trained, customer-focused employees, and to develop future leaders and diversity in the workforce.

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>2.1 By the end of FY2005, DHR will reduce employee turnover (excluding retirements) by 1% per year as computed by the Georgia Merit System. <i>Addressed by Strategy(s): 1,4</i> <i>Yield Outcome(s): A,B,C</i></p> <p>2.2 By the end of FY2005, DHR will have 100% of new employees complete a standardized orientation to DHR within 30 days of being hired. <i>Addressed by Strategy(s): 3</i> <i>Yield Outcome(s): A,B</i></p> <p>2.3 By the end of FY2005, DHR will have 20 managers complete the Executive Leadership Program annually and 15 managers will complete the Leadership Development Institute annually. <i>Addressed by Strategy(s): 1</i> <i>Yield Outcome(s): A,B,C</i></p> <p>2.4 By the end of FY2005, 55% of promotions to pay grade 19 or higher will come from within DHR. <i>Addressed by Strategy(s): 1,5</i> <i>Yield Outcome(s): B,C</i></p> <p>2.5 By the end of FY2005, DHR will record a 10% increase in employee satisfaction using the FY2002 DHR Employee Satisfaction Survey as the baseline score. <i>Addressed by Strategy(s): 4</i> <i>Yield Outcome(s): B</i></p> <p>2.6 By the end of FY2005, DHR will meet the goals and objectives contained in the diversity plan that was developed in FY2003. <i>Addressed by Strategy(s): 7</i> <i>Yield Outcome(s): D</i></p>	<ol style="list-style-type: none"> Continue the development of the Executive Leadership program and continue current leadership activities. Require Customer Service training for all employees. Purchase and implement a statewide DHR Learning Management system to manage delivery of all types of orientation and training. Develop 2-3 strategies to address Department-wide workplace concerns identified in the FY 2002 DHR employee satisfaction survey in the following areas: <ul style="list-style-type: none"> ■ Communication - including access of employees to information, policies and procedures; ■ Recruitment and retention - streamlining the hiring process, actively marketing the organization and its employees; ■ Recognition of employees - rewarding and recognizing good performance and effective teamwork; ■ The basic requirement that each employee be treated with respect at all times. Develop competencies for 30 critical jobs or job groups Perform competency-based training needs analyses for targeted jobs or job groups. Implement the comprehensive DHR Diversity Plan developed in FY2003 that includes a common definition of diversity and strategies for managing and valuing diversity. Develop a competency-based DHR Training Plan for the jobs or job groups defined in the FY2003 Workforce Planning. 	<ol style="list-style-type: none"> Competent employees delivering DHR services Highly satisfied employees and DHR clients Prepared candidate pool for key leadership positions An organization that recognizes, promotes and reflects the value of a diverse workforce through its management practices, policies and procedures, and organizational goals

STRATEGIC GOAL #3: OPERATIONS*The efficiency and effectiveness of Department operations are improved.*

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>3.1 DHR will meet or exceed the federal standards of promptness for eligibility determination for services. <i>Addressed by Strategy(s): 2,3</i> <i>Yield Outcome(s): A,B,C</i></p> <p>3.2 By the end of FY2005, DHR will decrease by 10% error rates on targeted measures. <i>Addressed by Strategy(s): 1,2,3,4</i> <i>Yield Outcome(s): A,B,C</i></p> <p>3.3 By the end of FY2005, DHR will complete 3 enterprise-wide business process re-engineering studies per year on key departmental business functions (or sub-functions). <i>Addressed by Strategy(s): 1,2,3,4</i> <i>Yield Outcome(s): A,B,C,D</i></p> <p>3.4 DHR will achieve 100% compliance with Federal law and regulations pursuant to HIPAA schedules (deadlines) and requirements for Administrative Simplification, DHR Security and Information Privacy. <i>Addressed by Strategy(s): 5,6,7,8</i> <i>Yield Outcome(s): D,E</i></p>	<ol style="list-style-type: none"> 1. Develop enterprise-wide standards for business process planning and project management that promote consistent and effective BPR efforts. 2. Identify target areas for reducing the time to determine eligibility for DHR services. Capture baseline data for processes in each area and design and implement operational improvement strategies. 3. Review / revise / streamline DHR policies and procedures that may contribute to delays or errors in service delivery. 4. Identify target areas of operational errors. Collect baseline data for each error. Develop a plan for error reduction. 5. Appoint a HIPAA Compliance Manager, a Privacy Officer and a Security Officer. 6. Build upon the DHR-wide HIPAA assessment and gap analysis completed in FY2003. 7. Implement DHR Privacy Policies. 8. Implement DHR Security Policies per schedules of Departmental, State and emerging Federal requirements. 	<ol style="list-style-type: none"> A. Decreased unit cost of service delivery B. Streamlined service delivery processes C. Reduced time required to deliver services D. Improved, secure data- and process-based management of our clients' private personal health information E. Timely compliance with critical Federal regulations

STRATEGIC GOAL #4: STAKEHOLDERS*Positive relationships with key stakeholders are developed and nurtured.*

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>4.1 By the end of FY2005, DHR will increase positive and neutral media reports by 10%, and decrease negative media reports of DHR by 10%. <i>Addressed by Strategy(s): 1,3,5,6</i> <i>Yield Outcome(s): A</i></p> <p>4.2 By the end of FY2005, DHR will increase by 5% the total DHR funding from Federal and local government sources. <i>Addressed by Strategy(s): 2,6</i> <i>Yield Outcome(s): B,C</i></p> <p>4.3 By the end of FY2005, DHR will increase by 20% the total amount of private funding for DHR programs. <i>Addressed by Strategy(s): 2,6</i> <i>Yield Outcome(s): B,C</i></p> <p>4.4 By the end of FY2003, DHR will respond to at least 95% of initial customer inquiries within 3 working days. <i>Addressed by Strategy(s): 1,4,6</i> <i>Yield Outcome(s): A,D</i></p>	<ol style="list-style-type: none"> 1. Develop a proactive DHR Communications Plan for promoting positive communication lines with key Stakeholders, including the media. 2. Identify and pursue additional fund sources; more formally define strategies, methods, and responsible persons for fund acquisition. 3. Promote DHR successes and accomplishments to the general public and in a variety of stakeholder communications. 4. Design and develop (or acquire) coordinated DHR-wide processes and tools for tracking and responding to customer inquiries more efficiently and effectively. 5. Establish a baseline of positive and negative media reports. 6. Continue to design and develop ways the Portal can be used to interact with, and provide needed information to, DHR Stakeholders. 	<ol style="list-style-type: none"> A. Improved DHR public image B. Increased funding sources for programs C. Leveraged resources outside of DHR for service delivery D. Improved public responsiveness

STRATEGIC GOAL #5: EMERGENCY RESPONSE PREPAREDNESS

DHR is prepared to respond effectively to national, state and local emergencies in coordination with other agencies.

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>5.1 DHR will increase the proportion of DHR Regions with an approved Business Recovery Plan with other agencies for general emergencies to 100% by end of FY2005 <i>Addressed by Strategy(s): 1,3,4,5</i> <i>Yield Outcome(s): A,B,C</i></p> <p>5.2 DHR will increase the proportion of DHR Regions with successfully maintained, trained, and practiced Emergency Response Plans for general emergencies to 100% by end of FY2005 <i>Addressed by Strategy(s): 1,3,4,5</i> <i>Yield Outcome(s): A,B</i></p> <p>5.3 DHR will increase the proportion of DHR Public Health Districts with a submitted Public Health Emergency Response Plan (PHERP) to 100% by the end of FY2004. <i>Addressed by Strategy(s): 2,3,4,5</i> <i>Yield Outcome(s): A,B</i></p> <p>5.4 DHR will increase the proportion of DHR Public Health Districts with successfully executed Test and Training Plans for Public Health emergencies (including bioterrorism) to 100% by the end of FY2005. <i>Addressed by Strategy(s): 2,3,4,5</i> <i>Yield Outcome(s): A,B</i></p>	<ol style="list-style-type: none"> 1. Develop state Bioterrorism, Emergency Response and Business Recovery Plan templates for use in each district. 2. Develop DHR technology infrastructure to support emergency response planning, testing and training. 3. Develop a project management plan that includes specific tasks for testing and training; monitor progress against this plan. 4. Conduct testing of all plans; monitor test execution results. 5. Conduct training for district and local staff on emergency response and business recovery; confirm strategies for re-training. 	<ol style="list-style-type: none"> A. Developed and tested bioterrorism and emergency response plans with other agencies B. Agencies are able to communicate and operate during times of emergency C. Developed and tested business recovery plans for DHR facilities.

5. LINK TO STATE STRATEGIC DIRECTIONS

DHR's Strategic Goals align well with the State's Strategic Directions.

Per the State's FY2003 strategic planning guidelines, the strategic goals and initiatives of each agency should relate to and support as closely as possible one or more of the State's primary policy areas. The State's primary strategic policy areas, as articulated in pages 22-23 of the FY2004 Governor's Budget Report are:

1. **An Educated Georgia,**
2. **A Safe Georgia,**
3. **A Healthy Georgia, and**
4. **A Growing Georgia**

Also in this document, the Governor stated a leadership philosophy and vision in which Georgia will have a state government that is principle-centered and people-focused. The Governor summarized this philosophy in three statements:

- A. **The public trust in government will be restored,**
- B. **The public voice will be heard, and**
- C. **We will inspire results-oriented innovation and productivity.**

The following table illustrates the link of DHR's Strategic Goals with the State's Strategic Directions:

<i>DHR Strategic Goals</i>	<i>State Strategic Directions</i>						
	1. An Educated Georgia	2. A Safe Georgia	3. A Healthy Georgia	4. A Growing Georgia	A. Public Trust In Government	B. Public Voice Will be Heard	C. Innovation and Productivity
1. Improve and expand quality services in an integrated manner based on our customers' needs	✓	✓	✓	✓	✓	✓	✓
2. Enhance and maintain an environment that supports and attracts highly motivated, well-trained, customer-focused employees and that develops future leaders and diversity in the workforce	✓			✓	✓	✓	✓
3. Improve the efficiency and effectiveness of Department operations					✓	✓	✓
4. Develop and nurture positive relationships with key stakeholders					✓	✓	
5. Be prepared to respond effectively to national, state and local emergencies in coordination with other agencies		✓	✓		✓		

DHR Support of State of Georgia Strategic Directions

The relationship matrix (above) demonstrates the varying degrees of alignment of DHR's Strategic Goals to State Strategic Directions. In particular, DHR's Strategic Goal #1 (**Improve and expand quality services in an integrated manner based on our customers' needs**) aligns with all State Policy Areas.

- 1. An Educated Georgia** - The health and well being of DHR clients (and their corresponding needs for services) are directly related in many cases to the amount of education and their educational achievements. Educational environments are frequently a part of integrated service delivery. DHR services support education in Georgia by encouraging school attendance and parental involvement in their children's education as a part of the Temporary Assistance to Needy Families (TANF) program. DHR services to reduce substance abuse, to assist children with developmental and learning disabilities, and to ensure proper immunizations are all examples of DHR support for this State strategic direction. In addition, DHR is increasingly relying on a quality educational system to provide a high quality workforce.
- 2. A Safe Georgia** – In the current environment, DHR is increasingly under the spotlight as a key agency providing public emergency services and bio-terrorism readiness planning. DHR services also promote the safety of Georgians through a variety of programs aimed at protecting children, older Georgians, disabled persons, residents of nursing homes and long-term care facilities and other at-risk populations. DHR services promote greater independence and self-sufficiency among Georgia citizens, which enhances their physical security. Also, DHR offers environmental health services (e.g., septic tank inspections, inspections of food service establishments, lead analyses) and inspections of X-ray machines and laboratories that contribute to a clean and safe environment for Georgians.
- 3. A Healthy Georgia** – DHR offers a wide spectrum of community-based services to Georgians of all ages. These services enhance the both the physical and mental health of Georgians. Examples of DHR programs and services promoting a healthy Georgia include: health screening, vaccination tracking, communicable diseases monitoring, environmental inspections, pre-natal education, Medicaid eligibility determination, mental health services, developmental disability services, addictive disease services and wellness and prevention education programs. Public emergency and bio-terrorism services also play a role in ensuring the health of Georgia's citizens.

- 4. A Growing Georgia** – To the extent that DHR services and operations improve personal health, safety and self-reliance, they contribute directly to the economic stability and contribution potential of all Georgians. DHR services further support statewide economic prosperity by helping individuals cope with economic crises and by supporting them in their efforts to find and keep gainful employment. Conversely, the availability and quality of DHR services rely on funding supported by Georgia's economic prosperity. Efficient, reasonable access to needed services is critical to DHR clients, who, in many cases rely on State-supported transportation. Improvements in public transportation are thus a key interest to DHR. In addition, DHR's workforce is spread throughout the State. DHR is evaluating creative alternatives (e.g., distance learning, tele-work, computer conferencing) to traditional transportation for employees and clients.
- A. Public Trust in Government** – DHR is a highly visible agency in Georgia government, with offices in all 159 Georgia counties. All of DHR's strategic goals promote accountability and trust in government by improving the quality of its services, its employees, its operations and its relationships with stakeholders. DHR's clearest measures of accountability and trust are goals and objectives aimed at improving customer service, reducing errors, and delivering integrated care focused on unique sets of client needs.
- B. The Public Voice Will Be Heard** – DHR is committed to listening to its customers, attracting and developing highly motivated, well trained, customer-focused employees and developing and improving its services. Consumer and family involvement in the provision of services is a key part of developing any social service plan. DHR has developed specific goals and objectives that address improving the quality of its services, improving customer service, improving relationships with stakeholders and improving the efficiency and effectiveness of departmental operations. Input and involvement of the public is critical if we are to be successful in accomplishing these goals and objectives.
- C. Innovation and Productivity** – DHR is increasingly relying on advances in technology to meet the complex data demands of integrated service delivery. DHR is committed to statewide strategies (e.g., the enterprise portal) that will dramatically increase the public's ability to access needed human services information using new and innovative technologies. Also, DHR has implemented several business process reengineering efforts (i.e., Child Support Enforcement and Child Welfare) in order to drastically change the way services are provided. These efforts will continue and will be expanded in the future.

6. CRITICAL SUCCESS FACTORS

A Critical Success Factor is any condition or element that must be in place in order for DHR's Mission and Goals to be achieved. The DHR Leadership Team confirmed the following factors as being key to success:

- *Well-trained, knowledgeable employees*
- *Cooperation of government entities and contractors*
- *Adequate and affordable training methods*
- *Commitment to developing staff from within*
- *Commitment to embrace competency-based models*
- *Common standards for operational procedures and commitment to adherence to the standards*
- *Identification of key stakeholders*
- *Clear communications with key stakeholders*
- *Support and cooperation with key stakeholders*
- *Adequate, qualified providers*

7. SUCCESS INHIBITORS

DHR recognizes that the following issues exist, and that they represent challenges or risks to successfully achieving DHR's Mission. For DHR to be successful and deliver quality services, these are issues that must be systematically addressed in both planning and operations. The DHR Leadership Team identified the following Success Inhibitors:

- *Limited resources (both amount and flexibility)*
- *Dispersed geographic service delivery points*
- *"Silo" or "Stovepipe" culture – not always operating at the Department level*
- *Lack of competitive salaries*
- *Lack of clearly defined career paths across Division/Office lines*
- *Inconsistent contract compliance monitoring*
- *Inability to control or influence procedures or guidelines of local and federal government entities*
- *Competition for limited resources within DHR*
- *Lack of shared data and integrated systems*

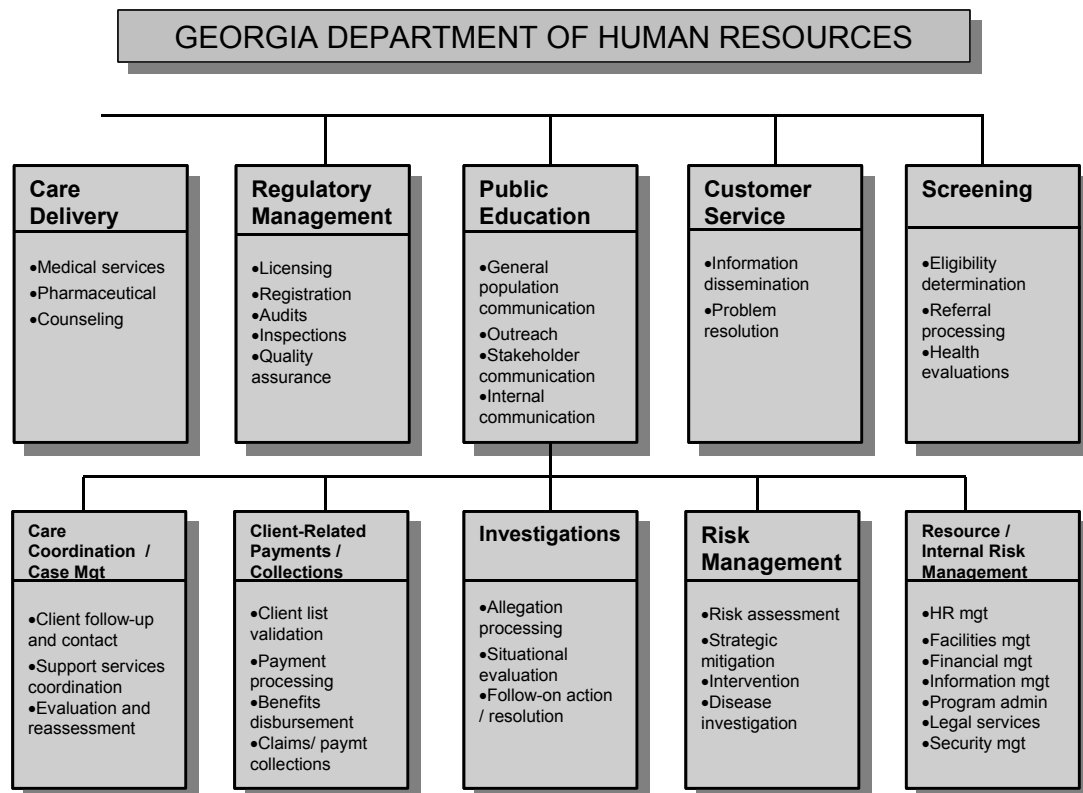
8. BUSINESS FUNCTIONS

Nine of ten major DHR Business Functions are focused on clients

A Business Function is a group of activities that define the core elements of a business. Business Functions express “what” is done, not “how.” They are independent of the organizational structure and seldom change from year to year.

Key elements in identifying DHR’s Business Functions included the requirement that a function be conducted in more than one Division/Office and that the function be client-focused. Nine of the ten DHR Business Functions meet this definition. The tenth function, Resource / Internal Risk Management, represents all internal management and administrative support activities.

The following Business Functions were confirmed for FY2004:



The following pages present descriptions of these DHR Business Functions and their sub-functions.

1. **Care Delivery: Services provided to clients under the direction of a licensed or registered practitioner or provider.**
 - a. **Medical Services:** Those services provided by DHR programs in which the purpose is to prevent, alleviate, or cure a physical or mental disease or condition.
 - b. **Pharmaceutical:** Prescribing, dispensing, and administering (sometimes under direct supervision) medications needed by clients because of physical or mental conditions that indicate this type of treatment. Also involves the purchase, storing, safeguarding, and shipping of drugs.
 - c. **Counseling:** The process of gathering information and providing professional guidance to a client or patient as pertains to physical, mental, or emotional health; well-being of individuals or families; or related topics.
2. **Regulatory Management: Licensing and monitoring of adherence to rules, regulations, policies and guidelines as prescribed by federal and state laws.**
 - a. **Licensing:** The process of assessing the condition of a facility to determine that it meets the legal and regulatory requirements that have been established to operate in Georgia. This also includes the issuance of an official document that indicates the facility meets these requirements.
 - b. **Registration:** A listing, usually required by law or regulation, that is maintained of all entities involved in a particular type of operation, of all people in Georgia with certain credentials or qualifications, or other similar types of lists.
 - c. **Audits:** Reviews of financial condition, management operations, or other conditions of an entity to assure compliance with applicable, laws, rules, regulations or practices.
 - d. **Inspections:** Reviews or surveys of various types of facilities or operations to determine their level of compliance with health, safety, or other laws, rules, or regulations.
 - e. **Quality Assurance:** Determination of the value of services provided, as opposed to the quantity of services provided.
3. **Public Education: On-going process of providing health and social services information to the general public, target population groups and stakeholders.**
 - a. **General Population Communication:** Communications through newspapers, magazines, Internet, broadcast, or other media that are intended to reach a large part of Georgia's population.
 - b. **Outreach:** Public education designed to increase the number of people who have knowledge of a particular program or service, or to help more people know how to access that program or service.
 - c. **Stakeholder Communication:** Information designed to increase understanding of, support for, or effectiveness of, one or more DHR programs among those who have a stake in the programs.

- d. **Internal Communication:** Information intended for use within the Department, in order to carry out the DHR assigned business functions.
- 4. **Customer Service: Responding to client-related questions and requests.**
 - a. **Information Dissemination:** Making information available to current or potential clients, policy-makers, taxpayers, or other interested parties about DHR programs and services.
 - b. **Problem Resolution:** Gathering information, assessing situations, communicating adequately with interested parties, and taking actions that will overcome an existing barrier to a Georgia citizen being able to resolve a human-services related problem.
- 5. **Screening: Assessing client circumstances to determine appropriate course of action.**
 - a. **Eligibility Determination:** Gathering information about an individual or a family's economic, safety, health, social, or other status, and using it to determine whether the individual or family qualifies for means-tested or other services that have eligibility requirements.
 - b. **Referral Processing:** The process of linking a DHR client with the services that have been determined necessary to resolve the client's problem, condition, or situation.
 - c. **Health Evaluations:** The determination of a client's condition and needs, as related to the specific DHR programs or services that are being accessed by the client.
- 6. **Care Coordination / Case Management: On-going monitoring of individual client needs and services.**
 - a. **Client follow-up and contact:** Communications with clients as necessary to assure that they receive case management services.
 - b. **Support Services Coordination:** Steps taken by a case manager to assure that a client is able to receive the services that are indicated as needed by the client's case plan.
 - c. **Evaluation and reassessment:** Periodic review of a client's situation, needs, and progress toward meeting those needs, and update or modification of the planned course of action as needed.
- 7. **Client Related Payment for Benefits: Generating payments for eligible client benefits.**
 - a. **Client list validation:** The process of assuring the accuracy of financial claims before public funds are released for payment of obligations.
 - b. **Payment Processing:** The steps that are taken to write checks, transmit funds electronically, record financial transactions, update files, and perform other accounting or budgeting functions necessary to meet fiscal obligations and assure appropriate accountability for public funds.
 - c. **Benefits Disbursement:** The process of making cash benefits available to clients, including distribution of checks or automated

updates of electronic-benefits transfers, and of recording the disbursements in automated transaction files.

- d. **Claims / Payment Collections:** The process of collecting, recording, and accounting for funds due to DHR.

8. Investigations: Determination of the need for intervention or corrective action regarding individual clients or situations.

- a. **Allegation Processing:** Receiving a report of alleged wrongdoing, determining whether or not further action is indicated, and if so, assigning it to an appropriate staff person to take the action indicated.
- b. **Situational Evaluation:** Gathering information and using it to determine the facts about the situation, the level of risk that exists (if applicable), and what needs to be done to correct the situation.
- c. **Follow-On Action / Resolution:** Steps taken to resolve the situation.

9. Risk Management: On-going process of evaluating and managing risks to the health and safety of the public.

- a. **Risk Assessment:** The determination of the danger, or the degree of risk of danger, of an existing condition or situation. This may involve an environmental condition, an individual client's situation, or other elements of risk.
- b. **Strategic Mitigation:** Interventions used as a strategy to reduce or eliminate a risk.
- c. **Intervention:** Actions taken to achieve the desired risk reduction.
- d. **Disease Investigation:** The systematic examination or study of disease outbreaks, patterns, or trends.

10. Resource / Internal Risk Management: Functional support related to the general operation of the Department.

- a. **HR Management:** Actions taken to attract and retain qualified employees, to assure a well-trained, quality workforce, and perform other related human-resource functions.
- b. **Facilities Management:** Actions necessary to assure that DHR employees have appropriate, adequately maintained facilities in which to administer, manage, or carry out programs and other functions of the Department.
- c. **Financial Management:** Performing of the functions that are necessary to budget, spend, and account for the public and private funds that are entrusted to the Department.
- d. **Information Management:** The use of automation technology to collect, store, summarize, sort, and report data to be used for program management, required reporting, policy-making, or other functions that require data or other information.
- e. **Program Administration:** The performance of administrative functions that is necessary for the effective and efficient provision of services that are provided by the Department.
- f. **Legal Services:** Provision of expertise to Department management in matters that involve interpretation of the law, matters before the courts, or other legal matters.

- g. **Security Management:** The safeguarding of information, including individuals' rights to privacy, protection of data and equipment, and other matters involving security.

All of DHR's Business Functions impact the department's strategic objectives.

9. BUSINESS ORGANIZATION

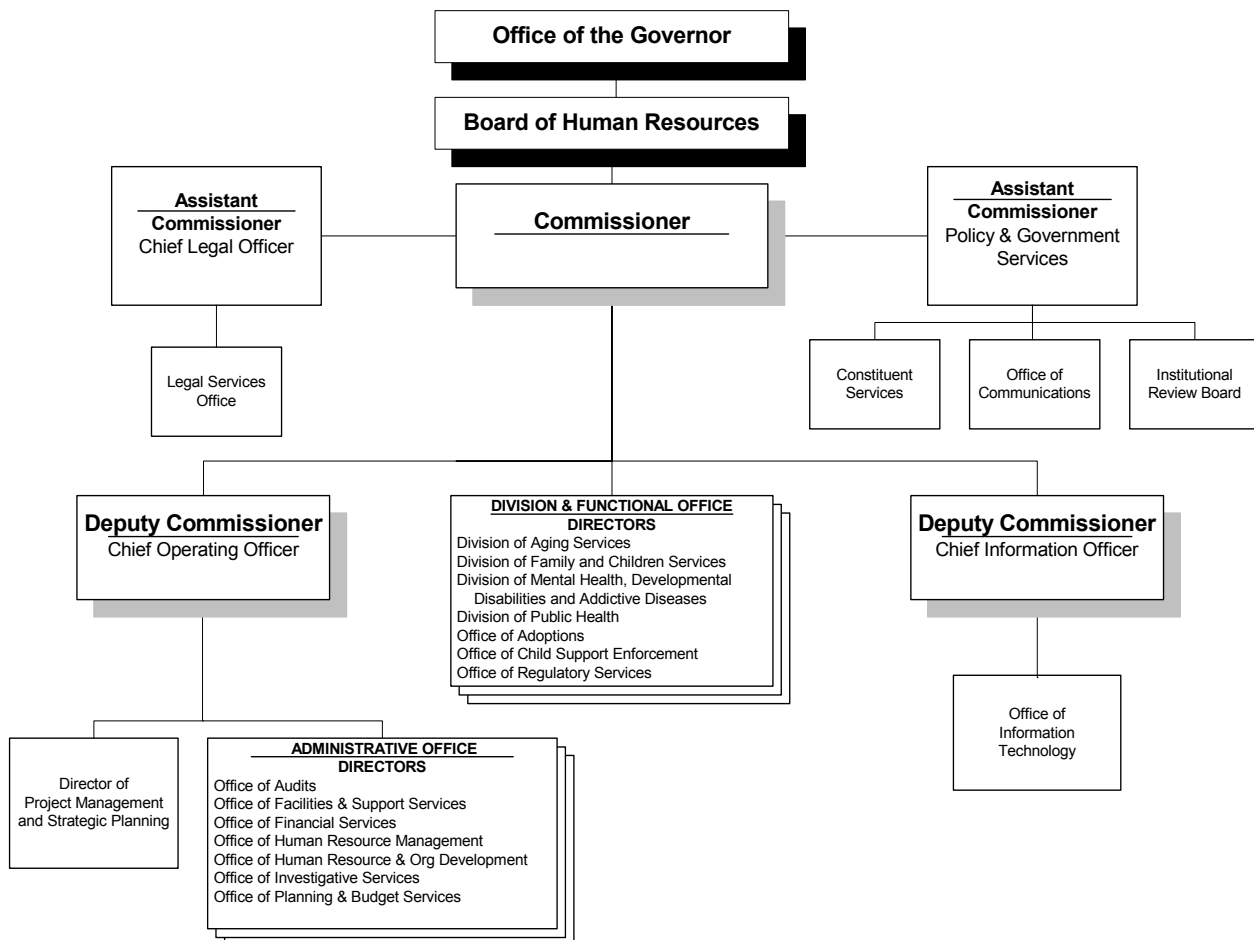
With 17 diverse Divisions and Offices comprising Georgia's Department of Human Resources, it is critical for each to align with and work toward accomplishing the common DHR Vision:

Georgians living safe, healthy, and self-reliant lives

The **DHR Organization Chart** (below) depicts the top two levels of the DHR management structure.

As expected, all Business Functions occur in each of the four major DHR care delivery Divisions. The Offices of Investigative Services, Regulatory Services, Adoptions and Child Support Enforcement are also involved in most Business Functions, except for Care Delivery and Risk Management. The Resource / Internal Risk Management Business Function is spread across the entire DHR organization.

Georgia Department of Human Resources Organization Chart



10. DIVISION / OFFICE OPERATIONAL PLANNING

A strategic plan focuses an organization's thinking and activities within a shared sense of mission for the entire organization. It guides operational planning and budgeting for the organization's divisions, offices and sub-units.

Accordingly, each DHR Division and Office develops its own **Operational Plan** with goals, objectives, strategies and performance measures that align with DHR's Departmental Strategic Plan.

Section 3

Strategic Information Technology Planning

- [Section 1](#) Background
- [Section 2](#) Strategic Business Planning
- **[Section 3](#) Strategic Information Planning**
- [Section 4](#) Strategic Workforce Planning
- [Section 5](#) Measuring Plan Performance



1. [DHR Information Technology Strategy](#)
2. [Current IT Project Initiatives](#)
3. [Subject Areas](#)
4. [Information Needs](#)
5. [IT Initiative Proposals](#)

1. DHR INFORMATION TECHNOLOGY STRATEGY

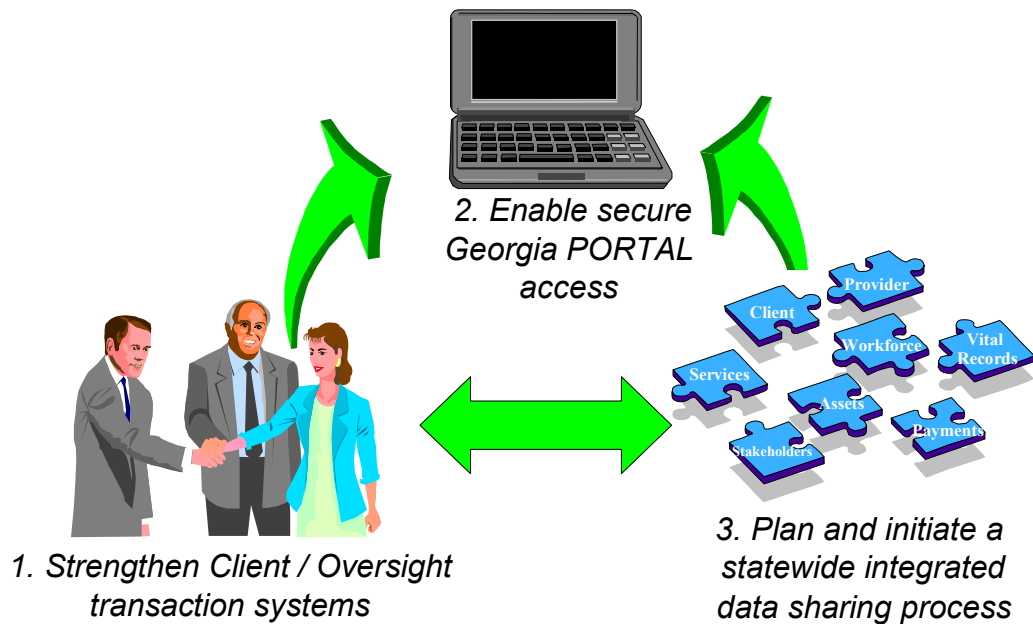
DHR Information Technology (IT) systems support a variety of programs meeting the unique needs of families and children, hospital and community mental health, developmental disabilities, and addictive diseases services, senior citizen programs, public health services, adoptions, child support commitments, and communications in a highly regulated funding environment. Because of the rapid change in program and funding requirements, the IT systems supporting these services must continually be enhanced to meet current statutory and stakeholder demands and to maximize funding from various public and private sources.

Specialized service delivery needs require specialized systems. However, DHR aims to provide the ability for state employees and provider staff to have **secure access to common attributes** about clients and to provide comprehensive, cross-program services focused on a range of needs. The inherent conflict between the specialized 'stovepipe' system requirements and the need to integrate information has caused DHR to aggressively pursue a web-enabled portal capability, as well as improved connectivity and common data integration / access.

DHR has developed three overriding IT Initiative themes to meet these competing challenges.

1. Strengthen DHR client and transaction tracking capabilities.
2. Enable secure DHR and public access to DHR services through a Web-enabled Georgia Portal.
3. Plan for and initiate a consolidated DHR information sharing process to enable common client entry and integrated services management.

DHR priorities will encompass three major areas:



1.1 STRENGTHEN DHR CLIENT AND TRANSACTION TRACKING CAPABILITIES

DHR plans to continue to enhance and update IT systems that support a wide variety of service delivery and oversight requirements.

Some examples of these requirements include:

- The ability to track children receiving DFCS services
- The ability to determine Medicaid eligibility and monitor temporary assistance to needy families (TANF) benefits
- The capability to track various aspects of the MHDDAD service delivery system, such as enrollments, services, incidents, etc. and to integrate that information with financial data.
- The ability to manage a network of contracted caregivers to the benefit of their older clients.
- The ability to track adoptive placements for children with special needs.
- The ability to track, analyze and communicate health risks to the general population of Georgia.
- The ability to issue permits to potential personal care homes for the elderly.
- The ability to track and enforce parental financial support responsibility.
- The ability to track and secure safe placements for children in foster care.
- Oversight and investigations of potential public fund fraud.
- Coordinated and accurate audits of public and private providers providing services to the DHR clients.

DHR will continue to strive to provide secure information systems optimized for unique Division / Office services and to develop an agency-wide integrated data sharing process with a single view of clients, provider services, and community environments.

1.2 ENABLE SECURE DHR AND PUBLIC ACCESS TO DHR SERVICES THROUGH A WEB-ENABLED GEORGIA PORTAL

DHR has some of the first applications appearing on the statewide Portal. DHR will work closely with the Georgia Technology Authority (GTA) to enable wider, more secure access to both public and private information through the statewide portal, **georgia.gov**.

Applications will be added to the portal over the next few years using rigorous priority-setting procedures closely aligned to DHR's strategic goals and objectives.

The portal will provide a secure single point of information access for DHR-related business functions. This portal will be designed to protect public-entrusted private information using 'state of the art' encryption and password protection methods.

1.3 PLAN FOR AND INITIATE A DHR INFORMATION SHARING PROCESS TO ENABLE COMMON CLIENT ENTRY AND INTEGRATED INTAKE

The strategy is to continue to enhance existing specialized systems, while providing an integrated information sharing process through the DHR portal. DHR will need to continue to maintain some specialized management systems to provide Georgia citizens with appropriate levels of care in specialized service delivery areas. To meet goals of integrated care, however, an information sharing process will be established. This data integration process will be implemented via the DHR portal to enable timely, integrated data access and reporting. A major goal of this process will be to provide secure, unduplicated information for authorized individuals. A Georgia citizen

should only need to provide basic demographic information once to a DHR program and the process will make this information available (electronically and securely) to other relevant DHR Divisions and Offices.

1.4 STRATEGY IMPLEMENTATION TIMELINE

The FY2004 IT Strategy is to complete and enhance major Division support systems, implement the first of many DHR Georgia portal applications, and to define and initiate a statewide integrated data sharing process.

From a high level, the schedule below reflects the need to continue to improve the current systems to a level that maximizes available funding and promotes high levels of specialized client service delivery. In parallel, the Georgia Portal and Statewide data sharing process Initiative will begin to take shape.

While priorities will shift and be refined over time, DHR will need to continue to focus on these three major strategy elements for many years into the future.

DHR IT Strategy	2003	2004	2005	2006	2007	2008
Enhance client and transaction tracking systems						
Enable secure Georgia Portal access						
Plan and initiate statewide data sharing process						

In summary, the strategy is to continue to enhance existing specialized systems, while providing an integrated information sharing process through the DHR portal.

2. CURRENT IT PROJECT INITIATIVES

2.1 DHR IT PROJECT INITIATIVE PRIORITIES

DHR followed a rigorous process to evaluate its IT Project Initiatives.

DHR has implemented an IT Project Review Board jointly chaired by the Chief Information Officer (CIO) and the Chief Operating Officer (COO) with the department Project Management Director as a permanent member. This group consists of executive level leadership that will review and approve all department IT work requests for further development and inclusion in the Strategic Plan. Decisions are based on established criteria for prioritization and in conjunction with the agency's strategic goals and objectives. The current list of IT Project Initiatives is the result of this review and prioritization process.

DHR followed this rigorous process to evaluate its IT project Initiatives. The process included analyzing the impact of each Initiative on DHR's ability to achieve its strategic goals, objectives, business functions and information needs coverage. In addition, business factors such as funding source, business risk, and

mandated changes were included in the final ranking process. For 2004-2005, the top IT strategic initiatives for the department are:

Priority Rank	FY2003 Plan Reference No.	IT Project Initiative
1	4	Statewide Automated Child Welfare Information System SACWIS
2	24	DHR Portal Infrastructure
3	1	DHR Shared Front End and Integrated Data Sharing
4	New	DHR Bioterrorism Preparedness
5	21	DHR DFCS Connectivity
6	5	Behavioral Health Information System: Sunrise Hospital Management System, Community Provider and Client Management System and Statewide Reporting
7	3	Child Care Case Management System
8	2	Child Support Enforcement Constituent Services system
9	28	DHR Document Management Infrastructure
10	29	DHR Learning Management System
11	14	Vital Records Management System
12	17	Investigative Services Information System (ISIS)
13	25	DHR Security Improvement
14	16	HIPAA Privacy and Security

DHR's Strategic Plan includes a total of 14 major IT Project Initiatives.

All of DHR's Strategic IT Project Initiatives impact at least one of its Strategic Goals and one of its Strategic Objectives.

2.2 INITIATIVE GROUPING

These IT Initiatives are classified into four major solution groups. This method of grouping helped DHR management prioritize the major business functions supported by both individual Initiatives and groups of Initiatives. The major groups are:

- **Client / Case Management Initiatives** – initiatives that provide support for unique client and case management related services;
- **General Population Health and Security** – initiatives that enable DHR to improve the management of information associated with the general population and community risks;
- **Statewide Oversight Initiatives** – initiatives that enable DHR to meet its oversight obligations; and

- **Infrastructure Enhancements** – In order to deliver these required portal based integrated information services; DHR must continue to invest in its infrastructure.

This business view of the IT Initiatives provides DHR Leadership with a logical grouping by Initiative basic functions and sets a framework for DHR to view and manage the Initiatives as a solution 'portfolio'. This view should aid DHR Leadership to begin to recognize and remove unnecessary barriers and to better allocate limited funds towards the most critical and valuable Initiatives for the citizens of Georgia. The table below categorizes the IT initiatives in to these four groups.

Client / Case Management	General Population Health and Security	Oversight	Infrastructure
Statewide Automated Child Welfare Information System (SACWIS)	DHR Bioterrorism Preparedness	Investigative Services Information System (ISIS)	DHR Portal Infrastructure
DHR Shared Front End and Integrated Data Sharing	Vital Records Management System		DHR DFCS Connectivity
Behavioral Health Information System	HIPAA Privacy and Security		Document Management Infrastructure
Child Care Case Management System			DHR Learning Management System
Child Support Enforcement Constituent Services System			DHR Security Improvement

2.3 CLIENT / CASE MANAGEMENT IT INITIATIVES

The following is a brief summary of each DHR IT Project Initiatives included in its FY2004 Strategic Plan.

2.3.1 Statewide Automated Child Welfare Information System (SACWIS)

DHR's Safe Futures Program combines DHR's current and future plans to improve the business processes and information technology infrastructure of DFCS with its efforts to develop a Statewide Automated Child Welfare Information System (SACWIS). Current and future plans for the Safe Futures program

were derived primarily from a recently completed Child Welfare Business Process Reengineering (BPR) project and from the July 2001 Administration for Children and Families (ACF) review.

This initiative aims to support the Safe Futures Program and improve consistent case management practices, and to provide information that can protect Georgia's at-risk children. This Initiative:

- Improves the capability to provide access to appropriate information and tools that will consistently support policy and practice standards throughout the state. It will improve case managers' efficiency and effectiveness, while maximizing their flexibility to deal with each individual situation.
- Provides current and accurate data for reporting, performance management, accountability, consistent practice, and equitable workload distribution.
- Provides timely, accurate information and alerts on children and families so that case managers and administrators can conduct case management activities, including the development of life histories.
- Provides statewide search capabilities across agency programs for prior history on individuals and families.
- Provides support for resource management, including automated procedures for recording demographic and program information about providers.
- Provides prompts, alerts, and ticklers throughout the system to support staff in assessment, case planning, case management, and case review processes.
- Provides support for tracking and maintaining records (including state and county annual reports, AFCARS, NCANDS, and ASFA).
- Provides one-time client data entry to ensure data integrity consistent with state and federal requirements, allowance of access from any system module, and maintenance of accurate client and accounting records.
- Provides an internal and external audit trail of all cases sufficient to meet state and federal requirements for reviews conducted under authority of Title IV-B, Title IV-E, and other relevant program areas.
- Provides consistent and accurate data management and reporting to maximize federal revenues, including identifying appropriate financial programs through which funds must pass (eligibility determinations and re-determinations).

2.3.2 Shared Front End and Integrated Data Sharing

A DHR-wide case tracking system will utilize both the DHR Portal and an integrated data sharing process to effectively provide a secure integrated view of client information to authorized DHR clinical, administrative and financial staff. This system should enable DHR Offices and Divisions that deliver client services to track client and provider demographic information, current and historical case management data, client transaction data, and other data that impacts client service delivery. Because DHR must perform specialized service management, supported by IT systems with unique functions, an integrated information sharing process for various client/case management systems is required. This process will be implemented to enable timely integrated data access and reporting. A major goal of this process will be to provide secure, unduplicated information for authorized individuals. A Georgia citizen should only need to provide information once to a Georgia agency and the process electronically make this information available to other DHR divisions and offices. This Initiative incorporates the tasks to define the process, identify critical data elements, evaluate alternatives, and develop a plan to consolidate data and processes.

An important part of this initiative is the health and human services Shared Front-End (SFE) Project. This is a collaborative effort between the Department of Human Resources (DHR), Georgia Technology Authority (GTA), Gwinnett County, and the Gwinnett Coalition for Health and Human Services. The SFE Project is one of the early initiatives identified by DHR to implement web-enabled services using the Enterprise Portal Interoperability Architecture.

Phase I of the project will provide a prototype to demonstrate the viability of providing health and human services through a “no wrong door” or common intake approach. Business functions will be redesigned as necessary and a web-enabled, component-based system built to support Information and Referral, Common Reception, Potential Eligibility Screening, and Common Intake. This prototype will be implemented (piloted) at the Buford Human Service Center in Gwinnett County. Based on successful completion of Phase I, Phase II will consist of two components: 1) Gwinnett County will implement the Shared Front-End in other Human Service Centers, and 2) DHR will explore implementing the SFE model in other counties in Georgia that are interested and programmatically and technically ready.

2.3.3 Behavioral Health Information System

The Behavioral Health Information System is a statewide information system that will be developed and implemented to:

- 1) Track admissions, discharges, and transfers to the state-operated mental health hospitals along with other information about hospitalized clients. The system is a complete client billing system that includes the ability to track services. These improved systems will potentially result in increased billing and revenue to DHR and improved consumer service levels and outcomes;
- 2) Provide a link between Mental Health hospitals and community provider and client admission, discharge and transfer data. The current information system for community provider data is outdated and does not support information needed by the division, department and others. A replacement system is much needed and would capture both service and enrollment information and at the same time would incorporate various current stand-alone systems. It will promote continuity of care and enables statewide client reporting. With data input by the community programs, regional offices and MHDDAD state office staff will be able to effectively manage the service delivery system. Consumer information including services information from the community sites will be transmitted via the site's current information systems and merged into the statewide database; and
- 3) Provide a statewide repository of all mental health client, clinical, and financial information. The information in the database will be used to support improved client outcomes and more effective Division financial reimbursement. Consumer data will be transmitted from community service sites into an information system where both hospital and community consumer data will be combined for aggregated state level reports.

Other components of the system include the pharmacy information system (WORx), which replaced the legacy Pharmacon system, the medical laboratory system (Flexilab), and the consumer banking system. Data from the production database is copied over to the Decision Support System (DSS) from which reports are produced.

2.3.4 Child Care Case Management System

This system will enable DFCS management and caseworkers to better manage the child care function. A recently completed BPR project has identified key business improvements to substantially improve Child Care Case Management Services to in-need families. The planned automated system will enable DFCS county and state-level workers to more easily and effectively determine child eligibility, perform child enrollment, track and manage parenting and

daycare services, and support electronic provider payments. The system will also provide: reminders to caseworkers, a view of an individual child's needs and enrolled services, and detect potential fraud and abuse.

2.3.5 Child Support Enforcement Constituent Services System

This Initiative is for a secure portal-based Child Support Enforcement database system to simplify Child Support payment tracking and provide secure public access and update capability. This IT Initiative will provide the critical information to enable DHR to improve parental financial support payment compliance and promote and enhance family self-sufficiency and stability. During FY2003, DHR released the first portal application – Where's My Child's Check to provide payment information to custodial parents. The success of this portal application and the documentation of additional functionality that constituents would like to have available via the portal will result in implementation of eight additional releases through the OCSE Constituent Services portal application.

2.4 GENERAL POPULATION HEALTH AND SECURITY IT INITIATIVES

2.4.1 Bioterrorism Preparedness

Bio-terrorism Preparedness is a series of projects to meet critical capacity requirements in support of bio-terrorism preparedness. This initiative will include a wide range of project such as:

1. **Satellite Connectivity:** Providing satellite dishes and downlinks at DPH sites, hospitals, and community health centers across Georgia to access nationwide Smallpox and other BT training currently being developed and delivered to all public health partners across the country via the Public Health Training Network (PHTN).
2. **Redundant Wireless Communications:** Providing Two-Way Radio connectivity for DPH BT Public Health First and Second Responders across Georgia that will also have communication capabilities with the Georgia Emergency Management Agency (GEMA) and the Georgia Departments of Public Safety (DPS) and Transportation (DOT) Two-Way Radio communications.
3. **Information Security Assessment and Implementation:** After conducting an intense survey of current security status, a security enhancement plan will be developed and implemented that will:
 - Protect the DHR DPH information technology architecture and systems,

- Align with GTA statewide information security standards, and
 - Serve as a model for future security efforts for the entire DHR enterprise architecture.
4. **Connectivity and Equipment:** Providing frame relay and computer equipment to support expanded connectivity to the DHR Wide Area Network (WAN) for DPH State and District Offices, County public health clinics, Emergency Medical Services (EMS) Regional Offices and provider sites, and hospitals for BT and emergency response event detection, investigation, and response.
 5. **Portal Content Alignment:** Identifying, prioritizing, and integrating DPH systems that support DPH BT overarching project activities and the DPH Web site to the GTA Portal Architecture.
 6. **Overall IT BT Capacity Assessment and Plan Development:** Identifying, prioritizing and planning other current and future IT enhancement requirements to support future DPH BT activities and to obtain future funding to support these continuation efforts.
 7. **Continued and Future Software Development and Integration:** Identifying, prioritizing, developing, and integrating existing and new information systems to support DPH BT overarching project activities and to align with the GTA Portal Architecture.

2.4.2 Vital Records Management

DHR is seeking to redesign or replace several outmoded Vital Records legacy systems, implement new systems where none exist, and functionally integrate systems applications. These systems will enable DHR / Public Health to electronically register vital events and automatically archive and retrieve critical public documents and information to improve customer service and responsiveness. There are four main business functions involved in Vital Records management:

- **Complete and Register Vital Records**, mostly done manually by many different professionals across Georgia.
- **Electronically catalog Vital Record information.**
- **Scan the record to create an electronic image of the Vital Record.** (The Vital Records Document Imaging System (VRDIS) utilizes Windows 3.1 and no longer supported imaging software and UNIX operating system. In addition, annual vendor maintenance cost is high.) Very old mainframe COBOL programs are cumbersome and expensive to support.

■ **Perform Vital Records office management, customer request, quality control and accounting functions.**

Legislative authority GA Code 31-10, DHR Rules 290-1-3.

The Vital Records Management project is a multi-phase effort to Vital Records activities.

2.4.3 HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act (HIPAA), was signed into law on August 21, 1996. Having its roots in healthcare reform proposals, the primary intent of HIPAA is to provide better access to health insurance, limit fraud and abuse, and reduce administrative costs.

Currently, there is no common standard for the transfer of information between healthcare providers and payers. Over 400 electronic data information ("EDI") formats are used by various payors. As a result, providers have been required by payers to meet many different requirements. For providers who submit claims to hundreds of payers, programming computer systems to meet these requirements has been a difficult and expensive process.

The new regulations are an effort to reduce paper work and increase efficiency and accuracy through the use of standardized financial and administrative transactions and data elements for transactions.

While HIPAA is listed as an IT Initiative, IT tasks will comprise only one component of a very large and complex compliance effort. All areas of DHR that collect, process and/or maintain client medical and personal information fall under the HIPAA compliance umbrella. DHR will perform a gap assessment to begin to understand the total impact of HIPAA regulations to DHR. A comprehensive workplan will be developed, and many IT and non-IT activities will be needed to bring DHR into compliance.

2.5 OVERSIGHT IT INITIATIVES

2.5.1 Investigative Services Information System (ISIS)

This IT Initiative will replace the DHR Case Tracking System used by the Office of Investigative Services (formerly known as the Office of Fraud and Abuse). ISIS tracks public assistance fraud referrals from initial receipt through investigation to final claim disposition. The project will replace OIS's current batch processing system with an online system that will enable DHR to improve accuracy and access for out-stationed field investigators, and shorten case processing time. Georgia has been given an extension on the newly mandated reduction in investigation processing time from twelve to six months. DHR must meet these more demanding measurements to continue to receive federal funds (approximately \$6M per year).

The current system is written in an outdated language version of FoxPro, and it has numerous system bugs and points of failure. Rather than developing and maintaining a custom-built system, OIS will release an RFP to procure a standard, commercial off-the-shelf investigation tracking system.

2.6 INFRASTRUCTURE IT INITIATIVES

2.6.1 DHR Portal Infrastructure

The DHR Portal Initiative will plan for and implement agency-wide web-based portal capabilities for training, information dissemination, and a single point of entry for employees and public to DHR services and information as defined by the GTA portal architecture. This Initiative includes migration of selected systems to the GTA-defined portal architecture. Applications currently targeted for migration to the portal include:

- Office of Child Support Enforcement Constituent Services
- SACWIS (IT system supporting the Safe Futures Program)
- Health and Human Services Portal Shared Front End Project
- Safe Futures/Child Welfare Enhanced System
- Vital Records
- DHR Web Site Content
- Quick Hits Applications – a wide range of up to ten applications to be deployed to ***georgia.gov***
- Child Care

2.6.2 DHR DFCS Connectivity/Infrastructure

This Initiative will provide the hardware, middleware and software to establish secure connectivity for County DFCS offices and other DHR field offices, which will include secure Internet access to the DHR network backbone. This project is critical to the success of other initiatives such as SACWIS, Integrated Data Sharing, Child Care and other portal initiatives.

2.6.3 Document Management Infrastructure

The purpose of this initiative is to establish a uniform system by which to manage the thousands of volumes of paper documents produced by each DHR Division and Office. This will provide automated methods of capturing this information via scanning and creation of TIF files from original documents. This initiative will eliminate duplication of document and provide flexibility in storage and transmission. Additional capability for microfilm or optical disk storage will be available.

2.6.4 DHR Learning Management System

Trained, experienced staff performing key DHR business functions is critical to enable DHR to accomplish the stated FY2004 Goals and Objectives. This initiative is needed to support several human resource requirements of the FY2004 plan.

DHR will establish a training plan that includes process improvement and use of technology to develop an effective and cost efficient comprehensive system to manage the multi-faceted, ongoing training, development, and accreditation of more than 20,000 DHR staff.

Various methods of information dissemination will be utilized, including (but not limited to) the Internet, CDs and GSAMS or its successor technology for teleconferencing, etc. The system will be used to track employee completion of many types of training. Examples include employee orientation, emergency preparedness, policy and procedures (e.g., HIPAA), basic skills (e.g., computer, competency), and specialized vendor application training. Agency Divisions and Offices may incorporate specialized web-based training programs (such as those provided by the Division of Aging Services) for the purpose of training providers on policy and procedures and software utilization.

2.6.5 DHR Security Improvement

As information about Georgia citizens becomes more accessible through the web-based Portal, HIPAA mandates are implemented, and the volume of electronically stored DHR information grows, DHR information security efforts must become more vigilant. This Initiative, while ongoing and evolving, must be implemented flawlessly to enable DHR to maintain public trust and confidence.

DHR technology infrastructure includes more than 75 production servers and 23,000 workstations across the connectivity, desktop and data integration Initiatives add more security requirements. This security improvement effort includes servers, workstations, virus protection, data security and password management.

3. SUBJECT AREAS

***DHR identified
23 Subject Areas
related to its
major functions***

GTA defines subject areas as high-level classifications of data that are centered on a major resource, activity, product or service. The Subject Areas for an agency must cover the entire data needs of the agency.

3.1 SUBJECT AREA DESCRIPTIONS

DHR reviewed and analyzed each of its major Business Functions to develop the following list of DHR Subject Areas:

Subject Area: Client/Consumer

Description: Information concerning a citizen of Georgia receiving any health and / or social services from DHR including any contact, screening, or assessment information

Subject Area: Provider

Description: Information regarding health and social services employees or contractors for the Department

Subject Area: Facilities

Description: Information regarding all buildings and other property whether owned or leased by the Department, i.e., lease information, lien holder information

Subject Area: Cases

Description: Information regarding interaction of case worker with client (individual or family) in terms of follow on needs such as transportation services, child care services, in-home care – need all history of this information

Subject Area: Programs / Services

Description: Information regarding programs / services such as what is the program, who is responsible for the management of the program, participants, etc.

Subject Area: Risks

Description: Information regarding potential health and safety hazards, programs or actions to minimize or eliminate these risks

Subject Area: Employees

Description: All human resource information regarding Department employees including workforce planning

Subject Area: Medical Records

Description: All information relating to a client's medical history and to treatment provided by or through DHR

Subject Area: Pharmaceuticals

Description: Information regarding the inventory of medicines, syringes, etc., for the treatment of a client

Subject Area: Policy, Regulations and Compliance Data

Description: Information to support the regulatory policies, guidelines and program functions, i.e., health inspection certifications for restaurants, registration for child care facilities, fraud investigations, licensees, registrants and audit reports

Subject Area: Payments

Description: All information concerning payment disbursement to clients

Subject Area: Finance and Planning

Description: Information of the Department related to financial data, financial reporting, budgeting information, and strategic planning

Subject Area: Assets

Description: Information regarding computer equipment, medical equipment, office equipment, office furniture, vehicles, and other equipment

Subject Area: Public education materials

Description: Information regarding public information needs for DHR programs and services

Subject Area: External Health and Social Services Resources

Description: Information regarding other services provided by non-Department service entities such as Meals on Wheels, Red Cross, etc.

Subject Area: Legal records

Description: Information regarding judgments, adoptions, criminal background information, sexual predator, etc.

Subject Area: Training

Description: Information regarding training classes, facilities, needs for Department employee development and contractors / vendors

Subject Area: Stakeholder Information

Description: Information regarding lobbyists, legislators, private / non-profit organizations, advocates – people who have influence or impacts to the Department's interests and information provided to stakeholder groups regarding DHR programs and services

Subject Area: Infrastructure (IT)

Description: Applications, network architecture

Subject Area: Vendors

Description: Information relating to contracts, payments, service level agreements

Subject Area: Federal Programs

Description: Information regarding Federal health and social services programs and policies, such as what is the program, which is responsible for the management of the program, participants, and policy impacts to the State's programs

Subject Area: Community and Needs Data

Description: Information regarding communities and community needs such as geographic disbursement and other demographics in Georgia

Subject Area: Quality Assurance

Description: Information regarding the delivery of programs and program adherence for the Department as an internal function

3.2 SUBJECT AREAS ANALYSIS

DHR analyzed its subject areas and compared them to its organization structure and to its high-level business functions.

Key aspects of this analysis include:

Functional activities within DHR units are highly data intensive.

3.2.1 Comparing Subject Areas to the Organization

DHR analyzed which organizational units create, update or read information in each subject area. The most intense and extensive subject area interaction occurs in DHR's four major divisions (DFCS, MHDDAD, Aging Services and Public Health) due to the wide range of programs delivered by these units. The Office of Adoptions and the Office of Child Support Enforcement also create, update and read information across most of the subject areas.

Six DHR Offices have a significant need to access data across all or most of the subject areas: Office of Policy and Government, Office of Audits, Office of Investigative Services, Office of Regulatory Services, Office of Information Technology and the Office of Planning and Budget Services.

3.2.2 Comparing Subject Areas to Business Functions

DHR analyzed the impact of each DHR Business Function on the creation, updating and/or access to each subject area. The Care Delivery and Risk Management business functions create and update the greatest number of subject areas. The subject area needs of the Regulatory Management, Customer Service, Screening and Case Management/Care Coordination business functions are concentrated in the Client, Provider, Facilities, Case and Program/Service subject areas.

4. INFORMATION NEEDS

GTA defines Information Needs as unstructured descriptions of the information required by an agency to meet its goals and objectives and to support its business functions.

4.1 INFORMATION NEEDS DESCRIPTIONS

DHR has defined the following information needs related to its business functions:

1. **Client demographic data** – information that includes name, contact information, age, race, marital status, gender, financial information, employment history, family composition, education
2. **Population demographic data** – information at state, county or local levels relating to age, income, education, race, gender
3. **Client medical history** – information relating to family medical history, prior illnesses, injuries, treatments,

surgeries, hospitalizations, pharmaceuticals (prescriptions) as well as treatment data for medical services provided

4. **Client/family service/needs history** – includes documentation of client and family service needs external to DHR (i.e., referrals) as well as all DHR provided services
5. **Complaint information** – history of all complaints received through the various DHR channels (customer contact, county DFCS or Public Health offices / clinics, ombudsman programs, communications)
6. **Provider description** – information related to name, minority status, location, service offerings, ownership, management and financial condition of client service providers
7. **Provider qualifications** – contains information relating to all professional degrees and certifications, workforce competencies, staff training
8. **Provider service cost data** – rate information, costs
9. **Provider regulatory history** – complaints, inspections, licensing, registration, corrective actions, legal actions
10. **Property characteristics information** – state-owned and private facility-related information, for example, number of beds, handicap access, food service
11. **Case history** – information regarding ongoing management related to client/family (treatment, intervention, referrals, etc) including case management staffing
12. **General Program data** – information relating to DHR programs from all Divisions and named Offices including what the program is, who is responsible for the program's management, which Division owns the program, geographic coverage, service population, service levels, etc.
13. **Eligibility criteria** – information gathered on a client during a screening intake process including current demographic information to determine whether the client is eligible for certain programs or benefits such as Medicaid, TANF, etc.
14. **Health and safety hazards data** – information gathered about health and/or safety risks that can effect the general population of the state – needed for effective risk management efforts
15. **Risk intervention** – population-based services designed to prevent risk exposure, i.e., surveillance
16. **Employee performance measurement data** – information regarding an individual's compliance with policies and procedures

17. **Workforce profile data** – Information regarding DHR's workforce such as how many people are in which program (Division or Office), how many people are in a specific job classification (i.e., data entry clerk, administrative assistant, etc.) and forecasted hiring needs based on incoming health and social services needs data
18. **DHR job descriptions / salary information** – information regarding the description of all jobs/job classifications (duties and responsibilities) and corresponding salary information
19. **DHR employee satisfaction data** – information gathered through surveys, interview or other methods to determine how satisfied an employee is with his/her present and/or past positions within DHR
20. **DHR training data** – information regarding training and certification programs and competency standards for DHR employees, vendors, providers, etc.
21. **DHR customer satisfaction data** – information gathered via surveys, interviews or other methods to determine if client-related inquiries or needed services are met quickly and efficiently via DHR staff, provider or vendor
22. **Program performance measurement data** – information regarding the effectiveness of a program such as best practice implementation, program performance data, results-based budget indicator data, meeting long-term outcomes, etc.
23. **Asset management data** – information regarding assets (\$1,000 +) including medical equipment, office equipment and furniture, computer equipment, food service equipment, and vehicles
24. **DHR drug inventory data** – an ongoing inventory of all drugs dispensed via DHR providers or other health workers
25. **Drug uses and interactions information** – information regarding the effects of drug use / treatment and interactions with other forms of medication
26. **Laws, regulations, policy data** – any information regarding laws, regulations, policies and guidelines that impact DHR operations
27. **Audit and inspection reports** – audit and inspection data collected and stored based upon the result of these functions performed
28. **Transaction history** – information regarding all monetary transactions – money in or out of DHR, e.g., bank deposit information into a TANF bank account and the subsequent payments to the recipients

29. **Overpayments and recoveries information** – information regarding the overpayment and recovery of benefits to clients
30. **Budget data** – all data concerning the budget for DHR programs, workforce, expenses, purchases
31. **Expenditure data** – information regarding the expenditures of the Department against current budgets
32. **Vendor data** – information on vendors such as vendor name, contact information, financial transactions (invoicing, accounts payable, accounts receivable), services provided, cost of services, etc.
33. **Health and social services needs data** – Information gathered regarding the program needs of various clients and/or target populations or general populations
34. **Other health and social service provider data** – information kept on other health and social services providers such as the Red Cross, non-government entities (United Way, etc), other federal programs, etc.
35. **Legal records** – information regarding any legal action, litigation involving DHR, clients, providers, vendors; judgments; background information, etc.
36. **Stakeholder descriptions information** – information regarding lobbyists, legislators, private / non-profit organizations, and advocates, which would include name of stakeholder or stakeholder group, contact information, affiliation to DHR
37. **Applications and network architecture data** – information regarding all applications, middleware, hardware, routers and hubs, interfaces and other infrastructure information for DHR's information management efforts

4.2 INFORMATION NEEDS ANALYSIS

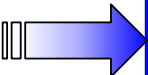
- All DHR Strategic IT Project Initiatives impact more than one information need
- Over 90% of the IT Initiatives impact 10 or more information needs
- All of the Client/Case Management Initiatives impact the Client Demographic information need

5. IT INITIATIVE PROPOSALS

DHR developed detailed IT Initiative proposal descriptions in accordance with the FY2003 Strategic Plan Guidelines and these strategic initiatives continue in various stages of development from planning to implementation in FY2004. This is a dynamic continuous process. As projects are completed, they will be deleted from the list of IT Project Initiatives. As new initiatives are developed, they will be added to the list.

Section 4

Strategic Workforce Planning

- ❑ [Section 1](#) Background
- ❑ [Section 2](#) Strategic Business Planning
- ❑ [Section 3](#) Strategic Information Planning
- ❑ **[Section 4 Strategic Workforce Planning](#)** 
- ❑ [Section 5](#) Measuring Plan Performance

1. [Introduction](#)
2. [Background and Overview](#)
3. [Business and Staffing Outlook](#)
4. [Diversity and Turnover Outlook](#)
5. [Competencies](#)
6. [HR Strategies](#)
7. [Implementation and Evaluation](#)

"I'm looking forward to building on the strengths of this department and addressing the many issues that still face DHR. I plan to emphasize professionalism, innovation, and respect not only for those who receive our services but also for the people who work for the department. I want everyone here to feel proud that they work for DHR."

- DHR Commissioner Jim Martin

1. INTRODUCTION

Strategic Workforce Planning is a particular challenge for any organization with the size and scope of DHR:

- Over 18,000 employees organized into 4 major Divisions and 13 Offices
- Nearly 700 defined job titles
- Operations located in every county in the State of Georgia

By law, a formal workforce plan is required of DHR. The Official Code of Georgia, 45-20-1 (f) states:

Each agency shall develop an annual workforce plan according to statewide criteria and guidelines and shall provide a report of such plan annually to the state merit system for incorporation into the statewide work force plan to be submitted to the Governor and the General Assembly.

Workforce Planning (WFP) for FY2003 was driven by a multidisciplinary Workforce Planning Steering Committee consisting of representatives from many DHR Divisions and Offices. Members committed significant amounts of time to complete the workforce planning analysis and to produce the many deliverables. Six Work Groups were established for the following strategy areas: Diversity, Recruitment/Selection, Competencies, Compensation, Total Rewards, and Training. A Project Charter was developed for each group that outlined strategies and deliverables. The Work Groups reported to the Steering Committee on a monthly basis.

DHR encompasses over 18,000 direct employees in over 700 job titles operating in all 159 Georgia counties.

Management's endorsement of this multidisciplinary team approach is an acknowledgement that a successful workforce plan for DHR must be developed and implemented by the agency as a whole, not simply by Human Resource (HR) staff. DHR continues to enjoy strong leadership support for workforce planning.

DHR's Strategic Workforce Planning reflects a Department-wide perspective.

DHR's approach to FY2004 Strategic Workforce Planning will continue under the following principles adopted last year:

- Keep a Department-wide perspective throughout this process that is consistent with DHR's Strategic Business Planning view.
- Include only top service delivery and workforce priorities – do not try to address all jobs in DHR.
- Distinguish Strategic Workforce Planning from day-to-day human resources management, i.e., DHR's future HR operations will be guided by the Strategic Workforce Plan. However, specific HR issues will need to be addressed on a case-by-case basis.
- Use job groups rather than individual jobs as the basis for analyzing and projecting future DHR workforce needs. A job group is a set of jobs sufficiently similar to each other (even among different Offices or Divisions) that strategic workforce

analysis can be meaningfully performed at the group, rather than individual job, level.

- Recognize that not all DHR services are delivered by DHR employees. For example, services directed by the Division of Aging are actually carried out by the local Area Agencies for Aging. Community mental health services are provided by Community Service Boards and other private providers.
- For purposes of workforce planning, data for employees of Department 427 (DHR) and Department 127 (locally payrolled DFCS employees) are included in all aspects of the plan.
- Data for Department 128 and for other non-DHR employees are not included in DHR's FY2004 Strategic Workforce Plan. However, when relevant, issues related to these workforce segments are acknowledged.

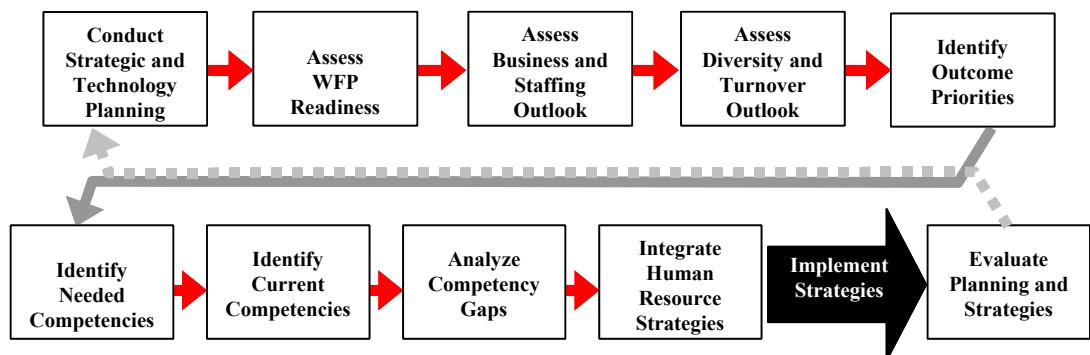
2. BACKGROUND AND OVERVIEW

Competency and diversity are central themes in this year's workforce planning.

This year's workforce planning is built on a set of themes based on competency and diversity. A 'competency' based model shifts to from a focus on *years of education and job experience* to a focus on the *skills, knowledge and capabilities* that truly enable a person to perform a job successfully. We began in FY2003 to incorporate competencies into HR processes, from recruitment and selection, to retention and performance management.

The continuing focus on diversity is a reflection of DHR's strong commitment to deliver personalized human services in a challenging and rapidly changing environment.

The diagram below summarizes the strategic workforce planning cycle used by DHR. The structure of this cycle guided the activities and deliverables in the WFP effort. The focus during FY03 was on the implementation of strategies in the areas of diversity, recruitment, competencies, compensation, total rewards, and training.



3. BUSINESS AND STAFFING OUTLOOK

Each year, factors such as changes in the economy, political developments, and improved technologies have presented DHR's workforce with a wide array of challenges and opportunities. Over time, DHR has increased both numbers and types of human services in response to these changing needs.

To identify key trends that could impact DHR's future workforce, DHR performed the following tasks:

- Reviewed all of the trends identified during the Environmental Scan phase of the DHR's Strategic Business Planning process to determine which, if any, would likely have a significant impact on DHR's future workforce needs
- Reviewed current HR developments in the popular press and in professional journals
- Researched a variety of relevant HR web sites
- Identified issues arising from OHRM's day-to-day experiences with workforce needs

3.1 DHR Workforce Environmental Issues

Based on a review of the DHR Leadership Team's revision of the 12

DHR identified many key environmental issues that could have a significant impact on its workforce.

Key Trends considered to most likely have a significant impact on DHR during FY 2004-2005, the following modifications were made to the Work Force Environmental Scan for FY2004.

Economic -- Georgia's continued economic slowdown has resulted in reduced state revenues, rising unemployment, and a significant increase in the demand for DHR

services. At the same time, funds have decreased to meet social service needs resulting in cuts in staffing levels, hiring freezes and staff reductions in many DHR organizational units.

Demographic -- Georgia continues to experience a dramatic shift in demographics. Steady growth in Hispanic and Asian populations and other multi-ethnic groups will challenge our work force's ability to be adaptive and sensitive to the needs of these diverse populations.

Technological -- The advances in technology and its integration into the business processes of DHR continues to challenge the work force to meet the demands of clients for accessible, accurate, and on-time electronic delivery (payment and purchasing) of services. GTA's statewide Portal Initiative will provide the means

for all Georgians to access services and information from all DHR Divisions and Offices.

Social -- Social issues such as children living in poverty, births to single mothers, child abuse and neglect, mental illness and substance abuse, continue to present challenges to DHR's programs and workforce. The increasing proportion of Georgians over the age of 65, along with the demographic shift in multi-ethnic population, creates a higher current and future demand for DHR services. DHR's work force must address these challenges and changes by continuously focusing on improving the effectiveness, efficiency and quality of its communication and customer service in order to meet the different needs of diverse client populations.

Political/Legislative -- Leadership, public policy shifts, and the passage of mandatory federal and state legislation have often dictated drastic changes in DHR's organizational structure and service delivery systems (e.g., MHDDAD). Additionally, the increased focus on community-based services and demand for utilization of private providers in the delivery of services to citizens will challenge our administrative and regulatory work force to ensure service providers are in compliance with regulations, standards and policy.

Legal -- Compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA) related to privacy, security and administrative simplification/standardization of health information will require significant funds for system modifications and a dedicated work effort by DHR employees for full implementation.

An amendment to the Civil Rights Act of 1964 requires that agencies ensure that clients with "Limited English Proficiency" and sensory impairment have meaningful language access to all department programs and activities.

DHR is developing and implementing a customized and flexible Language Assistance Plan for all programs throughout the state to ensure provision of reasonable and necessary language assistance to LEP persons. The implementation of this Plan has significant implications for DHR's workforce in its efforts to provide a myriad of services to this emerging client base.

Educational— Georgia still lags behind many states in standardized testing measures. A relatively high educational dropout rate contributes to limited employability and income potential – both of which are linked to a wide array of human resources service needs. DHR's workforce is impacted by these demands, and recognizes that early success in education is critical to reducing the need for many future services.

In addition, the increasingly diverse population in Georgia's educational system is resulting in new requirements for adaptations (in communication, styles, formats, languages) by educators and DHR's workforce.

Environmental --The increased focus on terrorism, defense and security will require increasing collaboration with a variety of local, state, and federal agencies regarding emergency response planning and bio-terrorism response preparedness. Additionally, heightened public concern and anxiety regarding bio-terrorism health issues and infectious diseases will lead to increased demands on Public Health and Mental Health counseling services.

3.2 DHR Workforce Trends

Last year's summary of the workforce environmental issues into 12 key trends affecting DHR's workforce continues to be relevant:

- Focus on security, bio-terrorism and **overall emergency preparedness**
- **Downturns in the economy** and corresponding funding limitations
- **Increasing demand for DHR services** resulting primarily from demographic shifts within Georgia
- Increase in total number and proportion of **non-English speaking Georgia residents and future workers**
- **Accelerating changes in computer, education and medical technology** in programmatic areas
- **Aging workforce** combined with higher "Baby Boomer" generation turnover as leading edge "Boomers" reach retirement age
- Increasing cross-Division/Office **program and resource collaboration within DHR**
- **Higher workforce mobility**, especially among younger age groups, leading to more frequent career changes and job jumping
- **Growth in non-traditional workforce pools** such as retirees, contract workers, and temporary employees
- Increasing **emphasis on community-based services** over traditional Institutional-based Services
- Demands from workforce participants for **more flexible work environments**, impacting both work scheduling and workplace location

DHR personnel in care delivery Job Groups are particularly vulnerable to many of these workforce trends.

3.3 DHR Workforce Impacts

The following represents an update to potential key impacts of the above trends:

- There is a continuing increase in the **focus on homeland security and defense** as a result of international threats of terrorism, in addition to the potential use of biological agents (e.g., smallpox, anthrax, botulism, etc.) and the emergence of new infectious diseases (i.e. SARS). These health and safety issues will require DHR's workforce to participate in collaborative planning and emergency response preparedness in order to meet the increasing demand for social and health care services. For example, significant staffing issues are presented by the responsibility assigned to DFCS to manage shelters in the event of a quarantine.
- The continuing **downturn in the economy and high unemployment rates** have placed increased demands on DHR's workforce in most service delivery areas. While this crisis represents an opportunity for development and expansion of relationships with key stakeholders, it also provides a challenge to provide quality services with diminishing human, fiscal and material resources. This trend continues to require additional oversight by staff that support administrative, regulatory and infrastructure business functions.
- Changing demographics (e.g., increased numbers of senior citizens and proportionate increases in Hispanic and Asian populations) require a workforce that is prepared to value and **deal effectively with many kinds of diversity**.
- **Recent HIPAA administrative simplification**, privacy and security regulations require the DHR workforce to adapt to changing systems and modify/ implement many new business policies and procedures to meet compliance regulations. Additionally, the Department's new **Limited English Proficiency (LEP) Plan** will require training of our workforce regarding reasonable access to services and provide opportunities for recruitment of multi-lingual workers as well as skills building for current workers.
- **Workforce focus on client services and case management** areas for the elderly are expected to increase dramatically as the Baby Boomers age.

Identification of trends and their impacts yield requirements for subsequent workforce planning.

- Continued overhaul of some of DHR's **infrastructure processes and technologies that are inefficient and outmoded**. Workforce personnel who use and support these processes and technologies must update skills to address planning and improvements in these areas.
- **Flexibility in compensation**, targeted **recruitment** in certain hard-to-fill jobs and/or specialized skilled jobs, improvement in the **work place environment**, **development** of employees for leadership roles and **succession planning** will increase the knowledge base and skill level of employees and lead to greater **retention** rates.

3.3.1 Job Projections

One of the overall objectives of DHR's Strategic Workforce Plan is to use knowledge of key trends and impacts to project future demand and supply for the Job Groups within each standard DHR Business Function. The Workforce Planning Team developed a forecast of demands for each Job Group over the next 1-3 fiscal years. A matrix describing projected FTE (Full-time Equivalent) needs is available for review.

Overall, DHR forecasts an increasing need for employees in nearly every Job Group within its standard Business Functions.

- In terms of staffing projections, the **majority of DHR Job Groups are anticipated to increase in both the short- term and long-term**. This projected growth is consistent with DHR's expectations that demand for its services will continue to increase over the planning horizon.
- Significantly, **no DHR Job Groups are anticipated to decrease within the next few years**.
- Only a **few groups were estimated to remain the same** for the upcoming fiscal year and beyond. Groups likely to remain unchanged for FY2004 include:
 - ◆ Pharmacists (Hospital population not growing quickly due to focus on community services)
 - ◆ Nursing (Hospital population not growing quickly due to focus on community services; recruiting is still a large challenge)

4. DIVERSITY AND TURNOVER OUTLOOK

An assessment of DHR's current workforce and the workforce turnover (i.e., those employees who have left the agency in the previous twelve months) was conducted. This sub-section presents findings and observations related to the diverse and changing composition of the DHR workforce. It also presents information concerning the DHR Diversity Plan, which was approved and made effective June 1, 2003.

4.1 DHR Overall Workforce Profile

Broad profiles of the DHR workforce were reviewed. Profile observations are highlighted below:

Profile or Matrix Area	Observations
Age	<ul style="list-style-type: none"> ➤ 48% of DHR's total staff is in the age range 40-54. The age category 45-49 has the largest number of employees (3,135 employees representing 17% of all employees). ➤ There is a continued trend toward an aging DHR staff. ➤ A large percentage of the DHR workforce will be retiring in the next 10 – 20 years.
Gender	<ul style="list-style-type: none"> ➤ The vast majority of DHR employees reflected in the Job Groups are female.
Ethnic Groups	<ul style="list-style-type: none"> ➤ The DHR workforce shown in these Job Groups is balanced between black and white employees, with a small percentage of either Hispanic or Asian members. ➤ Over time, there is an increase in staff who are black and a decrease in staff who are white. Others remain the same.
Tenure	<ul style="list-style-type: none"> ➤ The majority (56%) of DHR staff has less than 10 years of tenure. ➤ Most DHR employees have 0 to 4 years of tenure in DHR, demonstrating a 'revolving door' for some positions. ➤ There is a continuing trend of middle-aged employees with low years of tenure.
Compensation	<ul style="list-style-type: none"> ➤ The majority of DHR staff (60%) are salaried below \$30,000. ➤ Competitive pay continues to be a significant challenge for recruitment and retention.

(Continued on next page)

Profile or Matrix Area	Observations
Turnover	<ul style="list-style-type: none"> ➤ There was a 15% turnover rate in DHR for the period May, 2002-April, 2003. ➤ There is minimal decrease in turnover from last year. There is not significant change in this area. ➤ Turnover continues to be highest in those positions that demand direct client contact and service, suggesting that factors like 'burn-out' may need to be investigated further.
Turnover – Most Populous Jobs	<ul style="list-style-type: none"> ➤ There are relatively high turnover rates for Nurse (23%) and Licensed Practical Nurse (24%) positions. Both of these nursing jobs are involved in inpatient care. ➤ For all nurse positions, there are consistently high turnover rates and high vacancy rates. It is difficult to recruit, hire and retain qualified nursing staff. ➤ Low paying jobs indicate high turnover but not as high vacancy rates. So, DHR is spending lots of effort and money on continuous 'churn' in these positions.
Vacancy	<ul style="list-style-type: none"> ➤ The current vacancy rates for positions in DHR average 11.3%. ➤ There is a decrease in vacancies from last year. ➤ In some cases, low vacancy rates do not fully reveal the actual gaps in crucial service areas. ➤ The vacancy rate percentage is lower than the turnover rate percentage, which is a positive observation.
Vacancy – Most Populous Jobs	<ul style="list-style-type: none"> ➤ The vacancy rate for the Inpatient Nurse job is 39%; for the Inpatient Licensed Practical Nurse job it is 29%. ➤ For all nurse positions, there are consistently high turnover rates and high vacancy rates. This needs to be a recruitment and retention priority. ➤ Vacancy rates for most populous jobs mirror the national and state crisis in certain professions. DHR struggles to compete in this challenging hiring environment.

4.2 Diversity Planning Considerations

In October 2002, DHR established a Diversity Work Group, consisting of representatives of each of its major Divisions and Offices, and charged the group with the development of a comprehensive Diversity Plan. The Work Group completed its assignment, and the first DHR Diversity Plan was approved by the DHR Leadership Team and made effective June 1, 2003.

Great achievements are not born from a single vision but from the combination of many distinctive viewpoints.

Diversity challenges assumptions, opens minds, and unlocks our potential to solve any problem we may face. -unknown

Diversity has been defined for purposes of the DHR Diversity Plan as “the differences in people that have been historically, or are currently, viewed as bases for differences in the manner in which people are treated, both in and outside the workplace.” DHR seeks through the Diversity Plan to ensure to the greatest extent possible that the differences referenced in the definition are fully respected and valued, and regarded as desirable and positive characteristics of our workforce.

The DHR Diversity Plan contains sections addressing: Purpose; Philosophy and Values; Communication; Training; Recruitment and Selection; Work Environment; Vendor Practices; and Monitoring & Evaluation. The Plan is to address change at both the institutional and individual levels. Institutionally, we will establish and maintain a work culture that welcomes and values the contributions of each individual employee. Communication of the Department’s Diversity Philosophy and Values will occur at each level of the organization and will be consistently and regularly reinforced. Recruitment and selection practices will be regularly reviewed and evaluated to ensure their consistency with the Philosophy and Values. Importantly, selections will be based strictly on merit, as it is the Department’s expectation that diverse selections will result naturally from open recruitment and sound selection practices.

On an individual level, the Diversity training program is designed to assist employees in overcoming barriers that may have prevented them from fully accepting individuals due to perceived differences. Employees will have the opportunity to learn, in a non-threatening environment, the benefits of recognizing and valuing different communication styles and methods of problem resolution.

The Department recognizes that change resulting from the Diversity Plan implementation is likely to be incremental, and that adjustments in the Plan will occur with time.

4.3 Retirement Analysis

- There continues to be a significant number of employees who will be eligible to retire within the next five years in the service areas of case management, direct care, support staff, and nursing. Identification of strategies to begin addressing the impact of upcoming retirements in these areas has begun. However, there are still immediate implications for recruitment and training given the continued expected high turnover and large numbers of individuals eligible for retirement in these job categories.

- The 127 DFCS County Directors I-IV will have 59% of the current incumbents eligible for retirement within the next five years. This continues to be an area of focus for divisional succession planning.

4.4 Turnover Outlook Summary

An examination of DHR's demographic profiles, turnover and retirement yields the following impressions:

- There is relatively limited Hispanic and Asian DHR workforce representation in many business functions.
- Across the board, **turnover is most frequent in the first four years of employment**. Retention and turnover costs at the least tenured levels will require additional study and targeted HR strategies.
- **Turnover is clearly highest in those job areas where the demands for service are highest**
- **High numbers of projected retirements** in upcoming years suggests a need for proactive succession planning.

In summary, high levels of DHR turnover contribute to the challenges of meeting the diverse and individual needs of its clients and workforce. High turnover is very costly, eroding funds that could be used for many other purposes, such as improving service delivery, and attracting and retaining highly competent employees. Special attention needs to be paid to strategies that develop and retain DHR's most competent workers, particularly through early years of employment.

Estimated cost of turnover... millions of dollars!

The Georgia Merit System (GMS) estimated "cost of turnover" formula is *140% of the cost of salary + benefits x the number of people leaving*.

Increased retention could significantly reduce the many millions of dollars DHR loses to turnover each year. The dollars saved could be used to address other DHR priority workforce needs (e.g. meeting projected staffing increases, increasing salaries).

5. COMPETENCIES

In the current environment of change and significant budget restrictions, a competent workforce is more critical than ever for meeting DHR's Strategic Goals and Objectives. DHR's work towards implementing the use of competencies in our Human Resources (HR) processes built substantially on last year's Workforce Plan. That is to say, DHR continued to focus on the target jobs previously identified as priorities. In addition, the competency dictionary developed by the Georgia Merit System (G-Comps) was used again. Also, DHR continued to employ the same methodology for competency development – facilitated sessions with subject matter experts (SMEs).

5.1 COMPETENCY WORK GROUP

DHR formed a Competency Work Group composed of representatives from the various Divisions and Offices and OHRM staff. The goal of this group was to improve the quality of the workforce through identification and use of competencies in human resources programs and activities. After some initial organization and education of the membership, the group determined that this goal was best accomplished through conducting competency development sessions to validate the competencies developed in the previous year, educating DHR managers on competencies and their uses, and researching and making recommendations on the most effective ways to incorporate competencies into HR processes.

The Competency Work Group chose to focus on only five of the fifteen jobs/job groups previously identified: Health Services Technician (HST), Social Services Case Manager, Program Assistant, Clinical Laboratory Technologist, and Child Support Enforcement Agent. The group did not feel that they could provide a quality product without narrowing the scope of their efforts; however, the jobs selected do encompass over 5000 of DHR's employees, and they cover the largest Divisions/Offices.

5.2 COMPETENCY VALIDATION

One competency development session was conducted for each of the following jobs: HST, Clinical Lab Technologist, and Social Services Case Manager. Two competency development sessions were conducted for the Program Assistant job, due to its wide range of uses throughout the department. No additional sessions were felt to be necessary for the CSE Agent, in light of the extensive work done on this job by GMS in previous years. These sessions were held in January and February of 2003. The purpose of these sessions was to validate the competencies developed in the previous year's planning cycle. This step was felt to be necessary because of the large numbers of employees in these jobs. A full report of the results of the Competency Validation Sessions conducted by the work group is available.

To supplement these efforts, Office of Human Resource Management (OHRM) staff conducted at least one competency development session for each of the following jobs or job groups: Licensed Practical Nurse, Family Independence Case Manager I, Nurse (Inpatient), Consultants, Social Service Provider, and Nurse Specialist. As with the sessions conducted by members of the work group, Subject Matter Experts from all over the state were invited. These SMEs were typically supervisors of the jobs in question, but some experienced incumbents were also included in the sessions. As in the previous year, the SMEs were asked to identify the 5-9 most important competencies for the job, the current levels of the competency possessed by the average incumbent, and the level needed for fully successful performance in the job. These sessions were conducted in May of 2003. Reports are available for each of these competency sessions.

Following the completion of the sessions, the facilitators compared the results of the current year's session(s) to the previous year's sessions. In both sessions conducted by the Competency Work Group and sessions conducted by OHRM staff, approximately 75% of the same competencies were identified again as those most critical to the job in question. There was significant similarity of findings in the training (competency) gaps identified in the two years. Further, there was no job in which the sessions yielded remarkably different results from one year to the next. This confirms the soundness of the process used for identification of competencies. In addition, the facilitators found that the participants in the Competency Development Sessions were excited to have input in the process and valued the experience as an opportunity to exchange information with their counterparts in other parts of the organization.

The Competency Work Group identified the most frequently selected critical competencies across the jobs and job groups as the Core Competencies for DHR. These included written communication, oral communication, collects and organizes information, teamwork, and integrity/honestly. This is not to say that every job in DHR will include these exact competencies. However, this group of competencies was identified most frequently, and they were also the areas where the SMEs identified the most gaps. Consequently, it is helpful to know that selection processes and training programs designed for use across jobs should target these competencies.

5.3 INCORPORATION OF COMPETENCIES INTO HR PROCESSES

The Competency Work Group examined various human resources processes in which DHR might use competencies to improve the quality of its workforce. The members conducted research on the Internet, interviewed staff of other agencies, and consulted with Georgia Merit System staff. As a result, they recommended that DHR incorporate competencies into recruitment activities through listing needed competencies in job announcements and information presented at job fairs. The Work Group recommended that competencies be used in the selection process through screening activities such as written or oral exercises and through behavioral interviewing. The group also recommended that competencies be used to improve the performance of current employees by developing training and performance management instruments that develop competencies. Finally, the group made recommendations regarding the training that would be required for managers to use competencies, particularly in the interview process, and regarding how DHR could evaluate the effectiveness of using competencies.

5.4 RECOMMENDATIONS REGARDING FUTURE USE OF COMPETENCIES

The Competency Work Group determined that the most effective method for sharing these findings and recommendations with DHR management was to prepare a final report, which could serve as a guidebook for managers beginning to use competencies in their human resources processes. This guidebook is available upon request. In addition, the work group recommended that competencies be tested initially through pilots for each of the five jobs. Recognizing the investment required to move to a

competency-based approach and the change this represents to DHR's current culture, it was felt that it would be best to pilot using competencies on a limited basis before adopting them across the organization. This will allow DHR to learn and improve upon processes prior to using competencies in a broad way. In addition, it will also allow for easy comparison of areas of the organization using competencies versus those not using competencies, so that the benefits and costs of using competencies can more readily be evaluated.

Potential benefits of a competency-based approach include reduced turnover, higher job satisfaction, reduced training time, and improved performance. If the pilot shows that these benefits do occur, DHR will expand efforts beyond the first five jobs to the remaining 10 jobs that were targeted in the FY03 Workforce Plan. Assuming that success continues, DHR will develop and implement competencies for all jobs, eventually incorporating competencies routinely into HR processes. This progression will require many years of work and a continuing partnership between OHRM and Division/Office staff.

6. HR STRATEGIES

Priority Strategy Areas provide a roadmap for implementation.

The DHR Workforce Planning Steering Committee, which consisted of members from the Office of Human Resource Management (OHRM) and many of the DHR Divisions and Offices, worked together to prioritize the six (6) Strategy Areas for initial implementation. DHR's Leadership Team reviewed and endorsed these key Strategy Areas. Accomplishments during FY2003 included the following:

FY03 Workforce Priority Strategy Areas	
1.	Diversity – DHR Diversity Plan completed and approved, including philosophy and values; training plan; recruitment, selection and retention processes.
2.	Recruitment / Selection – DHR Recruitment Plan completed and approved; systematic approach to recruitment issues adopted.
3.	Competencies – Competencies for five key jobs integrated into HR processes, including recruitment, selection, training, and performance management; competencies validated for an additional ten critical jobs.
4.	Compensation – Report addressing delegation of authority for salary decisions upon promotion completed.
5.	Total Rewards – DHR Employee Recognition ceremony prepared and held on April 30, 2003; first DHR “Best Practices Seminar and Workshop” conducted June 12, 2003; DHR Work/Study policy implemented; report and recommendation on telework completed.
6.	Training – Competency survey instrument prepared and distributed to supervisors of individuals in five key jobs.

In FY2004, these strategy areas will continue to be the subject of WFP implementation efforts, along with several additional areas, including employee retention and succession planning.

7. IMPLEMENTATION AND EVALUATION

7.1 NEXT STEPS

The FY 2004 Workforce Planning effort identified a number of critical workforce needs that are magnified in times of increasing demands and limited resources. DHR must look for new ways to:

- **Improve the efficiency and effectiveness of recruiting the right people**
- **Increase the amount of time that good employees stay with DHR**
- **Upgrade training of existing staff to keep up with current demands for skills, knowledge and competencies**
- **Implement diversity plan to foster a work culture of inclusion and respect**
- **Look for ways to increase employee recognition to attract, develop and retain a quality workforce**

Workforce Planning Implementation efforts for FY 2004 will include implementation of the DHR Diversity and Recruitment Plans; development of a DHR Succession Plan; several Total Rewards initiatives; implementation of the DHR Compensation Philosophy; training activities focusing on effective selection and retention practices; and continued work in incorporating competencies into HR processes.

7.2 EVALUATION

In FY 2003, evaluation of workforce planning implementation was accomplished through the use of Project Charters for each strategy area. Each Project Charter contained a statement of specific project deliverables, with timetables for completion and assignments of accountability. Progress in meeting deliverables was monitored monthly by the Workforce Planning Steering committee and quarterly by the DHR Leadership Team. It is anticipated that this project management approach will be utilized for some, but not all, of the workforce planning implementation activities during FY 2004. To the extent that it is not utilized, comparable mechanisms for ensuring objective evaluation of the activities will be employed.

7.3 ANTICIPATED BENEFITS

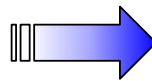
The benefits DHR expects from workforce planning implementation and evaluation in FY 2004, include the following:

- Increasingly effective recruitment and selection processes
- Reduction in preventable turnover
- Increased use of competency-based approach to staffing issues
- A more satisfied workforce
- Improvement in the work culture relative to diversity
- Better trained staff
- Better preparation for key retirements and other losses of critical staff
- Increased and improved quality of employee recognition activities
- More effective utilization of “total rewards” strategies
- Fully implemented Compensation Philosophy

Section 5

Measuring Plan Performance

- [Section 1](#) Background
- [Section 2](#) Strategic Business Planning
- [Section 3](#) Strategic Information Planning
- [Section 4](#) Strategic Workforce Planning
- **[Section 5](#) Measuring Plan Performance**



1. [Strategic Business Plan Evaluation](#)
2. [Strategic IT Plan Evaluation](#)
3. [Strategic Workforce Plan Evaluation](#)
4. [Evaluation of other Strategic Initiatives](#)

To attain long-term outcomes, DHR relies on formally-measured contributions from every Division and Office.

Over the past two years, DHR top leadership asked each Division and Office to include in their Operational Plans references to key Department-level strategic goals and objectives they could influence. Each Division and Office documented specific Operational Plan objectives and measures to gauge their contribution to the DHR FY2002-2003 Strategic Plans. Quarterly, results from every Division / Office and the entire Agency were collected and tracked to determine progress toward the DHR-wide goals and objectives.

Implementation of this systematic evaluation process represented significant progress for DHR. For the first time, Divisions and Offices reported regular contributions towards DHR goals and objectives. **During FY2002, DHR established the baselines for measuring its strategic objectives.** DHR is building on this progress by defining additional baselines for FY2004 measurements and improving its formal evaluation processes. There is renewed commitment throughout the organization on accountability for outcome achievement. DHR will focus on critical success factors for outcomes that positively affect the lives of all Georgia citizens.

1. STRATEGIC BUSINESS PLAN EVALUATION

DHR has further refined the specific measures for each of its Strategic Objectives.

For FY2004, DHR refined their strategic objectives and is further re-defining specifically how each objective will be measured and tracked. Some measures have been enhanced as a result of 'lessons learned' in FY2002-2003 and changing public needs in FY2003-2004. DHR will continue to refine these measures as data availability improves and Department management processes are enhanced.

However, the FY2002 baseline data will continue to be used to evaluate strategic plan performance.

Like the evaluation processes used or FY2002-2003, DHR will track these measures on a quarterly basis to assure plan performance. Although all DHR Divisions and Offices support the overall Strategic Plan and its outcomes, specific organizations bear responsibilities for supporting individual strategic objectives. Each Division / Office may contribute a different set of data that promotes accomplishment of a single objective.

DHR will continue to monitor its performance against the components of its Strategic Plan on a quarterly basis.

The DHR Leadership Team will review the Strategic and Operational Plan performance measures quarterly and determine any actions that should be taken to improve plan performance. To further ensure accountability, progress on key objectives is being included in management performance plans.

2. STRATEGIC IT PLAN EVALUATION

The DHR Office of Information Technology (OIT) undertook a massive Business Process Reengineering evaluation during FY2003. As part of this evaluation, OIT will be establishing a Project and Portfolio Management Office in FY2004 to improve its overall ability to manage DHR IT Project Initiative Requests and to track IT Initiative progress from initial submission to implementation.

Quarterly, OIT will prepare a report for the DHR Leadership Team that summarizes the current status and any issues for each of the IT project initiatives included in the Strategic IT Plan for FY2004.

3. STRATEGIC WORKFORCE PLAN EVALUATION

Strategic Workforce Planning is the newest element in Georgia's overall strategic planning process. For FY2003, the Strategic Workforce Team significantly grew and improved the FY2002 Workforce Plan. They enhanced the information about workforce trends, performed extensive analysis about the needs of the DHR workforce, and suggested strategies to address those needs.

Based on the Workforce analysis and recommendations, the DHR Leadership Team confirmed 6 key HR Strategy Areas for FY2003. Specific Pilot initiatives were defined under each key Strategy Area. These initiatives will be continued and expanded in FY2004. A measurement and evaluation plan will be defined for each new initiative. DHR will continue the process for monitoring the implementation progress for these key HR initiatives on a quarterly basis.

4. EVALUATION OF OTHER STRATEGIC INITIATIVES

Some business initiatives are department-wide. DHR has implemented a Business Project Management Office (BPMO) to oversee processes that define, justify, prioritize, approve and monitor large critical business projects that impact more than one Office or Division (e.g. cross divisional Business Process Re-engineering, HIPAA implementation, etc.).

This BPMO will focus on evaluating the DHR portfolio of projects that enable the Department to deliver human services that meet the needs of Georgia citizens.