

Office of Performance Evaluations

News Release: Management in the Department of Health and Welfare

February 28, 2006

(BOISE) Employees of the Department of Health and Welfare have identified significant problems with management processes in the department. The department is responsible for the health and safety of some of Idaho's most vulnerable citizens, and as Idaho's largest state agency, employs 18 percent of the state's workforce. This workforce is constantly in touch with the public, and if it performs well, it reflects positively on state government.

As part of an evaluation report released today by the bi-partisan Joint Legislative Oversight Committee, evaluators presented their analysis of the Department of Health and Welfare's management, including the results of a survey administered to each of the nearly 2,800 department employees. The evaluation, *Management in the Department of Health and Welfare*, was conducted by the committee's non-partisan, independent Office of Performance Evaluations and provides five recommendations for improvement. The report also identified different areas within the department that may need further in-depth review.

Poor Employee Morale and High Turnover. Nearly 40 percent of department staff rated morale as poor or very poor within the department, while 28 percent rated it as fair. The department's fiscal year 2005 turnover rate of 17.5 percent exceeded the state government average of 14 percent. Turnover rates were generally highest in the department's Treasure Valley work locations and at State Hospital South in Blackfoot. Staff identified pay, the level of stress at work, workload, and management as the key factors impacting morale and turnover. [For details see chapter 3 pp. 17–21, and chapter 6 pp. 51–58.]

Concerns about Openness of Communication. Although many employees rated communication within the department as "fair," about 50 percent of staff disagreed or strongly disagreed that the department encourages employees to be open with management. About 50 percent also felt they could not talk openly with upper management without fear of retaliation. [For details see chapter 4 pp. 23–34.]

Concerns about Management Decision-Making. Overall, 41 percent of staff reported lacking confidence in upper management decision-making. More than 60 percent did not believe the department rewards employees on the basis of merit and performance. [For details see chapter 2 pp. 9–16.]

Limited Management Tools for Assessing Workload. Several major program areas in the department do not employ well-developed workload models to assist in making staffing decisions. The current methods used are limited in determining staffing needs, identifying the most cost-effective work processes, and allowing the department to react optimally to changes in funding levels. Nearly half of department staff indicated their current workload was excessive. [For details see chapter 5 pp. 35–49.]

Limited Role for the Board of Health and Welfare. The Board of Health and Welfare is responsible for adopting and amending rules that protect public health and for acting as a hearing board for persons aggrieved by actions of the department. However, unlike some boards associated with other large state agencies in Idaho, the Board of Health and Welfare is not active in fiscal, policy, or administrative issues. [For details see chapter 7 pp. 59–64.]

The Office of the Governor and the Department of Health and Welfare both provided written responses to the evaluation. The Office of Performance Evaluations included written comments addressing the department's response. [For details see pp. 95–111.]