



A Ready and Resilient Workforce for the Department of Homeland Security: Protecting America's Front Line

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A READY AND RESILIENT WORKFORCE FOR THE DEPARTMENT OF HOMELAND SECURITY

Protecting America's Front Line

Committee on Department of Homeland Security Workforce Resilience

Board on Health Sciences Policy

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

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The serpent has been a symbol of long life, healing, and knowledge among almost all cultures and religions since the beginning of recorded history. The serpent adopted as a logotype by the Institute of Medicine is a relief carving from ancient Greece, now held by the Staatliche Museen in Berlin.

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Willing is not enough; we must do.”*
—Goethe



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This report has been reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise in accordance with procedures approved by the National Research Council's Report Review Committee. The purpose of this independent review is to provide candid and critical comments that will assist the institution in making its published report as sound as possible and to ensure that the report meets institutional standards of objectivity, evidence, and responsiveness to the study charge. The review comments and draft manuscript remain confidential to protect the integrity of the deliberative process. We wish to thank the following individuals for their review of this report:

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the report before its release. The review of this report was overseen by **Huda Akil**, University of Michigan, and **Georges C. Benjamin**, American Public Health Association. Appointed by the National Research Council and the Institute of Medicine, they were responsible for making certain that an independent examination of this report was carried out in accordance with institutional procedures and that all review comments were carefully considered. Responsibility for the final content of this report rests entirely with the authoring committee and the institution.

Acronyms and Abbreviations

CBP	Customs and Border Protection
CDC	Centers for Disease Control and Prevention
CDP	Center for Domestic Preparedness
CFO	chief financial officer
CHCO	chief human capital officer
CIO	chief information officer
CISM	critical-incident stress management
CMO	chief medical officer
CSF	Comprehensive Soldier Fitness
DHS	Department of Homeland Security
DNDO	Domestic Nuclear Detection Office
DoD	Department of Defense
EAP	employee assistance program
EEESC	Employee Engagement Executive Steering Committee
EMS	emergency medical services
FAMS	Federal Air Marshal Service
FEMA	Federal Emergency Management Agency
FEVS	Federal Employee Viewpoint Survey
FLETC	Federal Law Enforcement Training Center
FY	fiscal year

GAO	Government Accountability Office
G&T	Office of Grants and Training
HCAAF	Human Capital Assessment and Accountability Framework
HHS	Department of Health and Human Services
HRA	health risk assessment
HRIT	Human Resources Information Technology
HRO	high-reliability organization
HSAC	Homeland Security Advisory Council
I&A	Office of Intelligence and Analysis
ICE	Immigration and Customs Enforcement
IGA	Office of Intergovernmental Affairs
IOM	Institute of Medicine
NASA	National Aeronautics and Space Administration
NIOSH	National Institute for Occupational Safety and Health
NOC	National Operation Center
NPPD	National Protection and Programs Directorate
NSA	National Security Agency
NUSTL	National Urban Security Technology Laboratory
OCHCO	Office of the Chief Human Capital Officer
OCSO	Office of the Chief Security Officer
ODP	Office for Domestic Preparedness
OHA	Office of Health Affairs
OIG	Office of the Inspector General
OPM	Office of Personnel Management
PPS	Partnership for Public Service
PSD	Personal Security Division
QHSR	Quadrennial Homeland Security Review
S&T	Science and Technology Directorate
SES	Senior Executive Service

ACRONYMS AND ABBREVIATIONS

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TFF	Total Force Fitness
TSA	Transportation Security Administration
TSO	transportation security officer
USCG	US Coast Guard
USCIS	US Citizenship and Immigration Services
USM	undersecretary for management
USSS	US Secret Service
USUHS	Uniformed Services University of the Health Sciences
WRR	workforce readiness and resilience

Glossary

Absenteeism	Habitual absence from work; may reflect demoralization or dissatisfaction on the part of the employee. ¹
Engagement	The extent to which employees thrive at work, are committed to their employer, and are motivated to do their best, for the benefit of themselves and the organization. ²
Health	Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. ³
Health Promotion	A comprehensive social and political process that embraces actions directed at strengthening the skills and capabilities of individuals, and changing social, environmental, and economic conditions to relieve their impact on individual and public health. ⁴
Presenteeism	On-the-job productivity loss that is illness related; for example, problems such as allergies, asthma, chronic back pain, migraines, arthritis, and depression; also related to productivity loss resulting from caregiving, lack of job satisfaction, and organizational culture. ⁵

Readiness	The capability of an individual, unit, or system to perform the missions or functions for which it was intended or designed. ⁶
Resilience	The ability to withstand, recover, and grow in the face of stressors and changing demands. ⁷
Well-Being	An optimum condition of health, based on a balanced lifestyle, in which an individual experiences satisfaction and confidence in personal levels of fitness. ⁸
Wellness	A health care process that fosters awareness of and attitudes toward healthy lifestyles that enable individuals to make informed choices to achieve optimum physical and mental health. ⁹
Work-Life Balance	The extent to which individuals are equally involved in—and equally satisfied with—their work role and their family role. ¹⁰

¹IOM (Institute of Medicine). 2005. *Integrating Employee Health: A Model Program for NASA*. Washington, DC: The National Academies Press.

²Stairs, M., M. Galpin, N. Page, and A. Linley. 2006. Retention on a knife edge: The role of employee engagement in talent management. *Selection and Development Review* 22(5):19.

³WHO (World Health Organization). 1948. *Constitution of the World Health Organization as adopted by the International Health Conference, New York*.

⁴IOM. 2005. *Integrating Employee Health: A Model Program for NASA*. Washington, DC: The National Academies Press.

⁵IOM. 2005. *Integrating Employee Health: A Model Program for NASA*. Washington, DC: The National Academies Press.

⁶DoD (Department of Defense). 2013. *Joint publication 1, doctrine for the armed forces of the United States*. Washington, DC: DoD.

⁷Chairman of the Joint Chiefs of Staff. 2011. *Instruction: Chairman's total force fitness framework*. CJCSI 3405.01.

⁸IOM. 2005. *Integrating Employee Health: A Model Program for NASA*. Washington, DC: The National Academies Press.

⁹IOM. 2005. *Integrating Employee Health: A Model Program for NASA*. Washington, DC: The National Academies Press.

¹⁰Greenhaus, J. H., and R. Singh. 2003. Work-family linkages. *The Work and Family Encyclopedia* 41–56.

Preface

The greatest asset of any organization is its workforce—without the people, the vision cannot be achieved or the mission accomplished. A resilient workforce, one that can bounce back from and grow in the face of chronic and acute stressors or adversity, is a key characteristic of high-performing organizations. To that end, the Department of Homeland Security (DHS) Office of Health Affairs asked the Institute of Medicine (IOM) for advice on how to improve its workforce resilience program, *DHSTogether*. In late 2012, the IOM formed the Committee on Department of Homeland Security Workforce Resilience. The committee reviewed DHS's current resilience program, identified gaps, and offered recommendations for improvement.

The *DHSTogether* Employee and Organizational Resilience initiative began in late 2009 after DHS received low Federal Employee Viewpoint Survey scores. The program was put together quickly, without a strategic plan or clear accountability. Four years after initiation, what has resulted is a piecemeal program that does not use a comprehensive view of workforce and organizational resilience. Further, the department does not fully use available metrics to paint a picture of workforce readiness, resilience, and needs. The committee applauds DHS for recognizing the importance of workforce resilience and for recognizing that its efforts need strategic direction, and we appreciate being asked to provide advice on this important topic.

The committee is candid in its review of the current program and believes that its current form will yield little progress in employee and organizational resilience. Without adequate and consistent leadership support and resources, the program has not met and will not meet the needs of the DHS workforce. The committee's report provides specific recommendations, context around those recommendations, and the

requested elements of a 5-year plan, which we believe can serve as a useful basis of a fresh, invigorated, and sustainable approach to DHS's workforce readiness and resilience.

Implementing the committee's recommendations will not be a small endeavor. In fact, it will require input and action from all levels of the department and strong support and dedication from senior leaders. The committee's recommendations focus on senior leadership support with appropriate oversight of workforce readiness and resilience efforts, including a unified vision and strategy to lead the way; leadership development to provide the department with resilient and effective leaders; implementation of robust internal and external communication methods; and measurement and evaluation to help the department to identify its needs and evaluate whether the efforts are having the intended impact. Without those core elements in place, the committee strongly believes that workforce readiness and resilience at DHS will not improve. There are many support programs and activities that could be implemented at DHS, but such efforts will not succeed or have a long-lasting impact if those core issues are not first acknowledged and acted on. It is imperative that senior leaders at DHS put the needed foundation in place to produce trust in leadership, improve morale, communicate effectively, and ultimately create a culture of readiness and resilience.

After the release of this report, DHS will write its 5-year workforce readiness and resilience strategic plan. This is an opportunity for senior leaders to reflect on their workforce readiness and resilience vision and goals and develop a compressive strategy. The committee suggests that DHS start with a fresh, comprehensive workforce readiness and resilience effort that is supported by leadership, is communicated effectively, and has appropriate metrics in place for evaluation and continuous improvement. We hope that our report will serve as a basis for a comprehensive effort to enhance DHS workforce readiness and resilience. The committee has been honored to interact with the men and women at DHS who work to keep our nation safe, secure, and resilient.

Acknowledgments

The committee thanks colleagues, organizations, and agencies that shared their expertise and time during the writing of its report. Their contributions informed the committee and enhanced the quality of the report. First, we thank the dedicated staff at DHS who work every day to

keep our nation safe, often risking their lives to do so. The committee spoke with many DHS staff in the component agencies who gave thoughtful input and who shared the stressors that they encounter in their jobs. The committee is grateful to the component agencies that hosted site visits for committee members, including Customs and Border Protection (CBP) and Immigration and Customs Enforcement (ICE) in the Rio Grande Valley Sector on the Southwest Texas Border; Science and Technology Directorate (S&T), Federal Emergency Management Agency (FEMA), and US Citizenship and Immigration Services (USCIS) in New York; and Transportation Security Administration (TSA) in the District of Columbia. We also thank the many DHS staff who took time out of their schedules to talk to the committee in public meetings and to submit written comments. Staff of the Office of Health Affairs and the Chief Human Capital Office were also helpful in answering questions about the program.

Speakers in the committee's meetings imparted a wealth of information about resilience programs, leadership, communication, measurement, and more. The meeting agendas provided in Appendix B include the names of all speakers.

Finally, the committee thanks the IOM staff members who contributed to the production of this report, including study staff Amy Geller, Frank Valliere, Crysti Park, Bruce Altevogt, and Andrew Pope, and other staff of the Board on Health Sciences Policy, who provided occasional support. We also thank David Wegman, chair of the IOM Committee on Department of Homeland Security Occupational Health and Operational Medicine Infrastructure, who served as a liaison between the two committees and offered valuable insight.

On a personal note, I thank the members of the IOM Committee on Department of Homeland Security Workforce Resilience, who volunteered their time in meetings, at site visits, and in committee deliberations. They were invaluable in the writing of this report, and I am impressed with their dedication and desire to help DHS with this critical topic.

James B. Peake, *Chair*
Committee on Department of
Homeland Security Workforce Resilience

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Summary

The Department of Homeland Security (DHS) is a large, complex federal organization whose mission is of the utmost importance: securing the nation. The 200,000 men and women who make up the DHS workforce have responsibilities that include preventing terrorist attacks from threats both foreign and domestic; securing the nation's borders on land, air, and sea; safeguarding transportation systems; providing immigration and citizenship law enforcement; responding to natural disasters; cybersecurity; overseeing nuclear detection; and more. Those vast responsibilities rely on a workforce that is ready and resilient to meet DHS's critical mission. The DHS Office of Health Affairs (OHA) asked the Institute of Medicine (IOM) to review its current workforce resilience efforts, identify gaps, and provide recommendations for a 5-year strategic plan for its workforce resilience program. To address that request, the IOM formed the Committee on Department of Homeland Security Workforce Resilience (see Box S-1 for the complete statement of task from OHA).

At the committee's first meeting, OHA expressed concern that it was not having the impact that it had hoped to achieve with its resilience program. OHA relayed to the committee its desire for guidance and strategic direction from IOM, recognizing the need for advice on policy, programs, and measurement from outside the department. Acknowledging the tremendous burdens placed on DHS employees every day, OHA staff and leadership expressed a genuine desire to support the workforce in a comprehensive way. The committee commends DHS for recognizing the importance of its workforce in achieving the DHS mission and requesting support for this vital task.

BOX S-1
Committee on Department of Homeland Security Workforce Resilience
Statement of Task

An ad hoc committee will conduct a study and prepare a report on how to improve the resilience (physical and mental well-being) of the Department of Homeland Security (DHS) workforce, and identify the elements of a 5-year strategic plan for the DHS *Together* program. The report will build on existing analysis of current capabilities, best-known practices, and gaps in current resilience programs. Specifically, the committee will

- Explore existing tools for improved workforce resilience, including a review of employer resilience programs which includes, but not exclusively, military and law enforcement.
 - Assess current policies, programs, activities, and resources that address employee resilience across DHS.
- Identify resilience gaps in the DHS workforce and recommend activities to close those gaps.
- Develop the elements of a 5-year strategic plan with year-by-year recommended activities to close those gaps.
 - Priority activities will be identified based on potential impact, to enable DHS to make choices based on the value of the activity.
- Identify measures and metrics to track continuous improvements and to mark successful implementation of DHS *Together* and the improving resilience of the DHS workforce.

Overview of the Report

In the opening chapter, the committee provides background information on the history and makeup of DHS and the workforce challenges that it faces, an overview of the study process and of how the committee addressed its task, and background information on DHS's current initiatives and programs related to workforce resilience, including efforts related to employee engagement, employee assistance, and peer support. Chapter 2 discusses the definitions of readiness and resilience, provides a vision for the DHS workforce readiness and resilience effort, outlines the preconditions for and goals of a successful program, and offers recommendations on the roles, responsibilities, and authorities needed for workforce readiness and improvement. Chapter 3 discusses and offers recommendations regarding leadership development and organizational communication and discusses how culture is intertwined with both. Chapter 4 offers a framework and recommendations for assessing, evaluating, and reporting on the

DHS readiness and resilience program. Chapter 5 presents recommended elements of the 5-year workforce readiness and resilience strategic plan.

Brief History of the Department of Homeland Security

Created in 2002 in the wake of the 9/11 terrorist attacks, DHS is the newest cabinet-level department, fashioned to serve as a unified organization to defend the United States against terrorist attacks. The DHS merger incorporated parts of 8 cabinet departments and 22 agencies in law enforcement, border management, and disaster preparedness and relief; it was in the largest government reorganization since the creation of the Department of Defense (DoD). DHS now consists of 7 core operating components¹ and 18 supporting offices and directorates (see Appendix A for the DHS organizational chart). Its establishment was unusual in its size and scope, and it is now the third-largest federal department, behind DoD and the Department of Veterans Affairs. DHS was ordered by Congress to start up quickly after its enactment, leaving little time to strategically plan how to bring together 22 entities, each with its own culture; integration continues to be a challenge.

Workforce Resilience

To guide its work, the committee adopted the Joint Chiefs of Staff definition of resilience: “the ability to withstand, recover, and grow in the face of stressors and changing demands.” In its report, the committee also discusses the need for DHS workforce readiness, the capability of a unit or system to perform the missions or functions for which it was intended or designed. Throughout the report, the committee refers to the need for a ready and resilient workforce. Meeting that objective would result in a workforce that is healthy (physically, mentally, and emotionally), has high morale, is adaptable, finds purpose and meaning in its work, and is productive and engaged (see Box S-2). When the committee refers to workforce readiness and resilience (WRR), it refers to a holistic

¹Customs and Border Protection (CBP), Federal Emergency Management Agency (FEMA), Immigration and Customs Enforcement (ICE), Transportation Security Administration (TSA), US Citizenship and Immigration Services (USCIS), US Coast Guard (USCG), and US Secret Service (USSS).

BOX S-2**What Is a Ready and Resilient Workforce?**

A ready workforce is

- Trained with the knowledge, skills, and attitudes required to perform the mission.
- Properly equipped with tools and protective assets to support the mission.
- Healthy and fit to endure the environmental conditions required in the mission.
- Guided by strong and effective leaders.

A resilient workforce

- Is ready to perform its roles and missions.
- Withstands and copes with stress.
- Adapts and adjusts to challenging conditions.
- Rebounds and grows from experience.

approach that includes attention to physical, mental, and emotional health; organizational culture; and the work and home environments (including families). The committee does not view this effort as an “initiative” or “program,” which would connote a short-term endeavor or something that is removed after it reaches its intended goal. The committee envisions a larger and overarching effort that becomes embedded in the culture of DHS.

Importance of a Ready and Resilient Department of Homeland Security Workforce

An organization’s most important asset is its workforce. To achieve its mission, DHS needs an informed, well-trained, well-led, and properly supported workforce. The DHS mission, “to ensure a homeland that is safe, secure, and resilient against terrorism and other hazards,” cannot be taken lightly, nor can the role of its workforce in meeting that mission. The nature of the DHS work environment is inherently stressful, and the responsibilities can weigh heavily on DHS employees at every level and in every facet of the organization. If the workforce is not ready to per-

form its mission and resilient in responding to and bouncing back from crises and the everyday stressors that it encounters, it can compromise the DHS mission.

Resilience affects individual employee performance and overall operational readiness over time. It is crucial for the strategic plan for readiness and resilience developed by DHS to ensure that its most critical resource, its workforce, is linked with the department's vision, mission, and goals. The performance of the DHS workforce affects the lives of people all over the nation. DHS is accomplished in performing the various parts of its mission, and its workforce does an astonishing amount of work that contributes to the safety of the country so that the American way of life can thrive. The workforce not only deserves to have excellent readiness and resilience resources, it needs the full support of DHS to continue to meet its day-to-day and long-term missions. A ready and resilient workforce will benefit DHS as a whole, resulting in improved staff performance, productivity, retention, and output by reducing absenteeism, addressing presenteeism, and increasing morale and recruitment of top talent.

DHSTOGETHER EMPLOYEE AND ORGANIZATIONAL RESILIENCE PROGRAM

At the request of Deputy Secretary Jane Holl Lute, the *DHSTogether* Employee and Organizational Resilience program was created by OHA in late 2009. As described to the committee, *DHSTogether* is a headquarters-based program that focuses on building resilience and wellness capacity in the components, primarily by providing guidance and limited seed money to help components develop solutions that can be used throughout the department. Although housed in OHA, *DHSTogether* was until recently a collaborative effort between OHA and the Human Capital Office, which houses the department's work-life and employee assistance programs.

Early actions of the *DHSTogether* program included creating an inventory of existing related policies and programs and training already under way in the component agencies, conducting a DHS-wide Safety Stand Down to focus on resilience and wellness, and creating the Employee and Organizational Resilience Program Taskforce. *DHSTogether* also provided funding for the Federal Law Enforcement Training Center (FLETC) to emphasize resilience in its curriculum for federal law enforcement, although this has not yet been formally implemented. In the

second year of the program, the focus shifted toward suicide prevention with the creation of online courses on stress management and suicide prevention and a focus on increasing awareness of available resources. *DHSTogether* contracted with the Uniformed Services University of the Health Sciences for several resilience initiatives in August 2012; however, there have been no deliverables to date. OHA is also developing a peer support coordinator training program in collaboration with FLETC that focuses on crisis intervention and “care and concern” support; Strong Bonds for DHS, an interpersonal-relationship training course being developed with the CBP chaplaincy program; and an adaptation of the US Navy Operational Stress Assessment for use with DHS employees.

The program has had limited budget, resources, and support since its inception. Specific funding of \$1.5 million was included for *DHSTogether* in the fiscal year (FY) 2012 budget; this appropriation called for no full-time employees, relying instead on five employees to support the effort part-time as collateral duty. The FY 2013 budget reduced the appropriation to \$500,000 but added two full-time employees, who began work with the program in December 2012 and February 2013. The planned budget for FY 2014 is \$1.1 million. Because of the limited funding, few or no resources are tied to the policies that are promulgated by the program (Chapter 1 contains a full description of the *DHSTogether* program).

Four years into its Employee and Organizational Resilience Program, DHS still does not have a clear vision, a mission statement, specific goals, or measurable objectives for the program. There is no agreement on a working definition of *resilience* to use in DHS, and this leaves it impossible to establish a starting point for workforce resilience at this time. Without data collection, evaluation of the program’s effectiveness is not possible. Because there is no definition or validated measure of resilience being used in DHS, the committee cannot be certain that the DHS workforce has a resilience deficit. DHS has used the Federal Employee Viewpoint Survey (FEVS)² as a surrogate of resilience, but this presumption has not been tested or proved. What is clear from the FEVS data is that the DHS workforce has low morale, which may be related to resilience. But it may be that the workforce has demonstrated a high lev-

²“The Federal Employee Viewpoint Survey (FedView survey) is a tool that measures employees’ perceptions of whether, and to what extent, conditions characterizing successful organizations are present in their agencies. Survey results provide valuable insight into the challenges agency leaders face in ensuring the Federal Government has an effective civilian workforce and how well they are responding” and is implemented by the Office of Personnel and Management (<http://www.fedview.opm.gov>).

el of resilience by executing its duties admirably in the face of low morale and numerous organizational challenges, which could take an additional psychologic and physical toll on the workforce. The *DHSTogether* program has been a series of disconnected small initiatives as opposed to a comprehensive, coherent, evidence-based program that follows a mission-focused strategy that is aligned with the various DHS operational needs.

STUDY PROCESS

To address its charge, the committee gathered information through a variety of means. It held two information-gathering meetings that were open to the public (see Appendix B for meeting agendas). The committee met in executive sessions for deliberative discussions throughout the study. Committee members and staff visited several DHS components in New York, New York (FEMA, S&T, USCIS), in the Rio Grande Valley in Texas (CBP and ICE), and in Washington, DC (TSA) to gain a better understanding of the physical work environments, daily jobs, and stressors of the DHS workforce. The committee also created an online public-comment tool to give all DHS staff the opportunity to provide comments (see Appendix C for a summary of the comments received). Although the information obtained from the site visits and online public-comment tool are not representative of DHS as a whole and therefore cannot be generalized throughout DHS, they did provide the committee with context and insight into some of the stressors that the DHS workforce encounters regularly.

During two workshops hosted by the IOM in September and November 2011 (also sponsored by OHA), experts spoke about a number of issues related to workforce resilience in general and in DHS specifically. Discussions focused on factors that potentially influence workforce effectiveness and resilience—including fatigue, work-family connections, and leadership effectiveness—and on challenges to implementing a resilience program in DHS. A workshop summary was published in 2012.³ The workshops were the precursors of this report and the committee relied heavily on the background information and deliberations presented in the workshop summary.

³IOM (Institute of Medicine). 2012. *Building a resilient workforce: Opportunities for the Department of Homeland Security*. Washington, DC: The National Academies Press.

RECOMMENDATIONS

The IOM Committee on Department of Homeland Security Workforce Resilience was asked to provide guidance on improving the resilience of the DHS workforce. This report contains recommendations and guidance for the content and implementation of a 5-year strategic plan to support workforce readiness and resilience with the goal developing a healthy, mission-ready, and thus resilient workforce. Early in its work, the committee recognized that to address its charge it must take a broad look at factors that potentially contribute to workforce health as opposed to resilience alone because DHS was unable to provide any specific data that demonstrated a clear problem with workforce resilience in the department. DHS has focused on results of the FEVS, which has revealed issues of morale, engagement, and leadership in DHS, all of which, the committee recognizes, may affect workforce resilience. Through conversations with DHS staff during information-gathering sessions and site visits, the committee confirmed the existence of those issues, a general lack of an integrated organizational culture, and issues of communication in DHS.

The committee concluded that a top-down, fully standardized set of activities aimed at enhancing workforce readiness and resilience throughout DHS would not work, because of the diversity of missions, organizational culture, and organization among component agencies. However, there does need to be centralized strategic direction and resource investment, identification of core best practices, overarching policies, and measures of effectiveness at the department level that will unify efforts. This will ensure consistency while fostering component-agency ownership and flexibility in implementation because “you run organizations with purpose and pride and you run them successfully when you put that purpose and pride in their hands, in the hands of the people who are in the organization” (former Deputy Secretary Lute). It is with those sentiments in mind that the committee viewed its charge. The committee believes that achieving a high level of resilience means fostering a sense of pride in the workforce that will lead to a core culture of readiness and resilience and to the development of an informed, well-trained, well-led, and properly supported workforce that has “the ability to withstand, recover and grow in the face of [the] stressors and changing demands” that it experiences in carrying out its diverse missions.

Workforce Readiness and Resilience: Vision and Strategy

To be successful, the DHS WRR effort needs clarity of vision, a mission-oriented focus, and clear and measurable goals and objectives to guide those implementing the effort and to promote better understanding and acceptance by its beneficiaries. Such an organizational approach is necessary to instill confidence among the sponsors and funders of WRR, who will be hesitant to invest without clear measures of effectiveness. The current resilience program in DHS lacks a clear vision and unified strategy.

Recommendation 1: Develop and promote a unified strategy and common vision of workforce readiness and resilience in the Department of Homeland Security.

The committee recommends that the Department of Homeland Security (DHS) adopt, commit to, and promote a unified strategy to build and sustain workforce readiness and resilience (WRR) throughout the department. The unified strategy should include overarching policies and measures of effectiveness in support of core goals. To guide the strategy the department, including all component agencies, should adopt the following vision of WRR to advance the core mission of DHS:

Vision: A ready, resilient, and sustainable DHS workforce working to ensure a safe, secure, and resilient nation.

Achieving that vision will require commitment from leadership at all levels of DHS. Policies, programs, and resources need to be aligned to realize the vision by establishing and promoting the conditions under which employees in the components and throughout the entire department perform optimally to achieve organizational effectiveness. The vision should be embraced by each DHS operational component, headquarters office, and directorate while allowing flexibility and innovation to support their specific mission and unique workforce.

Policies and Resources

In addition to assessing gaps in DHS*Together* activities and programs, the committee was asked to assess gaps in policies and resources, of which the committee identified several. Cross-cutting programs require the authority to establish departmentwide policies, the ability to hold participating units accountable for policy implementation and adherence, and management responsibilities relevant to program needs. OHA does not currently have those capabilities. It lacks specific authority to task DHS offices and components to implement such a program, the needed breadth of resources, and adequate administrative support. In addition, there is no accountability for DHS*Together*—there are no annual reports and no ties to performance. Therefore, the committee concludes that it is not possible for OHA, as currently constituted, to effect change for workforce readiness and resilience. To address the identified program, policy, and accountability gaps, the committee believes that the roles and responsibilities for WRR need to be clarified and expanded.

Recommendation 2: Clarify and expand the roles and responsibilities for workforce readiness and resilience in the Department of Homeland Security.

The committee recommends that the Secretary of the Department of Homeland Security review the current roles and responsibilities of the workforce readiness and resilience (WRR) effort and make any needed changes to ensure its success. A successful WRR effort requires

- a. **Tasking authority to the operational components and headquarters offices for input, feedback, coordination, and development of programmatic content.**
- b. **Development, implementation, and execution of a long-term strategic plan informed by this report.**
- c. **Identification, coordination, and access to the necessary resources to ensure its viability and sustainability.**
- d. **Development and implementation of evidence-based performance metrics to assess program effectiveness.⁴**

⁴See Recommendation 6.

- e. Use of data-driven decision making to continuously improve its quality and performance.**
- f. Leadership and direction to the components for these purposes.**
- g. Annual report to the Secretary on the state of WRR.**

To ensure that readiness and resilience become embedded in the DHS culture, DHS needs to ensure authority and create accountability for building and maintaining WRR. In Recommendation 2g, the committee recommends an annual report on WRR to the secretary as a measure of accountability for the overall program. To ensure successful implementation at all levels of the department, the committee believes that clear, measurable goals and objectives for WRR need to be developed, and that DHS consider holding component heads accountable for WRR activities as part of their performance evaluations.

Authority

As noted earlier, the inability of OHA to implement departmentwide policies is a formidable gap, which probably will not be fully addressed through the roles and responsibilities outlined in Recommendation 2. The committee was not specifically charged to prescribe how the resilience program should be managed, so it does not provide a specific recommendation in this regard. However, given the inherent weaknesses in the current structure, the committee concludes that OHA is not currently well suited to house WRR. Any number of potential avenues to address the lack of authority and accountability for a departmentwide WRR effort exist, from restructuring the existing program unit to administrative placement of WRR under a centralized DHS authority.

On the basis of its review, the committee found that the current *DHSTogether* Employee and Organizational Resilience Program has not achieved its intended purpose, because of a lack of consistent leadership support, the absence of a strategic plan, a lack of needed authority and accountability, and suboptimal administrative placement of the program within the department. The committee views as major gaps OHA's lack of necessary authority to carry out a departmentwide readiness and resilience program and the lack of a high-level point of accountability for component agencies.

Recommendation 3: Review and align responsibility and accountability for workforce readiness and resilience in the Department of Homeland Security.

Given the need for a fresh approach to workforce readiness and resilience (WRR), the committee recommends that the Secretary of the Department of Homeland Security examine the organizational placement of WRR in the department and ensure that it has adequate authority and resources to build, nurture, and sustain it.

The DHS*Together* program currently lacks the authority, influence, branding, and name recognition needed to be successful. The committee was asked to identify gaps, and the current program's inability to implement needed policies and provide the necessary breadth of resources for this vital endeavor to succeed are salient ones and call for a fresh approach and an examination of its organizational placement. Regardless of how the secretary decides to address this gap, the seven responsibilities, authorities, and functions outlined in Recommendation 2 are critical for the success of WRR in ensuring centralized direction, coordination, visibility, and support to communicate and promulgate a program of its caliber. Implementing these recommendations would send a strong message to the workforce and DHS component leadership that workforce resilience is a high priority of the Secretary.

Leadership Development

Strong leadership is essential for building and sustaining a ready and resilient workforce. The committee's review suggests that there is substantial dissatisfaction with and distrust of leadership among the DHS workforce. The committee found inconsistent and non-systematic approaches to leader selection, development, and education, especially at the middle-management or "frontline" levels. In the FEVS and in public comments to the committee, claims of favoritism and cronyism in hiring and promotions and of leadership incompetence abounded. The committee found that leadership development programs were yet to be approved, were not adequately resourced, and did not appear to be tied to employee performance. The evidence suggests that this has had a serious adverse

effect on confidence in leadership, which negatively impacts mission readiness and resilience of the workforce.

Recommendation 4: Establish a sustainable leadership development program in the Department of Homeland Security (DHS).

The committee recommends that the Department of Homeland Security develop a sustainable, resourced, and consistent leadership development program for all levels of management throughout the department, while providing flexibility to enable components to meet their missions. The leadership development program should include institutional education and training appropriate to the level of responsibility and distinct from management skills training.

The leadership development program should include mentorship, sponsorship,⁵ objective mechanisms for identifying high-potential employees, creation of leadership opportunities, and evidence-informed measurement of leadership performance.

Formal education for leaders at all levels should include emphasis on duty of care, compassion, camaraderie, communication, leading by example, and celebrating successes. That will supply leaders with the knowledge, attitudes, and skills to increase the readiness and resilience of the workforce. The committee believes that leadership is the key to the advancement of resilience of the DHS workforce, and needs to be one of the first areas of focus for DHS leadership to invest time and resources.

Communication

The committee found that members of the DHS workforce were largely unaware of existing resources and services that were available to them that may enhance readiness and resilience or that of their families. The committee also found that many in the workforce believe that accessing services would adversely affect their positions, security clearances,

⁵Sponsorship is a corporate initiative to advance promising new leaders through the leadership pipeline, for example, identifying high-potential, motivated employees in senior roles who are ready to move to the next level and then establishing formal advocacy relationships for them with senior leaders.

or suitability. That has resulted in barriers to seeking help, which has an overall adverse effect on workforce readiness and resilience. Moreover, the lack of cohesive identity and culture in DHS may exacerbate the unwillingness to take advantage of services offered to employees at the department level.

Recommendation 5: Improve organizational communication to enhance esprit de corps; cultivate a culture of readiness and resilience; and align public perception of the Department of Homeland Security (DHS) with its accomplishments.

The committee recommends that the Department of Homeland Security develop and implement a communications strategy to build and promote an organizational identity that increases a sense of pride in the department, enhances commitment to its mission, and moves toward a culture of readiness and resilience while leveraging the strong identities and traditions of its component agencies. The internal strategy should promote awareness of, educate about, and build trust in available resources that increase readiness and resilience and should put into place mechanisms to measure these outcomes. The strategy should recognize the diversity in the methods of communication among the workforce and use multichannel communication avenues. The strategy should engage frontline leaders as advocates for workforce readiness and resilience to engage the workforce at every level in every component and headquarters office.

The strategy should encourage bottom-up communication that ensures frontline input into decision making and idea generation.

Goals of the 5-year communications strategy should be

- Consistent, repeated communication processes and messaging for internal and external audiences that enhance two-way communications.
- A public that values the work and accomplishments of DHS and its components.
- A workforce that is knowledgeable about and confident in the availability of resources and services that enhance individual and workplace health, readiness, and resilience.

Attempts to create a common, collective core DHS culture that components identify with have been relatively unsuccessful. DHS needs to foster a shared ethos and culture of readiness and resilience throughout the department that is based on its core purpose, unified values, and innovation so that it can adapt to the ever-changing security environment in which it operates. Trust and engagement between leadership and employees appear to be lacking in the current DHS culture. It is important that DHS demonstrate, and the workforce believes, that it is essential for completing the mission. A key aspect is ensuring that the workforce knows that the department is institutionally invested in its readiness and resilience and that this investment is demonstrated by leaders at all levels of the department. Effective leadership and a strong communication strategy, as recommended by the committee, will help to create a culture in which employees feel cared for and valued. The committee believes that there needs to be clear and consistent communication of the desired DHS culture (for example, shared ethos, values, and norms), beginning with top leadership and permeating the entire organization. Leaders at all levels must live the culture, communicating its importance not only through words but, more importantly, through actions.

Measurement, Evaluation, and Reporting

The committee finds that DHS lacks a strategy, a framework, and a common set of metrics that promote, sustain, and monitor employee readiness, resilience, morale, engagement, and program effectiveness. Thus, DHS and its components lack a comprehensive, consistent, coherent, meaningful top-to-bottom view of the health, readiness, and resilience of the DHS workforce.

Recommendation 6: Develop and implement a measurement and evaluation strategy for continuous improvement of workforce readiness and resilience in the Department of Homeland Security.

The Department of Homeland Security should design and implement an ongoing measurement and evaluation process to inform and improve employee and organizational readiness and resilience initiatives. This will support planning, assessment, execution, evaluation, and continuous quality improvement of the strategic

plan. Before the introduction of any new measures or the collection of any new data, DHS should access and analyze existing workforce data.

Characteristics of the evaluation strategy should include

- a. A focus on structure, process, and outcome measures
- b. Implementation of a standardized core set of measures to be used DHS-wide
- c. Establishment of a baseline database for diagnostic and prescriptive purposes
- d. Establishment of clear program goals, with associated timelines, that can be tracked and monitored with DHS's measurement and evaluation system
- e. Conducting ongoing assessment of program implementation, with regular quarterly reports on progress
- f. Use of evidence to inform resource allocation and reallocation
- g. Regular communication and dissemination of findings among components
- h. Submission of an annual measurement and evaluation report to the Secretary (see Recommendation 2)

The committee recognizes that this will require senior executive intervention to make data that have already been collected available for this purpose, that new data collection will be needed, and that all data elements should be integrated.

Strategic Plan

To ensure that DHS can establish a systematic departmentwide approach, it must have a strategy that recognizes and accounts for the various factors that affect workforce readiness and resilience. The goals and strategies identified by the committee throughout this report are the starting points on a roadmap to strengthen the department's workforce readiness and resilience in the next 5 years. As DHS implements its plan, it must be updated and further developed through a collaborative and coordinated effort that promotes a strong identity throughout the department's components. Input from and collaboration with the working level of all component agencies will be needed to gain insight on critical work-

force challenges facing the components and DHS as a whole. The strategic plan for WRR needs to be aligned with the department's vision, mission, goals, and overall strategic plan.

Recommendation 7: Implement a 5-year strategic plan for workforce readiness and resilience in the Department of Homeland Security.

The committee recommends the Department of Homeland Security and its component agencies incorporate the elements and activities outlined by the committee in creating its 5-year strategic plan to develop and sustain workforce readiness and resilience and close the gaps outlined in this report (see Chapter 5).

WRR cannot be achieved by DHS headquarters alone. Success will require collaboration, input, and commitment by component agencies. As such, within the committee's recommended elements of the strategic plan are specific roles and activities for component agencies.

CONCLUSION

During the writing of this report, DHS celebrated its 10th anniversary. The department and its workforce have many accomplishments to celebrate—a merger larger than any in the federal government since the creation of DoD, prevention of terrorist attacks on US soil and cyberspace, hardening and resilience of the nation's critical infrastructure, robust responses to major disasters, and much more. However, there is work to be done to improve the readiness and resilience of its workforce (see Box S-3 for a summary of the committee's recommendations). Implementing the committee's recommendations will be a big undertaking, and will require input from and coordination with every facet of the department. However, if DHS is serious about improving the readiness and resilience of its workforce to achieve its mission, it is an essential endeavor. If the committee's recommendations are adopted and the strategic plan embraced and implemented, the committee envisions DHS on its 20th anniversary being highly regarded as one of the most desirable places to work in the federal government (for all components) with a workforce that is healthy, resilient, and ready to meet the daily challenges and mission of this complex organization.

BOX S-3
Summary of Recommendations for
Improving the Readiness and Resilience
of the Department of Homeland Security Workforce

- Develop and promote a unified strategy and common vision of workforce readiness and resilience in DHS.
- Clarify and expand the roles and responsibilities for workforce readiness and resilience in DHS.
- Review and align responsibility and accountability for workforce readiness and resilience in DHS.
- Establish a sustainable leadership development program in DHS.
- Improve organizational communication to enhance esprit de corps; cultivate a culture of readiness and resilience; and align public perception of DHS with its accomplishments.
- Develop and implement a measurement and evaluation strategy for continuous improvement of workforce readiness and resilience in DHS.
- Implement a 5-year strategic plan for workforce readiness and resilience in DHS.

1

Introduction and Background

The Department of Homeland Security (DHS) is a large, complex federal organization whose mission is of the utmost importance: securing the nation. The more than 200,000 men and women who make up the DHS workforce have responsibilities that include preventing terrorist attacks from threats both foreign and domestic; securing the nation's borders on land, air, and sea; safeguarding transportation systems; providing (or administering) immigration and citizenship benefits; responding to natural disasters; ensuring cybersecurity; overseeing nuclear detection; and more. Those vast responsibilities rely on a workforce that is trained, equipped, and ready to perform many tasks. Their jobs can be highly stressful in that many work in dynamic and risky environments. Their performance in such environments will directly affect the security of our nation, so the readiness and resilience of the DHS workforce is of critical importance to the mission of DHS.

The DHS Office of Health Affairs (OHA) asked the Institute of Medicine (IOM) to review its current workforce resilience efforts, identify gaps, and provide recommendations for a 5-year strategic plan for its workforce resilience program. To address that request, the IOM formed the Committee on Department of Homeland Security Workforce Resilience (see Box 1-1 for the complete statement of task from OHA). At the committee's first meeting, OHA expressed concern that it was not reaching the level of impact that it had hoped to achieve in its resilience program. It relayed to the committee its desire for guidance and strategic direction from the IOM, recognizing the need for advice on policy, programs, and measurement from outside the department. Acknowledging the tremendous burdens placed on DHS employees every day, OHA staff

BOX 1-1
Committee on Department of Homeland Security Workforce Resilience
Statement of Task

An ad hoc committee will conduct a study and prepare a report on how to improve the resilience (physical and mental well-being) of the Department of Homeland Security (DHS) workforce, and identify the elements of a 5-year strategic plan for the DHS *Together* program. The report will build on existing analysis of current capabilities, best-known practices, and gaps in current resilience programs. Specifically, the committee will

- Explore existing tools for improved workforce resilience, including a review of employer resilience programs which includes, but not exclusively, military and law enforcement.
 - Assess current policies, programs, activities, and resources that address employee resilience across DHS.
- Identify resilience gaps in the DHS workforce and recommend activities to close those gaps.
- Develop the elements of a 5-year strategic plan with year-by-year recommended activities to close those gaps.
 - Priority activities will be identified based on potential impact, to enable DHS to make choices based on the value of the activity.
- Identify measures and metrics to track continuous improvements and to mark successful implementation of DHS *Together* and the improving resilience of the DHS workforce.

and leadership expressed a genuine desire to support the workforce in a comprehensive way. The committee commends DHS for recognizing the importance of its workforce in achieving the DHS mission and requesting support for this vital task.

In this chapter, the committee provides background information on the history and makeup of DHS and the workforce challenges that it faces, an overview of the study process and how the committee addressed its task, and background information on DHS's current activities related to workforce resilience, including efforts in employee engagement, employee assistance, and peer support.

WHAT IS RESILIENCE?

The committee was specifically tasked to explore resilience activities in DHS. There are many understandings of the term *resilience*. Chapter 2 discusses definitions of resilience and the working definition that the committee adopted to guide its work, which is “the ability to withstand, recover, and grow in the face of stressors and changing demands” (Chairman of the Joint Chiefs of Staff, 2011). Chapter 2 also discusses the need for DHS workforce *readiness*, the capability of an individual, unit, or system to perform the missions or functions for which it was intended or designed (DoD, 2013). Throughout the report, the committee refers to the need for a ready and resilient workforce. Meeting that objective would include a workforce that is healthy¹ (physically, mentally, and emotionally), has high morale, is adaptable, finds purpose and meaning in their jobs, and is productive and engaged. When the committee refers to workforce readiness and resilience (WRR), it implies a holistic approach that includes attention to physical, mental, and emotional health; organizational culture; and the home (including families) and work environment. The committee does not view such an effort as an “initiative” or “program,” which would connote a short-term endeavor or something that is removed after it reaches its intended goal. The committee envisions a larger, overarching effort that becomes embedded in the DHS culture (see Chapter 2).

BACKGROUND

Brief History of the Department of Homeland Security

Created in 2002 in the wake of the 9/11 terrorist attacks, DHS is the newest cabinet-level department and was fashioned to serve as a unified organization to defend the United States from terrorist attacks. DHS incorporated parts of 8 cabinet departments and a total of 22 government agencies in law enforcement, border management, and disaster preparedness and relief (see Box 1-2 for a list of DHS components). It consists of

¹The committee adopted the World Health Organization’s definition of health: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948).

7 core operating components² and 18 supporting offices and directorates. It constitutes the largest government reorganization since the creation of the Department of Defense (DoD). The establishment of DHS was unusual in its size and scope, and it is now the third-largest federal department, behind DoD and the Department of Veterans Affairs.

BOX 1-2
Component Agencies and Directorates of the
Department of Homeland Security

Customs and Border Protection (CBP)
 Directorate for Management^a
 Directorate for National Protection and Programs (NPPD)
 Domestic Nuclear Detection Office
 Federal Emergency Management Agency (FEMA)
 Federal Law Enforcement Training Center (FLETC)
 Immigration and Customs Enforcement (ICE)
 Office of Health Affairs (OHA)
 Office of Intelligence and Analysis (I&A)
 Office of Operations Coordination and Planning
 Office of Policy
 Science and Technology Directorate (S&T)
 Transportation Security Administration (TSA), which houses the Federal Air
 Marshal Service (FAMS)
 US Citizenship and Immigration Services (USCIS)
 US Coast Guard (USCG), except under Title 10, in which it becomes part
 of the military
 US Secret Service (USSS)

^aThe Directorate for Management includes the chief administrative services officer, the chief financial officer, the chief human capital officer, the chief information officer, the chief procurement officer, and the chief security officer.

SOURCE: DHS, 2013c.

²Customs and Border Protection, Federal Emergency Management Agency, Immigration and Customs Enforcement, Transportation Security Administration, US Citizenship and Immigration Services, US Coast Guard, and US Secret Service.

DHS was ordered by Congress to start up quickly after its enactment. That left little time to plan strategically how to bring together 22 entities, each with its own culture. The integration of those entities continues to be challenging. Independent assessments by DHS (2010) and the Partnership for Public Service and Booz Allen Hamilton (2011) concluded that critical opportunities to enhance integration throughout DHS remain. Reorganizations tend to come into place to deal with specific crises, not problems that could occur in the future, so they do not always incorporate the types of flexibility necessary to adapt to a changing environment.

Many of the 22 legacy organizations were in existence long before DHS was created and have longstanding histories and rich cultures. For example, the US Secret Service was created in 1865 and was a component of the Treasury until the creation of DHS, and the US Coast Guard (USCG) is one of the oldest organizations of the federal government, having been created in 1790. Some of the component agencies were created at the time of DHS or shortly before, such as the Transportation Security Administration (TSA), which was created in 2001 in response to 9/11 and was just beginning to develop a structure and organizational culture at the time of the merger. Recognizing the diversity of DHS's component agencies is vital for understanding the challenges associated with integration; however, their common mission to secure the nation unites them in purpose and can provide a means of fostering greater integration and synergy throughout the department.

For the purpose of this report, the committee uses the following terminology when referring to DHS (see organizational chart in Appendix A): DHS consists of operational components (CBP, FEMA, ICE, TSA, USCG, USCIS, and USSS), directorates (Directorate for Management, NPPD, S&T), centers (FLETC), and offices (Human Capital, Information Technology). "Component agencies" refers to all the various offices, directorates, centers, and operating components.

Department of Homeland Security Workforce Challenges

The DHS workforce comprises law enforcement personnel (who make up about 50 percent of the department), policy personnel who have high-level security clearances, and mission-support staff (IOM, 2012). All DHS staff share a common mission, but they have different roles with different stressors attached. Many employees in the operational

components work in austere environments or come into contact with potentially dangerous and traumatic events in the course of their daily jobs. The heterogeneity makes implementing DHS-wide workforce programs difficult. The workforce is spread out across the United States (and some are stationed abroad); only 20 percent are in the Washington, DC, area.³ About 20 percent of the DHS law enforcement personnel work in the most remote regions of the country (IOM, 2012). Not being co-located adds to the complexity of DHS and makes an integrated identity hard to achieve. The DHS operational mission elicits both chronic and acute stressors, including physical health risks, a zero-defect mentality where by a mistake can jeopardize security clearance, narrow decision latitude, monotony, low discretion, and high expectations. There is a lack of a cohesive or unifying organizational structure: component agencies work in “silos,” and individuals in components often do not identify with DHS. These intrinsic structural challenges impede organizational changes.

DHS is a high-visibility organization, and mistakes and decisions about basic activities often make headlines in the mass media and are scrutinized by the 108 congressional committees and subcommittees that have DHS oversight. That makes for a challenging situation for any organization. DHS staff see the news articles or blogs that criticize TSA transportation security officers (TSOs), misspending of disaster funding by FEMA, and the failed effort to build the SBInet electric fence along the Southwest border; such pieces probably affect workforce morale. Public perceptions of DHS are disparate: the USCG workforce is viewed as heroic and effective, whereas TSA personnel are perceived poorly even though they perform their jobs effectively.

The complicated structure of DHS and its highly varied workforce require resilience programs that are tailored, but it is not always clear where the differences and commonalities are. In some cases, the differences or commonalities might be by component agency (CBP compared with headquarters), by subcomponent (Federal Air Marshal Service [FAMS] compared with TSOs), by the type of work (law enforcement compared with policy analysis), by location (New York City compared with the southwest Texas border), or by specific duties (the needs of Air and Marine personnel in CBP might be similar to active duty USCG employees). Each component agency and each location within a given component can vary in size, resources, demographics, and other important characteristics.

³Including various locations in Washington, DC, and Virginia.

Like many other organizations, DHS is challenged by increasing productivity demands coupled with the need to reduce staffing levels. The demands of the American workforce are also changing. Demographics are shifting, and reliance on technology is ever-increasing. There is also an increasing expectation—in the case of DHS, the reality—of everyday round-the-clock operations. In general, there is greater uncertainty about consistent employment, and there is an expectation that today's worker will have many skills and be a continuous learner. The physical, mental, and emotional demands of those changes mean that people must be adaptable and resilient (IOM, 2005).

The demographics at DHS are important to consider (see Table 1-1).⁴ The average age of a DHS employee is 45 years; like the federal workforce as a whole, the DHS workforce is aging. Baby boomers, with their valuable skills and experience, are close to retirement. That can contribute to knowledge loss, although the effects of imminent retirements may be mitigated by the state of the economy and the plans of many to work longer than originally intended. Demographic research suggests that the future workforce pool will be more diverse (in sex, age, race, and ethnicity) (Lee and Mather, 2008; Toossi, 2002). DHS also has a mixture of personnel with respect to background: civilian, law enforcement, and the military. And DHS has a large cadre of temporary employees, such as reservists in FEMA, and many part-time workers, including many TSA TSOs.

TABLE 1-1 Department of Homeland Security Demographics Overview Chart

Component	No. Employees	No. Female Employees	No. Male Employees	Average (Range) Age of Employees, Years	Average Length of DHS Employment, Years
CBP	60,025	12,551	47,474	41 (18–89)	7
FEMA	16,022	7,418	8,604	52 (17–90)	6
FLETC	1,104	353	751	51 (22–79)	7
HQ DNDO	114	33	81	46 (18–70)	4
HQ NPPD	2,885	848	2,037	45 (20–78)	5
HQ OS	3,406	1,564	1,842	43 (17–80)	4

⁴DHS has about 185,000 permanent and 9,000 intermittent or temporary employees, not including USCG active-duty personnel (43,000) and reservists (7,800) (Green and Perkins, 2012).

Component	No. Employees	No. Female Employees	No. Male Employees	Average (Range) Age of Employees, Years	Average Length of DHS Employment, Years
HQ ST	485	184	301	47 (19–75)	5
ICE	20,139	5,931	14,208	43 (17–81)	7
OIG	759	318	441	43 (20–73)	6
TSA	65,444	25,053	40,391	42 (19–83)	6
USCG	8,635	2,706	5,929	50 (17–83)	6
USCIS	11,847	6,807	5,040	47 (19–87)	7
USSS	6,653	1,581	5,072	41 (18–90)	8
Total/ Average	197,518	65,347	132,171	45	6

SOURCE: Data extracted from FedScope in March 2013 (OPM, 2013b).

Physical Work Environment

The DHS workforce performs its duties in a large variety of environments. When border-patrol agents are in the field tracking illegal immigrants, drug smugglers, and potential terrorists, they contend with an extreme range of temperatures, wildlife (for example, agents in the Rio Grande Valley encounter rattlesnakes and black widow spiders), uneven terrain with little shade, and only the supplies that they are carrying with them. While on patrol, they are often tracking a large group of illegal immigrants by themselves and then need to apprehend them alone and hold them until backup arrives. Border patrol agents also work in the detainee centers at their stations—they regularly have to process drug and immigrant smugglers and, perhaps more difficult, process people who are crossing the border in the hope of making better lives for themselves or their families (including babies and young children who are often sent to cross the border with a smuggler).

TSA employees, who make up one-fourth of the DHS workforce (the bulk of them TSOs), in contrast, are generally indoors but have constant interaction with a public that is often disrespectful and has a poor perception of the agency. Part of the disrespect is the regular name-calling by airline passengers. When staffing at airport checkpoints does not adjust fast enough to accommodate increased passengers, passengers become agitated with TSOs, are rude, and sometimes are not compliant. TSOs

have an important—and often tedious and repetitive—job. Although their job is monotonous, they must be able to identify unallowable, potentially dangerous items and keep them from being taken onto airplanes. Potential terrorists could at any time try to bring firearms, explosives, or other potentially disastrous materials onto a plane. TSA staff must stay on top of the latest technology and innovations to ensure interception of those trying to do harm.

On the other side of the continuum are those who work in operation centers. The National Operation Center (NOC) in Washington, DC, includes staff representation of every DHS component. The center runs 24 hours per day every day. To work in the NOC, almost everyone is required to have at least a minimum level of security clearance, and those responsible for “watch and warning” require a top-secret or higher clearance. Working in the NOC can go from tedious and slow to extremely high-pressure in a matter of moments. Each of the operational components has an operation center as well. Shift schedules, which can change within a given month, can contribute to burnout, poor sleep, and ultimately poor performance. Making a mistake in that environment can compromise an employee’s security clearance and potentially his or her job. Training in operation centers is intense, and every level entails job-specific training. That leaves little time for training outside an employee’s specialty, so it is difficult for someone suffering from burnout to move to a position elsewhere in the department.

Concerns About Attrition

Retention of the workforce is a key element of workforce readiness and resilience. This section provides some data on attrition in the federal government and specifically in DHS that show that retention is a subject of concern for DHS. Attrition rates in the federal government are consistently lower than those in the private sector. In 2008, the federal government attrition rate was 7.6 percent vs 9.2 percent in the private sector. In 2009, the federal government attrition rate declined to 5.85 percent (Partnership for Public Service and Booz Allen Hamilton, 2010). Considering only the federal employees who resigned from DHS (as opposed to being transferred to other components or being fired), the average attrition was 1.6 percent in 2009 (excluding retirements). In 2009, DHS averages for resignation ranged from 1.13 percent (ICE) to 6.84 percent (FLETC) with an average of 3.37 percent—1.77 percent higher than the

federal average that year.⁵ In 2012, the DHS resignation average was 3 percent. Table 1-2 includes DHS component agency attrition rates for 2012.

In 2006, 35.6 percent of the 15,570 new hires separated from DHS in less than 2 years; 72 percent of DHS executives left during 2003–2007 (Davidson, 2010; Partnership for Public Service and Booz Allen Hamilton, 2010). Throughout the federal government, 22 percent (6,080) of federal employees who resigned had less than 1 year of federal service, and 69 percent (18,839) who resigned had less than 5 years of federal service.

TABLE 1-2 Department of Homeland Security FY 2012 Attrition Data by Component

Component	FY 2012 Attrition Rate ^a
CBP	3.45%
DNDO	8.18%
FEMA	16.59%
FLETC	15.97%
ICE	4.34%
NPPD	7.14%
OIG	8.31%
OS	9.42%
S&T	8.63%
TSA	10.04%
USCG	10.67%
USCIS	5.36%
USSS	4.31%
AVERAGE	7.59%

^aAs of January 31, 2013.

NOTE: FY = fiscal year.

SOURCE: Provided to the IOM by DHS, March 2013.

⁵Calculated based on attrition data provided to the IOM by DHS.

Those data, combined with the DHS Federal Employee Viewpoint Survey (FEVS)⁶ scores that show that 34.9 percent of employees plan to leave DHS in the next year (4 percent plan to retire), convey the importance of improving efforts to retain staff to protect institutional memory and save costs (OPM, 2012). It is a more efficient use of funds to retain an employee in whom an organization has invested time and money during the onboarding process (recruitment, training). The cost of employee turnover can be substantial in both real monetary costs (time taken for recruitment, training, and replacement) and indirect costs (loss of productivity, unnecessary overtime by other employees, and low morale). Some turnover in any agency is expected, and even beneficial (for example, if employees leave because the job is not a good match for them), but reducing undesirable turnover is important.

IMPORTANCE OF A READY AND RESILIENT DEPARTMENT OF HOMELAND SECURITY WORKFORCE

The most important asset of an organization is its workforce. To achieve its mission, DHS needs an informed, well-trained, well-led, and properly supported workforce. The DHS mission, “to ensure a homeland that is safe, secure, and resilient against terrorism and other hazards” (DHS, 2013c), cannot be taken lightly, nor can the role of the DHS workforce in keeping the nation safe. The DHS work environment is inherently stressful, and the responsibilities can weigh heavily on DHS employees at every level and in every facet of the organization. If the workforce is not ready and resilient—if it does not have the ability to respond to and bounce back from crises and everyday stressors—it can compromise the effectiveness of DHS.

Resilience affects individual employee performance and overall operational readiness over time. Therefore, it is crucial that the strategic plan for workforce resilience developed by DHS ensure that its most critical resource, its employees, is linked with the department’s vision, mis-

⁶“The Federal Employee Viewpoint Survey (FedView survey) is a tool that measures employees’ perceptions of whether, and to what extent, conditions characterizing successful organizations are present in their agencies. Survey results provide valuable insight into the challenges agency leaders face in ensuring the federal government has an effective civilian workforce and how well they are responding” (OPM, 2013a). More information on the survey, including survey design and methodology, can be found on OPM’s website: <http://www.fedview.opm.gov/2012/What> (accessed June 5, 2013) and the survey FAQ page: <http://www.fedview.opm.gov/2012/FAQS> (accessed June 5, 2013).

sion, and goals. DHS staff affect the lives of people all over the nation. DHS is accomplished in performing its various duties, and the DHS workforce every day carries out an astonishing amount of work that contributes to the safety of the country so that the American way of life can thrive (see Box 1-3 for examples). The workforce not only deserves to have excellent resources for readiness and resilience but also needs the full support of DHS to continue to meet its day-to-day and long-term missions.

BOX 1-3
Sample of Daily Department of Homeland Security
Workforce Accomplishments^a

To prevent terrorism and enhance security, DHS

- Screens about 2 million passengers and their checked baggage before they board commercial aircraft.
- Intercepts 90 prohibited items at checkpoints (TSA outbound and CBP inbound) and prevents 1,945 prohibited items from entering federal facilities.
- Deploys thousands of transportation security officers and federal air marshals to protect the traveling public.
- Conducts 135 armed waterborne patrols near maritime critical infrastructure and key resources.
- Monitors 1,428 radiation portal monitors to scan all containerized cargo entering from Canada and Mexico; all personally owned vehicles entering from Canada and Mexico, and 99 percent of arriving seaborne containerized cargo for illicit radiologic and nuclear materials.
- Trains 3,400 federal officers and agents in 89 federal agencies and state, local, tribal, and international officers and agents in 469 basic and advanced training programs.
- Trains 12 state and local law-enforcement officials in using preventive radiologic and nuclear detection equipment.
- Reviews all-source intelligence information, conducts analysis, and develops products to disseminate to federal, state, local, tribal, territorial, and private-sector partners regarding current and developing threats and potential indicators of the threat.
- Provides resources and expertise to support the nation's state and major urban area fusion centers in engaging law-enforcement and homeland-security agencies around the country in reporting suspicious activities and implementing protective measures.

To secure and manage borders, DHS

- Processes nearly 1 million travelers entering the United States at air, land, and sea ports of entry.
- Inspects more than 47,000 truck, rail, and sea containers.

- Processes more than \$88 million in fees, duties, and tariffs.
- Seizes 11,435 lbs of narcotics at or near ports of entry nationwide.
- Seizes or removes 1,100 lbs of illegal drugs via maritime routes.
- Issues 200 credentials to qualified merchant mariners to ensure the safety, security, and efficiency of the maritime supply chain.
- Manages 3,500 commercial vessel transits through the Marine Transportation System to facilitate the safe and efficient movement of goods and people.

To enforce and administer immigration laws, DHS

- Makes an average of 728 administrative arrests and 638 criminal-alien arrests.
- Seizes about \$400,000 in undeclared or illicit currency at and between ports of entry nationwide.
- Litigates nearly 1,500 cases in immigration court and obtains 6,161 final orders of removal, including 933 for criminal aliens.
- Houses 33,429 illegal aliens in detention facilities nationwide.
- Processes 24,371 applications for immigration benefits.
- Naturalizes 2,583 new US citizens.

To safeguard and secure cyberspace, DHS

- Protects US information systems (the federal .gov domain) through the US Computer Emergency Readiness Team (US-CERT), which detects, responds to, and issues warnings about an average of more than 18 incidents per month arising from almost 15,000 daily alerts.
- Works closely with government and private-sector partners to defend against and respond to a variety of cyber threats and when necessary provides onsite support to owners and operators of the nation's critical infrastructure on incident response, forensic analysis, site assessments, and training.
- Promotes the development of a world-class cybersecurity workforce by supporting initiatives such as Scholarship for Service and developing education curriculum designed to ensure that DHS cyber professionals are educated in every aspect of cyber risk mitigation.

To ensure resilience to disasters, DHS

- Provides \$22 million to states and local communities for disaster response, recovery, and mitigation activities.
- Helps to save \$4.6 million in damages from flooding around the country through FEMA's Flood Plain Management.
- Helps to protect 104 homes from the devastating effects of flooding through flood insurance policies issued by the National Flood Insurance Program.

BOX 1-3 Continued

- Strengthens citizen preparedness and participation through funding and technical assistance to the nearly 2,400 tribal, state, territorial, and local Citizen Corps Councils in every state and 5 US territories.
- Trains 951 emergency responders to improve capabilities related to all hazards, including weapons of mass destruction, cybersecurity, agriculture and food protection, and citizen preparedness.
- Saves 13 lives, responds to 64 search and rescue cases, and prevents loss of \$260,000 in property damage.

^aData contained in this box are approximate and represent daily averages based on annual departmentwide statistics.
SOURCE: DHS, 2013a.

Human Capital Management

From a human capital standpoint, having a ready and resilient workforce is essential. Human capital management is the process by which a workforce is hired, developed, deployed, motivated, and retained. If DHS is known as a desirable place to work, where employees have critically important jobs and are supported for success, it will be able to attract the most qualified workers to help fulfill its mission. It will be able to see the best use of its investment in training through high retention rates and competitiveness with other agencies. A human capital focus emphasizes measurement and analysis, looks at return on investment, and aligns workforce decisions with agency mission and goals. The human capital paradigm (as opposed to traditional “human resources”) focuses on the importance of people for an organization’s success and sees the workforce as an investment, not an expense. A ready and resilient workforce will benefit DHS as a whole and result in improved staff performance, productivity,⁷ and output by reducing absenteeism,⁸ improving presenteeism,⁹ and increasing morale.

⁷Productivity is the amount of work or production output per unit of input from labor, equipment, or capital used (IOM, 2005).

⁸Absenteeism is habitual absence from work; it may reflect demoralization or dissatisfaction on the part of an employee (IOM, 2005).

⁹Presenteeism is on-the-job productivity loss that is illness related; for example, problems such as allergies, arthritis, asthma, chronic back pain, depression, and migraines; also related to productivity loss resulting from caregiving, lack of job satisfaction, and organizational culture (IOM, 2005).

ADDRESSING THE STATEMENT OF TASK

*What we learned in Homeland Security is that people matter,
one at a time.*

*What's our Homeland model for our workforce and
resilience? . . . It begins with individuals that are informed, well-
trained, well-led, [and] properly supported. They know what's
expected of them every day and they have the tools to do it.
—Former Deputy Secretary Jane Holl Lute (2013)*

The IOM Committee on Department of Homeland Security Workforce Resilience was asked to provide guidance on improving the resilience of the DHS workforce in accordance with its statement of task (see Box 1-1). This report contains recommendations and guidance for the content and implementation of a 5-year strategic plan to support WRR that ultimately will result in a healthier, mission-ready, and thus more resilient workforce. Early in its work, the committee recognized that to address its charge, it must take a broad look at factors that potentially contribute to workforce health as opposed to resilience alone because DHS was unable to provide the committee with any specific data that clearly demonstrated a problem with workforce resilience in the department. DHS has focused on results of the FEVS, which has demonstrated issues with morale, engagement, and leadership at DHS, all of which may affect workforce resilience.¹⁰ Through conversations with DHS staff during information-gathering sessions and site visits, the committee confirmed the existence of those issues, along with a general lack of a core integrated organizational culture, and of issues with communication throughout DHS.

For guidance, the committee relied on the vision that then–Deputy Secretary Lute¹¹ communicated to the committee (Lute, 2013) in its February 2013 meeting. Dr. Lute conveyed the idea that the “purpose of Homeland Security is to help create a safe, secure, resilient place where the American way of life can thrive” and that the mission is deep and

¹⁰DHS has consistently low scores on the FEVS—in 2012, it was ranked 19th among the 19 large federal agencies (<http://bestplacestowork.org/BPTW/assets/BestPlacestoWork2012.pdf> [accessed July 9, 2013]).

¹¹At the time she spoke with the committee, Dr. Lute was the DHS Deputy Secretary (she resigned in April 2013).

complex. She passionately noted that “we have to also take care of our own resilience and our own ability to respond under pressure” to meet the mission. She said that if we do not have informed people, we do not have stable people and that a model for workforce resilience begins with people who are “informed, well-trained, well-led, and properly supported.” Dr. Lute also noted that DHS needs to know more about its people and that she “want[s] us to have a homeland-security way of doing things just as the military has their way and others have their way. And I want an organization that has enormous pride in itself and is known for its purpose and value to the American public.” Finally, in regard to culture, Dr. Lute stated that “whenever you are building an organization you must pay attention to your culture. What are the values, what are the principles, what is the meaning that you want your workforce to connect to?”

The committee concluded that a top-down, fully standardized set of activities aimed at enhancing workforce resilience and readiness throughout DHS would not work, because of the diversity of missions, organizational culture, and organization among component agencies. However, there need to be centralized strategic direction and resource investment, identification of core best practices, overarching policies, and measures of effectiveness at the department level that will unify the WRR effort. That will ensure consistency while fostering component agencies’ ownership of and flexibility in implementation because “you run organizations with purpose and pride and you run them successfully when you put that purpose and pride in . . . the hands of the people who are in the organization” (Lute, 2013). It is with those sentiments in mind that the committee viewed its charge. The committee does not view the goal of a DHS initiative to address workforce readiness and resilience as equivalent to addressing employee satisfaction. Rather, achieving a high level of resilience includes fostering a sense of pride among the workforce, building an integrated core culture of readiness and resilience, and devotion to developing a well-led, supported, well-trained, and informed workforce. That achievement will result in a workforce that has “the ability to withstand, recover, and grow in the face of [the] stressors and changing demands” that it experiences daily in carrying out its diverse mission (Chairman of the Joint Chiefs of Staff, 2011).

OVERVIEW OF THE STUDY PROCESS

To address its charge, the committee gathered information through a variety of means. It held two information-gathering meetings that were open to the public. The first, held in December 2012, focused on obtaining background information from DHS, including OHA and the Office of the Chief Human Capital Officer (OCHCO), and information on resilience programs. The second, held in February 2013, focused on obtaining additional information from DHS and component agencies, including available safety and health data, leadership-training programs, best practices of operational components, and a keynote address by Deputy Secretary Lute on leadership's vision for the workforce. The committee also heard from experts in data integration, leadership, and communication. (Agendas of those meetings are in Appendix B.) The committee met in executive sessions for deliberative discussion throughout the study process; the final meeting took place in May 2013. The committee received public submissions of materials for its consideration at the meetings and by e-mail throughout the course of the study.¹² A website was created to provide information to the public about the committee's work and to facilitate communication between the public and the committee (IOM, 2013).¹³

Committee members and staff visited multiple DHS component agencies in April 2013 to gain a better understanding of the physical work environments, daily job tasks, and stressors of the DHS workforce. During those visits, the committee and IOM staff were given a tour and spoke with leaders, frontline supervisors, and workers in New York, New York; the Rio Grande Valley sector in Texas; and Washington, DC. In New York, committee members and staff visited the FEMA Regional Office and Joint Field Office, the Science and Technology Directorate (S&T), National Urban Security Technology Laboratory (NUSTL), and US Citizenship and Immigration Services (USCIS). In Texas, committee members and staff visited CBP—including a variety of border patrol divisions, stations, and checkpoints—and the Immigration and Customs Enforcement (ICE) Port Isabel Service Processing Center. In Washington, DC, committee members and staff visited TSA at Ronald Reagan Washington National Airport. The committee wanted to visit with staff at

¹²Public-access materials can be requested from <http://www8.nationalacademies.org/cp/ManageRequest.aspx?key=49485> (accessed July 8, 2013).

¹³See <http://www.iom.edu/DHSWorkforceResilience>.

the National Operations Center (NOC) in Washington, DC, but accommodations were not made by that component for a visit.

The committee created an online public-comment tool to give all DHS staff the opportunity to provide comments to the committee. The committee received 130 responses from 8 component agencies (see Appendix C for a summary of the comments received). Although the information obtained from the site visits and online public-comment tool is not representative of DHS as a whole and therefore cannot be generalized, these sources did provide the committee with important context and insight into the stressors that the DHS workforce regularly encounters.

During a series of two workshops hosted by the IOM in September and November 2011 (also sponsored by OHA), experts spoke about a number of issues related to workforce resilience in general and at DHS specifically, including factors that potentially influence workforce effectiveness and resilience, such as fatigue, work-family connections, and leadership effectiveness and challenges to implementing a resilience program in DHS. A workshop summary was published in April 2012.¹⁴ The workshops constituted a precursor of the work of the present report, and the committee relied heavily on the information in the summary for background information and during its deliberations. Themes from the information-gathering meetings, site visits, comments from DHS staff, and the 2011 IOM workshops on workforce resilience are discussed throughout this report; high-level themes are available in Box 1-4.

The committee reviewed and considered resilience programs, tools, and policies of the military, law enforcement, and the private sector, such as the Army's Ready and Resilient effort and Comprehensive Soldier Fitness, DoD's Total Force Fitness, the Navy's resilience programs (including Combat and Operational Stress Control and the Navy Installations Command Fleet and Family Readiness), and such relevant efforts of law enforcement entities as early-intervention systems,¹⁵ Education Based Discipline,¹⁶ Mediation,¹⁷ best practices of the International Association of Chiefs of Police, and peer support. The field of workforce

¹⁴Available at <http://www.iom.edu/Reports/2012/Building-a-Resilient-Workforce-Opportunities-for-the-Department-of-Homeland-Security.aspx> (accessed July 8, 2013).

¹⁵Los Angeles Sheriff's Department; Miami-Dade Police Department; Phoenix Police Department; Pittsburgh Bureau of Police.

¹⁶Los Angeles Sheriff's Department.

¹⁷Denver, Colorado; Pasadena, California.

BOX 1-4
Themes from Information Gathering

Mission: Members of the DHS workforce believe in their mission and are committed to seeing it implemented even when they do not feel supported by or when they feel disconnected from the larger component or DHS.

Organizational Culture: There was no indication of an integrated core culture among the 22 legacy and newly added components that make up DHS, and there was no indication of a culture of readiness or resilience.

Commitment to Resilience: Workforce readiness and resilience have not had high priority for leadership and are not actively measured, and the DHS *Together* program does not receive adequate support.

Disconnect from Headquarters: There appears to be a disconnect between the staff in DHS headquarters and component agencies that leaves employees not feeling heard or not feeling like an integral part of the organization.

Trust: Trust is fractured throughout the department, including trust in leadership and trust in the organization as a whole. Staff do not consistently believe that leaders have their best interests at heart; they believe that leaders are not transparent and that leaders think of them as expendable.

Awareness of Support Programs: Overall, staff do not seem to be aware of the resources or programs available to them, do not use them, and do not feel that policies to support employees are in place.

Communication: Communication is lacking in many ways. Best practices are generally not discussed or shared within or among components. There is a lack of communication about resources and programs available to staff, their input is not sought, and their accomplishments are not celebrated.

resilience is in its infancy, and there has been little rigorous evaluation of efforts (Meredith et al., 2011). The committee refers to existing resilience efforts throughout this report as examples but could not look to them for best practices, because of the lack of evaluation. In addition, based on their findings, the committee has focused its report on the more fundamental organizational issues that need to be addressed before individual programs, tools, or policies can be considered by DHS.

In 2012, DHS also asked the IOM to convene a committee to prepare a report on DHS occupational health and operational medicine infrastructure. The committee addressing that topic began its work in March 2013, and its report will be released in early 2014 (see Box 1-5 for that com-

mittee's full statement of task). Parts of that committee's information-gathering meetings, held in March and June 2013, were informative for the work of the present committee. There are some overlaps in subject matter between the two committees, and subjects that will be covered by the other committee are noted throughout this report.

BOX 1-5
**Committee on Department of Homeland Security Occupational
Health and Operational Medicine Infrastructure**

Statement of Task

An ad hoc committee will review and assess the current agency-wide occupational health and operational medicine infrastructure at the Department of Homeland Security (DHS) and provide recommendations on how infrastructures within component agencies can be better integrated into a coordinated, DHS-wide system with the necessary centralized oversight authority. Specifically, the committee will

- Review and assess DHS's current occupational health and operational medicine infrastructure.
- Explore the occupational health and operational medicine infrastructures established in other relevant federal agencies and organizations.
- Identify the key functions of an integrated occupational health and operational medicine infrastructure.
- Consider the necessary department oversight authority that will be required to ensure an integrated infrastructure.
- Identify quality metrics that may be used for evidence based quality improvements.
- Perform case studies to explore the potential impacts of an integrated infrastructure, including the estimated cost savings.

In addressing the task, the committee will prioritize recommendations on short- and long-term measures DHS can adopt in order to optimize its mission readiness by assuring the health, safety, and resilience of its workforce; consideration will also be given to the impact of such measures on the agency's liability and health care costs.

Framework

In 2008, the National Institute for Occupational Safety and Health (NIOSH) published *Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing* (NIOSH, 2008). An expert group assembled by NIOSH and the Centers for Disease Control and Prevention identified 20 components of a comprehensive work-based health protection and health promotion program as part of its Total Worker Health™ strategy of “integrating occupational safety and health protection with health promotion to prevent worker injury and illness and to advance health and well-being” as a guide for employers and employer–employee partnerships to establish effective workplace programs that “sustain and improve worker health” (CDC, 2013; NIOSH, 2008). The 20 components were divided into 4 broad areas: (1) organizational culture and leadership, (2) program design, (3) program implementation and resources, and (4) program evaluation. That framework has been widely used and accepted for workplace health and encompasses the elements that the committee identified early in its deliberations as crucial for the development of workforce readiness and resilience in DHS. Therefore, the committee adopted the NIOSH framework as its guiding framework to assess the effectiveness of workforce readiness and resilience in DHS.

DHSTOGETHER EMPLOYEE AND ORGANIZATIONAL RESILIENCE INITIATIVE

At the request of Deputy Secretary Lute, the *DHSTogether* Employee and Organizational Resilience Initiative was created by OHA in late 2009 (Green and Perkins, 2012; IOM, 2012) to address low morale and poor FEVS scores. After the program’s inception, the Government Accountability Office (GAO) released a report noting that the morale of the DHS workforce as a whole was lower than the federal government average: DHS employees’ job satisfaction was 4.5 percentage points lower and engagement in their work was 7.0 percentage points lower (GAO, 2012).

As described to the committee, *DHSTogether* is a headquarters-based program that focuses on building resilience and wellness capacity in the department’s components, primarily by providing guidance and limited seed money to help component agencies develop solutions that can be used throughout the department (Green and Perkins, 2012; IOM,

2012). Although housed in OHA, until recently *DHSTogether* has been a collaborative effort of OHA and the Human Capital Office,¹⁸ which houses the department's work-life and employee assistance programs (EAPs) (Green and Perkins, 2012). Within OHA, *DHSTogether* falls under the Workforce Health and Medical Support Division, the division designated by the Assistant Secretary for Health Affairs to lead the department's workforce health-protection and medical-oversight activities (see Appendix A for the OHA organizational chart). The division has three branches: Medical First Responder Coordination, Medical Quality Assurance, and Occupational Health; *DHSTogether* is in the last of these.¹⁹ Because of the substantial influence of the chief human capital officer in the program's early development, *DHSTogether* is heavily based on a wellness model and uses a holistic approach (see Figure 1-1). The program is based on four pillars: leadership priority; training; policies, procedures, and programs; and communication (see Figure 1-2 for *DHSTogether* operations structure). Although the program had been in existence for almost 4 years by the time the present committee held its first meeting, it did not yet have a formal vision or set of goals. OHA presented some working goals at the committee's first meeting in December 2012. They are

- Strengthen leadership understanding and support of resiliency and suicide prevention.
- Strengthen individual resiliency.
- Strengthen organizational resiliency.
- Increase accessibility, timeliness, variety, and quality of intervention services.
- Reduce work-related stressors that decrease resiliency and increase suicide risk factors.
- Establish and maintain structure and information/data needed to govern the elements common to all components.

¹⁸An OCHCO staff person was detailed to spend 50 percent time on the program.

¹⁹Most work done by OHA is in the Health Threats Resilience Division, which “strengthens national capabilities to prepare and secure the nation against the health impacts of CBRN incidents and other intentional and naturally occurring events” and among other activities, oversees early-detection monitoring systems for biologic and chemical agents, including the BioWatch and Chemical Detection programs.



FIGURE 1-1 DHS*Together* holistic approach to resilience.

NOTE: Physical State: physical activity, nutrition, healthy choices, and general health. Emotional State: stress management, healthy relationships at work and home, mental health, and spirituality. Environment: work location, work conditions, climate, and outside influences. Culture: diversity, supportive work environment, organizational values, and leadership. Work: engagement, productivity, control and empowerment, career development, and effective management. Family/Community: healthy relationships with family and friends, connections to community, and interests outside work.

SOURCE: Green and Perkins, 2012.

Early actions of the initiative included creating an inventory of existing related policies and programs and trainings that were already under way in the components; conducting a DHS-wide Safety Stand Down to focus on resilience and wellness; and creating the Employee and Organizational Resilience Program Taskforce (Green and Perkins, 2012; IOM, 2012). OHA also worked with FLETC to include an emphasis on resilience in its training curriculum for federal law enforcement, which focused on the signs and symptoms that would indicate that a colleague might be struggling, on how to talk to fellow employees if they display symptoms, and on how to get them help; however, this curriculum has not yet been formally implemented. In the second year, the focus shifted to suicide prevention with the creation of online courses on stress management and suicide prevention and to increasing awareness of available resources (DHS, 2011b; Green and Perkins, 2012).

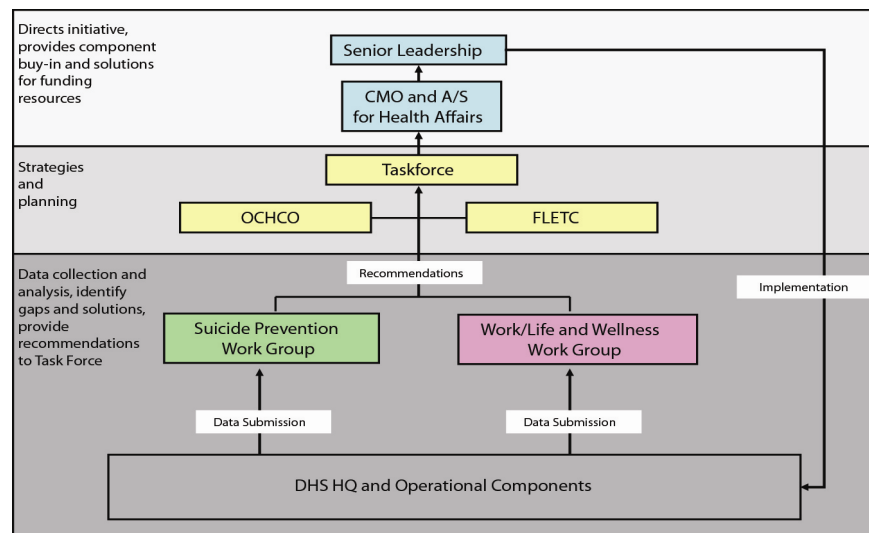


FIGURE 1-2 DHSTogether operations structure.

NOTE: A/S, assistant secretary; CMO, chief medical officer; DHS HQ, Department of Homeland Security Headquarters; FLETC, Federal Law Enforcement Training Center; OCHCO, Office of the Chief Human Capital Officer.

SOURCE: Green and Brinsfield, 2011.

DHSTogether has contracted with the Uniformed Services University of the Health Sciences (USUHS) to

- Develop a report on DHS resilience that will identify opportunities and challenges in promoting and sustaining workplace resilience, which will include findings that are both departmentwide and component-specific and will address similarities and differences in levels of organization positions and functions among, for example, upper and middle management, operations, EAP, and training. Deliverables from this contract will include a variety of methods to accomplish delivery of recommended information dissemination content (potential examples are training, options for delivery of training, briefings, consultation, and coaching).
- Brief leaders to inform them of the relationships between stress, decision-making capability, operational performance, and employee health.
- Design a peer support program for the NOC adapted from the psychological first-aid model.

Although the contracts with USUHS have been in place for a year, little has been accomplished. OHA is also developing a peer support coordinator training program in collaboration with FLETC, which focuses on both crisis intervention and care and concern support; Strong Bonds for DHS, an interpersonal-relationship program being developed with the CBP chaplaincy program; and an adaptation of the US Navy Operational Stress Assessment for use with DHS employees (Green and Perkins, 2012).

DHSTogether initially focused on suicide prevention, but OHA quickly recognized that completed suicide and other suicidal behaviors are usually the end result of a complex trajectory of events and circumstances and saw the need to intervene before employees reach that point (Garza, 2012). OHA requested the present study because it recognized a need for a strategic direction for DHSTogether and a concise description of the problem(s) it should address. As Chief Medical Officer Garza²⁰ noted at the committee's first meeting, "instead of dealing with [employee resilience and mental health] from a corporate vision, it was really 22 different agencies having 22 different visions." Dr. Garza also noted that "there are other things that we have to be cognizant of, whether it is family issues, whether it is economic issues, whether it is anything else that is out there," and that the issue is more than just workplace stress; rather, it is "about the entire individual" (Garza, 2012). OHA under-scored the desire to tailor the program to the unique needs of the component agencies while also having an overall strategic approach.

The program has had a modest budget, resources, and support since its inception. Specific funding of \$1.5 million was included for DHSTogether in the fiscal year (FY) 2012 budget (Green and Perkins, 2012). That appropriation called for no full-time employees, instead relying on five employees to support the effort part-time and as collateral duty (Raine, 2013). The FY 2013 appropriation was reduced to \$500,000 but added two full-time employees, who began work with the program in December 2012 and February 2013. The planned appropriation for FY 2014 is \$1.134 million (Raine, 2013). Because of the modest funding, few or no resources are tied to the policies that are promulgated by the program (Green and Perkins, 2012).

²⁰Dr. Garza resigned from DHS in April 2013.

Gaps in DHS*Together* Program

Throughout its study, the committee requested documents and information from DHS to inform its deliberations. In many cases, documentation was not provided, on the grounds that information was deemed “for official use only.” That is due in part to the IOM’s compliance with Section 15 of the Federal Advisory Committee Act, which means that the IOM must place all documents shared with the committee that are not publicly available in the project’s public-access file (and those files are available upon request). For example, the committee requested copies of component agencies’ action plans for improving employee engagement and morale, DHS component agency or Employee Engagement Executive Steering Committee (EEESC) communication plans, a copy of the Navy stress-assessment tool, and a list of training centers in DHS, but none of those documents was provided by DHS. OHA and OCHCO did not offer any relevant documents to the committee; all shared items were specifically requested by the committee, such as the inventory of existing programs (see Appendix D), EAP use, DHS demographic and attrition data, data sources in DHS, and the leadership-development framework.

In some cases, the committee did not know about the existence of policies or guiding documents and therefore did not know to request them. For example, 10 months into the study, the committee noted a reference to the DHS workforce strategy for FY 2011–2016 in a budget-support document and then requested the strategy from OCHCO (DHS, 2011a). The strategy was deemed public and was shared with the committee. The strategy was directly relevant to the committee’s charge and in fact aligns with some of the committee’s recommendations. It is not clear whether the workforce strategy was not shared with the committee because OHA or OCHCO did not think it relevant to the work of the committee or just as a result of the disjointed nature of the workforce efforts in DHS. It is also not clear to the committee what other relevant information it has not seen or did not know about to request. The committee has formed its recommendations on the basis of information made available to it.

Because of the lack of available data, the committee refers mainly to FEVS data throughout its report. The FEVS is a “climate” survey that measures employee perceptions; its results provide insight into a variety of subjects in the federal government, including leadership, culture, job satisfaction, engagement, and morale (OPM, 2012). It provides agencies

with information that can be used to assess performance and drive improvements, and it gives the Office of Personnel Management (OPM) the ability to assess individual agencies' talent management (GAO, 2012). The committee recognizes that there are limitations in the FEVS. Although the FEVS is a blunt instrument that relies on employee perceptions, it can be used to identify needs for further investigation. OPM (2012) noted varied response rates among demographic groups in the federal government but weighted the data to ensure statistically unbiased results (see Box 1-6 for more details). Although the FEVS is only one data source on which DHS should rely, it yields the only DHS-wide data that have been used to inform potential workforce issues. The committee believes that should not be the case and has laid out strategies for DHS to use in determining its data needs and developing systems for collecting and analyzing data that can inform program development and ensure continuous improvement (see Chapter 4 for additional details).

Four years into its employee and organizational resilience program, DHS does not have a clear vision, a mission statement, specific goals, or measurable objectives for the program. There is no agreement on a working definition of workforce resilience for DHS, so benchmarking a starting point for workforce resilience is impossible today. Without data-collection efforts, evaluation of the effectiveness of the activities that it has implemented is not possible. And because there is no definition or validated measure of resilience used in DHS, the committee cannot be certain that the DHS workforce has a resilience deficit. The department has used FEVS data as a surrogate of resilience, but that presumption has not been tested or proven. What is clear from the FEVS data is that the DHS workforce has low morale, which may be related to resilience. But it is possible that the workforce has demonstrated a high level of resilience by executing its duties admirably in the face of low morale and numerous organizational challenges. If that is the case, it could take an additional psychological and physical toll on the workforce. The *DHSTogether* program has been a series of disconnected small initiatives as opposed to a comprehensive, coherent, evidence-based program following a strategy that is mission-focused and aligned with the various DHS operational needs.

BOX 1-6**Background on the Office of Personnel Management (OPM)
Federal Employee Viewpoint Survey (FEVS)**

How was the survey sample designed and selected?

- OPM designed the survey to produce valid results representing governmentwide federal employees as well as employees in individual federal agencies and subagencies.
- The sample was designed to produce results by supervisory status (non-supervisor, supervisor, and executive). The 2012 survey was directed at full-time and part-time, permanent, non-seasonal employees.
- Because of the differing response rates among the various demographic groups completing the survey, the data were weighted to further ensure that the results are statistically unbiased. In this way, adjustments to response rates could be made to account for over- and underrepresented groups within the sample. For example, the gender, age, and agency of the respondents do not exactly reflect their actual distribution in the federal workforce. In the case of supervisors and executives, response levels tend to be overrepresented.

How was the survey administered?

- The survey was conducted electronically on the Internet, with employees notified by email of their selection for the sample. Paper versions of the survey were provided to a limited number of employees who did not have access to the Internet survey (less than 1 percent). Electronic administration facilitated the distribution, completion, and collection of the survey.
- To encourage higher response rates, OPM sent multiple follow-up emails to sample members. OPM also provided agencies with sample communications and helped them develop an internal communication plan.
- These efforts contributed to an overall high response rate. Of the 1,492,418 employees who received the FEVS, 687,687 completed the survey for a governmentwide response rate of 46.1 percent.

SOURCE: OPM, 2012

NIOSH (2008) recommends that organizations create “an initial inventory and evaluation of existing programs and policies relevant to health and well-being and a determination of their potential connections.” The inventory OCHCO compiled of “Emergency Assistance and Wellness Programs” related to health promotion and resilience across the Department (see Appendix D) includes a wide array of programs and resources, such as EAPs, and programs related to suicide prevention,

workplace violence, fitness for duty, health fairs, onsite fitness facilities, tobacco cessation, telework, psychological first aid, chaplain services, and hostile-environment predeployment briefings. Although the inventory notes the current level of program development and the percentage of locations where programs are available, it fails to include information below the component level and information on whether the programs were ever evaluated. The inventory lists 60 items, most of which are implemented differently by the various components. While it is a good first step, this initial inventory has not progressed beyond a complicated matrix or checklist of raw broad data and has not been integrated with or connected to other data. Without comprehensive integration of the information with other data available to the department, quantitative program evaluation cannot occur and resources spent on health programs will remain difficult to track.

NIOSH (2008) lists establishing clear principles—to focus priorities, guide program design, and direct resource allocation—as an essential element in the creation of a successful program. It is not clear what *DHSTogether* aims to accomplish or what its priorities are; DHS has not provided the committee with any additional information on its priorities beyond the broad goal of enhancing health and well-being of the DHS workforce (see Chapter 2 for further discussion on this topic).

With the support of Secretary Janet Napolitano and Deputy Secretary Lute, DHS began to implement mandatory training to focus on employee resilience and wellness, including a DHS-wide Safety Stand Down to “introduce a new employee and organizational resilience program called *DHSTogether* . . . and have a facilitated group discussion exploring these issues and existing resources” (DHS, 2013b). In addition, a high-level task force, to be chaired by the deputy secretary and composed of high-level leaders in the components, was created to focus on initiatives to increase wellness and resilience. However, without a consistent, vocal commitment on the part of both DHS and component agency leadership to build workforce resilience, the focus on increasing wellness and resilience quickly diminished. The task force was not given the ability to establish departmentwide policies and principles to guide the components and was therefore unable to effect change. Membership on the task force was soon delegated to lower-level personnel in the components, mainly those focused on EAPs. There are no plans for DHS-wide training in this area, and the task force has been disbanded. The lack of consistent high-level leadership of the program has been a barrier to its proper implementation.

OTHER DEPARTMENT OF HOMELAND SECURITY PROGRAMS RELATED TO RESILIENCE

Headquarters Office of the Chief Human Capital Officer

The DHS OCHCO is in the Management Directorate. No DHS-wide programs are run through OCHCO, but it does have a webpage in the DHS intranet with links to internal and external resources, including the President's Fitness Challenge, a rotating "pulse" survey, and component points of contact. OCHCO is drafting a DHS health and wellness policy that is in the concurrence process. The policy will provide a general baseline and affirm the department's commitment to employee health and wellness, but it will not dictate the specifics of components' programs (Green, 2013). OCHCO regularly consults with the component agencies to advise them on relevant issues and to share best practices; however, individual employee-support programs vary from component to component and even within components. In pockets around the department, there are wellness and work-life projects, such as 3 hours of work time for fitness-related activities (FLETC, FEMA,²¹ and USCG²²), health coaching, onsite fitness facilities or fitness subsidies,²³ awareness campaigns (such as videos, brochures, and posters), fitness walks, brown bag lunches and webinars, onsite training, blood-pressure checks, and bicycle subsidies. If a program is componentwide, it means that a policy allows the program, but it is always subject to management discretion (except where union agreements have stronger language) and mission-dependent. There are also pockets of implementation in the absence of component policy.

The responsibility for wellness activities is diffuse across the department, and it is unclear to the committee where responsibilities and authorities reside. *DHSTogether* staff see the program as addressing wellness, but they themselves are not clear about where the lines are drawn between what the program is responsible for and what OCHCO or components are responsible for. That lack of clear lines of authority ties

²¹The committee learned in its site visit to FEMA that this does not necessarily apply to FEMA reservists.

²²The committee learned from public comments that this might not apply to civilian USCG employees.

²³Activities vary widely by location. CBP is piloting the 3 hours of work time for fitness-related activities at several sites and intends eventually to roll it out enterprisewide, but this has been slowed by the sequester.

back to the committee's concern that a lack of mission, strategy, and objectives for the program has resulted in an uncoordinated, disjointed approach to workforce resilience—if the department does not know what problems it is trying to improve, it cannot have a successful program.

As noted earlier, OCHCO coordinated the development of the *Department of Homeland Security Workforce Strategy* (DHS, 2011a), which the committee received at the end of its study. The strategy has four goals:

1. Building an effective, mission-focused, diverse, and inspiring cadre of leaders.
2. Recruiting a highly qualified and diverse workforce.
3. Retaining an engaged workforce.
4. Solidifying a unified DHS culture of mission performance, adaptability, accountability, equity, and results.

Although OCHCO is noted in the implementation paragraph, the strategy does not refer to accountable agents (other than OCHCO in a monitoring role) and does not discuss resourcing. The committee also noted that although most of the component agencies were involved in the development of the strategy, OHA was not. The committee endorses the goals laid out in the workforce strategy, but offers throughout its report recommendations to help DHS develop detailed execution and accountability for such efforts to ensure that they can be effective.

Employee Engagement Executive Steering Committee

On the basis of FEVS data, in 2006, the chief human capital officer decided that DHS needed a concerted effort to change morale, starting at the component level (Manlove, 2013). OCHCO brought in experts from OPM and with their help created the first DHS action plan. OCHCO then directed each component to create a plan in conjunction with its human capital officers. Each component was instructed to include elements to improve communication and leadership in the action plans.²⁴ At the same time, the Secretary and Deputy Secretary of Homeland Security sent messages to the workforce about the importance of the FEVS and shared actions that were under way to improve FEVS results (Manlove, 2013). OCHCO completed the department-level action plan by 2009, at which

²⁴The action plans were deemed “for official use only” and so could not be shared with the committee.

point its focus shifted to ensuring that the DHS components had the resources that they needed to improve morale, and it required that the components complete quarterly action-plan updates for OCHCO review.

In 2010, the FEVS results started to level off after decreasing for several years. However, there was a large decrease in the 2011 results, particularly on questions related to leadership. The secretary expressed concern and sent a memo to all the component heads asking that they develop employee-engagement improvement plans and report progress monthly. In January 2012, the secretary formed the EEESC, made up of a senior official representative of every component (see Box 1-7 for its charter). Most of the people serving on the committee are at the under-secretary level and control management in their components. Every executive in DHS must have an objective in his or her performance plan that is aimed specifically at improving employee engagement in their component. The component heads were also asked to conduct town-hall meetings, which they did across the country, and to be “champions of change” in their components. The component heads were asked to attend at least one labor-management forum (Manlove, 2013).²⁵

The goals of the EEESC are to provide departmentwide direction for engagement, to share component or industry best practices, and to have component heads oversee the inclusion of the engagement-performance objective into all action plans. It is meant to provide a mechanism for leaders to discuss the outcome of the town-hall meetings and discuss whether any issues would be more effectively handled in the component labor-management forums. One goal of the EEESC was to increase the response rate of the 2012 FEVS.²⁶

On the basis of the 2012 GAO report on DHS employee morale, the EEESC was asked to take a look at the metrics being used in the department. It formed a subcommittee that is evaluating each component action plan to ensure that the actions are solid, are based on root-cause analyses, and contain good metrics. GAO recommended that component agencies conduct demographic analysis and benchmark as appropriate; however, it is difficult for components like TSA and CBP to find similar organizations to benchmark against (Manlove, 2013). The EEESC is also undertaking the development of a departmentwide communication strategy

²⁵All DHS components except the US Secret Service have labor unions.

²⁶2012 had a 47 percent response rate—about 80,000 employees (OPM, 2012).

BOX 1-7
Employee Engagement Executive Steering Committee
(EEESC) Charter

- Provide direction for departmentwide employee engagement efforts and evaluate best practices for adoption departmentwide
- Oversee the identification and assignment of specific responsibilities for improved employee engagement in component senior executive performance objectives
- Provide a forum for DHS components to discuss plans for and results of component-specific town hall meetings with employees
- Provide a forum to discuss involvement in the department's labor-management forum

SOURCE: Manlove, 2013.

because DHS communication efforts are disjointed. One of the recommendations of the EEESC was to pursue a 360-feedback²⁷ pilot for executives in headquarters.

Employee Assistance Programs

DHS component agencies all have at least a basic level of staff-support resources through their EAPs and have some oversight by OCHCO in managing their EAPs. It is up to the components individually to give their employees access to such services. As was reported at the 2011 IOM workforce-resilience workshops, “the marketing, accessibility, and quality of those programs varied widely” (IOM, 2012). DHS headquarters and most of the components receive their EAP services through a contract with Federal Occupational Health, EAP Consultants, or Guidance Resources. Recently, USCG ended its contract for EAP services and replaced it with an inhouse program, CG SUPRT. Lisa Teems, EAP manager for USCG, explained at the committee’s second meeting that its program differs from traditional EAPs (Teems, 2013). Teems stated that CG SUPRT “expanded the program past traditional counseling of people who have mental-health issues” to include assistance with personal and work-life issues, financial-management services, tax services, and health coaching.

²⁷Where employees receive confidential, anonymous feedback from the people they work with.

EAPs may provide robust resources and support services if designed and implemented well, but it was apparent that in DHS the existence and effectiveness of the EAPs were understood and accessed differently among and within components. Each component agency manages its own contracts and may have different availability and accessibility criteria. For example, one component reported that after a critical incident, its EAP counselors reported that they could not be available for at least 72 hours. For a staff that works shifts 24 hours per day every day, that lack of support was problematic. It took several high-pressure leadership calls to remedy the situation to provide more immediate support to the staff after the incident. Employees in different components and in headquarters may have different levels of understanding of and willingness to use the services or face different barriers to accessing them (because of location, hours, or perceived stigma). (See Chapter 5 for more information on EAPs.)

Peer Support Programs

Organizations often use peer support programs as a means of providing employees support in stressful situations. Border Patrol, FAMS, FLETC, and recently ICE have peer support programs that use different models and are implemented separately. The Border Patrol Peer Support Program is the oldest peer support program in DHS (announced in February 1999 in the San Diego Sector before DHS came into existence) and has become a national program across Border Patrol in all sectors with support and oversight from Border Patrol headquarters (Garrett, 2013). The program augments its EAP. Its mission “is to offer confidential assistance and support to all Border Patrol employees and their family members in times of personal need or due to traumatic incidents” (US Border Patrol, 2013). The program provides emotional support, assists employees with job-related or personal issues, gives referrals to EAP, and responds to critical incidents; its goal is to be a program that promotes overall well-being of employees (US Border Patrol, 2013).

Peer support is a critical component of the FAMS Critical Incident Response Program, which began in 2009. Although the initial focus was on suicide prevention, it has evolved to focus on resilience (Holley, 2013). The program has three pieces, “the helping triad: peer support, mental health, and chaplaincy.” There are almost 300 peer supporters. Mental-health services are contracted out, and the chaplaincy program is

being piloted. The peer support portal that was recently developed to supplement the program, PeerPort, allows FAMS to provide peer supporters with relevant information, such as recent articles and policies, as well as collect information about the peer support contact.

FLETC has used a critical-incident stress management (CISM) peer support program for the past 14 years. CISM is a multicomponent source of help and extends from prevention through intervention to postaction support. In FLETC, CISM includes peer support programs, EAPs, chaplaincy or spiritual care, training efforts, and wellness and is overseen by the Office of Organizational Health. The mission of CISM is for FLETC staff, the staff of component partners, and students of FLETC to be more personally and professionally resilient (London, 2013). FLETC's CISM team has 3 counselors, 2 support staff, and 50 peer support team members. Counselors are called CISM specialists, not EAP specialists, in part to avoid the stigma associated with EAPs. According to Program Manager Gail London, high-level administrative support is key to CISM's success. Under the director's purview, CISM was moved to a newly created Office of Organizational Health, which includes FLETC's equal employment opportunity office, ombudsman, and wellness coordinator in addition to CISM. On the basis of its model of peer-support, FLETC has received funding from OHA to create a peer-coordinator training program, which will be piloted in November 2013 (Green and Perkins, 2012).

Transportation Security Administration IdeaFactory

As part of an effort to engage employees in the creation of innovative solutions, the TSA IdeaFactory was launched in 2007. It is a Web-based tool that enables TSA's employees to submit ideas, provide comments on how to improve new concepts, and rate ideas that should be recommended for implementation. It expands on the traditional suggestion box to harness the "wisdom of the crowd." Its purpose is to foster engagement and improve TSA, and it has implemented 85 ideas that were submitted and voted on by employees (DHS, 2013d).

Other Component Programs

The component agencies have developed some wellness or work-life programs independently. They often do not consult with others internally or externally on best practices. The committee observed that the component agencies often do not consult with OCHCO or OHA, nor, in most cases, would it occur to them to do so. For example, the committee learned during its information gathering about a new wellness program that FAMS is developing with support from FAMS leadership. OHA and OCHCO were unaware that the program was being developed and was awaiting approval from FAMS leadership. The New York City FEMA Joint Field Office created a wellness committee to reduce the stress and improve the health of the reservists working at the site. There were no FEMA or DHS policies that the Joint Field Office was aware of to look to for best practices, and wellness committees are not developed in all FEMA field offices.

In the following chapter, the committee discusses the definitions of readiness and resilience in more depth, provides a vision for DHS WRR, outlines the preconditions and goals for success, and offers recommendations for implementation and authority. Chapter 3 discusses and offers recommendations related to leadership development and organizational communication and discusses how culture is intertwined with both. Chapter 4 offers a framework and recommendations for assessing, evaluating, and reporting on DHS readiness and resilience. Chapter 5 presents elements recommended for the 5-year workforce readiness and resilience strategic plan.

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2

A Vision and Goals for Workforce Readiness and Resilience

When there is a shared vision of the mission, commitment to the shared values of an organization and strong and effective leadership that enables employees to be successful morale “happens.” Creating such an environment is not necessarily easy and cannot be accomplished overnight. It is the collective impact of workplace conditions, the quality of front line supervisory leadership, the mission support structure that enables mission execution, and an enduring commitment by senior leaders to the concept that mission performance starts and ends with people.
—Thad Allen, 2012, Admiral, US Coast Guard (Retired)

The Department of Homeland Security (DHS) relies on a large and diverse workforce to meet its mission. Approximately 200,000 men and women serve in the 22 legacy component agencies that make up this federal department. They are united by their mission: to create a safe, secure, resilient homeland where the American way of life can thrive. To be maximally effective in achieving that mission, DHS needs an informed, well-trained, well-led, and properly supported workforce. Given the risks inevitably associated with protecting the homeland, the workforce must have the capacity to operate in the face of uncertainty and adversity. Members of the workforce require tools and resources that will prepare them for their roles, facilitate their success throughout their career, and support them in adjusting and adapting under often challenging working conditions. Ensuring that all its employees have the resources, training, equipment, leadership, capability, and health required to meet

its mission must be of paramount importance to DHS. In this chapter, the committee provides a vision and objectives for how DHS can promote and sustain *readiness and resilience* in its workforce.

DEFINITIONS OF READINESS AND RESILIENCE

Throughout this report, the committee defines *readiness* as the capability of an individual, unit, or system to perform the missions or functions for which it was intended or designed (DoD, 2013). Producing that capability requires that individuals and units be physically and mentally prepared and supported in an effort to facilitate effective performance, but it also requires *resilience*. Much has been written by theorists and researchers about what resilience means and how it can best be achieved. In the context of the present report and the mission of the DHS workforce, the committee acknowledges that resilience is a multifaceted process that is promoted by a variety of individual and social factors (Earvolino-Ramirez, 2007; Luthar and Cicchetti, 2000; Sutcliffe and Vogus, 2003; Tusaie and Dyer, 2004; Zolli and Healy, 2012). Studying resilience, as a concept, provides insight into how individuals and organizations achieve outcomes in the face of adversity, strain, and significant barriers to adapt and develop (Sutcliffe and Vogus, 2003).

To specifically guide its work, the committee adopted the definition of *resilience* given by the Chairman of the Joint Chiefs of Staff (2011): “the ability to withstand, recover, and grow in the face of stressors and changing demands.” In using that definition, the committee recognizes that both stressors and potential outcomes can be psychological and physical and that resilience provides not only the ability to withstand and recover but the opportunity to grow. The committee further recognizes the importance of focusing on resilience in the face of traumatic incidents, but also on the accumulation of everyday stressors that may undermine physical and mental capabilities and mission readiness. Growth and competence development are critical both at the individual level and at the unit level (adding to behavioral repertoires). Box 2-1 lists widely accepted resilience factors. From a team perspective, resilience needs to be addressed through high work demands, management and leadership support, work organization and control, coworker and supervisor relationships, leadership behavior, and technical expertise.

BOX 2-1 Resilience Factors	
<p>Individual-Level Factors</p> <ul style="list-style-type: none"> • Realistic optimism • Facing fear • Moral compass • Religion and spirituality • Social support • Resilient role models • Physical fitness • Brain fitness • Cognitive and emotional flexibility • Meaning and purpose 	<p>Unit (Component)-Level Factors</p> <ul style="list-style-type: none"> • Positive command climate • Teamwork • Cohesion <p>Community-/Organization-Level Factors</p> <ul style="list-style-type: none"> • Belongingness • Cohesion • Connectedness • Collective efficacy
<p>Family- or Social-Level Factors</p> <ul style="list-style-type: none"> • Emotional ties • Communication • Social support • Closeness • Nurturing • Adaptability 	
<p>SOURCES: Adapted from Meredith et al., 2011; Southwick and Charney, 2012; Wagnild, 2010.</p>	

The meaning of resilience and its operational definition have been the subject of considerable debate and controversy over the years—both at the individual level as well as at other levels of analysis (such as community, organizational), and there is no readily accepted operational definition (Kaplan, 1999; Luthar et al., 2000; Masten, 2007; Windel et al., 2011). Resilience has been described in the literature in several ways, often conferring images of resilience as an end state, where someone either does or does not possess it (a personality trait derived from ego resiliency), much as whether an object is made of a substance that can absorb strain and still maintain its shape after insult (Norris et al., 2009). Or it is described as a developmental process where resilience is defined as a capacity for adaptability, positive functioning, or competence following chronic stress or trauma (Sutcliffe and Vogus, 2003). The latter definition allows for the recognition that resilience is not fixed, rather that it is relative, emerging, and changing in relation to specific circumstances (Staudinger et al., 1995). Early experiences shape later ones; by adjusting

positively to current adversity, capabilities for future adjustments are strengthened.

The committee views a ready and resilient workforce as one that is healthy (physically, mentally, and emotionally), has high morale, is adaptable, finds purpose and meaning in its jobs, and is productive and engaged (see Box 2-2). Resilience can exist at multiple levels in the context of a workforce: the individual level (and by extension the family level), the unit or group level, and organizational level. This report focuses on processes and strategies designed to promote resilience at the individual level and the organizational level. Many of the strategies necessary for promoting resilience at the two levels are needed for a resilient workforce.

Focusing on resilience as a process rather than an end state, the committee acknowledges that resilience evolves as a dynamic, multifaceted process that takes into account a variety of personality characteristics, coping mechanisms, contexts, social-support systems, and biological predispositions. Resilience must be inferred, and two judgments are required: that the “entity” is doing okay or better than okay with respect to a particular set of expectations of behavior and that the entity has faced extenuating circumstances. We assume that DHS staff for the most part (some more than others) face extenuating circumstances. We are trying to ascertain then, through measurement (see Chapter 4), whether the entity (people and organization) are doing okay or better than okay.

The committee views resilience as characterized by patterns of positive (or stable) adaptation in the context of substantial adversity or risk: from a developmental or process perspective, for example, this would mean achieving salient developmental tasks in spite of threats to their achievement. The concept of “resilience” is simply a rubric much as “stress” is a rubric. Resilience is not an objective “thing.” The committee uses *ready and resilient* as a general umbrella term to describe factors or dimensions in individuals and social organizations that help them to deal with the stresses and tribulations of life and work and to adapt to them in a beneficial way. Health and wellness are protective factors or assets that contribute to those capabilities or mitigate the risks associated with continuing stressors that have documented effects. Promoting healthy development (physical and mental well-being) and competence (capability to do effective work—adequate resources and mastery motivation, which comes from experiences that fuel growth, competence, and self-efficacy) are important for sustaining stable performance.

BOX 2-2
What Is a Ready and Resilient Workforce?

A ready workforce is

- Trained with the knowledge, skills, and attitudes required to perform the mission.
- Properly equipped with tools and protective assets to support the mission.
- Healthy and fit to endure the environmental conditions required in the mission.
- Guided by strong and effective leaders.

A resilient workforce:

- Is ready to perform its roles and mission.
- Withstands and copes with stress.
- Adapts and adjusts to challenging conditions.
- Rebounds and grows from experience.

The committee knows of no theory that links resilience at multiple systemic levels. Although the committee recognized that individuals are embedded in a host of systems that interact and interrelate, the literature is silent on the question of how resilience at one level is related to another. Therefore, the committee chose to take a pragmatic approach to resilience and focused on individuals, their microsystems (units or components), and the broader organization with some attention to the adjacent context in which DHS and individuals are embedded. As noted throughout the report, other distal elements and systems may affect workforce resilience, but the committee focused on the more proximal elements.

The committee is suggesting that DHS employ approaches to increase the ability of the workforce to be more resilient. In this case, then, it is the DHS organization that must initiate change and not the individual worker to help maintain or increase personal resilience. Although there is no DHS baseline measure of worker resilience, the committee believes that the DHS workforce is resilient in its duties; otherwise, it would not be performing adequately. The need for increased organization based resilience rests on the notion that the wear and tear of everyday stress can systematically erode the resilience of workers. That is the crux of the DHS organizational deficiency. It is the organization that can best influ-

ence individual workers to adapt adequately to stressors. The organization can facilitate the active process of self-righting and growth. Organizational structure can influence how individual workers respond to challenges. In addition, because DHS workers are called on repeatedly to deal with increasingly complex and threatening incidents, it is appropriate to expand the scope of resilience to include the development of one's capacity to deal with future events. In the case of DHS, organizational influence on resilience is not homogeneous. The umbrella of DHS covers many components, and it is necessary to distinguish between macro-level organizational resiliency influences (leadership, agency rules, regulations, and directives) and micro-level influences (workload, geographic traits, communications, and district policies). It is important to recognize that some, but not all, micro-level policies and procedures are influenced directly by macro-level policies and standards.

VISION AND STRATEGY FOR THE DHS WORKFORCE

To be successful, the DHS workforce readiness and resilience (WRR) effort needs clarity of vision, a mission-oriented focus, and clear and measurable goals and objectives to guide those implementing the effort and to promote its beneficiaries' understanding and acceptance of it. Importantly, such an organizational approach is necessary to instill confidence among the sponsors and funders, who would be hesitant to invest without clear measures of effectiveness. The current resilience program in DHS lacks a unified strategy and clear vision and goals.

Recommendation 1: Develop and promote a unified strategy and common vision in the Department of Homeland Security.

The committee recommends that the Department of Homeland Security (DHS) adopt, commit to, and promote a unified strategy to build and sustain workforce readiness and resilience (WRR) throughout the department. The unified strategy should include overarching policies and measures of effectiveness in support of core goals. To guide the strategy the department, including all component agencies, should adopt the following vision of WRR to advance the core mission of DHS:

Vision: A ready, resilient, and sustainable DHS workforce working to ensure a safe, secure, and resilient nation.

Achieving that vision will require commitment from leadership at all levels of DHS. Policies, programs, and resources need to be aligned to realize the vision by establishing and promoting the conditions under which employees in the components and throughout the entire department perform optimally to achieve organizational effectiveness. The vision should be embraced by each DHS operational component, headquarters office, and directorate while allowing flexibility and innovation to support their specific mission and unique workforce.

The committee believes this vision statement aligns with the DHS mission, is simple, and is easy to remember, yet is powerful and will resound with the workforce. However, commitment is needed from top leadership to ensure that the vision is carried out.

A FRESH APPROACH

The *DHSTogether* program was developed to enhance the health and well-being of all DHS employees. Although initially there was a great deal of zeal for and commitment to the initiative, it was quickly realized that the plan was too ambitious and required modification (IOM, 2012). Activities were reorganized, and during the last several years the program has evolved to its present form. In addition, as the DHS environment has changed and key staff has shifted,¹ the program has lost some momentum.

¹The *DHSTogether* program has not had a consistent staffing structure or consistency in the staff supporting it. The head of the division overseeing the program when the present committee began its work in November 2012 had been in DHS for just under a year and was no longer in that position when the committee held its first meeting in December 2012. At that time, no program manager for *DHSTogether* was in place. In January 2013, the program manager started in DHS, and it was not until February and March, respectively, that an acting director and acting deputy director of the division was named. In December 2012, the detailing of the part-time Human Capital Office employee, who was the only DHS staffer still in the department who worked on *DHSTogether* from the beginning, ended. In April 2013, the chief medical officer (CMO) of the Office of Health Affairs (OHA) and the DHS deputy secretary resigned; in July 2013 the DHS secretary resigned; and the acting CMO will be leaving OHA as well.

Through its information gathering, the committee heard from staff of various DHS component agencies and others outside the department and reviewed existing resilience programs. It became clear that a fresh approach for improving DHS workforce resilience is required. The committee believes that more than relabeling or minor changes in the current efforts is needed. As it currently stands, *DHSTogether* is a headquarters initiative that consists of a loosely connected set of tactics and activities that are aimed at suicide prevention and increasing Federal Employee Viewpoint Survey (FEVS) scores. It is meant to provide guidance and funding of common issues and approaches and to develop solutions that can be used by multiple component agencies (phase 1 projects). Although a few phase 1 projects are under way (see Chapter 1), there has been little or no progress toward finding common issues or approaches in the 4 years of the program's existence. The goals of the program are thin and are not formalized or codified in a meaningful way. The committee asked the Office of Health Affairs (OHA) for the vision and goals of *DHSTogether* but was told that there are no formalized, agreed-on strategy, vision, and goals. In the committee's first meeting, as noted in Chapter 1, OHA presented the draft goals that were under consideration (Green and Perkins, 2012):

- Strengthen leadership understanding and support of resiliency and suicide prevention
- Strengthen individual resiliency
- Strengthen organizational resiliency
- Increase accessibility, timeliness, variety, and quality of intervention services
- Reduce work-related stressors that decrease resiliency and increase suicide risk factors
- Establish and maintain structure and information/data needed to govern the elements common to all components

It was surprising to the committee that 4 years into the program there was no formalized vision or goals that were vetted by all DHS component agencies, and accepted and embraced by upper DHS management. Although the goals and associated activities of the program are laudable, the current design is unlikely to result in lasting change; that is, it is unlikely to become a "way of working" that is part of the fabric of DHS. Thus, it is unlikely to achieve the vision described earlier by the committee.

What seems to be lacking is a clear and specific set of strategies that undergird the vision and work in service of DHS's overall mission. Strategy is different from a tactic: different tactics may be deployed as part of a single strategy (wellness lifestyle programs and services are tactical; resilience programs should be strategic and strength-based for sustainable behavior change). Through a strategic perspective, the committee envisions that DHS wants both to strengthen its organizational identity throughout its heterogeneous components and to embed specific principles, practices, and resources in all DHS components. Together, those approaches will strengthen WRR.

Consequently, the committee proposes that rather than a simple relabeling of or recommitment to the existing *DHS Together* program, a more comprehensive integrated approach is needed. DHS might be inclined to call the WRR effort a "program," but it goes beyond a program. A program implies a plan or system, something that is to be followed, something externally applied, something outside oneself. The committee envisions something deeper, stronger, and more enduring. That is why it proposes that one strategy is for DHS to build its collective identity—which in some ways might be thought of as building its brand.

Organizational identity in the most general sense is an understanding of "who the organization is, what qualities seem to define it and distinguish it from other organizations" (Harquail and Brickson, 2012). Organizational identity provides a basis of collective self-definition and in this way is a foundational aspect of an organization's culture. Recent research suggests that organizational identity can serve as a positive support of or even as a catalyst for workforce flourishing (Brickson and Lemmon, 2009).

In addition to strengthening its collective identity, DHS must work to embed and align across components principles, practices, and resources that strengthen workforce capabilities and adaptability. That gets at the "new way of working." Many programs are aimed at improving workforce health and wellness and at improving capabilities to cope with adversity throughout DHS and its component agencies, but they vary in comprehensiveness, in leadership commitment, and in resources. The programs differ in key values and principles, such as working together in service of the mission, and they do not harness best practices to integrate or disseminate throughout the department what already works. These are areas that need to be valued and promoted.

Necessary Preconditions

Organizational transformation is hard no matter what type of change is envisioned or undertaken. In fact, many change programs fail to work because leaders fail to recognize that change processes can be more systematic—that the change process goes through phases that take time and effort to plan and execute. For this initiative to be successful, there are a number of necessary preconditions, of which DHS should take note.

Clearly Define the “Problem”

The most effective transformation efforts start with a clearly defined problem (Beer et al., 1990). That requires a shared assessment of major concerns—what is wrong or what needs to be improved. DHS has identified a concern about the resilience of its workforce. But the committee has raised questions as to whether resilience is actually the problem. The data (FEVS and other information that the committee has reviewed) may suggest that the problem is something else. (See Chapter 4 for additional discussion.) Regardless, there needs to be a joint diagnosis—preferably by the component agencies—and identification of a problem or set of specific problems to be solved. This is a critical step in a transformation process. It contributes to the sense of urgency and mobilizes a commitment to change.

Establish a Powerful Guiding Coalition and Shared Vision

Naturally, successful change requires the support of organizational leaders and transformation often starts because of a leader's desires. But successful change requires support from more than a few people (Kotter, 2007). Without some mass of support, change will not be successful. That suggests that DHS needs to create a powerful core guiding coalition. It also needs to create consensus (get buy-in) on the vision, which was articulated by the committee in Recommendation 1. One of the most important preconditions of successful transformation is a collective (shared) vision. The vision of where DHS leaders want the organization to go answers the simple—yet radical—question. When we are successful in our work at a particular point of time in the future, what will our organization look like? A vision tells leadership and those with whom DHS works, lives, and associates, what it is they are going to do. A vision is not a strategy and is not a plan. It describes the future that DHS

desires and is committed to realizing. A vision shows where DHS wants to be. It conveys conviction and aspiration—a picture of what could be. The strategy (or strategic plan) connects today's DHS with the vision that DHS will have committed to attaining. The vision should provide a basis of the organization's principles, systems, processes, and practices. Together, those will strengthen the culture and thereby fuel employees' capabilities to work together and deliver the results that DHS needs.

Committed Component Agencies and Engaged Leadership

Commitment to change is always uneven. But to be successful, DHS leadership needs to find ways to win commitment off all component agencies. As change processes progress, the more successful change programs involve large numbers of people. The guiding coalition can motivate and empower others to take part simply by communicating the new vision. But that is rarely sufficient. Thus, organizations need to remove obstacles. DHS leadership has to identify the most important obstacles to component agency participation. One way to do that is to focus attention on the component agencies that have already begun experimenting or institutionalizing the innovations that DHS envisions. (See Chapter 1 for examples of activities that components have initiated.) If leaders of component agencies are unaware of the change efforts, and are not visibly engaged or visibly committed, it is unlikely that the transformation effort will be successful. Commitment is essential for the effort, initiative, and cooperation that coordinated action demands (Beer et al., 1990). It may require new competencies, such as knowledge.

Communicating and Listening

Communication is critical for successful change efforts, and it is easy to underestimate how much is required. Without credible communication, DHS will not capture the hearts and minds of its workforce. DHS has to use every possible channel to broadcast and rebroadcast the vision. Leaders will incorporate key messages about the vision throughout their communication. It is important to remember that communication comes in both words and deeds. Employees are often quick to discern incongruity between what the organization says it wants and how it acts. Thus, key leaders need to act in ways that are consistent with the vision—in other words, they must walk the talk. But they also need to seek feedback from employees, both to understand whether the message of change is

getting through and to understand how they might want to adapt or modify the program. Leaders often launch change processes and then leave them; successful change efforts require modifications and alterations along the way.

Recognize, Reward, and Celebrate Accomplishments

The committee heard consistently from frontline workers during site visits that they do not feel valued and that the message from headquarters is that they are replaceable. Those sentiments are also conveyed in the DHS FEVS results. DHS has some formal awards programs and initiatives in component agencies but no formal or consistent strategy. If employees do not feel valued and recognized, morale decreases, negativity arises, and adverse outcomes occur (Ballard, 2007).

Goals for the DHS Workforce

The mission of DHS is as follows:

We will lead efforts to achieve a safe, secure, and resilient homeland. We will counter terrorism and enhance our security; secure and manage our borders; enforce and administer our immigration laws; protect cyber networks and critical infrastructure; and ensure resilience from disasters. We will accomplish these missions while providing essential support to national and economic security and *maturing and strengthening both the Department of Homeland Security and the homeland security enterprise* [emphasis added].²

Any program aimed at enhancing the readiness and resilience of the DHS workforce should have well-defined goals that track to the strategic goals of the department, all of which are laid out in the DHS Strategic Plan (DHS, 2012). The *DHS Strategic Plan 2012–2016* is divided into five major mission areas, the fifth of which is “Maturing and Strengthening DHS.” Goal V.2, “Enhance DHS Workforce,” has two objectives that are related directly to the issue of enhancing workforce resilience and actions or tasks to be undertaken: “strengthen coordination within DHS through

²See <http://www.dhs.gov/xlibrary/assets/dhs-strategic-plan-fy-2012-2016.pdf> (accessed July 9, 2013).

cross-departmental training and career paths” and “improve employee health, wellness, and resilience” (see Box 2-3).

In July 2010, DHS released a Bottom-Up Review Report (BUR) (DHS, 2010), which was conducted at the same time as the DHS Quadrennial Homeland Security Review (QHSR) and is a departmentwide assessment of the programmatic activities and organizational structure

BOX 2-3

DHS Strategic Plan, Fiscal Years 2012–2016 (*Excerpt*)
Goal: Enhance DHS Workforce

Continue to build human resource programs that support departmental mission goals and objectives, create high technical proficiency, and address the needs of the department's employees in executing DHS missions.

1. Strengthen coordination within DHS through cross-departmental training and career paths
 - Develop DHS career paths that provide mobility within the department and span Headquarters and Operational Components.
 - Develop opportunities at Headquarters and the Components to enhance awareness of operations and appreciation for specific missions throughout the department.
 - Provide rotational assignment opportunities throughout the department, taking into consideration the impact on mission requirements and individual career paths.
 - Explore interagency and intergovernmental rotational assignments with federal, state, local, tribal, and territorial partners.
2. Improve employee health, wellness, and resilience
 - Sustain established programs like the DHS *Together* Employee and Organizational Resilience Initiative to ensure department employees have the tools and resources to manage the stresses inherent in DHS occupations.
 - Implement Workplace Wellness programs, including employee resilience training, to address the needs of the department's diverse workforce.
 - Create a standardized, metrics-driven health program to support the unique needs of our operational workforce.
 - Implement frontline medical programs to support operational missions, staffed and supported with appropriate training and equipment.
 - Establish a department program to harness the insights and innovations of the DHS workforce.

SOURCE: DHS, 2012.

with the mission sets and goals identified in the QHSR. One section of the BUR focuses on operations and management of the department. Relevant recommendations to improve departmental management include the following:

- Seek restoration of the Secretary's reorganizational authority for DHS headquarters to address new threats and realize greater efficiencies.³
- Realign component regional configurations into a single DHS regional structure.
- Improve cross-departmental management, policy, and functional integration.
- Invest in the DHS workforce and improve retention and morale by strengthening employee health and wellness programs.
- Strengthen coordination within DHS through cross-departmental training and career paths.⁴

The *DHSTogether* program is explicitly mentioned in the BUR as an initiative to ensure that the workforce has the tools and resources that it needs to manage the stresses inherent in their jobs. The report noted that "DHS also plans to implement Workplace Wellness programs, including employee resilience training, to address the needs of the department's diverse workforce" (DHS, 2010). The report indicates that DHS will create a standardized, metrics-driven health program that supports the unique needs of the operational workforce and will create frontline medical programs that support operational missions and are staffed and supported with appropriate training and equipment. According to the report,

³"Currently, the Secretary of Homeland Security cannot reorganize DHS in the manner envisioned by the Homeland Security Act, thereby severely limiting her ability to manage the department through a rapidly evolving security environment. Though much progress has been made in adopting a risk management posture and culture across DHS, there remains work to be done in carrying out a national risk assessment and further inculcating risk management principles and priorities throughout all DHS activities" (DHS, 2010).

⁴"DHS's most valuable resource is its people. Thus, any effort to achieve a unified DHS must focus on the men and women who work in DHS. DHS will strengthen Department unity by developing DHS career paths that provide mobility within the Department and span headquarters and operational components. DHS will also increase the number of DHS component personnel on rotation in headquarters directorates and offices, and the number of DHS headquarters personnel on rotation in components. As part of interagency national security and homeland security professional development, DHS will also explore interagency and intergovernmental rotational assignments with Federal, State, local, tribal, and territorial partners" (DHS, 2010).

DHS will also expand the Transportation Security Administration's IdeaFactory across the department to "harness the insights and innovations of the DHS workforce" (DHS, 2010). However, since the time of the report, little progress has been made to achieve these goals.

Suggested Goals

Government performance and accountability practices require that government programs have well-defined and measurable objectives. The committee heard from staff in DHS headquarters and the DHS components that data to measure resilience of the DHS workforce (or even obtain a baseline state) are difficult or impossible to acquire. The committee understands the limitations of a DHS program to measure the completion of or progress toward objective measures. Nonetheless, higher priority needs to be attached to the acquisition of the data needed to meet this crucial set of goals in support of the mission statement (see Chapter 4 for a discussion of metrics).

Leaders of the department and *DHSTogether* have been viewing FEVS as a surrogate for workforce resilience. Although it may reflect employee *satisfaction* with some accuracy, the committee was skeptical of its validity as a surrogate for workforce resilience. Key messages from the FEVS included a general dissatisfaction with supervisors and leadership and a lack of an advancement path based on merit, yet very high scores on belief in the importance of their jobs and a positive mission orientation. It may be that the latter attributes are better predictors of a workforce that achieves outcomes in the face of adversity and strain.

Irrespective of its value as a surrogate for resilience, the committee is sensitive to the department's desire to improve FEVS results. The greatest deficits in employee satisfaction identified in the FEVS—lack of career paths that provide upward mobility based on merit—are precisely called for under Objective V.2.1 of the Strategic Plan. Moreover, the plan defines specifically the role of *DHSTogether*: "to ensure Department employees have the tools and resources to manage the stresses inherent in DHS occupations" (DHS, 2012). Although "ensuring" that "employees have the tools and resources" is an impossible and inappropriate order for a small, thinly funded program, it does provide secretarial-level guidance for the work that has to be done to strengthen workforce resilience. Such an initiative cannot "ensure" anything, but a sequential approach could be undertaken. The program could seek to identify, de-

fine, measure, and suggest parameters, tools, resources (or the lack thereof) and provide the department, the president's Office of Management and Budget, and Congress with an evidence-based approach to meet the objective of improving employee readiness and resilience.

The committee was moved by the comments of (now former) Deputy Secretary Jane Lute in its second meeting, who provided passionate insight into the need and purpose of a healthy, resilient DHS workforce, and from former US Coast Guard Commandant Thad Allen in testimony to Congress (Allen, 2012). Borrowing from their insights and from its members own experience and expertise, the committee offers the following broad goals for the department's readiness and resilience efforts:

- A DHS corporate culture in which each employee understands and appreciates her or his role in the DHS mission.
- All DHS employees understand that the purpose of DHS is to help create a safe, secure, and resilient nation in which the American way of life can thrive.
- A DHS workforce with purpose and pride in its mission accomplishments.
- A DHS workforce that is highly functioning, healthy, productive, informed, trained, ready, and, in the face of adversity, resilient in order to fulfill the DHS mission.
- A DHS leadership structure that is well trained and supportive of its employees and possesses the skills to lead through steady state and in crisis.
- A DHS workforce that has the tools and resources at its disposal to meet its mission while keeping work and life issues in balance.

If implemented effectively, the readiness and resilience strategy could promote DHS as a leader among federal government bodies with regard to interconnectedness of leadership, training, wellness, work-life balance, readiness, and resilience of the workforce.

The committee recognizes that DHS cannot be successful in this endeavor without the support of the Office of Management and Budget and Congress, particularly the appropriators. Meeting the strategic objective "to ensure Department employees have the tools and resources to manage the stresses inherent in DHS occupations" has not had high budget priority for the department, which is the first step in receiving funding support from the president and Congress. The DHS budget-in-brief is replete with mention of "resilience" in every office from the Federal

Emergency Management Agency to the Privacy Office, but a search for workforce resilience comes up empty.

IMPLEMENTATION OF WORKFORCE READINESS AND RESILIENCE

Policies and Resources

In addition to assessing gaps in *DHSTogether* activities and programs, the committee was asked to assess gaps in policies and resources, and it identified several. As discussed in Chapter 1, a top-down uniform approach to WRR is not realistic or even desirable in DHS. However, core policies and activities that are unified throughout the department are needed, as are core measures to assess effectiveness and progress of WRR, both within the components and DHS-wide (see Chapter 4). DHS's uniqueness in size and functional diversity brings with it challenges but also opportunities for the department's components to learn from each other and realize cost savings by streamlining where appropriate. Implementing these kinds of policies throughout the department requires certain authority and accountability.

The conditions needed for success of any initiative are discussed earlier in this chapter and suggest that the more successful change programs involve large numbers of people, a powerful guiding coalition, and high levels of engagement—in the case of DHS, engagement by component agencies. To meet the conditions for success, cross-cutting programs require the authority to establish departmentwide policies, the ability to hold participating units accountable for policy implementation and adherence, and management responsibilities relevant to the needs of the program. OHA does not currently have those capabilities. It lacks specific authority to task DHS offices and components to implement such a program, the needed breadth of resources, and adequate administrative support for a departmentwide program. In addition, there is no accountability for the program; there are no annual reports and no ties to performance. Therefore, the committee concludes that it is not possible for OHA as currently constituted to effect change for WRR.

In other organizations, similar types of resilience or wellness and prevention programs are housed at a high administrative level that has these kinds of authorities (for example, at the level of an under secretary

of DHS). For example, the US Army Comprehensive Soldier and Family Fitness Program⁵ (which aims to improve workforce resilience) is a headquarters-level program that sits immediately below the three-star flag officer⁶ in charge of operations and training for the entire Army. In the Drug Enforcement Agency, the Employee Assistance Program and critical incident/peer support programs were raised to the top administrative office to ensure the emotional and mental health of the workforce. In the private sector, Proctor & Gamble's Global Employee Health & Wellness program for its 126,000 employees around the world sits in the Headquarters Human Capital Office, as does Johnson & Johnson's health program, which covers 125,000 employees in more than 250 operating companies in 60 countries (Christensen, 2013, Isaac, 2013).

WRR also needs visibility to be successful. Lack of visibility has been a challenge for OHA in achieving success with *DHSTogether*. As noted, most of the DHS employees with whom the committee had contact during its information gathering had not heard of *DHSTogether* and did not know that they could contact OHA as a resource for best practices or advice. The success of *DHSTogether* has also been hindered by OHA's inability to mandate activities, to establish departmentwide policies for component agencies, or to partner successfully with component agencies in a meaningful way to learn and disseminate best practices. The committee believes the roles and responsibilities for WRR need to be clarified and expanded to address the program, policy, and accountability gaps identified.

Recommendation 2: Clarify and expand the roles and responsibilities for workforce readiness and resilience in the Department of Homeland Security.

The committee recommends that the Secretary of the Department of Homeland Security review the current roles and responsibilities of the workforce readiness and resilience (WRR) effort and make any needed changes to ensure its success. A successful WRR effort requires

⁵Program information available at <http://csf2.army.mil> (accessed July 9, 2013).

⁶A three-star officer is a very senior commander and has a NATO code of OF-8 (out of OF1–OF10).

- a. **Tasking authority to the operational components and headquarters offices for input, feedback, coordination and development of programmatic content.**
- b. **Development, implementation, and execution of a long-term strategic plan informed by this report.**
- c. **Identification, coordination, and access to the necessary resources to ensure its viability and sustainability.**
- d. **Development and implementation of evidence-based performance metrics to assess program effectiveness.⁷**
- e. **Use of data-driven decision making to continuously improve its quality and performance.**
- f. **Leadership and direction to the components for these purposes.**
- g. **Annual report to the Secretary on the state of WRR.**

To ensure that readiness and resilience become embedded in the DHS culture, DHS needs to ensure authority and create accountability for building and maintaining WRR. In Recommendation 2g and in the elements of the 5-year strategic plan recommended in this report, the committee has suggested an annual report on WRR to the Secretary as a measure of accountability for the overall program. The committee also believes that to ensure successful implementation at all levels of the department, clear, measurable goals and objectives for WRR need to be developed, and DHS consider holding component heads accountable for WRR activities as part of their performance evaluations.

Both at the department level and within the components, implementation of WRR will call on the best efforts of a variety of staff and leadership, including human capital, information technology, communication, and financial offices, among others. For example, the Office of the Chief Human Capital Officer (OCHCO), situated in the Management Directorate, performs several roles that are relevant to WRR. It is important to note, however, that, like OHA, OCHCO does not have tasking authority to component agencies. It houses the current leadership development program and other DHS training activities; provides guidance for wellness activities departmentwide; provides input on employee assistance programs (EAPs) for all components; and oversees the Employee Engagement Executive Steering Committee (EEESC), which is tasked with improving engagement, morale, and communication throughout the de-

⁷See Recommendation 6.

partment (recommendations on leadership development and organizational communication are offered in Chapter 3). In addition, the Human Capital Business Systems in OCHCO house many of the data available to DHS that could be used for assessment and evaluation of WRR. Another example is the DHS chief information officer (CIO), also in the Management Directorate, who is responsible for information technology (IT) integration (consolidation, integration, and standardization); program management of data and systems needed to measure, evaluate, and report; and leveraging of IT throughout DHS to support more effective mission outcomes. The CIO will have a large role in ensuring that the committee's recommendation on measurement, evaluation, and reporting (see Chapter 4) is effectively implemented. However, administrative oversight of these offices falls under the under secretary for management, not OHA.

Authority

As noted earlier, the inability of OHA to implement departmentwide policies is a formidable gap, which probably will not be fully addressed through the roles and responsibilities outlined in Recommendation 2. The committee was not specifically charged to prescribe how the resilience program should be managed, so it does not provide a specific recommendation in this regard. However, given the inherent weaknesses in the current structure, the committee concludes that OHA is not currently well suited to house WRR. There are any number of potential avenues to address the lack of authority and accountability for a departmentwide WRR effort, from restructuring of the existing program unit to administrative placement of WRR under a centralized DHS authority. When (now former) DHS Assistant Secretary for Health Affairs and Chief Medical Officer Dr. Alex Garza addressed the committee at its first meeting to discuss the study's statement of task, the committee asked for his thoughts about the placement of *DHSTogether*. He stated that he did not know where the *DHSTogether* program would ultimately be placed and noted that there are nonhealth elements in the program, such as training and management, which are based in other component agencies. To ensure the success of WRR, the effort needs the requisite authority and accountability to facilitate departmentwide implementation to fulfill the roles and responsibilities outlined in Recommendation 2.

The committee concludes that DHS needs a fresh approach to WRR. The *DHSTogether* program is small and is not embedded in the DHS culture. It is a headquarters initiative that is not widely recognized or accepted by DHS component agencies as a resource for improving morale, readiness, or resilience of the workforce. The name “*DHSTogether*” is problematic in that it is inconsistent with the current, understandably siloed culture in DHS and seems to be more wishful than intrinsic to the organization. On the basis of its review, the committee found that the current *DHSTogether* Employee and Organizational Resilience Program has not achieved its intended purpose, because of the lack of consistent leadership support, the absence of a strategic plan, the lack of needed authority and accountability, and suboptimal administrative placement of the program in the department. The committee views as major gaps OHA’s lack of necessary authority to carry out a departmentwide readiness and resilience program and the lack of a high-level point of accountability for component agencies.

Recommendation 3: Review and align responsibility and accountability for workforce readiness and resilience in the Department of Homeland Security.

Given the need for a fresh approach to workforce readiness and resilience (WRR), the committee recommends that the Secretary of the Department of Homeland Security examine the organizational placement of WRR in the department and ensure that it has adequate authority and resources to build, nurture, and sustain it.

The *DHSTogether* program currently lacks the authority, influence, branding, and name recognition needed to be successful. The committee was asked to identify gaps and the current program’s inability to implement needed policies and provide the necessary breadth of resources for this vital endeavor to succeed is a salient one and calls for a fresh approach and an examination of its organizational placement. Regardless of how the Secretary decides to address the gap, the seven responsibilities, authorities, and functions outlined in Recommendation 2 are critical for the success of WRR in ensuring centralized direction, coordination, visibility, and support to communicate and promulgate a program of its caliber. Implementing these recommendations would send a strong message to the workforce and DHS component leadership that the secretary at-

taches high priority to that workforce resilience. The committee sees the evaluation offered in this report as a chance for the DHS readiness and resilience effort to be rebranded and to start anew with a fresh strategy, one clear vision, mission, and goals, enabled by a robust communication strategy.

Engagement and Coordination with Component Agencies

In addition to tasking authority, the head of WRR needs to ensure engagement and a two-way conversation with the component agencies to ensure that program content matches the needs of the workforce (Recommendation 2a). There are several options for WRR to receive input from and engage the operational components and headquarters offices to coordinate the development of programmatic content and promote organizational support of the program. One option would be to revive and restructure the Employee and Organizational Resilience Program Taskforce that was created with the *DHSTogether* program. (See Chapter 1 for a description.) The committee heard from OHA staff that top leadership is responsive to issues of workforce resilience, but leadership attention in any organization waxes and wanes as other priorities arise.

That is why it is paramount that the new approach to DHS workforce readiness and resilience become an intrinsic part of the organization so that WRR efforts can be sustained as top leadership changes and competing priorities arise. However input is obtained, a multidisciplinary approach with buy-in from the components and input from personnel who have on-the-ground experience in their components will be needed. If the input comes from too high in the department (such as headquarters), that will perpetuate the disconnect that employees feel from component headquarters and from DHS. The input needs to be grounded in the day-to-day culture, have a full understanding of the stressors of the job, and be immune to politics. The Employee and Organizational Resilience Program Taskforce technically is still part of the resilience program structure. If it is revitalized, its membership structure would need to be changed to one that is likely to last and have buy-in from the bottom up in each component.

Another option is to expand the role of the EEESC, whose role is departmentwide direction for engagement, to share component or industry best practices, and have component heads oversee the inclusion of the engagement performance objective into all action plans. (See Chapter 1

for a full description.) However, most of the individuals serving on the committee are at the under secretary level, and this would perpetuate the disconnect felt between the workforce and headquarters initiatives.

In the 2013 Annual Status Report of the National Prevention, Health Promotion, and Public Health Council, DHS noted that OHA, in collaboration with the Office of Management and OCHCO, “will jointly establish a cross-component DHS Prevention Council to formalize inter-departmental collaboration activities. The Council will explore the feasibility of a ‘One Healthier DHS’ campaign that would incorporate incremental selection of consensus action items taken from the National Prevention Strategy. The Council will be established by September 2013” (National Prevention Council, 2013). If that council is created, it could potentially also serve as a channel for input into WRR but would need to be woven into the larger WRR architecture.

Another option would be for DHS to form Health and Productivity Committees or Councils (generally known as wellness and well-being committees) in the components that feed into a larger body (perhaps the taskforce, EEESC, or a new advisory body for the program, such as a readiness and resilience steering committee). Component agencies could each have a council, in each worksite location, that submits recommendations regarding workforce needs. A similar format has been implemented successfully in the Army and in some private-sector industries. The committees or councils could also be used as sounding boards for activities or programs that the readiness and resilience program is looking to implement. That would give the workforce ownership over what is implemented and would increase engagement. A wealth of information on best practices for forming wellness committees or councils is available (Gantner, 2010; Kaiser Permanente, 2013; WellWorks NC, 2012).

The Health and Productivity Council would comprise employees drawn from a cross-section of potential program participants who volunteer. Councils of this type help to convey the importance of a healthy lifestyle, improve morale and engagement, and ensure wellness initiatives. They are what employees want (often using surveys) and are tailored to encourage positive behavior changes that are sustainable. The members generally serve for at least a year and are the champions on the ground for programs and services between senior leadership and the workforce. Depending on the size of the organization, membership is ideally 8 to 25 people who represent the various departments (Gantner, 2010; WellWorks NC, 2012).

Health and Productivity Councils can bring about change of three kinds (Gantner, 2010):

1. Individual changes, by providing education, opportunities for motivation and skill building, and engaging meaningful, fun, and challenging activities to help individuals make healthy changes, such as taking the stairs instead of the elevator or filling the vending machines with more healthy snacks.
2. Interpersonal social changes, by getting groups to be involved in team competition, a weight-race campaign, or a resilience and well-being campaign to learn to make healthy choices the easiest choices.
3. Organizational change, by improving the culture of the workplace via policies, norms, and practices, such as a tobacco-free-workplace policy, a policy to get up and stretch at work every hour on the hour, or help in influencing a positive mindset in the workplace by encouraging employees to learn to trust and support each other.

Research supports the idea that people make changes to adopt healthier new behaviors when they are included in the decision-making process to value and support the changes. Best practices for health and productivity and wellness councils are available in Box 2-4. Roles of such committees or councils might include evaluating current programs and policies; assessing employee needs and preferences; developing a health promotion operating plan, including a vision statement, goals, and objectives; and assisting in implementation, monitoring, and evaluation of worksite health activities (CDC, 2013).

BOX 2-4

Health and Productivity and Wellness Council Best Practices

How a Wellness Committee Works

- Is a group of employees from all levels of the organization with varied positions who are empowered by senior management
- Create a Vision and Mission for their location (that feeds into the departments overall vision)
- Communicate information about risk factors (lifestyle and chronic conditions and psychosocial issues), and create opportunities for health improvement

- Are educated and informed about the latest trends, best practices and research, and participate in training via once per month meetings that usually last 1 hour
- Support programs and services and communicate in a positive manner to help others achieve their goals
- Ask for feedback on, and evaluate health and productivity activities with standardized evaluation forms offered for employees to complete who participated in some activities
- Engages others and help to design incentives that are rewarding and meaningful to their department or company
- Serve as wellness champions or ambassadors
- Support senior leaders and management in achieving the organization's goals and objectives, with respect for budgetary constraints.
- Learn to read a scorecard and compare their department to others throughout the organization to measure progress

Choosing Wellness Committee Members

- Individuals should be personally interested in their health and well-being and promoting a prosocial attitude in others
- Aware of the benefits of programs and services offered
- Well-respected and trusted by others—seen as fair and compassionate
- Able to get tasks done on time
- Supportive of others and encouraging to them
- Creative and imaginative
- Respectful of the needs, wants, and expectations of others
- Willing and able to commit time necessary to achieve the committee goals and vision. This averages 4 hours per month, and for special projects, as much as 2 to 4 hours per week
- A policy is developed so supervisors give committee members time to attend and plan wellness initiatives

Committee Members' Roles and Responsibilities

- Conduct meetings with a clearly defined agenda and have a chair and co-chair
- Record decisions made and plan agreed upon committee activities by the quarter and year—follow the National Calendar of Health as an example
- Form subgroups and assign them specific tasks and timelines for completion
- Coordinate specific wellness initiatives and have a good communication plan
- Prepare and submit materials to organizational leadership as needed for annual program approval and evaluation
- Stay within budgetary constraints permitted
- Distribute, collect, score, and report the results of employee surveys and evaluations for activities completed

SOURCE: Gantner, 2010.

Unified Approach

The unified approach recommended by the committee with a feedback mechanism in place will create component and employee ownership (upward instead of downward flow) of the program. For example, not only is physical fitness important for much of the workforce when doing their jobs (for example, border patrol agents have physically demanding jobs), but when employees from anywhere in a company are physically fit, they will perform their jobs better. Having the opportunity and encouragement of an employer to exercise during the work day benefits both the employer and employees. The committee found that policies regarding time to exercise and the availability of gyms vary widely even within components. In some locations, a gym is available but time to use it is not. A unified approach might state that all components must have an exercise facility onsite (or reasonably nearby), have a clear policy on when it can be used, and allow employees to use work time to use it. That would be implemented differently in a component that works largely typical hours and one that has shift work. If the department decided to implement stress management and self-care training, it could be a DHS-wide program with consistent measures for baseline and evaluation but tailored to the particular stressors or concerns of a component or subcomponent.

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3

Leadership, Communication, and Culture in the Department of Homeland Security

The ear of the leader must ring with the voices of the people.
—Woodrow Wilson

The art of communication is the language of leadership.
—James Humes

*The single greatest barrier to business success is the one
erected by culture.*
—Edward T. Hall and Mildred Reed Hall

As discussed in Chapter 2, effective leadership, strong communication, and a common core culture—that includes to some extent a shared organizational identity and assumptions about mission, strategy, and goals—are the building blocks of a successful organization and are necessary if programs in the organization are to be implemented successfully. Without those elements, programmatic efforts in any organization—including workforce resilience programs—will not succeed (Beer et al., 1990; Kotter, 2007). Leadership, communication, and culture are intimately intertwined and, as described in this chapter, the Department of Homeland Security (DHS) has deficits in all three. The combination of effective organizational leadership and appropriate communication with the workforce leads to a core culture that allows diversity but at the same time fosters a common set of key assumptions, norms, and values around which component subcultures can align (O'Reilly, 1989; Schein, 2010; Sutcliffe, 2013). Leaders enable culture through their actions (what they

say and do); what they regularly attend to, measure, and control; how they react to critical events and organizational crises; how they allocate resources, rewards, and status; how they recruit, select, promote, and sanction employees; and the extent to which they deliberately act as role models, teachers, and coaches (Schein, 2010; Sutcliffe, 2013). Culture is also enabled by secondary mechanisms, such as an organization's design and structure, systems and procedures, rites and rituals, physical space, buildings, myths and stories, and such formal statements of organizational philosophy as mission statements, creeds, and charters (Schein, 2010; Sutcliffe, 2013). Culture supports workforce resilience by encouraging norms, values, and expectations that are consistent with and advance it and by establishing structures and practices that enable it. As Everly and Lating (2013, p. 150) explain, "resilient leaders can create the 'tipping point' that changes an entire culture." The effects of leadership and culture on workforce resilience will be discussed further later in this chapter. The chapter reviews the state of these important constructs in DHS and provides recommendations for guiding them forward.

LEADERSHIP

Leadership is not status or position. Leadership is all about achievement of the right results. Leaders are doers, who take responsibility and make a difference.

—Peter Drucker

The success of any organization and the execution of its programs depend on effective leadership. That is true of a successful resilience program. In this challenging time for the federal government—with their severe budget cuts, furloughs, pay freezes, and reduced resources—leadership is especially important, not only for absorbing and managing employees' uncertainty about the future but for engaging employees, deepening their organizational commitment, and increasing general job satisfaction.

In recent years, leadership, as evaluated by the workforce, has been an issue of concern throughout the federal government, especially in DHS (OPM, 2012a; Partnership for Public Service, 2013). In its evaluation of the 2012 Federal Employee Viewpoint Survey (FEVS) results, the

Partnership for Public Service¹ (Partnership for Public Service, 2013) noted that although for many years federal employees generally have not given their leaders high marks, scores on leadership dropped markedly for the first time since 2003. Six of the 19 large federal agencies (the grouping that includes DHS) showed improvement in their overall leadership score in 2012, but effective leadership in the federal government ranked 9th out of the 10 workplace categories measured (Partnership for Public Service, 2013). Top-rated agencies include the National Aeronautics and Space Administration, the Intelligence Community, and the Department of State; DHS ranked at the bottom. DHS employees have consistently expressed low confidence in organizational leadership and expressed concerns about communication and trust (see the following sections for relevant FEVS results for DHS).

Why Leadership Is Important

“Leadership is often regarded as the single most critical factor in the success or failure of institutions” (Bass and Bass, 2009, p. 11). Repeatedly, leadership has been shown to influence employee morale, productivity, job satisfaction, organizational commitment, stress, and resilience (Allen, 2012; Britt et al., 2004; Cunniff, 2013; Dirks and Ferrin, 2002; Everly, 2012). When leadership is effective, it can create “a climate of trust, growth and development, which can enhance performance” (Bates et al., 2010, p. 33). A successful organization depends on effective leaders—a point not lost on DHS, as noted in the current *Department of Homeland Security Workforce Strategy* (DHS, 2011).² Collins and Hansen (2011) point to three essential qualities of great leaders: they are disciplined, demonstrating consistency in their actions; they depend on empirical evidence as opposed to relying on conventional wisdom or the advice of pundits or experts; and they remain hypervigilant at all times, planning and preparing for “what if” scenarios.

¹The Partnership for Public Service is a nonprofit, nonpartisan organization. Since 2003, it has produced *Best Places to Work in the Federal Government* annually, drawing on its analysis of FEVS results.

²Goal 1 of the strategy is “building an effective, mission-focused, diverse and inspiring cadre of leaders.” It includes three objectives: “Implement succession planning to ensure continuity of leadership; institute a Department-wide leader development program to enhance leadership skills for DHS employees at all levels; and achieve a diverse leadership cadre.”

Alternatively, poor leadership (which the literature divides into abusive and passive leadership styles³), including lack of supervisor social support, can have adverse effects on employees (Kelloway et al., 2005). Kelloway et al. (2005) concluded that although poor leadership itself is likely to increase stress, poor leaders are also likely to contribute to other stressors in the workplace, including workload and pace, role conflict and ambiguity, career concerns, work scheduling, interpersonal relations, job content, and control. Leaders' influence on all those variables "has often resulted in detrimental effects on employee well-being" (Kelloway et al., 2005). Ineffective leadership can also lead to decreased organizational commitment and high turnover rates in an organization. Talented people leave organizations when their supervisors and leaders are not perceived as sharing their values, do not demonstrate concern for employees, and do not "create a sense of purpose, hope, direction, and trust" (Gantner, 2012). As the Partnership for Public Service (2013) noted, federal employees who responded that they were planning to leave their current jobs in the next year rated their agency 35 percentage points lower in the effective-leadership category than those planning to stay in their jobs. In 2010, the Office of Personnel Management (OPM) projected that 48 percent of federal employees will be eligible to retire in fiscal year (FY) 2015 (Partnership for Public Service and Booz Allen Hamilton, 2010). With the looming possibility of high turnover due to retirements in the coming years, developing the next generation of effective leadership from within will play a critical role in ensuring workforce retention.

Leadership is critical for successful and sustainable program implementation. For a new program or initiative to take root, leadership must be supportive, vocal, and involved; "leaders are agents of change" (Bass and Bass, 2009, p. 13; Chairman of the Joint Chiefs of Staff, 2011; Cunniff, 2013; Spaeth, 2013; Sparling, 2010). The NIOSH *Essential Elements* guidance has two elements related to leadership: "Demonstrate leadership" and "Engage mid-level management" (NIOSH, 2008). Those elements stress the importance of having leaders at all levels actively involved and vocal in promoting health, safety, and wellness programs throughout an organization (see Box 3-1), and they helped to guide the committee's deliberations in this subject.

³"Abusive leaders are those who act in an overly punitive or aggressive manner. Passive leaders are those individuals who do not demonstrate the necessary abilities for a leadership role and often fail to live up to their responsibilities" (Kelloway et al., 2005).

BOX 3-1**NIOSH Total Worker Health Framework—Leadership****Demonstrate Leadership**

Commitment to worker health and safety, reflected in words and actions, is critical. The connection of workforce health and safety to the core products, services, and values of the company should be acknowledged by leaders and communicated widely. In some notable examples, corporate Boards of Directors have recognized the value of workforce health and wellbeing by incorporating it into an organization's business plan and making it a key operating principle for which organization leaders are held accountable.

Engage Mid-Level Management

Supervisors and managers at all levels should be involved in promoting health-supportive programs. They are the direct links between the workers and upper management and will determine if the program succeeds or fails.

SOURCE: NIOSH, 2008.

Leadership and Resilience

Leadership is critical for building individual and organizational resilience. As noted in Chapter 2, consistent and vocal support by high-ranking leaders and others throughout the leadership ranks is an important building block for both initiating change (in this case, establishing an organizational and workforce resilience effort) and embedding and sustaining it. Moreover, research has shown that leaders, especially frontline leaders, are important in building resilience in the workforce (Everly, 2012; Everly and Lating, 2013; IOM, 2012). It is frontline leaders with whom employees have the most interaction, so these leaders have the most influence on their employees. Col. Paul Bliese noted at the 2011 IOM Workforce Resilience workshop that research in the US Army has demonstrated that the “strongest factor related to unit resilience is officer leadership. . . . Good leaders make a very big difference under high-stress conditions” (IOM, 2012, p. 78). As Everly (2012) explains, a culture of leadership is necessary to create a culture of resilience, and developing resilient leaders is crucial in creating this culture.

The US armed forces have recognized the importance of leadership for force readiness and resilience in the creation of their fitness programs. To address stressors that may affect readiness, the Department of Defense created the Total Force Fitness framework to support and augment efforts in the services. That framework emphasizes the importance

of leadership both in establishing and supporting the framework and as a key component for individual growth (Chairman of the Joint Chiefs of Staff, 2011). The Army's Comprehensive Soldier Fitness (CSF) effort provides soldiers with "instruction on specific mental and physical skills to enhance performance when facing challenges, whether those challenges are in their personal or professional lives" (Cornum et al., 2011, p. 7). Special focus is placed on teaching small-unit leaders to instill those qualities in those whom they lead (Cornum et al., 2011).

Leadership in the Department of Homeland Security

Employee responses to the 2012 FEVS demonstrate overarching leadership issues in DHS. With 52 percent positive responses to questions on the Human Capital Assessment and Accountability Framework (HCAAF) Leadership and Knowledge Management Index,⁴ DHS scored 8 percent below the government average and ranked 36th of 37 in the HCAAF rankings (OPM, 2012a). Only 32.9 percent responded positively that leaders in DHS "generate high levels of motivation and commitment to the workforce" in contrast with 43.2 percent who disagreed or strongly disagreed with the statement (OPM, 2012b, p. 4). Whereas 63.8 percent reported that their immediate supervisor or team leader was doing a good job overall, the same question regarding the manager directly above the immediate supervisor garnered 49.1 percent positive responses (OPM, 2012b). Regarding senior leaders, 46.2 percent reported a high level of respect for those in DHS (OPM, 2012b, p. 6). Table 3-1 shows additional FEVS results related to leadership.

DHS employees voiced concerns to the committee on issues related to leadership during the committee's site visits and meetings. Regarding frontline leadership, the committee heard that the quality of leaders varies widely. It was generally reported in various sites that many supervisors are managers as opposed to leaders; employees often stated that supervisors

⁴HCAAF identifies the standard for Leadership and Knowledge Management as follows: "Agency leaders and managers effectively manage people, ensure continuity of leadership, sustain a learning environment that drives continuous improvement in performance, and provide a means to share critical knowledge across the organization" (OPM, 2005, p. 3). As a measurement of whether the standard is met, the Leadership and Knowledge Management Index of the FEVS "indicates the extent to which employees hold their leadership in high regard, both overall and on specific facets" (OPM, 2012a, p. 10).

TABLE 3-1 Federal Employee Viewpoint Survey Results Related to Leadership

Question	DHS Positive, %	Government-Wide Positive, Average, %
42. My supervisor supports my need to balance work and other life issues.	69.0	76.7
43. My supervisor/team leader provides me with opportunities to demonstrate my leadership skills.	59.5	65.2
44. Discussions with my supervisor/team leader about my performance are worthwhile.	57.6	62.2
45. My supervisor/team leader is committed to a workforce representative of all segments of society.	58.5	64.5
46. My supervisor/team leader provides me with constructive suggestions to improve my job performance.	57.4	60.8
47. Supervisors/team leaders in my work unit support employee development.	57.2	65.1
48. My supervisor/team leader listens to what I have to say.	69.9	74.3
49. My supervisor/team leader treats me with respect.	76.2	79.4
50. In the last six months, my supervisor/team leader has talked with me about my performance.	76.8	76.8
51. I have trust and confidence in my supervisor.	61.8	65.8
52. Overall, how good a job do you feel is being done by your immediate supervisor/team leader?	63.8	68.4
53. In my organization, leaders generate high levels of motivation and commitment in the workforce.	32.9	42.9
54. My organization's leaders maintain high standards of honesty and integrity.	46.9	55.1
55. Managers/supervisors/team leaders work well with employees of different backgrounds.	55.8	63.4

Question	DHS Positive, %	Government-Wide Positive, Average, %
56. Managers communicate the goals and priorities of the organization.	53.2	62.4
57. Managers review and evaluate the organization's progress toward meeting its goals and objectives.	50.1	62.0
58. Managers promote communication among different work units (for example, about projects, goals, needed resources).	42.4	53.3
59. Managers support collaboration across work units to accomplish work objectives.	46.1	56.9
60. Overall, how good a job do you feel is being done by the manager directly above your immediate supervisor/team leader?	49.1	57.9
61. I have a high level of respect for my organization's senior leaders.	46.2	54.1
62. Senior leaders demonstrate support for Work/Life programs.	43.0	54.0
63. How satisfied are you with your involvement in decisions that affect your work?	42.4	51.6
64. How satisfied are you with the information you receive from management on what's going on in your organization?	39.8	48.4
65. How satisfied are you with the recognition you receive for doing a good job?	40.1	48.0
66. How satisfied are you with the policies and practices of your senior leaders?	34.7	43.4

SOURCE: OPM, 2012b.

do not respect or value them, do not know or care about their strengths, and lack the expertise and skills to be in their supervisory role.

Many employees also reported a disconnect between department and component headquarters leadership at headquarters in Washington, DC, and the workforce on the ground, expressing little faith in upper-level leaders who lack knowledge of what is happening in the field. Many em-

ployees who spoke with the committee felt a lack of support by leadership at any level in the department. Common complaints included the feeling that leaders at multiple levels often use workers as scapegoats, do not value them, and view them as easily replaceable. Throughout the course of the committee's work, it was increasingly evident that leadership in DHS is at best inconsistent.

DHS has been scrutinized by Congress and others regarding its ability to hire and retain senior executives and the number of vacancies in senior leadership positions (Chellino et al., 2008; US House of Representatives, 2007). The Government Accountability Office (GAO) has previously noted that "high-performing organizations understand that they need senior leaders who are accountable for results, drive continuous improvement, and stimulate and support efforts to integrate human capital approaches with organizational goals and related transformation issues" (Mihm, 2007, p. 1) and that "extensive loss of experienced workers can lead to critical gaps in an agency's leadership, skills, and institutional knowledge" (Lord, 2010, p. 2). In February 2012, GAO released a report on senior leadership vacancy rates in DHS (GAO, 2012).⁵ The leadership vacancy rates reached a peak of 25 percent in FY 2006 but declined to 10 percent by the end of FY 2011 (GAO, 2012). However, "DHS vacancy rates in 2006, 2007, and 2010 were statistically higher than the average rates of other agencies subject to the CFO [Chief Financial Officer] Act" (GAO, 2012). Vacancy rates varied by DHS component, with up to 56.7 percent (US Citizenship and Immigration Services) in 2006, but rates were generally lower by the end of 2010, with an average of 17 percent (range, 8.4–20.7 percent) (GAO, 2012). The 2012 GAO report also looked at the senior leadership attrition rate, which was 11.4 percent at the end of FY 2010. In 2006, 2007, and 2009, DHS attrition rates were statistically higher than the average of other CFO agencies. The most frequent reasons for separation in 2006–2010 were

⁵The GAO analysis focused on Senior Executive Service (SES)—including Transportation Security Executive Service (TSES)—positions because DHS components had few senior level (SL) and scientific/professional (ST) positions during the review period. However, its attrition analysis included positions in SES (including TSES), ST, and SL categories. "Most DHS components were not allocated SL or ST positions during the 2006 through 2011 review period. Specifically, only CBP received ST allocations during this time frame. Less than half the components received SL allocations—never exceeding a total of three positions. As of the end of fiscal year 2011, DHS had a total of 65 SL and ST allocations, 60 of which were spread among DHS headquarters offices. The Office of the Undersecretary for Science and Technology is the only office to have received more than eight SL and ST allocations" (GAO, 2012).

retirement and resignation (GAO, 2012). DHS is implementing two programs to enhance senior leadership hiring and recruitment, including a simplified, resume-only hiring process that was piloted in FY 2010. DHS deemed the pilot successful and plans to use this process as its primary method for all hiring of Senior Executive Service (SES) employees (GAO, 2012).

Several factors affect the department's vacancy rates, and DHS reported that OPM's authorization of additional senior-level allocations, department and component reorganizations, and political transitions increased vacancy rates (GAO, 2012). However, consistent leadership is crucial. During the writing of this report, 15 of the 43 senior leadership positions in DHS were filled by "acting" leaders, and one slot was vacant (DHS, 2013c). As noted earlier, during the course of the committee's work, the DHS deputy secretary and the chief medical officer in the Office of Health Affairs (OHA) resigned (both were political appointees), followed a couple of months later by the DHS secretary and the acting chief medical officer.

Disconnect Between Department of Homeland Security Leaders and Frontline Workers

In discussing leadership at DHS, it is vital to focus on leaders at all levels in the department, including executive and organizational leaders (secretary, deputy secretary, under secretaries, and component leaders), career staff, nonpolitical staff (SES and GS-15), and supervisors (mid-level and frontline). For DHS to be successful in increasing workforce resilience, vocal and active commitment is needed from leaders at all those levels, starting at the top and feeding down to the ones that frontline workers interact with daily. However, the committee observed a disconnect between employees on the frontlines and their leaders.

"Commitment to worker health and safety, reflected in words and actions, is critical" (NIOSH, 2008, p. 1), and it begins at the uppermost levels of an organization. Former Deputy Secretary Lute spoke passionately to the committee about her vision of a healthy, resilient, and engaged DHS workforce (Lute, 2013). However, conversations with DHS staff have led the committee to believe that vision is not being transmitted to the frontlines. Members of the workforce who spoke with the committee generally complained of directives coming from above without their input or consideration of how they affect work on the ground.

They also spoke of visits from the secretary or high-level component leaders to their region in which they were given a “dog and pony show” by regional leaders instead of talking with frontline staff or supervisors about the issues that they face and about how they can be better supported in their missions. To increase employee morale and resilience, the committee believes that it is vital for top leaders in DHS and the component agencies to take an active interest in their employees. They must not only speak about the importance of a healthy, resilient, and engaged DHS workforce but demonstrate a belief in the vision for the workforce by speaking with those on the front lines and demonstrating concern for employees and their input.

It is the nature of federal government that new leaders, often from outside the organization, are appointed to the topmost ranks of executive departments with each new presidential administration. Thus, equal focus must be placed on the career, nonpolitical leaders (SES and GS-15 staff). They are the ones on whom political appointees must rely for organizational memory and thus for continuation of the mission; they hold the organization together, providing leadership stability despite changes of administration. There must be a sustainable system in place in which these leaders can be functional regardless of who is appointed above them.

Finally, midlevel and frontline leaders are vital for success and must be a focal point. They are the people that the workforce interacts with daily and that therefore have the most influence. They are also the people who are likely to rise to higher levels of leadership. Developing resilient leaders will increase the resilience of the workforce that they lead (Everly, 2012; Everly and Lating, 2013). Instilling in them the vision of a healthy, resilient, and engaged workforce early in their careers will help to spread the vision as they progress upward in the department.

Leadership Development in the Department of Homeland Security

Leadership development is a key element in sustained organizational success. However, as Thad Allen (2012) testified before Congress, “the federal government has struggled for decades to create a strategic and comprehensive leadership development framework.” Many federal departments have worked to develop their own training programs, but such programs are often among the first budget casualties, with agencies “fo-

cus[ing] on large, high dollar programs and policies at the expense of the basics of organizational success” (Allen, 2012).

The DHS workforce is aging, and many leaders have retired, or will retire in the coming years, so this is a prime time to commit to developing the next generation of leaders in the department. DHS leadership has explicitly recognized the need for leadership development throughout the department; indeed, goal 1 of the current DHS workforce strategy is to “build an effective, mission-focused, diverse and inspiring cadre of leaders” (DHS, 2011). To achieve that goal—recognizing that “leader development is critical to the organization’s growth and long-term success and must be prioritized as a strategic mission investment” (Lute, 2012, p. 1)—Deputy Secretary Lute directed the creation of the Leadership Development Program to provide “a standardized framework and a shared set of expectations about competency development for leaders that is appropriate across the entire department” (IOM, 2012). The DHS Leader Development Framework (see Figure 3-1) was created to guide the 841 training programs that DHS was participating in or sponsoring (Savkar, 2013a) and “to maximize mission performance, strengthen the DHS leadership bench, and build leadership competencies at all levels of the DHS workforce, through a coherent and seamless continuum of leader development opportunities across the Department” (Emerson, 2012). Built around 44 leadership competences in 5 content categories (core foundations, building engagement, management skills, solutions capabilities, and homeland security), the framework focuses on developing leadership at all levels of DHS (Emerson, 2012; Savkar, 2013a).

To guide implementation of the program, DHS created

the Leader Development Governance Board, consisting of senior subject-matter experts from Operating and Support Components of the Department to 1) act as a critical forum regarding programs, plans, funding, decisions and recommendations, as required; 2) ensure that the DHS Leader Development Competency Model and Framework are the guiding architecture for the Department’s training investments; and 3) actively seek efficiencies by leveraging existing programs and eliminating unproductive or redundant training programs where possible. (Lute, 2012)

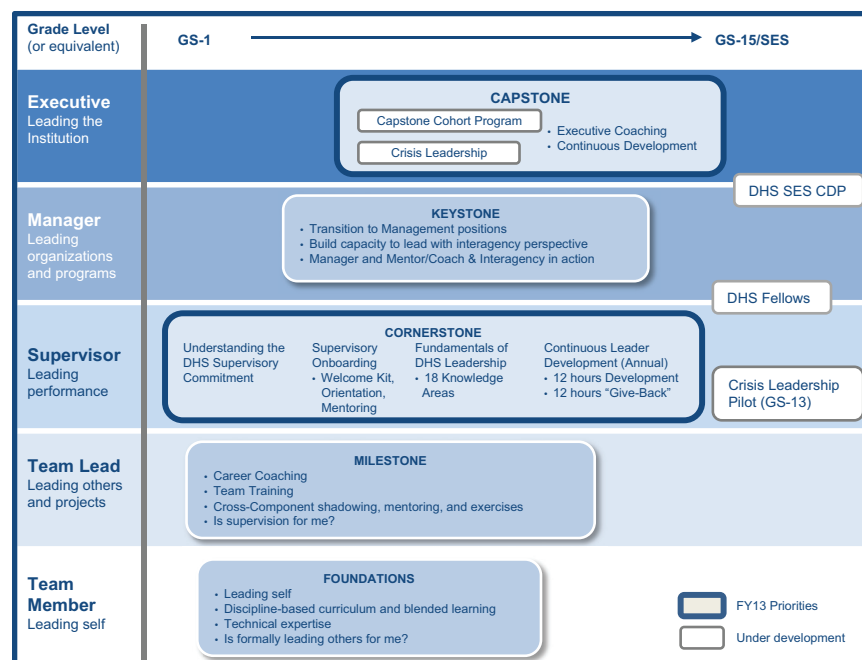


FIGURE 3-1 DHS Leader Development Framework. This framework provides a strategic roadmap for developing a consistent, seamless continuum of leader development opportunities across the department during the next 3 years. It is intended to develop experienced, proactive leaders who are able to drive strong mission performance in dynamic environments across the Homeland Security enterprise.

SOURCE: Provided to the IOM by DHS, 2013b.

However, it was reported to the committee that the Leader Development Program is not allowed to eliminate any existing programs (Savkar, 2013a).

Much of the Leadership Development Program has not been formalized, approved, or resourced. It was reported to the committee that there is no formal evaluation of the program beyond utilization and self-assessment (Savkar, 2013a). In calling for a departmentwide leader development program, the DHS workforce strategy suggests that performance be measured on the basis of the “percent of leadership positions that have identified competencies” and the “percent of employees completing a DHS-wide leadership development program offering” and does not take into account measurement of whether the program has any effect (DHS, 2011).

High priority has been placed on establishing the Cornerstone program, a set of baseline requirements that focuses on essential competencies for new and veteran supervisors, which has also been opened up to managers and executives at all levels (DHS, 2013b; Emerson, 2012; Savkar, 2013a). To date, Cornerstone is the only program in the framework that has been fully implemented; through 2012, about 80 percent of frontline supervisors have participated in it (DHS, 2013d). A pilot of the Capstone program was completed in 2012, but the program has yet to be approved and is relying on one-time funding per cohort (Savkar, 2013a). The program reached 24 new SES members in its first pilot; a second cohort is targeted for November 2013 (DHS, 2013d; Savkar, 2013b).

As Lina Savkar (2013a), Deputy Executive Director for DHS Leadership Development, explained to the committee at its second meeting, the DHS leader development program is not a course but an “intervention in organizational culture,” its purpose being to increase the effectiveness of training and create a climate and context for leading people. Savkar (2013a) informed the committee that the program is based on the idea that “the mission of leaders, all leaders, every leader, at every level . . . is wholly and solely to create the climate and the context for leading people and programs and creating the conditions under which they can come together to create forward movement.” While the committee agrees with that sentiment, the practice has not permeated the training of employees in the components with whom the committee spoke. A deficiency in leadership training was one of the most prominent issues reported to committee members and staff during site visits and was noted repeatedly in public comments that the committee received. Many employees in the various components that the committee visited reported that training for supervisory positions too often focused strictly on managing job duties as opposed to effective leadership. In addition, during her keynote address to the committee, Deputy Secretary Lute (2013) noted that “we know that we don’t have a leadership program, we know we had not been equipping our frontline managers with the basic tools they needed to understand frontline leadership” and that she would “like to have 100 percent of our leadership going through some training every single year, particularly our frontline leaders, but leadership at all levels. I’d like to have 100 percent of them have some exposure to leadership training, management skills, and human resource enrichment.” That has not been achieved.

ADDRESSING LEADERSHIP GAPS

The committee has observed a number of gaps regarding leadership in DHS that need to be addressed. Leaders are not born, they are grown; thus, to address deficiencies in leadership, DHS must institutionalize leadership development in its components. The leadership development program needs to delineate not only expectations of employees but what employees can expect of the organization.

It is essential that DHS take a strategic approach to leadership development, including planning and goal-setting, implementation, and evaluation of results. To assist federal agencies in this process, OPM created the HCAAF to “enable agencies to transform the Federal workplace into high-performing arenas where every employee is enabled to understand and maximize his or her contribution to agency mission” (OPM, 2005). A key element in implementation of HCAAF is the Leadership and Knowledge Management System, which “ensures continuity of leadership by identifying and addressing potential gaps in effective leadership and implements and maintains programs that capture organizational knowledge and promote learning” (OPM, 2005). The system lays out five critical success factors—leadership succession management, change management, integrity and inspiring employee commitment, continuous learning, and knowledge management—to ensure “a constant flow of leaders who can properly direct an agency’s efforts to achieve results; a workforce with the competencies required to achieve the agency’s mission; and that the workforce is motivated to use its competencies in service of the agency’s mission” (OPM, 2005).

For an effective leadership development program to take root and grow, the involvement of leaders at all levels is critical; focusing on high-level management alone would not be effective. To attract top talent to and retain it in public service, “senior leaders must assume responsibility for the development of future leaders as coaches, mentors, teachers—and most of all, as exemplars—within and without leader development programs” (Blunt, 2004, p. 70). Commitment to developing future leaders at every step of the career cycle promotes personal and organizational growth, demonstrates responsibility to the workforce, and makes the department stronger. Most important, the program must be formalized, approved, and budgeted for to ensure lasting success.

Training focused exclusively on effective management practices is inadequate to promote resilience at the organizational level. As discussed in Chapter 1, a ready and resilient workforce is one that is physically,

mentally, and emotionally healthy. In its leadership development program, DHS needs to focus on developing resilient leaders and on inculcating the importance of readiness and resilience at all levels of the organization. Everly et al. (2012) defined seven core characteristics of highly resilient people—“1) *présence d’esprit*: calm, innovative, non-dogmatic thinking, 2) decisive action, 3) tenacity, 4) interpersonal connectedness, 5) honesty, 6) self-control, and 7) optimism and a positive perspective on life”—all of which can be learned. Similarly, Seligman (2011) has asserted that “positive emotion, engagement, relationships, meaning, and accomplishment [are] the building blocks of resilience and growth;” this represents a model that is based on “positive psychology,” an integral part of CSF, which works to build psychologic fitness in the US Army. In addition to those characteristics, the committee believes that it is important for DHS to focus on instilling in department leadership a duty of care, compassion, and camaraderie. It is important that leaders at every level have a sense of responsibility for their workforce, be prepared to recognize potential issues before they arise, and take an active role in the lives of the people whom they lead. “Ethical leaders have no alternative if they wish to lead ethically—they must care for those beneath, around, and above them. And this ethical leadership needs to be exemplified from top to bottom” (Jones, 2006).

In developing resilient leaders, it is especially important that DHS focus on frontline supervisors. As Everly (2012) explains, three unique attributes of good frontline supervisors coalesce to make them the ultimate culture changers: “they are conduits of information,” “they are willing to invest in the careers and well-being of their subordinates,” and “they have credibility” with the frontline workforce. This has been a central focus of the Army’s CSF program, which created the Master Resilience Trainer (MRT) program to “teach a selection of skills designed to enhance resilience with an emphasis on how to teach these MRT skills to Soldiers and Family members” (US Army, 2012). “Resilient leadership practices serve as the catalyst that inspires others to exhibit resistance and resilience, and to exceed their own expectations” (Everly, 2012; Everly and Lating, 2013, p. 150). Focusing on developing resilient frontline leaders in the department will help to create a culture of readiness and resilience and ultimately help members of the workforce to withstand crisis and adapt to and rebound from adversity, both chronic and acute (Everly, 2012).

In their book *Resilience*, Zolli and Healy (2012) describe “translational leaders,” who possess the ability to bring together various constitu-

encies and institutions, representing “a form of ‘middle-out’ leadership, seamlessly working up and down and across various organizational hierarchies, connecting with groups who might otherwise be excluded, and translating between constituencies.” Fostering that type of leadership through its development program will help DHS to create the desired culture of readiness and resilience and to build interconnectedness throughout the organization, both within and between components. Finally, a program that brings together current and future leaders from the various components will encourage communication and reinforce cross-cutting cultural threads. It will help to create and provide the appropriate tools for departmentwide communication, the second building block of a successful organization, as discussed later in this chapter.

The committee believes that leadership is the key to the advancement of resilience in the DHS workforce and needs to be one of the first points of focus for DHS investment of time and resources. Before rolling out programs that specifically address resilience, DHS needs to ensure that it has in place a leadership base that can ensure effective implementation of such programs. Leadership permeates all facets of the organization and correlates with effective communication, culture, and issues of trust and morale. Information presented in the committee’s open meetings and the 2011 workshops, obtained during committee site visits to DHS components, and a comprehensive review of FEVS data suggests that there is substantial dissatisfaction with and distrust of leadership in DHS. And the committee found inconsistent approaches to leader selection, development, and education, especially at the middle-management or frontline levels. Central leadership development programs were yet to be approved, not adequately resourced, and do not appear to be tied to employee performance. The evidence suggests that this has had an important adverse effect on employee morale and engagement, which the committee believes will prove detrimental to workforce readiness and resilience.

Recommendation 4: Establish a sustainable leadership development program in the Department of Homeland Security.

The committee recommends that the Department of Homeland Security develop a sustainable, resourced, and consistent leadership development program for all levels of management throughout the department while providing flexibility to enable components to meet their missions. The leadership development

program should include institutional education and training appropriate to the level of responsibility and distinct from management skills training.

The leadership development program should include mentorship, sponsorship,⁶ objective mechanisms for identifying high-potential employees, creation of leadership opportunities, and evidence-informed measurement of leadership performance.

Formal education for leaders at all levels should include emphasis on duty of care, compassion, camaraderie, communication, leading by example, and celebrating successes. That will supply leaders with the knowledge, attitudes, and skills to increase the readiness and resilience of the workforce. The committee recognizes, and applauds DHS for acknowledging the need for leadership development and creation of a program to address the need. However, the current program is disjointed, lacks coordination, and has not been fully approved or resourced.

The above recommendation and the associated strategic plan activities presented in Chapter 5 reflect the committee's belief that leadership development in the department will be more effective if it is part of an integrated, architected solution set. In addition, the current DHS leadership program does not include a formal evaluation process, but such a program needs to include built-in metrics for evaluating its effectiveness and promoting its evolution (see Chapter 4). As the program is evaluated, adjustments might be needed, and elements that are not working can be removed.

COMMUNICATION

Strong communication is the second necessary building block of a successful organization. Communication in organizations is not simply the transfer of data between people but is in part a sense-making process that involves interactions, decisions, messages, and interpretations. Strong communication that emerges through dense interactions results in a representation of the world that none of those involved individually

⁶Sponsorship is a corporate initiative to advance promising new leaders through the leadership pipeline, for example, identifying high-potential motivated employees in senior roles who are ready to move to the next level and establishing formal advocacy relationships for them with senior leaders.

possess or could possess. Strong communication shapes perceptions as well as relationships.

As Spaeth (2013) explained to the committee at its second meeting, it is important not to focus solely on what you want to say; the goal of communication is “to influence what [people] hear, what they believe, and what they remember.” Effective communication must create a positive impression on everyone, both within and outside the organization. Commitment to a common communication model is a leadership issue that begins at the top (Spaeth, 2011). As Spaeth explained, people throughout the enterprise cannot be asked to take ownership of and articulate a message unless they see their senior leadership doing it on a regular basis, and with enthusiasm. However, although the message begins with top leadership in the organization, it must be consistently repeated by middle management and the general workforce. Similarly, the Public Affairs Council has found that senior management support and involvement and a focus on employee communication are two of the characteristics common to companies that have successful communication strategies (Pinkham, 2013).⁷ “Leading companies have come to realize that their own employees are often their most important audience . . . due to the rising influence of word-of-mouth communication” (Pinkham, 2013).

An effective communication strategy helps to create a brand for an organization, one that everyone in it believes in and consistently repeats both to each other and to those outside the organization. To achieve that, Spaeth (2013) asserted, there must be alignment in messaging to internal and external audiences through formal communication (such as marketing materials and advertising) and informal communication (such as media and oral) routes of communication. For example, FedEx has fully embraced a communication strategy that includes its “Purple Promise” and consistent use of the word *reliable*. Those keywords are consistently repeated by everyone in the company, top to bottom, in internal and external and in formal and informal communications (Spaeth, 2013). The goal is to inculcate a different way of thinking and then to institutionalize it across large complex organizations (Spaeth, 2013).

⁷Other common characteristics include a well-developed issues-management process, strong collaboration between all external teams, integrated crisis-communication planning, an understanding of risk communication, strategic use of communication technologies, innovative approaches to media relations, and robust performance management.

Communication in the Department of Homeland Security

A vast majority of the 200,000 members of the DHS workforce are spread out across the country—84.3 percent work outside Washington, DC (OPM, 2012b). Although most component headquarters are in Washington, DC, even these offices are not co-located.⁸ That has presented challenges for communication in the department. The committee found a variety of communication issues through discussions with DHS staff during committee meetings and site visits. DHS employees in the field generally felt that communication between DHS leadership and those on the frontlines was nearly nonexistent. Many employees complained of decisions coming from headquarters without input from or regard for those on the ground or consideration of how they will affect their work.

There is a general lack of communication between and within components and seemingly little sharing of best practices. For example, during a committee site visit with Transportation Security Administration (TSA), supervisors at Reagan National Airport discussed a program they had implemented for improving screener recognition of potential explosive devices. The two-step program consists of informal discussions with leaders and screeners about potential outside stressors that could be affecting the screeners work (such as family strains, day-care arrangements, and a second job) followed by a one-on-one training session with an explosives technician. Leadership touted the program as successful in increasing test scores and improving TSA screeners' confidence; however, it has not been shared with TSA management at other airports. In other examples of best practices not being shared, as discussed in Chapter 1, four DHS components or subcomponents have independently developed peer-support programs based on different models, the Federal Emergency Management Agency (FEMA) Joint Field Office in New York has created a wellness committee without seeking input or best practices from DHS or FEMA, and the Federal Air Marshal Service has developed a new wellness program of which OHA and the Office of the Chief Human Capital Officer were unaware.

Communication gaps related to workforce health and resilience were also evident. Often, there is no clear communication or understanding of what programs are available to assist employees with wellness and work-life issues. Although DHS employees in every component have access to

⁸There are plans for a consolidated DHS campus on the grounds of St. Elizabeths Hospital, but the new US Coast Guard headquarters is the only part of the project that has progressed.

an employee assistance program (EAP), many individuals the committee spoke with were not fully aware of the array of services or programs available and sometimes did not even know that they existed. For FY 2012, EAP utilization rates in DHS⁹ ranged from 2.16 percent in FEMA¹⁰ to 11.75 percent in the Federal Law Enforcement Training Center¹¹ (DHS, 2013a).

There are also barriers to help seeking at DHS even when an employee knows what resources are available. For example, there is a stigma associated with using an EAP for mental or emotional health (IOM, 2012). That is an issue in many organizations, especially law-enforcement organizations (Johnson and Barthelmiss, 2011). It is amplified when an employee holds a security clearance and is worried about losing that clearance and therefore not being able to do his or her job (IOM, 2012). DHS policy explicitly states that an employee cannot lose his or her clearance just for seeking help, and use of an EAP is not reported to DHS unless the person is at risk for suicide (IOM, 2012). The committee heard in its site visits and discussions with DHS employees that peer support programs are also not always used, because of the fear that what they say will be used against them or because of concerns about the credibility of counselors, who some believed had received little or no training. It is in the best interest of employees and DHS for people to access help before a problem worsens. Communicating—and leading by example—that help seeking is a desired behavior is needed.

In the committee's discussions with component headquarters staff to gather information about best practices in DHS, it seemed that most either had not heard of the *DHSTogether* program or related resilience efforts in OHA, or had heard of them but did not know much about them. Many mentioned that they would not know whom to contact in DHS to get help with their programs or to identify best practices in other components or even in different locations in their own components. The 2012 FEVS asked whether "managers promote communication among differ-

⁹Information was provided for Customs and Border Protection, US Citizenship and Immigration Services, the Federal Emergency Management Agency, Immigration and Customs Enforcement, the US Coast Guard, the US Secret Service, DHS Headquarters and National Protection and Programs Directorate, the Federal Law Enforcement Training Center, and the DHS Office of the Inspector General. TSA requested that its use data not be released to the committee.

¹⁰This percentage takes into account only core employees; the contract for the disaster workforce is separate, and its use rates were not provided.

¹¹This percentage represents FY 2012 and internal Critical Incident Stress Management staff and family members.

ent work units (for example, about projects, goals, needed resources)”; only 42.4 percent of respondents responded in the affirmative. The survey also asked whether “managers support collaboration across work units to accomplish work objectives,” and 46.1 percent said yes (see Table 3-2 for other FEVS results relevant to communication; OPM, 2012b).

TABLE 3-2 Federal Employee Viewpoint Survey Results Related to Communication

Question	DHS Results, % Positive	Government Average, % Positive
2. I have enough information to do my job well.	64.4	71.9
3. I feel encouraged to come up with new and better ways of doing things.	43.2	57.8
6. I know what is expected of me on the job.	77.3	80.1
15. My performance appraisal is a fair reflection of my performance.	63.6	68.8
17. I can disclose a suspected violation of any law, rule or regulation without fear of reprisal.	54.0	61.5
24. In my work unit, differences in performance are recognized in a meaningful way.	27.7	33.8
25. Awards in my work unit depend on how well employees perform their jobs.	33.2	41.0
26. Employees in my work unit share job knowledge with each other.	68.9	72.3
30. Employees have a feeling of personal empowerment with respect to work processes.	34.9	45.2
31. Employees are recognized for providing high quality products and services.	36.7	48.4
32. Creativity and innovation are rewarded.	28.3	38.5
44. Discussions with my supervisor/team leader about my performance are worthwhile.	57.6	62.2
46. My supervisor/team leader provides me with constructive suggestions to improve my job performance.	57.4	60.8
48. My supervisor/team leader listens to what I have to say.	69.9	74.3
50. In the last six months, my supervisor/team leader has talked with me about my performance.	76.8	76.8

Question	DHS Results, % Positive	Government Average, % Positive
56. Managers communicate the goals and priorities of the organization.	53.2	62.4
58. Managers promote communication among different work units (for example, about projects, goals, needed resources).	42.4	53.3
59. Managers support collaboration across work units to accomplish work objectives.	46.1	56.9
63. How satisfied are you with your involvement in decisions that affect your work?	42.4	51.6
64. How satisfied are you with the information you receive from management on what's going on in your organization?	39.8	48.4
65. How satisfied are you with the recognition you receive for doing a good job?	40.1	48.0

SOURCE: OPM, 2012b.

The Quadrennial Homeland Security Review, which offers the vision and strategic framework for homeland security, fails to highlight the importance of a healthy or resilient workforce for completing the mission.¹² The word *resilience* appears more than 60 times in the document—with reference to the nation, disasters, critical systems and infrastructure, society, communities, families, and individuals—but not once with reference to the workforce. Resilience of the workforce is as important as structural resilience; employees are the structure that allows DHS to achieve its mission. If DHS leadership believes that there is a connection between workforce health and success of the DHS mission, it has done little to communicate it.

Given public distrust and low favorability ratings in recent years,¹³ “the job of government communications [is] especially difficult” (Pinkham, 2013). DHS has seemingly had an especially difficult time with external communication and public affairs. In a June 2013 hearing on the subject, House Subcommittee on Oversight and Management Efficiency Chairman Jeff Duncan (2013) discussed the department’s “bun-

¹²See http://www.dhs.gov/xlibrary/assets/qhsr_report.pdf (accessed July 9, 2013).

¹³A 2013 Pew Research Center poll showed that only 28 percent of Americans have a favorable view of the federal government. A January 2013 poll showed that 73 percent of respondents indicated trust in the government “only some of the time or never” (Pew Research Center, 2013).

ker mentality,” stating that “whether it is with members of Congress, the press, or directly to the American people, 10 years after its establishment, the Department of Homeland Security seems to have developed serious challenges communicating its goals, priorities, tactics, and missions.”

ADDRESSING COMMUNICATION GAPS

As DHS endeavors to build a ready and resilient workforce and to change its image, and indeed itself, effective communication is essential. “Leading change requires the use of a diverse set of communication techniques to deliver appropriate messages, solicit feedback, create readiness for change along with a sense of urgency, and motivate recipients to act” (Gilley et al., 2009). DHS needs a strategy for communication that is coordinated, is engrained in the organization, and includes specific elements for communication among components. The committee heard from DHS staff that they often have good relationships with staff in other components or in headquarters and this allows them to make strategic relationships for input, sharing of ideas, and collaboration. Communication among the workforce should not rely on personal relationships; explicit pathways need to be in place. That will make it easier for leaders at all levels to communicate, regardless of who is appointed to a given position in the department. The committee was informed that the Employee Engagement Executive Steering Committee (EEESC) is working on a departmentwide communication strategy, but this strategy was not provided to the committee despite requests.

Employee involvement, particularly in decision making and generating ideas, has been found to be integral in enhancing an organization’s ability to adapt to challenges and in creating new health initiatives in the workplace (Grawitch et al., 2006, 2009; Heifetz et al., 2009). Thus, employee participation throughout the department needs to be encouraged. It begins with seeking input from frontline employees (bottom-up) and demonstrating regard for how high-level decisions will affect completion of the mission on the ground. Continuous, open discussion about why decisions are made and how they affect employees will improve relationships between DHS leadership and the rest of the workforce. That is especially true for programs related to workforce health and resilience; “everyone (workers, their families, supervisors, etc.) with a stake in worker health should know what you are doing and why” (NIOSH, 2008).

DHS needs to communicate consistently to the workforce their importance in achieving the mission—that it cannot be done without them and that their institutional knowledge and expertise are valued and put to good use. DHS also needs to communicate to employees that improving employee readiness and resilience is in the best interest not only of DHS as an organization but of their own well-being. In the 2012 FEVS, only 40 percent of DHS respondents gave a positive response to a question about the recognition that they receive for doing a good job; 36 percent responded negatively (OPM, 2012a). Recognizing the accomplishments of the DHS workforce is important, and leadership needs to do it regularly.

A successful DHS communication strategy will also address external communication. In his testimony before the House Subcommittee on Oversight and Management Efficiency, Doug Pinkham (2013), President of the Public Affairs Council, explained that “there’s a natural tension between promoting the identity and services of the parent organization and those of each individual subsidiary . . . [and] promoting one ‘brand’ over another,” which has appropriately led DHS to take a hybrid approach to communication. Pinkham (2013) suggested that because of the high levels of distrust and the fact that “government officials or regulators don’t score well as spokespeople . . . DHS leadership should continue to collaborate with academics, nonprofit organizations, the private sector, and others to ensure that a wide variety of ‘voices’ are being heard when communicating key messages.”

Communicating the importance of the DHS mission and of a healthy and ready workforce for the success of the mission and celebrating the accomplishments of the DHS workforce, both internally and externally, could improve public perceptions of DHS. If employees do not feel proud to be part of their organization, it has a detrimental effect on morale. Many DHS employees interact with the public daily, and the success of its mission depends heavily on its interactions with state, local, and tribal governments; nongovernment organizations; and private industry. How DHS and its component agencies are portrayed to the general public is vitally important. Pinkham (2013) suggested that DHS “has to be diligent about setting the record straight when the public is misinformed . . . [and] it must do so with compelling stories to supplement its facts.” Leadership must publicly and consistently communicate support of the frontline workforce, not just through the occasional platitude, and never negatively.

“If management is credible and communicates consistently, members of the group may begin to develop consistent expectations about what is

important. When this consensus is also rewarded, clear norms can then emerge” (O’Reilly, 1989). In her remarks to the committee in its second meeting, Deputy Secretary Lute stated that “the purpose of Homeland Security is to help create a safe, secure, resilient place where the American way of life can thrive.” But it is not clear to the committee that the workforce, especially those on the front line, have heard that sentiment from their leaders. The department needs to integrate the message from top to bottom; it must be engrained throughout the organization. “If you can get the people throughout an enterprise to have a shared group of words, anchored core words, and to take ownership for them and look for opportunities to repeat them, you go the first step . . . to creating an extremely robust and resilient culture” (Spaeth, 2013).

The committee found that the DHS workforce were largely unaware of existing resources and services available to enhance their or their families’ readiness and resilience. That has resulted in misperceptions, barriers to help seeking, and an overall adverse effect on workforce readiness and resilience. DHS needs to create a common language, appropriately harness the expertise of its workforce to foster innovation, learn to communicate among siloes (including sharing of best practices), and ultimately improve workforce morale, satisfaction, and success.

Recommendation 5: Improve organizational communication to enhance esprit de corps; cultivate a culture of readiness and resilience; and align public perception of the Department of Homeland Security (DHS) with its accomplishments.

The committee recommends that the Department of Homeland Security develop and implement a communication strategy to build and promote an organizational identity that increases a sense of pride in the department, enhances commitment to its mission, and moves toward a culture of readiness and resilience while leveraging the strong identities and traditions of its component agencies. The internal strategy should promote awareness of, educate about, and build trust in available resources that increase readiness and resilience and should put into place mechanisms to measure these outcomes. The strategy should recognize the diversity in the methods of communication among the workforce and use multi-channel communication avenues. The strategy should engage frontline leaders as advocates for

workforce readiness and resilience to engage the workforce at every level in every component and headquarters office.

The strategy should encourage bottom-up communication that ensures frontline input into decision making and idea generation.

Goals of the 5-year communications strategy should be

- Consistent, repeated communication processes and messaging for internal and external audiences that enhance two-way communications.
- A public that values the work and accomplishments of DHS and its components.
- A workforce that is knowledgeable about and confident in the availability of resources and services that enhance individual and workplace health, readiness, and resilience.

One option for DHS is to create organized, DHS-wide recognition programs for employees for best practices and innovations similar to the C. Everett Koop National Health Award for best practices (The Health Project, 2010). Eligible programs would be linked to metrics, such as health improvement and cost savings. Such a program would encourage competition among component agencies and their subcomponents and encourage sharing of ideas and best practices throughout the department. In the current financial climate, there is a need for sharing best practices and avoiding duplication of efforts. DHS has previously stated that it would incorporate the IdeaFactory, an online tool that allows employees to submit and collaborate on innovative ideas, which TSA has successfully implemented (and has won awards for), to garner input from the workforce for improvements, but that has not occurred (DHS, 2010; Green and Perkins, 2012). The IdeaFactory is a successful initiative that could serve as a useful communication tool and increase workforce engagement throughout the department. The EEESC could be enlisted to assist in sharing best practices, recognizing innovation and achievement, and increasing employee engagement in creating and implementing health-related programs (including those related to workplace readiness and resilience). Chapter 5 contains specific elements that DHS should include in its 5-year readiness and resilience strategic plan with regard to both leadership development and communication.

ORGANIZATIONAL CULTURE

Successful reorganizations also require far more than simply creating a new organizational structure and providing legal authorities. Our study found that merging government agencies requires developing and communicating a clear vision; unifying managers, employees and very different cultures into a common mission; integrating complex and different financial, human resources and technology systems; changing relationships with important stakeholders; and navigating a complex political system.
—Partnership for Public Service and Booz Allen Hamilton, 2011

Culture is the third essential building block of a successful organization. “Culture consists of the long-standing, largely implicit shared values, beliefs, and assumptions that influence behavior, attitudes, and meaning in a company” (Deloitte, 2009, p. 1). It provides a common platform, models how employees interact, motivates employees to perform, and ultimately creates the image and identity of the organization. Even the best strategies will not survive in a culture that does not support the organization’s mission and core values and does not value change and innovation. The strategic plan and organizational chart may illustrate how things are supposed to happen, but organizational culture determines what actually happens.

Few leaders give culture the attention it deserves:

Leaders must persistently and patiently lead not simply in the strategic direction but in the change in culture—forming a strategy for cultural change, dispelling the myths, identifying the dislocations between word and action and their underlying assumptions, and championing a long-term investment in every aspect of the area of human capital to which leadership and cultural change are the keys to wider transformation. (Blunt, 2004, p. 70)

Behaviors and attitudes of leaders throughout an organization shape and manage the culture of the work environment (Gantner, 2012). Strong leadership that consistently communicates through both words and actions, provides a vision of the culture, and models what is expected can help to create a strong organizational culture that everyone throughout the organization believes in and helps to develop (Blunt, 2004; Gantner,

2012; Kotter, 1990). “All organizations . . . draw on the same underlying psychology and create situations characterized by strong norms that focus people’s attention, provide clear guidance about what is important, and provide for group reinforcement of appropriate attitudes and behavior” (see Figure 3-2 for conditions that create corporate culture) (O’Reilly, 1989).

No two organizations have the same culture—a point that is often overlooked when organizations merge. When DHS was formed a decade ago, the variety of organizational cultures of the 22 legacy organizations

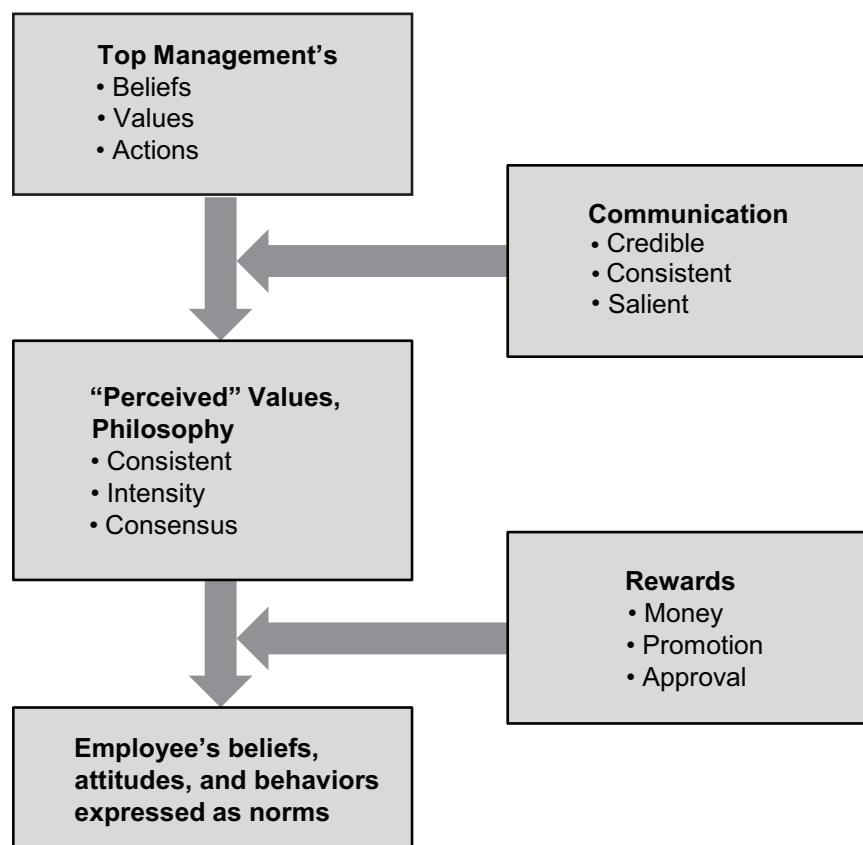


FIGURE 3-2 Conditions that create corporate culture.

SOURCE: O’Reilly, 1989.

was not properly acknowledged. In the corporate world, failure to account for existing organizational cultures has led to many unsuccessful mergers (Bundy and Hukins, 2009; Deloitte, 2009; Hewitt, 2011; Mercer, 2013). Moreover, it is a gross oversimplification to talk about the monolith of an organizational culture. An organization may have subcultures that are in alignment or at odds with the dominant culture. In fact, there is wide variation in the extent to which organizational cultures are integrated (Sutcliffe, 2013). Cultures can be defined by assumptions that are harmonious and shared, but an organization's cultural landscape may be characterized by a set of subcultures whose assumptions are in bitter conflict or by a fragmented set of subcultures whose assumptions are contradictory. In the case of DHS, the legacy components that were brought together with the creation of the department tend to identify with the cultures that they had before the integration. To complicate the cultural issues, there are generational gaps among the staff and differences in employee backgrounds, including civilian and military, political appointees who have little DHS experience, and career employees. Such inherent differences between these microcultures need to be taken into account (see Box 3-2).

BOX 3-2
Cultural Issues in Organizations

“Conflicts, differences, and contradictions in organizations often can be attributed to differing assumptions that derive not only from the macrocultures in which organizations operate (e.g., ethnic groups), but also from assumptions of functional microcultures. Schein proposes that three generic subcultures exist within all organizations. These include the operators, engineers, and executives. The operator subculture, also known as the line or technical core, is critical to actually running or producing things. The engineering/design subculture represents the group that designs products, processes, and structures to make the organization more effective. The executive subculture represents top managers who are concerned with the administrative and financial functions of the organization. These subcultures naturally share many assumptions of the total organization, but they also hold particular assumptions that reflect their occupations, unique experiences, and functions. These differences can be problematic if not resolved, as all three subcultures are necessary for organizational effectiveness. But, if harnessed, these differences can be an important and valuable organizational resource as they can provide a diversity of perspectives and interpretations of emerging problems.”

SOURCE: Sutcliffe, 2013.

Organizational Culture in the Department of Homeland Security

Attempts to create a core DHS culture that components identify with has been generally unsuccessful (Partnership for Public Service and Booz Allen Hamilton, 2011). Figure 3-3 provides a visual sense of how 22 agencies were merged and rearranged to create DHS. Throughout its information-gathering process, the committee consistently found that employees in the component agencies do not identify with DHS. For example, when discussing their agency, employees commonly referred to their own components as “we” and to DHS as “they.”

Deficiencies in leadership and communication and a failure to account for existing organizational cultures during the creation of DHS have led many in the workforce to feel disengaged and untrusting and to have low morale. OPM (2012a) defines an engaged employee as “one who is immersed in the content of the job and energized to spend extra effort in job performance.” On the Employee Engagement Index of the 2012 FEVS, DHS had a 58 percent positive response rate, 7 percentage points below the government-wide average in this area. Only 43 percent responded that they “feel encouraged to come up with new and better ways of doing things” (compared with 58 percent governmentwide), 48 percent reported that their “talents are used well in the workplace” (compared with 59 percent governmentwide), and 35 percent reported that “employees have a feeling of personal empowerment with respect to work processes (compared with 45 percent governmentwide) (OPM, 2012a, pp. 13–15).

Trust is the key to any relationship and is certainly important for DHS in trying to focus employees and managers on health and well-being. However, distrust appears to be a prevalent feature of the department’s current culture. Only 24 percent responded positively to the FEVS item that “promotions in my work unit are based on merit,” 38 percent that “arbitrary action, personal favoritism and coercion for partisan political purposes are not tolerated,” and 54 percent that they “can disclose a suspected violation of any law, rule or regulation without fear of reprisal” (OPM, 2012b). Similar notions were presented by DHS employees that the committee spoke with in the component agencies. During its site visits, the committee often encountered employees who reported a feeling of victimization by the “political machine.” Staff in multiple locations reported a lack of opportunity for career advancement,

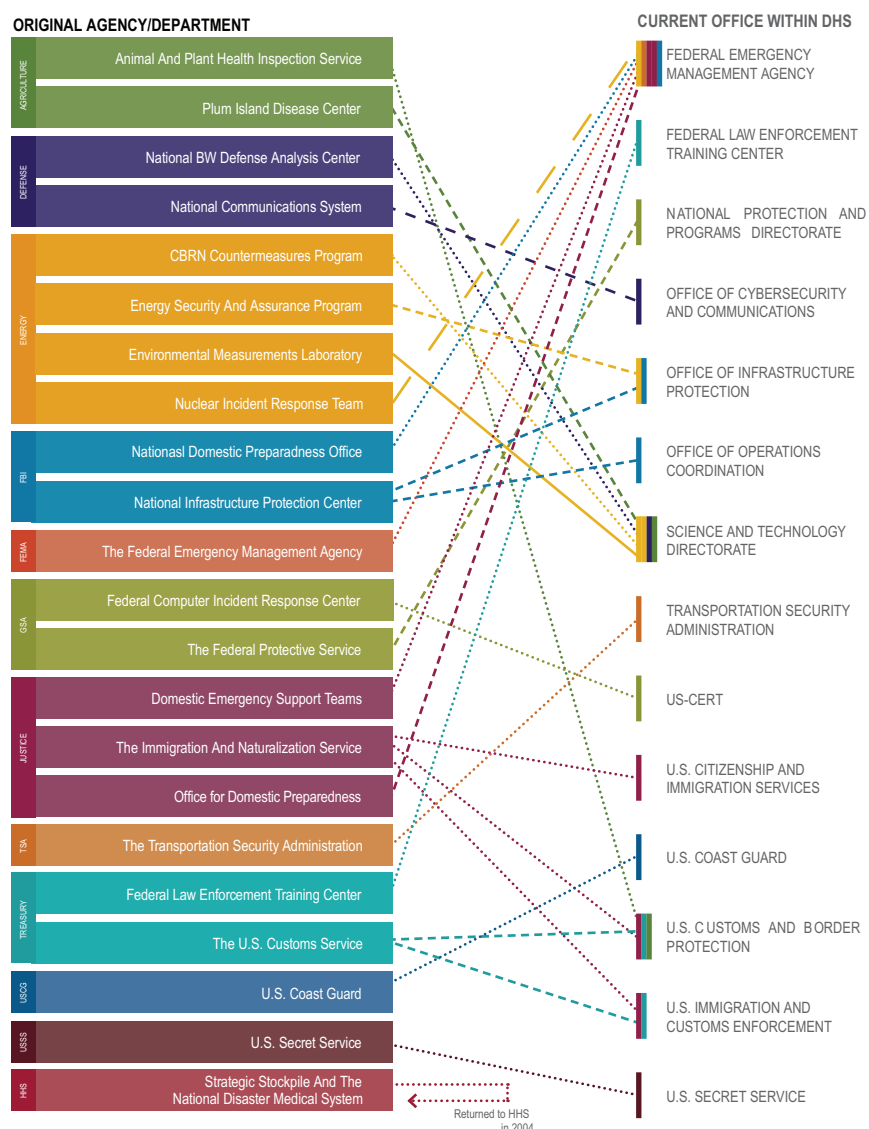


FIGURE 3-3 Who became part of the Department of Homeland Security?

NOTE: US-CERT = US Computer Emergency Readiness Team.

SOURCE: Partnership for Public Service and Booz Allen Hamilton, 2011.

some citing rampant favoritism in the process. Some employees reported fear of approaching their supervisors to discuss problems, or even innovative ideas, because they worried that it would be used against them when promotion opportunities came along. Many employees also reported that they do not use such programs as EAPs or peer support when they would like to for fear of adverse consequences related to their jobs.

As reported at the 2011 Institute of Medicine (IOM) workshops on DHS workforce resilience, many still believe that help-seeking behaviors will have job-related consequences, including loss of security clearance (IOM, 2012). In addition, the current political climate and budget sequester (resulting in furloughs and loss of overtime) have further fractured the relationship between some component agencies and leadership in part because of a lack of communication; employees feel that they do not have the support of the department behind them.

Moving Toward a Culture of Readiness and Resilience

DHS struggles with its own identity and needs to identify a small set of key values and goals common to its components that it can use as the basis of a core DHS culture. As discussed in Chapter 2, there is a need to strengthen DHS's "organizational identity." In doing so, however, DHS needs recognize the variety of existing subcultures in its component agencies. As pointed out by the Homeland Security Advisory Council (HSAC) (2007, p. 6), "no single Homeland Security culture is possible or—for that matter—wise." However, HSAC posited that an "overarching and blended culture can be developed that is based on threads of common values, goals, and focus on mission among DHS Headquarters and its component organizations" (Homeland Security Advisory Council, 2007, p. 6). DHS needs to foster a core culture and ethos (how one thinks, feels, and acts) that account for both commonalities between and the uniqueness of its components. To succeed in achieving its mission, DHS will need to work toward creating a feeling of "we are all in this together;" and its component agencies must coalesce under a singular overarching mission. DHS recognizes the need to improve its workforce culture, but it also needs to recognize and celebrate the different cultures of the component agencies; the latter has generally not occurred.

DHS needs to foster a culture of readiness and resilience that is based on its core purpose and values and innovation that will allow it to adapt to the ever-changing security environment in which it operates.

Creating and sustaining an organizational ability to adapt is critical for achieving a successful, ready, and resilient DHS. Heifetz et al. (2009) identified five characteristics of adaptive organizations:

1. Hard questions and difficult issues, the “elephants,” are discussed openly.
2. There is a sense of shared responsibility for the organization.
3. Independent judgment is valued and sought from all levels.
4. There is a commitment to development of leadership at all levels.
5. Reflection and continuous learning are institutionalized.

As Collins (2004, pp. 8–9) explains, “a visionary company almost religiously preserves its core ideology . . . [while] display[ing] a powerful drive for progress that enables them to change and adapt without compromising their cherished core ideals.”

As discussed earlier, it appears that trust and engagement are lacking in the current DHS culture. A key aspect of building these dimensions of culture is ensuring that employees know that the department is looking out for them. Effective leadership and a strong communication strategy, as recommended by the committee in this chapter, will help to create a core culture. The committee believes that there needs to be clear and consistent communication of the desired DHS culture (for example, a small set of key beliefs, values, and norms), beginning with top leadership and permeating the entire organization. It is imperative that leadership at all levels live the culture, communicating its importance not only through words but, more important, through actions. Without a core culture that all employees know and understand, programs will not be sustainable.

A recurring theme in the 2011 IOM workshops on DHS resilience, the information-gathering meetings held by the committee, and the committee’s site visits was a perception that DHS does not support employee use of health and wellness support services (such as EAPs, peer support programs, and chaplaincy). It is essential that seeking help related to readiness and resilience—whether mental, emotional, or physical—be not only seen throughout all DHS components as acceptable but encouraged by leadership at all levels, communicated relentlessly to the workforce, and strongly embedded in the DHS culture. The committee’s vision of a transformed culture in DHS includes a culture of readiness and resilience that is in alignment with the DHS mission: a culture that promotes commitment, trust, and engagement through a strategy of sus-

tained cultural change. The committee has referred to culture throughout this report in terms of leadership, trust, engagement, and so on, these are all features of a core culture that will help to build and sustain a ready and resilient workforce.

A collective common core culture coupled with acceptance of diverse subcultures can lead to a sense of belonging for the DHS workforce as opposed to resistance to belonging. DHS must invest in creating a culture that includes building and sustaining trust and respect among leadership, the workforce, and the department and a commitment to leadership development and a strategy that promotes effective and open communication.

CONCLUDING OBSERVATIONS

Improvement in leadership, communication, and culture in DHS is an investment in the organization and the workforce that will fulfill the department's mission. It is important to remember that leaders create the culture and that culture drives organizational results (Gantner, 2012). Without those building blocks, DHS will not be able to grow to its full potential and employee morale and engagement will not improve. In the next chapter, the committee discusses the need for assessment, evaluation, and reporting that are integral to the development and monitoring of any workplace program, including measuring and evaluating leadership development and organizational communication.

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4

Measurement, Evaluation, and Reporting for Improved Readiness and Resilience

In God we trust, all others bring data.
—The Elements of Statistical Learning (Hastie et al., 2009)

Because of its critical mission, the Department of Homeland Security (DHS) requires a committed workforce that is ready and resilient (healthy, safe, engaged, and productive). However, DHS has a paucity of data and information available to inform the Department on issues related to health, safety, productivity, and quality of life, all of which lead to workforce readiness and resilience (WRR). To be successful in achieving its mission, DHS needs to establish a robust and valid measurement and evaluation infrastructure for diagnosing individual and organizational problems, tracking and monitoring program impacts, and evaluating overall success. DHS needs to abide by the maxim that data drive change and that what is measured is managed.

A state-of-the-art measurement and evaluation system is integral to the development and monitoring of any workplace program (IOM, 2005; Lester, 2013; NIOSH, 2008). That system will coordinate data collection, aggregation, analysis, and reporting. The data emerging from the system will help DHS to understand its needs, choose proper interventions, and examine whether the interventions produce the desired outcomes, including whether and where improvements can be made. DHS needs to support the development and maintenance of high-quality data aggregation and reporting systems and the content expertise necessary to extract intelligence from stand-alone and integrated databases. Effective measure-

ment of programs will produce important information on whether the programs are yielding improvements in health, morale, safety, and resilience. This feedback mechanism will, in turn, allow DHS to calculate the potential cost savings for the department in the form of improved worker productivity, reduced turnover, and possibly reduced health care use (Baicker et al., 2010; CDC, 2011).

This chapter reviews gaps in measurement, evaluation, and reporting related to workforce readiness and resilience in DHS and provides recommendations for improvement. This is a critical centerpiece of any program and will be crucial in helping DHS to determine whether it is meeting the goals laid out in its WRR strategic plan.

ORGANIZING FRAMEWORK

The measurement and evaluation strategy that DHS puts into place needs to be organized into three broad categories: structure, process, and outcomes (Goetzel and Ozminkowski, 2001). Working backward, DHS needs first to consider the intended outcomes of its human capital programs and how the outcomes can be measured. An effective measurement and evaluation strategy needs to consider the intervention programs' framework or structure, and how they are delivered to the target population. If, for example, increased workforce readiness and resilience are the goals, DHS needs to ask whether an intervention is evidence-based, adequately resourced, and supported by energetic leadership—that is, structured appropriately to deliver the “dose” necessary to achieve the outcome highlighted (Goetzel and Ozminkowski, 2001). Further, DHS needs to measure whether the program is well communicated, achieves high engagement rates, and is viewed favorably by its target audience—the various process measures necessary for eventual program success.

Specifically, program *structure* needs to be assessed in terms of the basic architecture or blueprint of each DHS program—its “inputs.” The evaluation of structure needs to focus on whether the program's critical components are in place according to plan, that is, an “audit” of program design compliance is needed (Goetzel and Ozminkowski, 2001). Questions asked in a structure assessment would include (1) What is the intervention?, (2) What is the expected outcome of the intervention?, (3) How is the program delivered to participants?, (4) What is the intensity of the program?, (5) Are core evidence-based program elements included in the de-

sign?, and (6) Are key measures in place to evaluate the intervention? (Goetzel and Ozminkowski, 2001). Those questions and others relevant to the specific program in question need to be asked and answered routinely. The answers can be delivered in the form of qualitative assessments complemented by administrative reports that are produced regularly to keep program managers current on the operation of the enterprise.

Process evaluation involves asking how well the program is being implemented—whether the execution of the program is progressing according to plan and whether operations and delivery systems are handled smoothly. Questions addressed by process evaluations include (1) How many people participate?, (2) How many are fully engaged in behavior change efforts?, (3) How satisfied are they with how the program is run?, (4) How do they feel about the people in charge?, (5) Which programs are best attended?, and (6) How many individuals successfully complete the programs? (Goetzel and Ozminkowski, 2001).

Outcome evaluation is used to round out the measurement and evaluation paradigm. Outcomes evaluation is focused on the extent to which program objectives are achieved within a given period (Goetzel and Ozminkowski, 2001). Essentially, the purpose of an outcomes study is to determine whether the program's goals and objectives have been satisfied according to plan. Program outcomes generally are in three broad categories: (1) improvements in the health and well-being of workers; (2) cost savings; and (3) performance enhancements. Therefore, key outcomes for DHS would include improved quality of life, cost-effectiveness and cost-benefit of interventions (return on investment or ROI), a more ready and resilient workforce, lower turnover, and higher morale and engagement.

Figure 4-1 presents a simple model of a workplace program measurement schema. The model shows various components of structure, process, and outcome measures that are important to capture in evaluating a comprehensive workplace intervention.

MEASUREMENT, EVALUATION, AND REPORTING IN THE DEPARTMENT OF HOMELAND SECURITY

DHS offers many program activities that are loosely tied to one another but no standardized mechanism for measuring and evaluating

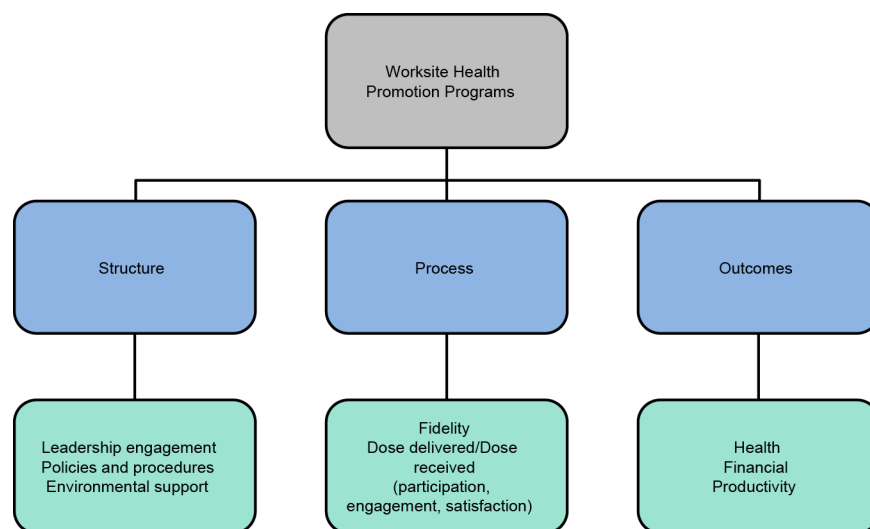


FIGURE 4-1 Model of a workplace program measurement schema.

SOURCE: Goetzel, 2013.

whether those programs work either individually or in combination with one another. There has been a tendency for DHS and its components to respond impulsively to perceived workforce health or resilience issues. New programs are often created without regard for measurement on the front or back end. Thus, there is no diagnostic analysis to justify specific interventions and no consistent method for evaluating program effects.

For example, *DHSTogether* was created in 2009 in response to low employee morale, as reported by the Federal Employee Viewpoint Survey (FEVS) (Green and Perkins, 2012; IOM, 2012). DHS and its components have taken steps to understand the root causes of low morale, but the Government Accountability Office (GAO) (2012a, p. 19) found that “DHS and the selected components conducted limited analysis in several areas that is not consistent with OPM [Office of Personnel and Management] and Partnership guidance that lays out useful factors for evaluating root causes of morale problems through FEVS analysis.”¹ The component agencies also developed action plans to address morale, which are reviewed by the Office of the Chief Human Capital Officer (OCHCO).

¹The committee and the Government Accountability Office are referring to root cause analysis at the organizational level because root cause analysis at the individual level would be time and resource intensive to identify and address.

DHS was not able to share the action plans, so the committee cannot comment on whether the plans are actionable and measurable. However, on reviewing the action plans, GAO (2012a) found that

despite having broad performance metrics in place to track and assess DHS employee morale on an agency-wide level, DHS does not have specific metrics within the action plans that are consistently clear and measurable. As a result, DHS's ability to assess its efforts to address employee morale problems and determine if changes should be made to ensure progress toward achieving its goals is limited.

Another GAO (2012b) report reviewed the DHS Workforce Strategy (DHS, 2011) and found that “although DHS began taking positive steps for managing strategic workforce planning in 2011, DHS officials have not yet taken steps to implement an effective oversight approach for monitoring and evaluating components' progress in implementing strategic workforce planning.” The analysis identified performance measures that reported on only 2 of the 15 elements in DHS's strategic workforce planning model (GAO, 2012b). OCHCO, which oversees the data collection relevant to the workforce strategy, informed the committee that the office has faced challenges in collecting the data outlined in the performance measures and therefore has incomplete data at this time.

The committee frequently heard in discussions with and presentations from DHS staff that new programs are often implemented without built-in metrics for accountability and evaluation (Green, 2013; Green and Perkins, 2012). No agency or organization, including DHS, can create programs without regard for baseline measurement or built-in metrics for program evaluation. In the current fiscal climate, programs need to be created to address critical organizational needs and evaluated to ensure that they are meeting the needs. The measurement strategy that DHS uses needs to provide visibility at the highest level of the organization through data-driven reports that draw a straight line to program resource allocations. In short, the metrics that DHS chooses must be linked to its primary mission—protecting the homeland.

During the committee's information-gathering process, OCHCO was asked to present available data on the DHS workforce. After a panel

discussion with representatives of several offices in OCHCO,² it became clear that DHS does not have a good understanding of what data are available, how the existing data are currently being used around the department, how the data could potentially be used, and how many of the data that are collected are not readily available to them because of rules and silos. DHS uses few tools and data points to assess the readiness and resilience of its workforce. The department relies heavily on the FEVS to identify workforce health and resilience issues that need to be addressed. The FEVS can be a powerful management tool to identify strengths and weaknesses, but it is a blunt instrument—it informs leadership about what employees do and do not like but not about why or what the root causes of the problems might be.

The FEVS also does not provide information on other important measures crucial to the success of DHS operations, such as employee health and well-being (physical, mental, social, financial, intellectual, and spiritual), health care use, absenteeism, presenteeism, disability, safety, or retention. DHS does collect data on some of those areas, including absenteeism, disability, occupational injury, and retention (see Box 4-1 for a list of DHS data sources available to OCHCO). However, the data come from a variety of sources (headquarters offices, directorates, and operational components) and are not actively integrated or analyzed for the purpose of measuring workforce readiness or resilience. That makes a current-state analysis difficult. In addition, DHS informed the committee that it does not have, or has not pursued the ability to have, access to data related to

- Health risk assessments (HRAs)³
- Medical costs—health care claims information from OPM is not available to federal agencies
- Disease incidence and prevalence
- Health care utilization
- Biometric or laboratory values

²The panel in the February 2013 committee meeting included the human resources specialist for workforce engagement, the department safety and health manager, the program manager of human capital policy and programs, the program manager and policy advisor for the workers compensation program, the personnel research psychologist for human capital policy and programs, and the human capital business systems reporting team lead for Human Resources Information Technology (HRIT) operations, all of whom are housed in OCHCO.

³The US Coast Guard collects such information on active duty personnel.

- Performance and presenteeism
- Psychosocial risk factors, such as stress and depression
- Long- and short-term disability
- Worker compensation and safety (minimal data available to DHS, but the data are collected by the federal government) (Green, 2013)

BOX 4-1

Summary of DHS-Wide Data Sources Available to the Office of the Chief Human Capital Officer (OCHCO)^a

Workforce demographics on age, gender, geographic location, time with agency, time in service, veteran status, job type, pay level (from the National Finance Center [NFC])

Turnover from NFC, including intent to leave (from FEVS); reasons for leaving (exit survey—response rates vary and participation is voluntary; Transportation Security Administration and US Secret Service administer their own)

Sick and annual leave, although detailed information (e.g., types of sick leave) needs to be requested from component agencies and may be subject to privacy considerations

Federal Employee Viewpoint Survey results (from the OPM)

Equal Employment Opportunity complaints—complaints, 462 report[s] to the Equal Employment Opportunity Commission

Workers' compensation from the Department of Labor (DOL) Office of Workers' Compensation, cross-referenced with DHS component systems

Accidents and injuries, including line-of-duty deaths (from DOL, component systems)

Health and safety program quality and implementation (onsite assessments)

OCHCO relies on data calls to DHS component agencies for

- employee assistance program reports
- suicide numbers
- employee relations cases
- cross-referencing for other measures

^aAs presented to the committee.
SOURCE: Green, 2013.

The Office of Health Affairs (OHA), which has responsibility for overseeing the *DHSTogether* program, does not conduct systematic measurement activities related to readiness and resilience. A few of the pilot programs have some basic evaluation built in (such as the new Strong Bonds program), but it focuses on employee satisfaction. The US Coast Guard (USCG) has been funded by *DHSTogether* to run a pilot program that will use the Navy Stress Assessment tool,⁴ which aims to identify rapidly the stress levels of command personnel before stress affects job performance (Green and Perkins, 2012). It is a preventive health workforce tool, and is administered to help in early detection of employees' stress and stress-related problems. Pilot program managers plan to work with the tool's Navy creators to modify the tool to meet USCG's needs (Green and Perkins, 2012). If the program is successful, OHA plans to test the tool in law enforcement component agencies (Green and Perkins, 2012). Although that interagency agreement has been in the works for almost a year, little progress in modifying the tool has been made. Component agencies independently conduct some data-gathering activities—such as focus groups, town halls, exit surveys—and compile suicide rates, but the efforts vary widely among components, and each component has a different level of interest and capabilities for data analysis.

Throughout the agency, there are probably some best practices for data gathering and analysis. For example, during its information gathering the committee heard from David Tumblin, the Director of Human Capital Strategy and Technology in the Immigration and Customs Enforcement (ICE) Human Capital Office, about an evaluation of the 2012 FEVS data to identify the top five drivers of overall satisfaction and dissatisfaction in its component (see Box 4-2). The work that his group is undertaking is impressive, and is a good example of processes and practices that other component agencies could learn from.

How the data available to DHS inform workforce readiness and resilience is unclear. DHS and its component agencies have created many programs focused on improving employee resilience and morale with nothing to connect them, no sense of what is working, and limited rationale for existence of such programs. Altering root causes to create a ready and resilient workforce is challenging, because the factors are often

⁴The Navy Stress Assessment tool is a joint effort of the Navy's Operational Stress Control team: Navy Personnel Research, Studies and Technology, and the Defense Equal Opportunity Management Institute.

BOX 4-2**Use of Federal Employee Viewpoint Survey Data to Identify Top Drivers of Workforce Satisfaction in Immigration and Customs Enforcement**

The Office of Human Capital, Strategy and Technology (HCT) in Immigration and Customs Enforcement (ICE) now reviews and deciphers ICE's responses to FEVS. Six in 10 ICE employees completed the survey, a total of 11,400 individuals, which enabled ICE to analyze the data in a statistically valid manner. Because the Office of Personnel Management did not release the raw FEVS data, ICE used statistical methods to derive the top five drivers of overall satisfaction and dissatisfaction for the three organizations that comprise 90 percent of ICE's workforce.

From these top drivers the analysis included information gathered from agencywide Town Hall meetings to inform the questions around the drivers. Subsequently, HCT held approximately six focus groups in each of the three large organizations within ICE, including departments that had high satisfaction ratings and low satisfaction ratings.

Following these focus groups, HCT administered pulse surveys to measure whether or not employee feedback and data collection are making an impact on overall employee satisfaction.

SOURCE: Tumblin, 2013.

woven into the fabric of the institution and causal pathways can be complex. Regardless, this type of assessment is essential for ensuring that the programs implemented can make a difference. If evaluation is not built into initial program development, there can be no continuous improvement. DHS has not identified commonalities among the various staff levels, job types, or locations in DHS that can be measured across components. Without a common set of measures, the agency cannot compare these groups. In addition, because of a lack of a vision statement and well-defined objectives, it is not clear what the goal of the DHS resilience program should be—without that, there is no measurement and thus no clear path.

MEASUREMENT AND EVALUATION—ESSENTIAL ELEMENTS OF SUCCESSFUL WORKPLACE PROGRAMS

Measurement and evaluation needs to be “built in” to any organizational efforts that aim to improve the health, well-being, resilience, morale, and safety of the workforce. The National Institute for Occupational

Safety and Health (NIOSH) *Essential Elements of Effective Workplace Programs* (2008) framework underscores the need for evaluation of comprehensive worksite programs, practices, and policies and to “hard code” measurement into environmental and individual programs aimed at preventing disease and promoting health and safety. The NIOSH framework identifies four actions related to measurement and evaluation: (1) find and use the right tools; (2) adjust the program as needed; (3) measure and analyze; and (4) learn from experience (see Box 4-3 for a description; NIOSH, 2008). Those actions imply the need to collect baseline data before a program is conceived, to align measurement systems with program objectives, to leverage integrated data to gain a full picture of program effects, to report findings in ways that are easily

BOX 4-3
NIOSH Total Worker Health, Measurement,
and Evaluation Elements

Find and use the right tools. Measure risk from the work environment and baseline health in order to track progress. For example, a Health Risk Appraisal instrument that assesses both individual and work-environment health risk factors can help establish baseline workforce health information, direct environmental and individual interventions, and measure progress over time. Optimal assessment of a program’s effectiveness is achieved through the use of relevant, validated measurement instruments.

Adjust the program as needed. Successful programs reflect an understanding that the interrelationships between work and health are complex. New workplace programs and policies modify complex systems. Uncertainty is inevitable; consequences of change may be unforeseen. Interventions in one part of a complex system are likely to have predictable and unpredictable effects elsewhere. Programs must be evaluated to detect unanticipated effects and adjusted based on analysis of experience.

Measure and analyze. Develop objectives and a selective menu of *relevant* measurements, recognizing that the total value of a program, particularly one designed to abate chronic diseases, may not be determinable in the short run. Integrate data systems across programs and among vendors. Integrated systems simplify the evaluation system and enable both tracking of results and continual program improvement.

Learn from experience. Adjust or modify programs based on established milestones and on results you have measured and analyzed.

SOURCE: NIOSH, 2008.

understood and actionable, and to make changes in response to the data analyses. The key factors are to determine the data needed for measurement and evaluation, where the data reside, whether new data need to be collected to address information gaps, how the data should be managed, and the frequency of reporting to decision makers. A structure self-assessment tool adapted from the NIOSH *Essential Elements* guidelines can be found in Appendix E. The tool can be used by WRR and component agencies to identify needed improvements to include in strategic plans. Ideally, this type of evaluation would be conducted through group discussions, which the committee believes would encourage more realistic evaluations than having a single individual completing the survey. Such groups could consist of representatives with responsibility for relevant subjects (such as health, wellness, and human capital) who are assembled by the administrator of WRR and component agency heads.

Basic Questions of Evaluation

A distinction can be made between measurement and evaluation. Measurement implies tracking of data that are essential for running a program effectively, usually derived from administrative systems and presented in the form of “dashboard” reports. Evaluation involves stepping periodically and asking some fundamental questions such as, Is the program working and is it worth the time, effort, and expense? Is DHS getting sufficient value from the program? If yes, maintain or even enhance the program. If no, fine tune or eliminate it.

In developing an evaluation framework, DHS needs to develop a clear and cogent research agenda that addresses specific questions one at a time. DHS needs to answer the broad question, Is the program successful in meeting its intended goals? That broad question can be broken down into its components that can be tested empirically, that is, verifiable from observation or experiment. For example, a more specific question can be phrased as, Was the readiness and resilience program successful in lowering absenteeism rates of employees at intervention worksites?

To help DHS approach the task of measurement in simple language, the following nine questions are offered as ones that could be asked and answered before an evaluation project is undertaken (Goetzel and Ozminkowski, 2001):

1. What do we want to *know*? What is the evaluation question that we are attempting to answer? What problem are we trying to solve? (*Focusing Question*)
2. What will the answer or solution to the problem *look* like? What do we expect to happen as a consequence of the intervention? How much of a program effect will we see? (*Hypothesis*)
3. How will we *see* it? What is the basic design of our study? (*Design*)
4. How will we collect and *record* the data? What instruments will we use? What will the research database contain? (*Measures*)
5. How will we *categorize* and analyze the data? How will the tables and graphs be constructed? What categories of data will be developed? What statistical techniques will be applied? (*Data Analysis and Results*)
6. How will we *affect* the data? Do we have a stake in study outcome? What can we do to minimize bias? What explicit limitations should be stated beforehand? (*Limitations*)
7. What will we *infer* from the data? What are the implications for action given alternative study outcomes? (*Discussion*)
8. What will we *find* out that we did not already know before we started? What is the “so what?” question being addressed? (*Conclusions*)
9. What can we *do* with the information we learn—what are the implications for action? (*Implications*)

Answering the above questions early in the process of establishing a measurement and evaluation framework will guide the efficient use of resources. It is generally recommended that about 5 to 10 percent of a program's budget be devoted to measurement and evaluation activities (Frankel and Gage, 2007; Goetzel and Ozminkowski, 2001; International Federation of Red Cross and Red Crescent Societies, 2011; W.K. Kellogg Foundation, 2004; World Health Organization, 2009).

Developing Logic Models

An organizing structure or logic model is needed in considering key elements of an evaluation framework. The logic model is a theoretical construct that shows how an intervention is likely to influence particular outcomes and presents critical pathways and measures for testing

hypotheses. Figure 4-2 shows a logic model of worksite health promotion that was developed by the Centers for Disease Control and Prevention (CDC). The model highlights the importance of a combination of individual and environmental interventions as part of a comprehensive workplace program. The program as a whole is assessed by using a structural analysis to determine whether the key components of the program are in place.

Merely making the program available to employees is not sufficient for achieving the listed outcomes. Individuals must be aware of the program, participate in it, and be satisfied with component parts and the people running the program. Those are the process variables in the model. The expectation that “if you build it, they will come” does not always hold true. The program must be attractive, accessible, and satisfying for it to be effective.

The last set of model elements focuses on outcomes. Workers exposed to the program must become engaged in it, be motivated to change their health behaviors, and become more knowledgeable about when to use the services available. This, in turn, will lead to adoption of healthy lifestyles, improved physiological measures (such as measures of blood pressure, cholesterol, glucose, and weight), improved psychological health (such as reduced stress and depression), a reduction in risks of common illnesses (such as heart disease and cancer), and

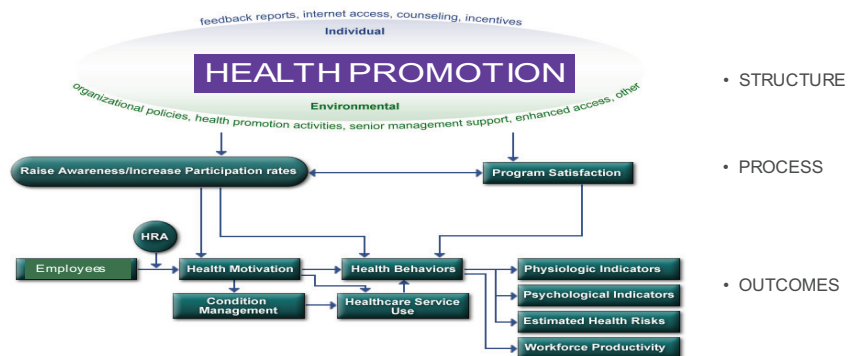


FIGURE 4-2 Logic model for worksite wellness programs.
SOURCE: Adapted from Soler et al., 2010.

finally improved productivity. The model provides a checklist of items that need to be measured and the sequence of events, with arrows indicating the need for structural changes, which lead to process improvements and finally to the desired outcomes.

A more complex logic model of workplace programs is shown in Figure 4-3. Using a more detailed schema of causes and effects, the model highlights the various elements that ideally would be measured in evaluating a comprehensive program. As above, this model can be used to establish a checklist of measures to be collected and analyzed to determine program effectiveness. It also introduces the dimension of time so that realistic expectations can be set as to when particular outcomes are expected to occur.

Bringing Together Key Stakeholders

Within DHS, individual decision makers may have different criteria for program success that are based on their expertise and responsibilities in the organization. For example, the personnel director may wish to reduce absenteeism, the human resources professional may wish to reduce

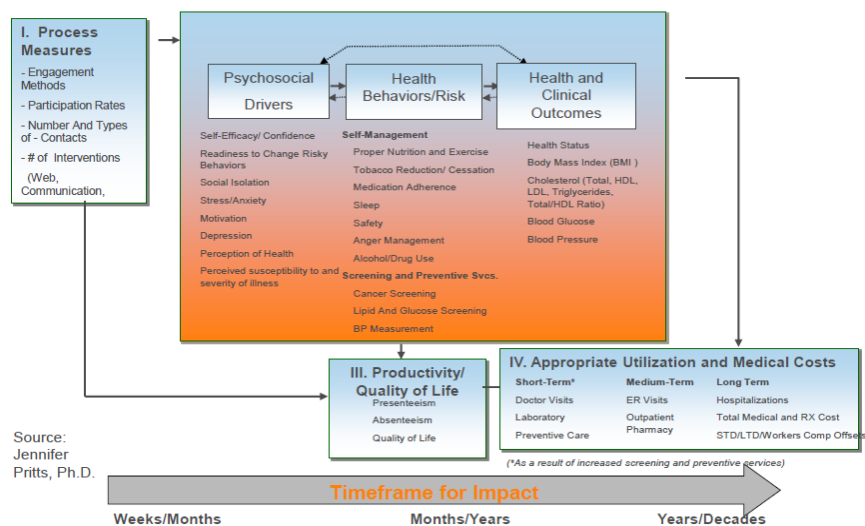


FIGURE 4-3 Model of wellness program impacts.
SOURCE: Care Continuum Alliance, 2010.

turnover and attract the best talent, the medical director may wish to prevent accidents and manage illnesses, and the administrator may wish to improve employee ratings of the agency. It is important to bring key decisionmakers together so that a consensus opinion can be formed on conceptual and operational definitions of program success. In building consensus in this diverse group, DHS must first understand the reasons that each person has for introducing workplace programs to employees and how each person expects the programs to benefit the department. This process should culminate in articulation by those assembled specific quantifiable and measurable outcomes of the program and in a reasonable timetable for reporting results back to department leaders.

The Importance of Data Integration

In large organizations, data are often collected with disparate systems. However, the ability to connect data in an integrated fashion allows program managers to gain better insight into organizational problems and facilitates holistic and efficient monitoring of programs. For example, at the committee's second meeting, Major Paul Lester (2013), Director of the US Army Analytics Group Research Facilitation Team, discussed his experiences with and lessons learned from the Army's work on data integration (see Box 4-4 on requirements for successful data integration). The Army uses a hypermassive database, the Person-Event Data Environment, which includes employee data from throughout the Department of Defense (DoD) (Cornum et al., 2012). From that database, the Army is able to compare results from its Global Assessment Tool (GAT), a measure of resilience and psychological health, with results in other DoD components and look for positive and negative behavioral outcomes (Cornum et al., 2012).⁵ On the basis of his experience, Lester discussed the need to create a measure that is "common to all" in DHS. To achieve that, he suggested reducing the number of surveys and creating a single survey that would measure variables related to the desired outcome. The survey could have different

⁵The creation of the architecture for the Army's system, the Person-Event Data Environment, has cost about \$12 million and took approximately 8 years to develop (it was initially built in 2006 and is expected to be fully operational in March 2014) (Lester, 2013).

BOX 4-4
Requirements for Successful Data Integration

1. Data collection, management, and reporting according to agreed-on protocols and standards.
2. Longitudinal tracking of data among all centers and the agency as a whole.
3. A plan for integration of data from all parts of the organization(s).
4. Data sets converted to an easily used format that is syntactically and semantically comparable.
5. Senior leadership emphasis and participation (mandatory participation if possible).
6. A culture that prioritizes data integration and analysis.
7. Data collection, integration, staging, and analysis platforms.
8. Personnel to undertake the integration.
9. Data analysis team(s).
10. Governance.

SOURCES: IOM, 2005; Isaac, 2013; Lester, 2013; NRC, 2010.

versions for specific populations. The GAT has five versions for distinct populations and purposes, which include Army family members, Army civilians, basic trainees, and testing and evaluation. The supplemental GATs are voluntarily completed and analyzed in addition to the Army's analysis of the mandatory GAT completed by military personnel (active duty, Reserve, and National Guard) (Lester, 2013). Lester stressed the importance of measuring baselines and conducting longitudinal analysis. He also emphasized that to analyze the data and make them useful, the ability to evaluate data effectiveness must be built into programs from the beginning.

Another federal government example of successful workforce data integration is the effort of the National Aeronautics and Space Administration (NASA). Faced with budget and staffing cuts, NASA launched a Strategic Human Capital Architecture framework to define the key aspects of human capital management (Partnership for Public Service, 2005). Learning from the past mistake of a decentralized workforce planning system, NASA implemented a "structured, four-step process for integrating strategic workforce planning with every other aspect of the agency's overall management agenda" (Partnership for Public Service, 2005). The process is executed through the agency's Human Capital Management website, which makes workforce planning best practices available to NASA managers and employees. The Human Capital

Management website includes a “complete workforce planning guide, as well as detailed workforce analysis reports, analytical tools for examining current and past workforce characteristics, and forecasting tools for determining future workforce trends within NASA and across the entire labor market” (Partnership for Public Service, 2005). In addition to the Human Capital Management website, NASA established a Competency Management System, which allows managers to measure, monitor, and manage employees and external resources and enables them to find NASA employees who have specific expertise needed for particular projects and programs (Partnership for Public Service, 2005). That approach to data collection, integration, and analysis has improved the NASA workforce and helped to increase NASA’s ranking among agencies in the FEVS (NASA was ranked second among all agencies in the 2012 survey) (OPM, 2012).

In a private-sector example, Johnson & Johnson has worked to create a framework to identify and assess environmental, health, and safety (EHS) programs (Isaac, 2013). The framework, the Management Action and Assessment Review System (MAARS), compares current EHS programs with standards set by Johnson & Johnson; there is a built-in external assessment every 3 years (Isaac, 2013). To support MAARS and the organization’s overall commitment to employee health and wellness, Johnson & Johnson tracks utilization of health services (via the electronic medical records of onsite company clinics)⁶ to monitor the overall health and wellness of employees. The company has also implemented a Global Health Assessment tool that is accessible through the Johnson & Johnson intranet. Through information entered annually by each Johnson & Johnson location, the Global Health Assessment tool produces an action plan, a recommendation, or a congratulatory note on the basis of how well a given location’s goals have been reached that year (Isaac, 2013). The Global Health Assessment tool is used by each location according to a companywide set of standards; this enables the company to have greater centralization of workforce data and a clearer picture of the health of the workforce at large. Both the Global Health Assessment tool and MAARS use employee data in an integrated and statistically based way to help the company to reach EHS program goals (Isaac, 2013).

In any style of program, there is an overall need for a framework from which an organization can develop plans, policies, and procedures

⁶This type of clinical data is not yet available to federal agencies.

for data integration; and there needs to be emphasis by and participation of senior leadership to achieve successful data integration. Data integration can be highly technical and labor-intensive, so it requires specific technical expertise. Similarly, once data are drawn together, there is a need for multidisciplinary teams that have expertise in data analysis. There also needs to be a governance model that directs data collection, integration, and use (Acquisition Solutions, 2009; IOM, 2005).

While recognizing that “data integration can be a herculean effort,” requiring adequate resources, time commitment, and political will, and the ability to reuse data for a variety of purposes, it will result in time and monetary savings in the long run (Lester, 2013). Furthermore, data integration can be done in incremental steps, dividing the work and cost over several years while moving the project forward (Lester, 2013). In his work with the Army, Lester found that “about 60 percent of time and financial resources were spent in planning to collect data, collecting data, cleaning data, and staging data,” whereas the analysis consumed about 40 percent of the time (Lester, 2013).

An integrated data system can drive business strategy by contributing judgment to organizational decision making (for example, where investments should be made) and can provide accountability, improvement, and surveillance (Pronk, 2005). Applying business analytics to support decisions—through data analysis that allows the production of workforce profiles of health and productivity, hiring and attrition data, and employee perceptions—helps to guide actions in addressing future workforce needs. Metrics can also support accountability. OPM is creating a medical data warehouse that will provide federal agencies new types of data to work with (OPM, 2010).⁷

What Should Be Measured?

Tracking too few performance measures makes it difficult to get a snapshot or high-level view of the workforce, whereas tracking too many

⁷In 2010 OPM began its Health Data Warehouse (HDW) project to collect, maintain, and analyze claims data from federal employee health benefit carriers and pharmacy benefit managers. “One of the goals of the data warehouse is to enable OPM to approach the design and management of federal benefits in a more holistic way. For example, the data warehouse will facilitate OPM’s effort to develop worksite wellness programs to improve Federal workers health and lower costs over time. Determining the best approaches for these programs and their long term return on investment requires careful analysis of the data captured in the data warehouse” (OPM, 2010).

measures can cause an organization to lose sight of which measures contribute to meeting strategic objectives and can add noise to the system. In addition, collecting data can be expensive—both in dollars spent and in staff time spent analyzing and reporting the data. Thus, it needs to be determined which top 10 measures need to be tracked routinely (for examples, see Box 4-5). They should include key structure, process, and outcome measures collected at the organizational and individual level. Individual data on health, well-being, health care utilization and cost, disability, absence, productivity, safety, engagement, and burnout can be aggregated at the group, component, and organization level. When identifying data collection points, DHS and its component agencies need to ensure that legitimate criteria for defining achievement are identified, to know what it will look for to meet identified goals, and to justify seeking to change or add programs.

BOX 4-5
Examples of Measures That Could Be Used Throughout
the Department of Homeland Security for
Readiness and Resilience

1. Awareness of key health issues (physical, mental, social, financial, and intellectual).
2. Participation and engagement in programs and initiatives.
3. Improved attitudes toward employer and leadership.
4. Behavior change.
5. Risk reduction (off physical and mental disorders).
6. Health care utilization (hospital admissions, emergency room visits, doctor visits, prescription fills).
7. Health care costs (per capita spending).
8. Absenteeism and disability (costs in days and dollars).
9. Safety and worker compensation (incidents and costs).
10. Productivity (presenteeism, performance rating, recruitment, and retention).

Organizational measures can be constructed by using climate scales that are widely available and tested, including⁸ the Health Enhancement Research Organization (HERO) Employee Health Management Best Practice Scorecard (HERO Scorecard), the CDC Worksite Health ScoreCard, the National Business Group on Health WISCORE (Wellness Impact Scorecard), OPM WellCheck, and the Samueli Institute Optimal Healthy Environments in the Workplace Assessment (CDC, 2012; Goetzel and Terry, 2013; HERO, 2012; NBGH, 2013). The Campbell Occupational Survey (COS) could also be useful. The COS addresses the essential factors that define employees' perceptions of their work and workplace; it measures factors that are valid throughout the hierarchy of positions and across occupational groups. Another useful example is a tool developed for Johnson & Johnson, the Health and Performance Index (HaPI), which taps into individual and organizational health issues. The HaPI combines measures of health, productivity, well-being, leadership effectiveness, and culture of health and program sustainability (it also includes two questions from the Connor-Davidson Resilience Scale). It can provide a scorecard and be used to benchmark against other companies (Isaac, 2013). (See Box 4-6 for excerpts from HaPI.) DHS could use one of those tools and add or subtract specific measures, depending on the goals adopted for WRR or individual needs of components. For example, DHS could add questions from individual or organizational resilience assessment tools (for example, Connor and Davidson, 2003, and Wagnild, 2009).⁹ The National Prevention, Health Promotion, and Public Health Council (2013) annual report states that OHA, in conjunction with OCHCO, will pilot an HRA tool for OHA employees (about 90 full-time employees); OHA could consider using one of the above tools in the pilot.

Organizational resilience can be thought of as resulting from three overarching factors: growth, competence, and efficacy (Vogus and Sutcliffe, 2007). The committee reviewed the questions in the FEVS and grouped the ones most relevant to WRR into those three categories (see Box 4-7). Because the FEVS is the main source of data available to all component agencies, in the first few years of the WRR strategic plan

⁸None of these is a "resilience" scales or scorecard, but they do address health, wellness, and organizational factors, which, as discussed in Chapter 2, are protective factors that fall under the umbrella of readiness and resilience.

⁹These resilience scales are for use at the individual level. There are no widely accepted resilience-specific assessment tools for use at the organizational level.

BOX 4-6**Excerpts from the Johnson & Johnson Health and Performance Index
(Excerpts from Section to Be Filled Out by Employees)****About Your Health**

- Would you say that in general your health is. . . ?
- In a typical week, what is the average amount of time you spend doing moderate-intensity physical activity?
- How many hours of sleep do you usually get in a 24-hour period?

About Your Job

- My organization cares about my health and well-being.
- My organization's leaders view the level of employee health and well-being as one important indicator of the worksite's success.
- My organization offers incentives for employees to be healthy.

About Your Work

- During the past 4 weeks, how much did your health problems affect your productivity while you were working?
- At my work, I feel bursting with energy (select on a scale of 0–6).

Excerpts from section to be filled out by the organization (*completed by one person in charge of health and human performance at the organization—individuals are encouraged to gather information from others in the organization knowledgeable about each section that follows*):

Program Measurement and Evaluation

- Has your health and human performance program been evaluated?
- What issues were evaluated?
- About how many employees were included in the evaluation/s?

Program Components

- Indicate whether or not in the past 12 months your organization had in place each of the following programs, policies, and environmental supports for a healthy lifestyle.
 - Have written goals and objectives for the health and human performance program.
 - Provide subsidies for gym or health club memberships.
 - Provide coverage for smoking/cessation counseling, medications, or nicotine replacement therapy.

Leading by Example (*Indicate the extent to which you Disagree or Agree with the following statements. Please note: consider "leadership" as those in position to influence health and human performance related activities and policies at your organization.*)

- Our organization's health and human performance programs are aligned with our organizational goals
- Our leadership shares information with employees about the effect of employee health on overall organizational success.

SOURCE: Johnson & Johnson, 2013.

BOX 4-7

Federal Employee Viewpoint Survey (FEVS) Questions on Readiness and Resilience

Numbers below are question numbers in the 2012 FEVS

Growth items

1. I am given a real opportunity to improve my skills in my organization
8. I am constantly looking for ways to do my job better
27. The skill level in my work unit has improved in the past year
43. My supervisor/team leader provides me with opportunities to demonstrate my leadership skills
46. My supervisor/team leader provides me with constructive suggestions to improve my job performance
47. Supervisors/team leaders in my work unit support employee development
48. My supervisor/team leader listens to what I have to say

Competence items

3. I feel encouraged to come up with new and better ways of doing things
21. My work unit is able to recruit people with the right skills
29. The workforce has the job-relevant knowledge and skills necessary to accomplish organizational goals
36. My organization has prepared employees for potential security threats
39. My agency is successful at accomplishing its mission

Efficacy items

2. I have enough information to do my job well

- 7. When needed I am willing to put in the extra effort to get a job done
- 9. I have sufficient resources (for example, people, materials, budget) to get my job done
- 14. Physical conditions (for example, noise level, temperature, lighting, cleanliness in the workplace) allow employees to perform their jobs well
- 20. The people I work with cooperate to get the job done
- 26. Employees in my work unit share job knowledge with each other
- 30. Employees have a feeling of personal empowerment with respect to work processes
- 58. Managers promote communication among different work units (for example, about projects, goals, needed resources)
- 59. Managers support collaboration across work units to accomplish work objectives
- 61. I have a high level of respect for my organization's senior leaders
- 62. Senior leaders demonstrate support for Work/Life programs

SOURCE: Questions excerpted from OPM, 2013a.

data from the FEVS can be analyzed at the lowest level available throughout the department (generally by physical location within a component). This more manageable core set of questions (the 2012 FEVS included 98 questions) can be used by all DHS component agencies to provide a benchmark for improvement. Some of the other FEVS questions may also contribute in important ways (for example, questions on trust and respect), DHS will have to align the questions that it decides to use with identified goals and objectives.

The committee suggests a mixed-methods approach to data collection that is needed for multifaceted change. Qualitative research can play a role in this approach with the goal of providing timely and useful information that can inform adjustments as needed. Underlying (and hidden) concepts and worker ideas and reactions can be captured from meeting notes and group discussions. These data can be collected at the component agency level and added to the quantitative data collected to obtain a more complete picture of what is working best and under what conditions and what might need to be changed to arrive at the desired outcomes. Workers can contribute to critical thinking about the overall goals and processes of the change strategies, and this will increase their investment in the change. That would provide information on the overall organizational climate and how opportunities align with the intrinsic career motivations and capacities of the workforce.

Continuous Improvement

Measurement and evaluation are critical for ensuring continuous improvement, which is one of the NIOSH essential elements (“learn from experience”). Continuous improvement is the adjustment or modification of programs on the basis of established milestones and results that have been measured and analyzed. It includes a focused effort to make improvement through additional tests of change. One approach is a rapid cycle improvement strategy, such as Plan-Do-Study-Act (PDSA) (Langley et al., 1996, 2009). In that strategy, objectives and predictions about outcomes are identified, and a plan to carry out the remainder of the cycle (who, what, where, and when) is created. As the plan is carried out, data are collected and used to identify potential problems. Time is then set aside to analyze the data and look at outcomes to track progress and identify needed improvements. Finally, the analyses are acted on with needed adjustments of the initial plan that are based on the outcomes. The cycle then begins anew to monitor and improve continuously. Incorporating a method for ongoing surveillance is critical for gaining a comprehensive understanding of underlying drivers of workforce readiness and resilience.

Special Considerations Related to Law Enforcement

A substantial number of DHS components are involved in law enforcement (about 50 percent). Law enforcement personnel are frequently exposed to traumatic events that may lead to pathogenic outcomes such as acute or posttraumatic stress disorder, that erode individual resilience and readiness. In some departments, traumatic events (often termed *critical incidents*) are recorded in a database. That allows departments to rank such events in terms of severity and to be better informed about what sorts of action to take if an employee is so exposed. Organizational trust is essential in law enforcement resilience, so it is important for personnel involved in traumatic situations to be informed of the reasons for recording a particular event. An additional method of preventing pathogenic outcomes is to train supervisors in behaviors and symptoms of undue stress or post-traumatic stress disorder. Often, behavioral changes include changes in personality, decreased performance, work absence, increased alcohol use, and poor hygiene. Supervisors trained in this area

can assess the degree of difficulty that an officer is having and take appropriate action to remedy the situation.

ADDRESSING THE GAPS

Measuring health-improvement processes, understanding their relationship to the well-being of an organization, and designing effective interventions all rely on collecting understandable, valid, timely, accurate, and integrated data. Collecting appropriate data to understand critical issues can also help to bring top leadership support, something that the current resilience program needs. DHS is not using data to diagnose the needs of its workforce and is not measuring progress in addressing those needs. DHS does not collect the necessary data, so it is impossible to tell where resources should be invested (specific interventions). A key role that DHS leadership can play is to put forward a measurement and evaluation framework to inform the long-term strategy.

The committee finds that DHS lacks a strategy, a framework, and a common set of metrics that promote, sustain, and monitor employee readiness and resilience, and ultimately program effectiveness. DHS and its components thus lack a comprehensive, consistent, coherent, meaningful top-to-bottom view of the readiness and resilience of the DHS workforce.

Recommendation 6: Develop and implement a measurement and evaluation strategy for continuous improvement of workforce readiness and resilience in the Department of Homeland Security.

The Department of Homeland Security should design and implement an ongoing measurement and evaluation process to inform and improve employee and organizational readiness and resilience initiatives. This will support planning, assessment, execution, evaluation, and continuous quality improvement of the strategic plan. Before the introduction of any new measures or the collection of any new data, DHS should access and analyze existing workforce data.

Characteristics of the evaluation strategy should include

- a. A focus on structure, process, and outcome measures.
- b. Implementation of a standardized core set of measures to be used DHS-wide.
- c. Establishment of a baseline database for diagnostic and prescriptive purposes.
- d. Establishment of clear program goals, with associated timelines, that can be tracked and monitored using DHS's measurement and evaluation system.
- e. Conducting ongoing assessment of program implementation, with regular quarterly reports on progress.
- f. Use of evidence to inform resource allocation and reallocation.
- g. Regular communication and dissemination of findings among components.
- h. Submission of an annual measurement and evaluation report to the Secretary (see Recommendation 2).

The committee recognizes that this will require senior executive intervention to make data that have already been collected available for this purpose, that new data collection will be needed, and that all data elements should be integrated. The annual report to the Secretary should include data on the structural, process, and outcome changes outlined in this chapter, for example:

- Structural changes—a composite score of organizational culture scores that uses a subset of FEVS items or an external tool, like the CDC Worksite Health Scorecard (CDC, 2012).
- Process changes—a score that indicates employee engagement, morale, leadership support, and satisfaction with the workplace (FEVS subset of items or a separate survey).
- Outcome changes—with a focus on self-reported health improvements (stress, depression, obesity, smoking, blood pressure, cholesterol, glucose, body mass index, alcohol use, and physical activity), productivity changes (absenteeism, disability, safety, and presenteeism), and medical costs (expenditure per employee per year).

This chapter has provided a measurement framework. DHS needs to work with components to identify the core measures to be used through-

out DHS on the basis of goals adopted for WRR and in alignment with the mission. Component agencies will need to identify other measures or data points on the basis of their unique needs and goals to complement the core measures identified for use DHS-wide.

The committee recognizes that members of the DHS workforce may view the collection and analysis of some types of data outlined in this chapter in an unfavorable light, and this could potentially further diminish morale. As discussed in Chapter 3, it is imperative that DHS maintain an open conversation with the workforce, especially regarding these efforts. It will be important for DHS to demonstrate genuine concern for the workforce, communicate how building WRR directly benefits employees, and openly discuss and address any concerns that may arise. The committee believes that such open communication will garner workforce support for these efforts and help to embed a culture of resilience within DHS.

As with anything that needs improvement—measurement and evaluation are not exceptions—leadership needs to be the role model and set the pace for the endeavor to be successful. As noted, programs anchored in measuring problems and achievements know where they are going and are more likely to reach identified goals. Data must be collected and updated in a timely manner, vetted for quality, and made accessible to users. A strategic measurement and evaluation framework needs to be developed that addresses structure, process, and outcome measures, review of data sources, setting of goals, establishment a timetable, allocation of budget dollars, and requirement of regular reports with recommendations for program adjustments (or elimination if indicated). DHS is not unique among federal agencies in facing challenges in climate, culture, and performance, and it is certainly not alone in lacking the kind of systematic and data-driven improvement strategies that are discussed in this chapter. Although what the committee recommends will initially be a large undertaking, once in place it will yield important returns to the workforce and can stand as a model system for other federal agencies.

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5

Elements of the Department of Homeland Security Workforce Readiness and Resilience Strategic Plan

Companies that make the change from good to great have no name for their transformation—and absolutely no program. They neither rant nor rave about a crisis—and they don't manufacture one where none exists. They don't "motivate" people—their people are self-motivated.
—Jim Collins (2001)

Strategic planning determines where an organization is going over the next several years, how it is going to get there, and how it will know whether it got there. To ensure that its workforce readiness and resilience (WRR) strategic plan can establish a systematic departmentwide approach, the Department of Homeland Security (DHS) must increase its understanding and awareness of the factors that affect its workforce. The identified goals and strategies outlined by the present committee throughout this report are the beginnings of a roadmap that will strengthen the department's approach to workforce readiness and resilience over the next 5 years, with longer-term goals embedded. As the department implements its plan, it must be updated and developed further through a collaborative and coordinated effort. Input from and collaboration with the working level of all component agencies will be needed to gain input on critical workforce challenges that are facing them and DHS as a whole. As stated throughout this report, the WRR strategic plan needs to be aligned with the department's vision, mission, goals, and overall DHS strategic plan.

For each strategic goal, specific metrics are needed to evaluate progress in policies, programs, and practices so that progress toward WRR goals can be determined. As DHS compiles its plan, it will need a com-

prehensive approach that addresses multiple avenues at once. The committee does not view the plan as something that the WRR administrator compiles in a silo; it needs input and collaboration from the entire department.

PROGRAM DESIGN

Resilience is not a separate entity; it is built into and flows out of the mission, culture, and program design. To succeed, a program needs several characteristics. The National Institute for Occupational Safety and Health (NIOSH) Total Worker Health Strategy (NIOSH, 2008; see Box 5-1) provides nine elements related to program implementation that can help guide DHS as it implements WRR.

BOX 5-1 NIOSH Total Worker Health Strategy

Establish clear principles. Effective programs have clear principles to focus priorities, guide program design, and direct resource allocation. Prevention of disease and injury supports worker health and well-being.

Integrate relevant systems. Program design involves an initial inventory and evaluation of existing programs and policies relevant to health and well-being and a determination of their potential connections. In general, better integrated systems perform more effectively. Programs should reflect a comprehensive view of health: behavioral health/mental health/physical health are all part of total health. No single vendor or provider offers programs that fully address all of these dimensions of health. Integrate separately managed programs into a comprehensive health-focused system and coordinate them with an overall health and safety management system. Integration of diverse data systems can be particularly important and challenging.

Eliminate recognized occupational hazards. Changes in the work environment (such as reduction in toxic exposures or improvement in work station design and flexibility) benefit all workers. Eliminating recognized hazards in the workplace is foundational to WorkLife principles.

Not directly relevant to the committee's charge.

Be consistent. Workers' willingness to engage in worksite health-directed programs may depend on perceptions of whether the work environment is truly health supportive. Individual interventions can be linked to specific work experience. Change the physical and organizational work environment to align with health goals. For example, blue-collar workers who

smoke are more likely to quit and stay quit after a worksite tobacco cessation program if workplace dusts, fumes, and vapors are controlled and workplace smoking policies are in place.

Promote employee participation. Ensure that employees are not just recipients of services but are engaged actively to identify relevant health and safety issues and contribute to program design and implementation. Barriers are often best overcome through involving the participants in coming up with solutions. Participation in the development, implementation, and evaluation of programs is usually the most effective strategy for changing culture, behavior, and systems.

Tailor programs to the *specific* workplace and the diverse needs of workers. Workplaces vary in size, sector, product, design, location, health and safety experience, resources, and worker characteristics such as age, training, physical and mental abilities, resiliency, education, cultural background, and health practices. Successful programs recognize this diversity and are designed to meet the needs of both individuals and the enterprise. Effective programs are responsive and attractive to a diverse workforce. One size does not fit all—flexibility is necessary.

Consider incentives and rewards. Incentives and rewards, such as financial rewards, time off, and recognition, for individual program participation may encourage engagement, although poorly designed incentives may create a sense of “winners” and “losers” and have unintended adverse consequences. Vendors’ contracts should have incentives and rewards aligned with accomplishment of program objectives.

Make sure the program lasts. Design programs with a long-term outlook to assure sustainability. Short-term approaches have short-term value. Programs aligned with the core product/values of the enterprise endure. There should be sufficient flexibility to assure responsiveness to changing workforce and market conditions.

Ensure confidentiality. Be sure that the program meets regulatory requirements (e.g., the Health Insurance Portability and Accountability Act, state law, the Americans with Disabilities Act) and that the communication to employees is clear on this issue. If workers believe their information is not kept confidential, the program is less likely to succeed.

SOURCE: NIOSH, 2008.

The elements listed in Box 5-1 are essential for creating a sustainable program that is able to grow and evolve. It is crucial that new programs be designed with a long-term outlook and aligned with the core values and mission of the organization; otherwise they risk failure from the outset. As noted in Chapter 1, in creating the *DHSTogether* program, clear principles were not established to focus priorities, and relevant systems

were not integrated to create a comprehensive focus on resilience. Employee trust in programs offered by DHS remains an issue, and a long-term strategy to guide program development has never been in place. The committee commends the DHS Office of Health Affairs (OHA) for its present commitment to put together a 5-year strategic plan for DHS workforce resilience.

YEAR-BY-YEAR IMPLEMENTATION

In this chapter, the committee presents recommended elements for the workforce readiness and resilience strategic plan. As the committee deliberated on what elements to recommend for inclusion in the WRR strategic plan, it considered ease of implementation and feasibility (financial and technical—although sometimes the upfront efforts and cost of an activity can be outweighed by the impact it will have in future years), potential effects on employee readiness and resilience; strategic opportunity (likeliness to require and motivate multi-component involvement and collaboration), and the number of staff affected. Items included in year 1 of the plan are (1) those that are fundamental to the success of the effort—foundational activities on which items in years 2–5 will build (such as the development and initiation of an internal communications plan regarding WRR initiatives, and the development of an organizing framework that identifies key structure, process, and outcomes measures that need to be collected routinely); and (2) those that build on existing DHS activities that need to be improved or expanded and will affect a large fraction of, if not all, DHS staff (such as improvements in employee assistance programs [EAPs] and expansion and resource for peer support programs).

Recommendations 1–6 in this report have associated goals and activities with year-by-year implementation efforts that DHS should undertake (see Table 5-1 at the end of this chapter). Because of the diversity of culture, organization, duties, and stressors in and among components, flexibility will be a key part of implementation of WRR. However, a common thread connects the component agencies: the overall DHS mission. The differences need to be acknowledged while that common thread is strengthened. Different interventions and resources might be needed, but some common measures and core foci are necessary. A unified (as opposed to uniform) approach will allow the component agencies flexibility to implement needed programs while providing a basic level

of support that is uniform among components. These departmentwide principles will trickle down to the components, which can then identify their specific priorities on the basis of the overall framework and policies.

Recommendation 7: Implement a 5-year strategic plan for workforce readiness and resilience in the Department of Homeland Security.

The committee recommends the Department of Homeland Security and its component agencies incorporate the elements and activities outlined by the committee in creating its 5-year strategic plan to develop and sustain workforce readiness and resilience and close the gaps outlined in this report.

WRR cannot be achieved by DHS headquarters alone. Success will require collaboration, input, and commitment from component agencies, and alignment of parallel efforts across the department. Therefore, within the committee's recommended elements of the strategic plan are specific roles and activities for component agencies to undertake.

Budget Implications

Although the committee was not asked to make specific recommendations on resources or budget needs of the program, the committee did consider the current fiscal climate—including the Budget Control Act of 2011¹—when weighing priorities for WRR. In this report the committee offers recommendations that would apply throughout the department. The current resilience program in DHS is tied to a specific line item in the budget with direct funding, although at a low level compared with the size of the department. The main resource need for implementing the committee's recommendations is staff time. For example, all the committee's recommendations except Recommendation 3 will require staff in each component agency to provide input to WRR to identify the core priorities and needs both DHS-wide and for each component agency. Recommendation 4, on leadership, will require training time. However, staff are already in place and working on many of the efforts that the

¹Also referred to as sequestration.

committee has recommended, such as leadership development, communication, information technology, and *DHSTogether*.

Recommendation 5 will require an upfront investment for the infrastructure needed for measurement and evaluation in year 1 (see Table 5-1), but the following years will have few additional costs other than those of maintaining the system and staff time to analyze the data. Once data are available, cost savings can be realized by removing low-performing programs. For example, as mentioned in Chapter 3, the current leadership development program cannot cut any of the 841 separate training programs that DHS is participating in—it can only add new programs. If the existing programs were measured and evaluated, the ones that are not meeting program goals could be removed. The committee also suggests that DHS aim to be one of the best and most desirable places to work by improving communication, morale, and leadership. Achieving those goals could result in lower employee turnover and therefore cost savings associated with lower onboarding (hiring and training) costs.

SPECIFIC PROGRAMS

As noted throughout the report, DHS has few data on the effectiveness of the workforce readiness and resilience programs that it is implementing. The committee was therefore generally unable to recommend specific programs or activities that DHS should implement over the 5 years (such as physical-fitness programs, specific types of stress reduction, or programs for employee families). Furthermore, the committee believes that if the recommendations laid out in Chapters 2–4 and the elements provided at the end of this chapter were implemented they will have a far greater effect on workforce and organizational resilience than individual programs alone.

However, two programs stood out as good options to improve as DHS starts on its path to implement a strategy for WRR while adopting a vision (Chapter 2), improving leadership development and communication (Chapter 3), and laying down a foundation for useful data collection, evaluation, and reporting (Chapter 4). The two programs are EAPs and peer support. Such programs help to promote and enhance resilience by sustaining stable performance. EAPs are already established DHS-wide but warrant improvement, and peer support has been successfully implemented in several DHS components and in other government and law

enforcement organizations. The committee views the implementation of these two programs as “easy wins” that DHS can quickly and easily move forward with inasmuch as the infrastructure to support them already exists. The programs should be disseminated as part of the communication strategy recommended in Chapter 3. When improving or adding any readiness or resilience program, DHS should look to other federal agencies for programs it can adapt for not only EAP and peer support but psychological first aid for managers, resilient leadership training for first-line supervisors, stress management training, and crisis communication programs. Rather than re-inventing the wheel, a mosaic of programs already in existence could be assembled and modularized to fit the unique aspects and needs of the component agencies. That would reduce the time and resource costs of requisite program development while providing adequate flexibility for specific organizational needs.

It should be noted that some EAPs are not wellness and health management programs (which focus on prevention and not treatment). The wellness programs and services that DHS and its component agencies decide to provide (ideally on the basis of data and with input from bottom to top within components) need to be coordinated or integrated appropriately with EAP; they should not work in isolation or in silos. For example, wellness and work-life and EAP coordinators could collaborate and integrate seminars and webinar presentations and educational materials for improving employees’ coping mechanisms, for developing a positive mindset, for building resilience capacity to adapt to change, and for growing from those experiences. The health and productivity councils suggested in Chapter 2 could be used to coordinate such efforts.

Employee Assistance Programs

It is crucial that all employees have at least some baseline of support while the transformative changes needed in DHS for leadership, communication, and culture begin. All DHS employees have access to an EAP, but components contract separately for EAP services and determine what will be provided; therefore, available services are uneven and are not implemented consistently throughout the department. In addition, the EAPs have not been assessed for effectiveness by DHS (see Chapter 1 for more information). EAPs are generally viewed as employee counseling services as opposed to their intended purpose of providing support to employees for general health and wellness (and national utilization is less

than 6 percent). A 2008 National Business Group on Health (NBGH) survey found that in general, there is a lack of coordination and integration between EAPs and company health plans and that many companies view the services that EAPs provide as separate from their core business activities and as not providing the company with a substantial return on investment (Rothermel et al., 2008).

Organizations are usually committed to offering EAP services to their employees, but the services are often disconnected from the organization under the guise of preserving the confidentiality and anonymity of the employee user. Such EAPs tend to offer a limited number of visits (as prescribed by an agency's contract), the people that would benefit from extended support fail to get it for a number of reasons (for example, if they have already established rapport with an EAP counselor and do not want to begin again with someone new, or if they do not follow through with the recommendation of an external counselor because the service is no longer free). Because there is no uniform "brand" or set of services for EAPs, it is usually up to the organization to pick from a menu of services offered by its EAP. The decision of what services to choose is often influenced by the cost. Decisions about the types of services to offer are often not based on data; that is, a needs assessment of the workforce to determine what services would be most beneficial to the workforce is not conducted.

Traditional EAPs cover substance abuse, domestic violence, critical incidents, and debriefing, but many now offer other concierge services, such as financial planning and legal services. At a minimum, federal agencies are required by law to provide EAP services for substance-abuse issues and to provide counseling programs and establish appropriate prevention, treatment, and rehabilitative programs and services for substance-abuse problems. Federal agencies are also required to "establish a drug-free Federal workplace program, including an EAP as an essential element in achieving a drug-free workforce." Although it is not required, agencies are authorized to establish health-services programs for employees and can expand "counseling programs from those dealing solely with substance abuse to broad range programs, which provide counseling for other personal problems, e.g. family, financial, marital, etc." DHS components offer a variety of services through their EAPs (most of which are outsourced to contracting agencies), but it was reported at the 2011 IOM DHS Workforce Resilience workshops that the EAPs did not have high utilization rates in the component agencies (IOM, 2012). Although most of the managers that the committee spoke with

during site visits said that they refer their staff to the EAP when they saw a need, the staff often stated that they did not know what services were available to them, were concerned about confidentiality, or had heard from others that the EAP counselors do not understand the types of stressors that they encounter regularly.

The committee also heard during its site visits that EAPs are not always available immediately after crises, inasmuch as an EAP has 72 hours to respond. For example, if an event happens on a Friday, it is possible that no one from an EAP will be available until Monday or Tuesday. Considering the nature of DHS work, which is often highly stressful and involves around-the-clock hours, a 72-hour wait for assistance can be a substantial barrier to accessing services. Moreover, having counselors on hand who understand the types of stressors that employees face is crucial. Box 5-2 provides EAP best practices from the Office of Personnel and Management (OPM). From what the committee has heard from DHS and observed during its site visits, these best practices are generally not followed.

BOX 5-2
EAP Best Practices from OPM

In establishing an EAP, OPM suggests that agencies should

- provide top management support and endorsement for EAPs;
- develop agency policy on EAP goals and training;
- establish a statement of goals and objectives;
- determine the extent of services to provide through the EAP and the administrative options;
- identify available community resources;
- select qualified personnel;
- negotiate or consult with unions, as appropriate, to provide EAP services to bargaining unit employees;
- publicize the EAP through internal memos, newsletters, posters;
- encourage employees to use the EAP by making services convenient and available to employees; and
- develop an ongoing evaluation process.

SOURCE: OPM, 2008.

According to the literature, EAPs can improve employee engagement, improve skills for responding to life's challenges, develop employee competencies to manage workplace stress, and reduce absenteeism (Rothermel et al., 2008).

At the 2011 IOM DHS Workforce Resilience workshops a representative of the DHS Office of the Chief Human Capital Officer (OCHCO) office stated that an update of the EAP policy was under way to ensure some consistency among the component agencies, but the policy has not yet been updated (Green, 2013; IOM, 2012). The committee believes that that effort warrants high priority, and should be carefully crafted so that all DHS employees have sufficient support. EAP use needs to be actively promoted as part of the DHS communication plan and supported by leadership. As the NBGH EAP working group noted, "an EAP that is aligned with organizational values and vision will measurably enhance business operations, the overall employee experience, and the community perceptions of the company. A well-run EAP will provide a positive ROI [return on investment]" (Rothermel et al., 2008).

EAP programs generally do not undergo the evaluation and metrics required of other internal or external employee programs, as is the case at DHS. The data received from the EAP contractors are not consistent among component agencies and are generally not delivered in a manner that can be easily understood, or they have unclear meaning (such as the number of times that the EAP website was visited by DHS employees). NBGH recommended that evaluation processes be based on valid, peer-reviewed methods and that performance targets be aligned with the employer's overall performance objectives (Rothermel et al., 2008). NBGH also provided specific examples of how to measure EAP utilization and effect (see Box 5-3 for examples).

The update of the current DHS EAP policy needs to be fast-tracked and implemented to ensure integration with the DHS vision and include a statement of goals and objectives for EAP services departmentwide, and EAP vendors need to be reviewed yearly on the basis of metrics (which are based on best practices for measuring implementation and impact such as those provided by NBGH). The guidance can consider ensuring that EAP vendors

- Provide 24/7 counseling services in emergency situations or a crisis call hotline (for example, for team-member suicide or other critical incidents).

BOX 5-3**Guidance and Methods for Measuring EAP Utilization and Impact**

Operational Definitions for Metrics

- Participation (Utilization) Rates—components of measuring and reporting case and supportive services utilization
- Denominator and numerator for calculating participation rates among problem groups (EAP case rate utilization)
- Opening & Closing Cases
- Problem Group Participation Rate Calculation (Case Rate Utilization)
- Supportive Services (EAP Supportive Services Utilization) Numerator and Denominator of Calculating Participation Rates
- Supportive Services Participation Rate Calculation (Non Case Rate Utilization)
- Supporting Manager and Supervisor Effectiveness

Measuring EAP Effectiveness in Impacting Workforce Health and Productivity

- Improved Work Productivity Rating (Job Performance Impact)
- Measuring EAP Effectiveness in Increased Workforce Capacity Due to Improved Work Attendance
- Improved General Clinical Outcome Among Problem Group (Cases)
- Improved Retention Rating

Senior Management Analysis and Reporting Strategies

- The number of employees who, after using EAP services, are employed at year end.
- The number of employees who, after using EAP services, are performing at a satisfactory level or better.
- The number of employees who, after using EAP services, separated from the company for one of the following reasons: involuntary termination, voluntary termination, deceased, retired, long-term disability.
- The cost/benefit impact of EAP services in relation to other human resource initiatives and employee benefits

SOURCE: Rothermel et al., 2008.

- Understand the culture of the component and the stressors encountered.
- Visit each component location quarterly to give an overview of all available EAP services and how to access them.
- Offer quarterly seminars that are component-specific and location-specific about health concerns, such as nutrition, physical fitness, financial health, and stress management.

- Provide required metrics to DHS so that it can assess the use and effect of the program.

The US Coast Guard (USCG), in an effort to increase the breadth and use of its EAP services, rebranded and expanded its EAP (see Box 5-4). Its program could provide lessons learned (both favorable and unfavorable) as it moves forward, and the WRR can serve as a resource for USCG and other components for sharing of best practices throughout DHS. Greater attention needs to be given to the DHS EAP to determine the types of services that would be beneficial to the workforce and department as a whole. The EAP needs to be “visible” to the workforce so that employees know what services are available, and the workforce needs to see that the organization and its leaders are supportive of the use of the services. In addition, DHS could consider implementing manager training so that managers can learn to identify emerging problems, make referrals to the EAP, be aware of available resources, and work to encourage and destigmatize use of EAP services.

Peer Support

Psychologically healthy law enforcement personnel are far more likely to provide high-quality, professional services to the members of their communities. DHS makes a sizable investment in selecting mentally and emotionally healthy people as part of its hiring process. The department can protect and enhance that investment by promoting psychologic wellness and resilience. One effective strategy for doing that is to develop and maintain a peer support program (Kamena et al., 2011). The goal of peer support is to provide employees the opportunity to receive emotional and tangible peer support in times of personal or professional crisis and to anticipate and address potential difficulties. Ideally, peer support programs are developed and implemented within the organizational structure of an organization. A peer support individual is a specifically trained colleague, not a counselor or therapist. A peer support program can augment outreach programs, such as EAP and in-house treatment programs, but not replace them (IACP Psychological Services Section, 2011).

BOX 5-4
CG SUPRT

The US Coast Guard (USCG) recently renamed and rebranded its employee assistance program (EAP), now called CG SUPRT. USCG removed onsite EAP counselors, instead establishing a dedicated call center staffed by individuals trained in USCG lingo and who understand the unique situation of USCG employees. CG SUPRT has expanded beyond the traditional mental health aspect of EAPs, and includes such services for employees as financial management, work-life services (moving issues, schools for children, and so on), wellness coaching, and tax assistance. It also includes an expanded 12-session model for EAP and offers webcasts and training on topics such as financial wellness, health coaching, and smoking cessation. USCG is also deploying a campaign to address stigma attached to the seeking of assistance that will use posters, appropriate language in CG SUPRT materials, data analysis of stressors in the USCG workplace, and health provider tip sheets to build an understanding of the relationship between the health issues that employees and family members might present to the medical staff, and the services provided by CG SUPRT.

CG SUPRT is also available to families of USCG employees; and when an employee is deployed, CG SUPRT assists a spouse in career-planning, resume-building, and job-hunting to aid in the transition. CG SUPRT is facilitated through telephonic counseling, video counseling, and a robust and useful website that includes diagnosis assessment tools, webcasts, and an appointment-management system. CG SUPRT is closely tied to the medical staff of USCG, and all medics are being trained in substance abuse identification. CG SUPRT plans to establish a relationship support program for employees, develop an operational stress control program (modeling the Navy's program), and continue to grow to support staff resilience.

CG SUPRT is housed in the USCG Health, Safety, and Work-Life program and is overseen by the USCG equivalent of a surgeon general. Part of the success of CG SUPRT is due to strong backing by executive leadership and by the military culture of USCG, its generous budget, and its built-in medical system.

SOURCE: Teems, 2013.

The existing DHS peer support programs are described in Chapter 1 and include programs in Border Patrol, the Federal Air Marshal Service, the Federal Law Enforcement Training Center (FLETC), and recently, Immigration and Customs Enforcement (ICE). During the committee's site visits, it was noted that there are some informal peer support programs in other component agencies and that there is a need for a formal program in all operational components and in many supporting compo-

nents such as those who work in operation centers. The existing DHS peer support programs are generally well respected within the components, and, although not perfect, they do fill a need. In the law enforcement culture and mentality, where help seeking is often viewed as a weakness, peer support programs are a good fit. Police officers are often reluctant to seek help, especially from a professional mental-health provider, because of mistrust and the fear that what is said will get back to department leaders. Instead, talking things over with a coworker is a frequent coping strategy (Grauwiler et al., 2008). About 50 percent of the DHS workforce is in the law enforcement category, including parts of or all of CBP, ICE, the Transportation Security Administration, FLETC, the Federal Emergency Management Agency (Office of Security), US Secret Service, US Citizenship and Immigration Services, and USCG. There is a similar mentality in the non-law enforcement components that have high-level security clearances and fear losing them.

Most of the literature on peer support programs comes from law enforcement, where officers are in a unique position with regard to trauma recovery: they experience horrendous crimes but are expected to dissociate themselves from normal emotional reactions (Grauwiler et al., 2008). The structure of law enforcement is akin to that of the military; and there are limits to the interpersonal relationships that subordinates can have with supervisors because of a strict rank structure. There is empirical evidence that police are more likely to seek out informal support from peers and that peer support programs are widely accepted by officers (Grauwiler et al., 2008). Most peer support programs keep no official record of individuals who use them, and this increases the likelihood of their use. Finn and Tomz (1998) found that peer support programs were helpful for police officers who were experiencing problems and were not yet ready to seek professional help. Peer support reduced the stigma of help seeking and aided in easing police officers' mistrust of professional mental-health providers. There is not much empirical evidence on peer support for police officers, but anecdotal evidence suggests that peer support programs offer police officers, who are often reluctant and stigma-prone, an alternative mechanism for addressing mental-health issues in the police force (Grauwiler et al., 2008).

WRR can play a coordinating and supportive role in developing peer support programs. The current program is already partnering with FLETC to develop a peer support coordinator training program, which will focus on both crisis intervention and "care and concern" support. WRR can glean best practices from the extensive experience of the cur-

rent staff who helped to create, support, and implement peer support programs and can disseminate lessons learned. As with any program, however, to be successful, top leadership must support the program and communicate support for its use. Discretionary programs, such as peer support, are often the first to be cut in difficult economic times in any agency; this is ironic inasmuch as employees tend to need them most due to lower staffing levels, higher workload, fear of losing one's job, uncertainties about changes, and increased psychological strain. The peer support programs in DHS are vital for the success of the department; continued department support will benefit both individual employees and the DHS as a whole.

ELEMENTS OF THE 5-YEAR STRATEGIC PLAN

On the following pages the committee lays out its recommendations for the elements of the 5-year strategic plan for WRR. The items are organized by recommendation of Chapters 2–5, and list specific tasks for years 1–5.

CONCLUDING OBSERVATIONS

During the writing of this report, DHS celebrated its 10th anniversary. The department and its workforce have many accomplishments to celebrate—a merger larger than any in the federal government since the creation of the Department of Defense, prevention of terrorist attacks on US soil and cyberspace, hardening and resilience of the nation's critical infrastructure, robust responses to major disasters, and much more. However, there is work to be done to improve the readiness and resilience of its workforce. Implementing the committee's recommendations will be a big undertaking and will require input from and coordination with every facet of the department. But, if DHS is serious about improving the readiness and resilience of its workforce to achieve its mission, it is an essential endeavor. If the committee's recommendations are adopted and the strategic plan embraced and implemented, the committee envisions DHS on its 20th anniversary as highly regarded as one of the most desirable places to work in the federal government and as having a workforce that is ready and resilient to meet its daily challenges and the mission of this complex organization.

TABLE 5-1 Elements of the Workforce Readiness and Resilience 5-Year Strategic Plan
Overarching Goal: Establish an Integrated Core Culture of Readiness and Resilience

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year 1	Year 2	Year 3	Year 4	Year 5
Recommendations 1, 2, and 3: Develop and promote a unified strategy and vision; clarify and expand roles, responsibilities, and authority for workforce readiness and resilience (WRR) (Chapter 2) Goals: 1. Adoption of a clear vision for WRR 2. Functioning structure and process for WRR 3. Senior-level and frontline engagement and collaboration in the implementation and continuance of the program in all component agencies 4. Regular use of data for continuous performance improvement					
1-1. Put into place a structure and process to <ul style="list-style-type: none"> Gather information and obtain participation from frontline and leadership at department and component levels Ensure accountability (DHS Secretary) 	X				

Activity (by Whom)	Annual Elements for Implementation, Years 1-5				
	Year 1	Year 2	Year 3	Year 4	Year 5
1-2. Garner strategic support for leveraging available data; craft necessary data use agreements and analytic plans (ensuring data safeguarding) (WRR; USM)	X				
1-3. Review, analyze, and interpret available data for annual report (WRR)	X	X	X	X	X
1-4. Publish first iteration of DHS readiness and resilience strategic plan (including name or brand for the program) (WRR)	X	Review progress on strategic plan	X	X	Review, revise, and update strategic plan (and annexes), and reissue
		Each component and HQ office submit strategic plan annex Synchronize with DHS-wide plan			

Activity (by Whom)	Annual Elements for Implementation, Years 1-5				
	Year 1	Year 2	Year 3	Year 4	Year 5
1-5. Create inventory and evaluation of existing programs and policies relevant to health and well-being and determine their potential connections with readiness and resilience (WRR)	X	Review inventory, identify gaps and redundancies in programming, update as necessary	X	X	X
1-6. Develop and issue policy guidance on program evaluation framework for readiness and resilience programs (WRR)	X	Receive and coordinate individual program evaluation plans (regularly review and update plans)	X	X	X
			Review data on program effectiveness, address deficiencies	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year 1	Year 2	Year 3	Year 4	Year 5
1-7. Update EAP policy to ensure high baseline for EAP services in all components <ul style="list-style-type: none"> • Ensure built-in ability to assess EAP effectiveness • Require new EAP contracts are consistent with National Business Group on Health (NBGH) recommendations for measuring utilization and impact (see activity 4-6) (USM; OCHCO; WRR)	Within 6 months review, update, ^a and finalize current EAP policy	Communicate policy to components, and advise on best practices	Review, modify, and continuously improve EAP programs throughout DHS	X	X
1-8. Publish report to the Secretary (WRR)	X	X	X	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year 1	Year 2	Year 3	Year 4	Year 5
Recommendation 4: Establish a sustainable leadership development program in DHS (Chapter 3)					
Goals:					
<ol style="list-style-type: none"> 1. Approved and resourced leadership development program 2. Development of leaders throughout the department to ensure consistent and effective leadership 3. Workforce that has confidence in leaders at all levels and assesses them as effective and trustworthy 					
2-1. Assemble inter-component leadership development team (ILDT) (or restructure the existing Leader Development Governance Board) ^b with assigned tasks, responsibilities, and timelines. Initial tasks include <ul style="list-style-type: none"> • Examining existing services • Identifying core principles of leadership • Developing core curriculum Institute a 2-year rotation of one-third of membership (USM; OCHCO; WRR)					
		Examine, evaluate and identify gaps in existing program services and remove ones that are not effective or are redundant			
					Identify core principles of leadership most relevant to DHS

Activity (by Whom)	Annual Elements for Implementation, Years 1-5				
	Year 1	Year 2	Year 3	Year 4	Year 5
		Develop and disseminate core curricula; call for component-specific content based on curricula	Review, modify, and continuously improve	X	X
2-2. Develop component-specific training content that is personalized and tailored to components' unique needs and respective missions (must include annual integrated evaluation) (Component agencies)		X	Review, modify, and continuously improve (on basis of evaluation data)	X	X
2-3. Identify high-potential leaders for participation in leadership development program (Component agencies)			X	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1-5				
	Year 1	Year 2	Year 3	Year 4	Year 5
2-4. Implement core and component-specific curricula (Component agencies)			X	Conduct annual review and assessment and update as needed	X
			Successful completion of leadership training, demonstrated by competence skills, by 25 percent of leaders	Successful completion of leadership training, demonstrated by competence skills, by 50 percent of leaders	Successful completion of leadership training, demonstrated by competence skills, by 75 percent of leaders
2-5. Apply for certification for leadership development materials and content (OCHCO training office)				X	
2-6. Conduct pre- and post-assessments of leadership assessment (OCHCO training office)		Identify and adopt leadership assessment tool	100 percent	100 percent	100 percent

Activity (by Whom)	Annual Elements for Implementation, Years 1-5				
	Year 1	Year 2	Year 3	Year 4	Year 5
2-7. Identify and encourage mentors and sponsors and engage them in leadership training (OCHCO; component agencies, WRR)			X	X	X
2-8. Create 1-year rotational assignment in a different component for cross-training functionality ^c (detail for operational assignment) (DHS-wide, organized by WRR in coordination with OCHCO)			Identify personnel for rotational assignments (this will become promotion criteria) (Component agencies)	Place personnel in rotational assignment	X
2-9. Use progress-based incentives for those in the program (recognition, spot awards, time off, and so on) (Component agencies with support from WRR)		X	X	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1-5				
	Year 1	Year 2	Year 3	Year 4	Year 5
2-10. Share compelling leadership success stories to foster participation and contribute to increasing resilience capacity (WRR)		X	X	X	X
2-11. Develop leadership succession plans (Component agencies with support from WRR)				X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year 1	Year 2	Year 3	Year 4	Year 5
Recommendation 5: Improve organizational communication to enhance esprit de corps; cultivate a culture of readiness and resilience; and align public perception of DHS with its accomplishments (Chapter 3)					
Goals:					
1. Consistent, repeatable communication processes and messaging for internal and external audiences that enhance two-way information sharing					
2. A workforce knowledgeable about and confident in resources that enhance readiness and resilience					
3. A public that appreciates the work and accomplishments of DHS and its components					
4. An image of DHS as a highly desirable place to work, to enhance recruitment of high-quality candidates					
General Communication Strategies					
3-1. Create and implement a strategy to enhance the DHS brand (WRR, in conjunction with Office of Public Affairs)		X	X	X	X
3-2. Create a strategy and implement processes to recognize and celebrate the accomplishments of DHS as they occur (WRR, in conjunction with Office of Public Affairs)		X	X	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year 1	Year 2	Year 3	Year 4	Year 5
External Communication Strategies					
3-3. Create and implement a messaging strategy to disseminate success stories in real time (WRR; OHA)		X	X	X	X
Internal Communication Strategies					
3-4. Develop and initiate an internal communication plan regarding WRR initiatives that address <ul style="list-style-type: none"> • Sharing the vision, mission, and work of the organizational WRR • Communicating information about new and existing programs • Using multimedia channels to disseminate information (WRR; OHA)	X	Review, modify, and improve communication plan as needed	X	X	X
		Communicate changes to WRR as needed, and provide repetition	X	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year 1	Year 2	Year 3	Year 4	Year 5
	Solicit information from workforce about what communication vehicles work best for different members	Implement multimedia dissemination	Review, modify, and continuously improve	X	X
3-5. Create opportunities to share best readiness and resilience practices among components (WRR)	Immediately promote use of peer support programs and their expansion to additional component agencies	Identify best practices among components from inventory of programs related to readiness and resilience	Create clearinghouse and assemble component-level advisory to choose from among practices		Achieve full implementation of chosen methods
3-6. Design mechanism to solicit confidential evaluation of workforce readiness and resilience (WRR)		X	Acquire and analyze data; include in annual report to Secretary	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year 1	Year 2	Year 3	Year 4	Year 5
3-7. Design mechanism to solicit input from and encourage continuous open discussion with front line employees on workplace health initiatives (Component agencies)	X				
3-8. Create mechanisms for frequent communication with leaders and managers at all levels to keep readiness and resilience information up to date (WRR)		X	Review, modify, and continuously improve	X	X
3-9. Provide data on WRR use and effectiveness to leaders and managers (WRR)			X	X	X
3-10. Provide information to employees about their improvements in readiness and resilience (using selected metrics) (WRR)	Select metrics intended to analyze progress	Include metrics in dissemination tool	X	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year 1	Year 2	Year 3	Year 4	Year 5
3-11. Each component will address methods for communication about readiness and resilience initiatives in their operational processes (to be included in component Strategic Plan annex) (Component agencies)		X	X	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year	Year 2	Year 3	Year 4	Year 5
Recommendation 6: Develop and implement a measurement and evaluation strategy for continuous improvement of workforce readiness and resilience (WRR) (Chapter 4)					
Goals:					
1. Establish baselines for comparison and evaluation 2. Determine impact and value of interventions to increase organizational readiness and resilience					
4-1. Develop an organizing framework that identifies <ul style="list-style-type: none"> • Key structure, process, and outcome measures that need to be collected routinely • Data sources that inform these measures (WRR in conjunction with the USM; OHA; CIO; with input from component agencies)	Develop structure-process-outcome framework within 3 months	Review annually, modify as needed			
	Determine data elements currently available for analysis and reporting within 6 months Determine new data elements that need to be	Implement a standardized core set of measures to be used DHS-wide Use for tracking organizational resilience	X	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year	Year 2	Year 3	Year 4	Year 5
	collected continuously (after completion of analysis of existing data)				
	Define which FEVS questions most closely represent organizational resilience or use subset suggested in Chapter 4				
	Develop data-use agreements as needed with OPM data warehouse staff and National Finance Center to extract data necessary for DHS-specific reporting/analysis				

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year	Year 2	Year 3	Year 4	Year 5
4-2. Establish key goals and objectives for DHS as a whole and for each component agency and <ul style="list-style-type: none"> Establish measures that directly align with the goals and objectives Involve key stakeholders in metric development Assure that there is broad agreement on what constitutes “success” (WRR)	X				
4-3. Establish timeline for reporting on key structure, process, and outcome measures to all key stakeholders with quarterly and annual reporting requirements (WRR)	X				

Activity (by Whom)	Annual Elements for Implementation, Years 1-5				
	Year	Year 2	Year 3	Year 4	Year 5
4-4. Establish baseline database for diagnostic and prescriptive purposes (WRR; CIO; CPO)	Within 6 months, develop software that <ul style="list-style-type: none"> • Assigns surrogate identifiers • Allows linkage of demographic information with outcome data while protecting privacy • Includes ability to say when, where, and what interventions are made available • Allows intervention to be evaluated with outcome measures of interest 	Continue to use application to analyze data and inform decisions	X	X	X

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year	Year 2	Year 3	Year 4	Year 5
	(contract with software development company) Use application to analyze data				
4-5. Ensure that data and evaluation are built into any new program initiative for <ul style="list-style-type: none"> • Rapid, data-driven decision making • Resource allocation • Informing and adjusting action plans and interventions (USM; WRR; CIO)	Regularly analyze data and disseminate analyses to components for decision making, resource allocation, and informing action plans	X	X	X	Have routinized analyses of information to enable rapid data-driven decision making
4-6. Write new EAP contracts to ensure that measurement of utilization and impact on health and productivity are included	X	Begin tracking utilization and other impact data points as outlined by			

Activity (by Whom)	Annual Elements for Implementation, Years 1–5				
	Year	Year 2	Year 3	Year 4	Year 5
(USM; CHCO in coordination with OHA; component agencies)		NBGH and use as outcome factors in integrated database			
4-7. Determine what measures will be used to evaluate success of other recommendations in this report (vision, communication, leadership, and dissemination) (USM; WRR; OCHCO)	X				
4-8. Submit an annual measurement and evaluation report to the Secretary of DHS (USM; WRR)	X	X	X	X	X

NOTES: CHCO, Chief Human Capital Officer; CIO, Chief Information Officer; CPO, Chief Procurement Officer; DHS, Department of Homeland Security; EAP, employee assistance program; FEVS, Federal Employee Viewpoint Survey; OCHCO, Office of the Chief Human Capital Officer; OHA, Office of Health Affairs; OPM, Office of Personnel Management; USM, Undersecretary for Management; WRR, workforce readiness and resilience.

^aA review and updating of the DHS EAP policy has been under way for more than 2 years in the headquarters Human Capital Office. This needs to be given higher priority, with full support of WRR.

^bThe Leader Development Governance Board consists of senior subject-matter experts in operating and support components of the department and is tasked with acting as a critical forum regarding programs, plans, funding, decisions, and recommendations, as required; ensuring that the DHS Leader Development Competency Model and Framework are the guiding architecture for the department's training investments; and actively seeking efficiencies by leveraging existing programs and eliminating unproductive or redundant training programs where possible.

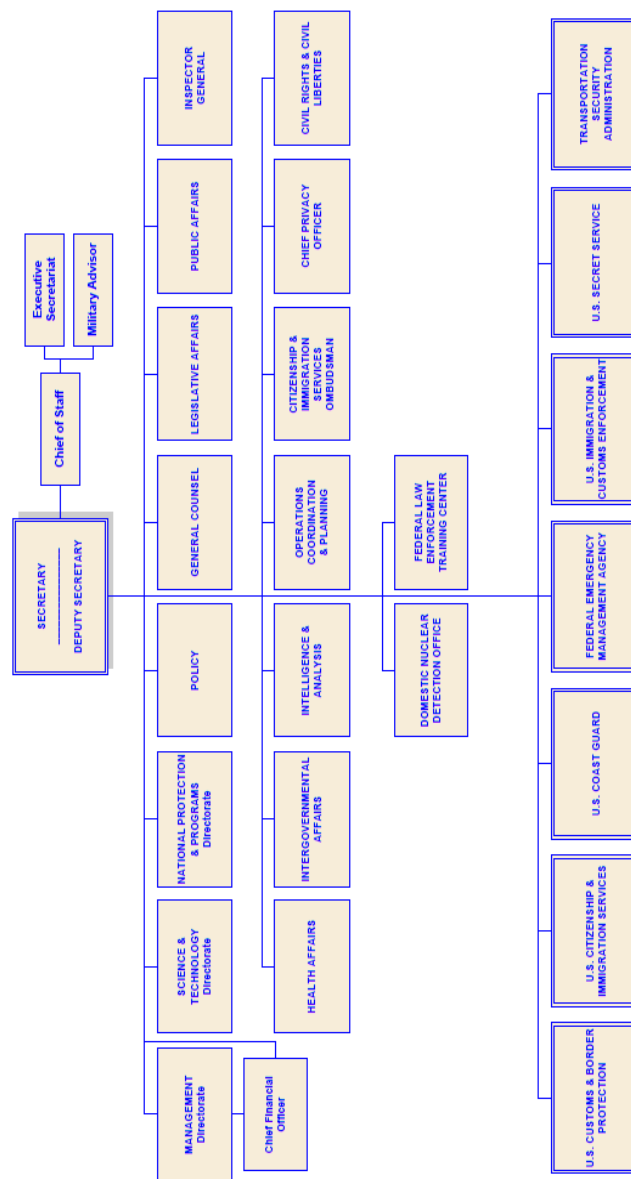
^cThe DHS Workforce Strategy for fiscal year 2011–2016 includes a related goal: “Develop cross-component and government-wide joint rotational opportunities to enhance employee and leader development.”

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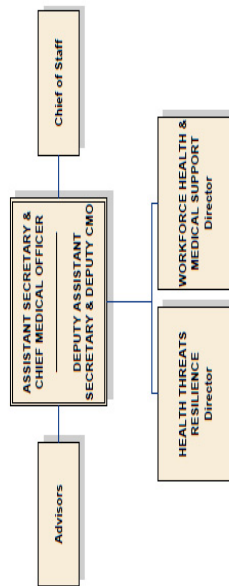
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Appendix A
Department of Homeland Security
Organizational Charts

U.S. DEPARTMENT OF HOMELAND SECURITY



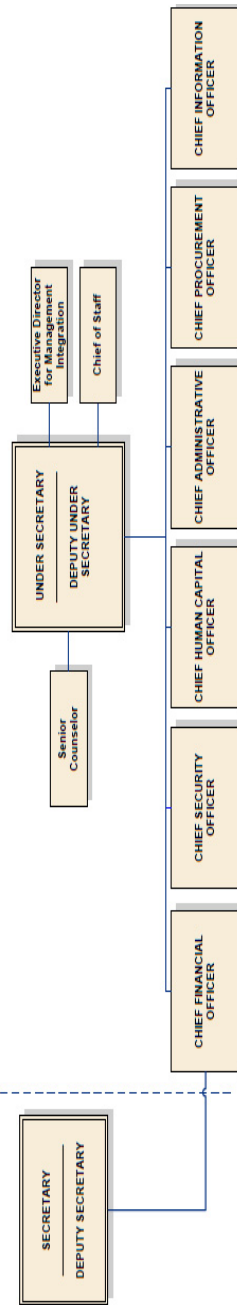
OFFICE OF HEALTH AFFAIRS



06/07/2011



MANAGEMENT DIRECTORATE



06/07/2011

Appendix B

Committee Meeting Agendas

Held by the Committee on
Department of Homeland Security Workforce Resilience
(December 2012–May 2013)

MEETING ONE: DECEMBER 13, 2012 Keck Building 500 Fifth Street, NW, Washington, DC

- 10:45 – 11:00 am Welcome and Introductions
Gen. James Peake, Ret., Committee Chair
- 11:00 – 11:10 am The Charge to the Committee
Alexander Garza, Assistant Secretary of Health Affairs and Chief Medical Officer, Office of Health Affairs, DHS
- 11:10 – 11:15 am Committee Questions and Discussion
- 11:15 am – 12:15 pm DHS Workforce Resilience: Past, Current, and Future
Linda Perkins, Director for Strategic Integration, Capstone Consulting Group, Supporting DHS Office of Health Affairs DHSTogether
Alisa Green, HR Specialist, Workforce Engagement, Chief Human Capital Office, DHS
- 12:15 – 1:00 pm Committee Questions and Discussion
- 1:00 – 2:00 pm Lunch

202	<i>A READY AND RESILIENT WORKFORCE FOR DHS</i>
2:00 – 2:30 pm	Resiliency Sciences Institutes <i>George Everly, Associate Professor of Psychiatry, Johns Hopkins Bloomberg School of Public Health</i>
2:30 – 2:45 pm	Committee Questions and Discussion
2:45 – 3:15 pm	Comprehensive Soldier Fitness Program <i>Lt. Col. Daniel Johnston, Comprehensive Solider Fitness Program, Medical Director, US Army</i>
3:15 – 3:30 pm	Committee Questions and Discussion
3:30 – 4:00 pm	Total Force Fitness Program <i>Capt. Kevin Berry, Ret., Vice President for Military Medical Research, Samuelli Institute</i>
4:00 – 4:15 pm	Committee Questions and Discussion
4:15 – 4:30 pm	Public Comment
4:30 pm	Closing Comments/Adjourn Open Session <i>Gen. James Peake, Ret., Committee Chair</i>

MEETING TWO: FEBRUARY 4–5, 2013
Keck Building
500 Fifth Street, NW, Washington, DC

Monday, February 4, 2013

8:30 – 8:45 am	Welcome and Introductions <i>Gen. James Peake, Ret., Committee Chair</i>
8:45 – 9:05 am	DHS Employee Engagement Executive Steering Committee <i>Marian Manlove, Deputy Director for Employee Engagement, DHS</i>

9:05 – 9:15 am Committee Questions and Discussion

9:15 – 9:55 am Panel: DHS Safety and Health Data

Alisa Green, HR Specialist, Workforce Engagement, Chief Human Capital Office, DHS

Karl Anderson, Department of Safety and Health Manager, Chief Human Capital Office, DHS

Diane M. Cole, Program Manager, Human Capital Policy & Programs, Chief Human Capital Office, DHS

Gary D. Myers, Program Manager and Policy Advisor, Workers' Compensation Program, DHS

Pat Curtin, Personnel Research Psychologist, Human Capital Policy and Programs, Office of the Chief Human Capital Officer, DHS

Kim Harris, Human Capital Business Systems (HCBS) Reporting Team Lead, HRIT Operations, HCBS, OCHCO, DHS

9:55 – 10:10 am Committee Questions and Discussion

10:10 – 10:20 am Break

10:20 – 10:50 am Morale at DHS: Report from GAO

David Maurer, Director, Homeland Security and Justice Team, US Government Accountability Office (GAO)

Jeff Tessin, Senior Statistician, Applied Research and Methods Team, GAO

204	<i>A READY AND RESILIENT WORKFORCE FOR DHS</i>
10:50 – 11:05 am	Committee Questions and Discussion
11:05 – 11:45 am	Panel: Peer Support Programs <i>Scott D. Garrett, Associate Chief, US Border Patrol, DHS</i> <i>Jesus (Jesse) Ramirez, Operations Officer, Office of Border Patrol, DHS</i> <i>Dennis Holley, Supervisory Air Marshal in Charge, Critical Incident Response Program, Tactical Support Section, Field Operations Division, Federal Air Marshal Service, DHS</i> <i>Elyse Sharpe, Employee Assistance Program Administrator, Drug Enforcement Administration (DEA)</i> <i>R. Gail London, Program Manager, Critical Incident Stress Management, Office of Organizational Health, Directors Office, Federal Law Enforcement Training Center, DHS</i>
11:45 am– 12:00 pm	Committee Questions and Discussion
12:00 – 1:00 pm	Lunch
1:00 – 1:20 pm	Keynote Address: Workforce Resilience at the Department of Homeland Security (DHS), followed by Q&A <i>Jane Holl Lute, Deputy Secretary, DHS</i>
1:20 – 2:05 pm	Data Integration <i>Major Paul B. Lester, Director, Research Facilitation Team (RFT), Office of the Deputy Under Secretary of the Army (O/DUSA)</i>
2:05 – 2:25 pm	Committee Questions and Discussion

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2:25 – 2:55 pm	DHS Leadership Program <i>Lina A. Savkar, Deputy Executive Director, DHS Leader Development</i>
2:55 – 3:10 pm	Committee Questions and Discussion
3:10 – 3:25 pm	Break
3:25 – 4:05 pm	Leadership in Large and Complex Organizations, Discussion and Q&A <i>Ellen Cunniff, Principle, Becton Dickinson</i>
4:05 – 5:00 pm	Communication in Large and Complex Organizations <i>Merrie Spaeth, President, Spaeth Communications</i> <i>Lisette Mondello, Senior Consultant, Spaeth Communications</i>
5:00 – 5:15 pm	Committee Questions and Discussion
5:15 – 5:30 pm	Public Comment and Discussion
5:30 pm	Closing Comments/Adjourn <i>Gen. James Peake, Ret., Committee Chair</i>

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A READY AND RESILIENT WORKFORCE FOR DHS

Tuesday, February 5, 2013

- 8:30 – 8:35 am Welcome and Introductions
Gen. James Peake, Ret., Committee Chair
- 8:35 – 9:45 am Panel: DHS Best Practices
- David Tumblin, Director of Human Capital Strategy and Technology, Office of Human Capital, US Immigration and Customs Enforcement, DHS*
- Lisa Teems, EAP Manager, Office of Work-Life, US Coast Guard HQ, DHS*
- R. Gail London, Program Manager, Critical Incident Stress Management, Office of Organizational Health, Directors Office, Federal Law Enforcement Training Center, DHS*
- 9:45 – 10:15 am Committee Questions and Discussion
- 10:15 am Adjourn

**SITE VISIT ONE: APRIL 4–5, 2013
New York, NY**

Thursday, April 4, 2013

- 7:45 am – 12:00 pm Tour, stakeholder discussions
FEMA Regional Office
26 Federal Plaza
New York, NY 10278-0002
- 12:00 – 12:45 pm Lunch

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1:30 – 5:30 pm Tour, stakeholder discussions
 FEMA Joint Field Office
 118-35 Queens Blvd
 Forest Hills, NY 11375

5:30 pm Adjourn

Friday, April 5, 2013

9:00 – 11:30 am Tour, stakeholder discussions
 Science and Technology Directorate (S&T)
 201 Varick Street
 9th Floor
 New York, NY 10014-7447

11:30 am –
12:15 pm Lunch

12:30 – 4:30 pm Tour, stakeholder discussions
 US Customs and Immigration Services (USCIS)
 26 Federal Plaza
 New York, NY 10278-0002

4:30 pm Adjourn

SITE VISIT TWO: APRIL 8–9, 2013
Texas

Monday, April 8, 2013

8:00 – 9:00 am Stakeholder discussions
 Border Patrol, Rio Grande Valley Border Patrol
 Sector Headquarters
 4400 South Expressway 281
 Edinburg, TX 78542-2621

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A READY AND RESILIENT WORKFORCE FOR DHS

GROUP 1

- 9:00 – 11:00 am Tour, stakeholder discussions
 Border Patrol, Rio Grande Valley Border Patrol
 Sector Headquarters: Communications
- 11:00 am –
1:00 pm Stakeholder discussions
 Border Patrol, Rio Grande Valley Border Patrol
 Sector Headquarters: Office of Intelligence
- 1:00 – 2:00 pm Lunch
- 2:00 – 5:00 pm Tour, stakeholder discussions
 Border Patrol, McAllen Annex–Special
 Operations Group (SOG)
 2301 S. Main Street
 McAllen, TX 78503

GROUP 2

- 10:00 am –
12:00 pm Tour, stakeholder discussions
 McAllen Border Patrol Station
 3000 West Military Hwy
 McAllen, TX 78503
- 12:00 – 12:40 pm Lunch
- 12:40 – 2:45 pm McAllen Border Patrol Station continued
- 3:00 – 5:30 pm Tour, stakeholder discussions
 CBP Office of Air and Marine
 2601 Hangar Lane 32B
 McAllen, TX 78503
- 5:30 pm Adjourn

Tuesday, April 9, 2013

GROUP 1

- 8:00 – 11:00 am Tour, stakeholder discussions
Fort Brown Border Patrol Station
3305 S. Expressway 77/83
Brownsville, TX 78521
- 11:00 am –
12:00 pm Lunch
- 12:00 – 2:30 pm Tour, stakeholder discussions
Immigration and Customs Services (ICE)
Port Isabel Service Processing Center
27991 Buena Vista Blvd.
Los Fresnos, TX 78566

GROUP 2

- 8:00 am –
12:00 pm Tour, stakeholder discussions
- Falfurrias Border Patrol Station
933 Country Road 300
P.O. Box 479
Falfurrias, TX 78355
- Falfurrias Checkpoint
Hwy. 281, 14 miles south of Station
Falfurrias, TX 78355
- 12:00 – 2:00 pm Lunch/Break
- 2:00 – 4:30 pm Tour, stakeholder discussions
Rio Grande City Border Patrol Station
730 Border Patrol Lane
Rio Grande City, TX 78582

Appendix C

Public Comments from Department of Homeland Security Staff

The Institute of Medicine (IOM) created an online public comment tool to obtain input related to the IOM Department of Homeland Security's (DHS's) Workforce Resilience Committee's charge from current DHS staff. The Office of Health Affairs at DHS circulated an email with a link to the tool to all DHS staff (approximately 200,000).¹ Responses were received from 130 individuals from 8 component agencies (Customs and Border Protection [CBP], Federal Emergency Management Agency [FEMA], Immigration and Customs Enforcement [ICE], Management Directorate, Office of Health Affairs [OHA], US Citizenship and Immigration Services [USCIS], US Coast Guard [USCG], and the US Secret Service [USSS]). It is not clear to the committee why the response rate was so low. The committee heard at their information gathering meetings that DHS employees suffer from survey fatigue,^{2,3} and sometimes do not partake in surveys because they feel their concerns and suggestions are not addressed. Verbatim responses were grouped by category and are available in this appendix.⁴

¹The IOM was not involved in dissemination.

²Green, A., and L. Perkins. 2012. *DHS workforce resilience: Past, current and future*. Presentation to the IOM Committee on DHS Workforce Resilience: Meeting 1, December 13–14, Washington, DC.

³IOM (Institute of Medicine). 2012. *Building a resilient workforce: Opportunities for the Department of Homeland Security: Workshop summary*. Washington, DC: The National Academies Press.

⁴Minor edits have been made to the responses for punctuation, spelling, and style consistency.

Q: Please use the following space to share some of the stressors you typically encounter while working at DHS/your component agency

COMMENTS

Management/Leadership

- Management's inability to give clear direction and constant criticism of an effort (Directorate for Management)
- Some micromanaging of projects (USCIS)
- Disorganized management (OHA)
- Impossibly short deadlines or turn-around times (Directorate for Management)
- High levels of responsibility, low control
 - Everything is an emergency
 - Turnaround times are, for the most part, artificially immediate. Very few of the emergencies should actually be classified as such but rank-and-file employees are expected to jump on demand
 - Overall low morale
 - Micromanagement (Directorate for Management)
- Reinventing the wheel. Fighting the supervisor to do the job (USCG)
- Calls 24/7 for services (USCG)
- Program managers that discourage questions (USCG)
- Supervisory—my immediate military supervisor was recently relieved, and a civilian coworker with less experience and education was named supervisor for the next year. In my 10 years in this office as a civilian, I have had 1 competent supervisor out of 4 (USCG)
- Demanding unappreciative supervisor
 - No autonomy
 - Serious lack of leadership in my program (USCG)
- Leadership disparity of issues between leadership and workers (USCG)
- Unqualified and inexperienced managers who are making decisions that have negative consequences for the DHS workforce. More focus is on creating projects and false missions to keep

OHA afloat instead of focusing on the well-being of the DHS workforce. This is extremely stressful; dishonesty on a constant basis creates disillusionment. OHA has a very unhealthy environment. Managers do not communicate or even give common courtesy responses to difficult questions. That is unacceptable (OHA)

- Any other stress relates mostly to agency handling of a situation or policy/administrative decisions that I may be curious about or question, or disagree with (USSS)
- I rarely encounter stress in my job, but if so, it is event specific and is mitigated rather swiftly (USSS)
- No clear guidance regarding my ability to perform my job (USCG)
- Support functions like peer support, chaplaincy, etc., are not supported by management to the fullest capacity when employees are in need. It is usually frowned upon to be absent from your daily job duties to be present with those in grief or in need of support from their fellow employees. This is frustrating because our agencies train us to do these collateral duties yet don't support the time it requires to do things the right way and truly provide needed support to our employees (CBP)
- Disconnection of upper and middle management to the field (USCG)
- Frustration at upper management: those providing "technical direction" do not have subject matter expertise, and make ill-informed decisions (USCG)
- Actually, you can look over the federal employee survey for the last 10 years and find most of the stressors at DHS
 - Lack of communication from senior management
 - Lack of empowerment of employees
 - Lack of valuing employees
 - Lack of respect for employees. This is why [morale] at DHS continues to be low and will never improve until there is an effort from the very top down to do so (OHA)
- Senior management that doesn't understand profession and/or area that I am working; lack of cooperation between components in the office (OHA)
- The stressor that I [most] find on the job is the changing direction for ongoing projects when new leadership, or reassigned leadership, take the office/Component in different directions. Often from one administration or realignment to another the focus can shift back and forth 180 degrees (OHA)

- I find that people are often placed in leadership positions who do not have the requisite skillsets to perform such duties and often are very poor managers but perhaps good [subject-matter experts]. It is very frustrating to deal with this in one's career. I know so many people within DHS who just want out of the Department for the very reasons I have just detailed. It saddens so many people (OHA)
- Lack of structure, [standard operating procedures], turnover in personnel, no decision making below the most senior of levels and an incredible number of levels of approval for the most mundane work products (USCIS)
- Personally, stove-piping within multiple agency facilities is my stressor. Getting several agencies to work cohesively is an uphill battle: policy guidance is vague at best in most collaborative situations (USCIS)
- Upper management not working with supervisor in that they are not on the same page with office recommendations/solutions (USCIS)
- Indecisive leadership at first- and second-level supervisors. Feel like our group is kept in the dark about the future of our duties and what will be expected of us (USCIS)
- Micromanagement of senior leadership on mission-essential travel (even though funds are available) (OHA)
- Poor leadership—they stay closed up in their little areas clueless to what is going on in their own agency (OHA)
- Lack of leadership and employees being blamed for poor performance causes stress (USCIS)
- Disorganization micromanagement; lack of trust in subordinate managers; lack of credibility in upper management (USCIS)
- Employee evaluations are a farce when they actually occur. Generally a lot of paper pushing and time wasted. Employees almost never have input upfront or during the process which is always changing. Poor management, everything is a reaction to new directives and situations (USCIS)

Lack of Communication

- Lack of communication that causes a lot of uncertainty and stress (USCIS)

- Poor communication from leadership (OHA)
- Lack of communication from above; not given an opportunity to provide input to administration and/or program managers; being told to do something (by the book) even though it may not make sense (USCG)
- Constant talk about moving our unit to another section. Little communication with upper management on possible move (USCIS)
- Lack of written standards and procedures (USCIS)
- Vague and unwritten instructions (USCIS)
- Incongruent management style. Ineffective communication (ICE)
- Lack of communication between senior leadership and programs (OHA)
- Lack of communication from my supervisor and supervisor's supervisor. It is very secretive and I never know what is going on. I don't get clear direction and I can't figure it out for myself because there is very little communication (OHA)
- No communication with upper management (USCIS)

Employee Favoritism/Nepotism

- Blatant favoritism. Senior management does not practice what they preach (USCIS)
- Politics in selection of new employees being friends or family (USCIS)
- There are barriers that specific individuals in positions of power that put up blatant disregard for specific support components. Moreover, some of these persons holding these positions are unqualified, untrained, or inexperienced. However, they are only in those positions due to nepotism and sycophants (CBP)
- My biggest stressors involve not being involved in any of the cliques. The cliques and personal friendships get in the way of getting the office work completed. I can't go to supervisors because they are the ones that keep the cliques going (OHA)

Budget/Funding

- Lack of budget (Directorate for Management)
- Unable to visit units due to lack of funding (USCG)
- No funding for my program
 - No set expectations
 - No stability
 - Job insecurity
 - High cost of living in California (USCG)
- Lack of resources (USCG)
- Inequality of pay compared with nongovernment positions. Continued pay freeze only increases this issue (USCG)
- Budgetary restrictions but the continued expectation that the quality of work remains (USCG)
- Fiscal budget limitation (no training and/or travel) (USCIS)
- Stress trying to help some contractors who have experienced serious financial problems due to the economy which may prevent their access to USCIS contracts (USCIS)
- The ever-increasing number of “Quick Turnaround Taskings”; working in a “more with less” environment (USCIS)
- Lack of available funds to adequately do my job (USCIS)
- No cost-of-living raises (USCG)

Staffing

- The stressors I encounter have more to do with having to do a lot with a minimal staff. I think my program would be even more effective if I had adequate staffing (USSS)
- Doing other employees' work or addressing research questions that they should [Google] or answer themselves (FEMA)
- Intense work load. Military environment (USCG)
- No recognition of work done for years (salary raise) (USCG)
- Lack of administrative support (USCG)
- When the active supervisor has been trained and is able to understand the organization, they rotate and the professional work force has to break in a new supervisor. Feels like a training ground for active duty supervisors (USCG)
- Mission fatigue (USCG)

- Increased workload with decreased resources (USCG)
- Staffing shortages makes it difficult to complete all assigned actions across numerous programs (USCIS)
- Too much work, not enough staff to handle the workload (USCIS)
- Employee vacancies; increased workload with staffing shortages (USCIS)
- Coworkers taking excessive or unscheduled leave, which impacts my workload. Unreasonable deadlines or unreasonably detailed data calls that require the dropping of regularly scheduled work for completion with no obvious connection to the mission (USCIS)

Training

- Mandatory training is a total waste of time—nothing has ever been shown that training such as sexual assault or equal opportunity employment has yielded positive changes over time. I take the training every year; sleep through half, and who cares? (USCG)
- Little training before entering a new position and often after entering on duty with an expectation you will be proficient in your new position. Short suspense on new tasking, with the expectation all other responsibilities will be met. Working additional hours to meet the short suspense times are seldom recovered as normal expectation of employees remains in place (USCIS)
- Lack of support every area from training to job opportunities. [Morale] is extremely low (USCIS)
- Lack of valuable training due to lack of funding (USCG)

Sexual Assault

- Working with a culture of denial and no understanding of the problems (sexual assaults) (USCG)
- Sexual assault; sexual harassment (USCG)

Workplace Practices

- Lack of physical fitness program (USCG)
- Not enough telework core schedule flexibility from management (USCIS)
- Not allowed to telework on Fridays because our boss feels it gives us a 3-day weekend (USCIS)
- Our fitness centers are small for the number of employees we have and the machines are either outdated or broken. We have very few health-related workshops because the issue of ethics always seems to prohibit a program for some reason or another. Secondly, the administration will not give employees any additional time in conjunction with their lunch to attend these workshops, so any programs that have been offered are very poorly attended (USCIS)
- Non-implementation of telework. No flexible work schedule options (USCIS)
- Inability to telework (USCIS)
- Less-than-flexible working hours (USCG)
- No performance awards (USCG)
- No on-the-spot cash awards (USCG)

Q: Please use the following space to describe where you go if you need services related to wellness (physical, mental, and emotional well-being) and what work-life/wellness programs you use at DHS/your component agency. What would you want to stay the same? What would you change or add?

COMMENTS

Gym/Fitness Center

- I go to my gym almost every night to release stress (Directorate for Management)
- Fitness center (Directorate for Management)

- I use the onsite gym, which is provided more because of our location than due to any particular commitment to fitness on the part of my organization (USCG)
- There is a fabulous yoga class offered at lunch time in the Base Alameda gym. There are opportunities to participate in walking/jogging/biking/rowing aboard Base Alameda (USCG)
- I regularly take annual leave to exercise during the workday (USCG)
- I use physical exercise during the day to relax and relieve stress (OHA)
- I attend Jazzercise classes or go to the YMCA. I also attend health-related workshops on my own (USCIS)
- Walk/gym (USCG)

Suggestions: Gym/Fitness Center

- Add the physical exercise program for civilians (USCG)
- I would like to see larger fitness centers for employees and exercise classes offered, perhaps after work (USCIS)
- Add gym membership/use of gym in federal building (USCIS)
- Our facilities do not have a gym. My building is not in proximity to amenities that could assist with reducing stress. I have a disability, but my building does not allow disabled parking because this is a GSA [General Services Administration] space, and eateries are at least 1.5 blocks away (USCIS)
- Although an enormous expense, I would appreciate having a moderately sized physical exercise room where one could, in bad weather, use the treadmill, weight machine, and bicycle exerciser to relieve physical tensions. In one location, where we were sharing facilities with the security personnel who have such facilities, I was able to use the treadmill frequently (USCIS)
- I would like to see the availability of time to be used each pay period for exercise/workouts. Even if it's minimal, such as 2–4 hours per pay period (USCIS)
- I don't use any work-life/wellness programs at my agency. Due to the distance of my office from my home, I think it unlikely that I would actually use any programs that would be added. A full gym would be great, but the cost (and inevitable liability concerns) would preclude the type of facility I'd be likely to use (USCIS)

- I think having a reimbursable program for physical fitness regiments or onsite gyms goes a long way [toward] physical and mental stress relief (USCIS)

Employee Assistance Program (EAP)/Counseling

- EAP (twice since joining USCIS in 2008) (USCIS)
- I go to the Employee Assistance Program within the agency to receive counseling and guidance (USSS)
- In-house counseling (FEMA)
- I use the Employee Assistance Program and my family doctor. I would like to see the EAP/work-life program remain at USCIS/DHS (USCIS)
- EAP is available. I don't use any of the services, therefore have no suggestions (Directorate for Management)
- [Coast Guard] Work-Life; CG SUPRT (USCG)
- I go to work-life staff responsible for the issue. Sometimes, talk to chaplain (USCG)
- CG [SUPRT]; local counselors services are adequate and easy to use (USCG)
- I have used the EAP program and appreciate the current pilot program that provides distance counseling (USCG)
- [Critical-incident stress management] counseling, TRICARE, EAP are all resources used. Increased accountability of members who abuse other members will improve safety and culture of the organization. CG doesn't even track mandated training of sexual assault prevention and harassment effectively. [Equal Opportunity Employment] (EEO) system is broken (USCG)
- The EAP is close by so I can usually drop in for a 5-minute chat (USCG)
- USCG Health Safety Work Life; CG SUPRT (USCG)
- Work-Life, chaplain, CGSUPRT.com (USCG)
- CG SUPRT—it is working well and is very supportive (USCG)
- I would use CG SUPRT; health promotions (USCG)
- Our EAP program is strong (USCG)
- USCIS work-life program (USCIS)
- EAP is very [supportive], would not change anything (USCIS)

- I'm aware of the services EAP provide[s]; however, I prefer to seek counseling through my religious resources and faith beliefs (USCIS)
- I take advantage of the employee assistance program's counselor a few times a year. I think this is a wonderful resource (USCIS)
- I go to my church and friends. I do not use any work-life programs at OHA or DHS because I do not think they are genuine or helpful (OHA)
- Fortunately, we have several services at my duty post location. We have a gym, a nurse, and a work-life program. On a positive note, I am very grateful to have the services of a nurse. She provides several work-life/wellness services (such as health screenings, educational seminars, etc.). I hope the budget doesn't put this service at risk (USCIS)
- I have viewed some of the health- and nutrition-related videos on the EAP work-life site. I liked the list of exercises that we can do to help alleviate the stiffness that often occurs when you sit most of the day at a computer. More should be added because it is a major problem. When I get up from my desk, oftentimes I have to wait a few seconds before I start walking because I am so stiff (USCIS)

Counseling Phone Line/Hotline

- I am aware of a work-life phone number to call in my agency (USSS)
- EAP—work-life—call the 800 number or go online. I think the program works well (USCIS)
- Work-life programs. I have used or referred other[s] to use the Coast Guard [SUPRT] hotline for financial, mental health, family advocacy, elder care, and employment support (USCG)

Suggestions: EAP/Counseling/Onsite EAP Programs

- I would keep the same EAP contractor (CG SUPRT) but I wish they had more services through the EAP provider ... like anger management and financial management classes (USCG)

- The most important change would be if a representative of [work-life]/EAP were to physically be present on site and to take a survey of conditions by visiting each employee personally (USCIS)

Health Insurance/Health Care Provider

- I use the employee assistance program and my family doctor (USCIS)
- For the rest of my health care I use the FEHB [Federal Employees Health Benefits] program and my own providers (USCG)
- I have developed a relationship with an outside counselor who will take an appointment if and when needed (USCG)
- I go to my medical doctor or physical therapist (USCIS)
- I attend sessions with a psychologist to help cope with the issues I've faced and have learned to handle my PTSD [posttraumatic stress disorder]. I did not use the EAP program to locate the psychologist due to the fact that I was a contractor when I first sought assistance (USCIS)

Friends/Family/Coworkers

- I utilize my friends (CBP)
- I go to friends and focus on growing strong relationships with other people in the workplace. I also rely upon my family and community (church, places I volunteer, etc.) (USCG)
- My best friend(s), a coworker, my immediate supervisor (Directorate for Management)
- I go to friends and neighbors. I do not go to any DHS programs. I think I'll keep things like this (OHA)
- I have friends at FEMA and neighbors at home. I belong to clubs and hiking meet-up groups. I don't use any wellness programs at DHS (OHA)

Workplace Practices

- Ad hoc telework. Meet with office leaders to discuss priorities (ICE)
- Successful telecommute program provides increased morale and decreased commuting stress (USCG)
- Since the chief of this divisions' policy (PRD) is to be open and honest to each other, I want to stay the same. I don't want to add or change anything. I am very happy and very proud of my team. We are like family (USCIS)
- [Alternative work schedule] (flex time to maintain work-life balance) (USCIS)
- Training/facilitated discussions. Taking annual leave to give myself break from office/work to rejuvenate (USCIS)
- Open communication with upper management (USCIS)
- I attend various seminars offered at DHS/USCIS on work-life/wellness (USCIS)
- I'm part of the Working Parents Group. I haven't used the Employee Worklife Program a lot, but it seems pretty good (USCIS)

None

- I don't use any work-related resources. I work out at home—that's the extent of it (Directorate for Management)
- Currently, I have no wellness programs to utilize at OHA. I do practice yoga and meditation on my own (OHA)
- OHA has none. Our component Human Capital office puts up every barrier imaginable. I go to the main DHS OCHCO [Office of the Chief Human Capital Officer] office, where I've found a couple of professionals that go above and beyond to help people. I tried our EAP to discuss workplace dissatisfaction and after trying for almost an hour to find the number and get through a screening process, I finally got an appointment. The appointment was a joke and I was referred to someone through my health insurance. The EAP was more stressful than it's worth. Try it, you'll see (OHA)
- Honestly, I do not utilize any of those programs, not because they are not available or good-quality but because I have a good support system and I am very resourceful outside those that are provided (CBP)

- Does DHS have any wellness policies? I know we have support for gym memberships but anything else? (OHA)
- I have never personally used a DHS program and know of almost none (bad gap in knowledge, resources, and how to use them) (OHA)
- I use none of the work-life/wellness programs associated with USCIS (USCIS)
- I am not aware of any work-life programs accepted by my management (USCIS)
- I don't go to anyone at DHS (USCIS)
- My office and refocus on objectives. Utilization of EAP and/or other tools is not needed in my case (USCIS)
- Have not used any DHS services. Deal with stress on my own by exercising, taking part in activities I enjoy, and spending time away from work on vacation days and weekends (USCIS)

SUGGESTIONS

Management/Leadership

- I'd like to see some accountability. My component Human Capital office does not treat people as [customers] or with any respect. Nothing is done about that—how can I believe for 1 minute that my leadership cares? I believe we need an internal satisfaction system that grades our offices. If we (on the bottom) don't receive the service we deserve, then our complaint should matter. I observe the OHA staff taking care of only those above them in the pecking order. Not those below or those who don't have power or influence. Not one thing at OHA should stay the same. How can OHA support DHS and improve the overall health if OHA itself is so unhealthy? (OHA)
- I would want the [Health, Safety and Work-Life] office in Alameda, CA, to act as a team—to be generalists—and lose their current hierarchy. The work-life office in Alameda, CA, is not where anyone seeks assistance unless ordered to go—the infighting is toxic to their programs and there is more blame and finger pointing than cooperating toward the end goal of servicing customers in need.

While some people shine in their specific area of responsibility, they are not personally empowered to grow (USCG)

- As a former division chief, the lack of knowledge shown above is an egregious situation, since I have counseled others in dire need of assistance as I chased down what services might be available. “Turning an employee over to Human Capital” is not providing sound leadership, when in fact we leaders should be working hand-in-glove with support service managers and providers. I would like a simple, efficient, and effective way to stay cognizant of what wellness programs and services exist, who’s who among DHS providers/managers of those services, some tailored and concise training for leaders and employees, and the ability to rapidly access needed resources online (OHA)
- USCIS WorkLife. I would like them to have a more active role in the [agency’s] work-life balance. Right now, it’s more of ideas and guidance but doesn’t enforce much (USCIS)
- Having managers trained on holding all employees accountable for their work would increase my wellness by my not needing to do other’s work and feeling like others who receive the same pay do less work [than] I do (USCIS)

Workplace Practices

- If there was one thing I wish could have stayed the same, it would be the ability to combine a break period with lunch. This combination would allow me to use the gym on a daily basis. Worklife offers several fitness programs (such as the Physical Fitness Challenge) but again these are not practical within the workplace—given workload, deadlines, and sanitary issues (USCIS)
- I would also like to see office-sponsored physical activities/sports clubs. An example would be a USCIS volleyball team, with each directorate or branch having their own team. This would be a great way to network and to improve work morale (USCIS)
- Haven’t used any services. We have had some sessions on meditation and the brain given by Raymond Holmes. He is excellent and does a great job teaching the benefits of meditation. However, we don’t have the ability to practice meditation during the

day because there isn't a place to go—it would be frowned upon if employees meditated in their cubes (USCIS)

- I don't know of any programs. Other businesses have massage therapy at the office once a week or every other week, where you can schedule 20 minutes and pay (usually discounted in comparison to outside locations). Cafeteria/lounge needs a couch, better communal working spaces. Stretch breaks, where someone knowledgeable leads for 5 minutes, once or twice a week (typically the person rotates around the office space and it's done at [an] individual's work location) (OHA)

Q: Please use the following space to describe additional support DHS could provide to keep the workforce healthy, productive, and mission ready.

COMMENTS

Management/Leadership

- Teach managers how to be good managers (Directorate for Management)
- A lot more honest and open communication between the various levels of management/leadership and regular employees (Directorate for Management)
- Decrease the bureaucracy and rationalize systems so that they help rather than hinder work. Allow employees to use flexible schedules and some work time to engage in fitness-related activities. Walk the talk. Leadership at all levels should demonstrate a commitment to work-life balance and well-being; not only by supporting employees, but by engaging in those activities themselves (Directorate for Management)
- Competent supervisor training, especially when it is a military supervisor of civilian personnel. My understanding is that the CG hires civilians to provide continuity in its workforce (at least in part). My experience has been that military members do not value civilian employees and/or are all too adept at creating civilian positions that they can fill upon retirement. My most re-

cent supervisor, despite his lack of a bachelor's degree or any job experience in social work, spoke repeatedly of his belief that he could do any job in the office, and specifically stated my job was one he could easily do. I have a master's in social work and more than 20 years of experience in social services (USCG)

- Train active duty and civilian workforce together: “Team First” attitude. Have a senior civilian in command that the civilian workforce can report to. Active duty leadership is not well equipped to handle [civilian personnel] issues and as a result complaints are not handled well and concessions are made because of blunders in [management] decisions by the active duty members. This allows poor performers to remain in their positions in spite of their performance. This is a demotivater to high performers on the [civilian] and [active duty] staff (USCG)
- Supervisors and managers should be required to respond (simply communicate) to subordinates. That means return calls or e-mails. Answer questions. Of course I don't expect every manager to immediately drop what they're doing to answer questions or address concerns, but getting some kind of response EVER is a reasonable request. This is an extremely disrespectful, discourteous, and unkind environment. It's difficult when an employee knows the mission, [is] qualified and ready to perform the mission, but [is] prevented from doing the mission because of middle management barriers and pet projects (OHA)
- Being transparent; holding persons accountable for poor performance; recognizing those hard workers; appropriately dealing with “problem children” by not rewarding/reinforcing negative behavior (e.g., Mr. Doe was not held accountable or fired for inappropriate workplace behavior but transferred to another [department] and promoted). “Catholic Priest Syndrome”—keep moving the individual around to different dioceses without dealing with the problem (CBP)
- Executive development training, among other sources, offers various toolkits, lessons learned, and proven approaches in dealing with and supporting employees and creating wholesome, productive, and enjoyable work environments. I doubt we need new or tailored items but firmly support using what exists (OHA)

- Remove ineffectual management and bring in private-sector consultants to run the agency for a period of time until work product/mission are adequately addressed (USCIS)
- Supervisors need to be more sensitive to employee needs. The workforce is changing with more middle-aged and senior employees. The workplace requires more resources to work with the employees' increasing needs (USCIS)
- Get organized at the top. Provide meaningful training and supervisory support when a new position is started and ongoing [training] so employees feel they are skilled to meet their job requirements. Too much "figure-it-out" mentality. Cuts immediately impacted employees' ability to obtain needed training. Still large groups of staff traveling but line employees are basically left with online training opportunities at best (USCIS)
- Strong leadership training programs for managers/supervisors at every level. Proper leadership is the key to all these "ills." Good, moral, and honest leaders are the backbone of a healthy and productive workplace (USCIS)
- I would like to be able to score my supervisor on communication, morale building, and honesty, and this would be used on their annual evaluation (OHA)
- Managers need to be respectful and decent. Too many are not. I don't think there's anything DHS can offer except hire better people. You can't teach virtues (OHA)
- The agency needs better communication ... [for] example, employees need to know who their security and safety employees are (USCIS)

Staffing

- Additional staff is necessary. When people are overworked (it's been over a year since we have had the appropriate staffing levels), people tend to take more sick time, even if they aren't physically ill. There appears to be no buffer of staff for "life" events, so when people are out (for surgeries, pregnancies, or just earned vacations), which is a constant, the remaining staff is under constant pressure to perform. This stress, in turn, creates additional maladies (USCIS)

- In my opinion, they could give their internal affairs unit the law enforcement authority the law provides for, that USCIS policy precludes. This would permit USCIS special agents to be on par with their counterparts at ICE, CBP, Secret Service, and OIG. Such authorization of the exercise of such authority would keep the workforce mission ready by permitting USCIS special agents to investigate crimes such as bribery, fraud, human trafficking, etc., committed by USCIS employees, rather than forcing USCIS Special Agents to give away such investigations to other DHS law enforcement components to investigate (USCIS)

Budget/Funding

- Travel—if we can't visit all our units annually, it is very hard to market program[s], be sure services get [the] widest dissemination and utilization—avoiding personal issues for those who are not familiar with services, confidentiality/HIPAA [Health Insurance Portability and Accountability Act], not stigmatized about use (USCG)
- Give us a cost-of-living [raise] and make it retroactive to pay us for all the years we have not gotten one (USCG)

EAP/Counseling/Onsite EAP Programs

- DHS could ensure that each component has a work-life specialist position across the board (USSS)
- Offering a cache of services and/or contact numbers which will highlight and direct component employees to what DHS overall or their own components offer. Perhaps having a select group of DHS employees versed in their respective fields to come to each component quarterly to offer a seminar, group, presentation, or training on a wellness topic with additional resources (USSS)
- Counseling services targeted to law enforcement officers. Medical case management services as broadly authorized with as many services as possible. Rotation programs to support people in hard law enforcement positions (ICE)
- Healthy: promote wellness in the workplace: morale-building activities, health programs for staff and time to participate. These

activities create bonds for the teams and promote healthy lifestyles that in turn enable staff to handle stress (USCG)

- Formulating a special volunteer force of trained emotional/mental health personnel (past and current experience from our ranks) that work under Ph.D. or Dr. supervision to respond across the [nation] as psychological first aid and mental trauma management forces during small- or large-scale events. This could help prevent emotional and mental health issues that sometimes arise down the road from on-duty events where trauma goes unnoticed (CBP)
- The number-one support would be for various levels of mental/emotional support for the workforce. Various communication avenues (soft and hard) to address everyday and long-term stressors would be so very helpful to maintain a healthy workforce. In addition, the availability of intra- and interdepartmental “details” would be very interesting and provide a good return on investment for a more skilled DHS workforce. In fact, this should become a requirement of the workforce to develop additional skillsets, employment opportunities, and morale boosting of the employees (OHA)
- Provide a standard amount of time and provide more resources for employees to be engaged in learning how to address personal work-life issues (USCIS)
- Peer support program. I think I would trust a coworker more than a therapist (ICE)

Sexual Assault/Domestic Violence

- New strategic plan for sexual assault has no metrics tied to it. Sexual Assault Report to Congress is not benchmarked to the [Department of Defense] (DoD) and is not transparent even to CG members and leadership. Require CG Sexual Assault Report to be benchmarked to DoD and make it Web-accessible like DoD (USCG)
- I'd like to see more sensitivity training in the workplace. People say stuff without thinking about how it could impact those around them. We had a domestic violence training scheduled [but] the [video-teleconference] didn't work so we just got a handout. That handout was generic and not specific. The training should be conducted by someone with direct knowledge of the situation.

We have access to nonprofit agencies that could come in and deliver powerful training on difficult topics (USCIS)

Gym/Fitness Center

- Time off for fitness. Fitness classes. Walking groups (Directorate for Management)
- Fitness center and day care at all DHS facilities or consistency in employee usage of other facilities at low cost (USCIS)
- Ongoing physical ability standards. Officially recognized support for physical fitness as the military does (Directorate for Management)
- Time to do exercise (paid) (law enforcement personnel receive this benefit, but support staff do not). If not that, then something like offering biweekly or monthly chair massages or similar program in the office (OHA)
- Daily workout time for ALL, to include time for meditation, yoga, tai chi for those who [have] less physical strength. Everyone out at the flag pole 0730 for morning stretch and daily affirmations. Promote positivity and prevention versus always falling back on knee-jerk reactions to negative events and overcompensating for that event to the point that everyone suffers for one idiot's mistakes (USCG)
- Please provide a policy for workouts for civilians during the workday similar to the military component (1 hour 3 days a week or 3 hours a week) so I don't constantly have to burn my leave and can use it for family time (USCG)
- Consider that civilians, as instrumental support, also benefit from morale events and occasional workouts. Suggest partial funding (as opposed to whole account for one active duty member) re: unit morale funds. Also request that civilians be allowed 30 minutes for workout, 3×/week (at supervisor's discretion) (USCG)
- I believe DHS realizes the importance of physical fitness and good health. I believe it is evident in the program they currently have and the work-life/wellness seminars they offer. I also believe that a healthy and happy employee is a productive one. I realize that we are part of the DHS workforce and have an obligation to be the best we can be behind our desk but, for some,

including myself, the incentive to participate in physical fitness activities after a full day of work is missing (USCIS)

- It would be nice if DHS would subsidize gym memberships. A lot of companies do this to encourage the workforce to improve/maintain its health. Health costs go down over time for the companies as well (USCIS)
- Provide more opportunities for people to stay healthy and active. In the military you are afforded the opportunity to get fit on the clock. I think that if it's efficient and easy to access people will take advantage (USCIS)

Workplace Practices

- Ergonomic workplace design should be a centralized responsibility; employees shouldn't have to spend time finding out how to get appropriate chairs [and] desks and/or fill out forms [to] discover [the] process for having modifications made. The set-up should be part of standard process when individual comes on board (Directorate for Management)
- More recognition of individual's work (USCG)
- Flexible work schedules (USCG)
- Awards and promotions incentive, more training (USCG)
- Smok[ing] cessation classes, in-house exercise classes, workshops supported by administration (USCIS)
- Mandatory, half-hour break in the day to eat, relax, and refocus on tasks (USCIS)
- More support for teleworking—the days that I don't have to drive in to work (no public transportation is available), more opportunities for training (USCIS)
- Organizing DHS sports leagues (either across or between components, and perhaps even with/against other departments) would give an opportunity for exercise, socialization, and fun (even adults like playtime!), all of which are good for health and stress relief. But the first few seasons might be hard to organize until such a program became more a part of the culture (USCIS)
- Possibly more in-office stress-relieving activities (i.e., team-building, “fun” exercises, etc.) (USCIS)

- Have a DHS team conduct a climate assessment survey. Do not let management identify the employees to be interviewed. Interview at least 50 percent of the workforce. Use the information gained to take proper actions to make the work environment less stressful (USCIS)
- Specific, concrete guidance for supervisors and non-supervisors on how to effectively balance work demands, improve physical fitness, balance family life and social recreation. There is no adequate way to measure these often-competing roles and concrete ways to re-balance them effectively so that we remain most productive (USCG)
- One-pagers on different topics near microwaves or “stall news.” Have health competitions (like pedometer walk-offs) (OHA)

Q: Please use the following space to provide any additional comments.

COMMENTS

Management/Leadership

- We appear to have a lot of good programs to help employees, on paper—the execution is what may be questionable (Directorate for Management)
- I’ve worked at every level of Army and Coast Guard employment (moved as a spouse of active duty over 10 times). I have had active duty and civilian supervisors. All have their strengths, but the lack of experience by leaders of [the civilian] workforce has hurt the Coast Guard. [General Schedule] 11, 12, 13 staff being supervised by rotating [junior]-level ([Lieutenant Commander] and below) active duty has resulted in numerous EEO and [management] complaints. Poor performers love this environment. They only have to survive the newest [management] rookie and their reviews are based on limited knowledge of the civilian’s job. Corrective actions or punitive actions are easily contested due to process and performance misunderstandings/mistakes by the supervisor. When possible, large civilian workforce (10 or more?) should be supervised by an experienced civilian (USCG)

- DHS already has plenty of helpful programs and initiatives. However, no number of stress management, communication, relationship classes, peer support, etc., efforts can be effective against a constant barrage of disrespect, lack of accountability, and unqualified managers making poor decisions. Yes, I can cope, but this environment does not lend itself to being a “resilient,” healthy place to work. I honestly believe that if 100,000 DHS employees said exactly the same things I have written, nothing would actually change. Yes, there may be a few memos and town hall meetings, but there is no accountability. There would be no real change (OHA)
- The office currently does nothing. They did try a [fruit] bowl, but it was costly and hard to sustain. It failed after a month (OHA)
- When an employee is happy in his/her work, [it is] because of the people surround[ing] him or her. You will do your very best [if you] have your supervisor or the chief of that division to lift [you] up and be more productive in so many ways that the office would [recognize] in a positive way (USCIS)
- If you don't go along with a bad idea or the wrong way to do something, you get thrown out of the group and nobody will talk to you. So many people leave this organization to go to other DHS components. I do not think most of our managers and leaders are competent to be in their positions. Human Capital is a dismal failure (OHA)

Communication

- It would be nice to have an opportunity to volunteer for details to other offices/agencies to work with others on projects. It would expand knowledge and experience. At this time, there is limited access to this information and no idea where to look (USCIS)

Workplace Practices

- If creating any new programs, make sure you publicize them well. Also, though I expect you'll try to come up with programs that inclusively serve as many employees as possible, you might

want to try crafting some programs to individual demographics, as well. For instance, while younger employees might love a kickball or softball league, some older employees might prefer other activities. Additionally, maybe tailor certain workshops to different age groups. Money concerns cause stress, so how about a series of workshops as an example? 20-somethings don't generally give much thought to retirement, but they're often wrapped up in concerns about how to handle student loan repayment. 40-somethings are frequently preoccupied with helping their own kids get student loans. 50- and 60-somethings want to know about retirement (even if it may be too late by then) (USCIS)

- Ask employees for suggestions to help improve the atmosphere and [morale] in the office (USCIS)

EAP/Counseling/Onsite EAP Programs

- If we put people in harm's way and they experience emotional, physical, or mental trauma, they should not be penalized later if they have to seek some type of treatment as a result of that event. There is currently a restrictive atmosphere and stigma for seeking help that has been the result of on-duty traumatic events (CBP)
- EAP is not working for our employees. They are not being contacted back to set up appointments (USCIS)

Budget/Funding

- Money and budget define most everything that any agency can do to offer or expand existing services. People are well aware of this and thus stop asking for these benefits (USSS)

Appendix D

Inventory of Programs and Services of the Department of Homeland Security

As part of its early efforts for *DHSTogether*, the Department of Homeland Security Human Capital Office compiled an inventory of “Emergency Assistance and Wellness Programs” related to health promotion and resilience throughout the department. The list is included in this appendix. Although this inventory notes the current level of program development and in what percentage of locations programs are available, it fails to include any information below the component agency level and omits information on whether programs were ever evaluated. The inventory lists 60 items, most of which are implemented differently by the various component agencies.

Health Promotion and Resilience: An Inventory of Emergency Assistance and Wellness Programs

Key: Program Development

0	Not Developed
1	Under Development
2	Developed, Not Yet Implemented
3	Developed and Implemented

Key: Program Availability

A	Available at All (100%) Locations
B	Available at Most (75%) Locations
C	Available at Some (50%) Locations
D	Available at Few (25%) Locations
E	Available at No (0%) Locations

Color Code Key

Green:	Program is fully developed (+/- implementation) and is available at most (>75%) or all locations
Yellow:	Program is under development or is fully developed/implemented, but only located at some (50%) locations
Red:	Program has not been developed or is fully developed/implemented, but only located at a few or no (<25%) locations

Policy/Directive	CBP		FEMA		FLETC		IOE		TSA		USCG		USCIS		USSS		HQ	
	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability
EAP	3	A	3	A	3	A	0	A**	3	A	3	A	3	A	3	A	3	A
Suicide Prevention	3	B	0	E	1	A	1	A	3	A	3	A	3	A	0	E	3	A
Peer Support	3	C	3	D	3	A	1	A	1	N/A***	3	A	3	A	3	A	0	E
Workplace Violence	3	A	3	A	3	A	1	A	3	A	3	A	No Info Available		0	E	3	A
Critical Incident Stress Mgmt (CISM)	3	A	0	E	3	A	0	E	3	A	3	A	3	A	3	A	3	A
Traumatic Incident Mgmt (TIM)	3	A	0	E	3	A	1	A	3	A	3	A	3	A	3	A	3	A
Employee Health/Wellness Policies (e.g., time off for exercise)	0	A	1	C	1	A	1	A	0	E	3	A	1	A	3	A	0	E
Fitness for Duty	3	A	0	E	0	E	3	A	3	A*	3	A	3	A	0	E	3	A
Other (list)							0	E	N/A	N/A	3	A						
Special Needs Program											3	A						
Sexual Assault Prevention and Response Program											3	A						
Programs/Services																		
Wellness	3	D	3	B	3	C	3	D	3	D	3	C	1	C	3	D	3	A
Health Fairs																		

	OBP		FEMA		FLETC		ICE		TSA		USCG		USCIS		USSS		HQ	
	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability
Health Risk Assessment (HRA)	3	A	3	A	0		1	B	2	D	3	A	3	B	0	E	0	E
Health Screening (blood pressure and cholesterol screening)	3	D	3	A	3	C	1	B	3	D	3	A	3	B	3	C*	0	D
Health Screening (additional to above)	3	D	3	A	3	C	1	B	3	D	3	A	3	B	0	E	0	D
Depression Screening	3	A	0	E	3	C	1	B	3	A	3	A			0	E	0	E
Fitness Incentives (awards, recognition) further explanation in comment field	3	A	1	D	0		1	B	3	B	3	A	No Info Available		0	E	0	E
Fitness/Worksite Health Promotion Programs (Challenges, classes, groups, etc.)	3	A	3	C	3	B	1	B	3	B	3	A			3	D	3	C
Onsite Fitness Facilities	3	D	3	D	3	A	1	D	3	D	3	D	3	D	3	B	3	C
Nutrition Education Programs/Seminars	3	A	3	C	3	B	1	A	3	A	3	D	3	A	0	E	0	E
Tobacco Cessation	3	A	3	A	3	B	1	A	3	D	3	A	3	A	0	E	0	E
Weight Mgmt. Other (list)	0	E	3	D	3	B	1	A	3	D	3	A	3	A	0	E	0	E
IAA with DHHS FOH to provide Basic Occupational Health Center Services							3	D										
Seasonal Influenza Immunization									3	D								
Workplace Violence Prevention Program/Team	3	A	3	A	3	D	1	A	3	D	3	A	No Info Available		0	E	0	E

	CBP		FEMA		FLETC		ICE		TSA		USCG		USCIS		USSS		HQ	
	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability
Domestic Violence Awareness/Prevention	3	A	3	A	3	A	1	A	3	A	3	A	No Info Available		0	E	3	A
Stress Mgmt and Self Care Seminars/Programs (provide additional information in comment field)	3	A	3	A	3	A	1	A	3	A			3	A	3	A	3	A
Substance Abuse Awareness/Prevention	3	A	3	A	3	A	1	A	3	A	3	A	3	A	3	A	3	A
Financial Literacy Programs/ Seminars	3	A	3	A	1	D	1	A	3	A	0	D	3	A	3	A	3	A
Worklife Balance Programs/ Seminars	3	A	3	A	1	A	1	A	3	A	3	A	1	A	3	A	3	A
Telework	3	A	3	A	3	A	2	A	3	A*	3	A*	3	A	3	D	3	A
Alternative Work Schedules	3	B	3	A	3	A	2	E	3	A*	3	A*	3	B	3	D	3	A
Work Rest Cycles			1	D	0		0	E	3	C	3	A	No Info Available		0	E	0	E
Employee Assistance Program (EAP) for Employees	3	A	3	A	3	A	3	A	3	A	3	A	3	A	3	A	3	A
Employee Assistance Program (EAP) for Employees' Families	3	A	3	A	3	A	3	A	3	A	3	A	3	A	3	A	3	A
Employee Assistance Program (EAP) Services for Spouse/Family Post-Suicide	3	A	3	A	3	A	3	A	3	A	3	A	3	A	3	A	3	A
Psych First Aid	0	E	0	E	0	E	0	E	3	A	3	A	3	A	0	E	0	E
Ombudsman Program	0	E	0	E	0	E	0	E	3	A	3	C			3	A	0	E
Crisis Intervention-Suicide Telephone Hotline	3	A	3	A	3	A	3	A	3	A	3	A	3	A	0	E	3	A
Peer Support	3	C	3		3	A	1	A	1	N/A	3	A	No Info Available		3	A	0	E
GIS/ITIM (for Employees)	3	A	0	E	3	A	0	E	3	A	3	A	No Info Available		3	A	3	A

	CBP		FEMA		FLETC		ICE		TSA		USCG		USCIS		USSS		HQ		
	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	
CISM/TM (For Employee Families)	3	A	0	E	3	A	0	E	3	A	3	A	No Info Available	3	A	3	A	A	
Chaplain Services	3	C	0	E	3	D	0	E	0	E	3	A	No Info Available	0	E	0	E	E	
Worklife Services	3	A					3	A			3	A	1	A			0	E	
Bereavement Services	3	A	0		1	A	3	A	3	A	3	A	3	A	3	A	3	A	A
Personal Finance Resource & Referral	3	A	3	A	1		1	A	3	A	0	D	3	A	3	A	3	A	A
Legal Resource & Referral	3	A	0	E	1		1	A	3	A	3	A	3	A	3	A	3	A	A
Eldercare Resource & Referral	3	A	3	A	0		3	A	3	A	3	A	3	A	3	A	3	A	A
Childcare Resource & Referral	3	A	3	A	0		3	A	3	A	3	A	3	A	3	A	3	A	A
Childcare Subsidy	1	E	0	E			0		0	E	3	A*	0	E	0	E	0	E	E
Onsite Childcare	3		0	E	3	D	0	E	0	E	3	D	0	D	0	E	0	E	D
Special Interest/Affinity Groups	0	E	0	E	0		0	E	3	C			No Info Available	0	E	0	E	3	A
Support Groups			0	E	0		0	E	3	C			No Info Available	0	E	0	E	3	A
Other (list)							0	E	N/A	N/A									
Adoption Reimbursement											3	A							
Family (In-Home)											2	D							
Child Care											3	D							
CG Spouses' Club											3	D							
LifeCare																3	A		
Disaster/Critical Incident Pre-Deployment Briefings/Orientation	3		1	E	3	A	3	A	3	D	3	A	3	A	3	A	0	E	E
Hostile Environment Pre-Deployment Briefings/Orientation	3	"	0	E	0		3	A	3	A	3	A	No Info Available	0	E	0	E	0	E

	CBP		FEMA		FLETC		ICE		TSA		USCG		USCIS		USSS		HQ	
	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability
Disaster/Critical Incident Post Deployment Debriefing	3	"	0	E	3	A	3	A	3	A	3	A	No Info Available		0	E	0	E
Hostile Environment Post Deployment Debriefing	3	"	0	E	3	A	3	A	3	A	3	A	No Info Available		0	E	0	E
Disaster/Critical Incident Post Deployment Reintegration	3	"	0	E	3	A	0	E	3	A	0	E	No Info Available		3	A	0	E
Hostile Environment Post Deployment Reintegration	3	"	0	E	0	E	0	E	3	A	0	E	No Info Available		0	E	0	E
Veteran's Reintegration Program			1	A	1	A	0	E	3	A	3	B	3	A	0	E	0	E
Pre-Employment Physical Fitness Requirements (Identify Personnel in Comment Field)	3	A	0	E	0	E	3	A	3	A*	0	E	0	E	1	A*	0	E
Post-Employment Physical Fitness Requirements (Identify Personnel in Comment Field)	1	E	0	E	0	E	3	A	3	A*	0	E	0	E	3	A*	0	E
Health Unit	3	D	3	C	3	B	3	D	3	D	3	A	3	B	3	A		
Psychological Testing and Screening During Hiring Process	3	D	0	E	0	E	3	A	See Below	See Below	0	E	0	E			0	E
Psychological Tests			0	E	0	E	3	A	0	E	3	A	No Info Available		0	E	0	E
Background Information			3	A	3	A	3	A	3	A	3	A	No Info Available		3	A*	0	E
In-Depth "Clinical Interview"			0	E	0	E	3	A	0	E	3	A	No Info Available		3	A*	0	E

	CBP		FEMA		FLETC		ICE		TSA		USCG		USCIS		USSS		HQ	
	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability
Required Annual Psychological Counseling Seminars			0	E	0	E	3	A	0	E	0	E	0	E	0	E	0	E
Psycho Educational Seminars			0	E	3	C	0		3	A	3	B	0	E	0	E	0	E
Other (list)									N/A	N/A								
FOH BOHCS: on-site first aid and emergency response, immunizations, physician-prescribed services, health awareness programs, health screenings, record keeping, emergency response planning, mgmt reports and other worksite health							3	D										
Polygraph Educational Seminars	3	D																
Post Incident Analysis																		
Post Traumatic Incident AAR	3	A	0	E	3	A	1	A	3	A	3	A	No Info Available		0	E	3	A
Post Suicide AAR			0	E	3	A	1	A	3	A	0	E	No Info Available		0	E	3	A
Training																		
Leadership Training (suicide triggers)	3	A	0	E	1	A	3	A	3	A	0	E	No Info Available		3	A	0	E
Leadership Training (traumatic incident rehabilitation/ reintegration)			0	E			3	A	3	A	0	E	No Info Available		0	E	0	E
Employee Awareness (suicide triggers)	3	A	0	E	3	A	1	A	3	A	3	A	No Info Available		3	A	0	E
Peer Support Training (suicide incidents)	3	A	0	E	3	A	1	A	3	A	0	E	No Info Available		0	E	0	E

	CBP		FEMA		FLETC		ICE		TSA		USCG		USCIS		USSS		HQ	
	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability	Program Development	Program Availability
Peer Support Training (traumatic incidents)	3	A	0	E	3	A	1	A	3	A	3	E	No Info Available	3	A	0	E	
Wellness Program(s)	3	A	0	E	3	A	1	A	3	A	3	A	No Info Available	0	E	0	E	
Information Sharing/Awareness/Internal Messaging (for suicide prevention, triggers, intervention, etc.)	3	A	0	E	3	A	1	A	3	A	3	A	No Info Available	0	E	0	E	
Other (list)							0	E	N/A	N/A								
Safety and Occupational health On-line Training and CBP Instructor-Lead Training													3	A				
National Blood Drive	3	A																
President Volunteer Service Award Program	3	A																
National Food Drive	3	A																

* Not available to all employees
 ** EAP Program is Agency-wide, but there is no policy
 *** Available only to FAMS employees

Appendix E

Organizational Self-Assessment Tool— NIOSH Essential Elements

SOURCE: Adapted from CDC (Centers for Disease Control and Prevention). 2008. *Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing* (<http://www.cdc.gov/niosh/docs/2010-140/pdfs/2010-140.pdf>)

Instructions: Please rate the extent to which each of the following elements is part of your workplace health promotion program using the scale below, and if applicable, describe how you are incorporating the element into your program.

0 = Not implemented

1 = Poor implementation

2 = Fair implementation

3 = Good implementation

4 = Very good implementation

5 = Excellent implementation

NIOSH Essential Element	Implementation (0–5)	Briefly describe how you are incorporating this element into your worksite program
Organizational Culture and Leadership		
<p>1. Develop a “human-centered culture.” Effective programs thrive in organizations with policies and programs that promote respect throughout the organization and encourage active worker participation, input, and involvement. A human-centered culture is built on trust, not fear.</p>		
<p>2. Demonstrate leadership. Commitment to worker health and safety, reflected in words and actions, is critical. The connection of workforce health and safety to the core products, services, and values of the company should be acknowledged by leaders and communicated widely. In some notable examples, corporate boards of directors have recognized the value of workforce health and well-being by incorporating it into an organization’s business plan and making it a key operating principle for which organization leaders are held accountable.</p>		
<p>3. Engage mid-level management. Supervisors and managers at all levels</p>		

<p>should be involved in promoting health-supportive programs. They are the direct links between the workers and upper management and will determine if the program succeeds or fails. Mid-level supervisors are the key to integrating, motivating, and communicating with employees.</p>		
<p><i>Mean Organizational Culture and Leadership Score:</i></p>		

<p>NIOSH Essential Element</p>	<p>Implementation (0–5)</p>	<p>Briefly describe how you are incorporating this element into your worksite program</p>
<p>Program Design</p>		
<p>4. Establish clear principles. Effective programs have clear principles to focus priorities, guide program design, and direct resource allocation. Prevention of disease and injury supports worker health and well-being.</p>		
<p>5. Integrate relevant systems. Program design involves an initial inventory and evaluation of existing programs and policies relevant to health and well-being and a determination of their potential connections. In general, better-integrated systems perform more effectively. Programs should reflect a comprehensive view of health:</p>		

NIOSH Essential Element	Implementation (0–5)	Briefly describe how you are incorporating this element into your worksite program
Program Design		
<p>behavioral health/mental health/physical health are all part of total health. No single vendor or provider offers programs that fully address all of these dimensions of health. Integrate separately managed programs into a comprehensive health-focused system and coordinate them with an overall health and safety management system. Integration of diverse data systems can be particularly important and challenging.</p>		
<p>6. Eliminate recognized occupational hazards. Changes in the work environment (such as reduction in toxic exposures or improvement in workstation design and flexibility) benefit all workers. Eliminating recognized hazards in the workplace is foundational to work-life principles.</p>		
<p>7. Be consistent. Workers' willingness to engage in worksite health-directed programs may depend on perceptions of whether the work environment is truly health-supportive. Individual interventions can be linked to specific work experience. Change the physical</p>		

NIOSH Essential Element	Implementation (0–5)	Briefly describe how you are incorporating this element into your worksite program
Program Design		
and organizational work environment to align with health goals. For example, blue-collar workers who smoke are more likely to quit and stay quit after a worksite tobacco-cessation program if workplace dusts, fumes, and vapors are controlled and workplace smoking policies are in place.		
<p>8. Promote employee participation. Ensure that employees are not just recipients of services but are engaged actively to identify relevant health and safety issues and contribute to program design and implementation. Barriers are often best overcome through involving the participants in coming up with solutions. Participation in the development, implementation, and evaluation of programs is usually the most effective strategy for changing culture, behavior, and systems.</p>		
<p>9. Tailor programs to the <i>specific</i> workplace and the diverse needs of workers. Workplaces vary in size, sector, product, design, location, health, and safety experience, resources, and worker characteristics such as age, training,</p>		

NIOSH Essential Element	Implementation (0–5)	Briefly describe how you are incorporating this element into your worksite program
Program Design		
<p>physical and mental abilities, resiliency, education, cultural background, and health practices. Successful programs recognize this diversity and are designed to meet the needs of both individuals and the enterprise. Effective programs are responsive and attractive to a diverse workforce. One size does <i>not</i> fit all—flexibility is necessary.</p>		
<p>10. Consider incentives and rewards. Incentives and rewards, such as financial rewards, time off, and recognition, for individual program participation may encourage engagement, although poorly designed incentives may create a sense of “winners” and “losers” and have unintended adverse consequences. Vendors’ contracts should have incentives and rewards aligned with accomplishment of program objectives.</p>		
<p>11. Find and use the right tools. Measure risk from the work environment and baseline health in order to track progress. For example, a Health Risk Appraisal instrument that assesses <i>both</i> individual and work-environment health risk factors can help establish baseline</p>		

NIOSH Essential Element	Implementation (0–5)	Briefly describe how you are incorporating this element into your worksite program
Program Design		
workforce health information, direct environmental and individual interventions, and measure progress over time. Optimal assessment of a program’s effectiveness is achieved through the use of relevant, validated measurement instruments.		
<p>12. Adjust the program as needed. Successful programs reflect an understanding that the interrelationships between work and health are complex. New workplace programs and policies modify complex systems. Uncertainty is inevitable; consequences of change may be unforeseen. Interventions in one part of a complex system are likely to have predictable and unpredictable effects elsewhere. Programs must be evaluated to detect unanticipated effects and adjusted based on analysis of experience.</p>		
<p>13. Make sure the program lasts. Design programs with a long-term outlook to assure sustainability. Short-term approaches have short-term value. Programs aligned with the core product/values of the enterprise endure.</p>		

NIOSH Essential Element	Implementation (0–5)	Briefly describe how you are incorporating this element into your worksite program
Program Design		
There should be sufficient flexibility to assure responsiveness to changing workforce and market conditions.		
14. Ensure confidentiality. Be sure that the program meets regulatory requirements (e.g., HIPAA, state law, ADA) and that the communication to employees is clear on this issue. If workers believe their information is not kept confidential, the program is less likely to succeed.		
<i>Mean Program Design Score:</i>		

NIOSH Essential Element	Implementation (0–5)	Briefly describe how you are incorporating this element into your worksite program
Program Implementation and Resources		
<p>15. Be willing to start small and scale up. Although the overall program design should be comprehensive, starting with modest targets is often beneficial if they are recognized as first steps in a broader program. For example, target reduction in injury rates or absence. Consider phased implementation of these elements if adoption at one time is not feasible. Use (and evaluate) pilot efforts before scaling up. Be willing to abandon pilot projects that fail.</p>		
<p>16. Provide adequate resources. Identify and engage appropriately trained and motivated staff. If you use vendors, make sure they are qualified. Take advantage of credible local and national resources from voluntary and government agencies. Allocate sufficient resources, including staff, space, and time, to achieve the results you seek. Direct and focus resources strategically, reflecting the principles embodied in program design and implementation.</p>		
<p>17. Communicate strategically. Effective communication is essential for</p>		

NIOSH Essential Element	Implementation (0–5)	Briefly describe how you are incorporating this element into your worksite program
Program Implementation and Resources		
<p>success. Everyone (workers, their families, supervisors, etc.) with a stake in worker health should know what you are doing and why. The messages and means of delivery should be tailored and targeted to the group or individual and consistently reflect the values and direction of the programs. Communicate early and often, but also have a long-term communication strategy. Provide periodic updates to the organizational leadership and workforce. Maintain program visibility at the highest level of the organization through data-driven reports that allow for a linkage to program resource allocations.</p>		
<p>18. Build accountability into program implementation. Accountability reflects leadership commitment to improved programs and outcomes and should cascade through an organization starting at the highest levels of leadership. Reward success.</p>		
<p><i>Mean Program Design and Implementation Score:</i></p>		

NIOSH Essential Element	Implementation (0–5)	Briefly describe how you are incorporating this element into your worksite program
Program Evaluation		
<p>19. Measure and analyze. Develop objectives and a selective menu of relevant measurements, recognizing that the total value of a program, particularly one designed to abate chronic diseases, may not be determinable in the short run. Integrate data systems across programs and among vendors. Integrated systems simplify the evaluation system and enable both tracking of results and continual program improvement.</p>		
<p>20. Learn from experience. Adjust or modify programs based on established milestones and on results you have measured and analyzed.</p>		
<p><i>Mean Program Evaluation Score:</i></p>		

Appendix F

Committee Biosketches

Lieutenant General James B. Peake (Ret.), MD (*Chair*), was nominated by President George W. Bush to be Secretary of Veterans Affairs (VA) on October 30, 2007. He was unanimously confirmed by the Senate on December 14, 2007, and served from December 2007 through January 2009. Dr. Peake was the principal advocate for veterans in the US government and directed the nation's second largest cabinet department, responsible for a nationwide system of health care services, benefits programs, and national cemeteries for America's veterans and dependents. During his tenure, VA employed more than 280,000 people at hundreds of medical centers, nursing homes, benefits offices, and national cemeteries throughout the country. VA's budget for fiscal year 2009 was \$97.5 billion. A St. Louis, Missouri, native, Dr. Peake received his BS degree from the US Military Academy at West Point in 1966 and was commissioned as a Second Lieutenant in the US Army Infantry. Following service in Vietnam with the 101st Airborne Division, where he was awarded the Silver Star, a Bronze Star with "V" device, and the Purple Heart with oak leaf cluster, Dr. Peake entered medical school at Cornell University in New York. He was awarded a medical doctorate in 1972. Dr. Peake began his Army medical career as a general surgery resident at Brooke Army Medical Center, Fort Sam Houston, Texas. He retired from the Army in 2004, following service as a general surgeon, cardiac surgeon, and commander of several medical organizations culminating in his appointment as US Army Surgeon General from 2000 to 2004. As Army Surgeon General, Dr. Peake commanded 50,000 medical personnel and 187 Army medical facilities worldwide. Prior to that, he served as Commanding General of the US Army Medical Department Center and School, one of the largest medical training facilities in the world.

with more than 30,000 students annually. After retiring as a Lieutenant General, Dr. Peake served as Executive Vice President and Chief Operating Officer of Project Hope, a nonprofit international health foundation operating in more than 30 countries. Just prior to his nomination as VA Secretary, Dr. Peake served as Chief Operating Officer and a member of the Board of Directors for QTC, one of the largest private providers of government-outsourced occupational health and disability examination services in the nation. Dr. Peake is currently Senior Vice President at CGI Federal. He is a member of the Institute of Medicine Standing Committee on Health Threats Resilience and chaired the workshop series and report *Building a Resilient Workforce: Opportunities for the Department of Homeland Security*. Dr. Peake is a Fellow of the American College of Surgeons, the Society of Thoracic Surgeons, and the American College of Cardiology. He has been honored with the Order of Military Merit; the "A" Professional Designator; and the Medallion, Surgeon General, of the United States.

Dennis S. Charney, MD, is a world expert in the neurobiology and treatment of mood and anxiety disorders. He has made fundamental contributions to the understanding of the causes of human anxiety, fear, and depression and the discovery of new treatments for mood and anxiety disorders. More recently, his pioneering research has expanded to include the psychobiological mechanisms of human resilience to stress. Dr. Charney's work in depression has led to new hypotheses regarding the mechanisms of antidepressant drugs and discovery of new and novel therapies for treatment-resistant depression, including Lithium and Ketamine. The work demonstrating that Ketamine is a rapidly acting antidepressant has been hailed as one of the most exciting developments in antidepressant therapy in more than half a century. Dr. Charney's studies on human resilience have culminated in the identification of 10 key resilience factors for building the strength to weather and bounce back from stress and trauma. This work is summarized in an inspiring new book, *Resilience: The Science of Mastering Life's Greatest Challenges*, co-authored by Steven Southwick and published by Cambridge University Press in 2012. As Dean of the Mount Sinai School of Medicine, Dr. Charney unveiled Mount Sinai's \$2.25 billion strategic plan, laying the foundation for the robust 15-institute structure that Mount Sinai is known for today. Today, these institutes are hubs of scientific and clinical enterprise, working together to challenge the limits of science and medicine. Mount Sinai now stands among the most innovative of the top medical

schools in the United States and is a beacon for advances in education, transformative biomedical research, and personalized, compassionate, world-class clinical care. Dr. Charney's career began in 1981 at Yale University, where, within 9 years, he rose from Assistant Professor to Professor of Psychiatry, a position he held from 1990 to 2000. While there, he chaired the National Institute of Mental Health (NIMH) Board of Scientific Counselors, which advises the institute's director on intramural research programs. In 2000, NIMH recruited Dr. Charney to lead the Mood and Anxiety Disorder Research Program—one of the largest programs of its kind in the world—and the Experimental Therapeutics and Pathophysiology Branch. That year, he was also elected to the Institute of Medicine of the National Academy of Sciences. His scientific research has been honored by every major award in his field. In 2004, Mount Sinai recruited Dr. Charney as Dean of Research. In 2007, he became Dean of the Mount Sinai School of Medicine and Executive Vice President for Academic Affairs of the Medical Center. A prolific author, Dr. Charney has more than 700 publications, including groundbreaking scientific papers, chapters, and books. He has authored many books, including *Neurobiology of Mental Illness* (Oxford University Press, USA, Third Edition, 2009); *The Peace of Mind Prescription: An Authoritative Guide to Finding the Most Effective Treatment for Anxiety and Depression* (Houghton Mifflin Harcourt, 2004); *The Physicians Guide to Depression and Bipolar Disorders* (McGraw-Hill Professional, 2006); *Resilience and Mental Health: Challenges Across the Lifespan* (Cambridge University Press, 2011); and, as mentioned, *Resilience: The Science of Mastering Life's Greatest Challenges*, for lay audiences (Cambridge University Press, 2012).

Brigadier General Rhonda Cornum (Ret.), PhD, MD, recently joined TechWerks as Director of Health Strategy. She has a unique perspective, having just served as the first director of the US Army's novel Comprehensive Soldier Fitness initiative. Recently renamed Army Comprehensive Fitness, this strategy represents the model for universal implementation of physical and psychological health promotion within the Department of Defense. Dr. Cornum previously served as the Assistant Surgeon General for Force Projection, responsible for policies and procedures to prepare soldiers and units for deployment, and commanded the Landstuhl Regional Medical Center, the evacuation hub for Iraq, Afghanistan, Africa, and Europe. During this assignment, she commissioned development of the Joint Patient Tracking Application and pioneered use of the Nova

Lung during critical care air transport. Dr. Cornum has written or co-authored one book, five book chapters, and numerous scientific articles. She sits on numerous committees and advisory boards, including the Secretary's POW Advisory Committee for the Department of Veterans Affairs and the External Advisory Board for the Millennium Cohort Study, and is a Professor of Military and Emergency Medicine at the Uniformed Services University of the Health Sciences. Dr. Cornum is board certified in urology, a Fellow in both the American College of Surgeons and the Aerospace Medical Association, and is a member of the American Society of Nutrition. Her decorations include the Legion of Merit (with two oak leaf clusters), Distinguished Flying Cross, Bronze Star, Meritorious Service Medal (with four oak leaf clusters), Purple Heart, Air Medal, and Prisoner of War Medal.

Rose K. Gantner, EdD, NCC, is the Chief Wellness Officer, Global, at HHI Healthcare Solutions and CEO at Well Works Publishing and Consulting, LLC. With 30 years of experience in wellness, health productivity, and psychology, Dr. Gantner provides a breadth of experience in designing, developing, implementing, and executing health promotion programs. She provides expertise in behavior economics and her focus has been to develop best practices supported with evidence-based research for lifestyle behavior change programs and implementation with proven measurable outcomes. Along with Gail Wagnild, PhD, Dr. Gantner has developed research-based tools such as the Culture of Resilience Audit and educational components for individuals to gauge and strengthen their resiliency in the Living a Resilient Life Model. As a Senior Engineer at HHI, Dr. Gantner also provides strategic direction to integrate the 14 health teams into 1 comprehensive system to provide a seamless experience for the member. Dr. Gantner serves as a health management consultant to state government agencies, private organizations, and commercial groups. In addition to her consulting work, she was the Senior Director—Consumer Education, Training and Innovation, and was formerly the Senior Director of Operations at University of Pittsburgh Medical Center (UPMC) Health Plan. Prior to UPMC, Dr. Gantner worked as the Vice President of Managed Care, EAP, and Wellness at Corphealth, as a CEO for two hospitals in the Magellan Health Systems, and was founder and director of her own counseling and psychological practice. She also taught clinical psychology and health education at three different universities full-time. Dr. Gantner served two tours in the Republic of Vietnam with the American Red Cross as the Executive Program Director for military per-

sonnel. She is listed in the “World’s Who’s Who” of women and served on the Health Enhancement Research Organization’s task force on leadership and incentives. In March 2012, Dr. Gantner authored a book, *Workplace Wellness Performance with a Purpose*, which is targeted toward health care executives and managers in the workplace. Dr. Gantner earned her undergraduate degree from Slippery Rock State University in health education, her master’s degree in health education from the University of Pittsburgh, and her doctorate in counseling psychology from Auburn University.

Ron Z. Goetzel, PhD, MA, is a Research Professor at the Rollins School of Public Health at Emory University, Director of the Emory University Institute for Health and Productivity Studies (IHPS), and Vice President of Consulting and Applied Research for Truven Health Analytics. The mission of the IHPS is to bridge the gap between academia, the business community, and the health care policy world—bringing academic resources into policy debates and day-to-day business decisions and bringing health and productivity management issues into academia. Before moving to Emory, Dr. Goetzel was Director of the Cornell University IHPS. Dr. Goetzel is responsible for leading innovative research projects for health care purchaser, managed care, government, and pharmaceutical clients interested in conducting cutting-edge research focused on the relationship between health and well-being, medical costs, and work-related productivity. He is a nationally recognized and widely published expert in health and productivity management, return on investment, program evaluation, and outcomes research. Dr. Goetzel is a Task Force Member of the *Guide to Community Preventive Services* housed at the Centers for Disease Control and Prevention, and President and CEO of The Health Project, which annually awards organizations the prestigious C. Everett Koop prize for demonstrable health improvement and cost savings from health promotion and disease prevention programs. He also worked with the Department of Defense on two health promotion and resilience training demonstrations for the US Army. Before joining Truven Health Analytics (formerly Medstat) in 1995, Dr. Goetzel was Vice President of Assessment, Data Analysis, and Evaluation Services at Johnson & Johnson. Earlier in his career, Dr. Goetzel was the Medical School Education Program Evaluator at the Albert Einstein College of Medicine, where he was appointed to the psychiatry faculty. Dr. Goetzel earned his doctorate in organizational and administrative studies and his

MA in applied social psychology from New York University and his BS in psychology from the City College of New York.

John (Jack) Herrmann, M.S.ED., NCC, LMHC, is the Senior Advisor and Chief for Public Health Preparedness at the National Association of County and City Health Officials (NACCHO). In this role he manages NACCHO's preparedness portfolio aimed at enhancing and strengthening the preparedness and response capacity of local health departments. He also serves as NACCHO's chief preparedness liaison to local, state, and federal partner agencies. Prior to NACCHO, he was Assistant Professor of Psychiatry and Director of the Program in Disaster Mental Health at the University of Rochester Medical Center, Department of Psychiatry. During his 17 years with the university, Mr. Herrmann brought a wealth of experience to the fields of disaster mental health, suicide prevention, and employee assistance program services. As the former director of the Strong Employee Assistance Program, he specialized in developing critical response teams for local police, fire, and health care organizations. He has also developed disaster mental health training curricula for behavioral health and spiritual care response teams throughout New York, Maine, Hawaii, Washington, and other communities across the United States. As a long-time volunteer with the American Red Cross, Mr. Herrmann has responded to numerous national disaster relief operations including the Northridge California Earthquake, the explosion of TWA Flight 800, and a variety of hurricanes and floods. He was assigned as the Mental Health Coordinator for the Family Assistance Center in New York City immediately following the attacks of September 11, 2001, and also assisted the New York City Mayor's Office in coordinating the first- and second-year anniversaries of that event. In 2005, he was deployed as the Client Services Administrator for the Hurricane Katrina and Hurricane Rita relief operations (Louisiana), coordinating the health, mental health, and client casework services for the first month following that storm. In 2006, Mr. Herrmann was assigned as the Mental Health Manager following the crash of Comair Flight 5191 in Lexington, Kentucky. His commitment to disaster mental health has been recognized nationally with many awards, including the 2001 National Disaster Services Award, the most prestigious disaster volunteer award bestowed by the American Red Cross. He also serves on many disaster preparedness committees and advisory councils and was appointed to the National Biodefense Science Board's Disaster Mental Health subcommittee by the US Department of Health and Human Services Secretary in 2008. Mr.

Herrmann is currently a member of the Institute of Medicine (IOM) Forum on Medical and Public Health Preparedness for Catastrophic Events and has served on several IOM planning committees. Mr. Herrmann earned a master's degree in education from the University of Rochester, is certified by the National Board of Certified Counselors, and is a licensed mental health counselor in the State of New York.

Richard (Rick) W. Klomp, MOB, MS, LPC, BCPC, a behavioral scientist, leads the Centers for Disease Control and Prevention's (CDC's) Workforce and Responder Resilience Program and he is also the Deputy Director of the WorkLife Wellness Office. He has a BA degree in communications and graduate degrees in organizational behavior and community counseling. He is a board-certified licensed professional counselor who maintains a private practice and teaches a graduate-level counseling course. Mr. Klomp has worked at CDC for more than 11 years in the Office of Communications and then the National Center for Injury Prevention and Control before transferring about 5 years ago. He has been actively involved in CDC's emergency response efforts and has deployed to the Emergency Operations Center to help with the response to the Tsunami in 2004, the outbreak of Marburg hemorrhagic fever in Angola in 2005, and Hurricanes Katrina and Rita. He also has conducted post-deployment operational debriefing interviews with more than 130 CDCers who deployed to Haiti in 2010–2011. Based on information he collected during those incidents, he reached out to colleagues at the Center for the Study of Traumatic Stress and initiated a project to safeguard the health, safety, and resilience of CDC deployees. The Deployment Safety and Resiliency Team training uses psychological first aid, peer support, other relevant concepts and virtual reality environments to help prepare individuals to assess and address the physical and emotional well-being of their colleagues in the field. Mr. Klomp has co-published articles and book chapters with Dr. Dori Reissman and academic colleagues on resiliency, community resilience related to public health emergencies, and the use of virtual reality to properly prepare deployees.

Jeffrey W. Runge, MD, is currently Principal at the Chertoff Group, a firm providing business risk management and security sector advisory services, and the President of Biologue, Inc., a consulting firm specializing in biodefense, medical preparedness, and injury prevention and control. Dr. Runge is also an Adjunct Professor in the School of Medicine at the University of North Carolina at Chapel Hill, where he works on a

biosurveillance project sponsored by the Department of Homeland Security (DHS), Office of Health Affairs (OHA). From 1984 until 2001, he practiced and taught emergency medicine in North Carolina's busiest emergency department and trauma center, while performing research in injury prevention, trauma care, and emergency service delivery. His leadership and innovation in road traffic safety brought him to Washington as the head of the National Highway Traffic Safety Administration, where he instituted programs that led to the first absolute declines in US motor vehicle deaths in almost a decade and the lowest highway fatality rate in history. In 2005, with his government administrative experience and rich experience in emergency medical services and trauma management, Dr. Runge was appointed as DHS's first Chief Medical Officer, in which role he led the reorganization of biodefense operations into a new OHA, where he served until 2008. OHA works across all of DHS as the principal advisor to DHS component agencies on medical, biodefense, and workforce health issues. Dr. Runge is a 1977 graduate of the University of the South, Sewanee, Tennessee, and received his medical degree from the Medical University of South Carolina in 1981. He has been honored by both institutions in recent years as a Distinguished Alumnus. Dr. Runge is board certified in emergency medicine and has published more than 60 articles in the medical literature in the fields of emergency medicine, traffic injury control, and medical preparedness. He has testified 25 times in Congress and various state legislatures on highway safety and homeland security issues.

Kathleen M. Sutcliffe, PhD, MN, is the Gilbert and Ruth Whitaker Professor of Business Administration and Professor of Management and Organizations at the Stephen M. Ross School of Business at the University of Michigan. She received a BA from the University of Michigan, a BS from the University of Alaska, an MN from the University of Washington, and a PhD in management from the University of Texas at Austin. Before studying for her doctoral degree, she lived and worked in urban and rural Alaska (directing a health program for the State of Alaska and as health director for the Aleutian/Pribilof Islands Association, one of the Alaska Native Health Corporations headquartered in Anchorage). For the past decade, her research has been aimed at understanding how organizations and their members cope with uncertainty and unexpected events and how complex organizations can be designed to be more reliable and resilient. She is currently investigating these issues in wildland firefighting, health care, and other high-hazard industries. Her research has appeared in nu-

merous scholarly journals (e.g., *Academic Medicine*, *Medical Care*, *Academy of Management Journal*, *Harvard Business Review*, *Sloan Management Review*, etc.). Two of her books include *Medical Error: What Do We Know? What Do We Do?* (co-authored with Marilyn Rosenthal, Jossey-Bass, 2002); *Managing the Unexpected: Resilient Performance in an Age of Uncertainty*, 2nd ed. (co-authored with Karl E. Weick, Jossey-Bass, 2007). A key turning point that reinvigorated research in the domain of high-reliability organizations (HROs) was Karl Weick, Kathleen Sutcliffe, and David Obstfeld's reconceptualization of the literature on high reliability. Using a scholarship of integration, they systematically reviewed the published literature on HROs and illustrated how the infrastructure of high reliability was grounded in processes of collective mindfulness and mindful organizing, which are shaped by preoccupation with failure, reluctance to simplify interpretations, sensitivity to operations, commitment to resilience, and deference to expertise. In other words, HROs are distinctive because of their efforts to organize in ways that increase the quality of attention across the organization, thereby enhancing people's alertness to and awareness of details so that they can detect subtle ways in which contexts vary and call for contingent responding (i.e., collective mindfulness). This construct was elaborated and refined as mindful organizing in Weick and Sutcliffe's 2001 and 2007 editions of their book *Managing the Unexpected*.

Terri Tanielian, MA, is a Senior Social Research Analyst at the RAND Corporation. As the former Director of the RAND Center for Military Health Policy Research, she spent a decade overseeing RAND's diverse military health research portfolio. She was the co-study director for a large, donor-funded assessment of the psychological, emotional, and cognitive consequences of deployment to Iraq and Afghanistan titled *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. She also completed a congressionally mandated evaluation of a TRICARE demonstration to expand access to mental health counselors. Ms. Tanielian's areas of interest include psychological and behavioral effects of combat, terrorism, and disasters; public health emergency preparedness; and risk communication. She was the co-principal investigator for a study examining the US Department of Defense response to and management of three anthrax-related incidents in 2005. This work built on her earlier study of the relationship of health care decision making and perception of risk among individuals treated for anthrax exposure in fall 2001. Ms.

Tanielian has published numerous peer-reviewed articles. She was a member of the planning committee for the 18th, 22nd, and 26th Annual Rosalynn Carter Symposia on Mental Health Policy, which focused on mental health needs and recovery following September 11, Hurricane Katrina, and deployment of Reserve and Guard members to Iraq and Afghanistan, respectively. Her research focus includes combat medicine, mental health and illness, military families, military health and health care, TRICARE, and veterans' health care. Her recent projects include psychological and cognitive injuries associated with combat and deployment; access to mental health services in the military and veteran health systems; needs and well-being of service members, veterans, and their families; suicide in the military; and psychological and behavioral aspects of terrorism, disasters, and public health emergencies. Ms. Tanielian earned her BA in psychology from Boston University and her MA, also in psychology, from American University.

John M. Violanti, PhD, is a Research Professor in the Department of Social and Preventive Medicine, School of Public Health and Health Professions, University at Buffalo, and a member of the University at Buffalo graduate faculty. He was formerly a full professor at the Rochester Institute of Technology Department of Criminal Justice. He is a police veteran, having served with the New York State Police for 23 years as a trooper, criminal investigator, and later as a coordinator of the Psychological Assistance Program for the State Police. Dr. Violanti has been involved in the design, implementation, and analysis of police stress and health studies during the past 25 years. Recent projects include a longitudinal study on psychological stress and cardiovascular disease in police officers and the impact of shift work on police health outcomes, funded by the National Institute of Occupational Safety and Health. Dr. Violanti has authored more than 50 peer-reviewed articles on police stress and posttraumatic stress disorder, police mortality, and suicide. He has also written and edited 15 books on topics of police stress, psychological trauma, resilience, and suicide. He has lectured nationally and internationally at academic institutions and police agencies on matters of suicide, stress, and trauma at work. Dr. Violanti's research has focused on a number of topics, including assessment of psychological and biological indicators of chronic police stress; subclinical cardiovascular and metabolic disease in police; shift work and health; and the epidemiology of police suicide.