

DEI Action Plan

One of the major components of the DHHS DEI initiative is the development of a Department-wide DEI Action Plan that provides a roadmap for strengthening DEI. Based on critical issues that surfaced during the situational analysis, the DEI Steering Committee established the following process to develop the Action Plan to strengthen the DHHS DEI initiative:

1. Each Advisory Group identified a range of DEI-related issues (impediments and opportunities for improvement).
2. Each group used its master list to prioritize the top three to five critical issues (i.e., issues that are the most important and most impactful) that the group would include on an Action Plan.
3. For the critical issues that each Advisory Group identified, the groups refined Action Plan objectives and strategies and developed action steps based on SMARTIE criteria that call for objectives to be:
 - **S**pecific
 - **M**easurable
 - **A**chievable but **A**mbitious
 - **R**ealistic
 - **T**imely
 - **I**nclusive
 - **E**quitable
4. The SEI team facilitated the discussions and populated a master planning document.
5. Once the Advisory Groups completed their sections of the Action Plan, the SEI team synthesized and presented the draft Action Plan to the DEI Steering Committee.
6. The Steering Committee provided additional input into the plan and established a schedule and priorities for Action Plan implementation.
7. The Steering Committee adopted the Action Plan and presented it to DHHS Administrators for review, feedback, and final approval. The Action Plan will be presented DHHS leadership for review, feedback, and adoption.

Two sets of cross-cutting themes were identified with input from the situational analysis and Advisory Groups. The first theme revolved around perceived inequities and disproportionate treatment of staff related to attributes such as race, ethnicity, language, sexual orientation, and gender identity/expression. The second theme focused on opportunities to improve organizational leadership and culture that would result in DHHS becoming a more diverse, equitable, and inclusive organization.

The Action Plan is organized according to the Brighter Strategies [Diversity and Inclusive Workplace Framework](#). This framework, shown above, includes six key domains, including five that focus on internal culture and operations and one that focuses on the market and the community. The Action Plan is focused on the five internally facing domains that together will create an environment to positively impact the sixth domain. Each domain addresses critical issues with objectives, benchmarks, strategies, and actions.

The DHHS DEI Action Plan has been guided by a comprehensive set of data and perspectives from throughout the Department. Incorporating the breadth of feedback from throughout DHHS, obtaining direction from a Department-wide Steering Committee, and engaging Advisory Groups from each Division and the Director's office increases the likelihood that the plan reflects the current state and potential for DEI in DHHS. The process has included review, feedback, and adoption by the DEI Steering Committee and DHHS Administrators. The full Action Plan can be found on the following page.

A note on timing: The “Timing” column indicates the timing by when action steps should be completed (i.e., the “due date”); meeting these timeframes requires work that is conducted in advance of the due date. References to the “Action Plan” within the Timing column refer to this plan unless otherwise specified.

Leadership Commitment: Defining leadership roles and expectations, empowering leaders as diversity champions and change agenda, and defining and establishing leadership accountability

Objective 1.A: Institute a process for leadership communication, modeling, and transparency

- Benchmark(s) for Objective 1.A.:**
- Monthly tracking and reporting of activities detailed in action steps 1.a through 2.a
 - Annual climate survey results indicating agreement with leadership communication, modeling, and transparency

Strategy 1: Establish clear, transparent, universal messaging and communication processes from senior leadership

Action Steps	Lead	Resources	Timing	Status
<p>a. Develop messages from leadership that convey leadership’s commitment to DEI and demonstrates how they model and share the importance of DEI work in DHHS by:</p> <ul style="list-style-type: none"> • Participating in and fielding DEI questions at DEI town halls/forums • Communicating Administrators’ Action Plan elements and progress (e.g., posting an annual update of accomplishments to the website) • Incorporating a DEI representative in Divisional Admin and Executive meetings, and providing notes from those meetings to all staff • Updating messages as appropriate • Ensuring that all members of the Division (IT, fiscal, PIO, etc.) are included in all 	<p>Director and Administrators</p>	<p>Forums Zoom Newsletter NOMHE Coaching for Administrators Platform and repository for DEI content (where are materials going to live)</p>	<p>July 1, 2023 and as scheduled thereafter with an acknowledgement of critical events that may occur such as the PULSE shooting</p>	<p>Administrators participated in the DEI Forum on 1/25/23 and took questions</p>

Action Steps	Lead	Resources	Timing	Status
<p>agency communication and opportunities</p> <ul style="list-style-type: none"> • Alternating writing a section in each newsletter, as well as committing to Division wide email communication on at least a quarterly basis 				
<p>b. Leadership will include a DEI related agenda item to their regularly scheduled staff meetings on at least a monthly basis</p>	<p>Administrator and designated Deputy Administrators</p>	<p>Administrators can use the DEI Toolkit to share resources</p>	<p>Beginning July 1, 2023, and monthly thereafter</p>	
<p>c. Provide a set of FAQs that delineates leadership’s perceptions, experience, and individual and Divisional actions to advance DE</p>	<p>Administrators</p>	<p>DEI Advisory Groups can be a resource to vet content and provide context</p>	<p>Beginning July 1, 2023, and quarterly thereafter</p>	
<p>d. Provide regular report outs as described in the DEI Strategy section</p>	<p>Steering Committee</p>	<p>DEI New Hire</p>	<p>Monthly, quarterly, and semi-annually as described in the strategy section benchmark</p>	
<p>e. Conduct quarterly meetings between Division Administrators and respective DEI Advisory Group members to discuss DEI concerns, issues, initiatives, and resolutions prior to implementation</p>	<p>Division Administrators and DEI AGs</p>	<p>Facilitated DEI AGs Functioning DEI AGs</p>	<p>Beginning July 1, 2023, and quarterly thereafter</p>	

Action Steps	Lead	Resources	Timing	Status
		Standardized agenda		

Strategy 2: Establish mechanisms for ensuring transparency regarding how and why administration leadership is hired or appointed (qualifications, experience, etc.)

Action Steps	Lead	Resources	Timing	Status
<p>a. New hires in leadership will be introduced by administration, including their qualifications and experience specifically highlighting DEI work, in a Division-wide email* and in the DHHS newsletter</p>	<p>Director's Office or Administrator depending on where the position is within DHHS</p>	<p>https://www.liver.co/wp-content/uploads/2021/08/DEI-Essential-Guide-08-2021-Final.pdf</p>	<p>*Within 1 week of a verified acceptance of an offer letter and before actually starting the position</p>	

Recruitment and Hiring of Diverse Talent: Identifying DEI hiring goals, adopting inclusive candidate sourcing methods, addressing bias and subjectivity in the sourcing and interview process

Objective 2.A: Address issues that impact the sourcing and recruitment of a diverse workforce

Benchmark(s) for Objective 2.A.:

- Policy is updated to remove unnecessary geographic barriers to recruitment and hiring
- Strategic marketing and communication plan that promotes to diverse populations the appeal of working for the state is developed and distributed
- All offices and programs have a stratified identification plan and categories

Strategy 1: Update policy to remove geographic barriers in recruitment and hiring

Action Steps	Lead	Resources	Timing	Status
<p>a. Require justification for positions that are posted as location and/or northern or southern based</p>	<p>Director’s designee to DEI Steering Committee</p>	<p>Division Administrators, purchasing staff, IT groups, agency HR Departments, NV Dept of Administration</p>	<p>Pending discussions with lead and resources on how to implement this strategy given Governor’s EO 2 limiting remote work</p>	
<p>b. For positions that are not geographically dictated, include the following language on postings</p> <ul style="list-style-type: none"> • Positions are open statewide to the best candidate • Remote or hybrid work available wherever logistics allow (<i>see action step c</i>) 				

<ul style="list-style-type: none"> Supervisory or project management positions required to travel to regions covered by their programming 				
c. Require detailed description of any job duties that cannot be completed remotely				

Strategy 2: Develop a strategic marketing and communications plan to promote to diverse populations the appeal of coming to work for the state

Action Steps	Lead	Resources	Timing	Status
<p>a. Develop a marketing and communications plan that promotes the appeal of working for the state. Plan will include items described in action steps B and C</p>	<p>Workgroup of all Division PIOs</p> <p>OR PIO identified outside vendor</p>	<p>DEI AGs; marketing teams or vendors; SB318; other SBs part of 2023 legislative session</p>	<p>Six months after Action Plan is published</p>	
<p>b. Identify and use visual images that represent diverse populations such as:</p> <ul style="list-style-type: none"> Race and ethnicity Sexual orientation, gender identity, and expression Disabilities and accessibility Include pronouns, presentation of data on workforce diversity, etc. 	<p>Workgroup of all Division PIOs</p> <p>OR PIO identified outside vendor</p>	<p>Division-level “workforce development” teams or staff; DEI Advisory Groups; marketing teams or vendors</p>	<p>Six months after Action Plan is published</p>	
<p>c. Develop messaging about the environment being an inclusive workplace with good benefits</p>	<p>DHRM</p> <p>OR</p> <p>Workgroup of all Division PIOs</p>	<p>Division-level PIOs; DEI Advisory Groups</p>	<p>Six months after Action Plan is published</p>	

d. Implement plan	Workgroup of all Division PIOs OR outside vendor	To be determined during development of plan (action step A)	Six months after Action Plan is published and ongoing through term covered by plan	
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Strategy 3: Explore and expand candidate sourcing approaches to identify diverse populations to recruit

Action Steps	Lead	Resources	Timing	Status
a. Identify what the ideal pool of diverse candidates comprises through development of office and program specific stratified identification plan with categories	NOMHE	DEI Advisory Groups Administrators Division-level “workforce development” teams or staff Steering Committee UNR/DPBH Task Force Release of Strategy Manual	January 2024 All offices and programs should have a stratified identification plan and categories by January 2024 or 6 months after release of the Action Plan	

Action Steps	Lead	Resources	Timing	Status
<p>b. Identify how the state might find and reach diverse candidates for professional, mid-level, and senior-level positions as well as approaches that would intentionally recruit/engage those candidates. Approaches might include:</p> <ul style="list-style-type: none"> • Identifying qualified internal candidates first (i.e., send announcements to internal candidates prior to posting externally) • Identifying professional associations, unions, graduate programs, high school programs (e.g., AP classes, intern programs, etc.), websites, job fairs that have significant representation of BIPOC members • Securing university agreements for observation and internship rotations 	<p>NOMHE</p>	<p>DEI Advisory Groups</p> <p>Administrators</p> <p>Division-level “workforce development” teams or staff</p> <p>Steering Committee</p> <p>UNR/DPBH Task Force</p> <p>Release of Strategy Manual</p>	<p>June 2024 and ongoing</p>	
<p>Objective 2.B: Address issues that impact the selection and promotion of diverse candidates</p>				
<p>Benchmark(s) for Objective 2.B.:</p> <ul style="list-style-type: none"> • Creation and distribution of documentation of the criteria, process, and requirements for hiring/promoting employees, inclusive of fair-hiring practices, processes, and forms (to include all steps outlined in both strategies 1 and 2) 				

Strategy 1: Establish standard policies and processes that govern the selection processes for state employees employed by DHHS (e.g., does not apply to contractors)

Action Steps	Lead	Resources	Timing	Status
<p>a. Standardize hiring committees to include diverse personnel (that vary in Division, pay grade, and position, and vary to the most diverse extent possible regarding race, ethnicity, sexual orientation, gender identification, etc.) to promote inclusion</p>	<p>Workgroup made of Division HR Chiefs</p>	<p>DHRM, Division HR Departments, agency HR Departments, AG members</p>	<p>Draft documentation outlining how committees will be standardized within four months after Action Plan is published</p>	
<p>b. Develop standardized, fair-hiring interviewing practices, forms, and processes</p>	<p>Workgroup made of Division HR Chiefs</p>	<p>DHRM, Division HR Departments, agency HR Departments, AG members</p>	<p>Send practices, forms, etc. for equity review within four months after Action Plan is published</p>	
<p>c. Establish a panel to monitor and ensure fair evaluation of candidates. Candidates will be informed of names of individuals on their hiring panel. If the candidate feels that any of the individuals on the hiring panel have an unjust bias towards the candidate, efforts will be made to remove and replace that individual from the panel</p>	<p>Workgroup made of Division HR Chiefs and representatives from each AG group</p>	<p>DHRM, Division HR Departments, agency HR Departments, AG members</p>	<p>Established six months after Action Plan is published</p>	

Action Steps	Lead	Resources	Timing	Status
<p>d. Develop clear documentation of the criteria, process, and requirements for hiring/promoting employees</p>	<p>Workgroup made of Division HR Chiefs</p>	<p>DHRM, Division HR Departments, agency HR Departments, AG members</p>	<p>Send comprehensive documentation for equity review four months after Action Plan is published</p> <p>Release documentation six months after Action Plan is published</p>	
<p>e. Systematically communicate the criteria, process, and requirements for hiring/promoting employees through internal and external sources</p>	<p>Workgroup made of Division HR Chiefs and representatives from each AG group</p>	<p>DHRM, Division HR Departments, agency HR Departments, AG members</p>	<p>Beginning with distribution of documentation from Action Step D within six months after Action Plan is published, then ongoing</p>	

Strategy 2: Incorporate a DEI focus in the selection and promotion processes

Action Steps	Lead	Resources	Timing	Status
<p>a. Include at least one universal question related to DEI in every interview to ensure consistency. Start developing steps toward any needed modifications for work performance or professional standards</p>	<p>Workgroup made of Division HR Chiefs and representatives from each AG group</p>	<p>NOMHE, SB222 liaisons, others identified as necessary by the Lead Workgroup, hiring panel participants</p> <p>Can utilize resources such as: https://www.lever.co/wp-content/uploads/2021/08/DEI-Essential-Guide-08-2021-Final.pdf</p> <p>https://www.niu.edu/diversity/_files/equal-opportunity/sample-interview-questions-diversity-and-equity.pdf</p>	<p>Should be completed 3 months after tasks established in strategy 1 or March 2024, whichever date is first</p>	

Action Steps	Lead	Resources	Timing	Status
<p>b. Allow for additional weighted status for applicants who have DEI related experience, including development of what qualifies as contributors to weighted status and how that will be incorporated into the recruitment and hiring process</p>	<p>Workgroup made of Division HR Chiefs</p>	<p>NOMHE, SB222 liaisons, others identified as necessary by the Lead Workgroup, hiring panel participants, Division Administrators or their designees (e.g., admin assistants, etc.)</p>	<p>Should be completed 3 months after tasks established in strategy 1 or March 2024, whichever date is first</p>	
<p>c. Require DEI related experience for management/leadership positions, including definition of which positions are subject to this requirement and what experiences meet this requirement</p>	<p>Workgroup made of Division HR Chiefs and representatives from each AG group</p>	<p>NOMHE, SB222 liaisons, others identified as necessary by the Lead Workgroup, hiring panel participants, Division Administrators or their designees (e.g., admin assistants, etc.)</p>	<p>Should be completed 3 months after tasks established in strategy 1 or March 2024, whichever date is first</p>	

Objective 2.C: Balance the need for the organization to increase staff billability with the need to increase and retain staff who are able to bill for services
Benchmark(s) for Objective 2.C.: <ul style="list-style-type: none"> • Development and distribution of plan to reduce the burden involved in obtaining licensure (to include outputs from all action steps in strategies 1-3)

Strategy 1: Reduce the burden involved in obtaining licensure

Action Steps	Lead	Resources	Timing	Status
a. Create a policy that clarifies that professional licensure requirements that staff must meet within DHHS are consistent with the requirements of the respective professional boards (e.g., internship and work hours that are eligible to count toward licensure) to ensure that DHHS agency and clinical supervisors’ interpretations mirror board requirements	Workgroup made of Division HR Chiefs, Deputy Administrators or their designee, and representatives from each AG group	Licensing boards, UNR and DPBH Workforce Task Force, report on regulations that restrict entry into occupation or profession as outlined in EO 2023-004	Six months after the Action Plan is published	
b. Re-examine the time and each step of the process required for DHHS staff to start and complete the licensure process to ensure that the criteria and process are clear, consistent, and mirror board and other state requirements (e.g., the timetable and process for internships are clearly outlined in policy and hiring tools such as the job announcements, the employment application, etc.)	Workgroup made of Division HR Chiefs, Deputy Administrators or their designee, and representatives from each AG group	Licensing boards, UNR and DPBH Workforce Task Force, report on regulations that restrict entry into occupation or profession as outlined in EO 2023-004	Eight months after the Action Plan is published	

Action Steps	Lead	Resources	Timing	Status
<p>c. Explore multiple options for providing staff with the requisite types of experience and number of hours needed to complete the internship process (e.g., cross train across the Department). For each option, outline advantages, disadvantages, resource considerations, etc.</p>	<p>Workgroup made of Division HR Chiefs, Deputy Administrators or their designee, and representatives from each AG group</p>	<p>Licensing boards, UNR and DPBH Workforce Task Force, report on regulations that restrict entry into occupation or profession as outlined in EO 2023-004</p>	<p>Initial recommendation of options available eight month after the Action Plan is published, then ongoing thereafter</p>	

Strategy 2: Establish a plan with measurable goals for building a sufficient number of Board-approved licensed supervisors for DHHS staff who are pursuing a license

Action Steps	Lead	Resources	Timing	Status
<p>a. Consider options in the following areas to expand pool of qualified supervisors:</p> <ul style="list-style-type: none"> • Build internal supervisory capacity (with emphasis on increasing and retaining qualified supervisors) • Contract with external supervisors • Hire on-call supervisors • Coordinate with professional boards to identify opportunities to expedite the licensing process • For each option, outline advantages, disadvantages, 	<p>Workgroup made of Division HR Chiefs, Deputy Administrators or their designee, and representatives from each AG group</p>	<p>Licensing boards, UNR and DPBH Workforce Task Force, report on regulations that restrict entry into occupation or profession as outlined in EO 2023-004</p>	<p>Eight months after the Action Plan is published and ongoing thereafter</p>	

incentives, resource considerations, etc.				
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Strategy 3: Determine the costs and benefits of increasing and retaining licensed professionals

Action Steps	Lead	Resources	Timing	Status
<p>a. Explore options for incentives that would:</p> <ul style="list-style-type: none"> • Ease the burden of pursuing licensure (e.g., assistance with expenses, support continuing education costs) • Encourage employees to stay in DHHS (expanded compensation, promotional opportunities, streamlined procedures and documentation, flexible schedules, etc.) • Increase the pool of individuals who join DHHS as qualified supervisors • For each option, outline advantages, disadvantages, resource considerations, etc. 	<p>Workgroup made of Division HR Chiefs, Deputy Administrators or their designee, and representatives from each AG group</p>	<p>Licensing boards, UNR and DPBH Workforce Task Force, report on regulations that restrict entry into occupation or profession as outlined in EO 2023-004</p>	<p>Eight months after the Action Plan is published and ongoing thereafter</p>	

Action Steps	Lead	Resources	Timing	Status
<p>b. Determine the return on investment from reducing impediments to licensure, including the benefits of the following:</p> <ul style="list-style-type: none"> • Expand the pool of licensed employees and qualified supervisors • Increase retention and reduce the rate of departure of licensed professionals • Maintain a pool of professionals with the requisite licenses to serve the community and bill for services 	<p>DHHS Fiscal Staff Chief</p>	<p>AG groups, NOMHE, outside vendor to assist with research, UNR Health Services Core Office, UNLV School of Public Health/School of Medicine</p>	<p>Twelve months after the Action Plan is published and ongoing thereafter</p>	

<p>Objective 2.D: Improve transparency in HR practices</p>
<p>Benchmark(s) for Objective 2.D.:</p> <ul style="list-style-type: none"> • Development of a slate of strategies that are used by DHHS to recruit diverse candidates • Ongoing evaluation of efforts to recruit diverse candidates (e.g., through review of demographic make-up of DHHS staff)

Strategy 1: Document, review, and revise strategies used by HR to recruit diverse candidates

Action Steps	Lead	Resources	Timing	Status
<p>a. Document strategies currently used by HR to recruit diverse candidates (e.g., posting to websites marketed as being utilized by diverse candidates seeking employment)</p>	<p>Workgroup made of Division HR Chiefs and designated</p>	<p>Reports and data DHRM staff System vendors</p>	<p>3 months after the Action Plan is published</p>	

Action Steps	Lead	Resources	Timing	Status
	NOMHE team member(s)	Quarterly independent audits		
<p>b. Form committee or groups to engage in review and revision work in subsequent action steps (could utilize AGs for this purpose)</p>	Workgroup made of Division HR Chiefs and designated NOMHE team member(s)	Representatives from each AG group Staff to participate in committee	3 months after the Action Plan is published	
<p>c. Review strategies currently used by HR to recruit diverse candidates and assess efficacy of those efforts</p>	Workgroup made of Division HR Chiefs and designated NOMHE team member(s)	Representatives from each AG group Staff to participate in committee	4 months after the Action Plan is published and ongoing (efficacy evaluation)	
<p>d. Revise or add strategies to recruit diverse candidates</p>	Workgroup made of Division HR Chiefs and designated NOMHE team member(s)	Representatives from each AG group Staff to participate in committee	6 months after the Action Plan is published and ongoing (efficacy evaluation)	
<p>e. Review language used in postings to ensure it appeals to diverse candidates</p>	NOMHE	Representatives from each AG group Staff to participate in committee	3 months after the Action Plan is published and ongoing	

Action Steps	Lead	Resources	Timing	Status
		Division HR Chiefs		
f. Engage community liaisons to recruit diverse candidates directly throughout the state	NOMHE	Representatives from each AG group Staff to participate in committee Division HR Chiefs Community liaisons	6 months after the Action Plan is published and ongoing	

Strategy 2: Ensure DHHS human resources practices are aligned with NRS and NAC

Action Steps	Lead	Resources	Timing	Status
a. Review, assess, and communicate how Departmental and Division Human Resources are aligned with NRS and NAC.	Workgroup made of Division HR Chiefs and Office of Attorney General reps	NRS NAC PIOs DHRM	12 months after the Action Plan is published	
b. If necessary, make recommendations about changes to NRS or NAC	Workgroup made of Division HR Chiefs and Office of Attorney General reps	State Personnel Commission	15 months after the Action Plan is published	

Inclusive Performance Management: Establishing clear and agreed upon performance goals; employing multiple evaluation resources to avoid bias; monitoring, measuring, and evaluating outcomes of the performance management system

Objective 3.A: Support professional development and advancement

Benchmark(s) for Objective 3.A.:

- Compensation process and amounts distributed for SFY 23-24 and annually thereafter
- Number of BIPOC staff participating in professional development in SFY 23-24 and annually thereafter
- BIPOC mentorship program participation numbers to be included in annual report

Strategy 1: Develop a short-term and long-term strategy that will result in compensation for DEI Advisory Group members or those who are undertaking extra DEI work

Action Steps	Lead	Resources	Timing	Status
<p>a. DHHS add a budget ask regarding a set number of DEI Advisory Group positions for the next Legislative session (2025)</p> <p><i>Reference for Rationale:</i> https://www.washingtonpost.com/business/stop-asking-women-of-color-to-do-unpaid-diversity-work/2022/04/14/aed6f626-bc03-11ec-a92d-c763de818c21_story.html</p>	<p>DHHS Deputy Fiscal Services</p>	<p>Grant, State, and/or Division funds; Background Data for Justification (e.g., hours spent in AG and Steering Comm. Meetings & Results); Customary Tools to Do (workspace, equipment, etc.)</p>	<p>Within 6 months of closing of 2023 legislative session</p>	

Action Steps	Lead	Resources	Timing	Status
<p>b. Administrators can seek DEI Advisory Group (AG) members’ opinions about how AG members want to be compensated (e.g., incentives such as gift cards, comp time, one time or annual stipend etc.) as well as how their work should be measured (e.g., attendance, participation, term limits, etc.)</p>	<p>DHHS Deputy Director or Fiscal Lead and Deputy Director of Admin. Services</p>	<p>Grant, State, and/or Division funds; Background Data for Justification (e.g., hours spent in AG and Steering Comm. Meetings & Results)</p>	<p>Within 6 months of closing of 2023 legislative session</p>	

Strategy 2: Develop a proactive plan to increase BIPOC staff awareness and access to professional development opportunities

Action Steps	Lead	Resources	Timing	Status
<p>a. Implement a preparatory process (e.g., similar to the former Pathways to Possibilities program) to provide equal opportunities for promotional opportunities</p>	<p>Dep. Director of Admin. Services Create a Professional Development and Advancement Group (PDAG) to Manage the Effort</p>	<p>Staff to populate the group; administrative support; and resources to communicate, manage, and deliver services</p>	<p>Within 2 months of closing of 2023 legislative session</p>	
<p>b. Establish transparent, accountable, and even information exchange about:</p> <ul style="list-style-type: none"> Pathways to and the process and criteria for advancement and 	<p>PDAG</p>	<p>Resources to communicate, manage, and deliver services</p>	<p>Within 4 months of closing of</p>	

Action Steps	Lead	Resources	Timing	Status
<ul style="list-style-type: none"> • New opportunities (interim and permanent) <p>Communication and critical updates could be disseminated through mechanisms such as Department-wide:</p> <ul style="list-style-type: none"> • Email list to enable e-blasts • Intranet/newsletter (to include repository of e-blasts/notices) • Staff meetings/forums 		(similar to NOMHE’s communication channels)	2023 legislative session	
<p>c. Update criteria for how staff are recommended and selected for Certified Public Manager (CPM), supervisory and management trainings, and other job enrichment programs—selection should be based on clearly articulated and consistently applied criteria and guidelines regarding reasonable workload parameters</p>	Dept. of Admin/DHRM	Dept. of Admin/DHRM	Within 2 months of closing of 2023 legislative session	

Strategy 3: Develop a BIPOC mentorship program

Action Steps	Lead	Resources	Timing	Status
<p>a. Research BIPOC mentorship programs across the country and summarize themes regarding:</p> <ul style="list-style-type: none"> • Approaches • Aims • Resource and organizational needs 	<p>PDAG</p>	<p>https://www.togetherplatform.com/blog/diversity-mentoring-programs</p> <p>https://www.kaggle.com/kagglex-bipoc-mentorship-program</p> <p>https://www.publichealth.columbia.edu/public-health-now/news/bipoc-mentoring-program-offers-model-public-health-education</p>	<p>Within 2 months of closing of 2023 legislative session</p>	
<p>b. Develop a DHHS-specific BIPOC mentorship program that outlines the following:</p> <ul style="list-style-type: none"> • The aim and approaches of the program (e.g., as pathways to leadership roles, as a professional development opportunity, “paying it forward” [mentees becoming mentors]) • The entity responsible for coordinating the program 	<p>PDAG</p>	<p>Staff to populate the group; administrative support; and resources to communicate, manage, and deliver services</p> <p>https://workbravely.com/blog/performance-management/its-time-to-clear-the-</p>	<p>Within 8 months of closing of 2023 legislative session</p>	

Action Steps	Lead	Resources	Timing	Status
<ul style="list-style-type: none"> • Criteria for participation, including frequency and duration • Qualifications, vetting, and training of mentors • Opportunities for cross-Department mentorship • Accountability standards for mentors and mentees • Core values of the program including the following: • The program is a mutually voluntary for mentors and mentees • Mentoring is person-centered and focused on employees' self-declared professional development goals • The program offers a safe, supportive, and nurturing environment devoid of abuse and hazing 		<p><u>pathways-to-promotion-at-your-company/</u></p>		

Objective 3.B: Implement a fair, consistent, and meaningful performance management system that promotes development and awareness

Benchmark(s) for Objective 3.B.:

- Number and percentage of supervisors completing training annually
- Annual report of on time and late performance appraisal as baseline and increased performance indicated thereafter

Strategy 1: Require supervisors to partner with staff to engage in the performance management system

Action Steps	Lead	Resources	Timing	Status
<p>a. Develop, implement, and mandate a strengths-based approach to focus supervisor training on the elements of effective supervision such as:</p> <ul style="list-style-type: none"> • Essential competencies (e.g., emotional intelligence) • Focus on job-specific and professional development • Tapping hidden potential • Providing effective guidance and feedback • Mentoring, coaching, etc. 	<p>Deputy of Admin Services/DHR M and development in collaboration with PDAG</p>	<p>Administrative support; resources to communicate, manage, and deliver services</p> <p>https://www.opm.gov/policy-data-oversight/assessment-and-selection/</p>	<p>Within 6 months of closing of 2023 legislative session for draft (with extensions for implementation if necessary)</p>	
<p>b. Develop and implement a structured performance management system with hands-on training that includes the following components:</p> <ul style="list-style-type: none"> • Job-specific and professional development goals and individual development plans constructed in partnership between employees and managers 	<p>Deputy of Admin Services/DHR M and development in collaboration with PDAG</p>	<p>DHHS and Divisional HR and IT</p>	<p>Within 6 months of closing of 2023 legislative session for draft (with extensions</p>	

Action Steps	Lead	Resources	Timing	Status
<ul style="list-style-type: none"> • Regularly scheduled check-in points for feedback and updates on goals and plans • Performance appraisals based on job-specific competencies (i.e., during the probation period and annually) 			for implementation if necessary)	
<p>c. Require managers of new supervisors to provide hands-on, strength-based mentoring on preparing and partnering on developmentally focused goals, plans, and performance appraisals (e.g., including how to complete the forms/process)</p>	Deputy of Admin Services	Diversity, Equity, and Inclusion Policy, Procedure, and Training Manual for Health Disparities	3 Months after the Action Plan is published	
<p>d. Ask people at the 3-, 7-, and 11-month performance appraisals, and annually thereafter, what their professional goals are and identify additional development opportunities and how DHHS might help them attain those goals</p>	Deputy of Admin Services	All those who supervise employees	30 days after the Action Plan is published	
<p>e. Develop a Department-wide performance management tracking system for managers to remain aware of performance appraisals that are due and for HR staff to determine if/when to remind supervisors of overdue plans and performance reviews</p>	Deputy of Admin Services and IT	IT staff, system requirements	Develop a plan within 3 months of close of 2023 session	
<p>f. Implement a process to enable employees to provide feedback on supervisors (360-degree feedback)</p>	Deputy of Admin Services	All those who supervise employees	90 days for a draft after the Action Plan is published	

Objective 3.C: Gauge and encourage staff
Benchmark(s) for Objective 3.C.: <ul style="list-style-type: none"> • Results of Climate and Exit/Transfer Survey Reports included in annual report to establish baseline and increased satisfaction thereafter • Annual report of number and type of concerns of mistreatment reported and addressed

Strategy 1: Conduct periodic staff engagement surveys to determine employment engagement across DHHS, determine reasons why staff leave or are likely to leave, and why staff may not be interested in advancement

Action Steps	Lead	Resources	Timing	Status
a. Conduct biannual climate surveys that (1) gauge hiring panels, training, promotion, discipline and have space for open comments that might allow for the opportunity to include things not addressed in the survey; (2) ensure anonymity for all respondents; and (3) target actual cultural change and builds the trust between staff and administration	Director of Admin	HR, IT, and NOMHE staff	9 months after the Action Plan is published	
b. Establish exit/transfer survey for duty location changes (DLC) that (1) provide indicators of concerns and satisfaction regarding managers/supervisors; (2) ensures confidentiality; and (3) targets actual cultural change and builds the trust between staff and administration	Director of Admin	HR, IT, PDAG, and NOMHE staff	3 months after the Action Plan is published	
c. Ensure that survey results are managed by a neutral third-party (e.g., NOMHE) that also	Director of Admin	NOMHE (or a third party)	Quarterly	

Action Steps	Lead	Resources	Timing	Status
disseminates/publishes the results (e.g., via a dashboard)				

Strategy 2: Implement processes to build employee trust and morale

Action Steps	Lead	Resources	Timing	Status
a. Establish a change management group (CMG)	Director of Admin	CMG	3 months after the Action Plan is published	
b. Develop a distribution account (email) monitored by change management group to address concerns of mistreatment	Director of Admin and IT Services	CMG and IT	1 month from establishing CMG	
c. Have the Department and Divisions engage in change management and involve front line staff when conversations of an ecosystem are being considered and are in place	Director of Admin	CMG	3 months from establishing CMG	
d. Develop a reporting mechanism from the change management process	Director of Admin	CMG and IT	4 months from establishing CMG	
e. Develop FAQs regarding change management initiatives with a section that includes impacts to frontline staff (e.g., E&P, ESS, and EAP)	Director of Admin	CMG	3 months from establishing CMG	

Objective 3.D: Create a grievance process throughout DHHS that is equitable, supportive for BIPOC staff, and results in tangible change when necessary

Benchmark(s) for Objective 3.D.: Number and type of grievances received, and percentage of grievances resolved satisfactorily

Strategy 1: Establish a metric to track grievances by Division, type, and dispensation

Action Steps	Lead	Resources	Timing	Status
a. Update NEATS (or successor) to allow system query based on grievance category and employee demographics	Director of Admin w/DHRM and OPM	DEI AGs, BIPOC Support Groups	Submit request within 3 months after the Action Plan is published	

Strategy 2: Streamline and strengthen procedures and clearly define processes to file grievances and address harassment, discrimination, or other inequity

Action Steps	Lead	Resources	Timing	Status
<p>a. Establish Department-wide standards regarding who is involved in the grievance process, including how they are:</p> <ul style="list-style-type: none"> Selected/vetted (i.e., the selection criteria) Trained Held accountable to ensure consistent, confidential, fair, and competent adherence to the process and criteria 	Director of Admin	Division HR, DEI AGs, https://www.indeed.com/hire/c/info/grievance-procedures-for-a-workplace	Within 6 months after the Action Plan is published	

Action Steps	Lead	Resources	Timing	Status
b. Promote broadly the purpose of and right to file a grievance (e.g., annual all-staff memos)	Director of Admin	Division HR, DEI AGs, Supervisors	3 months after the Action Plan is published	
c. Train all employees annually on the purpose of and process to file grievances and address harassment, discrimination, or other inequity during the onboarding process or within 60 days of employment	Director of Admin	Division HR/Training Departments	3 months after the Action Plan is published	
d. Mandate training to adjust leaderships' perspective on and reaction to how grievances are perceived and addressed	Director of Admin	Division HR/Training Departments	3 months after the Action Plan is published	
e. Ensure that the grievance review processes include diverse individuals that may have relevant lived experiences/viewpoints that should be considered in substantiation and resolution activities	Director of Admin	Department HR and DEI AGs	3 months after the Action Plan is published	
f. Create a streamlined portal on hr.nv.gov to access personnel files from HR. (e.g., give employees a step-by-step process to request files from supervisor)	Director of Admin w/DHRM & OPM	Division HR and DEI AGs	Request within 3 months after the Action Plan is published	

<p>Objective 3.E: Create an EEO complaint process throughout DHHS that is equitable, supportive for BIPOC staff, and results in tangible change when necessary</p>
<p>Benchmark(s) for Objective 3.E.:</p> <ul style="list-style-type: none"> • Number and percentage of BIPOC staff reporting satisfaction with complaint process • 90% of staff are trained on EEO and other inequity complaint processes annually as reported in Annual Report



Action Steps	Lead	Resources	Timing	Status
	Director of Admin	Division HR, DEI AGs, BIPOC Support Groups, https://www.eeoc.gov/ , https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/internal/statutes-regulations	3 months after the Action Plan is published	
<p>b. Establish Department-wide standards regarding who is involved in the EEO complaint process, including how they are:</p> <ul style="list-style-type: none"> • Selected/vetted (i.e., the selection criteria) • Trained 	Director of Admin	Division HR, DEI AGs, BIPOC Support Groups, https://www.eeoc.gov/ , https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/internal/statutes-regulations	Within 6 months after the Action Plan is published	

Action Steps	Lead	Resources	Timing	Status
<ul style="list-style-type: none"> Held accountable to ensure consistent, fair, confidential, and competent adherence to the process and criteria 		center/internal/statutes-regulations		
	Director of Admin	Divisional HR/Training Groups, https://www.eeoc.gov/ , https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/internal/statutes-regulations	3 months after the Action Plan is published	
<p>d. Develop a communications plan for broadly promoting the purpose of and right to file an EEO complaint</p>	Director of Admin	Division HR, DEI AGs, BIPOC Support Groups, https://www.eeoc.gov/ , https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/internal/statutes-regulations	Within 3 months after the Action Plan is published	

Action Steps	Lead	Resources	Timing	Status
<p>e. Provide a more granular breakdown of the tiers of outcomes that comprise “Substantiated” and “Unsubstantiated” EEO cases</p>	<p>Director of Admin w/DHRM</p>	<p>Division HR, DEI AGs, BIPOC Support Groups, https://www.eeoc.gov/, https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/internal/statutes-regulations</p>	<p>Within 3 months after the Action Plan is published</p>	
<p>f. Provide clearer operational definitions of EEO complaint categories</p>	<p>Director of Admin</p>	<p>Division HR, DEI AGs, BIPOC Support Groups, https://www.eeoc.gov/</p>	<p>Within 1-2 months after the Action Plan is published</p>	
<p>g. Ensure that EEO policies are universally applied through the Department</p>	<p>Director of Admin</p>	<p>Division HR, DEI AGs, BIPOC Support Groups, https://www.eeoc.gov/</p>	<p>Within 3 months after the Action Plan is published</p>	
<p>h. Update EEO complaint categories to better capture complaints related in areas such as the following:</p> <ul style="list-style-type: none"> • Sexual orientation and gender identity/expression • Discreet age brackets 	<p>Director of Admin</p>	<p>Division HR, DEI AGs, BIPOC Support Groups, https://www.eeoc.gov/</p>	<p>Within 3 months after the Action Plan is published</p>	

Action Steps	Lead	Resources	Timing	Status
<ul style="list-style-type: none"> Behavioral health challenges Differences in philosophical (e.g., political) perspectives 				

Objective 3.F: Reduce ambiguity, maintain fairness, and avoid conflicts of interest regarding investigations, findings, and disposition of disciplinary processes
Benchmark(s) for Objective 3.F.:
<ul style="list-style-type: none"> 90% of staff trained on disciplinary processes annually as reported in Annual Report Extent to which the number and percentage of White and BIPOC staff engaged in disciplinary processes align with racial composition percentages of state staffing throughout DHHS

Strategy 1: Clarify and promote awareness of the system for disciplinary actions

Action Steps	Lead	Resources	Timing	Status
a. Spell out the disciplinary process and criteria, including when and how cases are escalated for investigations, hearings, findings, and actions associated with each stage of the process	Director of Admin	Division HR, DEI AGs, BIPOC Support Groups	Within 3 months after the Action Plan is published	

Strategy 2: Ensure that disciplinary policies and procedures are universally applied through the Department and made known to staff

Action Steps	Lead	Resources	Timing	Status
<p>a. Update and disseminate criteria for disciplinary documentation, investigations, hearings, findings, and actions associated with each stage of the process</p>	Director of Admin	Division HR, DEI AGs, BIPOC Support Groups	Within 3 months after the Action Plan is published	
<p>b. Establish Department-wide standards regarding who is involved at each stage (e.g., union representatives, hearing officers) and how they are:</p> <ul style="list-style-type: none"> • Selected/vetted • Trained • Held accountable to ensure consistent, fair, and competent adherence to the process and criteria 	Director of Admin	Division HR/Training Groups, DEI AGs, BIPOC Support Groups	Within 6 months after the Action Plan is published	
<p>c. Establish protocols to ensure hearing officers and others in the process are representative of the composition of the Department’s workforce</p>	Director of Admin	Division HR, DEI AGs, BIPOC Support Groups	Within 3 months after the Action Plan is published	
<p>d. Review/update the training focus, frequency, and resources for supervisors and other managers to ensure they are well-grounded in the disciplinary procedures and the criteria for taking disciplinary actions</p>	Director of Admin	Division HR, DEI AGs, BIPOC Support Groups	Within 3 months after the Action Plan is published	

Action Steps	Lead	Resources	Timing	Status
e. Develop and disseminate disciplinary process and procedures guidance documents throughout DHHS	Director of Admin	Division HR, DEI AGs, BIPOC Support Groups	Within 6 months after the Action Plan is published	

Equitable and Inclusive Organizational Culture: Identifying inclusive values, behaviors, and norms; fostering an environment of trust and transparency; increasing awareness of education opportunities.

Objective 4.A: Facilitate DEI training for DHHS staff

- Benchmark(s) for Objective 4.A.:**
- 25% of Divisional staff (by role) are trained by January 1, 2025
 - 100% of training resources are secured to support the plan by March 1, 2024

Strategy 1: Implement mandatory DEI training linked to needed culture change for DHHS staff, ensure leadership is trained in DEI and the State Plan, and that leadership is positioned to communicate DEI principles in daily work

Action Steps	Lead	Resources	Timing	Status
<p>a. Create a DEI certificate and training hierarchy that increases with the level of responsibility and impact (by position), beginning with leadership</p> <p>Mandated training should include:</p> <ul style="list-style-type: none"> • Training to increase leadership’s ability to lead a diverse, equitable, inclusive, and accessible organization • Training to ensure leadership is conversant in the DHHS DEI Plan 	NOMHE	<p>Training Curriculum</p> <p>Training Timeline and Hierarchy for Participation</p> <p>Training Resources</p> <p>Licensing Requirements</p>	By July 1, 2024	

Action Steps	Lead	Resources	Timing	Status
<p>and can incorporate DEI principles in daily work</p> <ul style="list-style-type: none"> • Extensive training for all DHHS HR professionals to ensure baseline knowledge that includes an equity lens in HR management and practices • Implicit bias training for individuals involved in the staff selection process • A core DEI training for all DHHS employees 		Funding		
<p>b. Based on the training hierarchy in (a) above, develop a training plan that does the following:</p> <ul style="list-style-type: none"> • Outline the content for each training • Identify existing third-party training courses and providers (preference is for courses to be offered by third parties) • Determine content that needs to be developed • Determine costs and resources required to offer the training • Establish a plan for securing the resources (funds and training 	Steering Committee and NOMHE	Third-party content developers Third-party trainers HR for compliance Funding Certificates of Completion Data collection tracking tool	By July 1, 2024	

Action Steps	Lead	Resources	Timing	Status
<p>providers) to implement the training</p> <ul style="list-style-type: none"> • Outline when and how often each training should be offered (e.g., which should be done during onboarding, which should be done once, and which should be required at regular intervals [e.g., annually]) • Require leadership (regardless of position title) to attend training at more frequent intervals than non-leadership staff • Track and report the number of staff attending each training 				

Objective 4.B: Improve ability of DHHS staff to provide linguistically competent services

Benchmark(s) for Objective 4.B.: 100% of clients in need receive language resources and/or translation

Strategy 1: Assess/determine the Department’s (internal and external) capacity regarding language resources and make changes to improve linguistic competence

Action Steps	Lead	Resources	Timing	Status
<p>a. Assess client sufficiency to meet clients’ diverse language needs, including languages other than English, ASL, braille, etc. by function (e.g., client-facing positions) and Division</p>	NOMHE	Third-party vendor Funding	March 1, 2025	

<p>b. Assess clients’ diverse language needs, including languages other than English, ASL, braille, etc. across DHHS</p>	<p>NOMHE</p>	<p>Third-party vendor Funding (language access plan)</p>	<p>March 1, 2025</p>	
<p>c. Establish a plan to meet the diverse range of clients’ language needs to ensure staff have access to, are aware of, and trained on available language resources</p>	<p>DEI Advisory Groups</p>	<p>NOMHE facilitation</p>	<p>July 1, 2025</p>	
<p>d. Ensure sufficient staff resources (e.g., a specific unit) to meet diverse range of clients’ language needs without pulling other staff from routine duties to cover clients’ language needs</p>	<p>Administrators</p>	<p>Funding and Legislative approval of positions, or interpreters and translators</p>	<p>July 1, 2025</p>	

DEI Strategy: Defining DEI purpose, vision, and values; establishing governance body; identifying metrics to evaluation outcomes and progress

Objective 5.A: Ensure accountability to the DEI Strategy Plan

- Benchmark(s) for Objective 5.A.:**
- Delivery of the DEI Annual Report by June 30, 2024 and annually thereafter
 - Report will be delivered to Steering Committee and Administrators by January 31, and July 31 each year beginning January 2024
 - DEI unclassified position is established and filled by July 1, 2024

Strategy 1: Conduct quarterly assessments of DHHS-wide and Division-specific DEI Strategy Plan implementation

Action Steps	Lead	Resources	Timing	Status
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a. Implement 33 % of the aggregate of plan objectives on time during year 1 with an increase of (additional) 33 % each year for the duration of the plan	DHHS Division Administrators	NOMHE	June 30, 2024, and annually thereafter	
b. 15 % of plan of the aggregate of plan objectives met benchmarks during year 1 with an increase of 10 % each year for the duration of the plan	DHHS Division Administrators	NOMHE	June 30, 2024, and annually thereafter	
c. Establish a schedule and system for tracking the implementation and impact measures that will be relevant each quarter	NOMHE	SEI using PM meetings to establish in partnership with NOMHE	June 1, 2023	
d. Identify a central person/group to track and assess implementation and impact	DHHS Deputy Director for Administrative Services	Office of Analytics, NOMHE	July 1, 2023	

Strategy 2: Identify and activate opportunities to strengthen DEI strategy implementation and impact and ensure accountability

Action Steps	Lead	Resources	Timing	Status
a. Develop a quarterly report that provides leadership a status report on plan implementation and impact (based on Strategy 1 of Objective 5.A)	Steering Committee	Office of Analytics	October 15, 2023, and quarterly thereafter	
b. Define how Administrators will demonstrate that they hold themselves and others accountable for (and owners of) the plan	Administrators	Steering Committee	September 1, 2023	

<p>c. Establish a quarterly review process to identify opportunities for improvement by examining objectives that fall short of their implementation and impact goals, including root causes (e.g., impediments to objectives being implemented as designed)</p>	DEI Advisory Groups	Steering Committee	September 1, 2023	
<p>d. Adopt a process to use the review process to identify, as appropriate, the following:</p> <ul style="list-style-type: none"> • Adjustments to the plan • Strategies for resolving impediments 	DEI Advisory Groups	Steering Committee	September 1, 2023	
<p>e. Deliver a personnel demographics report that is presented monthly at the Department level and presented and discussed monthly at the Division level. The report should include metrics regarding diversity in:</p> <ul style="list-style-type: none"> • Hiring • Promotions • Retention 	DHHS Deputy Director for Administrative Services	Office of Analytics, NOMHE	October 1, 2023, and monthly thereafter	

Strategy 3: Establish safeguards to embed the DEI guiding principles and culture throughout DHHS so it is an ongoing initiative, not subject to changes in leadership

Action Steps	Lead	Resources	Timing	Status
<p>a. Update the DHHS mission statement to reflect the Department’s commitment to ensuring equity and inclusion in its services and workplace</p>	Director/Deputy Director of Administrative Services	NOMHE	April 1, 2024	

<p>b. Develop a DHHS policy that reflects the Department’s commitment to the DEI mission, vision, guiding principles, and strategic priorities</p>	<p>Director/Deputy Director of Administrative Services</p>	<p>Steering Committee</p>	<p>October 15, 2023</p>	
<p>c. Provide a specific day and time every month (at minimum) for staff to complete DEI work and training</p>	<p>DHHS Division Administrators</p>	<p>Division HR Specialists</p>	<p>October 15, 2023</p>	
<p>d. Establish a release-time policy, in addition to the required annual DEI training, that exempts DEI training and work from the current 16-hour release time limit</p>	<p>DHHS Division Administrators</p>	<p>Division HR Specialists</p>	<p>October 15, 2023</p>	<p>Administrators to work with DHRM</p>
<p>e. Create an unclassified DEI position that is independent from DHHS that oversees all DEI-related matters (e.g., complaints, reports, etc.) above field managers</p>	<p>Director/Deputy Director of Administrative Services</p>	<p>NOMHE</p>	<p>October 31, 2023</p>	<p>Through Interim Finance Committee (IFC) with a job description and proposed grade established</p>