

**PROGRAM DESCRIPTION**

**Department** Corrections **HB Section(s):** 09.040, 09.045, 09.050, and 09.055  
**Program Name** Division of Humans Services Staff  
**Program is found in the following core budget(s):** DHS Staff, Telecommunications, General Services, Fuel & Utilities, Retention and Vehicle Replacement

	DHS Staff	Telecommunications	General Services	Fuel & Utilities	Retention	Vehicle Replacement	Total:
GR:	\$3,710,557	\$38,761	\$346,413	\$36,770	\$0	\$0	<b>\$4,132,502</b>
FEDERAL:	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
OTHER:	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>TOTAL :</b>	<b>\$3,710,557</b>	<b>\$38,761</b>	<b>\$346,413</b>	<b>\$36,770</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,132,502</b>

**1a. What strategic priority does this program address?**  
 Improving Workforce; Reducing Risk and Recidivism

**1b. What does this program do?**

The Division of Human Services administration provides support to other divisions, allowing them to oversee a variety of programs. In addition, these support services help to maintain a quality workforce through training and employee wellness programs. This division consists of the Office of Personnel; the Training Academy; the Employee Health, Wellness, and Safety Section; the General Services Section; the Technology / Help Desk Section; the ADA/FMLA Unit; and the Procedures and Forms Management Unit. The division also supports institutional food service operations, the vehicle fleet, telecommunications, and Central Office business functions including purchasing, mailroom, and centralized office supplies.

**2a. Provide an activity measure(s) for the program.**  
 See the Office of the Director Program Form.

**2b. Provide a measure(s) of the program's quality.**  
 See the Office of the Director Program Form.

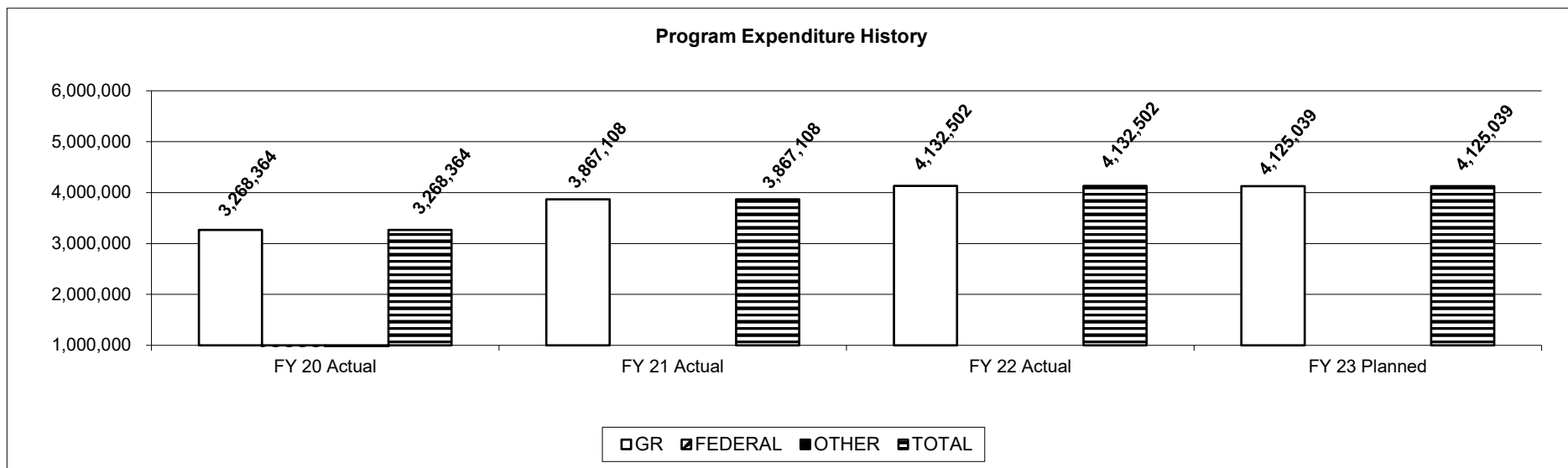
**2c. Provide a measure(s) of the program's impact.**  
 See the Office of the Director Program Form.

**2d. Provide a measure(s) of the program's efficiency.**  
 See the Office of the Director Program Form.

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**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**4. What are the sources of the "Other " funds?**

N/A

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Chapter 217.015 RSMo.

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

No.