



REGIONAL MEDICAL PROGRAMS SERVICE
DIVISION OF PROFESSIONAL AND TECHNICAL DEVELOPMENT
F.Y. 1973 WORK PLAN
JANUARY 26, 1973

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Permanent Postions:	<u>59</u>
Professional	39
Non-Prof.	20
Full-time equivalent in man-years of consultants, part- time, summer and overtime employment	2

General Expense Allo- cation:	<u>\$224,000</u>
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DIVISION OF PROFESSIONAL AND TECHNICAL DEVELOPMENT
 WORK PLAN F.Y. 1973
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Work Plan Budget Summary

Table No. 2

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Table No. 4

INTRODUCTION

Staff and Contract Overview:

The full-time permanent staff of DPTD is now 57 persons, two of whom are on extended leave. The basic pattern of staff time allocation remains essentially the same as it was for the 59 man-year staff in the report for November, although the total man-years realized will be about 57. (The Division has two part-time clerical workers.) Changes in project allocation of staff time may be expected in the coming months, as the role of the RMP changes, and as budget decisions and employment policies unfold.

Estimated Allocation of DPTD Staff Time Fiscal Year 1973

<u>Work Plan Activity</u>	Man-Years		<u>Percent</u>
	<u>Prof.</u>	<u>Other</u>	
<u>Part</u>			
I. EEO and career development	2.1	1.1	5.0
II. Management improvement	2.0	1.0	5.0
III. Program			
A. Projects	22.2	12.2	58.0
B-C. Review, Consultation	6.0	2.0	14.0
D-G. Miscellaneous services	<u>6.7</u>	<u>3.7</u>	<u>18.0</u>
TOTAL	39.0	20.0	100.0

The current forecast of program contract activity is 46% less in dollar cost, and 30% lower in number of contracts than the November forecast.

Changes in F.Y. 1973 Obligations for Program Contracts

Program Area	11/16 Estimate		1/26 Estimate		Net Change	
	No.	Amount	No.	Amount	No.	Amount
Systems	2	400,000	0	0	-2	-400,000
Financing	1	80,000	1	80,000	0	0
Manpower	3	551,752	4	566,752	1	15,000
Quality	23	3,201,799	10	1,422,293	-13	-1,779,506
Kidney	9	1,435,500	10	881,470	1	-554,030
Chron. Dis.	2	238,436	3	251,469	1	13,033
TOTALS	40	5,907,487	28	3,201,984	-12	-2,705,503

These reductions are due in large part to anticipated reductions in funds, and in part to other influences, such as:

- Systems (EMS) - Exploratory approaches to evaluation of EMS activity by OPE.
- Quality - Need for re-examination of proposals in relation to H.R. 1 and forthcoming policy.
- Kidney - Need for re-examination of strategy in relation to H.R. 1.
- Chronic Disease - Unexpected extensions of pulmonary disease projects.

Attached to Table 4 of this report is a list of 39 contracts which require staff attention but no 1973 funding. In most of these contracts the staff time expenditures have been and will remain small, but the aggregate expenditure may reach a full man-year of paid time.

Priority

DPTD activities programmed in this report have been classified in four levels of importance, instead of the two that appeared in the November report's application of our July 12 priority scale to the plans approved in August by the Director. The new classification has been applied to tasks within the major project areas, rather than to project areas as a whole. The ranking appears in the Table of Contents, in the narrative of the Plan, and in the Summary Table. The classification, which is described in descending order below, takes into account the effects of such forces as the unknown impending budget changes and the passage of H.R. 1.

Rank

Criteria of Assignment

- | | |
|---|--|
| A | Addresses a Federal problem that needs solution regardless of the RMP future. |
| B | Addresses a problem that will need solution if there is no major shift in the RMP mission. |
| C | Addresses a medical care problem for whose solution the RMP is a good vehicle. |
| D | Addresses a problem for which this is a desirable but deferrable effort. |

PART I
EQUAL EMPLOYMENT OPPORTUNITY AND CAREER DEVELOPMENT (Priority B)

A. Recruitment of Minority Employees

Full-time permanent positions authorized in DPTD have declined to 59 from the 67 reported in the June 1972 Work Plan. By June 30, 1973, the Division will have utilized about two man-years of part-time and temporary employment. Of the 59 persons now on board, (including two who have been granted extended leave and two part-time secretaries) ten or 17% are members of minority groups. Three are females in full-time permanent secretarial jobs, four are females at trainee levels in professional and administrative work and three are male professionals. The average of the grades of the nine general schedule positions is 7.66. (Average grade of all Civil Service positions is 8.39.) The net increase in the number of minority employees on duty since last June is four persons. The plan of last June to raise minority employment from nine to 18% in the fiscal year assumed that the full-time permanent position authorization would remain at 67 or increase to 71, instead of falling to the present 59.

B. Career Development and Training Plans. (Priority B.)

1. Management Training

The central function of the Division has been described in other organizations as decision-support research, or policy research. The work is organized in projects or tasks, each of which has as its objective development of a decision or recommendation which contributes to the resolution of a health service issue. The objective-dominated project, or task mode in which the Division performs this function has been called "management by objective." In this environment each staff member works almost as an independent contractor,

under agreement to contribute defined information or services to timely achievement of specified objectives. Each staff member also participates in the specification of the objectives to which he contributes and the definition of his own tasks. The mode of work demands that each staff member manage his own efforts with full understanding of their linkages to the efforts of others.

In November and December almost all professional and trainee staff members participated in one-week Government Management Seminars conducted by Kenper-Tregoe, Inc. The seminars explained management of the generic steps of information acquisition and processing for decisionmaking.

2. "Bridge" Positions

Development of specific bridge positions to move staff members into career ladders and lattices has been slow, but may be simpler now that OPT has developed guides. Currently six female staff members including four blacks are at junior or trainee levels in professional and administrative jobs. The decline in position authorization has made it useless to plan for early recruitment from outside for such positions.

3. Individualized Staff Development

All employees have been interviewed by their supervisors about their plans for self-development and job advancement. Logical requests for attendance at short courses and professional meetings have been honored. One employee was carried in part-time status and assisted with college expenses to complete a degree course. One is taking a full course in the Upward Mobility College and two full-time employees are taking college credit courses with Government payment of tuition expense.

The Division expects each supervisor to offer career planning and job advancement to each subordinate in personal interviews. Employees are not required to accept such counselling, commit themselves to recorded plans, or divulge plans they are pursuing privately. Requests for short-term educational or training opportunities and for participation in professional meetings are judged on relevance to the requesting employees' current and immediately prospective duties. Only requests for assistance with major college credit educational programs are judged on relevance to stated career plans. All employees are free to change their plans, and their discussions with supervisors are confidential.

The Division is in the midst of its first experience in translating task performance ratings of professional and trainee employees into the required HEW-525 appraisals. A by-product of this process will be a record of performance rated tasks which may be helpful to employees and their supervisors in selecting future assignments to broaden experience and develop skills.

Estimated Allocation of Resources to Part I Activities

Staff Time in Man-Years:

Professional	2.1
Other	1.1
General Expense	\$15,000

PART II
MANAGEMENT IMPROVEMENT (Priority B)

A. Reorganization for Management by Objective

The Division has been operating in the objective-centered project-organized mode since last summer. Staff adaptation has been good and performance has been effective. The rate of progress on assigned tasks frequently has been slowed; planning and progress have suffered disruption, and the feeling of personal security and orientation have been difficult to attain for many staff members. Environmental developments have caused much of this discomfort. First was the realization that the expected growth of the staff would not take place. This was followed by what seemed to be sudden changes in the RMP role, particularly in EMS and hs/ea, and a long period of uncertainty over quality of care responsibilities. Then came the possibilities and threats of involvement in national initiatives to control hypertension and cancer. Next was the passage of H.R. 1, full of unclear implications for RMP, and now there are rumors that the RMP system is to be phased out. This series of shocks to staff notions of priority and orientation was accompanied by the effects of a couple of employment freezes and a long period in which key position classification requests were ignored. At the same time, the Division has been moving slowly to modify its office space to accommodate 80 persons in a mode that conforms to rules laid down by the Administrator but is very different from the makeshift utilization of office plans laid out for other units that it had originally moved into. Each of these factors has had an effect on production if not on productivity. To approach evaluation of the reorganization, it will be necessary to wait until the effects of some of these environmental factors have died out or stabilized.

B. Office Space Renovation

The total outlay for partitioning, equipment, furniture, labor and related services during the period of the renovation has been about \$105,000. This included outlays

occasioned by the renovation itself and expenditures for furniture and other items that would have been needed even if the style of space utilization had not been changed. To some unmeasured extent these outlays were offset by re-deployment of furniture that was replaced by built-in desks and shelving. There are no baseline data for measurement of the effects of the change because the costs of objective studies (lighting and air-flow and exchange, sound control, as well as production efficiency) could easily have doubled the cost of the product. The outstanding uncompleted phases of the change are the installation of window drapes, delivery of file cabinets, and furnishing of the Director's office. Some minor corrections in electrical outlet placement and adjustments in telephone service also are needed.

Estimated Allocation of Resources to Management Improvement's

Staff Time in Man-Years:

Professional	2.1
Other	1.0
General Expense	\$60,000

Nb. About \$45,000 of F.Y. 1973 funds has gone into office renovation, furniture and related services. The first \$60,000 of the total cost was obligated in F.Y. 1972.

PART III
PROGRAM

A. Projects

The following pages reflect the current emphasis and report the status of work on the program objectives that were approved in the Director's memorandum of August 14th. In several instances current work objectives appear to be broader than those approved. None of the issues to which the approved work objectives relate exists in isolation. Each must be treated with full awareness of its relationships with other aspects of health services.

1. Health Services Systems - Emergency Medical Services

Emergency medical services are a set of sub-systems within the health service system of the nation. Emergency medical services are important to the health service system because a large part of the health service workload enters the system through emergency service channels, and because time is important to success in dealing with much of this service load. Emergency services are important to the Regional Medical Programs because their organization and operation present clear models of problems in regional deployment, utilization and cooperation, because they represent a challenging area of contact between community medicine and institutional medicine, and because a recognized urgency is associated with the need for emergency service.

Staff plans for the EMS project include follow-up advisory and appraisal visits to the projects that were instituted last spring, and consultative assistance to Regions that are considering new projects. Thirteen Regions have been visited thus far and this activity is continuing at an accelerated rate. Responses to opportunities for consultation on new projects are timely and current. Each visit seeks

RMP recognition of the importance of emergency medical service as a part of the larger system and as a prime field for regionalized provider cooperation (Priority C). Planning is in progress on development of techniques for problem and program appraisal and of parameters and standards of quality in emergency medical services in conjunction with OPE (Priority D). DPTD contract proposals listed in the November report for this purpose have been dropped.

The goal of work on these objectives is to provide local groups with tools for organizing and maintaining successful community or regional services.

As a sub-system, emergency services have certain elements or characteristics in common with other widely studied but perhaps less clearly defined segments of the health service delivery system, and with the whole. The Project Manager is developing a generic scheme of study applicable to examination of the entire system and to such other segments as rural and urban services. This is considered necessary in order to apply to these problems effectively in the future to the RMP experience gained in EMS projects (Priority D).

Categorical rural health activity at the moment is confined to work with the Hughes contract (Table No. 4, III, 33) in New York State. Both the specific values and limitations of the project and its place in the galaxy of rural health service development methods are being examined (Priority C).

A recent memorandum from the OA has requested Operational Planning System tracking of Emergency Medical Service progress. The original proposal to track RMP progress in EMS was made when continuation of special grant emphasis was under consideration. A restructuring of the tracking plan is now in operation, under the surveillance of OPE (Priority C).

Estimated Allocation of Resources to Health Systems

Staff time in Man-Years:

Professional	3.2
Other	2.0
General Expense	\$15,000

2. Health Delivery Financing (Priority B).

Initial work in this area will be directed at an operational problem - the post-grant financing of services originated in RMP grant projects, and the related problem of funding services provided to patients in the course of demonstration and training projects. This will involve analysis of existing NIH and HS projects, review of insurance practices, and of the affects of H.R. 1 on the mechanisms of projects that provide services, and of the resources and motivations of target population groups. The purpose is to develop project funding techniques that will motivate directors and staffs to complete and terminate grant-dependent phases of demonstrations, field trials and studies on schedule.

The project is in the planning stages. A health economist and public health specialists have been consulted. Selection of projects for field audit is underway. In the current year it is expected that the project can progress only to the initiation of data collection related to RMP projects through a contract for program audits (Table No. 4, II, 10). This will be coordinated with related activities in the OPE projects on "fund turnover" and "termination reports" when joint efforts will be useful.

Estimated Allocation of Resources to Health Financing

Staff time in Man-Years:

Professional	1.0
Other	0.6
General Expense	\$6,000
Program Contracts	\$80,000

3. Health Services Manpower

The overall goals in health services manpower remain essentially the same, except there will be two new emphases. One, there will be greater attention to the role of manpower in the developing systems of quality of care assessment; and, two, there will need to be an accommodation to the needs of the rapidly developing network of hs/ea throughout the country. Furthermore, increasing interest by RMPs in the use of the mechanism of a consortium arrangement to attempt to systematize ongoing manpower efforts gives rise to the need for ongoing consultation to RMPs approaching triennial status. The health services manpower goals are:

To relate manpower to the developing systems of quality care assessment.

To provide a source of RMPS expertise on systems of manpower development, utilization and distribution.

To provide assistance to developing health/services activities as they relate to the communities which they will serve and to ongoing RMP manpower activities within their boundaries.

To evaluate existing and developing health services/education systems and to evolve prototypes of such systems.

To identify and promote new approaches and innovative modifications in such activities as accreditation, licensure, certification, task analysis, and the identification of health services needs.

To stimulate improved communication and coordination within the RMPS Task Forces and with other Federal agencies, professional organizations and private foundations as a means of economizing on time, effort and funds thus accelerating needed changes.

Activities:

a. Education and Quality of Care (Priority A).

Study the role of manpower in the developing systems of quality of care assessment especially in terms of (1) what preventives can be built into the education of health professionals and their resulting work performance so that poor quality can be prevented and, (2) what remedial measures can be instituted to correct identified deficiencies.

- (1) In view of the current almost exclusive immediate concern with the physician in quality of care assessment, as in PSRO development, this task force will concentrate a notable part of its efforts on other than physician personnel. One of the major challenges in the latter is how deficiencies will be identified.
- (2) Special study will be made of continuing education as it relates to quality assessment and a position paper will be prepared.

b. Professional-Technical Services to RMP

Develop a strategy of relationships with the 56 RMPs and with the directors of the developing hs/ea consortia.

(1) Fulfillment of Requests from Coordinators and hs/ea Directors (Priority B).

- (a) An increasing number of requests from RMP coordinators for assistance in manpower activities has arisen primarily as they relate to developing hs/ea's. In-depth conferences have been held in RMPs with the directors of the RMPs' manpower education and services activities and with members of the staffs of the RMPs. Included in the conference wherever possible is a representative of the Division of Operations and Development.

- (b) Assistance visits have been made to RMPs by Task Force members at the request of RMP coordinators. At this time, conferences were held with the coordinator, the director of the hs/ea and other involved RMP staff members.
 - (c) Telephone consultation - the rapidly developing health services/education activities in many regions have given rise to an increasing number of telephone calls for immediate information and guidance.
- (2) Identification of health services/education systems prototypes (Priority A).

Conferences with the RMPs has revealed a variation in developmental patterns of health services/education activities which are emerging as the Regions attempt to implement the RMPS concepts as described in the "key concepts" document. This trends is further complicated by the presence in some RMPs of funded AHECs. Visits will be made to those RMPs where there appears to be a merging of hs/ea and AHEC concepts or conflict between the two. Another category of hs/ea's have CHP agencies as the grantee, inasmuch as these are planning agencies, this group of hs/ea's will require additional assistance. Follow-up will be done by staff in an effort to identify not only successful prototypes but also to identify characteristics of unsuccessful systems.

- (3) Development of criteria which can be used in the evaluation of hs/ea's. (Priority A) Staff has developed a list of pertinent elements to be surveyed relative to consortium formation and development, community support, and others. This list is not being formalized by the Task Force.

c. Trends and Developments in Health Manpower

Study of trends and developments along the entire manpower spectrum of recruitment, production, utilization

and distribution as they relate to the Regional Medical Programs.

- (1) Identify manpower problems among RMPs. (Priority B)

Survey of RMP manpower activities. (Table No. 4, II Projected Contracts, 16). Analyze programs in terms of health services delivery objectives; response to identified health services needs; relevance to national trends and developments.

- (2) Identify manpower problems of national scope.
(Priority A)

Determine relevance to RMPS, develop contracts and projects consistent with RMPS policy and goals. (Priority B). For example, RMPS contract support is now provided to develop a service task oriented methodology for appraising and adjusting utilization of manpower in a defined comprehensive health care system. This project is being performed by the Kaiser Health Foundation under a fiscal year 1972 contract; the first phase will be completed in the fall of 1973. (Priority A). (See Table No. 4, Attachment, Contracts requiring action but no FY-73 money, 40.) A staff position paper on Task Analysis and its relevance to RMPS is now being written (Priority C).

- (3) Appraise and plan for utilization of results of two contracts: (Priority D)

- University of Washington-Training for Evaluation of Education for Health Professionals; (Table No. 4, I Continuation Contracts, 2.)
- Student AMA-Development of RMP support for student projects; (Table No. 4, II Projected Contracts, 6.)

- (4) Current levels, trends and potentials of community college involvement are being appraised in the basic education, continuing education and training for health workers. Anticipated product is a publication. (Priority A).
- (5) Develop manpower position paper based on survey of fundings of I and II which will relate specifically to RMPS and the 56 RMPs. A group of selected representatives from the RMPs will be convened to assess relevance of developing position paper to the realities and needs of the RMPS. (Priority B).

d. Coordination of Health Manpower Activities

Develop and expand coordination efforts among manpower interests by expansion of communication, coordination, and joint activities within RMPS; among the RMPs, with other Federal agencies, and with the professional associations and private foundations involved in health manpower.

- (1) Staff continues to expand its lists of contracts and is providing pertinent resource reference to RMPs. Staff initiates conferences between RMPs' staffs and staffs of other agencies as need arises. (Priority B).
- (2) Staff of DPTD and BHME, Office of Education, VA, and other HSMHA agencies consult regularly on such areas as task analysis, career mobility, licensure, certification and other manpower issues. (Priority A). Possibility of BHME-RMPS cosponsored Conference on Task Analysis is being explored. (Priority C). Contract cosponsored by BHME and RMPS to support Conference on Minority Concerns in Health Manpower has been completed. (Priority A).

Estimated Allocation of Resources to Health Manpower

Staff Time in Man-Years:

Professional	5.3
Other	3.1
General Expense	\$19,000
Program Contracts	\$566,752

4. Quality Assurance of Health Care

Tasks necessary to accomplish the objectives in quality assurance have been identified. Progress is reported below.

a. To provide orientation and expertise for the Regional Medical Programs in quality of care assessment

- (1) The invitational conference on Quality of Care Assurance was held on January 22-24 in St. Louis, Missouri. Attendance included 71 coordinators, 20 staff people and 28 speakers. The papers presented at the conference are to be distributed thirty days after the conference. (Priority B).
- (2) A general orientation on quality assurance was presented to RMPS staff on January 19 by the Director of RMPS and staff from the Division of Professional and Technical Development. The development of a training program in concepts of quality of medical care assessment for the DPTD staff, which could be extended to the rest of RMPS staff and possibly CHS and NCHSR&D is in process. A broad outline of possible subjects is being reviewed for selection of topics for a series of training sessions. (Priority B).

- (3) Identification of a consultant panel was proposed as a DPTD resource for help in forwarding the quality of care assessment mission. Work on this activity has been deferred until specific guidelines are available from the leadership of DPTD and RMPS (Priority D).
- (4) Dr. John Farrell presently is carrying major responsibility for liaison in all quality of health care activities with other HS programs and services. He will keep DPTD staff informed about these activities (Priority B).
- (5) The extension and updating of the present DPTD bibliography on medical care assessment has begun with initial screening of periodicals and other reports. It is anticipated that the updated one-year list will be ready for distribution by March 1973. (Priority D).
- (6) The survey of RMP quality assessment activities in the RMP's will be initiated following the St. Louis Invitational Conference. A recently completed report on alternative methods of approaching a survey to measure the present limits of quality assurance activities in RMP's is under review. (Priority B).
- (7) A contract was negotiated with the Southeastern Regional Program Coordinators (Inter-Regional Committee) under the leadership of M. Zubkoff, M.D., Project Director. This contract was designed to foster development of RMP professional staff capability for support of the providers of medical care in quality assessment. The Southeastern Inter-Regional Committee has reported on the initial orientation session which focused on quality of care assessment approaches. If successful, this activity may serve as a model for other Inter-Regional organizations. Presently, there is interest and effort in this area by the Northeastern Program Coordinators. A total of five contracts

may be negotiated for Inter-Regional Program Coordinator Committee efforts on quality of care assessment. (Priority B).

- (8) Presently, no staff assignments have been made with regard to Task #7 - RMPS staff to visit all eleven RMP's connected with ongoing EMCRO's and develop common liaison criteria with NCHSR&D, (Priority C) or Task #8 - continued support of inter-regional efforts by RMP's to increase their expertise in quality of care assessment.

b. To support the development of standards of medical care by professional health societies and/or organizations through contracts

- (1) Presently, 16 funded contracts have been identified which are directly related to development of medical care standards. Discussions presently are underway by the leadership of RMPS and DPTD to frame a strategy for future "standards" contracts. This strategy will consider contract products in hand, identify further needs, and set priorities for future contracts. (Priority A).

Contract Projects Contributing to Development of Standards for Quality of Care Assessment.

CONTRACTOR:

TABLE NO. 4 REFERENCE:

<u>Disease Categorical Standards:</u>	<u>Section</u>	<u>Line</u>	<u>Priority</u>
American Neurological Association Guidelines for optimal prevention and care of stroke.	I	3	A
American Heart Association Evaluation of dissemination, acceptance, applicability of the ICHDR cardiovascular disease guidelines, and	III	32	A

<u>Disease Categorical Standards:</u>	<u>Section</u>	<u>Line</u>	<u>Priority</u>
Development of plan to evaluate (a) short-term impact on heart disease care given by institu- tional and individual providers; and (b) prospects for future implementation.			
American Heart Association Revise and update the ICHDR cardiovascular disease guide- lines.	II	5	A
<u>Medical Specialty Categorical Standards:</u>			
American College of Radiology Develop methodology to assess patterns and prevalence of use and efficacy of selected diagnostic x-ray procedures. (First in a three-step plan to develop stan- dards of utilization and intrinsic quality. Others will be: applica- tion of this methodology to deter- mine efficacy in identified patterns of use; and development of stan- dards).	III	37	A
University of Iowa Identify practical methodologies for evaluating quality of family physician performance. Method- ologies selected should provide bases improvement of performance	III	38	A

Medical Specialty Categorical Standards:

through continuing education, and evaluating quality of care received by patients, as well as lead to linkage of quality of performance with recertification. (Up to January 1973 this effort has produced only a proposal for a much larger, longer study, to be performed under contract.)

American Society of Anesthesiologists
 Develop and test procedures for evaluating the quality of anesthesiology services; refine present standards of anesthesiology care; and develop standards of anesthesiology services.

II 4 A

Universities Associated for Research in Pathology
 Develop standards of quality for laboratory services and methodology for evaluating performance of individual and institutional providers of those services.

II 8 A

Background Information Potentially Useful in Development of Standards:

Johns-Hopkins University
 Study of status of surgery in the U.S. with respect to: needs, delivery, and organization and financing of delivery.

I 11 C

Background Information Potentially
Useful in Development of Standards:

	<u>Section</u>	<u>Line</u>	<u>Priority</u>
National Academy of Sciences Study of differences in post-operative mortality between institutions.	III	1	C
Arlie Foundation Medico-legal advice on lists prescribed in Sec. 907.	II	2	B
Joint Commission on Accreditation of Hospitals Survey of hospitals for Section 907 listings	I	7	B

Information Processes Related to
Assessment of Quality:

Dartmouth College Problem-oriented medical information system and related matters	I	9	C
CUPIS, Inc. Computer programs to provide analytical reports and displays for planning and reviewing quality of hospital care. Describe conceptual framework for a health data system capable of monitoring quality and quantity of ambulatory care.	III	34	D
Connecticut State Medical Society Multi-dimensional program. Evaluate: Methods for evaluation of outpatient care; Effectiveness and cost of alternative primary care delivery organizational devices;	II	3	D

Information Processes Related to
Assessment of Quality:

Section Line Priority

Develop standards,
techniques for moni-
toring care of ambula-
tory patients;
Construct mechanisms for
physician education in
the interests of quality
assurance.

- (2) A plan of strategies and devices for monitoring contracts related to quality assessment of medical care has been prepared. It proposes that the Quality Assurance Task Force members will become informed about each of the contracts and will have input in future negotiations involving these contracts. (Priority B).
- (3) A proposed training program for contract officers has been submitted and is pending further consideration by the Task Force. (Priority B).
- (4) On September 6, 1972, a staff member was assigned to analyze the products of the ICHD contract. A draft of the analysis has been submitted and will be reviewed. (Priority A).
- (5) On September 6, 1972, a staff member was assigned the task of developing a contract proposal for development of criteria to evaluate emergency medical care systems through outcome measures. This task was deferred until definition and clarification of the assignment could be accomplished. (Priority D).

- (6) In July of 1972, a meeting was held with Dr. C. Brown to explore the possibility of evaluating, by contract, the impact of the series of medical audit continuing education workshops he has been conducting. On July 28, a letter was sent over Dr. Hinman's signature to nine workshop sponsors discussing the interest of DPTD and listing some potential evaluation factors and requesting comment. Staff was assigned responsibility for analysis of replies and acknowledgement of receipt of letters. This assignment is being held in abeyance pending further definition by the Task Force of steps to be undertaken. (Priority D).
- (7) A contract for preparation of an annotated bibliography on quality of care assessment has been proposed and deferred pending further definition of the desired product. (Priority D).

c. To accomplish "ad hoc" activities related to goals of the Quality Assurance Task Force as required.

- (1) Mr. Bob Morales and Dr. John Farrell serve as the representatives of RMPS and the HS Work Group on PSRO. RMPS through the PSRO Coordinating Committee and Work Group of HS has been delegated primary responsibility for the following tasks. (The Quality Assurance Task Force and other DPTD staff have primary responsibility within RMPS for these activities.)
 - (a) The development of a process which can be utilized by the PSRO program to develop criteria, norms and standards.
 - (b) The analysis of existing continuing education programs to determine their capability to respond to the needs of PSRO's. In addition, the development of guidelines which can be used by a PSRO in planning continuing education activities.

- (2) To develop an OPS tracking plan in compliance with the recent directive of the OA. (Priority B).
- d. To analyze the characteristics of the POMR and determine the feasibility of the RMPS serving as a catalyst for implementation on a national scale. (Priority B).
- (1) Analysis of the POMR.
 - (2) Development of a position paper for RMPS on the Problem Oriented Medical Record.
 - (3) Development of a plan for implementation of the Problem Oriented Medical Record that can be considered by RMPS.
- e. Compliance with Section 907. (Priority B).

In connection with the JCAH contract to formulate criteria for optimal care under a stratified system of hospital services, an inventory of hospital resources available in approximately 6,000 hospitals for the care of patients with heart diseases, cancer, stroke, and end-stage kidney disease has been assembled by means of a questionnaire survey. (Table No. 4, I. Continuation Contracts, 7). The RMPS has committed itself to publish this inventory and make the data available to each reporting hospital in the form of a set of brochures published and sold by the GPO. While an estimate of the cost to the RMPS has not been made by the GPO for the purchase of 1,000 copies for RMPS distribution, a new budget item is shown under this section of the DPTD work plan of \$10,000 under general expenses.

Estimated Allocation of Resources to Quality of Care

Staff Time in Man-Years	
Professional	4.7
Other	2.2
General Expense	\$27,000
Program Contracts	\$1,422,293

5. Kidney Disease Control

Developments following national recognition of renal disease as a major chronic ailment have presented the health care industry with striking opportunity to develop improved health care delivery practices. The characteristics of finite patient population represented by end-stage kidney disease, and the finite therapy represented by dialysis and transplantation, have provided investigators with a closed system within which to observe the effects of service patterns altered from traditional health care delivery practices. The objective sought is delivery of high quality care to patients whose illness requires high cost treatment, and for which there has been neither funding nor treatment facilities readily available. The responses to these constraints have indicated increasingly practical methods to deliver end-stage kidney disease therapy, and promise to offer useful alternatives in the delivery of other high cost radical medical treatment.

Technological developments have made possible the rapid expansion of programs to provide patients with hemodialysis in an institutional setting. Further innovations that allow self-dialysis by the patient in his home have been a major step in making this mode of therapy a practical. The pattern of delivery for dialysis incorporates placing a high degree of reliance on the patient to perform hemodialysis at home or in a low overhead facility. Where dialysis must be provided in a hospital setting, maximum delegation for the performance of routine duties has been made to nurses and technicians.

Techniques of organ harvesting, preservation and transplantation have made renal homotransplantation a service entity. In the delivery of transplantation, economies of numbers are being sought through centralization of services to patients. In this way, the sophisticated services required to back up radical surgery need not be replicated in all institutions, and the expertise of those qualified to provide

high quality post surgical services is bolstered by increased opportunities to practice and improve their specializations.

These arrangements to bring dialysis and transplantation services into the existing care delivery structure highlight an organized system in which maximum employment is made of patient and allied health capabilities, and the need to establish new or expanded highly technical facilities specifically is removed. The enactment of P.L. 92-603, providing Medicare coverage to qualified end-stage kidney disease patients, will expose these care delivery techniques to widespread evaluation. The willingness of the health care industry to accept and to improve upon the restraints which characterize efficient delivery of end-stage renal therapy will result in part from our ability to convince care providers of the need to institute service efficiencies which improve care access and quality of care, and reduce cost.

a. Criteria of Care (Priority A)

Information and guides contained in several documents have been consolidated in a single reference for kidney disease program. Now undergoing final review, the consolidated reference will be provided to the RMPs and special kidney disease consultants as guidelines for development and review of renal programs.

The need for criteria for end-stage renal disease patient services and the service delivery system has loomed sharply with enactment of P.L. 92-603. DPTD staff are continuing conversations with Bureau of Health Insurance (BHI) personnel on aspects of facility certification toward assuring patient access and quality services without unnecessary proliferation of provider facilities.

Kidney Disease Task Group members are scheduling staff activities and potential contract projects which relate to improved criteria for end-stage renal patient care. Potential contracts are noted in Section c., below. Planned staff activities focus on dissemination of information and data accumulated through pilot and

demonstration contracts including patient survival and rehabilitation data from the home dialysis training, and limited care projects, and organ procurement usage and cost data.

b. Life Plan Implementation (Priority A)

Three meetings and other conversations were held with representatives of the Social Security Administration (BHI), to discuss problems surrounding implementation and administration of patient care reimbursement provisions contained in P.L. 92-603. Potential proliferation of provider services and demands for care in excess of planned support present continuing problems.

SSA has requested an initial listing of tertiary and secondary treatment resources known to exist now, and which may be certified as participating institutions. It is planned to respond at two levels beginning in February 1973. A partial listing will be provided to BHI headquarters by RMPS. This list will be developed from a hospital survey now being completed by the JCAH and information now available from RMPS renal grant programs. This listing will also be provided to the RMPs and CHP agencies to review and develop further on the basis of regional knowledge of developing renal care networks. The Regional recommendations will be forwarded to the ten BHI regional offices.

Kidney Disease Task Group members counseled a number of RMPs with developing renal programs, and reviewed programs submitted for the October and February review cycles. Continuing needs with respect to implementing coordinated and efficient renal disease care delivery systems have resulted in stronger program review requirements. The RMP option to obtain outside renal expert review by mail is removed in new guidelines material. In addition, DPTD staff will participate in program site reviews as follows:

- 910 programs - staff will participate in the initial application review.
- new RMP renal programs - staff will participate in reviews of initial applications when problems are known to exist.
- progress reviews - staff may participate on a selective basis when severe problems are unresolved.

c. Contracts

Increased attention will be devoted to contract activities in the last half of the fiscal year. The Kidney Disease Task Group is developing a schedule of actions necessary to accomplish a final in-house review of closed contract projects, and to administer an orderly termination of projects scheduled to be completed in June 1973. The former group includes clinical studies related to renal disease detection and diagnosis, and five kidney organ procurement demonstrations. The latter group includes 12 home dialysis training projects and three limited care facility demonstrations. Two projects addressed to pediatric renal care criteria are funded through June 1974, and continue to be monitored. See list appended to Table No. 4 titled Contracts Requiring Action But No FY-73 Money.

Development and evaluation of new contract projects is being carried out in the last half of the fiscal year in the context of Life Plan needs and availability of funds. A proposed contract with the National Foundation is still under consideration but may require redirection as implementation of P.L. 92-603 proceeds. (Table No. 4, II Projected Contracts, 13.) (Priority A).

A proposed study of self-dialysis patient training through video processes assumes greater urgency with mounting dialysis patient loads. (Table No. 4, II, Projected Contracts, 7.) (Priority C).

A contract which supports a major segment of the Louisiana RMP renal program will require renewal due to timing and organization difficulties faced in guiding this component of the program into the LRMP renal care system through grant support. (Table No. 4, I, Continuation Contracts, 10.) (Priority B).

Consideration is still being given to steps which might be taken with regard to misuse and careless practices in the use of indwelling catheters. (Table No. 4, II Projected Contracts, 9.) (Priority A)

The prospect of field testing improved or new membranes which may shorten dialysis time becomes increasingly remote this year. The widespread developmental work under way on improved dialysis components increases the difficulty and the need for scrutiny in identifying the most promising improvements which may be suitable for RMPS involvement. The November report listed contract proposals for this purpose which are omitted here.

Increased emphasis on kidney transplantation in the treatment of end-stage kidney disease underscores the need to provide controlled study of the importance of HLA identical match in improving transplant survival. The answer to this question bears directly on the cost of kidney patient care through either reduction of unnecessary tissue typing and/or increased transplant survival. (Table No. 4, II Projected Contracts, II.) (Priority C).

Two projects under consideration would assist evaluation of renal program developments prior to enactment of P.L. 92-603, as well as potentially serve as part of the evaluation of the new law's impact. These are a survey of third-party payment sources other than P.L. 92-603 and a survey and analysis of State legislation for kidney disease. (Table No. 4, II, Projected Contracts, 15 and 17.) (Priority A).

Estimated Allocation of Resources to Kidney Disease Control

Staff Time in Man-Years:

Professional	5.0
Other	2.5
General Expense	\$24,000
Program Contracts	\$881,470

6. Chronic Disease Control Project

a. Mission of the Project

The immediate mission of this Task Force is to keep informed on current discussions and activities taking place involving national programs for the control of chronic diseases and to be prepared with plans for various alternative roles that may be assigned to RMPS. The long-term mission is to create a body of expertise and a store-house of information on the control of chronic diseases that will be available to the RMP's to help in planning and carrying out chronic disease programs.

The strong possibility continues to exist that a chronic disease initiative will be undertaken by the Federal Government which will involve RMPS. HEW planning and continuing activities make this a probability rather than just a possibility in the area of hypertension control. In the areas of cancer, heart disease, pediatric pulmonary disease, and chronic obstructive lung disease, activities and interests outside RMPS make the possibilities undiminished. In view of the above, the DPTD chronic disease project in continuing according to the previous work plan.

b. Objectives (Same as in the Work Plans of Nov. 16, 1972 except for the addition of objective #9)

- (1) Identify the elements of workable comprehensive chronic disease programs.
- (2) Develop criteria for comprehensiveness in chronic disease programs, stressing revenue supported economic viability and avoiding the narrow, high-cost categorical approach.

- (3) Anticipate the impact of new legislation and innovative technology on chronic disease activities.
 - (4) Make available statistical data and descriptive material developed by the Task Force and others.
 - (5) Guide the Regions into integrating chronic disease control activities with quality assurance programs, health education, social and private insurance, and up-to-date methods in total health care delivery.
 - (6) Foster the RMP's awareness of other Government and nongovernment comprehensive programs in chronic disease control, particularly the categorical disease control research sponsored by the NIH.
 - (7) Encourage the RMP's to establish intra-regional coordination and cooperation including agreements on deployment of secondary and tertiary care resources to an extent not previously done.
 - (8) Help the RMP's upgrade themselves through the use of chronic disease control programs.
 - (9) Give special emphasis to Hypertension Control as a potential activity for the RMP's.
- c. Potential Tasks (Same as in the Work Plans of November 16, 1972, except for the addition of four new task under item 4.
- (1) Assemble data on current chronic disease activities (Priority B)

- (a) In the RMPS
 - Task #1. Project Information
 - Task #2. Additional Projection
 - Task #3. MIS Information
 - Task #4. Health Elements Systems
 - Task #5. DOD Information
 - Task #6. Southeastern Hypertension Program
 - (b) In DHEW
 - Task #7. HSMHA Hypertension Programs
 - Task #8. NHLI Hypertension Programs
 - (c) In other Government Agencies
 - Task #9. VA Hypertension Program
 - Task #10. Miscellaneous Hypertension Programs
 - Task #11. Chronic Disease Programs in other Agencies
 - (d) In nongovernment groups
 - Task #12. Voluntary Agencies
- (2) Assemble data relevant to planning new chronic disease activities (Priority A)
- (a) Create a literature file on specific chronic diseases
 - Task #13. General Bibliography
 - Task #14. Selected Bibliographies
 - Task #15. Literature
 - (b) Bring together statistical data on chronic diseases.
 - Task #16. Old Data
 - Task #17. New Data
 - (c) Assemble general information on chronic disease as part of the health care delivery system.
 - Task #18. JCAH Survey of Hospitals
 - Task #19. Information Office
 - Task #20. Task Force Information Center

- (3) Formulate strategies for RMPS and the RMP's with request to: (Priority B)
 - (a) Integrating chronic disease activities into the health care delivery system.
 - Task #21. Evaluation
 - Task #22. Other Task Forces
 - Task #23. Health Records Systems
 - Task #24. Multiphasic Screening
 - Task #25. Pediatric Pulmonary Diseases
 - Task #26. Professional Education
 - Task #27. Public Education
 - Task #28. Secondary and Tertiary Care
 - Task #29. Delivery System
 - (b) Providing technical advice to the RMP's
 - Task #30. Upgrading Regions
 - Task #31. Guidelines
 - (c) Selecting chronic diseases to focus on
 - Task #32. Selection of Chronic Diseases
 - (d) Selecting individuals and groups with whom to consult
 - Task #33. Operational Plans
- (4) Additional tasks
 - Task #34. NCI Cancer Control Program
 - Task #35. Smoking and Health
 - Task #36. Diabetes
 - Task #37. Cost-effectiveness model for Hypertension

d. Selected Tasks to be Undertaken

From the list of "Potential tasks" shown in Section III, the 17 tasks that had a high priority and which were immediately feasible have actually been started as planned in the Work Plans of November 16, 1972. For some, there has been a beginning, for others there

has been considerable progress. These 17 projects are listed below and the status for each one is indicated.

Task #1. Project Information

Scan the file on RMP activities in Mr. Ringel's Office and identify projects that involve one or more chronic diseases. Decide what information is to be extracted, how it is to be summarized, and what kind of file is to be created. Go through Mr. Ringel's file and extract the information decided upon. Produce tables, graphs, and a summary of the information extracted by region and by type of activity for distribution to the Task Force and others. Become familiar with the nature of the information available in the files that have been created and with all ongoing projects so as to serve as a source of information on which the Task Force and others can rely when the need arises.

Information Chronic Disease Projects has been collected for about one half of the RMPs.

Task #2. Additional Project Information

Scan the file that has been created in Project #1 and select the projects for which additional information will be required. Decide on the type of additional information needed. Acquire this information and add it to the file created in Task #1. Produce a summary of this additional information for distribution to the Task Force and others.

Whatever additional information is available has been collected for about one half of the RMPS.

Task #3. MIS Information

Determine what types of information are available on the MIS System for various RMP projects that involve one or more chronic diseases. Extract information from the MIS System on these projects and create a file with extra copies available on request. Copy this information into the files created in Task #1 in order to make the latter the most complete file on projects.

MIS information on Chronic Disease Projects in all RMPS has been obtained and is being melded with the information collected under Task #1 and Task #2 to create a readily available comprehensive file.

Task #4. Health Elements System

Determine what types of information are available on the Health Elements System of HSMHA for various RMP and CHP projects that involve one or more chronic diseases. Extract information from the Health Elements System on these projects and create a file with extra copies available on request. Copy this information into the files created in Task #1 in order to make the latter the most complete file on projects.

Health Elements System information on Chronic Disease Projects in all RMP's has been obtained and is being melded with the information collected under Tasks #1, #2, and #3.

Task #5. DOD Information

Undertake a series of meetings with members of the various DOD branches to discuss chronic disease activities in their regions. Use the information in the files created under Task #1 as a starting point for the discussions. Determine from these conversations which projects are considered outstanding, which are considered bad, and which are considered in-between. Also create a list of and discuss plans for potential future projects in the various regions. Add this information conclusions to the files created in Task #1. Produce a summary of findings and conclusions from these discussions for distribution to the Task Force and others. Also produce a schedule for routine attendance at DOD staff meetings.

Assignment of staff for this important project has been made and planning has been completed. Contacts with DOD should begin shortly.

Task #6. Southeastern Hypertension Program

Become familiar with the Southeastern Inter-regional Hypertension Program that was proposed some years ago, then dropped, and is now being reconsidered.

We are keeping informed on this program.

Task #7. HSMHA Hypertension Program

Keep informed on the current planning within HSMHA for a National Community Hypertension Control Program. Attend meetings, take notes, write up the notes, and maintain a file on meetings, notes, literatures, etc., on all HSMHA activities while this planning is in progress. Keep the Task Force members informed of these activities so they can be prepared if and when the Task Force becomes involved in carrying out the program finally decided upon.

We are keeping informed on HSMHA activities.

Task #8. NHLI Hypertension Programs

Become familiar with and keep current on the two ongoing hypertension programs of the NHLI, the Hypertension Detection and follow-up programs and the Multiple Risk Factor Intervention Program. Maintain a file on these programs.

Superficial familiarization has been made. More complete acquaintance with these programs will be made.

Task #9. VA Hypertension Programs

Become familiar with the major study of moderate and severe hypertension conducted by the VA in the past and also the study of mild hypertensives about to be launched by the VA. Keep current with what is going on in these projects and create a file of proposals, published papers, publicity, etc., on these projects.

Superficial familiarization has been made. More complete acquaintance with these programs will be made.

Task #10. Miscellaneous Hypertension Programs

Become familiar with the five Community Hypertension Control Programs in the following areas:

- a) Alameda County, California
- b) District of Columbia
- c) Birmingham, Alabama
- d) Pittsburgh, Pennsylvania
- e) Atlanta, Georgia

Collect protocols, writeups, published papers, current status reports, and any other information on these projects. Maintain a file on these projects.

Superficial familiarization has been made with some of these programs. More complete acquaintance with these programs will be made.

Task #13. General Bibliography

Scan and collect significant reference lists which are readily usable on various chronic diseases. Collect copies of current and pending legislation that may affect RMPS. Create systematic files of pertinent literature that is readily available. Maintain expandable files so that any portion of these files could be expanded as priorities change. Maintain extra copies of material that may be useful for distribution or for which there might be a sudden demand.

Assignment of the staff has been made and planning has been completed. The actual work should begin shortly.

Task #16. Old Data

Collect already available data on various chronic diseases. This will include data for each chronic disease on mortality, morbidity, absenteeism, hospital costs, other costs, length of hospital stay, work loss restricted activity days, etc. Collect any fact books that have been put together by the old Chronic Disease Division, voluntary health agencies, NIH, NDTI, etc. Maintain a file of extra copies for distribution on request.

A very small beginning has been made because the staff that will do this have been working on Tasks #1, 2, 3, and 4, which have higher priority.

Task #18. JCAH Survey of Hospitals

Study the questionnaire used in the JCAH survey of hospitals. Determine which data from this survey will be of value when the data tapes become available. Design computer tabulations to be made from these tapes. Produce tables and graphs from these tabulations.

This survey is being handled by Dr. Sloan and Mr. Robins. We keep informed on their progress. Design of these tabulations has been deferred temporarily.

Task #20. Task Force Information Center

Create and maintain a centralized Information Center on activities, reports, publications, statistical tables, and graphs pertaining to chronic diseases. Collect and maintain records on various activities of RMPS and the RMP's that may be useful in pursuing its mission. Keep current on all information maintained in the files and become a resource of information on request.

Notify appropriate individuals of new information or activities in their area of interest.

Extract information from material in the files in answer to inquiries. Prepare information extracted in tabular, graphical, or verbal form for distribution. Keep copies of appropriate material available for distribution.

Work on this important Task has been proceeding slowly but well.

Task #23. Health Records Systems

Study the relation of standardized health record systems to chronic diseases. This includes various types of record systems such as the Problem Oriented Record System, etc. Visit and consult with leaders in this field. Produce a work plan for the Task Force in this area.

Major work on looking at various Health Records Systems has been started by the Task Force on Quality of Care, by the same person that has been assigned to this Task.

Task #24. Multiphasic Screening

Become knowledgeable on what has gone on before in the area of Multiphasic Screening. Become familiar with the latest national conference on the subject and the recommendations resulting from it. Keep current on the RMPS policy regarding Multiphasic Screening.

We keep informed on Screening activities in the various RMP.

Task #25. Pediatric Pulmonary Diseases

Become knowledgeable on what has gone in before in the area of Pediatric Pulmonary Diseases. Keep current on the RMPS policy in this area.

Contractual projects in pediatric pulmonary diseases are being supervised.

V. Additional Tasks to be started

From the list of Potential Tasks under section III above, two additional Tasks will be started within the next three months. These are:

Task #15 - Literature Upgrade

Keep an eye out for any literatures that may be useful to the RMPS staff and the RMP's. Periodically distribute appropriate literature to RMPS staff and to the RMPs.

Task #30 - Upgrading Regions

Make a particular study of low ranking regions with respect to their activities, successes, failures, and plans in chronic diseases. Produce a brief summary of

successes, deficiencies, and potential programs for individual regions, for groups of regions, and for the RMP's general. The information collected in Tasks #1, 2, 3, 4, and 5, will be used as a start in this activity.

Estimated Allocation of Resources to Chronic Disease Control

Staff Time in Man-Years:

Professional	3.0
Other	1.8
General Expense	\$6,000
Program Contracts	\$251,469

B. Participation in RMP Grant Review Process. (Priority B)

DPTD professional and technical contributions to the review of RMP applications generally have met the demands which usually come to DPTD from DOD. These contributions consist of technical advice, critiques and participation in site visits to serve the needs of other RMPS staff, the Review Committee, and the National Advisory Council.

DPTD is reviewing its current pattern of application review and site visit activities to determine if changes could make them more helpful to the DPTD program itself. These processes could be more productive for the DPTD program if they could collect more information about the technical details and status of RMP activities related to issues DPTD is examining.

The grant review and technical consultation (C, next) overlap, inasmuch as written critiques and site visits clarify technical matters for RMP and review personnel. These activities also overlap some "Project" activities. For this reason,

the allocations of DPTD resources given in this and the next section do not separate out all the expenditures of time and money that may serve these respective functions.

Estimated Allocation of Resources to Grant Review
Staff Time in Man-Years:

Professional	3.0
Other	1.0
General expense	\$18,000

C. Technical Consultation to RMP. (Priority B)

Much DPTD technical consultation to RMP is inseparable from related "Project" and "Grant Review" activities, because it serves those purposes as much as it serves needs of any individual RMP.

Estimated Allocation of Resources to Technical Consultation

Staff Time in Man-Years:

Professional	3.0
Other	1.0
General Expense	\$18,000

D. Review of Papers. (Priority B)

Technical review of papers and publications occurs as part of most project and many ad hoc DPTD activities. To describe this function as an individual activity would serve no useful purpose.

E. Liaison with Other Programs and Agencies. (Priority B)

A considerable amount of DPTD staff time is devoted to working level cooperation with other organizations. An attempt to this kind of liaison from the program and ad hoc functions it serves would not contribute to clarification of the work plan.

Some official inter-organizational liaison that is not part of the Division's program projects is conducted by DPTD staff members. As the allocations below suggest, this liaison work is not a major burden.

Estimated Allocation of Resources to Inter-Agency Liaison

Staff Time in Man-Years:

Professional	0.5
Other	0.2
General Expense	\$3,000

F. Management Information System. (Priority B)

DPTD has been represented on the M.I.S. staff committee, DPTD staff members have continued from time to time to note information needs that are not served by current M.I.S. data. Some of these felt needs are not real, others can be met only by special processes that do not fit the M.I.S. pattern and some might be satisfied only by changing the basic RMP application forms and review procedures so that they could obtain information that now does not become available to the M.I.S. The DPTD answers to these questions will come

within reach as decisions are made about DPTD contributions to and initiatives the grant review process and about the need for DPTD tracking of RMP activities of OPS interest.

Estimated Allocation of Resources to the M.I.S.

Staff Time in Man-Years:	
Professional	0.2
Other	0.2

G. Other Activities. (Priority B)

These activities include:

- a. Frequent details of professional personnel to other offices, assignments to HS committees, assigned speaking engagements, etc.
- b. Management of a few P.L. 480 projects.
- c. Service to review or advisory committees outside the Development Group of HS programs;
- d. Responses to controlled correspondence and other "v.i.," inquiries;
- e. Review of unsolicited proposals for contract or grant projects.
- f. Administrative detail, such as timekeeping, work plan preparation, close-out of expiring Chronic Disease Division projects and records, etc.

Estimated Allocation of Resources to "Other" Activities

Staff Time in Man-Years:

Professional	4.6
Other	2.6
General Expense:	
Travel	\$ 3,000
Temporary, over- time, etc., for	
DPTD	5,000
Other	<u>5,000</u>
	\$13,000

DIVISION OF PROFESSIONAL AND TECHNICAL DEVELOPMENT
 WORK PLAN BUDGET SUMMARY F.Y. 1973
 January 26, 1973

Activity	Rank	Allocation of Staff, Time, and Other Resources						Subtotal	Program Contracts <u>4/</u>
		Man-Years <u>1/</u>		Travel	General Expenses <u>4/</u>				
		Prof.	Other			PSC <u>2/</u>	Other <u>3/</u>		
<u>Part I</u>									
EEO, Career Development	B	2.1	1.1	4	-	12	16		
<u>Part II</u>									
Management Improvement	B	2.1	1.0	-	-	60	60		
<u>Part III Program</u>									
A. Projects									
1. Health Care Systems	CD	3.2	2.0	10	2	3	15		
2. Health Project Financing	A	1.0	0.6	3	2	1	6		80
3. Manpower	ABD	5.3	3.1	10	1	8	19		567
4. Quality of Care	ABCD	4.7	2.2	10	2	15	27		1422
5. Kidney Disease Control	ABD	5.0	2.5	12	4	8	24		882
6. Chronic Disease Control	AB	4.3	2.5	2	-	4	6		251
B. Review Process	B	3.0	1.0	15	-	3	18		
C. Consultation	B	3.0	1.0	15	-	3	18		
D. Review of Papers	B	-	-	-	-	-	-		
E. Liaison	B	0.5	0.2	3	-	-	3		
F. M.I.S.	B	0.2	0.2	-	-	-	-		
G. Other	B	<u>4.6</u>	<u>2.6</u>	<u>3</u>	<u>5</u>	<u>5</u>	<u>13</u>		
TOTALS		39.0	20.0	87	16	122	225		3202

1/ Net total probably will be about 2 man-years less.

2/ "Project" estimates are for professional service contracts, consultants.

"G. Other" estimate is for temporary and overtime pay.

3/ "Part I" is for tuition, fees, registration, travel for training and professional meetings.

"Part II" is for office renovation, equipment, etc.

"Part III" based on \$1,000 general expense per professional man-year, plus printing and related services in Manpower, Quality and Kidney.

4/ Dollars in thousands.

TABLE NO. 2

Date Prepared January 26, 1973

Prepared by Herbert P. Dunning

Approved by Director, DPTD

DIVISION OF PROFESSIONAL AND TECHNICAL DEVELOPMENT
1973 Non-Contract Financial Plan
(Cumulative)

Ceiling: \$225,000

Month	Non-Perm. Salary, etc.	Travel	Other	Total
Obligated Through 12/31/72	\$ 1,570	\$ 38,896	\$ 77,213	\$117,679
January	2,870	43,896	82,213	128,979
February	4,170	50,896	92,213	147,279
March	6,470	60,896	97,213	164,579
April	9,770	71,896	112,213	193,879
May	12,270	79,896	117,213	209,379
June	16,000	87,000	122,000	225,000

TABLE NO. 3

Date Prepared January 31, 1973

Prepared by Barry Flaer

Approved by Director, DPTD

DIVISION OF PROFESSIONAL AND TECHNICAL DEVELOPMENT
1973 Contract Financial Plan
(Cumulative)

Ceiling: \$3,201,984

<u>Month</u>	<u>Contract Costs</u>
September	\$ 35,000
December	355,821
March	1,637,391
June	3,201,984

TABLE NO. 4

Date Prepared January 18, 1973

Prepared by Barry Flaer

Approved by Director, DPTD

DIVISION OF PROFESSIONAL AND TECHNICAL DEVELOPMENT

Summary Data for Contract Activity

Continuation Contracts	\$ 611,928
Projected Contracts	<u>2,590,056</u>
Total Requested	3,201,984

I. CONTINUATION CONTRACTS

No.	Start Date	Est. End Date	Anniversary Date	Est. FY-73 Cost	Contractor	Contract Number
1*K**	4/1/71	9/30/73	9/30/73	\$ 35,000	Goddard Space Flight Center (NASA)	Reimbursable Agreement
	Develop Automated Detection of Bacteria in Urine					
2*M	6/23/69	10/22/73	10/22/73	101,752	University of Washington	HSM 110-69-371
	Training for Evaluation of Continuing Education					
3*Q	6/30/69	3/31/73	3/31/73	63,000	American Neurological Association	HSM 110-69-436
	Guidelines for Stroke					
4*C	6/1/66	12/31/72	12/31/72	12,706	Long Island Jewish Hospital & Medical Center	PH 108-66-251
	DCD Pulmonary Disease Project					
5 K	3/22/72	3/21/74	3/22/73	9,900	Peter Bent Brigham Hospital	HSM 110-72-128
	Study of Endemic Nephropathy for P.L.480, #02-804-2					
6 K	2/15/72	2/14/74	2/15/73	14,570	Cleveland Metropolitan Hospital	HSM 110-72-126
	Study of Endemic Nephropathy for P.L.480, #02-804-2					
7 Q	3/6/72	3/14/74	3/14/73	125,000	Joint Commission on Accreditation of Hospitals	HSM 110-72-135
	Section 907 Survey of Hospitals					
8 M	6/21/71	10/21/73	4/21/73	15,000	University of Syracuse	HSM 110-71-147
	Guides for Continuing Education					
9 Q	6/19/70	6/30/74	6/30/73	65,000	Dartmouth College	HSM 110-70-333
	Problem-Oriented Medical Records, Algorithms, etc.					
10 K	6/30/72	6/29/74	6/29/73	80,000	Charity Hospital	HSM 110-72-338
	Statewide Kidney Disease Plan					
11 Q	2/1/72	1/31/74	2/1/73	90,000	John Hopkins (SOSSUS)	HSM 110-72-125
	Study of Surgical Services in the United States					

Total Est. FY-73 Cost - 611,928

* Already Awarded

II. PROJECTED CONTRACTS

No.	Est. Starting Date	Est. Term. Date	Est. FY-73 Cost	Contractor or Title	Contract Number
1*C	11/1/72	8/31/73	\$ 138,763	Lovelace Foundation	HSM 110-73-234
	Former Grant-Supported Pulmonary Disease Project				
2*Q	11/27/72	2/28/73	4,600	Airlie Foundation	HSM 110-73-329
	Medico-Legal Review of Section 907 Lists				
3 Q	10/5/72	10/4/74	215,593	Connecticut State Medical Society	HSM 110-73-311
	Quality of Care for Ambulatory Patients				
4 Q	2/1/73	1/31/75	133,600	American College of Anesthesiology	RFC HSM 110-RMP-18(3)
	Evaluation Procedures and Optimal Standards of Quality				
5 Q	2/1/73	1/31/75	391,500	American Heart Association	RFC HSM 110-RMP-25(3)
	Update ICHDR Guidelines				
6 M	3/1/73	2/29/76	350,000	Student American Medical Association	RFC HSM 110-RMP-
	Develop Procedures for Supporting Student Health Projects				
7 K	2/15/73	5/15/74	142,000	Minneapolis Medical Research Foundation	RFC HSM 110-RMP-13(3)
	Video Tape Training for Home Dialysis				
8 Q	5/1/73	8/1/74	284,000	Universities Associated for Research in Pathology	RFC HSM 110-RMP-21(3)
	Standards and Methodology for Evaluating Lab Services				
9 K	3/15/73	3/14/74	25,000	In-Dwelling Catheter Care Study Follow-up	To Be Announced
10 F	4/1/73	3/31/74	80,000	Health Delivery Finance Study	To Be Announced
11 K	6/15/73	6/14/74	250,000	HLA Identical Match Survival Study	To Be Announced

* Already Awarded

II. PROJECTED CONTRACTS

No.	Est. Starting Date	Est. Term. Date	Est. FY-73 Cost	Contractor or Title	Contract Number
12 Q	4/1/73	3/31/74	\$ 50,000	Analytical Report of JCAH Contract Findings & Preparation of Exhibit Based on the Report	To Be Announced
13 K	4/15/73	4/14/74	225,000	Quality of Care Standards for Kidney Disease - N.K.F.	To Be Announced
14 C	5/1/73	4/30/74	100,000	Deficits in Community Control of Chronic Disease Evaluation & Alternatives	To Be Announced
15 K	5/15/73	5/14/74	60,000	Nat'l Survey of 3rd Party Support for Kidney Disease, Excepting HR-1	To Be Announced
16 M	5/15/73	5/14/74	100,000	RMP Manpower Activity Survey	To Be Announced
17 K	6/1/73	5/31/74	40,000	Nat'l Survey of State Legislation for Kidney Disease	To Be Announced

Total Est. FY-73 Cost - 2,590,056

CONTRACTS REQUIRING ACTION BUT NO FY-73 MONEY

No.	Start Date	End Date	Contract Number	Contractor	Action Required
1 Q	6/27/63	6/30/74	PH 43-63-65	National Academy of Sciences (IDS) Study of Institutional Differences in Post-Operative Mortality	Monitor
2 C	6/29/66	12/31/71	PH 108-66-146	Mount Sinai Hospital DCD Pulmonary Disease Project	Close Out
3 K	6/30/67	6/29/73	PH 86-67-227 (HSM 110-71-166)	University of Colorado Home Dialysis Training	Monitor & Close Out
4 K	6/30/67	6/29/73	PH 86-67-228	Mount Sinai Hospital, New York Home Dialysis Training	Monitor & Close Out
5 K	6/30/67	6/29/73	PH 86-67-229	Mayo Clinic Home Dialysis Training	Monitor & Close Out
6 K	6/30/67	6/29/73	PH 86-67-230 (HSM 110-72-166)	Research Hospital Home Dialysis Training	Monitor & Close Out
7 K	6/30/67	6/29/73	PH 86-67-231 (HSM 110-71-225)	Methodist Hospital Home Dialysis Training	Monitor & Close Out
8 K	6/30/67	6/29/73	PH 86-67-232	University of Utah Home Dialysis Training	Monitor & Close Out
9 K	6/30/67	6/29/73	PH 86-67-233	Charity Hospital Home Dialysis Training	Monitor & Close Out
10 K	6/30/67	6/29/73	PH 86-67-234 (HSM 110-71-245)	Florida Kidney Foundation Home Dialysis Training	Monitor & Close Out
11 K	6/30/67	6/29/73	PH 86-67-235	Grasslands Hospital Home Dialysis Training	Monitor & Close Out
12 K	6/30/67	6/29/73	PH 86-67-236 (HSM 110-71-38)	Peter Bent Brigham Hospital Home Dialysis Training	Monitor & Close Out

CONTRACTS REQUIRING ACTION BUT NO FY-73 MONEY

No.	Start Date	End Date	Contract Number	Contractor	Action Required
13 K	6/30/67	12/31/72	PH 86-67-237	Dallas County Hospital District	Close Out
	Home Dialysis Training				
14 K	6/30/67	6/29/73	PH 86-67-238 (HSM 110-71-195)	University of Texas Medical Branch	Monitor & Close Out
	Home Dialysis Training				
15 K	6/30/69	6/29/73	HSM 110-69-253	U.C.L.A.	Monitor & Close Out
	Computerized Kidney Transplant File and Communication Network				
16 C	6/30/69	12/31/73	HSM 110-69-268	Sterling Movies	Monitor
	Distribution Cancer Control Films				
17 C	6/30/69	6/30/73	HSM 110-69-286	New York State Department of Health	Monitor & Close Out
	Toluidine Blue Staining for Oral Cancer				
18 C	6/24/69	6/24/73	HSM 110-69-306	American College of Surgeons	Monitor & Close Out
	Cancer Program of the College				
19 K	6/30/69	6/29/72	HSM 110-69-382	University of Utah	Close Out
	Regional Cadaver Kidney Procurement				
20 K	6/30/69	6/29/72	HSM 110-69-393	University of California at L.A.	Close Out
	Regional Cadaver Kidney Procurement				
21 K	6/30/69	6/29/72	HSM 110-69-394	University of California at S.F.	Close Out
	Regional Cadaver Kidney Procurement				
22 K	6/30/69	4/1/73	HSM 110-69-396	Emory University	Monitor & Close Out
	Regional Cadaver Kidney Procurement				
23 K	6/30/69	6/29/72	HSM 110-69-397	Interhospital Organ Bank	Close Out
	Regional Cadaver Kidney Procurement				
24 K	6/30/69	6/29/72	HSM 110-69-398	Transplantation Society of N.E. Ohio	Close Out
	Regional Cadaver Kidney Procurement				

CONTRACTS REQUIRING ACTION BUT NO FY-73 MONEY

No.	Start Date	End Date	Contract Number	Contractor	Action Required
25 K	6/30/69	6/29/73	HSM 110-69-408	Medical College of Virginia	Monitor & Close Out
			Regional Cadaver Kidney Procurement		
26 C	5/23/70	5/22/73	HSM 110-70-332	American College of Radiology	Monitor & Close Out
			Cancer Program Associated with ACS Cancer Program		
27 K	6/30/70	6/29/73	HSM 110-70-417	Saint Francis Hospital	Monitor & Close Out
			Limited Care Dialysis		
28 K	6/30/70	6/29/73	HSM 110-70-418	Minneapolis Medical Research Foundation	Monitor & Close Out
			Limited Care Dialysis		
29 K	6/30/70	6/29/73	HSM 110-70-419	Attending Staff Association, Olive View Hospital	Monitor & Close Out
			Limited Care Dialysis		
30 K	6/30/71	6/29/74	HSM 110-71-269	University of California at S.F.	Monitor
			Pediatric Dialysis Study		
31 K	6/30/71	6/29/74	HSM 110-71-270	Childrens Hospital, L.A.	Monitor
			Pediatric Dialysis Study		
32 Q	8/31/71	3/31/73	HSM 110-72-82	American Heart Association	Monitor & Close Out
			Evaluate ICHDR Guidelines		
33 S	10/31/71	2/28/73	HSM 110-72-95	Empire State Medical Foundation	Monitor & Close Out
			Placement of Physicians in Rural Areas		
34 Q	12/22/71	12/21/72	HSM 110-72-103	CUPIS	Close Out
			Develop Computer Programs for Planning & Reviewing Quality of Hospital Care		
35 M	5/15/72	10/14/72	HSM 110-72-192	Plato Systems	Close Out
			Report of Sun Valley Conference		
36 K	6/15/72	6/14/73	HSM 110-72-292	Mayo Foundation	Monitor & Close Out
			Cookbook for Renal Disease Patients		

CONTRACTS REQUIRING ACTION BUT NO FY-73 MONEY

No.	Start Date	End Date	Contract Number	Contractor	Action Required
37 Q	6/15/72	9/7/73	HSM 110-72-293	American College of Radiology	Monitor
	Methodology to Assess Patterns, Prevalence, and Efficacy of Selected Diagnostic X-Rays				
38 Q	6/29/72	2/28/73	HSM 110-72-328	University of Iowa	Monitor & Close Out
	Methodologies for Evaluating Family Physician Performance				
39 M	6/30/72	9/29/73	HSM 110-72-372	Kaiser Foundation Research Institute	Monitor
	Describing and Measuring Human Inputs in Health Care				

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Director
Division of Professional and Technical Development

DATE: August 14, 1972

FROM : Director
Regional Medical Programs Service

SUBJECT: Allocation of FY '73 Positions and Funds

On the basis of our analysis of your preliminary work plan, you are hereby allocated a full-time permanent employment ceiling of 58 and \$225,000 in direct operating funds for FY '73. The ceiling of 58 does not, however, include Drs. Cohart and Cleeman, who are on detail. If and when their positions are returned to us, your ceiling will be 60.

I am very much aware that the personnel allocation is well below what you have requested. This is unavoidable, however, because of the extremely tight position situation and the uncertain prospect that we will receive any additional positions in FY '73. Several other offices and divisions have also been cut back, and none has been increased above the FY '72 level.

The attached listing shows that you currently have 61 full-time permanent employees on board. You should begin to plan now as to the best way to reduce to your employment level during the fiscal year. I must point out that we have already over-allocated by 10 for RMPS as a whole. And, of course, we cannot overlook the possibility that we will be subjected to further "taps". If no additional positions are forthcoming, it may become necessary to reduce your allocation even further at a later date.

It is obvious that many of the things proposed in your plan simply cannot be accomplished with the staff available. There are two courses of action we can take. One is to eliminate "expendable" activities and concentrate staff resources on those that are essential or of higher priority. The essentials would include quality of care, chronic disease control, and manpower and continuing education. Another is to maximize the use of contracts to ensure that you can accomplish the approved parts of your plan. There seems little reason to hope that the personnel picture will improve in the foreseeable future, and it therefore seems incumbent on us to take the contract route wherever feasible.

I am now in the process of preparing a memorandum to Dr. Wilson, informing him of the difficulties created for your Division by the shortage of positions and asking for his views on our program priorities. Pending his response, I ask that you plan tentatively

on the basis of the following priorities:

PART I. EEO and Career Development

Priority I for both minority recruitment and career development and training. In my view, the critical personnel situation makes it even more important that we do as much as we possibly can in these areas.

PART II. Management Improvement

Priority I, but with man-year allocations for professional and other reduced from 3.0 to 1.0.

PART III. Program Plans

A. Projects

- 1.a Health Delivery Systems. Eliminate.
- 1.b Health Delivery Financing. Priority I.
- 1.c Health Service Manpower.

- (1) RMP Goals - Eliminate
- (2) RMP Survey - Priority II
- (3) Task Analysis - Priority I, but only under contract
- (4) Miscellaneous Contracts - Priority I
- (5) Follow-up - Eliminate
- (6) Community Colleges - Priority II

1.d Quality of Care

- (1) Orientation - Priority I
- (2) Assessment - Eliminate
- (3) Approaches - Eliminate
- (4) Inter-Program - Eliminate
- (5) Standards - Priority I
- (6) Outcome - Eliminate
- (7) Methodologies - Eliminate
- (8) Survey - Eliminate
- (9) Issues - Eliminate

1.e Public Interaction - Eliminate

2.a EMS

- (1) Follow-up - Priority I
- (2) System - Priority II
- (3) Quality - Priority II

2.d Kidney

- (1) Care Criteria - Priority I
- (2) System Planning - Priority I
- (3) Centers - Priority I
- (4) Registry - Eliminate

2.e Chronic Disease Control - Priority I

- B. Review Process - Priority I, but reduce man-years if possible.
- C. Technical Consultation to RMPs - Priority I.
- D. Review of Papers - Has to be done, but minimize expenditure of staff time as much as possible.
- E. Liaison (Official) - Priority I (has to be done).
- F. MIS - Priority I.
- G. Other - the types of activities you have included here have to be done, but minimize staff time as much as possible.

I will inform you as soon as I have some indication of Dr. Wilson's priorities, at which time you can develop your final work plan.


Harold Margulies, M.D.


Attachment

cc: Dr. Pahl
Mr. Hilsenroth
Mr. Quave
Mr. Croft
Dr. Handy

The Affirmative Action Plan presents a solid working base with which RMPS can realize its commitment to equal employment opportunity. It is designed to serve two basic purposes: a) fix the responsibilities and provide the methods for meeting our goals; b) identify the resources available to overcome any barriers to successful implementation of the plan.

I strongly urge that each of you read the entire document. You will also find it useful to locate for more intensive study those portions which immediately affect you; the format makes it relatively easy to locate the foci of responsibility for all actions, for monitoring, and overall management. We anticipate full cooperation. The procedures we have established will allow no room for the exercise of attitudes contrary to the decent concepts we have so carefully developed.

There should be no remaining doubts about our determination to not only eliminate discriminatory practices in RMPS but also to correct disparities which have arisen out of prior practices. It is unthinkable to address the future and ignore the past. Even a cursory look at the present status of minority employment in RMPS should make it obvious that severe imbalances would persist if we merely initiated equal employment opportunities now. Rectification of present imbalances dictates prolonged attention to the status of minorities, those who suffer the most in this program, and throughout the country. The Affirmative Action Plan also gives us an opportunity to establish an honest environment, faithful to the principles on which all our efforts depend.


Harold Margulies, M.D.
Director, RMPS

December 1, 1971

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ORGANIZATION OF THE EQUAL EMPLOYMENT
OPPORTUNITY OFFICE

Under the Executive Orders and the resulting regulations, the Director of Equal Employment Opportunity of the Department of Health, Education, and Welfare has concurred in the appointment for Health Services and Mental Health Administration of an EEO Officer who will represent and report to the Director of HSMHA on all matters relating to equal employment opportunity. He also will bring needs and opportunities throughout the Health Services and Mental Health Administration to the attention of directors of centers, institutes, and services. Mr. Lonis Ballard is the Director of the EEO Office for HSMHA.

Within the Regional Medical Programs Service, the Director is responsible for implementation and conduct of the Affirmative Action Plan. The Plan, therefore, represents a course of action which becomes the responsibility of each division director, supervisor, and employee. These people are responsible not only for the specific actions stated in the Plan, but also for carrying out the full intent of the Federal Equal Employment Opportunity Policy as represented by Executive Orders and the Regional Medical Programs Service Director's policy statement.

To assist him in the conduct of the Equal Employment Opportunity Program, the Director established a full-time position for a Deputy Equal Employment Opportunity Officer and appointed three (3) Equal Employment Opportunity Counselors. In addition, he established an EEO Advisory Council to monitor the EEO Program as spelled out in the Affirmative Action Plan. After the Regional Medical Programs Service EEO/Organizational Development Conference (March 28-31, 1971), the EEO Council began to rewrite the Affirmative Action Plan to include the ideas that came out of this Conference. In rewriting the Plan, the Council realized the need for an RMPS Career Counselor who would be closely involved with the employee development aspects of the EEO Program. The responsibilities of the Equal Employment Opportunity staff and Council are as follows:

- A. The Deputy Equal Employment Opportunity Officer is responsible directly to the Director, RMPS. As a representative of the Director, the Deputy speaks for the Director in the area of equal employment opportunity. The Deputy is a member of the Director's Immediate Office and in this position, attends all of his staff meetings. The Deputy coordinates all Equal Employment Opportunity plans and activities. The Deputy meets as often as necessary with the Director, RMPS, to keep him informed about EEO complaints or any other problems. The Deputy meets regularly with the HSMHA EEO Officer to discuss Service EEO problems, policies, and programs. The Deputy consults regularly with the EEO Counselors, the EEO Council, the personnel office and management concerning implementation of EEO policies as they affect personnel activities and employee development. In addition, the Deputy will serve as an ex-officio member of the EEO Council, to represent employee thinking more effectively to management. The Deputy will also serve as a voting member on all qualification review board panels.
- B. The three EEO Counselors are nominated by the Deputy EEO Officer for approval of the Director, RMPS. The Counselors represent the Director, RMPS, when working on complaints. In order to be representative of EEO, two of the Counselors will be minority group people. Also the Counselors will represent the following grade ranges: GS-6 and below,

GS-7-11, and GS-12 and above. Consideration for nomination will be determined by the following factors: interest in EEO Counseling; ability to communicate with employees; and willingness to receive training in EEO Counseling. All Counselors receive EEO Counseling Training (a minimum of 40 hours provided by the Civil Service Commission) and training in the areas of personnel policies and procedures (provided by Parklawn Personnel). All Counselors serve as members of the EEO Council. RMPS employees will be informed of and given an opportunity to comment on the people being nominated for appointment as Counselors.

Counselors are available to discuss with ALL employees in RMPS (minorities and non-minorities) questions or problems related to their employment situation. Employees are encouraged to talk with any of the Counselors. Federal employees are required to consult with an EEO Counselor before filing a formal complaint of discrimination i.e., on the basis of race, color, religion, sex or national origin, or of unfair employment practices. The EEO Counselor establishes a sympathetic channel between Employees and Supervisors and between Employees and Management. The Counselor is available to talk with employees about any problem, thus enabling all complaints to be resolved informally. If attempts at informal resolution of a problem fail, the Counselor will assist the employee in filing a formal complaint.

Counselors' appointments will be reviewed semi-annually by the EEO Council (the Council will solicit comments from the RMPS staff), the Deputy Equal Employment Opportunity Officer, and the Director, RMPS, to insure that they retain the confidence and good faith of both employees and management. Counselors can devote one-third of their time (but they are not limited to that amount) to their EEO duties.

HSMHA policy states that, "Counselors and employees that file a complaint (minorities and non-minorities) shall be free from restraint, interference, coercion, discrimination or reprisal in connection with the performance of duties." The effectiveness of this type of policy statement depends on employees keeping the Director, RMPS, and EEO personnel in RMPS and HSMHA informed of possible violations of their rights.

- C. The Equal Employment Opportunity Council is an advisory group to the Director, RMPS, and in this role, is directly responsible to the Director. The EEO Council will consist of ten members (at least three will be elected and the others will be appointed). Two of the elected members will be selected by a RMPS-wide election; the other elected member will be selected by the RMPS Women's Action Association. Four of the appointed members will be nominated by the Deputy EEO Officer for final approval by the Director, RMPS; the other appointed members serve as a result of their being EEO Counselors. In order to be representative of EEO problems, the Council will consist of 6 or more members of minority groups. The Council will establish its own organization, structure, by-laws, procedures, and meeting schedule consistent with the broad objective of carrying out the approved Affirmative Action Plan. RMPS employees will be informed of any proposed changes in the Council's by-laws, organization or structure.

The Council will meet at least twice a month with one meeting each month open to all RMPS employees. Quarterly schedules of EEO Council meetings will be distributed to all employees via the RMPS EEO Gazette (monthly EEO Newsletter) to encourage attendance at these meetings. Membership on the Council will be for one year with renewal of an appointment or re-election possible. The people currently on the RMPS EEO Council are listed on page 49.

The Council will have the following functions:

1. Advise the Director and all EEO staff on EEO problem areas.
2. Serve as a forum through which employees can effect the Equal Employment Opportunity Program.
3. Maintain surveillance of the Affirmative Action Plan.
4. Provide for periodic evaluation and modification of the Plan. (To take place not less than every six months after approval of the Affirmative Action Plan.)
5. Review the appointments of the Equal Employment Opportunity Counselors at least semi-annually.
6. Assure that all aspects of the EEO program are well publicized.
7. All activities and responsibilities of the Council will be coordinated with other HSMHA units whenever effective cooperative actions can be developed.

The specific responsibilities of the Council are spelled out in greater detail throughout the Affirmative Action Plan in terms of the group assigned to carry out specific action steps. The Council will have three standing Committees, each being chaired by a Council member and each deriving membership from the RMPS Staff. Representatives from the RMPS Minority Caucus and the RMPS Women's Action Association will be on each of the following committees:

1. Recruitment: This Committee will coordinate and monitor RMPS recruitment activities. This Committee will have these specific responsibilities: establish and maintain contact with sources of minority employees; establish a pool of RMPS employees who can serve as minority recruiters; follow-up individuals interviewed by RMPS recruiters; establish a file of potential minority candidates; communicate the results of recruitment efforts; work with groups and/or organizations involved in HSMIA-wide recruitment programs; and prepare quarterly reports of recruitment activities.
2. Communication: This Committee will coordinate and monitor RMPS communication activities related to EEO. This Committee will have these specific responsibilities: prepare monthly EEO Newsletters; implement a series of quarterly EEO Seminars; publicize RMPS employment goals; evaluate and recommend revisions in the RMPS orientation program; and prepare quarterly reports of communication activities.
3. Evaluation and Accountability: This Committee will review the quarterly reports of RMPS EEO activities. This Committee will consolidate these reports into the overall report prepared by the Council for the Director, RMPS. The final report of this Committee will cover the following points: identification of program areas where EEO activities have been effective.

identification of program areas where EEO activities have not been effective; identification of problems which neither the Council nor the program area have control; and assessment of the effectiveness of the Affirmative Action Plan.

In parts of the Affirmative Action Plan mention is made of the Training Committee and the Training Coordinator. For clarity's sake, a brief description of each of these follows:

- A. RMPS Training Committee: The Affirmative Action Plan outlines a procedure for restructuring this Committee to make it representative of all employees. This Committee will have the following responsibilities: coordinate the establishment of annual training priorities for RMPS (in terms of how available training money will be ear-marked for spending); establish a procedure for handling employee training requests; establish a means for employees to evaluate training courses taken; and prepare quarterly reports of RMPS training activities.
- B. In addition to other duties, the RMPS Training Coordinator receives and circulates information regarding the availability of training for individuals or for groups. She maintains a rack with current training brochures from the Civil Service Commission and USDA Graduate School; and she has available catalogs from local colleges and universities. She serves as the RMP Training Contact with Parklawn Personnel Office, Career Development and Training Committee meetings and maintains constant liaison with Parklawn Personnel Office. She serves as a member of the RMPS Training Committee. She checks all training applications for completeness and presents them periodically to the RMPS Training Committee. She keeps records of and makes annual reports of all training, Non-Government, Interagency, and Internal, for both the Civil Service employee and the Commissioned Officers. This includes both short-term and long-term training. She is qualified to counsel clerical and secretarial employees regarding training that is available to them and that they should have for "Upward Mobility."

There are two other recognized groups of RMPS employees that will assist the EEO Council in implementing the Affirmative Action Plan. The two groups are as follows:

- A. The RMPS Minority Caucus was formed at the EEO/Organizational Development Conference to develop, support and implement the demands and recommendations which were developed at the Conference. Several committees have been organized, within the Caucus, to address themselves to the following problems of both minority males and females:
 - 1. Minority Recruitment
 - 2. Employee training and development
 - 3. Communications
 - 4. Accountability of the EEO Program
 - 5. Special projects such as Day Care Center Development and Secretarial Series revision.
 - a. This Caucus serves as the voice of minorities, within RMPS; it is at this level that problems first surface and the

primary steps to resolve these issues are taken. It is also at this level that the efforts and progress of the AAP are evaluated and measured.

The RMPS Minority Caucus is a permanent group composed of all minority employees; it will function in the above capacities until the demands are met and the concept of Equal Employment Opportunity is implemented.

B. The RMPS Women's Action Association was formed in July 1971 to serve the interests of RMPS Women in achieving full career potential. Its goals are:

1. To improve the status of an opportunity for RMPS women employees.
2. To increase awareness of both men and women workers to sex discriminatory practices.
3. To effect change in attitudes contributing to discrimination against women in our society.

In achieving its goals the Association will work, through the RMPS EEO Council and counterpart organizations up through the Secretary's level, to end all discriminatory practices in hiring, training, and promotion of women, and to eliminate barriers which inhibit the hiring and full utilization of women. Initial concerns are the creation of training slots and career ladders for women, or acceptance of women in equal competition for such positions, with special emphasis on development of career ladders for women dead-ended in the clerical-secretarial field; and an increase in the number of women participating in development of Departmental policies that are initiated at the RMPS level. The organization will also seek to set in motion a program to end sex discrimination in organizations employing or training personnel under RMPS grant or contract funds.

SUMMARY OF RESPONSIBILITIES FOR
AFFIRMATIVE ACTION PLAN ACTIVITIES

Supervisor's Responsibilities

Supervisors have the primary responsibility for the activities related to the seven areas listed below. Throughout the Affirmative Action Plan, individuals and/or groups are identified who are available to assist supervisors in carrying out their responsibilities. The supervisory evaluation form (SI-526) will have an addendum that allows for the appraisal of supervisory efforts in each of these areas:

1. Recruitment of people consistent with the RMPS employment goals
2. Selection of people consistent with RMPS employment goals and policy
3. Career development plans and opportunities for all of their employees
4. Regular intra- and inter-staff communications to keep all employees informed of program activities
5. Orientation of new employees
6. Development and implementation of the EEO activities written in their annual Work Plans
7. Utilization of all employees in the planning and carrying out of program activities (This area will be clarified by the guidelines for increased participative management established by the Executive Officer.)

In addition to the areas included on the supervisory evaluation form, supervisors will be responsible for the following"

1. Participate annually in supervisory training programs and/or courses
2. Where appropriate, construct site visit teams so that EEO concerns in the RMP's will be dealt with
3. Meet semi-annually with the Deputy EEO Officer to discuss the EEO Program
4. Meet semi-annually with all their employees, individually, to discuss work performance and career development
5. Participate in semi-annual meetings for all employees to discuss employee and organizational development activities
6. Hold at least monthly staff meetings for all members on their staff
7. Prepare quarterly program unit reports on progress made in meeting their EEO objectives (report given to the EEO Council)
8. Interview all RMPS employees who are on panels for positions they are responsible for filling
9. Solicit and utilize comments from all members of their staff in the finalization of their Work Plans
10. Complete performance evaluations on all of their employees annually and discuss these evaluations with their employees

Employee's Responsibilities

The thrust of the Affirmative Action Plan has been to give the responsibility for EEO to supervisors and managers. The effectiveness of the EEO Program will depend largely on how well supervisors exercise their responsibilities and to what extent these people are held accountable. Another factor in the effectiveness of the EEO Program is the extent to which employees use the organizations, individuals, meetings, correspondence, etc. established by the Affirmative Action Plan. With these ideas in mind, the responsibilities of employees focus upon their being involved in the activities outlined in the Plan.

Involvement in these activities is the best way for employees to insure that the objectives of the Plan are being carried out, and it is the best way for employees to exercise their responsibility for carrying out the EEO Program. The Affirmative Action Plan indicates employee involvement in the following ways:

1. Participate in semi-annual conferences with their supervisors for the purpose of discussing their work performance and career development opportunities. (These meetings will only involve an employee and their immediate supervisor).
2. Participate in their program area's staff meetings as a means of keeping informed of program activities
3. Utilize the training opportunities that are available and that are supported by RMPS funds
4. Participate in the open EEO Council meetings
5. Participate in semi-annual discussions of employee and organizational development activities (these meetings will be open to all employees)
6. Review and comment upon their program area's Work Plans
7. Participate in the RMPS Mobility Program
8. Review and discuss their annual performance evaluations with their supervisors.

Director's Responsibilities

In his position, the Director, RMPS, is responsible for the overall effectiveness of the EEO Program. The Director may delegate some of this responsibility to the Executive Officer, Deputy EEO Officer, EEO Council, etc., but ultimately the Director is responsible for authorizing or approving policy related to EEO and then insuring that the policies are being carried out. In the exercise of his overall responsibility, the Director, RMPS, has agreed to take the following actions:

1. Approval of annual employment goals for RMPS designed to improve the representation of minorities and women throughout RMPS
2. Publicize quarterly employment reports to RMPS employees
3. Issue a directive on the RMPS policy for supervisory training
4. Meet with the Director, Parklawn Personnel, to resolve the matter of hiring a Career Counselor for RMPS
5. Meet monthly with the EEO Council
6. Twice a year, convene meetings for all employees to discuss what is being done in the area of employee and organizational development
7. Approve the reorganization of the RMPS Training Committee
8. Appoint a study group to develop a plan for dealing with EEO in the 56 RMP's
9. Follow-up on progress in adhering to objectives stated in the Work Plans and the Affirmative Action Plan
10. Follow-up with supervisors who are not meeting their EEO duties and responsibilities (work with the Deputy EEO Officer)
11. Respond to the recommendations of the study group dealing with the secretarial classification system
12. Approve any exceptions to the policy of including minorities and women on all panels and rating boards

Executive Officer's Responsibilities

1. Identify a pool of potential minority recruiters from the current RMPS employees (work with the Deputy EEO Officer)
2. Coordinate an orientation program for the RMPS employees who will serve as minority recruiters
3. Determine composition of all recruitment teams (work with the Deputy EEO Officer)
4. Schedule annual recruitment trips (work with the Deputy EEO Officer)
5. Monitor the RMPS Public Health Advisor Trainee Program (work with the Deputy EEO Officer)
6. Investigate the question of special inducements and preferential pay for minorities to join RMPS (work with the Deputy EEO Officer)
7. Make available training programs for supervisors and managers (work with the RMPS Personnel Generalist)
8. Develop and distribute to supervisors and managers guidelines on participation of employees in program activities
9. Implement a new orientation program for RMPS employees (work with the Council)
10. Inform Training Committee of amount of funds budgeted for training
11. Approve the procedures to be used by the RMPS Training Committee to coordinate the establishment of annual training priorities, to handle training requests and to evaluate training courses taken

Administrative Officer's Responsibilities

1. Quarterly reports on the employment picture of RMPS (a distribution by race, sex, grade, series and organization)
2. Coordinate the RMPS-wide phase of the employee orientation program
3. Add EEO duties and responsibilities to all supervisors job descriptions
4. Develop performance standards for EEO duties and responsibilities and add these to the job descriptions of all supervisors and managers
5. Add, as an addendum, the dimension of EEO to the SF-526
6. Develop a procedure for the evaluation of supervisors by their employees
7. Develop a program to bring students into a work-study program with RMPS (work with the Deputy EEO Officer, Training Coordinator and Career Counselor)

Director, Operations Division

1. Insure that site visit teams are constructed in such a way that EEO concerns in the RMP's will be dealt with
2. Insure that all Site Visit Reports have a comprehensive section on activities related to EEO goals and objectives
3. Use the results of the Study Group on the RMP's to develop an explanation and guidelines that will accompany the distribution of the abridged version of the Affirmative Action Plan to the 56 RMP's
4. Quarterly reports to the EEO Council on the EEO progress in the 56 RMP's

Assistant Director, Office of Communication and Public Information

1. Distribute an abridged version of the Affirmative Action Plan to all RMP's
2. Regularly distribute EEO information to the RMP's
3. Evaluate the effectiveness of RMPS communication activities (work with the Communication Committee of the EEO Council)

Deputy EEO Officer's Responsibilities

1. Identify a pool of potential minority recruiters from the current RMPS employees (work with the Executive Officer)
2. Determine composition of all recruitment teams (work with Executive Officer)
3. Schedule annual recruitment trips (work with the Executive Officer)
4. Monitor the RMPS Public Health Advisor Trainee Program (work with the Executive Officer)
5. Investigate the question of special inducements and preferential pay for minorities to join RMPS (work with the Executive Officer)
6. Coordinate the Mobility Program for RMPS employees
7. As a part of the RMPS Mobility Program, establish a file of employees to be used when filling RMPS vacancies
8. Twice a year meet with each Division and Office Director and each Branch and Section Chief to discuss the EEO Program
9. Attend all of the Director's staff meetings
10. Report on RMPS training activities for each fiscal year (work with Training Coordinator)
11. Coordinate the training of EEO personnel
12. Review the EEO Section of the evaluation of supervisors and managers before it goes in their personnel folder
13. Develop a program to bring students into a work-study program with RMPS (work with the Administrative Office and Training Coordinator)
14. Establish contact with and involvement of community groups and organizations in the operation of RMPS
15. Included as a member on all rating boards called to fill vacancies within RMPS; involved with Personnel in the construction of panels that do not involve a rating board.
16. Inform supervisors of what is required in the selection of a candidate from a panel
17. Has the authority to initial all RMPS personnel actions

EEO Council's Responsibilities

1. Establish for the approval of the Director annual employment goals for RMPS
2. Implement a new orientation program for RMPS employees (work with the Executive Officer)
3. Meet monthly with the Director, RMPS
4. Hold open Council meetings at least once every month
5. Assessment of the training needs of EEO personnel
6. Quarterly report to the Director on the status of EEO activities in RMPS

7. Regular revision of the Affirmative Action Plan (at least twice a year)
8. Review Work Plans for each RMPS program area to see if they are consistent with the RMPS Affirmative Action Plan
9. Nominate for approval of Executive Officer a group to work on upgrading the secretarial classification system
10. Evaluate the work-study program to be developed for RMPS
11. Identify and publicize opportunities for RMPS employees to be involved in community activities
12. Nominate for approval of Director, RMPS, a person to serve on the Parklawn Child Care Center Task Force

Communications Committee of the EEO Council

1. Publicize the annual RMPS employment goals to all employees
2. Write, publish and distribute a monthly EEO Newsletter
3. Develop a program of quarterly EEO seminars
4. Report quarterly on RMPS communication activities (to the Council)
5. Evaluate the present orientation program for RMPS employees and recommend changes in the program
6. Distribute the Affirmative Action Plan to all current and future employees

Evaluation and Accountability Committee of the EEO Council

1. Develop the form to be used for the quarterly reports of EEO activities (work with the Office of Systems Management)
2. Review the quarterly reports from each of the program areas

Recruitment Committee of the EEO Council

1. Develop a list of contacts to be used in locating minority candidates for either permanent positions or consultant's positions
2. Distribution of vacancy lists to sources of minority candidates as the need arises
3. Assist Executive Officer and Deputy EEO Officer in the scheduling of recruitment trips
4. Maintain contacts with candidates interviewed by RMPS recruiters
5. Investigate the inability of RMPS to attract minority Management Interns for rotational and permanent assignments
6. Establish and up-date a file of potential minority candidates
7. Communicate to supervisors and managers the results of recruitment (communication of the names of specific individuals)
8. Quarterly report on RMPS recruitment activities (to the Council)

Training Committee's Responsibilities

1. Establish procedures for determining annual training priorities, handling employee training requests and evaluating training courses taken
2. Establish and communicate the annual training priorities for RMPS
3. Quarterly report on RMPS training activities (to the Executive Officer)

RMPS Personnel Generalist

1. Make available training programs for supervisors and managers (work with the Executive Officer)
2. Insure that the Deputy EEO Officer is included on all rating boards for RMPS position vacancies
3. Insure that qualified minorities and women are on all panels and rating boards
4. Send all panels directly to the Deputy EEO Officer
5. Inform RMPS employees of the status of position applications, panel construction and final selection for positions employees apply for

Training Coordinator's Responsibilities

1. Monthly distribution to employees a list of courses available through Parklawn Personnel, Civil Service Commission, etc.
2. Quarterly meetings for employees GS-9 and below to discuss career mobility, training available, and procedures for getting training
3. Inform employees of the availability of long-term training
4. Report on RMPS training activities for each fiscal year (work with the Deputy EEO Officer)

SUMMARY OF AFFIRMATIVE
ACTION PLAN GOALS

SUMMARY OF AFFIRMATIVE ACTION PLAN GOALS

1. Annual employment goals will be established to correct the under-representation of minorities at all levels in RMPS and the under-representation of women at the higher grades of RMPS.
2. Minority and women candidates will be considered for all vacancies within RMPS.
3. RMPS will establish a recruitment process directed primarily to sources of minority candidates.
4. The supervisory skills of RMPS supervisors and managers will be up-graded.
5. Supervisors will recognize that career development of employees is their responsibility and supervisors will carry-out this responsibility.
6. Employees will be informed of and involved in program activities.
7. Career development plans will be designed for all employees.
8. RMPS will establish and implement a Horizontal and Upward Mobility Program.
9. EEO communication with RMPS employees will be improved.
10. The RMPS Orientation Program will be improved.
11. RMPS will establish priorities for the expenditure of training funds that will insure training opportunities for minorities, women and lower grade people.
12. EEO-type concerns will be dealt with in the 56 RMP's.
13. RMPS' progress in meeting its EEO goals will be evaluated regularly, and the people responsible for carrying-out EEO activities will be held accountable.
14. RMPS will support efforts to upgrade the secretarial classification system.
15. RMPS will establish a work-study program in conjunction with the Montgomery County School System.
16. RMPS will utilize the resources in the community in carrying-out its EEO program.
17. RMPS will support efforts to establish a Parklawn Child Care Center.

GLOSSARY OF TERMS USED IN THE
AFFIRMATIVE ACTION PLAN

10

GLOSSARY OF TERMS USED IN THE AFFIRMATIVE ACTION PLAN

1. EEO - These letters stand for Equal Employment Opportunity. Throughout the Affirmative Action Plan, these letters are used to describe individuals, groups, and activities that make up the RMPS EEO Program, e.g., the Deputy EEO Officer, the RMPS EEO Council and the EEO Section of Work Plans. The RMPS EEO Program has broadly interpreted equal employment opportunity to mean all forms of employment opportunity (training, communication orientation, etc.) not just the obvious forms (hiring and promotion). The RMPS EEO Program, as with other EEO programs in HSMHA and the Federal government, is concerned with all employees regardless of race or sex.
2. Long-term Training - This training is for more than 120 days and it is done at and by a non-government operation (college, institute, university, etc.). This training must be approved at the RMPS level as well as at the department level. People being considered for this training are nominated by their supervisors.
3. Manager - Throughout the Affirmative Action Plan, this word is used to identify people who have responsibility for a unit or organization within RMPS (section, branch, division, or office). Specifically, this word stands for Section and Branch Chiefs and Division and Office Directors.
4. Minority - This word refers only to members of racial minority groups (Blacks, Mexican-Americans, American Indians, Orientals, etc.). The term does not include women as a group, but it does include the minority woman. Unless otherwise specified, objectives and action steps in this Plan are directed to all RMPS employees.
5. Panel - This term refers to the "Certificate of Eligibles" which is issued for vacancies being filled by an organization. The "Certificate" contains the names of people who are eligible for the position in question. The Personnel Office is responsible for evaluating all people who apply for a position and determining the list of eligible candidates. Supervisors choose from the "Certificate of Eligibles" in filling a position.
6. Rating Boards - This term refers to a group of people who are called together to review the applicants for a position vacancy. The Parklawn Personnel Office is responsible for assembling a group of people, usually three, who will evaluate all applicants and determine which candidates make the "Certificate of Eligibles." The Deputy EEO Officer and one employee directly involved in, or knowledgeable of, the functional area of the position being filled sit on these boards. These boards are convened because of the technical nature, complexity or subtlety of the requirements of the position being filled.

7. RMP's - This designation refers to the 56 Regional Medical Programs. This abbreviation is for the field (away from Washington-Rockville) aspects of the program.
8. RMPS - This designation refers to the headquarters component (Washington-Rockville) of Regional Medical Programs Service. Unless otherwise stated, objectives and action steps in this Plan refer to headquarters activities.
9. RMPS EEO Gazette - This name is the title of the monthly EEO Newsletter published by the Communications Committee of the EEO Council. The newsletter attempts to distribute EEO-related information to all employees.
10. Selecting Official - This title designates any person with the authority to hire or promote employees.
11. SF-526 - This abbreviation stands for the "standard government form" number 526 which is used for the evaluation of supervisory performance. This form is completed by the employee's immediate supervisor.
12. Site Visit Teams - These teams are set-up to regularly inspect the operation of the RMP's. The teams are composed of RMPS staff people, as well as outside consultants. The teams are responsible for evaluating the operation and activities of a RMP. The results of and recommendations from these visits are factors in determining the amount of funding each RMP receives. Each team is supposed to assess the EEO activities in the region visited.
13. Supervisor - This word designates people who are directly responsible for the actions of other employees. These people are responsible for the following types of activities: recruitment and selection of new employees, promotions, career development, inter and intra staff communication and employee orientations.
14. Surveillance - In the Affirmative Action Plan this word is used to describe the actions that will be taken to gather information on EEO activities. These actions will include things such as quarterly reports on EEO activities, regular reports on hiring and regular reports on training. The information collected in these reports will be reviewed and evaluated, and then the results of this evaluation will be used to determine if people are fulfilling their responsibilities.
15. Target Dates - These dates refer to the initial point in time when an action step is to be accomplished. With many of the action steps, the activity will continue after the first date is reached.
16. Upward Mobility Program - This Program is the result of guidelines established by the HSMHA Office of Personnel. The Program has as its primary goal the development of career plans for all employees

that will utilize and recognize their abilities, interests and potentials. In the long run, the Program will result in advancement for deserving people, but initially, the Program will concentrate on lateral assignments, training, job redesign and job restructuring. The Deputy EEO Officer in each HSMHA program area is responsible for the coordination of activities in this Program.

17. Work Plans - The term refers to the statement of objectives and actions each program unit within RMPS proposes to do during a given fiscal year. The plans are prepared annually by each division, office, branch and section within RMPS. The plans include activities related to areas such as EEO, Internal Communication, Direct Support for the RMP's and RMPS Review Mechanism.

PROCESSES AND MECHANISMS

RMPS EMPLOYMENT GOALS

Problem #1: Minorities are not equally represented at all levels in RMPS; women are not equally represented at the higher grade levels in RMPS.

Objectives: Minimum annual goals will be established for increasing the number of minorities and women in program areas, grade levels, and job series where they are presently under represented.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. Each December, the EEO Council will evaluate RMPS personnel actions for the past year (e.g., turnover rate, new hires, promotions, etc.) and use this information to establish employment goals for the next calendar year. These goals will consider, at a minimum, the following factors: grade, series, race and sex. The goals will enable RMPS to have a staff profile that reflects the representation of minority group members in the Washington, D.C. SMSA, and they will be consistent with HSMHA policy.	EEO Council	December 31, 1971 continuing
2. The EEO Council will submit these goals to the Director, RMPS, for final approval. The goals will be communicated to the Director, HSMHA EEO Office.	EEO Council Director, RMPS Director, HSMHA EEO Office	February 1, 1972 continuing
3. The Communications Committee of the EEO Council will publicize to all RMPS staff through memoranda and meetings the current year's goals.	Communications Committee	February 15, 1972 continuing
4. The RMPS Administrative Officer will prepare quarterly reports, by organization, of minority and female representation at all grade levels and job series.	RMPS Administrative Officer EEO Council	March 31, 1972 continuing each quarter
5. The Director, RMPS will publicize these reports to all RMPS staff.	Director, RMPS	April 15, 1972 continuing each quarter
6. The employment goals for the current calendar year are as follows:	--	January 1, 1971 - December 31, 1971
(a) 6% net gain in minority employment (16 additional minority employees)		
(b) 60% of the minorities gaining employment will enter in professional series (a net gain of 10 minority employees in professional series)		

Action StepsResponsibilityTarget Date

- (c) 50% of all vacancies at or above GS-11 (regardless of whether they be in professional or non-professional series) will be filled by minorities.
- (d) 40% of all vacancies in professional series will be filled by females (minority or non-minority)

Note: The following form will be used in establishing the annual employment goals. (See Attachment I)

PROGRAM PROJECTIONS FOR MINORITY AND WOMEN HIRINGS

GRADE AND CSC SERIES

MINORITIES

WOMEN

GS-301,340,341,342,343,344

- 1-4
- 5-8
- 9-11
- 12-16

GS-312,316,318,322

- 1-4
- 5-8
- 9-11

GS-334,363,1515

- 1-4
- 5-8
- 9-11
- 12-15

GS-345

- 1-4
- 5-8
- 9-11
- 12-15

GS-601,602,610,635

- 1-4
- 5-8
- 9-11
- 12-15

GS-1091,1092,1097,1412

- 1-4
- 5-8
- 9-11

ATTACHMENT 1

GRADE AND CSC SERIES

MINORITIES

WOMEN

GS-1101

1-4
5-8
9-11
12-15

GS-1520,1529,1530,1531

1-4
5-8,
9-11
12-15

Other Series (GS-180,305,307,1701, 1725,
2005,2020,2132)

1-4
5-8
9-11
12-15

Commissioned Officers

Total

Of the Minorities to be hired, the following breakdown will occur:

% Males _____ % Females _____
% Blacks _____ % Spanish-American _____ % Indian _____ % Oriental _____

Of the Women to be hired, the following breakdown will occur:

% Blacks _____ % Spanish-American _____ % Indian _____ % Oriental _____ % White _____

Problem #2: Minority candidates have not been hired for many of the positions within RMPS; women candidates have not been hired for some of the higher grade level positions within RMPS.

Objective : A system will be implemented to insure that minority and women candidates are considered for all vacancies.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. Qualified minorities and women must be included on all panels. Consistent with the Director's policy statement, the selection of minority candidates will be the top priority in filling position vacancies. Adequate opportunity must be given to seek and find minority and women candidates. Recruitment sources should have an opportunity to furnish the names and applications of qualified minorities and women. Exceptions to the inclusion of minorities and women on all panels will require approval of the Director, RMPS.	All Supervisors Personnel Generalist, RMPS Director, RMPS RMPS Recruitment Committee	December 1, 1971 continuing
2. Rating Boards will be convened to select the panels for all professional vacancies within RMPS. The Deputy EEO Officer or a designated representative will be on all of these boards. For all nonprofessional vacancies, the Deputy EEO Officer or a designated representative will select, along with appropriate Personnel contact, the panels for these positions.	Deputy EEO Officer Personnel Generalist, RMPS	August 1, 1971 continuing
3. All panels (Certificate of Eligibles) will be sent initially to the Deputy EEO Officer by the Parklawn Personnel Office or by the RMPS Personnel Liaison Office. The Deputy will review this panel before forwarding it to the appropriate official. The Deputy EEO Officer will insure that an interview and Selection Sheet accompanies each SF-171 and remind the selecting official of the need to justify in writing non-selection of minority, upward mobility, or women candidates.	Deputy EEO Officer Personnel Generalist, RMPS RMPS Personnel Liaison Office	August 1, 1971 continuing
4. The selecting official will complete an "Interview and Selection Sheet" for each candidate on the panel. In completing these sheets for people not interviewed,	All Supervisors Deputy EEO Officer Personnel Generalist	December 1, 1971 continuing

Action StepsResponsibilityTarget Date

the selecting official must state the reasons for not interviewing a person.

All RMPS employees who are on panels for positions within RMPS must be interviewed by the selecting official.

Upon completion of all interview sheets and all statements of non-selection, the selecting official will return the panel to the Deputy EEO Officer indicating the selection made. RMPS employees considered for a vacancy will be informed by the Personnel Generalist of the person chosen to fill the position.

5. The Deputy EEO Officer will review these interview sheets and statements of non-selection before signing off on the final panel.

Deputy EEO Officer

August 1, 1971
continuing

6. The Personnel Generalist, RMPS, will ensure that the Parklawn Personnel Office keep each RMPS employee informed concerning the status of position applications, panel construction, and panel selection in positions for which he/she has applied, either within RMPS or within other agencies located in the Parklawn Building.

Personnel Generalist, RMPS

December 1, 1971
continuing

RECRUITMENT

Problem : There is the need for a formal recruitment process within RMPS which would be directed primarily to sources of minority candidates.

- Objectives:
- (1) Establish and maintain contact with sources of minority candidates.
 - (2) Establish a regular, ongoing recruitment program for RMPS.
 - (3) Establish a job preparation mechanism for minorities.
 - (4) Establish new intern programs and utilize existing intern programs to train minorities for decision-making positions in RMPS.
 - (5) Communicate the results of recruitment efforts to supervisors and managers.
 - (6) Evaluate the recruitment program and modify it to reflect the changes indicated by the results of the evaluation efforts.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. Recruitment Committee will construct and continually up-date a list of schools, national organizations, employment offices and community groups that will serve as sources of minority candidates for either permanent positions or consultant's positions.	Recruitment Committee	February 1, 1972 continuing
2. The Recruitment Committee will distribute regularly to these groups a list of vacancies within RMPS. (The frequency of this distribution will be determined by existing and anticipated vacancies within RMPS.)	Recruitment Committee	February 1, 1972 continuing
3. A group of RMPS employees will be identified as potential minority recruiters.	Executive Officer Deputy EEO Officer	January 1, 1972
4. These recruiters will receive an orientation in the area of personnel policy and procedures.	Executive Officer	January 15, 1972
5. The Executive Officer and Deputy EEO Officer will determine the composition of all recruitment teams.	Executive Officer Deputy EEO Officer	December 1, 1971
6. The Executive Officer and the Deputy EEO Officer will annually schedule six visits to minority colleges, organizations and community groups to discuss job vacancies and opportunities, living conditions in the employment area, and employment procedures. Also, they will schedule additional visits to organizations and groups either upon request	Executive Officer Deputy EEO Officer Recruitment Committee	December 1, 1971

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
or as the need arises.		
7. The Recruitment Committee will serve as an information team to maintain regular contacts with individuals interviewed, as well as organizations visited.	Recruitment Committee	January 1, 1972 continuing
8. The RMPS Public Health Advisor/Analyst Trainee program will continue on an annual basis. The Executive Officer, in conjunction with the Deputy EEO Officer will monitor the progress of this program. This program will be a means of training minorities for decision-making positions in program areas that directly influence activities in the 56 RMP's.	Executive Officer Deputy EEO Officer	June 1, 1971 continuing
9. The Recruitment Committee will study and recommend ways for RMPS to attract minority Management Interns for rotational assignments and minority graduates from the Intern Program for permanent assignments. This group's report will be presented to the Director.	Recruitment Committee	February 1, 1972
10. The Executive Officer and the Deputy EEO Officer will investigate the possibility of special inducements and preferential pay for minorities to join RMPS.	Executive Officer Deputy EEO Officer Director, RMPS	February 1, 1972
11. A file of minority candidates will be established as a resource for filling vacancies. This file will include present RMPS employees, HSMHA employees and outside candidates. RMPS staff will be encouraged to submit 171's for minority group members they contact. The Deputy EEO Officer will inform other HSMHA deputies of the existence of the file and will encourage them to submit forms for inclusion in it.	Deputy EEO Officer RMPS Recruitment Committee	February 1, 1972 continuing
12. The Recruitment Committee will inform supervisors and managers of potential employees identified, through recruitment activities. This type of information will be distributed monthly.	Recruitment Committee	February 1, 1972 continuing
13. Supervisors and managers share the	All Supervisors	December 1, 1971 continuing

Action StepsResponsibilityTarget Date

responsibility for recruiting minority candidates. The effectiveness of supervisor's recruitment efforts will be included as one dimension on the supervisory evaluation form. (This will be accomplished so that it will be included in next annual evaluation in May.)

14. The Recruitment Committee will report quarterly to the EEO Council the number of organizations contacted and/or visited, number of job applicants interviewed or spoken to and number of candidates actually hired through recruiting efforts.

Recruitment
Committee
EEO Council

March 31, 1972
continuing
each quarter

ORGANIZATIONAL AND EMPLOYEE DEVELOPMENT

Problem #1: The quality of supervision and management in RMPS needs to be upgraded.

Objective : To upgrade the skills of supervisors and managers in order to achieve quality supervision and management practices in RMPS.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The Director of RMPS will issue a directive to all RMPS supervisors regarding the policy of supervisory training. This directive will establish minimum annual training requirements for supervisors.	Director, RMPS	January 1, 1972
2. The personnel generalist and the executive officer will make available to supervisors (and potential supervisors) and managers, courses which will develop in these individuals an awareness in human relations and skills in leadership. These courses will include ones already offered by the Civil Service Commission and/or Parklawn Personnel, as well as ones specially contracted for RMPS employees.	Executive Officer Personnel Generalist, RMPS	January 1, 1972 continuing annually
3. Supervisors, plus those identified by the Office of Administrative Management will make a tentative selection of courses and submit their preferences to the RMPS Training Committee.	All Supervisors RMPS Training Committee Office of Administrative Management	February 1, 1972 continuing annually

Problem #2: Supervisors and managers have not fully considered personnel development as an integral part of their responsibilities.

Objective : To implement a process in RMPS that will require supervisors and managers on a continuous basis to review and carry out personnel development activities.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. Supervisors will hold individual meetings with each of their employees as the need arises, but at least once every six months. At these meetings, supervisors will discuss each employee's work performance, opportunities for career development and any other concerns of the employee.	All Supervisors All Employees	January 1972 continuing every six months

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
2. Supervisors will complete performance evaluations (SF-525 and 526) for each of their employees annually. Employees will have an opportunity to review and discuss these forms with their supervisors before the forms go into the personnel folders. Employees will receive a copy of the performance evaluation that goes into their personnel folder. One of the employee-supervisor meetings mentioned in Action Step #1 will be used to discuss this performance evaluation.	All Supervisors All Employees	June 1, 1972 continuing each year
3. Supervisors have the primary responsibility for discussing work performance and career development with each of their employees. Supervisor's performance in this area will be included as one dimension on the supervisory evaluation form. (This will be accomplished so that it will be included in the next annual evaluation in May.)	All Supervisors	December 1, 1971
<u>Problem #3:</u> There is not enough employee participation in planning and developing RMPS management and program objectives.		
<u>Objectives:</u> (1) Involve a representative cross-section of RMPS staff in the planning and developing of RMPS management and program objectives. (2) Hold regular staff meetings in order to improve communication between supervisors and their employees and to inform and involve all employees in program activities.		
<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The Executive Officer will establish guidelines to foster the development of increased participative management in RMPS, encouraging, utilizing and taking into account participation by employees at all grade levels in the development of program objectives and Work Plans and the implementation of these Plans.	Executive Officer All Supervisors and Managers All Employees	January 1, 1971 continuing
2. Division and Office Directors and Branch and Section Chiefs will hold at least monthly staff meetings for all members of their staff to discuss Section, Branch, Division and Program activities.	Division & Office Directors Branch & Section Chiefs Director, RMPS	December 1971 continuing each month

Problem #4: There is insufficient career counseling at all levels in RMPS.

- Objectives:
- (1) Initial development of individualized career planning within one month following initial employment in RMPS.
 - (2) Individualized career plans developed for every employee.
 - (3) A clear concept of the role of the present position in the employee's career plan.
 - (4) Make available qualified career development consultation for all RMPS employees
 - (5) Proper orientation of new employees including the discussion of the availability of career development opportunities.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The Director, RMPS, will meet with the Director, Parklawn Personnel, to resolve the matter of hiring a Career Counselor for RMPS. RMPS employees will be informed of the outcome of this meeting.	Director, RMPS Director, Parklawn RMPS Employees	December 15, 1971
2. Supervisors are responsible for carrying out activities that will accomplish objectives 1, 2, 3 & 5. Supervisors performance in this area will be included as one dimension on the supervisory evaluation form.	All supervisors	December 1, 1971 continuing

Problem #5: There is a need for an organized program which will facilitate the development and growth of every employee in RMPS.

Objective : To develop and implement a dynamic program that will assure the development and growth of each person working in RMPS and that will take into account the potential and desires of each person.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. Using the HSMHA Plan for a Mobility Program and considering the needs of RMPS employees, the Deputy will develop for approval of the Director, RMPS, an RMPS Mobility Program.	Deputy EEO Officer Director, RMPS	June 1, 1971 continuing
2. As a result of the RMPS Mobility Program, a file of RMPS employees will be established so that these people will be considered for positions for which they are qualified or <u>qualifiable</u> .	Deputy EEO Officer	March 1, 1972

Action Steps

3. The Training Coordinator, RMPS, will distribute monthly to all RMPS employees and supervisors a current list of the courses available through Parklawn Personnel, Civil Service Commission, etc.

4. The Training Coordinator will chair quarterly meetings for employees at the GS-9 level and below. At these meetings, there will be general discussions centered around career mobility, description of courses available and procedures involved in submitting training requests. These meetings will be planned to coincide with the beginning of school terms. (September, December, March, and June)

5. The Training Coordinator will inform all employees of the availability of long term training for RMPS employees.

ResponsibilityTarget Date

Training
Coordinator

December 15, 1971
continuing each
month

Training
Coordinator
Employees GS-9
& below

January 1972
continuing each
quarter

Training Coord-
inator

January 1972
continuing

COMMUNICATIONS

Problem #1: EEO communications with RMPS employees need to be improved.

- Objectives:
- (1) Develop communication systems to enable employees to keep informed of program activities, governmental procedures and regulations, career opportunities, and special programs.
 - (2) Evaluate the communication/activities and modify them to reflect the changes indicated by the results of the evaluation efforts.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The Communications Committee will prepare a monthly EEO Newsletter and it will design a means of having a question and answer section in each Issue.	Communications Committee	December 1971 continuing
2. The Communications Committee will design and implement a series of quarterly EEO Seminars for all RMPS employees. These seminars will focus on issues related to equal employment and opportunity and they will utilize outside resource people as much as possible.	Communications Committee	January 1972 continuing each quarter
3. The Communications Committee of the EEO Council will work with the Office of Communication and Public Information to evaluate RMPS communication efforts (EEO and in general). This evaluation will be included in a quarterly report this Committee makes to the EEO Council.	Communications Committee EEO Council Office of Communication and Public Information	March 31, 1972 continuing each quarter

Problem #2: RMPS does not have a fully effective orientation for new employees as well as employees already in the Program.

- Objectives:
- (1) All employees will be oriented not only to their program area but RMPS-wide.
 - (2) Orientation activities of supervisors and managers will be included in their performance evaluation.
 - (3) Orientation activities will be evaluated regularly and modified to reflect the results of the evaluation efforts.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The Communications Committee will semi-annually evaluate the effectiveness of the RMPS orientation program. The Committee's initial evaluation will recommend revisions in this program.	Communications Committee	January 1, 1972 continuing semi-annually
2. The EEO Council and the Executive Officer will use the recommendations	EEO Council Executive Officer	March 1, 1972

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
of this committee to implement a new orientation program.		
3. The Communications Committee will distribute copies of the Affirmative Action Plan to all current and future RMPS employees as the need arises.	Communications Committee	December 1, 1971 continuing
4. Supervisors and the Administrative Officer have the primary responsibility for the orientation of new employees. Performance of orientation activities will be included as one dimension of the supervisory evaluation form. (This will be accomplished so that it will be included in the next annual evaluation in May.)	All Supervisors (Specific job-related and program orientation) Administrative Officer (RMPS-wide orientation as well as relation of RMPS to HSMHA & DHEW)	December 1, 1971 continuing

Problem #3: RMPS management (i.e., the Director, Deputy Director, Executive Officer, and Administrative Officer) need to be kept informed of the concerns of employees (general program matters as well as EEO matters).

Objectives:

- (1) EEO personnel will have a regular means of communicating EEO activities to RMPS management.
- (2) RMPS employees will have regular means of communicating their concerns to RMPS management.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The EEO Council will continue to meet monthly with the Director, RMPS.	EEO Council Director, RMPS	June 1, 1971 continuing
2. The EEO Council will hold open Council meetings at least once every month for all RMPS employees.	EEO Council All Employees	December 1971 continuing
3. Twice a year, the Director, RMPS, will convene a meeting of all RMPS employees. At these meetings, each Division and Office Director and each Branch and Section Chief will report on what they are doing regarding their responsibilities to employees. These reports should include: -what is being done in the area of employee and organizational development; -how many assignments for job enrichment have been made;	Director, RMPS All Employees	May 1, 1972 continuing each six months

Action StepsResponsibilityTarget Date

-what is being done to utilize staff to their full potential; and
 -what is being done to increase the level of effectiveness of their staff.

The report should be backed with statistics, plans and recommendations for future utilization of staff. The report should be made before all employees and allow for discussion of the points made.

4. Twice a year, the Deputy EEO Officer and a representative from the EEO Council will meet with each Division Director, Office Director, Branch Chief and Section Chief to discuss the EEO Program. Aside from these meetings, the Deputy EEO Officer will continue to meet with supervisors and managers as the need arises.

Division & Office Directors continuing each
 Branch & Section six months
 Chiefs
 Deputy EEO Officer
 EEO Council

5. The Deputy EEO Officer will continue to attend and report regarding EEO activities at all of the Director's staff meetings.

Director, RMPS
 Deputy EEO Officer
 June 1, 1971
 continuing

TRAINING

Problem : The distribution of training expenditures for RMPS needs to be adjusted according to program needs.

Objectives: (1) Annual priorities for the expenditure of training funds will be established to insure that minorities, women and lower grade people are afforded training opportunities.
 (2) Individuals involved in the EEO program will receive adequate training in personnel matters and other appropriate areas.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The RMPS Training Committee will be reorganized in the following manner to be representative of all RMPS employees:	Director, RMPS	December 15, 1971

Administrative Office Representative	<u>Nominated by:</u> Executive Officer
Deputy EEO Officer	
Training Coordinator	
Minority Representative	Minority Caucus
Women's Representative	RMPS Women's Action Association
One person from each of the following grade ranges:	Current Training Committee
GS-1-4	
GS-5-9	
GS-11 & above	

The reorganization of the Committee as well as the appointment of members will be approved by the Director, RMPS.

2. This Committee will establish operational procedures for determining annual training priorities, handling employee training requests and evaluating training courses taken. These procedures will be prepared for the approval of the Executive Officer.	Training Committee Executive Officer	
3. The Executive Officer will inform the Training Committee of the amount of money available each fiscal year for RMPS training.	Executive Officer Training Committee	One month after the appropriation has become effective for a given fiscal year.
4. The Deputy EEO Officer and the Training Coordinator will present to the Training Committee an analysis of the previous fiscal year's training activities.	Deputy EEO Officer Training Committee	August 1, 1971 continuing each year (For FY 1972, this analysis will be presented by January 1, 1972.)

Action StepsResponsibilityTarget Date

5. Using the above information, the Training Committee will define the priorities for funding training during the present fiscal year. The priorities will be prepared for the approval of the Director, RMPS. After the priorities are approved, the Training Committee will provide all employees with this information.

(Note: In the event that the RMPS appropriation is delayed beyond the end of August, the Training Committee will determine the training priorities and revise them after the appropriation becomes effective.)

Training Committee
Director, RMPS

September 1, 1971
continuing each
year
(For FY 1972, the
priorities will be
determined by
February 1, 1972.)

6. The Training Committee will submit quarterly reports to the Executive Officer in the form of number of people trained (plus dollar amounts) under each of the training priorities. The report will also include a section on those refused training at any stage in the approval process and the reasons why.

Training Committee
Executive Officer

March 31, 1972
continuing each
year

7. At the next regularly scheduled EEO Council meeting (and with input from HSMIA-EEO) there will be a discussion of the types of training needed for each of the EEO roles, including priority needs and the sequence of courses to be taken by counselors and other EEO staff.

EEO Council

December 15, 1971

8. The Deputy EEO Officer has the responsibility for insuring that those employees in critical EEO positions have received or are planning to receive appropriate training by December 31, 1971.

Deputy EEO Officer

December 31, 1971
continuing

THE 56 REGIONAL MEDICAL PROGRAMS

Problem : RMPS does not have a formal means of carrying the concepts of EEO to the 56 RMP's.

Objectives:

- (1) Equal employment opportunities will be insured in each of the RMP's.
- (2) Minorities, women and consumer groups will be represented on and involved in Regional Advisory Groups, Other-Related Committees, and Local Advisory Groups, where appropriate.
- (3) The needs of the people in the area served by the RMP will be the primary focus of programs sponsored by the RMP.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The Director, RMPS will appoint a study group composed of, but not limited to, representatives from the Operations Division, Youth Advisory Council, RMPS Minority Caucus, RMPS Women's Group, Office of Communications and Public Information, the EEO Council and resource people from outside of RMPS to define the responsibilities for implementing and monitoring an EEO Program in the 56 RMP's. At a minimum, the report will deal with insuring employment opportunities in each RMP, increasing minority, women and consumer representation and involvement on Regional Advisory Groups, Other-Related Committees and Local Advisory Groups and insuring that the needs of all people in the area served by the RMP are being met.	Director, RMPS	February 1, 1972
2. Site visit teams will be constructed in such a manner that the objectives listed above are dealt with on all site visits.	Public Health Advisors on the Operating Desks Branch Chiefs Director, Operations Division	December 1, 1971 continuing
3. Site visit reports will include a comprehensive section regarding progress towards effective implementation of RMPS EEO goals and objectives.	Director, Operations Division	December 1, 1971 continuing
4. The Director, Operations Division will review the EEO section of the site visit reports and quarterly report to the Council on the EEO progress in the 56 RMP's.	Director, Operations Division EEO Council	March 31, 1972 continuing each quarter

Action Steps

5. After the completion of the study group's report (See Action Step #1), an abridged version of the RMPS Affirmative Action Plan will be distributed to the RMP's. This distribution will include the parts of the Affirmative Action Plan that relate to the RMP's, an explanation of what the Plan means to the RMP's, and the guidelines to be used by the RMP's in pursuing an EEO Program.

6. The Office of Communication and Public Information will regularly distribute EEO information to the RMP's.

Responsibility Target Date

Director, Operations March 1, 1972
 Division
 Deputy EEO Officer
 Assistant Director
 Office of
 Communication and
 Public Information

Assistant Director, December 1, 1971
 Office of
 Communication and
 Public Information

EVALUATION AND ACCOUNTABILITY

Problem #1: RMPS does not have a process for effectively evaluating progress in accomplishment of its EEO goals.

Objectives: The development of an evaluation process that will include the following:

- (1) Mechanisms to determine to what degree the Affirmative Action Plan is being carried out by those responsible, e.g., top-level management, supervisors, personnel, etc.
- (2) Results of surveillance activities will be evaluated to determine the degree to which employees are meeting their EEO duties and responsibilities, and prompt submission of evaluation reports to the appropriate individuals.
- (3) Prompt evaluation and reporting of surveillance activities which will provide a basis for determining the achievements and limitations of the Affirmative Action Plan.
- (4) Modification of the Affirmative Action Plan when surveillance and evaluation activities indicate the need for change.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. All major RMPS organizational units, i.e., Divisions and Offices of the Director will be required to submit quarterly reports indicating progress made toward their EEO objectives. (The EEO Section of the annual Work Plan will establish each units objectives.)	Division, Office and Program Directors	April 7, 1972 continuing each quarter
2. Reports will be submitted to the EEO Council on a prescribed format and will be due 5 work days following the last day of each quarter, September 30, December 31, March 31, and June 30. The format will be developed by the EEO Council and the Office of Systems Management to permit adequate reporting on specific stated objectives such as recruitment, hiring, career development and communications.	Division and Office Directors EEO Council Office of Systems Management	April 7, 1972 continuing each quarter
3. The Quarterly Program Reports, the EEO Council Committee Reports, the concerns of employee-interest groups and the concerns of individual employees will be reviewed by the Evaluation and Accountability Committee of the EEO Council. In unusual circumstances, the Committee may request an RMPS unit to submit additional information. The Committee's review will include the identification of accomplishments, problem areas and suggestions, and recommendations to the Council for definite actions. The Committee will report its	Evaluation and Accountability	April 28, 1972 continuing each quarter

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
findings to the EEO Council within 3 weeks after the end of the period for which the reports were submitted.		
4. The EEO Council will use the Evaluation and Accountability Committee report in submitting a report to the Director, RMPS, which will include: <ol style="list-style-type: none"> a. Identification of those RMPS units which appear to be actively and effectively accomplishing their EEO objectives, as stated in their Work Plans. b. Identification of those RMPS units which do not appear to be accomplishing their EEO objectives, as stated in their Work Plans and recommendations that definitive action be taken accordingly. c. Identification of those RMPS units which appear to be making exceptional or outstanding progress in accomplishing their EEO objectives and recommendations that proper recognition be given accordingly. d. Identification of problems encountered over which neither the Council nor the reporting units have control. e. The Council's assessment of the overall progress being made toward EEO as a result of the Affirmative Action Plan. 	EEO Council	May 1, 1972 continuing each quarter
5. Any program area that is not accomplishing its EEO objectives will be instructed by the Director to direct their efforts in a manner consistent with the RMPS Affirmative Action Plan and the Program's Work Plan.	Director, RMPS	May 1, 1972 continuing
6. The results of these reports will be used by the EEO Council as it assesses and revises the RMPS Affirmative Action Plan every six months.	EEO Council	May 1, 1972 continuing every six months

Problem #2: The people responsible for the implementation of equal employment and opportunity; that is, supervisors and managers, have not been held accountable.

Objectives: (1) Each program area will have an EEO section in their annual Work Plans.

- (2) Supervisors and managers will be evaluated in the performance of their EEO duties and responsibilities.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The annual RMPS Work Plans for each Division and Office of the Director will continue to have a section for EEO activities.	Division and Office Directors	July 1, 1971 continuing
2. All employees in each of the RMPS program areas will have an opportunity to review and comment upon their area's Work Plan before it is finalized.	All Employees Division and Office Directors Branch and Section Chiefs	January 1, 1972 continuing
3. The Deputy EEO Officer will designate one person to serve on the group in the Director's Office that reviews the Work Plans.	Deputy EEO Officer	July 1, 1971 continuing
4. The EEO Council will review all Work Plans to see if each group's activities are consistent with the RMPS Affirmative Action Plan.	EEO Council	January 1, 1972 continuing
5. The EEO Council's comments will be forwarded to the Director, RMPS, and the affected program area for inclusion in their Work Plan.	EEO Council	January 1, 1972 continuing
6. The final Work Plans will be communicated to all employees within a specific program area within two weeks of final approval.	Division and Office Directors Branch Chiefs	January 1, 1972 continuing
7. EEO duties and responsibilities will be made a part of all supervisors' and managers' position descriptions. (This action will be carried out by the Administrative Officer consistent with HSMHA policy and a report given to the EEO Council on the status of this action.)	Administrative Officer EEO Council	December 15, 1971
8. The Administrative Officer will develop performance standards consistent with HSMHA policy and the RMPS Affirmative Action Plan for inclusion in supervisors' and managers' position descriptions.	Administrative Officer	February 1, 1972

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
9. The Administrative Officer will add, as an addendum, the dimension of EEO performance to the supervisory evaluation form. This addendum will be consistent with HSMIA policy and the RMPS Affirmative Action Plan.	Administrative Officer	March 1, 1972
10. The Administrative Officer will develop a form and plan for employees to annually evaluate their supervisors on performance of the supervisory responsibilities outlined in the Affirmative Action Plan. (The form and plan will be developed for the approval of the Director, RMPS.)	Administrative Officer Director, RMPS	April 1, 1972
11. The EEO section of the SF-526 will be completed by the immediate supervisor of each RMPS supervisor and manager. The Deputy EEO Officer will provide this evaluating official with the reports of EEO activities and the results of employee evaluations. The Deputy will review the rating on the EEO section before this form goes into the supervisor's personnel file.	Supervisors Deputy EEO Officer	June 1, 1972 continuing
12. The Deputy EEO Officer will inform the Director, RMPS, of any supervisor or manager who is not meeting their EEO responsibilities. The Director and the Deputy will meet with all such individuals to instruct them to direct their efforts in a manner consistent with the RMPS Affirmative Action Plan and the program area's Work Plan.	Deputy EEO Officer Director, RMPS	December 1, 1971

SPECIAL CONCERNS

Problem #1: The present secretarial classification system is in need of revision.

Objective : RMPS will support efforts to modify and update the current secretarial classification system.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The EEO Council will nominate for the approval of the Executive Officer a group of three people to determine what steps are being taken to upgrade the present secretarial classification system. This group, with representatives from the RMPS Minority Caucus and the RMPS Women's Group, will contact affected or interested personnel within Parklawn, HSMIA, and DHEW.	EEO Council Executive Officer	December 15, 1971
2. This group will recommend to the Director, RMPS, what course of action needs to be taken. The Director will respond to these recommendations within 20 days of its submission.	Study Group Director, RMPS	January 15, 1972 February 4, 1972
3. The original working group will monitor the progress in upgrading the secretarial classification system and make regular reports to the Director, RMPS. This group will recommend new strategies and changes in original plans as the need arises.	Study Group Director, RMPS	Continuing

Problem #2: There are too few minority employees among the part-time employees working for RMPS.

Objective : RMPS will develop a system for utilizing minority high school students in a work-study program.

<u>Action Steps</u>	<u>Responsibility</u>	<u>Target Date</u>
1. The Administrative Officer will contact the Montgomery County Board of Education to determine the possibilities of minority high school students working part-time in a work-study program with RMPS.	Administrative Officer	December 15, 1971
2. The Administrative Officer, in conjunction with the Deputy EEO Officer and Training Coordinator, will develop a plan for bringing students into a variety of jobs within RMPS.	Administrative Officer Deputy EEO Officer Training Coordinator	April 1, 1972

Action Steps

3. The EEO Council will evaluate this program and recommend revisions before the 1972-73 academic year. The Council will develop forms to be completed regularly by the participants of this program. These forms will be used to evaluate this program and to identify any problems in the operation of this program.

ResponsibilityTarget Date

EEO Council

July 1, 1972

Problem #3: RMPS has not effectively utilized the resources in the community in carrying out the EEO Program.

Objective : RMPS will establish community support for the EEO Program and make effective use of the community's resources to improve the EEO Program.

Action StepsResponsibilityTarget Date

1. The Deputy EEO Officer and the EEO Council will contact community groups which might serve as a resource in EEO-related problems, such as housing, schools and transportation.

Deputy EEO Officer
EEO CouncilFebruary 1, 1972
continuing

2. When appropriate, the Deputy EEO Officer will arrange meetings with employee and community groups (such as AFGE Local 41, DHEW, Welfare and Recreation Association, Montgomery County Human Relations Commission, Washington Urban League, Howard University, etc.) to discuss goals and activities of the Affirmative Action Plan or related areas of mutual concern.

Deputy EEO Officer

February 1, 1972
continuing

3. The EEO Council and the Deputy EEO Officer will identify and publicize opportunities for RMPS employees to be involved in community activities. (This publicity will be through the EEO Gazette, bulletin boards, etc.)

Deputy EEO Officer
EEO CouncilFebruary 1, 1972
continuing

Problem #4: There is a need for a child-care center for Parklawn employees.

Objective : RMPS will support efforts to establish a child-care center for the Parklawn Building.

Action Steps

1. The EEO Council will nominate for the approval of the Director, RMPS, one person to serve on the task force studying the possibility of a child-care center for the Parklawn Building.

ResponsibilityTarget Date

EEO Council
Director, RMPS

December 15, 1971

RMPS EEO
COUNCIL MEMBERSHIP

Selected by the RMPS Staff

Richard Clanton, Operations Division, Room 10-15
Joseph de la Puente, Program Planning and Evaluation, Room 11-47

Appointed by the Director, RMPS

Richard Bohrer, Chairman, EEO Office, Room 11-A-16
Loretta Brown, Program Planning and Evaluation, Room 11-47
Susan Rose, Administrative Office, Room 11-11
Roland Williams, Office of Systems Management, Room 11-33
Pearl Wright, Office of Director, Room 11-05

Elected by RMPS Women's Action Association

Joan Ensor, Program Planning and Evaluation, Room 11-47

EEO Counselors

Harold O'Flaherty, Program Planning and Evaluation, Room 11-47

Deputy EEO Officer (ex-officio member)

Louise Wallace (Acting Deputy EEO Officer), EEO Office, Room 11-A-16