

GAO

United States General Accounting Office

**Report to the Honorable
Daniel K. Inouye, U.S. Senate**

May 1988

MINORITY REPRESENTATION

Efforts of the Alcohol, Drug Abuse, and Mental Health Administration



04202/135789

Human Resources Division

B-231054

May 13, 1988

The Honorable Daniel K. Inouye
United States Senate

Dear Senator Inouye:

Your May 20, 1987, letter raised concerns about the affirmative action efforts of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), a component of the Public Health Service (PHS) in the Department of Health and Human Services (HHS), and whether the federal government's equal employment opportunity requirements were being complied with.

ADAMHA includes the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the Office for Substance Abuse Prevention. Its mission is to provide leadership in federal efforts and to promote prevention and assure treatment and rehabilitation of persons with alcohol, drug abuse, and mental health problems. It accomplishes this primarily through its grant and contract programs for research and training.

Objectives, Scope, and Methodology

Based on discussions with your office, we agreed to provide information on ADAMHA's personnel management and equal employment opportunity issues regarding:

- the representation of minorities in its work force, especially at the management and policymaking levels;
- numerical goals and timetables for hiring, promoting, and reassigning minorities to fill vacancies at the management and policymaking levels;
- recruitment strategies and activities to increase the representation of minorities through competitive vacancy announcements;¹
- ADAMHA's merit promotion plan and whether the plan's provisions were followed;
- the representation of minorities and women on its grant review committees (committee members are chosen from among qualified persons outside ADAMHA from both the private and public sectors); and

¹According to Equal Employment Opportunity Commission (EEOC) guidance, underrepresentation exists if a specific minority group's rate of employment in a federal agency's work force is less than the group's rate of availability in the civilian labor force, i.e., all white- and blue-collar employees and persons seeking employment. EEOC's white-collar civilian labor force data have been differentiated into five categories to match the federal job categories—professional, administrative, technical, clerical, and other. In this report the professional civilian labor force and administrative civilian labor force data are cited.

ADAMHA. According to HHS, these are primarily administrative staff. Of the total 416 staff in these grades, 48 were minorities (11.5 percent), as compared to the Administrative Civilian Labor Force (ACLF) of 13 percent. This number included 27 blacks (6.5 percent), 4 Hispanics (1 percent), and 17 Asians/Pacific Islanders (4.1 percent). The rates for blacks and Hispanics in the national ACLF, based on updated 1980 census data, were 6.8 percent and 4.1 percent, respectively. (The national ACLF percentages are used for these positions because vacancy announcements are generally advertised nationwide to elicit applications.) The 4.1 percent rate for Asians/Pacific Islanders compared favorably with the national ACLF rate of 1.5 percent. ADAMHA employed no American Indians/Alaskans in grade band 13-15; the national ACLF for this minority group was 0.5 percent, which in this case equates to two persons.

2. During fiscal years 1982-87, the ADAMHA Office of Equal Employment Opportunity did not establish numerical goals and timetables for hiring, competitive promotions, and reassessments of minorities. Goals and timetables were required by EEOC and HHS but, according to the Department, because of reductions in force and hiring freezes unique to ADAMHA, PHS did not require them of ADAMHA. An EEOC directive dated October 6, 1987, no longer mandates these activities.
3. During recent years, because of diminished external hiring opportunities, no ADAMHA staff were designated as full-time recruiters and no budget was allocated for recruiting activities. Consequently, ADAMHA had no recruitment strategy to increase minority representation.
4. In ADAMHA's implementation of its merit promotion plan, the Division of Personnel Management and the Office of Equal Employment Opportunity were not compiling and maintaining required race and sex information on applicants in competitive vacancy announcement packages. Nor were they collecting this information on the composition of qualifications review boards (QRBS).⁴ Also, documentation was not always prepared to show that Office of Equal Employment Opportunity representatives reviewed vacancy announcements, observed board meetings, and/or granted waivers when the minimum area of consideration⁵ for a vacancy was less than ADAMHA-wide.

⁴A QRB is a group of three or more subject matter experts from ADAMHA who are appointed by the Division of Personnel Management to evaluate candidates applying for a competitive vacancy announcement.

⁵The minimum area of consideration includes the agencies, offices, and/or geographic areas within which the ADAMHA Division of Personnel Management initially announces vacancies and from which applications will be considered.

HHS concurred with the other two recommendations and specified its plans and actions to implement them.

We are providing copies of this report to HHS, PHS, ADAMHA, and EEOC. Also, copies will be made available to interested congressional committees and others on request.

Sincerely yours,

Lawrence H. Thompson

Lawrence H. Thompson
Assistant Comptroller General

Abbreviations

ACLF	Administrative Civilian Labor Force
ADAMHA	Alcohol, Drug Abuse, and Mental Health Administration
EEO	equal employment opportunity
EEOC	Equal Employment Opportunity Commission
HHS	Department of Health and Human Services
PCLF	Professional Civilian Labor Force
PHS	Public Health Service
QRB	qualifications review board

Appendix I
Minority Representation: Efforts of the
Alcohol, Drug Abuse, and Mental
Health Administration

The information we obtained to address the above issues was provided primarily by officials in ADAMHA's Office of Equal Employment Opportunity and Division of Personnel Management and the Office of Equal Employment Opportunity in PHS.

As part of our review we (1) examined data on ADAMHA's EEO work-force profile for fiscal years 1983-87; (2) obtained information on the civilian labor force for minority groups nationwide and in the metropolitan Washington, D.C., area according to general job category; (3) examined ADAMHA's multiyear affirmative action plan prepared in 1982 and its status reports dated October 1983 and January 1985; and (4) examined ADAMHA's merit promotion plan dated August 1982, to determine the plan's policies and practices regarding competitive selection. In addition, we reviewed 19 vacancy announcement packages from calendar years 1986 and 1987.

We reviewed pertinent EEOC directives relating to affirmative action planning and reporting. We further discussed the impact and implementation of these directives with officials in the Office of Equal Employment Opportunity of PHS and the Office of the Assistant Secretary for Personnel Administration of HHS. To obtain information on federal affirmative action planning for fiscal year 1988, we contacted an official in EEOC's Office of Federal Sector Programs. We also used information included in previously issued GAO reports dealing with EEO issues.

As of September 1987, ADAMHA's staff numbered 4,150. St. Elizabeths Hospital, the largest component of ADAMHA at that time, is an institution for treating mental illness in the District of Columbia. The decision transferring responsibility for the operation of St. Elizabeths Hospital to the District of Columbia government was made in November 1984. The transfer of responsibility took effect October 1, 1987. As a result of this transfer, the ADAMHA work force was decreased by 2,736, to 1,414 staff members. Of these staff about 90 are located in Baltimore; the rest are located in the Washington, D.C., metropolitan area, according to a Division of Personnel Management official.

Due to the transfer of St. Elizabeths Hospital from ADAMHA to the District government, with the concurrence of the Senator's office, our review excluded analyses of minority representation at St. Elizabeths Hospital.

Appendix I
Minority Representation: Efforts of the
Alcohol, Drug Abuse, and Mental
Health Administration

However, HHS's data system and directives to its components will be revised to reflect the fiscal year 1988 EEOC directives.

ADAMHA receives its instructions and guidance on Affirmative Action Program and Federal Equal Opportunity Recruitment Program plan development and implementation from HHS through PHS. The Director of ADAMHA's Office of Equal Employment Opportunity told us that from 1982 to 1986, HHS issued several instructions for affirmative action spelling out its annual requirements for PHS plans and reports, which are included in HHS's aggregated plans and reports submitted to EEOC. These instructions also directed PHS to provide guidance to subordinate units, including ADAMHA, for developing affirmative action plans and reports. HHS and PHS guidelines required their components, including ADAMHA, to consider setting priority recruiting targets when underrepresentation existed and hiring, promotion, and reassignment opportunities would be available, according to ADAMHA's Affirmative Action Program Manager.

Under the ADAMHA Administrator, the Office of Equal Employment Opportunity is primarily responsible for directing, coordinating, developing, and administering civil rights and EEO programs, ADAMHA's Affirmative Action Program Manager also told us. This office also provides advice and recommendations on civil rights and EEO issues, to the ADAMHA Administrator and the directors of ADAMHA's three institutes and manages ADAMHA's EEO complaint processing system.

Representation of Minorities at the Management Level in ADAMHA

As of September 1987, with St. Elizabeths staff excluded, the total staffing at ADAMHA was 1,414, and the number of minorities was 270 (19.1 percent).

According to ADAMHA officials, management level employees at ADAMHA number 565, including those in the Senior Executive Service, PHS Commissioned Corps staff,² and those from the general schedule in grade 13 to 15 positions. Of the 39 Senior Executive Service staff holding positions in ADAMHA, 5 were minorities—4 blacks (10.3 percent) and 1 Hispanic (2.6 percent). The Professional Civilian Labor Force (PCLF) for blacks was 5.1 percent and for Hispanics, 3.3 percent. ADAMHA officials told us that persons selected to fill Senior Executive Service positions are chosen by the Secretary of HHS, although the ADAMHA Administrator participates in these selections.

²The PHS Commissioned Corps is composed of health professionals who are assigned throughout PHS, depending on the need for staff

Appendix I
Minority Representation: Efforts of the
Alcohol, Drug Abuse, and Mental
Health Administration

Table I.1: ADAMHA Work-Force Profile at the Management Level Excluding St. Elizabeths Hospital (As of September 1987)

	Grade	Total	Blacks	Hispanics	Asians/ Pacific Islanders	American Indians/ Alaskans	Nonminorities
General schedule employees							
	13	150	12	3	5	0	130
	14	156	7	1	8	0	140
	15	110	8	0	4	0	98
Subtotal		416	27	4	17	0	368
PHS Commissioned Corps							
	O-3	6	1	0	0	0	5
	O-4	11	2	0	0	0	9
	O-5	47	2	0	0	0	45
	O-6	44	0	1	0	0	43
	O-7	1	0	0	0	0	1
	O-8	1	0	0	0	0	1
Subtotal		110	5	1	0	0	104
Senior Executive Service							
		39	4	1	0	0	34
Total		565	36	6	17	0	506

We compared the ADAMHA 1987 work-force profile with its profile as of October 1983, and found that staffing had decreased by 65 from 1,479 (4.4 percent) but the number of minorities had increased from 225 to 270 (20.0 percent). The ratio of blacks in the work force increased from 12.3 to 15.7 percent during this period. The number of PHS Commissioned Corps officers had declined from 112 to 110, with minorities increasing from 3 to 6. In 1983, ADAMHA had 3 minorities of its total 37 Senior Executive Service staff, while in 1987, minority representation had increased to 5 of 39. For grade band 13-15 in 1983, of the 428 total staff, 59 were minorities (13.8 percent). In 1987, of the 416 staff in this grade band, 48 (11.5 percent) were minorities.

Minimal Recruiting Activities by ADAMHA

According to the Director of ADAMHA's Office of Equal Employment Opportunity and a Division of Personnel Management official, from fiscal year 1981 to 1987, hiring opportunities and recruiting activities were limited throughout ADAMHA. Responsibility for recruiting in ADAMHA is delegated to the Division of Personnel Management. In recent years, because of diminished recruiting activities, no staff have been designated as full-time recruiters and no budget has been allocated for recruiting activities, according to the Division of Personnel Management official. During this time, little recruiting activity occurred, except through vacancy announcement mailings.

The only recent on-site recruiting activity by this division at educational institutions involved participation in two job fairs in the Washington, D.C., area during 1987. According to the Division of Personnel Management, no data were available on the number of applicants resulting from these job fairs or how many of these individuals were eventually hired because no one tracked these applications after they were submitted.

In addition, during fiscal year 1987, a representative in the Office of Equal Employment Opportunity visited some universities and colleges with large minority enrollments that are located in the Washington, D.C., area to recruit applicants for ADAMHA. This representative also told us that the Office of Equal Employment Opportunity is currently updating its mailing list of recruitment contacts. Other recruitment-related initiatives by this office include: employment notices and advertisements, professional contacts, and general publicity about ADAMHA programs and employment opportunities.

Issues Concerning ADAMHA's Merit Promotion Program and Filling Vacancies Through Competition

During fiscal years 1985 and 1986, ADAMHA, excluding St. Elizabeths Hospital, hired 65 staff. Of these, 16 were categorized as professional positions, and all of these were nonminorities—7 men and 9 women. Of the remaining 49 positions, 9 minorities were hired—6 filled clerical positions and 3 filled technical positions.

In fiscal year 1987, ADAMHA hired 108 staff. Twenty-five were professional positions, 58 clerical, 2 technical, 21 administrative, and 2 other positions. Of these, 25 were minorities. Of the 25 minorities hired, 3 filled professional positions, 19 filled clerical positions, 1 filled a technical position, and 2 filled administrative positions.

In discussing competitive vacancy announcements and applicant data with the Affirmative Action Program Manager in the ADAMHA Office of

Appendix I
Minority Representation: Efforts of the
Alcohol, Drug Abuse, and Mental
Health Administration

for vacancies. Without compiling complete applicant data, ADAMHA officials could not have been able to determine whether there were barriers obstructing minority groups from receiving fair consideration at all steps in the competitive selection process.

ADAMHA's merit promotion plan (dated August 1982) requires qualifications review boards (QRBS)⁴ to convene for all vacancies at grade 14 and above when there are more than three qualified candidates. According to the plan, QRBS may be convened for lower grade level vacancy announcements where additional subject matter expertise for the position is needed or where peer participation in the review of applicants would be helpful. The ADAMHA Director of the Office of Equal Employment Opportunity stated that the selection of minorities and women to serve on the QRBS is encouraged; but in recent years ADAMHA has not monitored these data. He added that, in accordance with the ADAMHA merit promotion plan, the Office of Equal Employment Opportunity is usually given advance notice by the Division of Personnel Management when a QRB will meet and is invited to send a representative to observe the meeting.

We examined the documentation maintained by ADAMHA for 19 vacancy announcement packages to determine whether the provisions of the merit promotion plan were being followed. These vacancies were announced during calendar years 1986 and 1987. In 10 of the 19 announcements, a QRB should have been convened. However, files for 2 of these 10 announcements did not show that QRBS had been convened, nor were any explanations included as to why a board had not been formed to evaluate candidates. The Personnel Operations Branch Chief in ADAMHA's Division of Personnel Management told us that the decision as to whether a QRB is to be convened rests with the ADAMHA Division of Personnel Management. However, she said she did not recall the circumstances concerning these two announcements.

According to the ADAMHA merit promotion plan, normally, the minimum area of consideration⁵ for competitive vacancy announcements is ADAMHA-wide. The plan provides that smaller areas of consideration (e.g., within one of the ADAMHA components) may be established when

⁴A QRB is a group of three or more subject matter experts from ADAMHA who are appointed by the Division of Personnel Management to evaluate candidates applying for a competitive vacancy announcement.

⁵The minimum area of consideration includes the agencies, offices, and/or geographic areas within which the ADAMHA Division of Personnel Management initially announces vacancies and from which applications will be considered

Appendix I
Minority Representation: Efforts of the
Alcohol, Drug Abuse, and Mental
Health Administration

According to ADAMHA, the ADAMHA grant review process uses 20 initial review groups and national advisory committees to assess applications for scientific and technical merit. This review process is generally patterned after that used by PHS, which includes the National Institutes of Health. ADAMHA has no specific goals to have minorities and women serve on its initial review groups. ADAMHA stated it is committed to identifying and ensuring that qualified minority and women candidates are placed on its advisory committees.

ADAMHA uses peer review procedures whereby scientists and experts engaged in similar research and/or training are invited to assist and participate in the assessment of the research and training applications. These initial review group members are to assess the scientific and technical merit of individual grant applications assigned to them and participate in a collective review of each application at the group's meeting. The primary purpose of this review is to identify the applications that appear most likely to make significant contributions to knowledge in the fields of alcoholism, drug abuse, mental health, and mental illness.

The primary factors considered in the selection of initial review group members are the scientific expertise of the individuals and the need for expertise on a particular group at a given time. Within this context, special efforts are made by ADAMHA to identify qualified minority and women candidates and to achieve geographic balance to the extent possible. Initial review groups are composed almost exclusively of nonfederal employees, and no more than one person from any institution/organization may serve on a committee at the same time. In general, initial review group members are appointed for 4-year terms. No member of an ADAMHA initial review group may serve concurrently on another HHS advisory committee. Upon completion of a 4-year term on an ADAMHA initial review group, a member may not be reappointed to any HHS advisory committee within 1 year.

In addition to the 20 initial review groups and national advisory councils, ADAMHA has four advisory boards. The ADAMHA Advisory Board assesses national needs for alcoholism, alcohol abuse, drug abuse, and mental health services, and the extent to which these needs are being met by state, local, and private programs. The Institutes' boards of scientific counselors provide technical and scientific review of their respective intramural research programs.

Conclusions

Required race and sex data on applicants and the composition of QRBS were not compiled and maintained. Also, QRBS were not always convened when required by the ADAMHA merit promotion plan, and required Office of Equal Employment Opportunity waivers to limit the areas of consideration for vacancy announcements were not prepared.

ADAMHA did not develop numerical goals and timetables for hiring and competitive promotions and reassessments of minorities, as required by EEOC and HHS. PHS did not require ADAMHA to develop these goals and timetables because numerous reductions-in-force and hiring freezes had been imposed on ADAMHA from 1981 to 1987. An EEOC directive dated October 6, 1987, no longer mandates these activities.

Recommendations

To ensure that EEOC's affirmative action requirements are met and all elements of the ADAMHA merit promotion plan are implemented as required, we recommend that the Secretary of HHS direct the Administrator of ADAMHA to

- compile race and sex data to the extent possible on all who apply for competitive vacancy announcements;
- compile and maintain race and sex data on the composition of QRBS; and
- prepare documentation to show that Office of Equal Employment Opportunity representatives reviewed vacancy announcements, observed QRB meetings, and granted waivers when the minimum area of consideration for a vacancy announcement was less than ADAMHA-wide.

Agency Comments

HHS, in its written comments on our draft report, agreed in principle with our recommendation that race and sex data be compiled on persons who apply for competitive vacancy announcements. (See app. II.) HHS pointed out, however, that in 1984, the Office of Personnel Management form used to collect data from external applicants expired and since then no federal form has been developed and approved to collect such data. Therefore, ADAMHA cannot implement such a system. HHS's written comments did not mention the collection of these data for internal applicants (those employed by the Department).

We recognize that a federal form to compile race and sex data on external applicants does not exist and that the systematic collection of these data for these persons may not be possible. As discussed in our report, however, most applicants for competitive vacancy announcements are

Comments From the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

APR 13 1988

Mr. Lawrence H. Thompson
Assistant Comptroller General
U.S. General Accounting Office
Washington, D.C. 20548

Dear Mr. Thompson:

Enclosed are the Department's comments on your draft report, "Alcohol, Drug Abuse and Mental Health Administration: Minority Representation, Recruitment, and Promotions." The enclosed comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely yours,

Bryan Mitchell
For Richard P. Kusserow
Inspector General

Enclosure

Appendix II
**Comments From the Department of Health
and Human Services**

Page 2

GAO Recommendation

We recommend that the Secretary of Health and Human Services direct the Administrator of ADAMHA to:

1. --Compile race and sex data to the extent possible, on all who apply for competitive vacancy announcements.

Department Comment

We concur in principle. In 1984, the Office of Personnel Management (OPM) allowed its Form 1386 (used for collecting race, sex, and national origin data on external job applicants) to expire. Subsequently, in 1986, OPM formally cancelled the requirement to collect such data. The OPM decision to suspend the use of its Form 1386, and Office of Management and Budget (OMB) prohibition against use of an unapproved form for the collection of external applicant flow data, has precluded ADAMHA and other Federal agencies from compiling these data. Consequently, ADAMHA cannot implement a system for the collection of sex, race, and national origin data on external applicants until this issue is resolved.

GAO Recommendation

2. --Compile and maintain race and sex data on the composition of QRBs.

Department Comment

We concur. The Administrator, ADAMHA will direct the Director, Division of Personnel Management (DPM) to compile and maintain race and sex data on the composition of all qualification review boards (QRBs). Further, the Administrator will direct the Director, DPM to ensure, to the extent possible, the representation of minorities, women, and the handicapped on QRBs.

GAO Recommendation

3. --Prepare documentation to show that Office of Equal Employment Opportunity (OEOO) representatives reviewed vacancy announcements, observed QRB meetings, and granted waivers when the minimum area of consideration for a vacancy announcement was less than ADAMHA-wide.

Appendix II
Comments From the Department of Health
and Human Services

Page 4

There were four Hispanics (1 percent), which compares more unfavorably to the ACLF of 4.1 percent; and the 17 Asian/Pacific Islanders (4.1 percent), compares favorably with the ACLF of 1.5 percent. ADAMHA employed no American Indians/Alaskans in the GS 13-15 grade band; the ACLF for this group was 0.5 percent and would equate in this case to two individuals."

Now on p. 3.

--Page 5. Number 2

This sentence is inaccurate and should read "During Fiscal Years 1982-1987, the ADAMHA OEO did not establish numerical goals and timetables for hiring, competitive promotions, and reassessments of minorities. Goals and timetables were required by EEOC and DHHS, but because of RIF and hiring freezes unique to ADAMHA, they were not required of ADAMHA by PHS. The ADAMHA AAP/FEORP Plan was approved by PHS. Numerical goals and timetables were prepared by PHS, and ADAMHA falls under the PHS numerical goals. The PHS plan did meet EEOC and DHHS requirements."

Now on p. 3.

--Page 5. Number 4

Because of the expiration of the approval to use OPM Form 1386, ADAMHA did not have an approved instrument to collect external applicant flow data. This should also be noted on Appendix I, page 26, paragraph 2. Further, it is DHHS' position that race/national origin data cannot currently be collected without OMB form approval. On January 30, 1987, in a letter from the Assistant Secretary for Personnel Administration, DHHS, to the Chairman, EEOC, the Department sought guidance on the issue of the collection of external applicant flow data. The reply (March 9, 1987) from the Chairman, EEOC, agreed that OPM's failure to renew OPM Form 1386, created a difficult situation for agencies that need to track external applicant flow data. The Chairman promised that EEOC's Office of Program Operations would look for a resolution of the problem and would keep DHHS informed of its progress. No resolution has been reached.

Now on p. 4.

--Page 6. Number 5

The first sentence should read "... and make recommendations on grant policies and priorities" instead of "and set grant management policies." The second sentence should read "... 49 (12.3 percent) were minorities, which compares favorably with a

Appendix II
Comments From the Department of Health
and Human Services

Page 6

available on the number who applied and the number selected as a result of these efforts. This occurred because applications continued to be received after the fairs and on site visits were held, and it was not always possible to trace applications to these specific recruiting activities. However, it was known that at the first job fair attended, over 100 applications were received, and at least eight hires were made within several days of the fair. This job fair was targeted at clerical/secretarial personnel; therefore, all of the eight known hires were in these fields, and a majority were minority females. The visits to educational institutions were for the purpose of identifying candidates for the stay-in-school program, and at least one hire was made from this effort."

Now on p 15.

--Page 24. Paragraph 1

The first sentence is inaccurate and should be changed to read "In addition to the Division of Personnel Management special efforts and ongoing merit promotion activities during Fiscal Year 1987, a representative."

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Appendix II
Comments From the Department of Health
and Human Services

Page 5

professional CLF of 12.5 percent, and 103 (25.8 percent) were women as compared to a PCLF for women of 32.1 percent."

Now on p. 4.

--Page 6. Number 6

ADAMHA is preparing its Multi-Year 1988-1992 affirmative employment plan, and completion is expected by April 15, 1988. The accurate transmittal date for the DHHS Affirmative Employment Plan is the above date. DHHS and PHS were involved in developing a program for evaluation, prior to the development of planning documents as called for by EEOC Instruction MD 714. This development was taking place while the GAO study of ADAMHA was being conducted. Since a number of guidance and technical assistance meetings were held between DHHS and PHS, we believe it is incorrect to state that as of February 1988 DHHS and PHS had not provided specific directions on ADAMHA's Fiscal Year 1988 AAP.

Now on p. 8.

--Page 11. Paragraph 2

The first sentence does not make reference to the Office for Substance Abuse Prevention (OSAP) and should be changed to read, "ADAMHA includes: The National Institute of Mental Health; National Institute on Alcohol Abuse, and Alcoholism; National Institute on Drug Abuse; and Office for Substance Abuse Prevention."

The description of ADAMHA's responsibilities should be revised to read as follows: (These comments also apply to Appendix I, page 30, paragraph 1).

- conducts and supports biological, psychological and behavioral research;
- supports research and clinical training;
- administers the Alcohol, Drug Abuse and Mental Health Services Block Grant Program;

Now on p. 15.

--Page 23. Paragraph 2

Substitute the following in place of the second paragraph appearing on page 23 of the draft report: "The only recent on site recruiting activity by this Division involved participation in two job fairs in Washington, D.C., and two visits to local educational institutions during 1987. According to the ADAMHA Division of Personnel Management, exact data were not

Appendix II
Comments From the Department of Health
and Human Services

Page 3

Department Comment

We concur. ADAMHA has already begun documentation of the presence of OEO observers on QREBs. The Administrator, ADAMHA has instructed the Agency's OEO and DPM Directors to develop and implement a plan by May 1988, to assure that OEO will review all vacancy announcements, and concur or nonconcur in the granting of waivers, when the minimum area of consideration for a vacancy announcement is less than ADAMHA-wide.

Technical Comments

Now on p. 2.

--Page 4. Paragraph 1

In the report, ADAMHA's work force in the GS 13-15 grade band is compared to the National Civilian Labor Force (NCLF) data. This is an invalid comparison because employees in that grade band are either professional or administrative personnel. The employees should be more properly compared to the National Professional or National Administrative Civilian Labor Force data (PCLF or ACLF). This change should also be made in the second paragraph of Appendix I.

This section contains a number of problems and should be changed to read: "1. As of September 1987, ADAMHA employed 1,414 individuals. Of these, 270 were minorities (19.1 percent). Of the 39 Senior Executive Service Staff members in ADAMHA, five were minorities; four Blacks (10 percent), and one Hispanic (2.5 percent). For Blacks, this compares favorably with the Professional Civilian Labor Force (PCLF) of 5.12 percent. Hispanics, however, are underrepresented when compared to their PCLF figure of 3.3 percent. Of the 110 PHS Commissioned Corps staff on ADAMHA's rolls (who are not covered by Title VII of the Civil Rights Act), six (5.8 percent) were minorities, as compared to a PCLF for all minorities of 12.5 percent. GS grade band 13-15 is also recognized as part of the management level in ADAMHA. These are primarily administrative staff, and of the total 416 staff in these grades, 48 (11.5 percent) were minorities as compared to an Administrative Civilian Labor Force (ACLF) of 13 percent. Of these, 27 were Blacks (6.5 percent) which compares favorably to the ACLF of 6.8 percent.

Appendix II
**Comments From the Department of Health
and Human Services**

**COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON
THE GENERAL ACCOUNTING OFFICE (GAO) DRAFT REPORT. "ALCOHOL,
DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION: MINORITY
REPRESENTATION, RECRUITMENT, AND PROMOTIONS".
REPORT NO. HRD 88-49, DATED FEBRUARY 25, 1988**

General Comments

We are generally pleased with the thoroughness of the review and presentation of the information on the Alcohol, Drug Abuse and Mental Health Administration's (ADAMHA) Affirmative Action Program. There are, however, a few observations for GAO's consideration in the preparation of the final report.

ADAMHA receives its instructions and guidance on Affirmative Action Program and Federal Equal Opportunity Recruitment Program (AAP/FEORP) plan development and implementation from the Public Health Service (PHS), which is one of the operating components of the Department of Health and Human Services, (DHHS). ADAMHA followed the PHS instructions, and the ADAMHA plan was approved by PHS. The PHS instructions and guidance were consistent with the Department's interpretation and application of the Equal Employment Opportunity Commission (EEOC) management directive for developing affirmative action plans.

PHS required ADAMHA to consider setting priority recruiting targets when underrepresentation existed and this was done. PHS did not require numerical goals and timetables of ADAMHA because of Reductions in Force (RIF) and hiring freezes unique to ADAMHA. However, the PHS AAP did meet the Department and EEOC requirements.

The draft report speaks to the lack of hiring opportunities for the period 1981 to 1987 but does not address the three RIF that occurred during this period. In the RIF period of 1981, approximately 441 positions were lost. In 1983, Saint Elizabeths Hospital (SEH) lost 358 positions, and another 3,200 when SEH was transferred to the District of Columbia government in 1987. In addition, numerous hiring freezes were imposed during this period. Consequently, PHS decided not to require numerical hiring goals and timetables of ADAMHA since the employment situation was such that no meaningful numerical goals could be established. We also note that EEOC no longer mandates numerical goals.

Notwithstanding all of these developments, ADAMHA's goal was and is the elimination of underrepresentation of minorities, women and the handicapped in our work force. The draft report shows that despite the RIF and hiring freezes, ADAMHA made excellent progress during the 1982-1987 period covered by its AAP.

Appendix I
Minority Representation: Efforts of the
Alcohol, Drug Abuse, and Mental
Health Administration

already employed in HHS and race and sex data on these internal applicants are available and could be compiled and analyzed by ADAMHA.

HHS concurred with the recommendations to (1) compile and maintain race and sex data on the composition of QRBS and (2) prepare documentation to show that Office of Equal Employment Opportunity representatives reviewed vacancy announcements, observed QRB meetings, and granted waivers when the minimum area of consideration for a vacancy announcement was less than ADAMHA-wide. Furthermore, HHS specified its plans and actions to implement these recommendations.

Appendix I
Minority Representation: Efforts of the
Alcohol, Drug Abuse, and Mental
Health Administration

As shown in table I.2, of the 385 advisory committee members serving in ADAMHA as of December 1987, 43 (11.3 percent) were minorities and 87 (22.6 percent) were women. Of the 87 women, 9 were minorities.

Table I.2: Minorities and Women Serving on ADAMHA Advisory Committees (As of December 1987)

Components	Blacks		Hispanics		Asians/Pacific Islanders		American Indians/ Alaskans		Nonminorities		Totals	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
NIAAA ^a	2	1	3	0	0	2	0	0	47	6	52	9
NIDA ^b	4	1	0	0	4	2	0	0	45	12	53	15
NIMH ^c	5	2	6	0	7	1	0	0	167	53	185	56
ADAMHA Advisory Board	2	0	1	0	0	0	0	0	5	7	8	7
Subtotals	13	4	10	0	11	5	0	0	264	78	298	87
Total	17		10		16		0		342		385	
(percent)		(4.4)		(2.6)		(4.2)		(0)		(88.8)		(100.0)

^aNational Institute on Alcohol Abuse and Alcoholism

^bNational Institute on Drug Abuse

^cNational Institute of Mental Health

The percentage of minorities serving on ADAMHA's advisory committees has decreased by about 6 percent since December 1983, when 67 of the total 384 advisory committee members were minorities. Since then, the number of minorities from all minority groups decreased. The decrease in the number of blacks serving on the committees has been especially significant in that 27 were serving in 1983, but only 17 were serving as of December 1987. An ADAMHA representative said that ADAMHA continues its efforts to increase and appropriately place qualified minority group members on its advisory committees.

Fiscal Year 1988 Affirmative Action Planning

The original multiyear affirmative action plan for ADAMHA covering fiscal years 1982-87 expired September 30, 1987. EEOC issued a directive to federal agencies in October 1987 instructing them to submit, on a staggered basis, multiyear plans and requirements beginning February 15, 1988. In a subsequent EEOC guidance document dated January 21, 1988, HHS was directed to submit its plan on April 15, 1988. Officials in the Office of Equal Employment Opportunity in ADAMHA and PHS had started to develop their fiscal year 1988 affirmative action plans, but we did not have the opportunity to review them.

six or more qualified employees are identified in the smaller area and minorities, women, and handicapped persons are among the potential, eligible applicants in the component with the vacancy. The plan provides that in exceptional cases an Office of Equal Employment Opportunity representative may waive the requirement that qualified minorities and women be included in the smaller area of consideration. According to an ADAMHA Office of Equal Employment Opportunity representative in these cases, justification and documentation are to be included in the merit promotion record.

Of the 19 vacancy announcement packages that we examined, the minimum areas of consideration were as follows:

- 9, governmentwide;
- 3, PHS-wide;
- 2, ADAMHA-wide; and
- 5, National Institute of Mental Health headquarters only.

A representative from the ADAMHA Division of Personnel Management told us that the area of consideration for a given vacancy announcement may be less than ADAMHA-wide because of staff ceilings which are imposed and monitored by the PHS and ADAMHA budget offices. As stated in the ADAMHA merit promotion plan, the ADAMHA Office of Equal Employment Opportunity is to prepare a written waiver when a vacancy announcement's area of consideration is less than ADAMHA-wide. During our review of the files of the five vacancy announcements issued with an area of consideration for National Institute of Mental Health headquarters only, we saw no written waivers from an ADAMHA equal opportunity specialist.

In our review of the files we also noted that documentation was not always prepared to show that Office of Equal Employment Opportunity representatives reviewed vacancy announcements and/or observed QRB meetings.

Representation of Minorities on ADAMHA's Advisory Committees

ADAMHA carries out its responsibilities through a variety of grant programs, cooperative agreements, and contracts. These responsibilities include: (1) conducting and supporting biological, psychological, and behavioral research; (2) supporting research and clinical training; and (3) administering the Alcohol, Drug Abuse, and Mental Health Services Block Grant Program.

Appendix I
Minority Representation: Efforts of the
Alcohol, Drug Abuse, and Mental
Health Administration

Equal Employment Opportunity, we were informed that no data on the race and sex of applicants are developed by this office. Furthermore, such data are not developed on applicants who make the best qualified list (those with the highest scores) from which selecting officials select persons to fill vacancies. The Director of ADAMHA's Office of Equal Employment Opportunity said that the only race and sex data collected are for those selected to fill vacancies.

According to the Personnel Operations Branch Chief in ADAMHA's Division of Personnel Management, most applicants for competitive vacancies were employed by HHS, and their race and sex were a matter of record, available for compilation and analysis.

EEOC Management Directive 707, effective January 1981, provided that the collection of applicant flow data is critical in identifying barriers to full employment of underrepresented groups and monitoring the effectiveness of internal and external recruitment efforts. The EEOC directive required the collection of these data at each stage of the selection process. The collection of these data is also required by the Uniform Guidelines on Employee Selection Procedures, which became effective on September 25, 1978. These guidelines provide systematic procedures to identify employment practices that indicate disparate impact in regard to race, sex, or ethnic origin.

HHS requires the collection of applicant flow data. HHS Circular 1608-1/720-2, dated March 29, 1982, stated that its agencies—such as PHS and ADAMHA—should begin to collect applicant flow data in fiscal year 1982, in anticipation that detailed analyses would be required in later years. HHS Circular 1608-2/720-3, of November 26, 1984, directed its agencies to develop systems for analyzing applicant data. The federal form to collect such data from external applicants expired in 1984; however, the absence of a form does not preclude HHS and its components from compiling this information for internal applicants (those already employed by the Department) because the data are available and could be compiled and analyzed.

Without compiling and analyzing these data, ADAMHA officials could not have been able to determine whether underrepresented minority group members were applying for vacancies at rates comparable to their numbers in the work force. Also officials could not have known whether the rates and numbers of minorities who made the best qualified lists were commensurate with the rates and numbers of those qualified to apply

ADAMHA Did Not Establish Numerical Goals for Hiring, Promoting, and Reassigning Minorities

According to EEOC Management Directive 707, which was in effect when ADAMHA's multiyear Affirmative Action Plan was approved, numerical goals and timetables for hiring, promotions, and reassessments are key elements of an affirmative action plan because they reflect management's commitment to overcoming underrepresentation while providing measurable objectives for managers to aim toward when recruiting, hiring, and promoting staff. Effective October 1987, a new directive (EEOC Management Directive 714) was issued stating that "Agencies may establish numerical objectives (goals) for each job category or major occupation where there is a manifest imbalance or conspicuous absence of EEO groups in the work force." The terms "manifest imbalance" and "conspicuous absence" were generally defined by EEOC in this directive, but not in numerical terms.

EEOC Management Directive 707 stated that goals are not rigid quotas, but flexible numerical targets intended to remedy historical underrepresentation. Under this directive, EEOC required numerical goals in agencies and departments for each underrepresented occupation or employment category with 100 or more positions. In a December 9, 1983, memorandum from the Assistant Secretary for Personnel Administration, HHS informed all subordinate agencies that such goals were required beginning in fiscal year 1984. The ADAMHA multiyear affirmative action plan approved in September 1982 for fiscal years 1982-86 did not include numerical goals and timetables. ADAMHA's update plans and accomplishment reports dated October 1983 and January 1985 also did not include numerical goals and timetables, even though HHS required them.

The Director of ADAMHA's Office of Equal Employment Opportunity told us that PHS's Office of Equal Employment Opportunity did not direct ADAMHA to prepare numerical goals and timetables. As a result, the ADAMHA Office of Equal Employment Opportunity did not establish numerical goals and timetables for hiring, promotions, or reassessments, nor did it require them from the ADAMHA components.

In its written comments on our draft report, HHS confirmed that numerical goals and timetables had been required of PHS in developing its affirmative action plan. HHS commented, however, that PHS did not require them of ADAMHA because of three reductions in force and numerous hiring freezes imposed on ADAMHA from 1981 to 1987.

Appendix I
Minority Representation: Efforts of the
Alcohol, Drug Abuse, and Mental
Health Administration

Of the 110 PHS Commissioned Corps staff on ADAMHA's rolls, 6 were minorities (5.5 percent). The PCLF for all minorities was 12.5 percent. According to these officials, the PHS Commissioned Corps includes relatively few minorities and, consequently, ADAMHA has had few opportunities to select minorities from among the Commissioned Corps officers applying for ADAMHA vacancies. As discussed on page 16, however, ADAMHA does not keep track of the race and sex of applicants for vacancy announcements, so documentation of these data was not available. As of September 1987, of the total 2,563 Commissioned Corps officers in PHS, excluding those in the Indian Health Service, 284 (11.1 percent) were minorities, according to a PHS Office of Equal Employment Opportunity representative.

Those in grades 13-15 of the general schedule are also recognized as being part of the management level in ADAMHA. According to HHS, these are primarily administrative staff. Of the total 416 staff in these grades in ADAMHA as of September 1987, 48 were minorities (11.5 percent), including 27 blacks (6.5 percent), 4 Hispanics (1 percent), and 17 Asians/Pacific Islanders (4.1 percent). The national Administrative Civilian Labor Force (ACLF) rate for all minorities is 13 percent. The rates for blacks and Hispanics in the national ACLF were 6.8 percent and 4.1 percent, respectively.³ The 4.1 percent rate for Asians/Pacific Islanders, however, was higher than the national ACLF rate of 1.5 percent. ADAMHA employed no American Indians/Alaskans in the grade band 13-15; the national ACLF for this minority group was 0.5 percent, which in this case equates to two persons. (See table I.1 for details.)

³The national ACLF rates are used for these positions because vacancy announcements are generally advertised nationwide to elicit applications. These rates are based on updated 1980 census data.

Federal Affirmative Action Programs

Federal government affirmative action programs are intended to overcome the lingering effects of historical discrimination evidenced by the underrepresentation of minorities in specific agencies, regions, positions, and grade levels. In 1972, the Congress amended the Civil Rights Act of 1964 to require federal agencies to maintain affirmative action programs that would ensure implementation of EEO policies. The act further requires agencies to develop and implement affirmative action programs to carry out this policy. On January 2, 1979, in accordance with Reorganization Plan No. 1 of 1978, responsibility for overseeing federal EEO efforts was transferred from the Civil Service Commission, now the Office of Personnel Management, to EEOC. This made EEOC the principal agency in fair employment enforcement. EEOC provides affirmative action guidance, monitors the hiring and promotion of minorities, and oversees the governmentwide discrimination complaint process.

Federal agencies, such as HHS, are required by law, executive order, and regulation to design and implement affirmative action programs. EEOC directed HHS to develop a 5-year affirmative action plan covering fiscal years 1982-86 and to establish both long-term and annual hiring goals. The hiring goals would be maintained over the 5-year plan cycle in order to eliminate underrepresentation for each minority group. Annually, EEOC required HHS to provide an updated plan and accomplishment report.

In June 1986, EEOC directed federal agencies to extend their 5-year affirmative action plans and otherwise continue their related efforts through September 30, 1987, according to the ADAMHA Director of the Office of Equal Employment Opportunity. On October 6, 1987, EEOC issued a directive, which included instructions for agencies to develop and submit a federal affirmative employment multiyear program plan, annual accomplishment reports, and annual plan updates for fiscal years 1988 to 1992. This directive superseded earlier EEOC directives dealing with affirmative action planning and reporting and instructed agencies to begin submitting their multiyear plans and requirements on a staggered basis to EEOC on February 15, 1988. Additional guidance and a sample plan were furnished by EEOC to federal agencies in January 1988. At that time HHS was directed to submit its multiyear plan on April 15, 1988.

According to an HHS official responsible for the Department's affirmative action plan, the basic requirements and responsibilities of HHS's components will not change much as a result of the new EEOC guidance.

Minority Representation: Efforts of the Alcohol, Drug Abuse, and Mental Health Administration

Introduction

In a May 20, 1987, letter, Senator Daniel K. Inouye raised concerns about the affirmative action efforts of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), a component of the Public Health Service (PHS) of the Department of Health and Human Services (HHS), and whether ADAMHA was fully complying with federal government equal employment opportunity (EEO) requirements.

ADAMHA includes the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the Office for Substance Abuse Prevention. ADAMHA provides leadership, policies, and goals for federal efforts designed to assure the treatment and rehabilitation of persons with alcohol, drug abuse, and mental health problems and to prevent such problems. In carrying out these responsibilities, among other things, ADAMHA

- conducts and supports biological, psychological, and behavioral research;
- supports research and clinical training; and
- administers the Alcohol, Drug Abuse, and Mental Health Services Block Grant Program.

Objectives, Scope, and Methodology

Based on discussions with the Senator's office, we agreed to develop information on ADAMHA's

- representation of minorities in its work force, especially at the management and policymaking levels;
- numerical goals and timetables for hiring, promoting, and reassigning minorities to fill vacancies at the management and policymaking levels;
- recruitment strategies and activities to increase the representation of minorities through competitive vacancy announcements;¹
- merit promotion plan and whether the plan's provisions were followed;
- representation of minorities and women on its grant review committees (committee members are chosen from among qualified persons outside ADAMHA from both the private and public sectors); and
- plans and actions concerning the preparation of its fiscal year 1988 affirmative action plan.

¹ According to Equal Employment Opportunity Commission (EEOC) guidance, underrepresentation exists if a specific minority group's rate of employment in federal agency's work force is less than the group's rate of availability in the civilian labor force, i.e., all white- and blue-collar employees and persons seeking employment. EEOC's white-collar civilian labor force data have been differentiated into five categories to match the federal job categories—professional, administrative, technical, clerical, and other. In this report the professional civilian labor force and administrative civilian labor force data are cited.

Contents

Letter	1
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Appendix I	8
Minority Representation:	8
Efforts of the Alcohol, Drug Abuse, and Mental Health Administration	10
Introduction	8
Objectives, Scope, and Methodology	8
Federal Affirmative Action Programs	10
Representation of Minorities at the Management Level in ADAMHA	11
ADAMHA Did Not Establish Numerical Goals for Hiring, Promoting, and Reassigning Minorities	14
Minimal Recruiting Activities by ADAMHA	15
Issues Concerning ADAMHA's Merit Promotion Program and Filling Vacancies Through Competition	15
Representation of Minorities on ADAMHA's Advisory Committees	18
Fiscal Year 1988 Affirmative Action Planning	20
Conclusions	21
Recommendations	21
Agency Comments	21
<hr/>	
Appendix II	23
Comments From the Department of Health and Human Services	
<hr/>	
Table	
Table I.1: ADAMHA Work-Force Profile at the Management Level, Excluding St. Elizabeths Hospital (As of September 1987)	13
Table I.2: Minorities and Women Serving on ADAMHA Advisory Committees (As of December 1987)	20

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5. With respect to the representation of women and minorities on grant review committees, as of December 1987, ADAMHA had 20 initial review groups and advisory committees to assess grant applications for scientific and technical merit. Four advisory boards were also active in ADAMHA at that time. Although ADAMHA had no numerical goals for minorities and women, of the total 385 advisory committee members at that time, 43 (11.3 percent) were minorities and 87 (22.6 percent) were women.
6. On January 21, 1988, EEOC issued a directive requiring HHS to submit its fiscal years 1988-92 affirmative action plan by April 15, 1988. Subsequently HHS instructed its components to develop their plans, which will be integrated into the department's overall plan.

Recommendations

We recommend that the Secretary of HHS direct the Administrator of ADAMHA to:

- compile race and sex data to the extent possible on all who apply for competitive vacancy announcements;
- compile and maintain race and sex data on the composition of QRBS; and
- prepare documentation to show that Office of Equal Employment Opportunity representatives reviewed vacancy announcements, observed QRB meetings, and granted waivers when the minimum area of consideration for a vacancy was less than ADAMHA-wide.

Agency Comments

HHS, in its written comments on our draft report (see app. II), agreed in principle with our recommendation that race and sex data be compiled on persons who apply for competitive vacancy announcements. HHS pointed out, however, that in 1984, the Office of Personnel Management form used to collect data from external applicants expired and since then no federal form has been developed and approved to collect such data. Therefore, ADAMHA cannot implement such a system. HHS's written comments did not mention the collection of these data for internal applicants (those employed by the Department).

We recognize that a federal form to compile race and sex data on external applicants does not exist and that the systematic collection of these data for these persons may not be possible. As discussed in our report, however, most applicants for competitive vacancy announcements are already employed in HHS, and race and sex data on these internal applicants are available and could be compiled and analyzed by ADAMHA.

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- plans and actions concerning the preparation of its fiscal year 1988 affirmative action plan.

Our information on ADAMHA was obtained primarily from reports and documents prepared by ADAMHA's Office of Equal Employment Opportunity and Division of Personnel Management and the Office of Equal Employment Opportunity in PHS. We discussed the data and information we obtained with responsible officials in these offices. We also discussed with them ADAMHA's plans and actions concerning its fiscal year 1988 affirmative action plan. We used information included in previously issued GAO reports dealing with equal employment opportunity issues.

To obtain information on federal affirmative action planning for fiscal year 1988, we contacted an official in the Office of Federal Sector Programs in EEOC and reviewed pertinent directives issued to federal agencies, including HHS, PHS, and ADAMHA.

Our findings relating to these issues in ADAMHA are summarized below and discussed in more detail in appendix I.

Principal Findings

In summary we found that ADAMHA was not in total compliance with EEOC affirmative action requirements and with some elements of the ADAMHA merit promotion plan, and we are making recommendations to the Secretary of HHS to correct these deficiencies (see p. 4). In answer to your specific questions we found that:

1. As of September 1987, ADAMHA employed 1,414 individuals; 270 were minorities (19.1 percent).² The extent of minority representation in higher level positions varied among the groups of minorities and types of positions. Of the 39 Senior Executive Service staff members holding positions in ADAMHA, 5 were minorities—4 blacks (10.3 percent) and 1 Hispanic (2.6 percent). The Professional Civilian Labor Force (PCLF) percentage for blacks was 5.1 percent and for Hispanics, 3.3 percent. Also, of 110 PHS Commissioned Corps staff³ on ADAMHA's rolls, 6 were minorities (5.5 percent). The PCLF for all minorities was 12.5 percent. Grade band 13-15 is also recognized as part of the management level in

²In meetings with your office we agreed to exclude St. Elizabeths Hospital—a part of the National Institute of Mental Health—from this review because as of October 1, 1987, responsibility for operating the hospital was transferred to the District of Columbia.

³The PHS Commissioned Corps staff is composed of health professionals who are assigned throughout PHS depending on the need for staff

