

FOIA MARKER

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Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Patsy Fleming
Subseries: National AIDS Strategy

OA/ID Number: 10182
FolderID:

Folder Title:
Measurable Goals

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	9	3

[407] From: Andrew Barrer 7/7/94 1:02PM (765 bytes: 16 ln)

To mailing list: #ONAPC-LEAD

Subject: July 11 Policy meeting

GUS

----- Message Contents -----

The policy meeting will focus on a couple issues:

- 1) 1994 Skills Building Conference. What are we as an office preparing? Should we submit a workshop proposal?
- 2) The Leads turned into Gus a list of 90 day goals about a month ago. Please dig these up and give status reports on your policy area goals for this quarter.

GUS---please get a copy of everyone's goals to KG for the meeting.

Carlos----since I will not be able to attend the meeting Monday, could you please be the facilitator for it?

Author: Andrew Barrer
Date: 06/03/94 04:56 PM
Priority: Normal
TO: Carlos Velez ✓
TO: Frances Page ✓
TO: Timothy Fox ✓
TO: Terry Beswick ✓
TO: Paul Tran ✓
CC: John Gurrola ✓
CC: Gus Ventura ✓
TO: George Walter ✓
TO: Robert Moran ✓
TO: Nancy Hazleton ✓
Subject: measureable goals

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Please e-mail your ideas in rank order, to Gus by 3:00 PM on Monday, June 6 so that they can be reviewed by KG. Gus will put them together into one document so that KG can rank them in total.

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Date: 06/09/94 09:33 AM
Priority: Normal
TO: Gus Ventura
TO: Mail List - #ONAPC-LEAD
TO: Mail List - #ONAP-PREVENTION
Subject: Re[2]: measureable goals

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Author: Gus Ventura at ~ONAPC
Date: 6/8/94 6:50 PM

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Author: Robert Moran at ~ONAPC
Date: 06/09/94 08:21 AM
Priority: Normal
TO: Timothy Fox
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TO: George Walter
CC: Kristine Gebbie
CC: Andrew Barrer
CC: John Gurrola
CC: Terry Beswick
CC: Nancy Hazleton
TO: Gus Ventura
Subject: Re[2]: Measurable Goals

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Gus, what would you have me say? Given the message, my objective for the next 90 days is to find meaningful work.

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Subject: RE: Measurable Goals
Author: Gus Ventura at ~ONAPC
Date: 06/08/94 09:16 PM

I had hoped to get some input from you by close of business tonight, but have not. Please get me your inputs first thing tomorrow morning, (June 9th).

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January 11, 1994

TO: Office of National AIDS Policy Employees

FROM: Claudia Bingham 
Organizational Consultant

RE: Results of Operational Assessment Questionnaire

Thanks to all of you who responded to my survey questions in writing or through the interview process. Attached is a list of each question and a compiled summary of your responses to each question. I enjoyed getting to know each of you better through this process and have tried to make recommendations in my systems analysis report that incorporate and reflect some of the suggestions and concerns obtained through this survey process.

I have truly enjoyed working with each one of you and hope that our paths cross again in the future. Thank you for working so cooperatively with me -- I believe we made some progress!

cb
Attachment

Operational Assessment Questionnaire Results
Office of National AIDS Policy

1) Describe your position (duties, function, responsibilities, goals). What are your most important duties and why?

In addition to receiving specific information about people's job duties, this question elicited responses that indicated that many staff feel that they are spending too much time meeting the daily mechanical functions of the office that takes time away from accomplishing more substantial, higher priority work goals. Particularly the responsibility for drafting responses to correspondence for OASH, as well for the Coordinator's signature, was mentioned as an area where the volume is inordinately high.

Some report that they are being asked to respond to some letters that are informational only and do not require a response from ONAP. Others report spending from one quarter to half of their time answering routine correspondence at the expense of working on research, prevention, and services agendas. They believe that work that is crucial to accomplishing the mission of the agency may not be completed in a timely manner as a result. Also, observations were made that some employees cannot find enough hours to keep up with this work load.

The suggestion was made that all correspondence be triaged by key staff to determine whether a response is really needed and whether ONAP is the appropriate agency to respond, and if not, to redirect it to the appropriate agency. It was also suggested that standardized responses be drafted and interns trained to answer routine correspondence, rather than using the most expensive staff in the office to spend so much time on this activity.

Several staff also commented on the importance of strengthening their external liaison roles with other Federal agencies and outside groups. They feel that this is crucial and serves as a critical conduit for transmitting policy decisions to other constituencies. It is critical for outside groups to feel that their interests can be articulated through a central point. Some staff reported that they are developing these relationships.

2) What decisions do you usually make in your job?

Many employees feel that clear decisions are not being made and that deadlines for some assignments are not prioritized according to true level of importance; everything seems to get the same attention. They perceive that some assignments are not important enough to compete with other issues. Some staff feel they must spend time on low priority work. They perceive that too much time is spent meeting daily mechanical functions.

Other employees do not understand if decision-making has been delegated to them. They need to know what the Coordinator's position is on key issues and what their level of authority is to speak for her. Some report a perception that other staff members are expressing personal opinions as if it were policy because of the lack of clarity about what the true policies are.

The decisions people make related to prioritizing their work are complicated by the duality of the White House and Public Health Service roles and the feeling that they are serving two masters. People are sensing the ambiguity of these roles and are trying to be responsive to both, but there is sometimes confusion about decision-making when there are deadlines from both entities. Decisions about priorities must be made in order to increase effectiveness.

3) What information do you need to make those decisions? When is it obtained? How do you receive the information? How much time does the process take? What is the quality level of the information?

One of the key pieces of information that employees reported needing is the Coordinator's position on policy issues and they need to know if decision-making authority has been delegated to them. They need this information so they can accurately reflect the office policies with having to be corrected or redirected.

Types of written information that employees reported needing and using are the AIDS Daily Summary, BBS information, cables, information from outside agencies and groups, AIDS newspaper clippings, PHS materials, and Department regulations. Additional publications that were identified as publications the agency should subscribe to were the Bay Area Reporter (San Francisco), The Blade (Washington, DC), and a New York paper -- All Gay.

Some staff expressed a need to know what their co-workers are doing and saying related to policy and planning. They suggested that a mechanism be developed to ensure that staff report back (e.g. via e-mail) after meetings and trips on key issues or results of the activity.

An example given of where this was lacking was an ASTHO meeting that was held where no prior information was shared with staff about the purpose of the meeting or even that it was occurring, and no feedback was given to staff after the meeting about what was accomplished.

Some also expressed a need for developing better mechanisms for communicating internal information to staff (i.e. more frequent and informative staff meetings). Some feel that the cluster structure, the geographic separation of the two offices, and the

lack of a permanent deputy are making it difficult to get internal information communicated efficiently and effectively.

Again, many staff expressed a need for information about how to know which hat to wear if OASH asks for comment on an issue. The ONAP is being asked to provide a separate channel of information to the White House that does not go through OASH. In this case, the concern about which hat to wear relates specifically to how to handle correspondence. Staff are asking, "If OASH asks for comment, do we represent the posture of the WH or PHS?"

Some feel that the interests of both can best be served by having a written plan of action that both parties agree upon, and that we should be building a positive relationship with OASH and finding out how we can advocate for them and be their allies.

4) What information linkages, processes and activities currently work well? What would you change and why?

Employees responded that information linkages that work well are one-to-one meetings, e-mail communications (although we need to be careful not to overload on trivial messages), and the daily AIDS Summary (invaluable). People would rather get too much information rather than too little, but there also seems to be a fear of throwing things away. One noted that scanning the Internet is time consuming.

To help reduce overload of e-mail messages that may not pertain to everyone, the Information Management Specialist established the following e-mail groups. It will facilitate communications going to key people that need specific information and help avoid information overload on e-mail if everyone will utilize these groups whenever the message does not need to go to everyone in the office. Employees are particularly urged to use the ONAPC Call List for notifying people when they will be out of the office; some are still notifying the ONAPC group.

ONAPC	All employees.
ONAPC Lead	All 750 Staff except Secretary; Cluster Leads; Acting Deputy; Support Operations Group Chief.
ONAPC Support	All support staff.
ONAPC 750	All employees at 750 location.
ONAPC Humphrey	All employees at 200 location.
ONAPC Support	Management and Support Group members.
ONAPC Prevention	Prevention Cluster members.
ONAPC Services	Services Cluster members.
ONAPC Research	Research Cluster members.
ONAPC Planning	Planning and Information Cluster members.
ONAPC Health Care Reform	Staff working on Health Reform issues.
ONAPC Call	Support Staff who answer phones.

Information that people reported they are not getting is feedback from other staff when they return from trips or meetings with key information that would keep staff current. Some feel that the extent to which co-workers are involved in information sharing of this type is a measure of their success. Also lacking is general information sharing that would help those answering phone calls be more effective.

It was suggested that a mechanism be established for including the appropriate people in meetings. For example, the scheduler could automatically invite the appropriate cluster leader to attend meetings with the Coordinator when she meets with others about issues related to their cluster area.

5) Do you get all the information you need? What is missing?

The results of the survey revealed that some employees do not know what information is missing and others do not feel they are getting all the information they need to do their jobs. Some perceive that internal information is not shared, or is filtered or delayed, sometimes as long as a month, rather than communicated in a timely manner. This interferes with employees' ability to perform their job functions in a timely manner. Others report that budget information and priorities are not clearly understood. There seems to be funding for computer hardware and software, but no training funds. Some would like to see better information on how budget priorities are established.

6) What unnecessary, low value information do you receive? From whom? How do you receive it? Why do you receive it? What do you do with it?

Employees report that some information goes to everyone and some never gets to the right people. Some staff report that they receive too much low level, unnecessary information and do not receive enough information related to the internal decisions, office management, and career development. Specific examples of unnecessary information received included party notices, staff directories from other agencies, and civil service retirement information.

7) What other kinds of information do you usually receive? When do you usually receive it? How do you receive it? What is the quality level? What do you do with it? What would you change?

Other kinds of information are received through avenues such as word of mouth, small meetings, community organizations, political networks, regulations, legislation, and programmatic information. Some report using the informal system as well.

8) What is the process for determining how your training needs are met? For what purpose are you receiving training? Is there a training plan that is adhered to? Are there areas where training is lacking? What would you change? Why? How?

Employees report that the types of training taken in the past have included skills building, career enhancing, and professional certification, although professional training is infrequent. Those interviewed report that training plans are not currently developed or followed through consistently and that training for specific subjects (e.g. software) is not provided on an ongoing regular basis. The area most often mentioned as lacking in training was computer training. Many feel that they have a very sophisticated computer system that they don't know how to use.

Others report that when computer training is held, people sign up and then don't show up for the training. It is recommended that when computer training is provided that management support and encourage this training, possibly making it mandatory if necessary.

Due to recent budget cuts employees were told they could only attend one training class per year, but it is not clear how that equates to dollars. It is troublesome to some employees that if they choose to take a \$75 computer class, that this will not equate with a \$3500 course that others have taken in the past for career development purposes. There is concern that some may be allowed to attend more expensive classes than others and that the process for making that decision be a fair one.

There is a perception that in the past, training funds have been available sporadically and only after extensive negotiations. It appeared that training was used as a reward rather than being part of a plan that was developed between employees and their supervisors. There is a feeling that there was unequal treatment in this area. Employees would like to see more planning and support in this area. More attention needs to be given to identifying the expertise and strengths of staff and capitalizing on it; then providing training to support weak areas.

9) What are the major strengths, weaknesses, opportunities, and risks within your area of responsibility and/or participation? What would you like to change? Why? How?

Some employees commented that they feel they will better be able to answer this question once a strategic plan for the organization is instituted. Some enjoy the autonomy they currently have to do their jobs. Others would like a closer relationship with the Coordinator in order to translate her and the Administration's policies more effectively.

10) What are the major strengths, weaknesses, opportunities, and risks within the organization? What would you like to change? Why? How?

Some feel that a major strength is that the Administration sees AIDS as a priority and that bringing new people into the organization is bringing in fresh ideas. However, others would like the new people to share the professional work load more. Most staff believe that the major weakness is the lack of an internal and external plan. Many feel that it is difficult to develop roles with the lack of a definitive mission statement and organizational chart. This is overwhelmingly seen as the most critical internal issue to address.

Additionally, some do not believe the cluster concept is working. They want a more defined hierarchy. Some people handle ambiguity better than others. Many are feeling displaced and not valued. Others note that there is no measurement system for the product. Some believe that what doesn't work well in general is that staff are not working on measurable goals.

Another weakness mentioned is the lack of women (particularly black women) in key positions of authority in the organization. It is perceived by some that the profile of the staff is important to the external image of the agency and that the characteristics of the office do not accurately reflect the emerging populations that have been diagnosed with AIDS.

11) What are the most significant issues currently facing your area of responsibility? How will these issues be address?

Critical issues mentioned included health care reform, research grants, budget, the need for the Coordinator and others to build a political base, the Administration's decreased emphasis on foreign policy and national security, and restrictions on travel.

12) What are the most significant issues currently facing the organization? How will these issues be addressed/resolved?

The most critical issues identified were the need to build a political base and to have an internal plan/strategy. The survey revealed that the most critical internal issues are the reorganization from a hybrid organization -- staff would like the Coordinator to articulate her vision of how staff can assist her with the process of serving the interests of the White House and Public Health Service; clarification on chain of command and reporting relationships; and budget clarification -- how much money do we have and for what?

13) How can the organization best serve the interests of the White House and the Public Health Service?

Suggestions included clarifying roles and having a written plan of action that both parties can agree upon. It was also suggested that a core group be created consisting of the Deputy, prevention lead, research lead, and services lead to develop stronger inter-relationship between OASH and ONAP. The group could hold weekly meetings with core OASH representatives, to discuss commonalities between offices, common legislative and other goals, share information about Presidential site visits, budget requests, and strategies, etc.

14) What changes do you anticipate in your area within the next three years? How will these changes be addressed?

Changes anticipated in the next three years in specific areas included the comment that we may need several additional people with experience in the areas of public affairs and in congressional relations. The agency will have to gear up for re-election issues which may affect the Coordinator's time.

15) What changes do you anticipate in the organization in the next three years?

Some feel that the success of the organization will be based upon the success of individual job objectives each person is assigned; and the success of the internal and external plan once it is instituted. It was suggested that team building training is needed.

16 & 17) What are the driving and restraining forces to achieving goals and desired outcomes in your area and in the organization?

The driving forces identified are the amount of support staff get from the WH and the HHS Secretary; the amount of press the agency gets; and the political base that is developed with Congress. Other driving forces are internal, such as the desire to perform service to the organization and clients, and the quality of staff. The restraining forces noted were micro-management of the simplest tasks while ignoring the larger picture of where we are going with this epidemic, and lack of strategic planning, internally and externally.

18) How do you measure your success? How do your co-workers measure your success?

Some reported that they measure their success by feedback (or lack thereof) from the Coordinator, their peers, and clients, and by completing successful projects.

19) How do you measure the success of your co-workers?

Some measure success of co-workers by the extent to which they are involved with bringing/including the people with the right knowledge and experience into their projects. Some will be judged by their projects; process functions (i.e. liaison) are harder to measure. Employees expect their superiors to provide support.

OREGON HEALTH DIVISION
Center for Child and Family Health
800 NE Oregon St., Room 850
Portland, OR 97232
(503) 731-4612
FAX (503) 731-4083



ROUTINE

TO Kristine Gabbie

FROM Claudia Bingham

SUBJECT Executive Summary of Report

NUMBER OF PAGES 3 (includes cover sheet)

COMMENTS:

I reviewed the Executive Summary of my report
and am sending you a condensed version (2 pages).

I think you'll like this version better. Here's
a fax of it, but I'll also send a hard copy
that you can replace in the report. Thanks,

Claudia

EXECUTIVE SUMMARY

KEY ISSUES

- o Develop and articulate organizational mission, strategy, structure, hierarchy, roles, rules, relationships, responsibilities, internal and external plans to staff. Tie individual job performance to measurable goals.
- o Develop and implement communications and information systems strategies to support agency mission; define relationship between ONAP and OASH and how that translates into roles.
- o Align internal operations and systems with mission and goals; complete systems team projects, position descriptions, work plans, and training plans.
- o Implement accountability, team building, and measurement systems implemented to increase efficiency, effectiveness, and productivity of staff to carry out mission and goals.

SUMMARY OF RECOMMENDATIONS

Operational (see pages 9-13)

- o Present project recommendations to employees and assign accountability for ensuring completion of assignments. (Coordinator; Jan, 1994)

Organizational (see page 17)

- o Obtain final approval of organizational structure and staffing tables; align the structure to address the mission of providing support to both ONAP and OASH/PHS. (Coordinator; Jan, 1994)
- o Establish or clarify hierarchy of authority; how the cluster concept will work in relationship to lines of authority; and what the level of decision-making authority is for staff on policy issues. (Coordinator; Jan, 1994)
- o Establish a lead strategy team meeting schedule to develop policy, strategy, and direction for the agency. (Coordinator/Exec. Asst.; Jan, 1994)
- o Develop internal strategic action plan that aligns with the organizational mission and ties individual job performance to measurable goals. (Deputy/Strategist/Planner; Jan-Feb, 1994)
- o Appoint a Deputy Coordinator to focus on developing the internal organizational structure. (Coordinator; Feb, 1994)

- o Develop and cultivate inter-relationship between ONAP and OASH/HHS, enhance communications between offices, focus on common goals, and interpret for staff how relationship works. (Coordinator/Deputy; Jan, 1994 - Ongoing)
- o Meet with clusters to develop staff roles, responsibilities, cluster plans, and mechanisms for sharing information within and between clusters (include support person). (Cluster Leaders; Jan, 1994 - Ongoing)
- o Plan and schedule staff retreats to develop organizational goals, strategy, roles, rules, responsibilities, and relationships in order to increase cohesiveness and team relations. (Coordinator/Lead Strategy Team; Jan/Feb/Mar, 1994)
- o Implement total quality management structure to provide framework for operational and communication improvements and team building process; identify agency's customers and train staff in team process and facilitation. (Coordinator/Formal Team Building Consultants; Feb-Apr, 1994)

Communications (see page 20)

- o Develop and implement a comprehensive communications strategy or plan for key internal and external groups; establish mechanisms for improving internal communication linkages (i.e. staff reporting via e-mail results of meetings/trips. (Coordinator/Strategist/Communications Officer; Jan-Feb, 1994)
- o Complete employee position descriptions, work plans, and performance evaluations and discuss with each employee. (Support Operations Group Chief/Supervisors; Jan-Feb, 1994)
- o Develop training plans for all employees; document progress and accomplishments related to plan. (Deputy/Support Operations Group Chief/Supervisors; Mar, 1994)
- o Establish a schedule for ongoing staff meetings for all staff, lead strategy team, cluster team meetings, support staff, scheduling, and other cross-functional team meetings to increase staff participation in decision-making and information-sharing. Institute weekly or bi-weekly meetings just for 750 location staff and for 200 location staff. (Coordinator; Deputy; Exec. Asst; Jan, 1994 - Ongoing)

Information Systems (see page 22)

- o Develop strategic information systems plan for the agency and provide direction and support to information systems staff. (Deputy/Information and Planning Cluster Lead; Information Management Specialist; February, 1994 - Ongoing)
- o Establish ongoing computer/software training schedule. (Information Management Specialist; February, 1994 - Ongoing)

SYSTEMS ANALYSIS AND RECOMMENDATIONS

FOR

OFFICE OF NATIONAL AIDS POLICY

JANUARY, 1994

PREPARED BY

CLAUDIA BINGHAM

ORGANIZATIONAL CONSULTANT

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EXECUTIVE SUMMARY

KEY ISSUES

- o Organizational mission, strategy, structure, hierarchy, roles, rules, relationships, and responsibilities need to be developed and articulated to staff; internal and external plans that align with mission and tie individual job performance to measurable goals should be developed.
- o Communications and information systems strategies need to be developed and implemented to support agency mission; relationship between ONAP and OASH and how that translates into specific roles for employees needs to be defined and communicated to staff.
- o Internal operations and systems should be aligned with mission and goals; systems team projects, position descriptions, work plans, and training plans should be completed and implemented.
- o Accountability, team building, and measurement systems should be implemented to increase efficiency, effectiveness, and productivity of staff to carry out mission and goals.

SUMMARY OF RECOMMENDATIONS

Operational (see pages 9-13)

- o Present project recommendations to employees and assign accountability for ensuring completion of assignments for project teams and individuals according to specified timelines for Deputy or designee.
(Coordinator; Jan, 1994)

Organizational (see page 17)

- o Obtain final approval of organizational structure and staffing tables and communicate decisions to employees; align the structure to address the mission to provide support to both ONAP and OASH/PHS.
(Coordinator; January, 1994)
- o Establish a hierarchy of authority which clarifies supervisory reporting relationships; clarify for staff how the hierarchy of function (cluster concept) will work in relationship to lines of supervisory authority; and what their level of decision-making authority is on policy issues.
(Coordinator; January, 1994)

- o Establish a lead strategy team meeting schedule to develop policy, strategy, and direction for the agency; also establish meeting schedules to plan strategy for communications/media, scheduling, and general information sharing.
(Coordinator/Exec. Asst.; January, 1994)
- o Develop internal strategic action plan that aligns with the organizational mission and ties individual job performance to measurable goals.
(Deputy/Strategist/Planner; January - February, 1994)
- o Appoint a Deputy Coordinator to focus on developing the internal organizational structure.
(Coordinator; February, 1994)
- o Develop and cultivate inter-relationship between ONAP and OASH/HHS, enhance communications between offices, focus on common goals, and interpret for staff how relationship works.
(Coordinator/Deputy; January, 1994 - Ongoing)
- o Meet with clusters to develop staff roles, responsibilities, cluster plans, and mechanisms for sharing information within and between clusters (include support person).
(Cluster Leaders; Ongoing)
- o Plan and schedule staff retreats to develop organizational goals, strategy, roles, rules, responsibilities, and relationships in order to increase cohesiveness and team relations.
(Coordinator/Lead Strategy Team; Jan/Feb/Mar, 1994)
- o Implement total quality management structure to provide framework for operational and communication improvements and team building process; identify agency's customers train staff in team process and facilitation.
(Coordinator/Formal Team Building Consultants; Feb-Apr, 1994)

Communications (see page 20)

- o Use current contractor or formal team building consultants to facilitate team meetings and assist staff with developing effective mechanisms for communication flow and role development, model open communication style, and help build staff cohesiveness; and provide team building training.
(Coordinator/Deputy; October, 1993 - April, 1994)
- o Develop and implement a comprehensive communications strategy or plan for key internal and external groups; establish mechanisms for improving internal communication linkages (i.e. staff reporting via e-mail results of meetings/trips).
(Coordinator/Strategist/Communications Officer; Jan-Feb, 1994)

- o Complete employee position descriptions, work plans, and performance evaluations and discuss with each employee.
(Support Operations Group Chief/Supervisors; Jan-Feb, 1994)
- o Develop training plans for all employees based upon self-evaluation of learning needs and goals matched with available resources and training opportunities; document progress and accomplishments related to plan.
(Deputy/Support Operations Group Chief/Supervisors; Mar, 1994)
- o Establish a schedule for ongoing staff meetings for all staff, lead strategy team, cluster team meetings, support staff, scheduling, and other cross-functional team meetings to increase staff participation in decision-making and information-sharing. Institute weekly or bi-weekly meetings just for 750 location staff and for 200 location staff.
(Coordinator; Deputy; Exec. Asst.; Jan, 1994 - Ongoing)

Information Systems (see page 22)

- o Develop strategic information systems plan for the agency and provide direction and support to information systems staff to take the lead in determining priorities and implementing strategies to address information needs that support agency priorities and enhance the quality of information that is used to conduct work and make decisions. Involve team if desired.
(Deputy/Information and Planning Cluster Lead; Information Management Specialist; February, 1994 - Ongoing)
- o Train new and current employees regularly on how to utilize computer equipment and software; establish ongoing in-service computer/software training schedule.
(Information Management Specialist; February, 1994 - Ongoing)

Performance Measurement Systems (see page 23)

- o Implement total quality management structure; identify customers as required by Executive Order; develop agency performance measures of efficiency and effectiveness for measuring and monitoring performance on an ongoing basis.
(Lead Strategic Team; Apr-Sept, 1994-Ongoing)

OVERVIEW OF PROJECT

Background

The Office of National AIDS Policy (ONAP) is a new organization with critical needs for developing mission and goals, roles, rules, and responsibilities, and aligning existing systems with the new structure as it develops. The systems which are addressed in this report include office systems and procedures, organizational and communication systems, information systems, performance systems, and measurement systems. When this project began in mid-October, 1993, existing systems were in place at the 200 Independence Avenue location of the office, but they needed to be adapted to meet the needs of the new organization. Systems at the 750 17th Street location were in the developmental stages.

Current efforts are underway to combine the existing staff from the previous National AIDS Policy Office of the Public Health Service HHS, with the new staff appointed by the White House ONAP Coordinator into one organization that serves the interests of both the White House (WH) and the Public Health Service (PHS) in the area of AIDS policy at the national level.

In order to achieve these goals, evaluate and improve existing systems, and develop organizational effectiveness and efficiency, it was necessary to gain a better understanding of current conditions. It was also necessary to implement some changes quickly in order to get the new organization running effectively on day-to-day operations.

Project Purpose

The mission of this organizational systems development project was to assess the current systems, submit a report which includes a developmental plan, assist staff with implementing changes, and make recommendations for establishing an efficient and effective systems model for the Office of National AIDS Policy.

Project Structure

Claudia Bingham, an organizational consultant who joined ONAP for an eight week period, was assigned responsibility for the project. She worked in conjunction with the ONAP Coordinator, the Acting Deputy, and the Management and Support Group Chief. This project is the result of eight weeks of working with the staff over a three month period to implement early phases of the project.

Approach

The project was divided into four phases: 1) Project Organization; 2) Assessment and Recommendations; 3) Implement Developmental Plan; 4) Monitor/Follow-up.

The principal objectives of phase one, Project Organization, were to develop the project mission, goals, and objectives; collect key organizational documents; conduct staff interviews; identify and develop relationships with individuals and groups; and conduct an operational assessment questionnaire (see survey questions and summary of information collected in Appendix B).

The project mission was to facilitate the development and transformation of the organization by building staff cohesiveness, facilitating communication and information flow, and evaluating and developing systems and procedures for the Office of National AIDS Policy. The project goals and objectives are included in Appendix A (memo to Acting Deputy) of this report. This phase included providing technical assistance and facilitation to key individuals and groups in the organization. This occurred during October, 1993.

The objective of the phase two, Assessment and Recommendations, was to determine the organization's current status of basic operational systems and procedures, communication mechanisms, information systems, and organizational structure, and to develop key recommendations in these areas.

This phase is the focus of this report. The principle way most of the information was collected was through one-on-one interviews, small focus group meetings, support team meetings, and questionnaires. Included in this report is a developmental plan for implementing these recommendations. Where possible, some recommendations were implemented during this phase. This phase occurred during November and December, 1993.

Phase three, Implement Developmental Plan, involves appointing a key individual (e.g. Deputy or Strategist) to oversee and ensure implementation of the plan according to suggested timeliness. This phase should include a mechanism to monitor employee performance based upon completion of assignments included in the plan so that staff are held accountable for results.

Phase four, Monitor/Follow-up, involves ensuring completion of the developmental plan and monitoring the effectiveness of the organization based upon recommendations contained in this report. It may be helpful to bring back the consultant as a detailee for a short time period during this phase to followup on progress made toward completion of the project and provide consultation and training in the development of agency performance measures and defining customers as required by Executive Order (pg. 26).

SYSTEMS ANALYSIS AND RECOMMENDATIONS

OPERATIONAL SYSTEMS

OFFICE SYSTEMS AND PROCEDURES

Background: The effectiveness of systems contributes directly to the effectiveness and efficiency of the employees and the organization. With the recent organizational restructuring of the Office of National AIDS Policy (ONAP), dependable and consistent office support system were not fully in place and many office procedures were generally lacking while others were out of date. The organization lacked the structure and guidance that policies and procedures provide.

Observations: Inefficiencies were noted in several areas, including phone and office coverage, mail flow and paper processes, support of technical/professional staff, meeting and trip planning and scheduling, preparation of briefing materials, policy and orientation manuals, electronic correspondence tracking control system, records and publications management systems (manual and electronic filing systems), referral lists, employee and intern training procedures, and computer equipment operating instructions and training. Most of these systems were in place, but needed to be updated or modified in order to better support the new organizational structure. Some procedures, although they had been automated, still contained over-handling and over-control of the process.

Analysis: There is a need to develop responsive systems adaptive to the new structure of the organization and to provide effective management of the systems and the support staff who operate them. In order for the organization to operate effectively and efficiently, support staff need to be trained and included in the process of developing these systems and procedures. Office systems and structures that align with the new organizational structure need to be established, updated and managed effectively and efficiently in order to support the mission and goals of the agency. The mechanics of the paper flow should align with the organizational mission and goals.

Recommendations: Identify office system modifications that are necessary to increase efficiency and effectiveness of support functions of the organization and assist support staff with implementation. In order to obtain input and support from staff who will implement these systems, it is recommended that wherever possible, teams be established and assigned responsibility for completing systems projects and implementing recommendations.

Progress to Date: Contractor (Bingham) reviewed the office systems and identified areas needing modification in October, 1993, and worked with staff to generate a list of projects with proposed timelines for completion in December.

Support Operations Group Chief (Bart) and Contractor (Bingham) facilitated a series of meetings with support staff to address their concerns and form teams to work together to complete these projects according to specified timelines. (See Appendix C for the Systems Progress Report to Coordinator, Systems Project Team Assignments and Timelines.)

Most projects were completed according to December due dates and presented to the Coordinator (Gebbie) on December 17, 1993. Below is a final status report of office systems projects along with additional suggestions from the Coordinator at that meeting. Any additional or unfinished assignments include the names and due dates in bold, so they can be easily identified and included as a part of each employee's evaluation for their performance appraisal. The Coordinator should ensure that this occurs.

SYSTEMS TEAM PROJECTS

New Employee Orientation Manual: Develop basic operating procedures and compile in an easy-to-use format which includes general information, mail pick-up and delivery schedules, office operating instructions, and specific instructions on how to use the telephone, fax machine, copier, computers (software and training), intern/student guidelines, and media policy. Develop mechanism for adding new procedures as they develop and updating manual regularly.

Status: Manual was completed by project team and presented to Coordinator (Gebbie) on December 17.

Coordinator's Comments: Include section on AIDS 101 as a required item for new employees, interns, and students.

Assignments: Support Operations Group Chief (Bart) will ensure inclusion of AIDS information in the manual. Responsibility for updating the manual as needed has been assigned to **Support Staff Supervisor (Massenburg)**. Responsibility for compiling manuals for all staff has been assigned to **Secretary (Lewis)** and should be completed by **January 31, 1994**.

Additional Recommendations: Employees expressed a need to know the capabilities of their computer software programs and computer training schedules. A list and brief explanation of each software package and a process for provision of training has been included in the new employee orientation manual.

Daily Scheduler/Meeting File Preparation: Develop consistent methods for preparing daily meeting and appointment files; scheduling of appointments and trips; meeting planning and agendas; and establish efficient mail and paper flow process (including in/out boxes processing, how assignments are given, and phone messages delivered); and establish support roles and functions at 750 location.

Status: Contractor (Bingham) assisted with training of staff and facilitated meetings with staff at the 750 location regarding roles and responsibilities. (See Appendix D for notes from roles meeting with 750 staff.) Basic systems have been developed by Scheduler (Lee) and Secretary (Holmes) as an integral part of their daily duties. They will implement ongoing improvements to the system as needed.

Scheduler (Lee) has scheduled weekly staff meetings with 750 staff to develop further coordination of scheduling and paper flow as well as for information sharing and communication purposes. He also plans to designate one staff meeting per month for each of the following purposes: 1) scheduling; 2) all staff meeting; 3) communications/media; and 4) policy development. The Coordinator will determine who should attend according to the specific agenda items of each meeting.

Control Correspondence/Paper Flow Process: Evaluate and modify as necessary electronic correspondence tracking system to reduce number of times each piece of correspondence is handled at 200 location and establish a separate tracking system for correspondence generated at 750 location.

Status: Copy of electronic system has been installed at 750 location and training provided for staff. However, the system cannot be used efficiently until a high speed data line is installed for improved performance. The data base and central system will remain at the 200 location; some modifications to this system are pending budget approval to hire a contractor; the reformat of the document flows should be done by the Information Management Specialist and/or Administrative Officer.

Assignments: Information Management Specialist (V. Jones) will ensure that modifications of the central system are made by the contractor; she and Administrative Officer (S. Jones) will reformat the document flows during January, 1994.

Information Management Specialist (V. Jones) will coordinate installation of the high speed line for the 750 location with the OASH-Wide Area Network Administrator to ensure that it is also accomplished by January 31, 1994; she will also ensure that the 750 location gets linked to the White House OASIS network by February 14, 1994.

Filing System: Establish records management system at 750 location which includes central filing system for chronological correspondence, speeches and policy papers, meeting and trip files, media files, and key issues generated from that location. Relocate appropriate files to proper locations. Also establish a central filing system at 200 location with an outline of all subject files which includes key words that correspond with the electronic filing system, copies of speeches and policy papers, and administrative files; prepare file folders; file all materials sitting in boxes and piles within the office.

Ensure that the manual filing system ties into the electronic filing system, so that records may be located either manually or electronically. Assign staff to code documents with key words, data enter documents onto electronic system, and ensure that retention guidelines are established and followed, systems are organized, and staff is trained to use filing systems at both locations.

Status: Outline of a manual filing system has been completed and presented to Coordinator (Gebbie) on December 17, 1993. A satellite filing system has been established at the 750 location.

Assignments: Secretaries (Holmes and Wirth) preparing files and filing materials at the 750 location; this should be completed by January 31, 1994. Support Operations Group Chief (Bart) is overseeing establishment of the central filing system at the 200 location; Secretaries (Lewis and Wirth) are preparing files; Support Staff Supervisor (Massenburg) is ensuring that all support staff are assisting with filing materials and are trained in using systems at both locations; this project should be completed by February 14, 1994.

Support Staff Supervisor (Massenburg) will supervise support staff with respect to ongoing records management and supervise the destruction or disposition of records in accordance with OASH records disposition schedules on an annual basis as part of her position description.

Additional Recommendation: Evaluate the value and feasibility of adapting and modifying the current Paradox database to a downloaded copy of the FDA's Star Master Database electronic and color-coded manual filing system. Evaluation of the FDA's Star system should include reviewing the subject outline for possible adaptability to current system; evaluating the type and purpose of information retrieval for ONAP (e.g. primarily for internal/resource use or to provide for other agencies/groups; and determining what staff want the system to do (e.g. organize press releases, keep a daily board of documents sent by date/who sent/where sent, etc.)).

The initial evaluation of FDA's system by Information Management Specialist (V. Jones) and Contractor (Bingham) indicated that it could potentially reduce paper overload significantly. The pros of the Star system seem to be improved tracking and performance, expanded subject categories that can be found by subject or chronological number, reduction of paper, improved document control and organization. The major drawback of this system at initial evaluation appears to be the increased staff time it would take to develop and maintain it on an ongoing basis.

Additional Assignments: Information Management Specialist (V. Jones), Support Staff Supervisor (Massenburg), and Support Operations Group Chief (Bart) will be responsible for evaluating the FDA's electronic filing system and ensuring that the manual filing system is linked with an electronic system, either the current Paradox system, or some adaptation of the FDA's system. This should be completed by **March 15, 1994**.

Call Referral List: Establish a centralized rolodex and/or quick index listing of common HIV programs/questions which is posted by all reception phones, giving the appropriate referral information (names, addresses, phone numbers, organizations, and contact persons by issue and expertise).

Status: Referral list was completed by project team and presented to Coordinator (Gebbie) on December, 17, 1993.

Coordinator's Comments: Change Dr. titles to MD or PhD; draft letters for Coordinator's signature to Housing and Urban Development, Justice, and Defense Departments requesting names of contacts to include on referral list, and add them to the list.

Assignments: Support Operations Group Chief (Bart) will ensure that letters are drafted and revisions and additions are made to the referral list by **February 5, 1993**.

Update Policies and Procedures: Evaluate and revise current policy and procedures manual to include current travel procedures, control correspondence procedures, and White House correspondence guidelines.

Status: Separate manuals were completed by project teams for travel procedures, control correspondence, and White House guidelines and presented to Coordinator on December 17, 1993.

Assignment: Support Operations Group Chief (Bart) will ensure that copies of the manual are available at both locations and that all staff know where they are located. **Support Staff Supervisor (Massenburg)** will ensure that support staff keep manuals updated and current on an ongoing basis as part of her position description.

Publications Process: Establish a publications system which includes a process for renewing subscriptions, receiving, circulating, and filing publications or creating a central library; identify student or staff to coordinate the process and train backup.

Status: A list of subscriptions to publications was generated by Support Operations Group Chief (Bart) and presented to Coordinator (Gebbie) on December 17, 1993.

Coordinator's Comments: Coordinator suggested the following revisions: cancel Newsweek; add Medicine and Health and other AIDS related newsletters, Journal of Physicians and AIDS Care, Journal of Nurses, Journal of Public Health Policy, and Science or Lancet.

Assignment: Support Operations Group Chief (Bart) will make revisions by January 31, 1994, and ensure that all publications are circulated and then filed in a central library location. Support Staff Supervisor (Massenburg) will assign a student or staff member to handle the publication circulation and filing process by the same date.

Electronic Rolodex: Establish electronic rolodex for staff to access via the network.

Assignment: Schedule (lee) and Information Management Specialist (V. Jones) will evaluate the Organizer and ACT software system to determine which electronic rolodex system best meets the agency needs and establish by February 28, 1994.

Internal Routing Procedures: Modify internal routing procedures to facilitate dissemination of information efficiently to staff at all locations.

Status: New routing slips with various options and groups were completed by project teams and processes established to route information copies to three locations or to each cluster group. This project was completed by December 17, 1993.

Monitoring and Followup of Team Projects:

Coordinator (Gebbie) or designee should ensure that supervisors tie completion of systems project assignments to work plans and ensure that employees are evaluated as to completion in a timely manner. Support Operations Group Chief (Bart) and Support Staff Supervisor (Massenburg) should continue to ensure that office systems and procedures are updated on an ongoing basis and establish a system to provide ongoing training of support staff and interns in the areas of office and automated procedures.

PAPER FLOW PROCESS

Background: To facilitate the flow of information and ensure that correspondence is handled efficiently and effectively at both locations, there is a need to develop a paper flow process for correspondence and other materials.

The paper flow process for the 750 location will be developed and managed by the Scheduler (Lee), according to preferences of the Coordinator (Gebbie). Paper flow at the 200 location will be managed by Secretary (Lewis), according to guidelines developed by Support Operations Group Chief (Bart), Administrative Officer (S. Jones), and Support Staff Supervisor (Massenburg). Following are examples of how the process could be managed.

Incoming Correspondence and Briefing Materials (750 Location):

All incoming correspondence is opened and date stamped by the Secretary (Holmes) and given to the Scheduler (Lee) who organizes, prioritizes, and attaches route slips to materials before giving to the Coordinator (Gebbie), who makes assignments for drafting responses on the route slips. The Scheduler then assigns a due date for action and ensures that correspondence is tracked through the electronic correspondence tracking system and is routed to the appropriate individual to draft a response or take some other action.

The Scheduler will followup to ensure that draft correspondence for the Coordinator's signature is returned according to due dates. All final correspondence will be directed through the Scheduler to review for proper format and accuracy; he will ensure that corrections are made as needed. Correspondence and briefing material prepared for the Coordinator will be routed through the Scheduler rather than given directly to the Coordinator. In the Coordinator's absence, the Scheduler will give all mail and correspondence to the Deputy for review and signature.

Meetings/Speech/Trip/Media/Event Invitations (750 Location):

All scheduling requests will be given to the Scheduler to determine whether the request is for a routine appointment or a major trip or event. For routine appointments, the Scheduler will determine the availability of the Coordinator and make appropriate scheduling and logistical arrangements. He will arrange one scheduling meeting per month to coordinate planning and strategy for trips and events. The appropriate people invited based upon the type of trip or event being planned. All media requests will be coordinated by the Communications Officer (Gurrola) who will work with Scheduler (Lee) and others at these strategy meetings to plan media events.

When the Coordinator meets with outside groups or individuals, the Scheduler will automatically invite the appropriate cluster leader to attend with her and then share the results and assignments as a result of the meeting with their cluster members. This allows the cluster leaders to hear the Coordinator address policy issues and better enables them to share and implement policies with their clusters.

General Correspondence Suggestions Related to HHS and PHS:

Following are some suggestions for handling of HHS and PHS correspondence. It is recommended that the Coordinator and Scheduler decide upon a standard operating procedure after reviewing the detailed discussion paper from Support Operations Group Chief to the Coordinator regarding various options for handling of correspondence (see Appendix E).

- o Carbon copy HHS Secretary (Shalala) on any correspondence that is being sent out of ONAP to members of Congress, other Cabinet Secretaries, and other Federal Departments and Agencies. Also, copy the HHS Secretary (Shalala) when writing about policy-relevant issues, resource issues, new issues, controversial issues, or Advisory Councils that will impact on HHS.

- o Send a note or memo to HHS Secretary (Shalala) and PHS Director (Lee) to inform them of policy-relevant issues or issues that could impact budget resources that may impact them.

- o For correspondence that comes from HHS or PHS for an ONAP response, assign Deputy to handle review and sign-off authority and keep Coordinator informed of any issues that warrant the Coordinator's attention.

Correspondence Tracking (200 Location):

The Correspondence Specialist Secretary (Lewis) will open and date stamp incoming mail and provide triage for correspondence at the 200 location. She will ensure that all correspondence is directed to the appropriate individual for response or redirect it to another agency if necessary; enter and track correspondence from HHS, PHS, or other agencies requesting draft responses through the CTFR, routing to appropriate individuals, ensuring that deadlines are met, reviewing final documents for proper format and accuracy, and making grammatical corrections as needed before routing to Deputy for sign-off and back to appropriate signatory, before closing the document through the electronic correspondence tracking system.

ORGANIZATIONAL SYSTEMS

Background: The organizational structure is still in transition and has not been established formally in the Federal Register. This delay in formalizing the structure, roles, and hierarchy has caused uneasiness for some about their role in the organization. Unclear role definition has been particularly confusing for new employees and detailees who have come into the organization, sometimes finding that the area they had thought would be their area of responsibility was being handled by someone else. In some cases, this has caused competition for coveted areas and more than one person believing they are the "leader" in the same area. Some have been perceived to be empire building. There is also concern by some that policies being espoused may not accurately reflect the Coordinator's policy position on certain issues or that they may not be based upon traditional public health principles.

Observations: Others perceive a lack of clarity about reporting relationships in the current cluster model which is based upon hierarchy of function rather than authority. Some would be more comfortable with a traditional hierarchy. Part of the confusion is due to the fact that some cluster leaders are detailees and cannot be official supervisors. However, many staff are becoming more comfortable with the new organizational style that is emerging which has less controls, more team participation, and the freedom for employees to help define their own roles along with other cluster members and leaders.

In other cases, people have adapted and changed their focus to develop an area of expertise not already "spoken for". It would be helpful if as new employees come into the agency, they be given clear communication about expectations and roles. The role development should become more clear for all staff as soon as they have current position descriptions and work plans.

Analysis: Employees are still seeking clear answers about the ambiguity of the relationship between the Public Health Service and White House functions of the organization. They feel they are getting mixed messages in that they are told they report to the WH, yet are treated by OASH as if they work for the PHS. Staff are not sure how to work most effectively in this unique situation.

Most organizational concerns could be resolved through more frequent communication and clarification about organizational issues. The key to accomplishing these goals is the appointment of a permanent Deputy who has the ability to work dynamically within the government system, balance the public health and political issues, who can effectively communicate about the organizational ambiguities, and develop a cohesive staff.

Organizational Recommendations:

- o Obtain final approval of organizational structure and staffing tables and communicate decisions to employees; align the structure to address the mission to provide support to both ONAP and OASH/PHS.
(Coordinator; January, 1994)
- o Establish a hierarchy of authority which clarifies supervisory reporting relationships; clarify for staff how the hierarchy of function (cluster concept) will work in relationship to lines of supervisory authority; and what their level of decision-making authority is on policy issues.
(Coordinator; January, 1994)
- o Establish a lead strategy team meeting schedule to develop policy, strategy, and direction for the agency; also establish meeting schedules to plan strategy for communications/media, scheduling, and general information sharing.
(Coordinator/Exec. Asst.; January, 1994)
- o Develop internal strategic action plan that aligns with the organizational mission and ties individual job performance to measurable goals.
(Deputy/Strategist/Planner; January - February, 1994)
- o Appoint a Deputy Coordinator to focus on developing the internal organizational structure.
(Coordinator; February, 1994)
- o Develop and cultivate inter-relationship between ONAP and OASH/HHS, enhance communications between offices, focus on common goals, and interpret for staff how relationship works.
(Coordinator/Deputy; January, 1994 - Ongoing)
- o Meet with clusters to develop staff roles, responsibilities, cluster plans, and mechanisms for sharing information within and between clusters (include support person).
(Cluster Leaders; Ongoing)
- o Plan and schedule staff retreats to develop organizational goals, strategy, roles, rules, responsibilities, and relationships in order to increase cohesiveness and team relations.
(Coordinator/Lead Strategy Team; Jan/Feb/Mar, 1994)
- o Implement total quality management structure to provide framework for operational and communication improvements and team building process; identify agency's customers train staff in team process and facilitation.
(Coordinator/Formal Team Building Consultants; Feb-Apr, 1994)

PROPOSED ORGANIZATIONAL KEY ROLES

Background: In order to clearly define roles of staff in the organization who are key to keeping systems operating efficiently and effectively, described below are proposed roles for those who will be responsible for overseeing administrative functions.

Role of the Deputy Coordinator

The Deputy Coordinator works closely with the Coordinator and lead strategy team to develop agency mission and goals and is responsible for providing program and staff direction within the organization. This position oversees PHS functions and serves as Liaison with OASH, provides internal management of staff, and oversees administrative functions. This position is responsible for providing internal leadership for the organization. The Deputy Coordinator reports to the Coordinator.

Role of Executive Assistant/Scheduler

The Executive Assistant/Scheduler facilitates the decision-making and clearance process -- ensuring that pertinent facts, adequate information and available options are surfaced and explored, and that all relevant players have an opportunity to participate. All requests for decisions, meetings or direction requiring the Coordinator's attention must be cleared through this position. The Executive Assistant/Scheduler reports to the Coordinator.

Role of the Support Operations Group Chief

The Support Operations Group Chief assists the Deputy Coordinator with operational management of administrative functions, including personnel, budget, and oversees support functions. The position could serve as backup liaison to OASH as needed by the Deputy. This position reports to the Deputy Coordinator. Direct supervision of support staff has been delegated to Support Staff Supervisor (Massenburg), but the Support Operations Group Chief (Bart) in conjunction with her management staff (Administrative Officer (S. Jones) and Support Staff Supervisor (Massenburg) will convene regular support team meetings with all support staff and management team meetings with her management team to provide planning and direction on support staff issues.

Role of Administrative Officer

This position is responsible for day-to-day administrative operations and participates on management team for support operation. This position also provides day-to-day supervision of the Support Staff Supervisor and provides backup for the Support Operations Group Chief in her absence. This position reports to the Support Operations Group Chief.

Role of Support Staff Supervisor

The Support Staff Supervisor is responsible for day-to-day supervision of support staff, students, and interns which includes assignment of tasks, approval of leave, performance appraisals, recruitment and selection, and disciplinary action. This position also oversees development of policies and procedures, records management, telephone operations, and other support functions. The position reports to the Administrative Officer (S. Jones) and provides backup and assistance with administrative duties as needed.

COMMUNICATION SYSTEMS

Background: This section addresses internal communication issues, although there is a need to develop external communication strategies as well. Internally, employees have the perception that they are not receiving the communication necessary to perform their duties effectively. Many feel that they are not getting complete information in regard to their concerns about organizational and management decisions. Factors contributing to this perception are past management practices, a less structured environment than in the past, establishment of the lead team e-mail group, and lack of an established team meeting schedule at the 200 location for internal information sharing and planning. There has also been a perceived lack of support for employees in the areas of training and development, promotional opportunities, and open information sharing.

Observations: Employee's expectations in the communications area are beginning to rise due to the openness of the new AIDS Policy Coordinator and her creation of a team environment and openness in communicating through e-mail. However, there is still a concern that people are missing out on communication of key agency policies and strategies, and internal management decisions.

Analysis: There is also a perception by some that their contributions to the organization are not valued and that their strengths are not fully utilized. Some feel that their knowledge and experience are valuable resources to the organization that are not being tapped. Others feel that others need to share their expertise from the past -- not just embrace the new areas of responsibility. Some perceive that the use of detailees, fellows, and contractors is a creative way to utilize resources and that use of direct external liaisons helps fulfil the umbrella function of the Coordinator's role and strengthens relationships with other agencies.

Communications Recommendations:

- o Use current contractor or formal team building consultants to facilitate team meetings and assist staff with developing effective mechanisms for communication flow and role development, model open communication style, and help build staff cohesiveness; and provide team building training.
(Coordinator/Deputy; October, 1993 - April, 1994)

Status: Contractor (Bingham) made progress in the above areas during the eight weeks spent with the ONAP staff; a formal proposal is being solicited from formal contractors in anticipation of hiring in early 1994.

- o Develop and implement a comprehensive communications strategy or plan for key internal and external groups; establish mechanisms for improving internal communication linkages (i.e. staff reporting via e-mail results of meetings/trips).
(Coordinator/Strategist/Communications Officer; Jan-Feb, 1994)
- o Complete employee position descriptions, work plans, and performance evaluations and discuss with each employee.
(Support Operations Group Chief/Supervisors; Jan-Feb, 1994)

Status: Support Operations Group Chief (Bart) is working on position descriptions and work plans; these should be completed by February 21, 1994; involve cluster leaders.

- o Develop training plans for all employees based upon self-evaluation of learning needs and goals matched with available resources and training opportunities; document progress and accomplishments related to plan.
(Deputy/Support Operations Group Chief/Supervisors; Mar, 1994)
- o Establish a schedule for ongoing staff meetings for all staff, lead strategy team, cluster team meetings, support staff, scheduling, and other cross-functional team meetings to increase staff participation in decision-making and information-sharing. Institute weekly or bi-weekly meetings just for 750 location staff and for 200 location staff.
(Coordinator; Deputy; Exec. Asst.; Jan, 1994 - Ongoing)

Status: Scheduler (Lee) has established a schedule for all staff, scheduling, communications, lead team, and 750 meetings; cluster leaders are holding cluster team meetings; Support Operations Group Chief (Bart) has established a schedule for support staff and management team meetings; and cross-functional team meetings around various issues. Acting Deputy should begin convening regular staff meetings for 200 location staff.

INFORMATION SYSTEMS

Background: There are several issues around information systems strategy in the organization that need to be addressed. The Information Systems staff has provided staff with adequate computer equipment, up-to-date informational bulletin boards, numerous software packages, and e-mail available to users via the local area network. However, many employees do not utilize the software available, either due to lack of training or lack of perceived need for these programs. Addressing computer training needs for staff should be a high priority for the agency.

Observation: The Information Systems staff feel pulled in various directions as they try to balance responding to daily requests for technical support and providing long range strategic planning for provision of information systems support of various agency projects and goals. They may not have the capacity to do everything that the agency requires. In order to effectively align the information systems with the needs of the agency, an overall strategy with a prioritized plan should be developed.

Analysis: The Information Management Specialist (V. Jones) has established a committee with other users on the OAHS-LAN (HHH). The primary focus is on technical coordination as the group is newly formed. Strategic planning of information systems is a goal of the group. However, what is really needed is a strategic plan for how information systems staff can best support the goals of the agency and what are the priorities. The Information Management Specialist has been proceeding with planning, but may benefit from more direction and support.

Recommendation: Management needs to provide direction and support for strategic planning in the area of information systems. One option is to appoint a team to prioritize the requests and upcoming needs for information systems support and develop a strategic plan that supports the organizational mission and goals. When ONAP information strategies change direction, the Information Management Specialist (V. Jones) should be involved in the discussion or at least informed of the logic behind the paradigm shift. Below are several specific issues raised by the information systems staff.

Issue: The Information Systems staff has been asked to discontinue work on the bulletin boards. This is of concern to them because of all the work that has gone into establishing these bulletin boards and concern about who will continue to maintain them. Additionally, the Gore Information Initiative would support continuing emphasis on making information available at no charge to the public.

Status: The Information Management Specialist (V. Jones) has turned the OASH bulletin board over to OASH to continue and is

investigating turning the AIDS portion over to CDC. ONAP staff is still supporting the White House bulletin board.

Recommendation: The decision related to upkeep of bulletin boards should be addressed as part of an information systems strategy for the agency. The operational survey revealed that many staff find the AIDS Daily bulletin board to be invaluable. This should be considered when establishing agency information systems priorities and balanced against whether staffing levels are adequate to support these goals.

General questions to consider are, "How much overall monitoring and direction should ONAP staff provide related to informational bulletin boards?" and "Is the decision to discontinue the bulletin boards part of an overall plan to focus information systems efforts in a different direction?" Again, these issues could be addressed by a team established to provide strategic direction to the Information Systems staff or by the ISS cluster lead or Deputy Coordinator.

Issue: Some staff reported being overloaded with e-mail messages that were not pertinent to them. This reduces productivity and turns people's attention to information that detracts from their productivity. Encouraging staff to use the separate e-mail group to communicate would more effectively control information flow.

Status: The Information Management Specialist (V. Jones) has established various e-mail groups in order to facilitate communications going to key people that need specific information and help avoid information overload on e-mail (see list in operational assessment survey in Appendix B.)

Information Systems Recommendations:

- o Develop strategic information systems plan for the agency and provide direction and support to information systems staff to take the lead in determining priorities and implementing strategies to address information needs that support agency priorities and enhance the quality of information that is used to conduct work and make decisions. Involve team if desired. (Deputy/Information and Planning Cluster Lead; Information Management Specialist; February, 1994 - Ongoing)
- o Train new and current employees regularly on how to utilize computer equipment and software; establish ongoing in-service computer/software training schedule. (Information Management Specialist; February, 1994 - Ongoing)

FUTURE ISSUES

PERFORMANCE MEASUREMENT SYSTEMS

Background: In order for an organization to be successful over the long term, it is helpful to develop performance systems with measurable goals and outcomes for the total organization. This can be part of a total quality management (TQM) process that creates agency-wide participation in an improvement process that exceeds the needs of the customer/client and ties into individual and team performance of employees.

Observations: One reason mentioned several times in the employee survey was the lack of measurable goals so that employees know when they and the agency are successful. The agency may benefit from implementing a model of an effective performance based system that shifts the paradigm from organizational structure and management style to one that is based on the effectiveness of people and principles of total quality management. There are various models available for developing agency and individual performance measurements and standards. Appendix F contains samples of agency performance measures (from Oregon Health Division) and employee win-win contract forms (Covey model).

Recommendations: Contract with a formal team-building consultant to do the following: propose performance models; train staff in the development of performance measurement systems; facilitate staff retreats to develop skills in TQM, empowered work teams and effective team meeting facilitation. The TQM process should include defining the agency's customers and setting customer service standards as required in the Presidential Executive Order dated September 11, 1993 (see Appendix G). This Order requires that each agency conduct customer surveys and report the results to the President by **March 8, 1994**, and publish a customer service plan by **September 8, 1994**.

Ensure that an internal staff member is assigned to coordinate the ongoing team process, including tracking agency performance measures of efficiency and effectiveness. Obtain commitment from all staff to operate effectively in a team environment by tying team effectiveness to individual performance appraisals.

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APPENDIX A

Divider Title: _____

October 26, 1993

To: Dr. Art Lawrence

From: Claudia Bingham

Re: **PROPOSAL TO FACILITATE ORGANIZATIONAL TRANSFORMATION**

PURPOSE: To facilitate the development and transformation of the organization by building staff cohesiveness, facilitating communication and information flow, and evaluating and developing systems and procedures for the Office of National AIDS Policy.

Phase 1: Three Month Period: This proposal is for a three-month implementation. At that point, an organizational evaluation should occur to evaluate whether additional phases are necessary to complete the transformation.

BUILDING STAFF COHESIVENESS

- o Assist with defining staff roles and responsibilities, including the updating of positions descriptions, interpreting roles in the new structure, and addressing employee concerns relative to these.
- o Work with formal team building contractor to develop self-directed work teams and help facilitate a series of team meetings for all staff to assist with role definition and clarification, goal setting, information sharing, team building, and developing cohesive relationships with staff in both locations.
- o Work with all staff to negotiate a consensus between the goals of the office (where we are going) and the demands of daily operations (how we will get there). Both of these areas need to be synchronized.
- o Provide or ensure training of support staff and interns in providing professional office support, including consistent and effective phone coverage, organizing mail flow, scheduling trips and meetings, preparing meeting briefing materials, and following new procedures.
- o Assist with development of guidelines to clarify roles for interns based upon education, experience, and interest and establish a process for ongoing training of new interns.
- o Help ensure that all staff receive necessary computer software training and that a schedule for provision of ongoing training is established and implemented.

INFORMATION AND COMMUNICATION FLOW

- o Conduct a comprehensive operational assessment survey of staff related to information systems and linkages; compile and evaluate survey responses; and help modify information processes where possible according to survey results.
- o Make recommendations for further changes to improve information linkages based upon the results of the survey; analyze cost vs. benefit of making such changes.
- o Help modify internal routing procedures to facilitate dissemination of information efficiently to staff (e.g. route information copies at each of the three current locations -- eliminate blue folder process).
- o Assist staff with identifying a variety of groups to establish an electronic mail system to facilitate communication between those who need the information and reduce overload of information by those who do not need to see everything.
- o Devise system to encourage and facilitate information sharing and two-way communication between staff based upon informal survey of internal staff and ideas generated at team building meetings.
- o Evaluate new telephone voice mail system to ensure that it meets the communication needs of staff and that voice mail is used effectively.

SYSTEMS AND PROCEDURES DEVELOPMENT

- o Work with project teams to ensure completion of attached list of systems development projects according to established timelines.
- o Help identify additional systems projects that need to be modified and develop an ongoing process for review and modification of office systems and procedures on a regular basis.
- o Assist with development of process for relocating staff as needed.

- o Evaluate and modify as necessary electronic correspondence tracking system to reduce number of times each piece of correspondence is handled and establish a separate tracking system for correspondence generated at 750 location.
- o Help negotiate standard for White House correspondence which addresses most effective and efficient mail delivery for Office of National AIDS Policy correspondence delivery to 750 location while still addressing security issues.
- o Assist with establishment of records management system at both locations which includes central filing system at 200 location and satellite files at 750 location; ensure that retention guidelines are followed, systems are organized, and staff is trained to use the filing system.
- o Help establish a publications system which includes a process for renewing subscriptions, receiving, circulating, and filing publications or creating a central library; identify staff to coordinate the process and train backup.
- o Ensure establishment of a centralized rolodex and/or quick index listing of common HIV programs/questions which is posted by all reception/secretarial phones, giving the appropriate names, phone numbers, and contact persons.
- o Identify and assist with development of additional systems projects as needed once the above are in place.

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APPENDIX B

Divider Title: _____

Operational Assessment Questionnaire Results
Office of National AIDS Policy

1) Describe your position (duties, function, responsibilities, goals). What are your most important duties and why?

In addition to receiving specific information about people's job duties, this question elicited responses that indicated that many staff feel that they are spending too much time meeting the daily mechanical functions of the office that takes time away from accomplishing more substantial, higher priority work goals. Particularly the responsibility for drafting responses to correspondence for OASH, as well for the Coordinator's signature, was mentioned as an area where the volume is inordinately high.

Some report that they are being asked to respond to some letters that are informational only and do not require a response from ONAP. Others report spending from one quarter to half of their time answering routine correspondence at the expense of working on research, prevention, and services agendas. They believe that work that is crucial to accomplishing the mission of the agency may not be completed in a timely manner as a result. Also, observations were made that some employees cannot find enough hours to keep up with this work load.

The suggestion was made that all correspondence be triaged by key staff to determine whether a response is really needed and whether ONAP is the appropriate agency to respond, and if not, to redirect it to the appropriate agency. It was also suggested that standardized responses be drafted and interns trained to answer routine correspondence, rather than using the most expensive staff in the office to spend so much time on this activity.

Several staff also commented on the importance of strengthening their external liaison roles with other Federal agencies and outside groups. They feel that this is crucial and serves as a critical conduit for transmitting policy decisions to other constituencies. It is critical for outside groups to feel that their interests can be articulated through a central point. Some staff reported that they are developing these relationships.

2) What decisions do you usually make in your job?

Many employees feel that clear decisions are not being made and that deadlines for some assignments are not prioritized according to true level of importance; everything seems to get the same attention. They perceive that some assignments are not important enough to compete with other issues. Some staff feel they must spend time on low priority work. They perceive that too much time is spent meeting daily mechanical functions.

Other employees do not understand if decision-making has been delegated to them. They need to know what the Coordinator's position is on key issues and what their level of authority is to speak for her. Some report a perception that other staff members are expressing personal opinions as if it were policy because of the lack of clarity about what the true policies are.

The decisions people make related to prioritizing their work are complicated by the duality of the White House and Public Health Service roles and the feeling that they are serving two masters. People are sensing the ambiguity of these roles and are trying to be responsive to both, but there is sometimes confusion about decision-making when there are deadlines from both entities. Decisions about priorities must be made in order to increase effectiveness.

3) What information do you need to make those decisions? When is it obtained? How do you receive the information? How much time does the process take? What is the quality level of the information?

One of the key pieces of information that employees reported needing is the Coordinator's position on policy issues and they need to know if decision-making authority has been delegated to them. They need this information so they can accurately reflect the office policies with having to be corrected or redirected.

Types of written information that employees reported needing and using are the AIDS Daily Summary, BBS information, cables, information from outside agencies and groups, AIDS newspaper clippings, PHS materials, and Department regulations. Additional publications that were identified as publications the agency should subscribe to were the Bay Area Reporter (San Francisco), The Blade (Washington, DC), and a New York paper -- All Gay.

Some staff expressed a need to know what their co-workers are doing and saying related to policy and planning. They suggested that a mechanism be developed to ensure that staff report back (e.g. via e-mail) after meetings and trips on key issues or results of the activity.

An example given of where this was lacking was an ASTHO meeting that was held where no prior information was shared with staff about the purpose of the meeting or even that it was occurring, and no feedback was given to staff after the meeting about what was accomplished.

Some also expressed a need for developing better mechanisms for communicating internal information to staff (i.e. more frequent and informative staff meetings). Some feel that the cluster structure, the geographic separation of the two offices, and the

lack of a permanent deputy are making it difficult to get internal information communicated efficiently and effectively.

Again, many staff expressed a need for information about how to know which hat to wear if OASH asks for comment on an issue. The ONAP is being asked to provide a separate channel of information to the White House that does not go through OASH. In this case, the concern about which hat to wear relates specifically to how to handle correspondence. Staff are asking, "If OASH asks for comment, do we represent the posture of the WH or PHS?"

Some feel that the interests of both can best be served by having a written plan of action that both parties agree upon, and that we should be building a positive relationship with OASH and finding out how we can advocate for them and be their allies.

4) What information linkages, processes and activities currently work well? What would you change and why?

Employees responded that information linkages that work well are one-to-one meetings, e-mail communications (although we need to be careful not to overload on trivial messages), and the daily AIDS Summary (invaluable). People would rather get too much information rather than too little, but there also seems to be a fear of throwing things away. One noted that scanning the Internet is time consuming.

To help reduce overload of e-mail messages that may not pertain to everyone, the Information Management Specialist established the following e-mail groups. It will facilitate communications going to key people that need specific information and help avoid information overload on e-mail if everyone will utilize these groups whenever the message does not need to go to everyone in the office. Employees are particularly urged to use the ONAPC Call List for notifying people when they will be out of the office; some are still notifying the ONAPC group.

ONAPC	All employees.
ONAPC Lead	All 750 Staff except Secretary; Cluster Leads; Acting Deputy; Support Operations Group Chief.
ONAPC Support	All support staff.
ONAPC 750	All employees at 750 location.
ONAPC Humphrey	All employees at 200 location.
ONAPC Support	Management and Support Group members.
ONAPC Prevention	Prevention Cluster members.
ONAPC Services	Services Cluster members.
ONAPC Research	Research Cluster members.
ONAPC Planning	Planning and Information Cluster members.
ONAPC Health Care Reform	Staff working on Health Reform issues.
ONAPC Call	Support Staff who answer phones.

Information that people reported they are not getting is feedback from other staff when they return from trips or meetings with key information that would keep staff current. Some feel that the extent to which co-workers are involved in information sharing of this type is a measure of their success. Also lacking is general information sharing that would help those answering phone calls be more effective.

It was suggested that a mechanism be established for including the appropriate people in meetings. For example, the scheduler could automatically invite the appropriate cluster leader to attend meetings with the Coordinator when she meets with others about issues related to their cluster area.

5) Do you get all the information you need? What is missing?

The results of the survey revealed that some employees do not know what information is missing and others do not feel they are getting all the information they need to do their jobs. Some perceive that internal information is not shared, or is filtered or delayed, sometimes as long as a month, rather than communicated in a timely manner. This interferes with employees' ability to perform their job functions in a timely manner. Others report that budget information and priorities are not clearly understood. There seems to be funding for computer hardware and software, but no training funds. Some would like to see better information on how budget priorities are established.

6) What unnecessary, low value information do you receive? From whom? How do you receive it? Why do you receive it? What do you do with it?

Employees report that some information goes to everyone and some never gets to the right people. Some staff report that they receive too much low level, unnecessary information and do not receive enough information related to the internal decisions, office management, and career development. Specific examples of unnecessary information received included party notices, staff directories from other agencies, and civil service retirement information.

7) What other kinds of information do you usually receive? When do you usually receive it? How do you receive it? What is the quality level? What do you do with it? What would you change?

Other kinds of information are received through avenues such as word of mouth, small meetings, community organizations, political networks, regulations, legislation, and programmatic information. Some report using the informal system as well.

8) What is the process for determining how your training needs are met? For what purpose are you receiving training? Is there a training plan that is adhered to? Are there areas where training is lacking? What would you change? Why? How?

Employees report that the types of training taken in the past have included skills building, career enhancing, and professional certification, although professional training is infrequent. Those interviewed report that training plans are not currently developed or followed through consistently and that training for specific subjects (e.g. software) is not provided on an ongoing regular basis. The area most often mentioned as lacking in training was computer training. Many feel that they have a very sophisticated computer system that they don't know how to use.

Others report that when computer training is held, people sign up and then don't show up for the training. It is recommended that when computer training is provided that management support and encourage this training, possibly making it mandatory if necessary.

Due to recent budget cuts employees were told they could only attend one training class per year, but it is not clear how that equates to dollars. It is troublesome to some employees that if they choose to take a \$75 computer class, that this will not equate with a \$3500 course that others have taken in the past for career development purposes. There is concern that some may be allowed to attend more expensive classes than others and that the process for making that decision be a fair one.

There is a perception that in the past, training funds have been available sporadically and only after extensive negotiations. It appeared that training was used as a reward rather than being part of a plan that was developed between employees and their supervisors. There is a feeling that there was unequal treatment in this area. Employees would like to see more planning and support in this area. More attention needs to be given to identifying the expertise and strengths of staff and capitalizing on it; then providing training to support weak areas.

9) What are the major strengths, weaknesses, opportunities, and risks within your area of responsibility and/or participation? What would you like to change? Why? How?

Some employees commented that they feel they will better be able to answer this question once a strategic plan for the organization is instituted. Some enjoy the autonomy they currently have to do their jobs. Others would like a closer relationship with the Coordinator in order to translate her and the Administration's policies more effectively.

10) What are the major strengths, weaknesses, opportunities, and risks within the organization? What would you like to change? Why? How?

Some feel that a major strength is that the Administration sees AIDS as a priority and that bringing new people into the organization is bringing in fresh ideas. However, others would like the new people to share the professional work load more. Most staff believe that the major weakness is the lack of an internal and external plan. Many feel that it is difficult to develop roles with the lack of a definitive mission statement and organizational chart. This is overwhelmingly seen as the most critical internal issue to address.

Additionally, some do not believe the cluster concept is working. They want a more defined hierarchy. Some people handle ambiguity better than others. Many are feeling displaced and not valued. Others note that there is no measurement system for the product. Some believe that what doesn't work well in general is that staff are not working on measurable goals.

Another weakness mentioned is the lack of women (particularly black women) in key positions of authority in the organization. It is perceived by some that the profile of the staff is important to the external image of the agency and that the characteristics of the office do not accurately reflect the emerging populations that have been diagnosed with AIDS.

11) What are the most significant issues currently facing your area of responsibility? How will these issues be address?

Critical issues mentioned included health care reform, research grants, budget, the need for the Coordinator and others to build a political base, the Administration's decreased emphasis on foreign policy and national security, and restrictions on travel.

12) What are the most significant issues currently facing the organization? How will these issues be addressed/resolved?

The most critical issues identified were the need to build a political base and to have an internal plan/strategy. The survey revealed that the most critical internal issues are the reorganization from a hybrid organization -- staff would like the Coordinator to articulate her vision of how staff can assist her with the process of serving the interests of the White House and Public Health Service; clarification on chain of command and reporting relationships; and budget clarification -- how much money do we have and for what?

13) How can the organization best serve the interests of the White House and the Public Health Service?

Suggestions included clarifying roles and having a written plan of action that both parties can agree upon. It was also suggested that a core group be created consisting of the Deputy, prevention lead, research lead, and services lead to develop stronger inter-relationship between OASH and ONAP. The group could hold weekly meetings with core OASH representatives, to discuss commonalities between offices, common legislative and other goals, share information about Presidential site visits, budget requests, and strategies, etc.

14) What changes do you anticipate in your area within the next three years? How will these changes be addressed?

Changes anticipated in the next three years in specific areas included the comment that we may need several additional people with experience in the areas of public affairs and in congressional relations. The agency will have to gear up for re-election issues which may affect the Coordinator's time.

15) What changes do you anticipate in the organization in the next three years?

Some feel that the success of the organization will be based upon the success of individual job objectives each person is assigned; and the success of the internal and external plan once it is instituted. It was suggested that team building training is needed.

16 & 17) What are the driving and restraining forces to achieving goals and desired outcomes in your area and in the organization?

The driving forces identified are the amount of support staff get from the WH and the HHS Secretary; the amount of press the agency gets; and the political base that is developed with Congress. Other driving forces are internal, such as the desire to perform service to the organization and clients, and the quality of staff. The restraining forces noted were micro-management of the simplest tasks while ignoring the larger picture of where we are going with this epidemic, and lack of strategic planning, internally and externally.

18) How do you measure your success? How do your co-workers measure your success?

Some reported that they measure their success by feedback (or lack thereof) from the Coordinator, their peers, and clients, and by completing successful projects.

19) How do you measure the success of your co-workers?

Some measure success of co-workers by the extent to which they are involved with bringing/including the people with the right knowledge and experience into their projects. Some will be judged by their projects; process functions (i.e. liaison) are harder to measure. Employees expect their superiors to provide support.

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APPENDIX C

Divider Title: _____

December 17, 1993

NOTE TO KRISTINE GEBBIE

FROM: Claudia Bingham
Organizational Consultant

SUBJECT: SYSTEMS PROGRESS REPORT

My charge was to evaluate and make recommendations for developing or improving the systems and information and communication flow of the Office of National AIDS Policy. Outlined below is a brief summary of my progress to date.

- o Interviewed and observed staff members at both locations.
- o Provided training for Secretary and new Scheduler at 750.
- o Reviewed systems and identified areas needing development.
- o Worked with Support Operations Group Chief to generate a list of projects with proposed timelines for completion in December.
- o Facilitated meetings with support staff to address concerns and form teams to work together to complete these projects.
- o Suggested that a fair and open process for informing staff of promotional opportunities be instituted.
- o Provided input to Support Operations Group Chief on position descriptions and role development of staff.
- o Worked toward opening communication lines between all staff by soliciting input related to systems and operations through an operational assessment questionnaire and compiled results.
- o Assisted Support Operations Group Chief with ensuring completion of team projects.
- o Met with staff at all levels individually and in groups to address concerns, interpret communications, facilitate role development and team cooperation, and contribute to the creation of a cohesive environment.
- o Worked with Information Management Specialist to identify information systems issues that need resolution and review the FDA electronic filing system.
- o Helped solidify reporting relationships and facilitate communication and issue resolution between support and technical staff.
- o Worked with Support Operations Group Chief to identify options for strengthening the relationship of with the Department through the paper flow process.
- o Working on systems analysis and developmental organizational plan with suggested timelines that includes office systems, communication systems, information systems, performance systems, and measurement systems -- almost finished.

○ NEW EMPLOYEE ORIENTATION MANUAL

Done

Step-by-Step Instructions (1 page each) for New Employee Orientation Manual should include but not be limited to topics below:

- General Instructions
 - Tour of restrooms and cafeteria
 - How to get and use ID and Metro cards
 - How to get and use office and elevator keys (750)
 - How to complete sign-in sheets
 - Earning of credit hours
 - Getting in and out of buildings on non-business hours
- Office Operating Instructions
 - Office hours (8:30 am - 5:00 pm)
 - Lunch and break coverage procedures
 - Mail handling; shuttle service schedule (2 times/day)
- Telephone Instructions
 - How to answer (i.e. Office of National AIDS Policy)
 - How to operate (transfer calls, etc.)
 - How to use phone referral and intercom lists
 - Where phone lists are located
 - Who to contact with questions
- FAX Instructions
 - Key FAX numbers
 - How to fill out forms
 - How to work the FAX machine
 - Where FAX machines are located
 - Sample of completed form
 - How to change toner, etc.
 - Who to contact with questions
- Copier Instructions
 - Where copiers are located
 - How to use copiers, change toner, etc.
- Computer Training
 - How to operate basics (cc:mail, scheduler, windows)
 - Provision for ongoing training on additional software
- Intern/Student Guidelines
 - Provide orientation materials and basic training
 - Clearly define roles and expectations

Project Team Members: Sally (leader)/Sandy M./Deborah S./
Bert/Gretchen/Debbie

Proposed Timeline: 10/25 - 11/22 (Revised to 12/16)

SPECIAL PROJECTS

Page 2

Done

○ **DAILY SCHEDULER/MEETING FILE PREPARATION**

Develop consistent method for preparing daily meeting and appointment files that includes the following:

- Daily schedule that includes key information for each meeting or appointment
- File or folder labelled with subject, date, time, and location and containing background materials
- Cover sheet in each file with the following information:
 - Subject
 - Contact
 - Date/time/length/travel time
 - Location/room number/directions
 - Purpose/expected outcome
 - Who does agenda/by when?
 - Is backup needed/who will provide?
 - Speaking part/how long?
 - Topic of speech/backup materials
 - Reminder date (remind one week ahead to prepare)
 - Special notes (leave room to take notes)
 - "To do" assignment sheets for assignments from mtgs.
- Prepare interview cover sheet in same format (see sample)
- Develop flow chart for making assignments at 750
- Print 3-month advance schedule for KG weekly

Project Team Members: Steve (leader)/Retina/Sandy M.

Proposed Timeline: 10/25 - 11/9 (Done)

*Done except for
high speed line -
Vesta*

○ **CONTROL CORRESPONDENCE/PAPER FLOW PROCESS**

Evaluate and modify electronic correspondence tracking system to reduce number of times each piece of paper is handled and establish a separate tracking system for correspondence initiated at 750 location that links with central system. Also establish efficient paper flow process for staff in/out boxes at both locations.

- Develop standard for White House correspondence
 - Include sample letter for KG signature
 - Negotiate delivery/security issue (1 day delay)
- Review message and paper control processes
 - How assignments are given to support staff
 - How phone messages are delivered

Project Team Members: Vesta (leader)/Sandy B./Steve/Sally/Retina/Claudia

Proposed Timeline: 10/25 - 11/16 (Revised to 12/23)

SPECIAL PROJECTS

Page 3

*Done except for
typing file folders,
+ filing everything*

○ **FILING SYSTEM**

Evaluate electronic archiving function vs. manual filing system and modify central filing system (review samples) based upon staff needs, prepare file folders, and relocate appropriate files according to guidelines below:

- Central filing system - 200 location
 - Administrative files
 - Main subject files
 - Key policy papers (electronic system linked to KG speeches and outlines accessible to both locations)
- Satellite filing system - 750 location
 - KG chronological correspondence files
 - Key policy/issue papers (both locations)
 - KG speeches and outlines (evaluate/develop process for obtaining KG speeches)
 - KG meeting/trip files
 - Media files (John Gurrola)

Project Team Members: Sandy B. (leader)/Retina/Karen
Gretchen/Lisa/Kathryn/Claudia

Proposed Timeline: 10/25 - 12/7 (Revised to 12/23)

○ **CALL REFERRAL LIST**

Done

Centralized quick index listing of common HIV programs or questions which is posted by all reception/secretarial phones, giving the appropriate referral information. It should include at least the following:

- Internal Referrals
 - Name and title of staff member
 - Area of expertise
 - Types of calls to refer
 - Intercom number and phone numbers
- External Referrals
 - Names of agencies and organizations
 - Addresses and phone/fax numbers
 - Contact person by issue and expertise

Project Team Members: Bert (leader)/Retina/Vesta

Proposed Timeline: 10/25 - 11/23 (Done)

SPECIAL PROJECTS

Page 4

Done

○ **UPDATE POLICIES AND PROCEDURES**

Develop and revise policies and procedures manual into an easy-to-use format with up-to-date procedures and develop a system for updating manual on a regular basis. Including but not limited to the following topics:

- Develop crisis plan for alerting staff in both locations to media calls and a media contact and referral list
- Evaluate/revise current policy and procedures manual
- Internal routing procedures
 - Circulate one copy at each location
 - Develop various types of route slips
- Preparing travel forms and itineraries (include samples)
- Preparing materials for the President
- Mail opening, sorting, and delivery processes
 - Exec. Sec. pick-up schedules
 - Mail delivery schedules between two locations
 - Ensure that all KG mail is delivered to 750

Project Team Members: **Retina (leader)/Steve/Bert/Deborah S.**

Proposed Timeline: **10/25 - 11/23 (Revised to 12/16)**

○ **PUBLICATIONS PROCESS**

Done

Establish a process for handling publications, including:

- How/who is responsible for renewing subscriptions
- What is receiving and circulation process
- How/where are publications filed (central library?)

Project Team Members: **Sandy B. (leader)/Sally/Karen**

Proposed Timeline: **10/25 - 11/16 (Revised to 12/23)**

○ **ROLODEX**

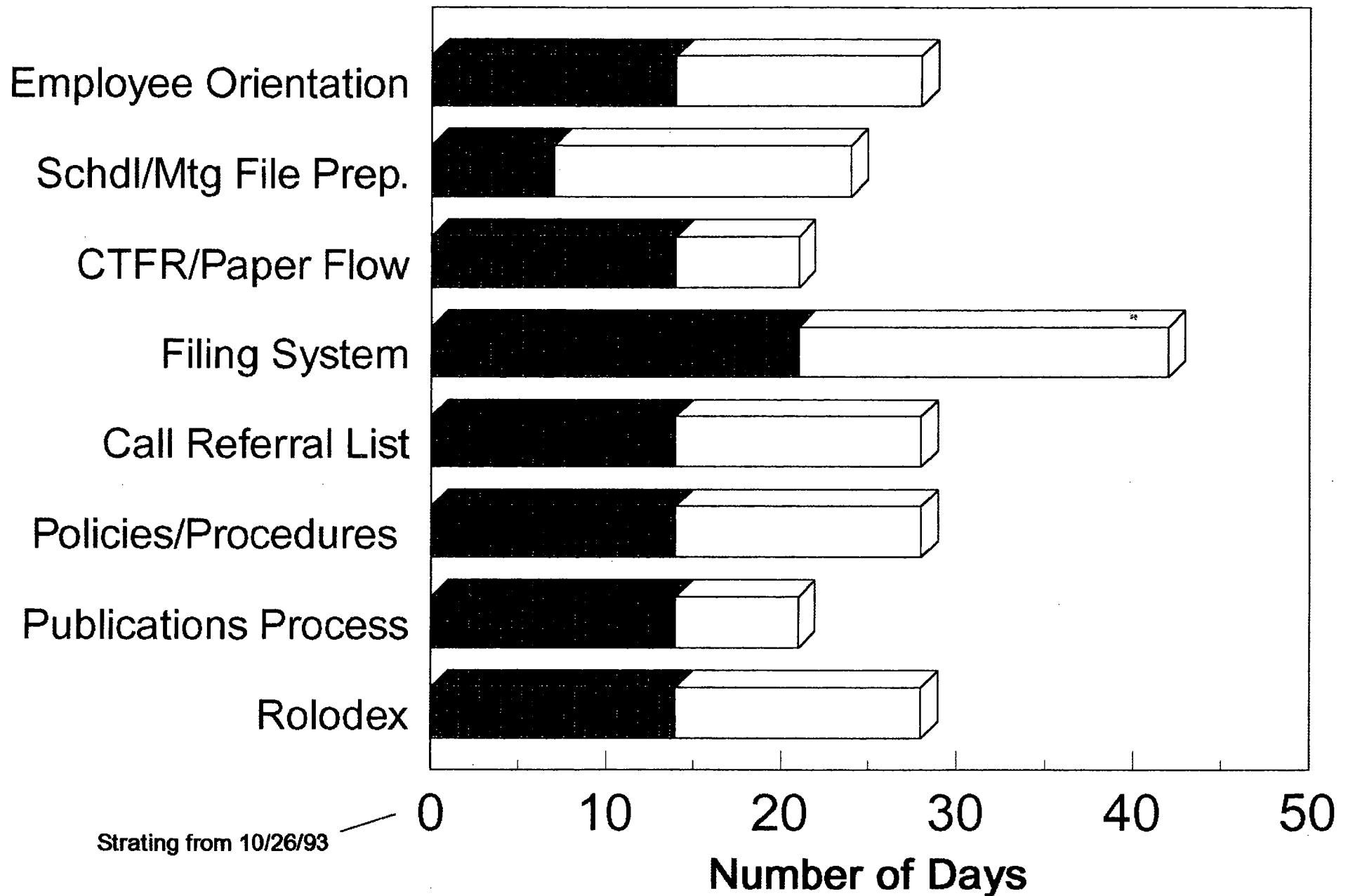
Evaluate electronic centralized rolodex and implement if it meets staff needs. Prepare electronic rolodex for KG.

Project Team Members: **Steve (leader)/Bert/Retina**

Proposed Timeline: **10/25 - 11/30 (Revised to 12/23)**

In Progress

Time Line for Special Projects



The break in color signifies mid-term review

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APPENDIX D

Divider Title: _____

[474] From: Claudia Bingham 12/17/93 10:43AM (7915 bytes: 134 ln)
To: Warren Buckingham, John Gurrola, Retina Holmes, Steve Lee, Andrew Barrer
cc: Kristine Gebbie, Arthur Lawrence, Claudia Bingham
Subject: Notes from Roles Meeting with 750 Staff

----- Message Contents -----

Following are notes from our meeting on December 16th to discuss roles and general issues for staff at 750. In attendance were Andrew, Buck, John, Retina, Steve, Claudia.

First the group discussed the need for a weekly staff meeting with the 750 location group which Kristine could attend when available. The purpose of the meeting would be to keep each other informed and coordinate scheduling and strategies. Steve will schedule a regular weekly meeting for every Friday at 9:30 am.

Claudia reminded the group that Retina will provide support for staff at the 750 location and she agreed to process the outboxes (except for Kristine's which Steve will handle). Retina is responsible for processing travel vouchers and providing general support where needed. She is also the principal contact for ordering office supplies and contacting vendors where equipment is down. Sandy Massenburg is the backup in this area when Retina is unavailable.

Claudia announced that Sandy Massenburg is now providing day-to-day supervision for support staff at the 200 location. She will provide assistance to Steve and Retina if extra help is needed from the staff there or if they have problems with phones or other logistical concerns.

Retina requested that the staff at 750 go to her directly if they have concerns about workload issues or are not getting the support they need. She will try to work things out herself before calling for assistance from others. At this time, Gretchen is working at 750 a couple of days a week to help set up the new filing system there.

The group discussed how to better coordinate the scheduling function for Kristine's travel. The group agreed that strategy and coordination is needed in this area. For example, she has been to some areas more than once, but hasn't been to others. We may want to pick target areas that we build trips around (i.e. Florida and Texas). Buck suggested developing travel guidelines for KG and staff:

- o Don't visit the same city more than two times per year
- o High incidence areas are priority over low incidence ones
- o Find out what KG's priorities are for travel
- o Plan travel around important Congressional issues
- o Schedule needs to be internally driven according to plan

The group discussed various ways to coordinate trips and meeting invitations. Currently, Steve e-mails everyone on general invitations and asks for input. This has been a good way to keep staff informed. The group agreed that routine appointments should be handled by Steve, but that events or trips should have another staff member assigned to

coordinate or take the lead and work closely with Steve.

With the limited travel budget, the group agreed that there needs to be a mechanism for deciding upon priorities and who we can get to pay for what. Andrew reminded the group that there are Congressional issues coming up from Jan. 24 - Easter that KG should be in Washington to handle.

Steve is holding Monday mornings for staff meetings and suggested that one meeting a month be designated for coordinating scheduling. He came up with a suggestion after the meeting that each staff meeting be content/agenda driven and the appropriate people invited to the meeting based upon the agenda. Meetings would be held every Monday at 9:30 am and staff would be invited prior to the meeting according to the events or issues on the agenda. Below is Steve's proposed schedule for comment:

- 1) Scheduling Meeting
- 2) All Staff - General Meeting
- 3) Communications Meeting
- 4) Cluster Leaders - Strategy Meeting

The group expressed concern over space issues. The 750 office seems to reach a critical mass when too many people are there and no one can function effectively. It was suggested that an announcement be made at the next all staff meeting to request that staff from 200 don't come over just to hang out or use the equipment before and after meetings. Work seems to stop when they get more than ten people there with staff, interns, and visitors.

The group also asked the status of efforts to move the 750 group to the 6th Floor contiguous to the conference room. They feel that this would be better for the image and the effective functioning of the office. The group agreed that they need double the square footage. Art was unable to get the extra space because of budget limitations. Andrew offered to work with his contacts to get some free space. He will proceed if okay with KG.

Steve and Retina requested that staff increase efforts to share information in person or via e-mail so they can provide the best information when answering calls. Steve also needs copies of all letters that go to the White House or other officials. They will set up files for John's official correspondence. Buck reminded everyone that everything connected with the White House is considered an official document and must be kept forever.

The group agreed that it would be helpful to invite someone from White House Administration or Archives to attend one of the weekly Friday staff meetings to discuss retention guidelines and administrative processes for obtaining letterhead, etc. John will arrange for this to happen.

The question was raised about whether we can get on the White House e-mail system, OASIS via the network. Claudia spoke to Art after the meeting and found that this issue has been addressed and the White House system security system

will not allow it to go on our network. The only way they would allow it is if we were not on the PHS network. This is for security reasons.

There were questions about the electronic rolodex and when that will be available. Steve has access to it via the Organizer software which he will access in January.

There were complaints about the new intercom lines that only one person can use the line at a time rather than four. Rather than using the intercom to announce a call, people are making long calls on the intercom line between the two locations. The group has also had problems with the line disconnecting. It may be a training issue. Additionally, the group would like another phone to be placed at one of the extra jacks in the front office for people to use. Steve will address these issues with Sandy Massenburg.

Please let me know if you have any corrections or additions to these notes. Thanks.

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APPENDIX E

Divider Title: _____

NOTE TO KRISTINE

In an effort to strengthen our working relationship within the Department and PHS, Art, Claudia and I have been discussing possible ways to accomplish this task. I also have informally solicited suggestions from several of my colleagues in the PHS and OS.

General Suggestions:

HHS:

- o As a courtesy, Dr. Shalala, and more often than not, Patsy Fleming, should be informed (not necessarily asked to clear) of all policy relevant-issues, or issues that will impact on HHS resources (personnel or budget) before you or the White House sign any documents. This also should apply when you plan to discuss these issues verbally through speeches, at meetings, or with the media. This can be done:
 - informally by a telephone call.
 - written communication in the form of a note or memorandum or,
 - requesting a meeting.
- o Carbon copy Dr. Shalala on any correspondence that is being sent out of ONAP to: (1) members of Congress; (2) other Cabinet Secretaries; and, (3) other Federal Departments and Agencies. Also, copy the Secretary when writing about policy-relevant issues, resource issues, new issues, controversial issues, or Advisory Councils that will impact on HHS.
- o It is better to err on the side of providing too much information than not enough. By keeping the appropriate individuals informed and ensuring that they are in agreement with your position, it will help prevent you from being perceived as getting out in front of the Department on issues that involve it.

PHS:

- o The same courtesy should apply to Drs. Lee and Boufford. They should be informed (not necessarily asked to clear) of all policy relevant-issues, or issues that will impact on HHS/PHS resources (personnel or budget) before you or the White House sign any documents. This also should apply when you plan to

Page 2 - Note to Kristine

discuss these issues verbally through speeches, at meetings, or with the media. Again, this can be done:

- informally by a telephone call.
 - written communication in the form of a note or memorandum or,
 - requesting a meeting.
- o When you want a PHS Agency or OASH Staff Office to perform a task, you should send a written request to Dr. Lee. A carbon copy should go to Dr. Boufford and the respective PHS Agency Head or OASH Staff Office Director. A blind carbon copy could be sent to the Agency or OASH Staff Office staff member who will be asked to perform the task, or make a telephone call to let them know about the request.
 - o It is recommended that you do not take assignments that require any action directly from Agency or OASH Staff Office staff. Ask them to send their request to you in writing. By doing this, it will allow you to:
 - Get staff input. An individual may have important information because of their historical knowledge or personal involvement or general knowledge regarding an issue, (e.g., the AHCPR HIV Clinical Guidelines).

Description of the Process:

Below is a brief description of how the Executive Secretariat channels work within HHS and PHS for your general information. I am aware that you have not been involved in this process, but I thought you might be interested just as an FYI (for your information).

Action Steps:

We have been assigned the specific action. That is:

- o We are asked to **prepare a response** for the:
 - Secretary's signature
 - ASH's signature (this could be in the form of a letter, briefing material for the Secretary, talking points, etc.)
 - direct reply (Acting Director of NAPO)

Page 3 - Note to Kristine

- signature that is designated (e.g., SG or Deputy ASH, etc.), or,
- draft for OS signature (White House Referral).
- o We are asked to **review and clear** a response that has been prepared by an Agency or OASH Staff Office.
- o We are asked to take **necessary action**. If special instructions are not given, we decide what, if any, action should be taken.
- o We are given a **For Your Information** copy. If this is the case, we can tell from the PHS/ES correspondence form who was given the assignment and what action was required, if any. If we want to contact the respective office or agency to provide input, we can elect to do so. More often than not, we get the response to review/clear if it is for Drs. Lee, Boufford, or Shalala's signature.

Sign-Off Authority:

The PHS/ES control form gives the date the document was referred to PHS/ES and when the response is due. The current policy is that any form of correspondence or document requiring ONAP action should be signed by or cleared off on by the Acting Director of NAPO (Art) or his acting designee. I don't know how this policy will be effected when our Office is formally established as ONAP and a Deputy is appointed. I check into it and let you know.

Since you have not been involved in this process, you may not want to start now, although I thought it would be appropriate for you to make the final decision. For those PHS/ES documents that require ONAP action, you have the options of: (1) seeing the response and incoming before your Deputy signs off on issues involving policy, personnel/resources, new, or controversial and/or sensitive issues; (2) leaving the decision up to your Deputy; or, (3) receiving an FYI copy.

Options:

Option # 1: See the response and incoming before we sign off on it

Pros:

- o Know how the PHS and the Department are addressing these issues.
- o Have an opportunity to informally weigh in with your comments.

Page 4 - Note to Kristine

- o Alert you to any issues that need further discussion with Drs. Lee and/or Shalala.

Cons:

- o Be unaware of how the PHS and Department are addressing these issues and potentially find yourself in a comprising situation if your views are different.
- o Miss an opportunity to weigh in with your comments on issues that you may be addressing independently at the White House level.
- o Miss opportunities to discuss issues that involve or impact on the PHS and Department that could possibly cause some conflict between you and Drs. Lee and/or Shalala.

Option #2: Leaving the decision up your Deputy

Pros:

- o Allows your Deputy to alert you or discuss those issues that she/he believes warrants your attention or input before officially signing or clearing off on.
- o Keeps you from being overburdened with correspondence that isn't for your signature.
- o Allows your Deputy to make decisions in a timely fashion. Often times, we have only one day to review and clear documents that are prepared by others.

Cons:

- o May prevent you from being informed of issues you believe warrant your attention or input and cause potential conflict with decisions that you are addressing at the White House level.
- o Overburdens you with paperwork that would keep you from doing other things.
- o Adds additional time to the review and clearance process that may already be on a tight timeframe and not allow us to weigh in with our comments.

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Option #3: Receive an FYI only

Pros:

- o Allows you to review the paperwork at your leisure.
- o Keeps you apprised of the issues that are being addressed in the PHS and Department, and any that you believe warrants further discussion with appropriate staff.

Cons:

- o Paperwork may become overwhelming.
- o May not allow you the opportunity to address an issue that you think is important before a decision is made by Drs. Lee or Shalala.

Recommendation:

I recommend Option # 2: Let your Deputy make the determinations for you on a case-by-case basis and keep you informed accordingly.

Decision:

Concur_____ Nonconcur_____ Date_____

Other_____

Sandy Bart

cc: Art
Claudia

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APPENDIX F

Divider Title: _____

WIN-WIN AGREEMENT

Task 1

Task 2

PARTY 1

PARTY 2

DESIRED RESULTS

GUIDELINES

RESOURCES

ACCOUNTABILITY

CONSEQUENCES

**OREGON HEALTH DIVISION
PERFORMANCE MEASURES
QUARTERLY REPORT - SEPTEMBER 30, 1993**

PERFORMANCE MEASURES

AGENCY FOCUS AREAS (*Oregon Benchmark or Benchmark Related)

AREA 1: PREVENTABILITY INDEX

Definition: Proportion of program clients for whom the appropriate measures to prevent spread were taken or who report having eliminated high-risk health behaviors after contact with program.

Demonstrates: Effectiveness in preventing various diseases, conditions, high-risk behaviors or incidents.

AREA 2:* COMMUNITY IMPACT

Definition: Progress toward targets for a core set of health status indicators (including Oregon Benchmark and Health Objectives for the Year 2000).

Demonstrates: Effectiveness of agency in providing public health leadership and services for the state.

AREA 3: CUSTOMER SATISFACTION

Definition: Proportion of recipients satisfied with service, training or consultation.

Demonstrates: Effectiveness in serving the public, players and recipients of the public health system in Oregon.

AREA 4:* RESOURCE DEVELOPMENT

Definition: Quantity of new resources (funding, equipment, etc.) brought to the Oregon Health Division and/or local health agencies to achieve outcomes related to Benchmark and Oregon Health 2000 activities.

Demonstrates: Effectiveness of agency in bringing additional public health resources to the state.

Center for Program Services
PERFORMANCE MEASURES

EFFECTIVENESS MEASURES (*Oregon Benchmark or Related)

MEASURE 1: PUBLIC HEALTH SYSTEM -- CUSTOMER SATISFACTION

Definition: Number of families serviced by the public health system who report that services were family-centered, community-based, accessible, convenient, culturally competent, and coordinated.

Demonstrates: Effectiveness of public health system in Oregon.

Data Needs: Number of clients who report satisfaction with the local health departments' services.

MEASURE 2: AFFIRMATIVE ACTION RECRUITING, HIRING AND RETENTION

Definition: Ratio of minorities, women, and people with disabilities on staff compared to agency affirmative action goals.

Demonstrates: Indicator of work-force diversity.

MEASURE 3: COMMITTEE AFFIRMATIVE ACTION REPRESENTATION

Definition: Number of women, minorities, and people with disabilities serving on agency internal and external committees, boards and commissions as a proportion of the total number of people in these groups.

Demonstrates: Indicator of agency climate which values diversity.

MEASURE 4: SICK LEAVE SAVED

Definition: A monthly measure of the amount of sick leave days used by employees compared to the total monthly amount of sick leave days earned.

Demonstrates: Indicator of the level of employee wellness and work life quality.

MEASURE 5:* WORKERS COMPENSATION CLAIMS TO CLAIMS WITH TIME LOSS

Definition: Ratio of Workers Compensation claims per year to claims with time loss.

Demonstrates: Safety and cost effectiveness.

MEASURE 6: COMPLIANCE WITH ADA REQUIREMENTS

Definition: Number (Ratio) of accommodations made with/to complaints filed.

Demonstrates: Indicators of agency climate which values and accommodates people with disabilities.

EFFICIENCY MEASURES (*Oregon Benchmark or Benchmark Related)

MEASURE 7: ADMINISTRATIVE COSTS

Definition: Ratio of administrative costs to total agency costs.
Demonstrates: Administrative efficiency.

MEASURE 8: COMMUNITY MEDICAL CARE COST SAVINGS PER STATE-LEVEL EXPENDITURES

Definition: Number of dollars saved as a result of Certificate of Need Program per dollar spent for state-level Certificate of Need Activities.
Demonstrates: Efficiency in containing medical care costs.
Data Needs: Medical care cost saving and costs of state-level program.

MEASURE 9: ELECTRONIC MAIL

Definition: Number of electronic messages initiated on the network.
Demonstrates: Efficient use of time and saving of paper.

MEASURE 10: PAPER RECYCLING

Definition: Number of pounds of paper that are recycled.
Demonstrates: Efficient use of supplies and resources.

**OREGON HEALTH DIVISION
CENTER FOR PROGRAM SERVICES**

Key Measures of Performance	EFFECTIVENESS						EFFICIENCY			
	Public Health System	Affirmative Action Recruiting/Hiring	Committee Affirmative Action Representation	Sick Leave Saved	Compensation Claims/Time Loss	Compliance with ADA Requirements	Administration	* C/N \$ Saved Per \$ Expended	Electronic Mail	** Paper Recycling/#
Actual Results	0.00%	32.10%	75.00%	37.00%	100.00%	100.00%	4.60%	\$2,418,182	1,271	22,760
Potential	0.00%	100.00%	80.00%	50.00%	100.00%	100.00%	4.50%	\$9,672,727	3,000	25,000
9	0.00%	93.00%	79.80%	48.30%	93.50%	95.00%	4.69%	9,045,454	2,994	24,517
8	0.00%	86.00%	79.60%	46.60%	87.00%	90.00%	4.88%	8,418,182	2,987	24,033
7	0.00%	79.00%	79.40%	44.90%	80.50%	85.00%	5.06%	7,790,909	2,981	23,550
6	0.00%	72.00%	79.20%	43.20%	74.00%	80.00%	5.25%	7,163,636	2,975	23,066
5	0.00%	65.00%	79.00%	41.50%	67.50%	75.00%	5.44%	6,536,364	2,969	22,583
4	0.00%	58.00%	78.80%	39.80%	61.00%	70.00%	5.63%	5,909,091	2,962	22,099
3	0.00%	51.00%	78.60%	38.10%	54.50%	65.00%	5.82%	5,281,818	2,956	21,616
2	0.00%	44.00%	78.40%	36.40%	48.00%	60.00%	6.00%	4,654,545	2,950	21,132
1	0.00%	37.00%	78.20%	34.70%	41.50%	55.00%	6.19%	4,027,273	2,943	20,649
Baseline	0.00%	30.00%	78.00%	33.00%	35.00%	50.00%	6.38%	3,400,000	2,937	20,165
-1	0.00%	23.00%	77.80%	31.30%	28.50%	45.00%	6.57%	\$2,772,727	2,931	19,682
-2	0.00%	16.00%	77.60%	29.60%	22.00%	40.00%	6.76%	\$2,145,455	2,924	19,198
-3	0.00%	9.00%	77.40%	27.90%	15.50%	35.00%	6.94%	\$1,518,182	2,918	18,715
-4	0.00%	2.00%	77.20%	26.20%	9.00%	30.00%	7.13%	\$890,909	2,912	18,231
-5	0.00%	-5.00%	77.00%	24.50%	2.50%	25.00%	7.32%	\$263,637	2,906	17,748
Level Achieved	0.00	0.30	-15.00	2.35	10.00	10.00	9.47	-1.57	-264.44	5.37
Relative Weight	15.0	15.0	5.0	10.0	10.0	5.0	20.0	10.0	15.0	5.0
Earned Value	0.00	4.50	-75.00	23.53	100.00	50.00	189.36	-15.65	-3966.67	26.84

30-September-93

* Moved from the Center of Health Policy to the Center of Program Services

** These figures do not include cardboard recycling. During this quarter the Health Division attributed 45% of the cardboard (22yds) recycled. Due to vacations, recycling dropped 1,000 lbs less this quarter.

Performance Index =

-3663.09

Center for Environment & Health Systems
PERFORMANCE MEASURES

EFFECTIVENESS MEASURES (*Oregon Benchmark or Related)

MEASURE 1:* COMPLIANCE TO STANDARDS -- PREVENTABILITY INDEX

Definition: Percentage of regulated entities with substantial compliance to standards.
Demonstrates: Effectiveness of agency in assuring adequate controls to reduce environmental risks to the public.
Data Needs: Percentage of drinking water systems, restaurants, swimming pools, tourist facilities, shellfish growers, and radioactive facilities in substantial compliance with related standards.

MEASURE 2:* ENVIRONMENTAL RISKS -- COMMUNITY IMPACT

Definition: Proportion of reported environmental health risks which are assessed and managed rapidly and effectively.
Demonstrates: Effectiveness in assessing, communicating and managing human health risks from environmental exposures.
Data Needs: Number of complaints or notifications of deficiencies that were handled promptly and effectively.

MEASURE 3: CUSTOMER SATISFACTION

Definition: Responsiveness to requests for assistance.
Demonstrates: Effectiveness in serving the public.
Data Needs: Sampling or other means of collecting data regarding how the public and other customers perceive the services will need to be developed.

MEASURE 4: COST PER CERTIFICATION OR LICENSURE

Definition: Agency cost per certification or licensure (increases should be no more than the consumer price index).
Demonstrates: Efficiency of agency in conducting environmental health inspections and licensure of facilities.
Data Needs: Cost of certification, licensure, or inspection of drinking water systems, restaurants, swimming pools, tourist facilities, and shellfish growers, and radioactive facilities.

MEASURE 5: ADMINISTRATIVE COSTS

Definition: Administrative cost per regulated entity.
Demonstrates: Administrative/cost efficiency.
Data Needs: Administrative cost for regulation programs (including Drinking Water Program, Restaurant Program, Swimming Pools, Tourist Facilities, Shellfish Program, and Radiation Control Program) divided by the number of regulated entities.

OREGON HEALTH DIVISION
CENTER FOR ENVIRONMENT AND HEALTH SYSTEMS/ENVIRONMENTAL SERVICES

Key Measures of Performance	EFFECTIVENES			EFFICIENCY	
	Compliance To Standards	Environmental Risks	Customer Satisfaction	Cost per Certification or Licensure	Administrative Cost
Actual Results	98.0%	100.0%	100.0%	\$213.00	\$56.00
Potential					
10	98.0%	98.0%	98.0%	\$213.00	\$56.00
9	97.6%	98.1%	97.6%	\$214.00	\$56.90
8	97.2%	98.2%	97.2%	\$215.00	\$57.80
7	96.8%	98.3%	96.8%	\$216.00	\$58.70
6	96.4%	98.4%	96.4%	\$217.00	\$59.60
5	96.0%	98.5%	96.0%	\$218.00	\$60.50
4	95.6%	98.6%	95.6%	\$219.00	\$61.40
3	95.2%	98.7%	95.2%	\$220.00	\$62.30
2	94.8%	98.8%	94.8%	\$221.00	\$63.20
1	94.4%	98.9%	94.4%	\$222.00	\$64.10
Baseline					
0	94.0%	99.0%	94.0%	\$223.00	\$65.00
-1	93.6%	99.1%	93.6%	\$224.00	\$65.90
-2	93.2%	99.2%	93.2%	\$225.00	\$66.80
-3	92.8%	99.3%	92.8%	\$226.00	\$67.70
-4	92.4%	99.4%	92.4%	\$227.00	\$68.60
-5	92.0%	99.5%	92.0%	\$228.00	\$69.50
Level Achieved	10.00	-10.00	15.00	10.00	10.00
Relative Weight	30.0	30.0	20.0	10.0	10.0
Earned Value	300.00	-300.00	300.00	100.00	100.00

30-September-93

Performance Index =

500.00

**OREGON HEALTH DIVISION
CENTER FOR ENVIRONMENT AND HEALTH SYSTEMS/DRINKING WATER PROGRAM**

Key Measures of Performance	EFFECTIVENESS			EFFICIENCY	
	Compliance To Standards	Environmental Risks	Customer Satisfaction	Cost per Certification or Licensure	Administrative Cost
Actual Results	79.0%	87.0%	72.0%	\$100.00	\$1,000
Potential	100.0%	100.0%	100.0%	\$90.00	\$900
9	97.9%	98.3%	97.0%	\$91.00	\$910
8	95.8%	96.6%	94.0%	\$92.00	\$920
7	93.7%	94.9%	91.0%	\$93.00	\$930
6	91.6%	93.2%	88.0%	\$94.00	\$940
5	89.5%	91.5%	85.0%	\$95.00	\$950
4	87.4%	89.8%	82.0%	\$96.00	\$960
3	85.3%	88.1%	79.0%	\$97.00	\$970
2	83.2%	86.4%	76.0%	\$98.00	\$980
1	81.1%	84.7%	73.0%	\$99.00	\$990
Baseline	79.0%	83.0%	70.0%	\$100.00	\$1,000
-1	76.9%	81.3%	67.0%	\$101.00	\$1,010
-2	74.8%	79.6%	64.0%	\$102.00	\$1,020
-3	72.7%	77.9%	61.0%	\$103.00	\$1,030
-4	70.6%	76.2%	58.0%	\$104.00	\$1,040
-5	68.5%	74.5%	55.0%	\$105.00	\$1,050
Level Achieved	0.00	2.35	0.67	0.00	0.00
Relative Weight	30.0	30.0	20.0	10.0	10.0
Earned Value	0.00	70.59	13.33	0.00	0.00

30-September-93

Performance Index =

83.92

OREGON HEALTH DIVISION
CENTER FOR ENVIRONMENT AND HEALTH SYSTEMS/RADIATION CONTROL

Key Measures of Performance	EFFECTIVENES			EFFICIENCY	
	Compliance To Standards	Environmental Risks	Customer Satisfaction	Cost per Certification or Licensure	Administrative Cost
Actual Results	8.0%	50.0%	34.5%	\$119.00	\$87.00
Potential	80.0%	100.0%	100.0%	\$107.00	\$78.00
9	74.0%	98.0%	99.5%	\$78.90	\$78.90
8	68.0%	96.0%	99.0%	\$109.40	\$79.80
7	62.0%	94.0%	98.5%	\$110.60	\$80.70
6	56.0%	92.0%	98.0%	\$111.80	\$81.60
5	50.0%	90.0%	97.5%	\$113.00	\$82.50
4	44.0%	88.0%	97.0%	\$114.20	\$83.40
3	38.0%	86.0%	96.5%	\$115.40	\$84.30
2	32.0%	84.0%	96.0%	\$116.60	\$85.20
1	26.0%	82.0%	95.5%	\$117.80	\$86.10
Baseline	20.0%	80.0%	95.0%	\$119.00	\$87.00
-1	14.0%	78.0%	94.5%	\$120.20	\$87.90
-2	8.0%	76.0%	94.0%	\$121.40	\$88.80
-3	2.0%	74.0%	93.5%	\$122.60	\$89.70
-4	-4.0%	72.0%	93.0%	\$123.80	\$90.60
-5	-10.0%	70.0%	92.5%	\$125.00	\$91.50
Level Achieved	-2.00	-15.00	-121.00	0.00	0.00
Relative Weight	30.0	30.0	20.0	10.0	10.0
Earned Value	-60.00	-450.00	-2420.00	0.00	0.00

30-September-93

Performance Index =

-2930.00

Center for Environment & Health Systems
Emergency Medical & Health Care Licensure & Certification
PERFORMANCE MEASURES

EFFECTIVENESS MEASURES (*Oregon Benchmark or Related)

MEASURE 1: COMPLIANCE TO STANDARDS--PREVENTABILITY INDEX

Definition: Percent of surveyed health care providers with severe deficiencies based on review of compliance with licensing and certification standards and life safety codes resulting in delicensure/decertification action.

Demonstrates: Effectiveness in assuring safe, high quality health care.

Data Needs: Number of surveys of home health agencies, hospitals, mammography suppliers and other health providers within defined time period (three months). Total number of delicensure/decertification actions initiated during the same three month time period.

MEASURE 2: DISCIPLINARY COMPLAINTS EFFECTIVELY RESOLVED

Definition: Percent of disciplinary complaints about EMT and ambulances that reach satisfactory resolution.

Demonstrates: Effectiveness in assuring safe, high quality emergency services and transport for injured Oregonians.

Data Needs: Number of complaints regarding EMTs and ambulances that are satisfactorily resolved compared with the total number of such complaints within a defined time period.

MEASURE 3: CONSUMER COMPLAINTS RESOLVED--CUSTOMER SATISFACTION

Definition: Percent of consumer complaints resolved.

Demonstrates: Effectiveness in satisfying customers.

Data Needs: Number of consumer complaints regarding health care facilities and hospital bills and number of such complaints resolved within defined time period.

MEASURE 5: DOLLARS PER CERTIFICATION OF EMT

Definition: Resources expended per certification of emergency medical technician.

Demonstrates: Cost efficiency.

Data Needs: Number of EMTs certified and cost of certification period within defined time period.

EFFICIENCY MEASURES (*Oregon Benchmark or Benchmark Related)

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MEASURE 6 : TIMELY PLANS REVIEWS

Definition: Average length of plans reviews completed within 15 days.

Demonstrates: Time efficiency.

Data Needs: Number of plans reviewed within 15 days compared with the total number of plans reviewed during a defined time period.

OREGON HEALTH DIVISION
CENTER FOR ENVIRONMENT AND HEALTH SYSTEMS
***EMERGENCY MEDICAL SERVICES & HEALTH CARE LICENSURE & CERTIFICATION**

Key Measures of Performance	EFFECTIVENESS			EFFICIENCY	
	Compliance To Standards	Disciplinary Complaints Resolved	Consumer Complaints Resolved	\$ per EMT Certification	Timely Plans Review
Actual Results	8.0%	89.0%	30.0%	\$89.00	11.5
Potential	100.0%	99.0%	99.0%	\$75.00	900.0
9	92.0%	96.6%	91.6%	\$76.50	811.5
8	84.0%	94.2%	84.2%	\$78.00	723.0
7	76.0%	91.8%	76.8%	\$79.50	634.5
6	68.0%	89.4%	69.4%	\$81.00	546.0
5	60.0%	87.0%	62.0%	\$82.50	457.5
4	52.0%	84.6%	54.6%	\$84.00	369.0
3	44.0%	82.2%	47.2%	\$85.50	280.5
2	36.0%	79.8%	39.8%	\$87.00	192.0
1	28.0%	77.4%	32.4%	\$88.50	103.5
Baseline	20.0%	75.0%	25.0%	\$90.00	15.0
-1	12.0%	72.6%	17.6%	\$91.50	-73.5
-2	4.0%	70.2%	10.2%	\$93.00	-162.0
-3	-4.0%	67.8%	2.8%	\$94.50	-250.5
-4	-12.0%	65.4%	-4.6%	\$96.00	-339.0
-5	-20.0%	63.0%	-12.0%	\$97.50	-427.5
Level Achieved	-1.50	5.83	0.68	0.67	-0.04
Relative Weight	20.0	20.0	20.0	20.0	20.0
Earned Value	-30.00	116.67	13.51	13.33	-0.79

30-September-93

Performance Index =

112.72

*Moved from Office of Health Policy to Center for Environment & Health Systems

Center for Public Health Laboratories
PERFORMANCE MEASURES

EFFECTIVENESS MEASURES (*Oregon Benchmark or Benchmark Related)

MEASURE 1: NEWBORN SCREENING--PREVENTABILITY INDEX

Definition: Proportion of Oregon newborns who are screened for genetic diseases according to current recommendations.
Demonstrates: Effectiveness in preventing mental retardation, death, and large public expenditures.
Data Needs: Proportion of Oregon newborns who are screened for genetic diseases according to current recommendations through the Newborn Screening Program.

MEASURE 2: CLINICAL LABORATORY REGULATION--COMMUNITY IMPACT

Definition: The proportion of clinical laboratories certified and/or licensed that perform satisfactorily on unknown check samples.
Demonstrates: Effectiveness in assuring that quality clinical laboratory services are being performed in Oregon.
Data Needs: Proportion of laboratories certified and/or licensed and the results on regular periodic unknown check samples.

MEASURE 3: ENVIRONMENTAL LABORATORY REGULATION--COMMUNITY IMPACT

Definition: The proportion of acceptable performance evaluation (PE) results obtained by the environmental laboratories that are certified for drinking water analysis.
Demonstrates: Effectiveness in assuring that quality laboratory analysis of drinking water is being performed in Oregon.
Data Needs: The number of PE challenges attempted and the number of PE challenges passed by the certified drinking water laboratories during the past year.

MEASURE 4: LABORATORY TEST QUALITY--CUSTOMER SATISFACTION

Definition: The quality of lab work being performed by the Center for Public Health Laboratories as measured by proficiency testing (PT) results.
Demonstrates: Effectiveness in providing high quality lab services.
Data Needs: Tabulation of the number of PT challenges attempted and the number of acceptable results obtained during the reporting period.

EFFICIENCY MEASURES (*Oregon Benchmark or Benchmark Related)

MEASURE 5: LABORATORY PRODUCTIVITY

Definition: The number of work time units (WTU's) logged per FTE.
Demonstrates: Efficiency of laboratory staff in accommodating public health program demands and priorities.
Data Needs: The number of work time units (WTU's) logged per FTE.

MEASURE 6: COSTS OF LABORATORY REGULATION PROGRAMS

Definition: Annual cost per clinical and environmental laboratory certified or licensed.
Demonstrates: Program/cost efficiency.
Data Needs: Annual program costs and the number of clinical and environmental laboratories certified or licensed.

MEASURE 7: TURN-AROUND TIME FOR SELECTED LABORATORY TESTS

Definition: Proportion of selected laboratory tests reported within published turn-around times.
Demonstrates: Efficiency in the timely performance of laboratory tests.
Data Needs: The number of selected samples received and the number reported within the published turn-around time.

**OREGON HEALTH DIVISION
CENTER FOR PUBLIC HEALTH LABORATORIES**

**Key Measures
of
Performance**

EFFECTIVENESS				EFFICIENCY		
Newborn Screening Preventaility	Lab Regulat'n Cmnty Impact	Environmental Lab Regulat'n Comnty Impact	Lab Test Quality Customer Sftn	Lab Productivity	Cost of Lab Regulat'n Programs	Turn-Around Time for lab Tests
93.4%	93.0%	88.0%	99.4%	3936	\$982	99.9%
98.0%	100.0%	100.0%	100.0%	4000	\$800	100.0%
96.7%	98.0%	99.0%	99.0%	3950	\$820	99.5%
95.4%	96.0%	98.0%	98.0%	3900	\$840	99.0%
94.1%	94.0%	97.0%	97.0%	3850	\$860	98.5%
92.8%	92.0%	96.0%	96.0%	3800	\$880	98.0%
91.5%	90.0%	95.0%	95.0%	3750	\$900	97.5%
90.2%	88.0%	94.0%	94.0%	3700	\$920	97.0%
88.9%	86.0%	93.0%	93.0%	3650	\$940	96.5%
87.6%	84.0%	92.0%	92.0%	3600	\$960	96.0%
86.3%	82.0%	91.0%	91.0%	3550	\$980	95.5%
85.0%	80.0%	90.0%	90.0%	3500	\$1,000	95.0%
83.7%	98.0%	89.0%	89.0%	3450	\$1,020	94.5%
82.4%	96.0%	88.0%	88.0%	3400	\$1,040	94.0%
81.1%	94.0%	87.0%	87.0%	3350	\$1,060	93.5%
79.8%	92.0%	86.0%	86.0%	3300	\$1,080	93.0%
78.5%	90.0%	85.0%	85.0%	3250	\$1,100	92.5%
6.46	6.50	-2.00	9.40	8.72	0.90	9.80
20.0	10.0	5.0	15.0	20.0	10.0	20.0
129.23	65.00	-10.00	141.00	174.40	9.00	196.00

30-September-93

Performance Index =

704.6

Center for Child & Family Health
PERFORMANCE MEASURES

EFFECTIVENESS MEASURES (*Oregon Benchmark or Benchmark Related)

MEASURE 1: INFANT MORALITY PREDICTOR (EARLY PRENATAL CARE)

Definition: Infant mortality in Oregon as predicted by access to prenatal care.
Demonstrates: Effectiveness in preventing infant mortality.
Data Needs: Percent of pregnant women receiving prenatal care beginning in the first trimester.

MEASURE 2:* TEEN PREGNANCY RATE

Definition: Pregnancy rate per 1,000 females ages 10-17.
Demonstrates: Effectiveness in preventing teen pregnancy.
Data Needs: Number of teen births and abortions per 1000 female teens.

MEASURE 3:* AGE APPROPRIATE IMMUNIZATIONS OF TWO YEAR OLD CHILDREN

Definition: Annual percentage of two year old children who have received a specific set of immunizations as defined by the National Immunization Advisory Groups.

Demonstrates: Effectiveness in protecting Oregon children from vaccine preventable diseases.

Data Needs: Annual percentage of two year old Oregon children who are age appropriately immunized.

Special Note: The benchmark is based on percentage of children up-to-date on private sector children. The only annual assessment data on private sector children will be age appropriate immunization levels from the annual retrospective survey.

Definitions: Age appropriate immunization means the children who have received a specific set of immunizations by a specified age. Up-to-date immunization means the children that are age appropriately immunized plus the late starters who are currently up-to-date on their own schedule.

MEASURE 4:* PERCENT OF PREGNANT WOMEN NOT USING TOBACCO

Definition: Percent of pregnant women who self-report non-use of tobacco.
Demonstrates: Effectiveness in protecting unborn children from the harmful effects of tobacco use.
Data Needs: Number of pregnant women who self-report tobacco use on the birth certificates.

EFFICIENCY MEASURES (*Oregon Benchmark or Benchmark Related)

MEASURE 5: CLIENTS SERVED BY REBATE INCOME-WIC PROGRAM

Definition: Numbers of all WIC clients who received WIC services from revenue generated by purchasing agreements.

Demonstrates: Cost efficiency of WIC food purchasing system.

Data Needs: Total revenue from purchasing contracts divided by the average food package cost for the year.

MEASURE 6: COMPARATIVE COST OF FAMILY PLANNING

Definition: Cost per medical encounter in Oregon Family Planning Program compared to National standard costs.

Demonstrates: Program/cost efficiency.

Data Needs: Cost per medical encounter based on expenditures for medical encounters divided by the number of medical encounters.
Oregon cost per medical encounter is divided by DCRR Standard cost per medical encounter to show comparison.

MEASURE 7: COST SAVING FOR IMMUNIZATIONS

Definition: Number of doses of vaccine purchased for children via special vaccine purchasing agreements.

Demonstrates: Cost efficiency of vaccine purchasing and distribution system.

Data Needs: Number of doses of vaccine purchased via special vaccine purchasing agreements and administered to children.

MEASURE 8: MAXIMIZING RESOURCES FOR CLIENTS SERVED

Definition: Percent of income eligible clients using Medicaid served by local health departments in Perinatal and Babies First!.

Demonstrates: Efficiency in maximizing resources for clients.

Data Needs: The percent of clients served in Perinatal and Babies First! services who are below 133% federal poverty level and are accessing Medicaid.

**OREGON HEALTH DIVISION
CENTER FOR CHILD AND FAMILY HEALTH**

**Key Measures
of
Performance**

EFFECTIVENESS				EFFICIENCY			
Infant Mortality Predictor (Early Prenatal Care)	Teen Pregnancy Rate	Immunizations of 2 yr olds Rate	Percent of Pregnant Women not Using Tobacco	Clients Served by Rebatge Income WIC Program	Comparative Cost of Family Planning	Immunizations Costs Savings - Doses Purchased	Maximizing Resources for Clilents Served
77.6%	19.30	47%	78.6%	12,697	0.636	270,274	80.9%
95.0%	17.30	70%	85.0%	15,236	0.573	310,816	90.0%
93.2%	17.50	68%	84.0%	14,982	0.579	306,762	89.1%
91.3%	17.70	65%	83.1%	14,728	0.586	302,708	88.2%
89.5%	17.90	63%	82.1%	14,474	0.592	298,653	87.3%
87.6%	18.10	61%	81.2%	14,220	0.598	294,599	86.4%
85.8%	18.30	59%	80.2%	13,967	0.605	290,545	85.5%
84.0%	18.50	56%	79.2%	13,713	0.611	286,491	84.5%
82.1%	18.70	54%	78.3%	13,459	0.617	282,437	83.6%
80.3%	18.90	52%	77.3%	13,205	0.623	278,382	82.7%
78.4%	19.10	49%	76.4%	12,951	0.630	274,328	81.8%
76.6%	19.30	47%	75.4%	12,697	0.636	270,274	80.9%
74.8%	19.50	45%	74.4%	12,443	0.642	266,220	80.0%
72.9%	19.70	42%	73.5%	12,189	0.649	262,166	79.1%
71.1%	19.90	40%	72.5%	11,935	0.655	258,111	78.2%
69.2%	20.10	38%	71.6%	11,681	0.661	254,057	77.3%
67.4%	20.30	36%	70.6%	11,428	0.668	250,003	76.4%
0.54	0.00	0.00	3.33	0.00	0.00	0.00	0.00
20.0	15.0	20.0	5.0	7.0	7.0	13.0	13.0
10.87	0.00	0.00	16.67	0.00	0.00	0.00	0.00

30-September-93

Center for Disease Prevention & Epidemiology
PERFORMANCE MEASURES

EFFECTIVENESS MEASURES (*Oregon Benchmark or Related)

MEASURE 1:* SEXUALLY TRANSMITTED DISEASES--PREVENTABILITY

Definition: Proportion of gonorrhea, chlamydia, and early syphilis patients who do not experience a new gonorrhea, chlamydia, or early syphilis infection within twelve months of the first diagnosis.

Demonstrates: Effectiveness in preventing the spread of sexually transmitted diseases.

Data Needs: Number of gonorrhea, chlamydia, early syphilis reported during twelve months; number of these cases who develop new gonorrhea, chlamydia, or early syphilis infection within subsequent twelve months.

MEASURE 2:* AIDS CASES--COMMUNITY IMPACT

Definition: Annual percent of all U.S. AIDS cases occurring in Oregon.

Demonstrates: Effectiveness in preventing cases of AIDS.

Data Needs: Number of AIDS cases annually in U.S. and Oregon.

MEASURE 3: TUBERCULOSIS CONTROL--COMMUNITY IMPACT

Definition: Proportion of active tuberculosis cases who successfully complete therapy in twelve months.

Demonstrates: Effectiveness in protecting Oregonians from possible transmission of tuberculosis.

Data Needs: Number of tuberculosis cases started on therapy during one year; number who complete recommended therapy.

MEASURE 4:* TOBACCO FREE ADULTS--COMMUNITY IMPACT

Definition: Percent of Oregon adults who are tobacco free.

Demonstrates: Effectiveness of protecting adult Oregonians from the harmful effects of tobacco.

Data Needs: Number of adults from the Behavioral Risk surveys who report tobacco use.

MEASURE 5:* HEALTH STATISTICS--COMMUNITY IMPACT

Definition: Proportion of the 21 health-related Benchmark for which the Center for Health Statistics (CHS) has data that are addressed by a publication in newsletter or report form within one year of the close of data collection.

Demonstrates: Ability of CHS to use data it collects to inform Oregonians about progress toward Benchmark.

Data Needs: Count publications which address Benchmark.

EFFECTIVENESS MEASURES (*Oregon Benchmark or Related)

MEASURE 6: PUBLIC HEALTH INFORMATION--CUSTOMER SATISFACTION

Definition: Number of reports of outbreak investigations, special studies and special programs that are judged to be of sufficient importance, quality, and timeliness to be useful in influencing public policy.

Demonstrates: Effectiveness of agency in providing public health information and leadership in Oregon.

Data Needs: Impartial Health Division and local health department panel to evaluate usefulness of each report.

MEASURE 7: VITAL RECORDS ORDERS COMPLETED WITHIN 5 DAYS--CUSTOMER SATISFACTION

Definition: Proportion of vital record certification orders that are completed accurately and shipped within 5 days of receipt of the order.

Demonstrates: Effectiveness in satisfying customers.

Data Needs: Date each certification order received, date shipped, and ability to calculate proportion for which interval is five days or less.

MEASURE 8:* DISEASE REPORTING

Definition: Proportion of communicable disease case reports submitted to the agency by local health departments within the time frame prescribed by administrative rule (diseases required to be reported within one day).

Demonstrates: Effectiveness in disease reporting and tracking.

Data Needs: Ratio of disease reports received within mandated time period.

MEASURE 9: COSTS OF SEXUALLY TRANSMITTED DISEASES (STD) PARTNER NOTIFICATION

Definition: Average cost to notify and refer a partner exposed to early syphilis or gonorrhea that results in treatment.

Demonstrates: Program/cost efficiency.

Data Needs: Cost of notifying partners in each early syphilis and gonorrhea case.

MEASURE 10: COSTS OF HIV COUNSELING AND TESTING SERVICES

Definition: Percent of testing costs wasted because client did not return for results.

Demonstrates: Program/cost efficiency.

Data Needs: Per test cost, return rate of clients to receive test results.

**OREGON HEALTH DIVISION
CENTER FOR DISEASE PREVENTION AND EPIDEMIOLOGY**

**Key Measures
of
Performance**

EFFECTIVENESS									EFFICIENCY	
STD Preventability	AIDS Cases	TB Control	Tobacco Free Adults	Health Statistics Cmnty. Impact	Public Health Information	Vital Records Orders	Disease Reporting		STD Prtnr Notif Costs	HIV CTS Costs
Actual Results	92.00%	0.62%	64.70%	77.00%	48.00%	\$3.00	87.10%	66.50%	\$35.00	24.50%
Potential	97.00%	0.18%	95.00%	87.00%	100.00%	\$10.00	80.00%	90.00%	\$28.00	13.00%
10	96.50%	0.22%	92.90%	86.24%	90.00%	\$9.00	78.90%	88.20%	\$28.70	14.50%
9	96.00%	0.27%	90.80%	85.48%	80.00%	\$8.00	77.80%	86.40%	\$29.40	16.00%
8	95.50%	0.31%	88.70%	84.72%	70.00%	\$7.00	76.70%	84.60%	\$30.10	17.50%
7	95.00%	0.36%	86.60%	83.96%	60.00%	\$6.00	75.60%	82.80%	\$30.80	19.00%
6	94.50%	0.40%	84.50%	83.20%	50.00%	\$5.00	74.50%	81.00%	\$31.50	20.50%
5	94.00%	0.44%	82.40%	82.44%	40.00%	\$4.00	73.40%	79.20%	\$32.20	22.00%
4	93.50%	0.49%	80.30%	81.68%	30.00%	\$3.00	72.30%	77.40%	\$32.90	23.50%
3	93.00%	0.53%	78.20%	80.92%	20.00%	\$2.00	71.20%	75.60%	\$33.60	25.00%
2	92.50%	0.58%	76.10%	80.16%	10.00%	\$1.00	70.10%	73.80%	\$34.30	26.50%
1										
Baseline	92.00%	0.62%	74.00%	79.40%	0.00%	\$0.00	69.00%	72.00%	\$35.00	28.00%
0	91.50%	0.66%	71.90%	78.64%	-10.00%	-1.00	67.90%	70.20%	\$35.70	29.50%
-1	91.00%	0.71%	69.80%	77.88%	-20.00%	-2.00	66.80%	68.40%	\$36.40	31.00%
-2	90.50%	0.75%	67.70%	77.12%	-30.00%	-3.00	65.70%	66.60%	\$37.10	32.50%
-3	90.00%	0.80%	65.60%	76.36%	-40.00%	-4.00	64.60%	64.80%	\$37.80	34.00%
-4	89.50%	0.84%	63.50%	75.60%	-50.00%	-5.00	63.50%	63.00%	\$38.50	35.50%
-5										
Level Achieved	0.00	0.00	-4.43	-3.16	4.80	3.00	16.45	-3.06	0.00	2.33
Relative Weight	11.5	11.5	11.5	11.5	11.5	11.5	11.5	11.5	4.0	4.0
Earned Value	0.00	0.00	-50.93	-36.32	55.20	34.50	189.23	-35.14	0.00	9.33

30 September-93

Measures are based on calendar year 1992 data

Performance Index =

165.88

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APPENDIX G

Divider Title: _____

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

September 11, 1993

EXECUTIVE ORDER

12862

SETTING CUSTOMER SERVICE STANDARDS

Putting people first means ensuring that the Federal Government provides the highest quality service possible to the American people. Public officials must embark upon a revolution within the Federal Government to change the way it does business. This will require continual reform of the executive branch's management practices and operations to provide service to the public that matches or exceeds the best service available in the private sector.

NOW, THEREFORE, to establish and implement customer service standards to guide the operations of the executive branch, and by the authority vested in me as President by the Constitution and the laws of the United States, it is hereby ordered:

Section 1. Customer Service Standards. In order to carry out the principles of the National Performance Review, the Federal Government must be customer-driven. The standard of quality for services provided to the public shall be: Customer service equal to the best in business. For the purposes of this order, "customer" shall mean an individual or entity who is directly served by a department or agency. "Best in business" shall mean the highest quality of service delivered to customers by private organizations providing a comparable or analogous service.

All executive departments and agencies (hereinafter referred to collectively as "agency" or "agencies") that provide significant services directly to the public shall provide those services in a manner that seeks to meet the customer service standard established herein and shall take the following actions:

- (a) identify the customers who are, or should be, served by the agency;
- (b) survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services;
- (c) post service standards and measure results against them;
- (d) benchmark customer service performance against the best in business;

- (e) survey front-line employees on barriers to, and ideas for, matching the best in business;
- (f) provide customers with choices in both the sources of service and the means of delivery;
- (g) make information, services, and complaint systems easily accessible; and
- (h) provide means to address customer complaints.

Section 2. Report on Customer Service Surveys. By March 8, 1994, each agency subject to this order shall report on its customer surveys to the President. As information about customer satisfaction becomes available, each agency shall use that information in judging the performance of agency management and in making resource allocations.

Section 3. Customer Service Plans. By September 8, 1994, each agency subject to this order shall publish a customer service plan that can be readily understood by its customers. The plan shall include customer service standards and describe future plans for customer surveys. It also shall identify the private and public sector standards that the agency used to benchmark its performance against the best in business. In connection with the plan, each agency is encouraged to provide training resources for programs needed by employees who directly serve customers and by managers making use of customer survey information to promote the principles and objectives contained herein.

Section 4. Independent Agencies. Independent agencies are requested to adhere to this order.

Section 5. Judicial Review. This order is for the internal management of the executive branch and does not create any right or benefit, substantive or procedural, enforceable by a party against the United States, its agencies or instrumentalities, its officers or employees, or any other person.

WILLIAM J. CLINTON

THE WHITE HOUSE,
September 11, 1993.