

MR. G.

HRD-77-75
9-7-77

REPORT TO THE CONGRESS



BY THE COMPTROLLER GENERAL
OF THE UNITED STATES



Most Agency Programs For Employees With Alcohol-Related Problems Still Ineffective

In December 1970 a law was enacted requiring Federal agencies to establish programs to assist civilian employees with alcohol-related problems. The agencies have made relatively little progress.

Officials at most of the 81 installations of 12 agencies reviewed support Government assistance to civilian employees with alcohol-related problems. Nevertheless management attitudes concerning problem alcoholism at their installation was the major reason for a general lack of emphasis on alcoholism program activities.

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HRD-77-75

SEPT. 7, 1977

- Agencies and departments should (1) take more care in selecting coordinators interested in the programs and qualified for the positions, (2) arrange training, where necessary, for those coordinators already assigned, and (3) make sure that coordinators have enough time and resources to carry out their responsibilities. (See ch. 5.)
- Agencies and departments should do more to educate supervisors about program operations and to inform nonsupervisors about the program. This should include a mechanism for making sure that new employees are trained or informed. (See ch. 6.)
- Where applicable, the Civil Service Commission, the Office of Management and Budget, and heads of agencies and departments should develop cooperative programs serving more than one agency in a common area. (See ch. 8.)
- The Civil Service Commission and the agencies and departments should put more emphasis on program monitoring. (See ch. 9.)

If department and agency heads do not take the necessary actions to develop effective programs after a reasonable period of time the Congress should explore legislation giving the Civil Service Commission more authority to require agencies to do so. (See p. 66.)

AGENCY COMMENTS

Written comments from the Office of Management and Budget, National Council on Alcoholism, and the Civil Service Commission, and informal comments of the agencies visited, were considered in this report. (See app. VI to VIII.)

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The Civil Service Commission stated that studies of the type recommended by GAO to more accurately define the extent of the

problem will be discussed with the National Institute on Alcohol Abuse and Alcoholism. (See p. 8.)

The Commission advised GAO that it

- is developing guidelines for employee assistance programs (see p. 22);
- agrees that the dual assignment of disciplinary and program responsibilities may appear to be a conflict of interest, but believes organizational placement cannot always be centrally decided (see p. 22);
- does not see the need to develop a uniform recordkeeping system throughout the Government (see p. 41);
- agrees that coordinators are a pivotal, and often weak, part of a program's operation but is not certain that more uniform training is the correction needed (see p. 42);
- recognizes that unions can have a marked effect on programs and advises agencies to seek union involvement (see p. 32);
- agrees with the need for agencies to take more care in selecting coordinators, arranging training for them, and making sure they have enough time and resources to carry out their work (see p. 41);
- agrees that cooperative programs could work for some locations and is working with local Federal Executive Boards to establish these programs (see p. 63); and
- has instituted yearly evaluation visits to the headquarters of Federal agencies that employ 1,000 or more people. (See p. 66.)

The Office of Management and Budget agrees that the program needs improvement and that closer adherence to Civil Service Commission guidelines would greatly help program effectiveness. (See app. VI.)

COMPTROLLER GENERAL'S
REPORT TO THE CONGRESS

MOST AGENCY PROGRAMS
FOR EMPLOYEES WITH
ALCOHOL-RELATED PROBLEMS
STILL INEFFECTIVE

D I G E S T

How many civilian employees in the Government have alcohol-related problems? No one knows precisely, but experts generally agree that the problem is major. In 1971 agencies and departments were required to start programs to help employees with alcohol-related problems. Congressional hearings in April 1974 showed that, in general, agencies and departments had done little to get effective programs started.

Although almost all 81 installations reviewed had programs, many improvements are necessary before they can be considered effective.

Many programs emphasized alcoholism and drug abuse problems. A large number were designed to help employees with any problem that could affect their work.

Most installation directors agree with having a Federal alcoholism program; however, some did not see alcoholism as a problem at their installation. (See ch. 4.) This attitude appeared to be a major reason for the slow start of, and a general lack of emphasis on, some programs.

Problems are related to the

- organizational placement of the program
(see ch. 3),
- selection and qualifications of coordinators
(see ch. 5),
- time and resources spent on the programs
(see ch. 5),
- efforts to train supervisors and educate nonsupervisors about program activities
(see ch. 6),

--appropriateness of each installation conducting its own program (see ch. 8), and

--emphasis on monitoring the program (see ch. 9).

While programs varied among agencies and within the same agency, the Defense Department agencies generally appeared to do more to conduct effective programs. This report *AGC 00005* discusses some of the more successful Federal and non-Federal programs. (See ch. 7.)

RECOMMENDATIONS

*AGC
00013*

--The Civil Service Commission should take the initiative in conducting or sponsoring studies to more accurately define the extent of alcohol-related employee problems. (See ch. 2.)

--Agency and department heads should strongly consider establishing broad-based employee assistance programs within the scope of services permitted by current Civil Service Commission guidelines. Further, if organization location is considered a problem, managers should consider removing these programs from the personnel department or taking other actions to alleviate employee concerns about program location. (See ch. 3.)

--Agency and department heads should actively and positively support the agency's program and guarantee that program directors reinforce their position. (See ch. 4.)

--The Civil Service Commission and the agency and department heads, where applicable, should encourage more active consultation with employee unions on policy and program formulation and encourage employee labor organizations to take a more active role in these programs. (See ch. 4.)

--The Civil Service Commission should develop more specific guidelines for the type of training coordinators should receive and the information that should be included in client records. (See ch. 5.)



COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-164031(2)

To the President of the Senate and the
Speaker of the House of Representatives

CWO 00001

This report describes the Federal departments' and agencies' efforts to establish programs to assist civilian employees with alcohol-related problems. These programs are to be established pursuant to title II of Public Law 91-616. The report describes the programs being developed, the resources devoted to those programs, and program activities at various Federal facilities. The report also explores the attitudes of agency officials toward alcoholism and the programs established to combat it.

We made our review pursuant to the Budget and Accounting Act of 1921 (31 U.S.C. 53) and the Accounting and Auditing Act of 1950 (31 U.S.C. 67).

We are sending copies of this report to the Director, Office of Management and Budget; the Chairman, United States Civil Service Commission; and the heads of the departments and agencies included in our review.

Thomas R. Staeb
Comptroller General
of the United States

The Office of Management and Budget endorsed GAO's suggestion that cooperative programs serving more than one agency in a common area be developed. (See p. 63.)

The National Council on Alcoholism agreed with the conclusion that alcohol abuse and alcoholism among Federal civilian employees seems to be prevalent. (See p. 8.) The National Council on Alcoholism disagreed that employees suffering from alcoholism would be more willing to seek assistance in a broader-based program and that strong consideration be given to establishing broader employee assistance programs. (See pp. 22 to 24.)

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ABBREVIATIONS

AFL-CIO	American Federation of Labor-Congress of Industrial Organizations
CSC	Civil Service Commission
FEA	Federal Executive Association
FEB	Federal Executive Board
GAO	General Accounting Office
GPO	Government Printing Office
HEW	Department of Health, Education, and Welfare
NCA	National Council on Alcoholism
NIAAA	National Institute on Alcohol Abuse and Alcoholism
OMB	Office of Management and Budget

CHAPTER 1

INTRODUCTION

Alcoholism and alcohol abuse are among the biggest social and economic problems in the United States today. It is estimated that there are 9 million chronic alcohol abusers. Alcohol is a factor in half the highway fatalities each year, and 40 to 50 percent of all arrests. The cost of lost productivity due to alcohol abuse is estimated at \$10 billion yearly, which does not include the immeasurable social costs of broken families and poor physical and mental health.

To provide a comprehensive Federal program for the prevention and treatment of alcoholism and alcohol abuse, the Congress enacted Public Law 91-616 ^{1/} (42 U.S.C. 4551). Title II of the law made the Civil Service Commission (CSC), in cooperation with the Secretary of Health, Education, and Welfare and other Federal agencies and departments, responsible for developing and maintaining appropriate prevention, treatment and rehabilitation programs and services for Federal civilian employee alcohol abusers. In July 1971, CSC issued guidelines to the heads of each department and independent agency requiring them to issue implementing internal instructions consistent with the guidelines. The guidelines were purposely broad to permit program development by each department and agency that would most likely provide effective rehabilitation opportunities to employees with alcohol-related problems.

PRIOR REVIEW OF FEDERAL EFFORTS TO COMBAT EMPLOYEE ALCOHOLISM

At the request of the Chairman, Special Subcommittee on Alcoholism and Narcotics, Senate Committee on Labor and Public Welfare, we issued a report entitled "Substantial Cost Savings From Establishment of Alcoholism Program For Federal Employees" (B-164031(2), Sept. 28, 1970). We stated that, based on various estimates of the number of employees with alcohol-related problems, the cost to the Federal Government due to alcoholism ranged from \$275 to \$550 million annually.

^{1/}The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, approved December 31, 1970.

We also estimated that for a cost of \$5 per year for each employee--an annual investment of \$15 million--the Government could save between \$135 and \$280 million each year by establishing programs for Federal civilian employees. While the \$5 estimated cost that was developed by the National Council on Alcoholism (NCA) excludes the cost of treatment, it includes informing employees, training supervisors, and referring employees to outside sources for treatment.

In April 1974 the Special Studies Subcommittee 1/ of the House Committee on Government Operations held hearings to determine the progress made by the Federal departments and agencies in implementing alcoholism programs for civilian employees, and programs' effectiveness in getting employees into treatment. The subcommittee found that the programs ranged from effective to nonexistent and that wide variations existed among agencies and among elements of the same agency in implementing these programs.

The subcommittee also found that in many cases program staff and financial resources were insufficient for effective program operations. Although estimates of the size of the problem were not precise, the subcommittee concluded that most Government agencies were reaching only a small fraction of the employees who have performance difficulties due to alcohol abuse.

This report deals with the activities of the Federal agencies in implementing programs to assist employees with alcohol-related problems that have taken place since the 1974 subcommittee hearings.

SCOPE OF REVIEW

We reviewed the activities of 26 agencies at the Washington headquarters level. (See app. I.) For each agency we obtained information on the agency's policy and procedures, the resources devoted to the program, the number of alcohol abusers identified and helped in fiscal years 1974 and 1975, and the amount of training and education received by supervisory and nonsupervisory personnel.

For 12 selected agencies we visited a total of 81 installations located in various regions of the country. (See app. I.) At each installation, data similar to those

1/Now the Manpower and Housing Subcommittee.

at headquarters were obtained. In addition, we spoke to the installation director or his designee, the coordinator, and other interested parties such as union officials, chaplains, and medical officers, who could have input into an installation's policy and program.

We also sent questionnaires to a random sample of 2,817 supervisors and 1,599 nonsupervisors to determine their awareness of the installation's program, their familiarity with the installation's policy and procedures, the extent of their education and training about the program, and their perception of management's program support. We received responses from 2,660 supervisors (94.4 percent) and 1,456 nonsupervisors (91.1 percent) at the 81 installations visited.

We also contacted officials from the Office of Management and Budget (OMB), CSC, NCA, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and experts in the field of alcohol abuse.

Finally, we (1) visited five programs outside the Federal Government considered by NCA officials to be effective in reaching and treating alcohol abusers and (2) discussed the possibility of agencies conducting cooperative programs with various agency officials located in Federal buildings in Atlanta, Kansas City, Philadelphia, and San Francisco.

CHAPTER 2

EXTENT OF ALCOHOLISM PROBLEMS AND NEED TO DEVELOP

PROGRAMS FOR FEDERAL CIVILIAN EMPLOYEES

In September 1970 we reported that, among those interviewed, there was a difference of opinion on the prevalence of alcoholism and alcohol abuse, but general agreement that the problem was significant. Estimates ranged from 4 to 8 percent of the Federal work force.

Although we were unable to identify any studies estimating the number of Federal civilian employees with alcohol-related problems, officials at CSC and NCA believed 6 percent was a reasonable estimate.

At the installations visited estimates of the extent of the problem were usually based on observation. Based on their job-related experience, many installation coordinators estimated the problem to be greater than that estimated by the installation directors.

EXTENT OF THE PROBLEM

During our review NCA and CSC officials said that 6 percent of the Federal civilian work force is a reasonable estimate of the extent of the alcoholism problem today. That is, of the approximately 2 million Federal civilian employees, about 120,000 suffer from alcoholism or alcohol-related problems.

We discussed this estimate with program administrators from 26 departments and agencies at the headquarters level. Fourteen agreed that the number of employees with job-related alcohol problems was at least 6 percent. Some estimates were as high as 10 percent of the total population; others stated that 6 percent was too high for their agency. Some reasons for the lower estimates were (1) large numbers of law enforcement personnel in their agency, (2) high-level security clearance needed for employment, or (3) general experience with agency personnel.

CSC guidelines state that each agency should compile sufficient statistical data to provide the basis for evaluating the extent of alcoholism problems and the effectiveness of their counseling program. Studies on the extent of alcohol abuse among uniformed personnel have been conducted by some Defense Department agencies. These

studies have shown alcohol abuse to be a significant problem among military personnel:

--One Navy study, based on responses from 9,508 subjects, showed that 15.6 percent of the enlisted women and 24.3 percent of the enlisted men reported at least some lost work time or inefficiency at work during the 6 months preceding the study because of drinking or its aftereffects. For officers, the percentages were 17.5 for females and 17.7 for males.

--An Army study, based on responses from 9,910 subjects, showed that 20 percent of officers and 32 percent of enlisted men are heavy or binge drinkers 1/, and an additional 17 and 35 percent, respectively, have drinking problems. 2/

We were unable to identify similar studies conducted for civilian personnel in any agency. Some installation officials indicated that there was little or no problem at their installation because their employees were either (1) more professional, (2) located in geographical areas where there was less pressure, (3) more technically oriented, or (4) more health conscious.

For the purpose of our review, we categorized the extent of the alcoholism problem at the various installations as

--minimal - 0 to 2 percent of total employees having alcohol-related problems,

--moderate - 3 to 8 percent of total employees having alcohol-related problems,

1/Classification of drinking behavior was based on responses to questions concerning the individual's drinking behavior within the last 3 years. "Heavy drinkers" were defined as individuals who consumed five or more drinks on 4 or more days per week; "binge drinkers" were defined as individuals who had been drunk continuously for more than 1 full day at a time.

2/Individuals with "drinking problems" were defined as those who, as a result of drinking, encountered serious difficulties in their personal relations or with their health, jobs, or the law.

--significant - 9 percent or more of employees having alcohol-related problems.

The table below summarizes how coordinators and installation directors characterized the extent of the alcoholism problem at their installation:

Perception of the Extent
of Alcoholism Problems

<u>Respondents</u>	<u>Significant</u>	<u>Moderate</u>	<u>Minimal</u>	<u>Do not know</u>
Installation director	2%	38%	51%	9%
Coordinator	13	42	44	1

In many instances, the installation officials estimated that the problem was less extensive than the coordinators thought it was. For example:

--At five of eight Navy sites, top management officials estimated the problem to be no more than 3 percent percent of the workforce; coordinators' estimates ranged from 5 to 15 percent.

--At four of nine Air Force installations and four of eight Veterans Administration sites the coordinators' estimates were at least double those of top installation officials.

At a few sites, top management officials, and in some cases the coordinators, advised that:

--there was no problem at their installation,

--no one admitted that they had a problem, or

--they had not seen anyone with a problem.

Some specific installation official responses about the extent of the problem at their installation follow:

--At a western Veterans Administration regional office the installation director stated that he felt personnel at the location did not have a drinking problem because he had an "open door" policy, and no one had identified themselves as an alcoholic.

--At a midwestern Army base, the commanding officer stated that alcoholism was not a significant problem among civilians because the civilian workforce in the midwest is composed of hard-working people who are not under the same pressures as people in dense population areas.

NEED FOR PROGRAMS

Most installation officials (over 85 percent) believed that employee alcoholism problems should be the focus of a Federal program, however, half of them perceived the alcoholism problem at their installation to consist of 2 percent or less of their total workforce.

The table on page 6 shows that half the coordinators believed that there was at least a moderate alcoholism problem at their installation. Ten coordinators estimated at least 10 percent of their workforce had problems related to alcohol abuse.

Perhaps more significantly, almost 25 percent of the 2,660 supervisors who responded to our questionnaire said they had encountered a subordinate with an alcohol problem at their installation. Many of these also said they had handled more than one case.

CONCLUSIONS

While studies on the extent of alcohol-related problems among military personnel in the Defense Department show the problem to be significant, we were not able to identify similar studies among civilian employees.

In our opinion, the above data and the information that we had previously obtained from experts indicates that there is a need to develop programs to assist employees with alcohol problems that adversely affect their job performance.

Based on discussions with NCA, CSC, and agency officials, the extent of alcoholism and alcohol abuse among Federal civilian employees appears to be significant. Although no one knows precisely how many civilian employees in the Federal Government have alcohol-related problems, more than half the officials responsible for program development at headquarters agreed that at least 6 percent of their employees have alcohol-related problems. Furthermore, the fact that 25 percent of the supervisors said they have dealt with a subordinate who had an alcohol-related job performance problem may indicate that alcohol abuse is significant.

Regardless of the problem's size, effective programs must be developed by the agencies to identify and assist those employees who have job performance problems that are related to alcohol abuse.

RECOMMENDATION TO CSC

Since no accurate data is available on the extent of the problem among Federal civilian employees, we recommend that CSC take the initiative in conducting or sponsoring studies to more accurately define the extent of the problem as it exists among civilian employees in the Federal service.

CSC AND NCA COMMENTS

CSC comments

Commenting on our draft report, CSC agreed that there have been no studies on the prevalence of alcoholism among Federal employees. The Commission stated that there is also a lack of similar studies among private or other public employees.

According to the Commission studies cutting across all occupational categories, grade levels, geographic regions, and sex, age, and minority groupings would be useful in forecasting prevalence among Federal employees and measuring Federal program effectiveness. Further, the Commission stated it believes similar studies among private and other public employees would also be useful for comparative purposes.

The Commission said that due to its limited expertise to conduct studies of this nature, it would discuss the feasibility of such studies with NIAAA.

NCA comments

NCA agreed that the extent of alcohol abuse and alcoholism among Federal civilian employees appears to be significant regardless of the fact that over 50 percent of the installation directors surveyed perceived the alcoholism problem at their respective installations to be 2 percent or less of the total workforce. NCA stated that the perceptions of the installation officials are quite common and should not necessarily be viewed as a valid assessment of the extent of alcohol abuse and alcoholism among Federal civilian employees. According to NCA, installation officials and their counterparts in the private sector often

lack a basic understanding of alcoholism and therefore discount its presence because they can't readily observe it. NCA said that if these individuals possessed a better understanding of alcoholism, they would recognize that, although alcoholism in itself is not readily observable until its late or chronic stages, it will, even in its early stages, produce a pattern of deteriorating job performance readily observable to any reasonably alert supervisor.

CHAPTER 3

TYPES OF PROGRAMS BEING DEVELOPED

AND THEIR EFFECTIVENESS

CSC guidelines prepared in July 1971 required agencies to establish programs to assist employees with alcohol-related problems. These guidelines were updated in June 1974 to include drug abuse problems. The guidelines are purposely broad to enable each agency to develop its own program to assist individuals who have these problems. The alcoholism program supplements existing disciplinary procedures for dealing with problem employees. The program's objective is to rehabilitate, in a nondisciplinary environment, employees who have a disease. CSC, however, did not remove the agencies' prerogatives to discipline an employee if his job performance continued to decline and he refused to enter a program.

Employees enter a program either voluntarily or by being sent to the coordinator by a supervisor who noticed (and should have documented) a deterioration in the individual's job performance. Specific examples of deteriorating job performance can include:

- increased tardiness and absenteeism;
- missed deadlines, lack of concentration; and/or
- overreaction to criticism, unreasonable resentment.

Other signs of deteriorating performance are discussed in appendix II.

The employee's immediate supervisor plays the key role in the program. Since the supervisor is the individual who has the most direct contact with employees, it is his/her responsibility to:

- detect deteriorating job performance;
- document specific instances where an employee's work performance, behavior, or attendance fails to meet minimum standards;
- confront the employee, focusing on poor work performance; and

--inform the employee of available counseling services in the event poor performance is caused by a personal problem, and refer him to the installation's program.

It is not the supervisor's responsibility to diagnose the problem--only to identify and document deteriorating job performance.

Once the employee is referred to the coordinator, it is the coordinator's responsibility to identify the problem's cause or refer the employee to someone who can. After the problem is identified the coordinator may be able to counsel the employee or offer in-house treatment. Otherwise, the employee would be referred to a community-based organization. Appendix III diagrams the flow of major program activities after deteriorating job performance has been identified.

TYPES OF PROGRAMS BEING DEVELOPED

Installations included in our review were implementing these types of programs:

- alcohol abuse programs;
- alcohol and drug abuse programs; and
- employee assistance programs designed to handle a wider range of employee problems; including alcohol, drug abuse, marital, financial, and emotional problems that negatively affect an employee's job performance.

Alcohol abuse and alcohol and drug abuse programs often place secondary emphasis on those other problems that negatively affect an employee's job performance.

In characterizing the programs at the various installations, we relied on the responses we received from coordinators and other officials involved in program operations, and the policy statements that were established and in effect at the installations. We did not attempt to determine what operational differences, if any, existed among the various programs.

Comparison of programs

The June 1974 supplement to the CSC guidelines requires Federal agencies to implement and maintain combined alcoholism

and drug abuse programs for civilian employees. This guideline, however, does not preclude an agency or installation from conducting an expanded program. Of the 12 agencies visited, the Departments of the Navy and Interior, the Defense Logistics Agency, 1/ and CSC have issued instructions for broad-based employee assistance programs. Although the Departments of Health, Education, and Welfare (HEW) and the Army have issued instructions for alcohol and drug abuse programs, four of eight Army installations, and five of eight HEW sites were conducting broad-based programs.

The following table shows, by agency for the 81 installations visited, the types of programs being implemented:

Type of Program by Agency

<u>Agency</u>	<u>Total</u>	<u>Employee assistance</u>	<u>Alcohol only</u>	<u>Alcohol and drugs</u>	<u>Other (note a)</u>
Defense Logistics Agency	6	1	-	5	-
Army	8	4	-	4	-
Navy	8	5	-	3	-
Air Force	9	4	-	5	-
HEW	8	5	-	3	-
Justice	6	-	2	-	4
Agriculture	9	6	2	-	1
Interior	6	-	2	1	3
CSC	1	1	-	-	-
Veterans Administration	8	-	3	5	-
Treasury	6	1	2	3	-
Transportation	<u>6</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>-</u>
	<u>81</u>	<u>28</u>	<u>12</u>	<u>33</u>	<u>8</u>

a/At three installations no program existed. At five others the program that was in-place was so informal that it did not lend itself to classification.

1/Formally Defense Supply Agency. This agency was officially renamed Defense Logistics Agency on January 5, 1977.

The table shows that installations within the same agency are implementing different programs. Some program administrators at headquarters said that installation directors or commanders are given some discretion to implement the program that will best serve the needs of their employees. One headquarters administrator said that the bureaus in his agency are rather autonomous and program design is determined at the bureau level. At the time of our review, the Department of Justice had not developed and implemented any specific policy. Nevertheless, four of six Justice sites visited had implemented programs of some type.

The table also shows that 12 installations were still implementing alcohol-only programs and therefore were not in compliance with CSC guidelines.

Employee assistance programs:
differing views

NCA estimates that over half the employees referred to a counseling program will have alcohol-related problems, and believes that these problems are deemphasized when the term "alcohol" is removed from the program title. NCA advised that it is not opposed to program labels or titles which do not contain the word "alcoholism" provided that such programs contain a clearly identifiable alcoholism component. It believes a clearly articulated policy and set of procedures for alcoholism is essential. The American Federation of Labor-Congress of Industrial Organizations (AFL-CIO) believes that calling a program designed to combat alcoholism by any other name clouds the issue.

To emphasize this position both the Labor-Management Committee and the Labor-Management Council of Alternates of the NCA issued the following resolution:

- "1. The most effective method of counteracting the social and moral stigma associated with alcoholism is to forthrightly identify it by name in all preventive, educational and program activities.
- "2. Alcoholism is a specific clinical entity and should be identified as such in occupational alcoholism programs.
- "3. The primary objective of the NCA Labor-Management Committee is to deal constructively with the problem of alcoholism. It

is beyond the scope of the Committee's work to attempt to deal with the broad range of non-alcohol related problems which lie outside the recognized professional qualifications and experience of the National Council on Alcoholism."

On the other hand, CSC officials believe that additional benefits can be derived from the adoption of broad-based employee assistance programs. Although alcohol-related job performance problems may be the most common, a large number of Federal employees suffer from other physiological, psychological, and sociological problems that can affect job performance.

Because of stigmas attached to alcoholism, CSC officials said that employees with alcohol-related problems would be more willing to seek assistance in a program that handled a variety of employee problems. Broad-based programs would be better able to serve employees with problems other than those related to alcohol, and those with alcohol-related problems would have less fear of being stigmatized and would be more willing to seek assistance.

In a 1974 report, the Manpower and Housing Subcommittee concluded that the most successful programs were those designed to assist employees whose work was affected by non-alcohol-related problems, even though CSC guidelines did not call for programs of this nature. In addition, the subcommittee determined that over half the employees referred to these programs had alcohol-related problems. Based on its findings, the subcommittee recommended that CSC encourage Federal agencies to adopt programs utilizing the broader approach.

CSC is currently in the process of preparing guidelines for the development and implementation of employee assistance programs at Federal installations.

A study of 15 occupational programs was conducted under an NIAA grant to determine the impact of these programs on the employees and the companies implementing these programs. The study indicated that in recent years there has been a trend toward the development of broad-based employee assistance programs as opposed to alcoholism-only programs.

The study's findings permit some comparison of alcoholism-only and broad-based programs. Under both approaches the age

distribution of clients was found to be similar as was the use of in-house counseling.

Several differences between program approaches were found. For example, broad-based programs appeared to attract a relatively greater proportion of female clients; nearly twice as many self-referrals as alcoholism-only programs; and a substantially greater proportion of skilled and clerical workers.

The study indicates that the distinction between the two program approaches may exist only in theory. That is, although most clients of alcoholism-only programs were found to have alcohol problems, about 10 percent of the clients of alcoholism-only programs had nonalcohol-related problems. About 50 percent of the clients of broad-based programs had alcohol-related problems. Thus in practice the distinction between alcoholism-only and broad-based programs may be one of degree rather than kind.

While only one-third of the installations had implemented broad-based employee assistance programs, almost three-fourths of the installation officials felt that such programs should be implemented to assist their employees.

We compared supervisory responses at installations conducting alcoholism and drug abuse programs with supervisory responses at sites conducting broad-based programs to determine if the level of program awareness and familiarity, training received, and the extent supervisors perceived alcoholism problems differed between the two groups.

We found little difference between the two groups in any of the areas explored. For example:

--About 93 percent of the supervisors at installations conducting employee assistance programs responded that they were aware of the installation's policy. At installations conducting alcohol and drug programs, about 94 percent were aware of their installation's policy.

--At locations with employee assistance programs, 63 percent of the supervisors who were aware of the agency's policy responded that they were at least moderately familiar with the program guidelines. At locations with alcohol and drug programs, 67 percent of the supervisors responded as moderately familiar.

--About 72 percent of the aware supervisors at installations with employee assistance programs had received training; 66 percent of the supervisors at sites with alcohol and drug programs had been trained.

--Twenty-six percent of the supervisors at locations where broad-based programs were implemented believed that the extent of the alcohol problem was at least moderate. At sites with alcohol and drug programs 28 percent of the supervisors believed the problem was moderate.

CSC data related to the installations visited show that some employee assistance programs have handled more non-alcohol-related cases than alcohol abuse cases. For example

--two Army installations with employee populations of 3,236 and 3,049 reported a total of 25 alcohol-related cases and 4 drug-related cases in fiscal year 1975. These installations also reported 152 and 140 cases, respectively, that were related to employee problems other than alcohol and drugs.

--a southern Transportation Department site with program responsibility for the entire region reported only 5 alcohol-related cases in fiscal year 1975, but reported 78 cases involving employees with problems other than alcohol.

In addition, fiscal year 1975 agencywide reports--for the 20 largest departments and agencies, employing over 96 percent of the civilians in the Federal workforce--showed that there were 6,527 alcohol-related cases, 618 drug-related cases, and 5,396 other cases not related to alcohol and drug problems. An official at CSC said that the "other" cases could be understated because at some locations the alcohol-only or alcohol and drug program could be organizationally separate from the counseling function that handled other problems. In these cases the number of employees counseled for other problems might not be reported to CSC. The official, however, could not estimate how significant the number of nonreported cases might be.

PROGRAMS' EFFECTIVENESS IN GETTING
ALCOHOL ABUSERS INTO TREATMENT

At the installations visited, where caseload data was available, 419 alcohol cases were reported from a population of 161,000 for fiscal year 1974, versus 612 cases among 193,000 employees in fiscal year 1975. While total cases increased in fiscal year 1975, more must be done if the Government is to identify and help employees with alcohol abuse problems. Our analysis showed that in fiscal year 1974 40 installations with 30,500 employees did not report a single alcohol-related case. In fiscal year 1975, 31 installations with over 25,600 employees did not report a case.

NCA believes that an effective program should reach and treat about 1 percent of the total employee workforce each year, starting in the second year of program operation. The first year is used to formally adopt and establish the program.

Based on NCA's guidelines--and considering that most of the programs had been in operation for more than a year--none of the 12 agencies, when all their installations were combined, reached the number of employees necessary to be considered "effective." (See app. IV.) On an installation basis, only 5 of the 81 locations visited met or surpassed NCA's guidelines in fiscal year 1975.

The table below shows the relative effectiveness of the various types of programs seen during our review:

Effectiveness by Program Type
Fiscal Year 1975

<u>Type of program</u>	<u>Number of installations</u>	<u>Population (note a)</u>	<u>NCA expected alcohol caseload</u>	<u>Actual number of alcohol cases (note a)</u>	<u>Percent of expected alcohol cases</u>
Employee Assistance	26	83,696	837	260	31
Alcohol & Drug	32	90,309	903	343	38
Alcohol only	<u>12</u>	<u>15,116</u>	<u>151</u>	<u>8</u>	5
All programs (note b)	<u>70</u>	<u>189,121</u>	<u>1,891</u>	<u>611</u>	32

a/See footnote 1/ appendix IV.

b/Three installations did not have programs, 3 did not have caseload information, and the 5 informal programs with a population of 2,009 had a total of 1 case in fiscal year 1975--5 percent of the NCA expected caseload.

The table shows that, based on NCA's guidelines, the programs have been relatively ineffective in identifying employees with alcohol-related problems.

In fiscal year 1975 the Army and Defense Logistics installations reviewed counseled the largest percentage of employees with alcohol-related problems, and the Departments of Treasury, Transportation, and Interior counseled the smallest percentage. While the percent of employees counseled at the 81 installations visited was comparable to CSC's fiscal year 1975 data for all agencies, CSC's report shows that, for the agencies reviewed, the Departments of Navy and Interior had counseled the largest percent of the employee workforce, and Justice and the Air Force had counseled the smallest percent. (See app. IV.)

ORGANIZATIONAL LOCATION
MAY DETER PROGRAM USE

About 60 percent of the programs reviewed were located in the installation's personnel office. Although CSC guidelines state that the personnel director and his organization should be assigned key program responsibilities, the location of the program in the personnel department may deter program utilization. At 12 of the 50 sites whose programs were located in personnel, the coordinator was also responsible for disciplinary action. These locations, with about 36,000 employees, reported only 18 cases in fiscal year 1974 and 43 cases in fiscal year 1975.

The following examples illustrate instances where conflicts appear to exist:

--At a southern IRS site, the local union president expressed concern about the alcoholism coordinator being in the personnel department. In this instance, the coordinator also has the responsibility for disciplinary action against employees. The employees with alcohol-related problems are counseled in the installation's health unit. A psychologist is available on a part-time basis to see employees with problems. A monthly list of employees visiting the psychologist, however, was sent to the personnel department where personnel management assistants attempted to determine the nature of the employees' problems, if work-related, and the actions that were taken or needed to correct those problems.

The health unit's head nurse said that she believes employees are skeptical about the program because of its relationship with personnel.

--The alcoholism coordinator and union local president at an eastern Department of Agriculture site both expressed concern about a possible conflict because the alcoholism coordinator was also a personnel officer responsible for taking disciplinary actions against employees.

In addition, some nonsupervisors who responded to our questionnaire indicated that they would not be willing to see the coordinator on a voluntary basis if they had an alcohol-related problem because they feared not getting promoted or losing their job.

Fear of personnel actions appears to indicate that some nonsupervisors perceive a conflict between the nondisciplinary function of the employee assistance program and the disciplinary functions traditionally associated with the personnel department.

A conflict does not necessarily exist at all installations where programs are located in the personnel department. However, the fact that some nonsupervisors believed that they would not get promoted or would lose their jobs if they admitted a problem indicates that a perceived conflict of interest (whether or not the conflict does in fact exist) may deter program utilization.

HAVE EMPLOYEES BENEFITED
FROM TREATMENT?

Fifty-eight coordinators said that an employee was successful in treatment if (1) job performance improved, (2) job absenteeism decreased, or (3) an overall change in attitude occurred. Some coordinators either had no criteria for success or cited various other factors for measuring improvement.

Coordinators from 34 of the 54 locations that had cases believed that more than 50 percent of the employees seen by the program had improved as a result of treatment. At 11 of these installations coordinators estimated that over 90 percent of the employees improved. In addition, nine other coordinators estimated that between 25 and 50 percent of the

cases they handled were helped; and three others said that nobody had improved. The remaining coordinators did not know how many were helped.

Coordinators based their estimates on followups with either the clients themselves, supervisors, or community treatment facilities. Since many of the installation's programs had either inadequate or no records we were unable to substantiate the coordinators' opinions.

In addition, of the 701 individuals identified by supervisors as having alcohol-related problems, the supervisors believed that after treatment

- 25 percent had greatly improved,
- 30 percent had somewhat improved,
- 22 percent had not changed, and
- 6 percent had gotten worse.

In the remaining 17 percent of the cases the supervisors indicated that it was either too early to tell or they did not know the results of the treatment program.

CONCLUSIONS

Using NCA's guidelines, none of the three programs--employee assistance, alcohol, alcohol and drugs--were particularly effective in getting alcohol abusers into treatment. Overall, the program only reached about one-third the number of clients that NCA estimated could be expected.

None of the 12 agencies and only 5 of the 81 installations visited achieved NCA's guideline for program effectiveness--1 percent of the total employee workforce per year.

The extent to which installations' programs may have influenced abusers to voluntarily seek assistance from other sources is unknown.

CSC and the subcommittee support the adoption of broad-based programs to combat employee alcoholism as well as other employee problems. NCA and AFL-CIO believe removing the term "alcohol" from program titles will deemphasize the severity of the alcoholism problem.

In our opinion, broad-based employee assistance programs have certain advantages over the more narrowly based alcohol or alcohol and drug programs. Employee assistance programs have the capability to (1) deal with a broader scope of employee problems, (2) reduce employee apprehension about seeking treatment, and (3) increase the number of voluntary referrals. Consequently, we believe strong consideration should be given to their use.

We were unable to state conclusively that programs located in an installation's personnel department adversely affected program use. There were some indications, however, that a conflict existed between the nondisciplinary functions of the employee assistance program and the disciplinary functions traditionally associated with the personnel department. While this conflict did not necessarily exist at all installations where the program was located in the personnel department, there were indications that some employees perceived a conflict. In such cases, this perception may deter program utilization.

RECOMMENDATIONS TO DEPARTMENT
AND AGENCY HEADS

Since broad-based employee assistance programs (1) seem to be reaching approximately the same percentage of alcohol abusers as programs dealing solely with alcohol abuse, (2) have the advantages of being able to deal with a much broader range of employee problems in a less stigmatized environment, (3) were favored by almost three-fourths of the installation officials interviewed, and (4) were considered to be the most successful by the Subcommittee on Manpower and Housing, we recommend that agency officials give strong consideration to establishing this type of program within the scope of services permitted by current CSC guidelines.

In those cases where programs are located in personnel departments, we recommend that department and agency heads determine the extent to which such location is deterring employees from using the program.

In cases where a program's location is found to be a problem because personnel have conflicting responsibilities or because employees perceive that such a situation exists, department and agency heads should consider the following courses of action

--reassign personnel responsibilities,

- remove the program from the personnel office, or
- develop an education program to alleviate employee concern about program location.

CSC AND NCA COMMENTS

CSC comments

In commenting on our draft report, CSC stated that it is in the process of developing guidelines for employee assistance programs. It stated that Federal agency heads have the authority to adopt such programs under Public Law 79-658, which encourages agencies to promote both the physical and mental health of the work force.

However, since research indicates that the organizational structure at each individual installation may influence the appropriateness of such programs, the Commission believes that the decision to adopt such programs should be made at the installation level.

Concerning the organizational location of programs to combat employee alcoholism, the Commission said that the dual assignment of disciplinary and program responsibility may appear to be a conflict of interest but the decision on program placement cannot always be centrally decided. The Commission stated that current guidelines give agencies and installations wide latitude in determining program location and the Commission will continue to allow that latitude.

We agree with the Commission that the dual assignment of disciplinary and program responsibility may give the impression of conflict of interest. In our opinion, if program location is determined to be a deterrent to effective program operations, appropriate measures should be taken by installation management to alleviate employee apprehensions. If this is not done, we believe the number of persons willing to use the program will be adversely affected.

NCA comments

In commenting on our draft report, NCA stated that under alcohol-only or alcohol and drug programs we implied that employees with other problems would be ignored. NCA indicated that these programs are designed to detect any employee problem which causes deteriorating job performance.

We agree that deteriorating job performance should be the primary criteria for identifying problem employees. However, as stated on p. 11, alcohol abuse and alcohol and drug programs often place secondary emphasis on those other problems that negatively affect an employee's job performance. Since alcoholism and drug abuse would be given primary emphasis in supervisor training and program publicity it could be expected that the majority of cases in programs of these types would be alcohol- or drug-related.

NCA disagreed with our position that broad-based programs had certain advantages over alcohol and combined alcohol-drug programs. They believe we implied that the most effective way to counteract the stigma associated with alcoholism is to obscure it.

We disagree that the material presented in this chapter implies this. We agree with NCA that an individual with an alcoholism problem must accept the fact that he has such a problem before it can be effectively treated. However, in order to get such persons to enter treatment, agencies must offer programs which minimize, to the extent possible, an employee's apprehensions and fears. Once an individual faces the fact that he has a job performance problem and expresses interest in receiving assistance, steps can be taken to determine the problem's cause and to get the individual to accept the fact that he is an alcoholic or alcohol abuser if that is the case. We believe the broad-based employee assistance programs offer a more neutral and less threatening environment that increases the possibility that problem employees, including alcohol abusers, will seek assistance. Our primary concern is the development of programs that will encourage the greatest possible numbers of employees with job-related problems to seek assistance and the creation of effective methods to deal with these problems, including alcoholism.

NCA believes our conclusion that employees suffering from alcoholism would be more willing to seek assistance in a broader-based program indirectly implies that supervisors initially refer employees to an "alcoholism counselor" or "alcoholism facility." Further, NCA believes that the general practice should be to refer the employee to a qualified diagnostic resource which should be in a nonstigmatizing environment. While we agree with the general practice referred to by NCA, our experience at many Federal installations, particularly the smaller ones, shows the "alcoholism [and drug abuse] program coordinator" to be the primary point of

contact at many locations; thus the employee is immediately labeled "alcoholic" whether or not the problem is alcohol-related. As stated on p. 11 this individual is not necessarily the diagnostician but is responsible to obtain a diagnosis if he does not have the expertise to do so himself. A smaller installation could not be expected to have a staff with sufficient expertise to diagnose all types of problems but must rely on the community to offer that service.

We agree with NCA that a qualified diagnostic resource, placed in a nonstigmatizing environment, should be the focal point of program operations. In this regard we are recommending in chapter 5 that installation officials assign program responsibilities to individuals who are qualified for those positions. As stated above, we believe the establishment of broad-based programs should enhance the nonstigmatizing environment so critical to programs of this nature.

Finally NCA believes that

"The recommendation to establish broader-based programs because they would supposedly be better able to serve employees with non-alcohol-related problems is inconsistent with the finding that only 5 of 81 installations were considered 'effective' in identifying and referring to treatment a large percentage of alcoholic employees."

It further believes that

"To recommend the establishment of a certain type of 'program' because of its alleged greater appeal to individuals with problems that are not alcohol-related appears to be inconsistent with the major finding of the study and potentially counter-productive."

The fact that only five programs were considered effective demonstrates that all program types experienced difficulty in reaching employees with alcohol problems.

As stated above, we are recommending consideration of broad-based programs because of the advantages inherent to programs of this nature, primarily the reduced personal stigma attached to all problem employees, including those with alcohol-related problems. Further, broad-based programs were found to be more effective by the Subcommittee on

Manpower and Housing in its report on occupational programs and were favored by a majority of agency officials. We believe the appeal of these programs will be to all employees, including alcohol abusers, and should increase self-referrals as evidenced in the study referred to on p. 14.

CHAPTER 4

MANAGEMENT AND UNION PROGRAM

SUPPORT

CSC states that an official program policy, issued by top management and understood by all employees, is a vital step toward obtaining optimum program operation. According to an NCA official, top management support is the most critical factor in the operation of an effective program. If top management supports a program, makes its position clearly known to all employees by means of education and training activities, and follows up its support with sufficient staff and resources, the program should work.

In addition to management support, CSC and NCA believe the support and active participation of labor organizations is critical to the program's success. They believe that management should coordinate with the unions in policy and program formulation and that lines of communication should remain open so that unions and management clearly understand their respective responsibilities.

In assessing top management support, we found that the attitudes of top installation officials varied significantly from installation to installation, and that many coordinators felt that they had inadequate budgets for program operation. We also found that

- most coordinators perceive management support as strong,
- some union officials doubted management's objectives in establishing a program, and
- a large portion of those who responded to our questionnaire did not know the strength of management's support for the program.

Management's selection of coordinators, another indicator of support, is discussed in the next chapter.

MANAGEMENT'S ATTITUDE: A FACTOR IN EFFECTIVE PROGRAMS?

Installation officials' attitudes toward alcoholism and the programs established to combat alcoholism varied considerably among installations. Officials at some installations

appeared to be highly supportive of the program and believed their installation benefited because employees were returning to full productivity. On the other hand, some officials said that alcoholism should not be the focus of a Federal effort, that employees should be responsible for recognizing their own problems, or that too much time and money was spent on programs of this type. We found that less than 45 percent of the installation directors had attended training courses concerned with alcoholism.

At several installations, top management officials expressed negative attitudes concerning the program. For example:

--The commander of a midwestern Defense Logistics Agency site said that he was "not in the hand holding business."

--The personnel director at a western Air Force base expressed his concern that so much money was being spent on social actions such as alcohol, drugs, and employment equality, as opposed to the installation's primary mission--"fly and fight."

--The commanding officer at a western naval shipyard said his main job was overhauling ships, not reforming drunks. The director of civilian personnel told us that management at this installation views alcoholism as a weakness, not a disease.

Chapter 7 discusses how management attitudes and other factors affect the programs we found to be relatively successful.

RESOURCES AND SPACE UTILIZED BY PROGRAMS

In our opinion, the amount of resources allocated to the program and the type of space assigned are other indicators of top management support. Of the 77 coordinators interviewed, 21 percent felt that the budget for the alcoholism program was no better than somewhat adequate while 30 percent of the coordinators indicated that budget allocations were substantially adequate to operate the program. Most coordinators spent 5 percent or less time on alcohol-related matters.

Some coordinators said that they did not use their office for counseling employees with a problem. Twenty-nine believed that employees were reluctant to be seen in

their offices, apparently due to the lack of privacy and/or the organizational location of the program. For example:

- The coordinator at a western naval facility said his office was in the personnel department and employees would feel reluctant to be seen there. While he counseled in his own office, he also used other locations at the installation for counseling.
- At a midwest Defense Logistics site, the coordinator said the employees could be observed entering or leaving her office, which was in personnel. She said that employees had talked with her on the street because they were hesitant to be seen in her office.
- Finally, the coordinator of a western Justice site said that he shares his office with the district director and that the only contact he had with employees in his office was when he set up appointments for counseling sessions held elsewhere.

COORDINATORS' AND UNION REPRESENTATIVES'
PERCEPTIONS OF MANAGEMENT SUPPORT

Almost all coordinators--94 percent--believed that management's program support at their installation was at least moderate. Coordinators at Army, Air Force, and Agriculture installations generally perceived management's support of their program to be the strongest, while Departments of HEW, Justice, and Transportation coordinators generally perceived only moderate support of their programs.

On the other hand, some union officials did not believe management was really supportive of programs at their installations. For example:

- A union representative from a midwestern Department of Transportation site said that the program did not get enough publicity and characterized the installation's effort as "* * * another program buried in the archives." The coordinator for that same site characterized management support as moderate.
- One union representative at a western naval facility told us that the union had offered its assistance in getting the installation's program established. The union president said that the unions offered counseling assistance, advice, and overall program

support, but all offers were disregarded by either the individuals operating the program or top management.

Some union officials expressed concern about management's objectives and motives in establishing alcoholism programs and were convinced that the programs were a means for identifying problem employees to terminate their employment. For example:

--At a western naval facility one local union president said that reprisal for alcoholism was a way of life at this installation and the alcohol program was not important there.

--A union president of one HEW site felt that supervisors would take disciplinary action instead of offering assistance to employees with a problem. As a result, the union sends employees directly to community-based treatment facilities instead of risking job loss if management's program is used.

SUPERVISORS' AND NONSUPERVISORS'
PERCEPTIONS OF MANAGEMENT SUPPORT

At those installations that were relatively successful in getting employees with alcohol problems into treatment, supervisors and nonsupervisors generally perceived stronger management support. The following table shows the extent of management support perceived by the workforce:

SUPERVISORS AND NONSUPERVISORS
PERCEPTION OF MANAGEMENT
SUPPORT FOR THE PROGRAM

Ranking of installations (note a)	<u>Total responses</u>	<u>At least moderate support</u>	<u>Some support or no support</u>	<u>Do not know</u>
Top 5	242	65%	12%	23%
6 - 10	260	65	9	26
11 - 81	<u>3,614</u>	<u>52</u>	<u>13</u>	<u>35</u>
Total	<u>4,116</u>	<u>53</u>	<u>13</u>	<u>34</u>

a/In terms of NCA criteria for effectiveness.

Supervisors at Army, Navy, and Defense Logistics installations perceived the greatest amount of support from top management. Supervisors at Justice and Transportation sites perceived the least amount of support from top management. Nonsupervisors at Defense Logistics and VA sites generally perceived greater management support for the program, while at the Departments of Transportation and Interior installations the nonsupervisors perceived the least amount of management support for the program. We also noted that 23 percent of all supervisors and almost half the nonsupervisors said that they did not know how much support management gave to the program at their respective installations.

UNION SUPPORT OF EMPLOYEE ALCOHOLISM PROGRAMS

CSC and NCA believe that union-management cooperation is vital to the success of alcoholism programs. NCA believes that successful rehabilitation requires motivating an employee to accept treatment and neither management nor the unions alone can maximize motivation.

Although half the installations had union agreements which covered the majority of employees, most unions had little to do with the establishment of program policy. At some locations unions were not consulted by management concerning program and policy formulation. In other cases, the unions seemed disinterested in the program.

For example, when asked to comment on the alcoholism policy, a union official at an HEW site responded that the program was not necessary because there was no problem. At a Treasury installation a union official responded that she had no input to the program because she had not been urged to do so by the national office. At another installation a union official replied "no comment" when asked to review the installation's policy.

We found that the unions and top management did cooperate in the implementation of some alcoholism programs. For example:

- At a western Army installation, union and management officials work together through an advisory council. The union believes they have a voice in program activities and the installation's program is good.
- At a western Defense Logistics site and a southern Agriculture location, we found that provisions

concerning the rehabilitation of employees with alcohol-related problems were included in the agreements between the unions and management.

In hearings before the subcommittee in June 1976, a CSC official estimated that only 10 percent of about 2,900 formal management-union agreements contained a section on the implementation of these programs.

CONCLUSIONS

Top management support is critical for effective program operation. Although most coordinators believed top management support was adequate, other information appears to indicate that management was not fully supporting programs. Funding and office space were often limited and inadequate. At many installations, management's attitudes toward alcoholism and the program established to combat the problem appeared to deter program use.

About one-fourth of the supervisors and nearly one-half of the nonsupervisors did not know management's position on the installation's program. This appears to indicate that management has not made its position clearly known to employees. In our opinion, the employee's perception of management support is a factor in the decision to voluntarily seek assistance.

Union activity appeared limited. At some locations the unions were not asked to participate in policy and program formulation; at other sites the unions seemed disinterested. At some locations, however, labor and management appeared to cooperate in program operations either by joint representation on steering committees or by including provisions concerning the installation's program in labor agreements.

Labor unions, by their relationship with their members, are able to offer assistance to employees. Management can still take corrective actions when an employee's job performance continues to fall below acceptable levels. Program effectiveness is enhanced if the union is made fully aware of the basis of the actions taken by management with respect to an employee with a problem.

RECOMMENDATIONS TO DEPARTMENT AND AGENCY HEADS

To increase the effectiveness of established programs we recommend that the department and agency heads:

- Take whatever actions are necessary to make clear to all employees the level of positive support given to installation programs. For instance, management could (1) be more vocal in support of the program at general employee or upper level staff meetings, (2) issue memorandums regularly to constantly reinforce the position taken, or (3) make use of other communication resources available (such as bulletin boards and employee newsletters) to keep employees constantly aware of the support given to programs.
- Devote sufficient resources to enable programs to function effectively.
- Require that installation directors receive specific training on alcoholism and the efforts needed to combat it.
- Where applicable, encourage more active consultation with employee unions concerning policy and program formulation and encourage employee labor organizations to take a more active role in these programs.

CSC AND NCA COMMENTS AND OUR EVALUATION

CSC comments

Commenting on our draft report, CSC recognized that unions can have a marked impact on a program and stated that agencies are advised to seek union involvement. CSC said that union participation has increased since the June 1976 hearings before the Manpower and Housing Subcommittee of the House Committee on Government Operations. They also said that four major Federal unions are cooperating in on-going research on Federal program effectiveness.

NCA comments

Commenting on our draft report, NCA said that management's position concerning employee programs may not be clear to all employees because of either ambiguous or unclear policy statements or ineffective mechanisms to communicate that policy to all employees. Further, it believes that a clearly articulated policy statement is a necessary component to any effective program.

It was our experience throughout the review that agency policies were developed in accordance with CSC guidelines which clearly state the Federal Government's position,

as an employer, concerning alcoholism and alcohol abuse. That is, that alcoholism is a treatable disease and programs should be established, in a nondisciplinary environment, for the prevention of alcoholism and the treatment and rehabilitation of those employees suffering from alcoholism.

As discussed in chapter 5, efforts to inform and educate the workforce vary among agencies and improvements are necessary in many instances.

Our primary concern in this chapter is management's support for programs to assist employees with alcohol problems. Even if the mechanisms to inform the workforce became more efficient we believe, without the firm top management support both in making clear pronouncements of its intent to support established programs and in allocating sufficient resources to allow programs to operate effectively, programs of this nature will not be effective in the Federal sector.

CHAPTER 5

COORDINATORS--SELECTION,

QUALIFICATIONS, AND RESPONSIBILITIES

One of the more important decisions that top management has to make in implementing an effective program is the selection of a coordinator. In this regard

- over 70 percent of the coordinators were assigned to that position as opposed to volunteering or being hired specifically for that position;
- coordinators' qualifications varied significantly;
- many coordinators spent little time on program activities; and
- coordinators, for the most part, had not developed adequate referral or recordkeeping systems.

COORDINATOR SELECTION

CSC guidelines state that individuals should be designated at each field installation to coordinate the program. Of the 81 installations visited, 6 did not have a coordinator on site. We were, however, able to discuss program activities with two regional office coordinators who were responsible for three of these installations.

Management had appointed many installation coordinators with little or no consideration for the individual's qualifications or program interest. Although CSC guidelines describe the coordinator's duties and activities and state that a coordinator should be an experienced and effective administrator, the guidelines do not specifically mention the attributes or the training required to enable coordinators to do their job effectively. Of the 77 coordinators interviewed

- 57 were assigned to the position,
- 11 had volunteered for the position, and
- 9 were specifically hired for the position.

Of the 57 individuals assigned to the coordinator's position, 21 had no job-related training or education.

In addition, few of these appeared to have qualifying experience.

The following examples illustrate some of the attitudes of coordinators assigned to the position:

- An Interior coordinator said that she had spent little time on the program and did not want to get involved.
- A Department of Transportation coordinator said that she was assigned to the position because she "got the short straw."
- Another Department of Transportation coordinator said that he had only bad experiences with alcoholics and he "* * * can't stand drunks."

At these three locations, with a combined workforce of 9,800 employees, no cases were reported in 1975.

Although 57 coordinators were assigned to their positions, 45 stated that, if given the choice, they would continue to be coordinator. It appears that once assigned as coordinator, some individuals receive training and take an interest in successful program operation.

COORDINATOR QUALIFICATIONS

Coordinators are responsible for

- bringing education and information to the workforce;
- arranging or conducting supervisory training;
- developing and maintaining diagnostic counseling capability;
- establishing liaison with community-based facilities that could offer education, diagnosis, treatment, and rehabilitation services; and
- evaluating and reporting to management on program results and effectiveness.

In our opinion, to carry out the activities above and effectively implement an installation's program, coordinators should have an interest in the program and should be qualified with the proper educational background or specific training. Coordinators at the installations visited had qualifications that varied significantly.

Seventy percent of the coordinators believed that they had special qualifications to carry out their duties. Qualifications most often cited by these individuals were training, experience, and program interest. In this regard, 73 percent (56 of the 77 coordinators) either had received formal education or were trained in areas that included alcoholism or counseling-related subjects. Training and education for these coordinators ranged from doctoral degrees in psychology to supervisory training that included information on an agency's alcoholism program.

Other coordinators believed that they had special qualifications because they (1) enjoyed working with people, (2) were related to an individual who had an alcohol problem, (3) worked in the agency's personnel office, or (4) were recovered alcoholics.

The following table shows the relationship between the length of time a person had served as coordinator and the likelihood of his being trained:

<u>Length of time as coordinator</u>	<u>Number of coordinators</u>	<u>Coordinators with no training</u>	
		<u>Number</u>	<u>Percent</u>
Less than 6 months	13	10	77
6 months to 1 year	10	3	30
1 year to 3 years	35	8	23
3 years to 5 years	14	3	21
More than 5 years	<u>5</u>	<u>-</u>	0
Total	<u>77</u>	<u>24</u>	

As would be expected, the coordinators who served longest were more likely to have received training. This appears to indicate that training is a function of the coordinator's position and not necessarily a criteria for selection. Most coordinators with no specific program

training did not have educational backgrounds that could be considered helpful in program operations.

Although 62 percent of the coordinators acknowledged a need for additional training to better perform their duties, we noted that a number had already obtained education or training in subjects that included alcoholism or counseling-related matters. Of the 24 coordinators who stated that they had not received any training in the area of alcoholism, 19 indicated that they wished to remain the installation's coordinator.

TIME SPENT ON PROGRAM ACTIVITIES

Although CSC guidelines specifically state that coordinators should be allotted sufficient official time to implement an agency's program, more than half the coordinators were spending 5 percent or less of their time on program matters. As a result, efforts to implement viable programs generally varied considerably. Most coordinators spent a relatively small portion of their time on alcohol-related activities.

Of the 77 coordinators

- 47 spent between 0 and 5 percent of their time on alcohol-related activities,
- 7 spent between 6 and 10 percent of their time on alcohol-related matters,
- 11 spent between 11 and 50 percent of their time on alcohol-related activities, and
- 12 spent more than 50 percent of their time on alcohol-related activities.

For those installations where broad-based employee assistance programs are being implemented, the time spent by coordinators as recorded above represents only the time spent on alcohol-related activities. Factors that influence the amount of time coordinators spend on the program are the size of the installation's workforce and staff support.

An NCA official said that an installation of 4,000 or more employees could probably support one full-time staff person to deal with alcohol-related matters. Although an installation with less than 4,000 employees would not require

a full-time coordinator, the NCA official believed that it may be necessary for the coordinator to spend considerable time on the program in its initial years of operation, principally to train and educate the workforce and to establish relationships with community organizations. In subsequent years, the coordinator's time would be devoted primarily to training new employees or new supervisors, counseling, client followup, and distributing information. The following table shows the relationship of installation size to coordinator's time spent on the alcohol portion of the program.

<u>Installation size</u>	<u>Total number of coordinators</u>	<u>Percent of time spent on program</u>			
		<u>0-5%</u>	<u>6-10%</u>	<u>11-50%</u>	<u>51-100%</u>
Under 250 employees	10	10	-	-	-
251 - 500	9	8	-	-	1
501 - 1,000	16	14	-	1	1
1,001 - 2,000	16	8	4	3	1
2,001 - 4,000	14	3	2	4	5
4,001 - 8,000	6	2	-	1	3
8,001 and over	<u>6</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>
Total	<u>77</u>	<u>47</u>	<u>7</u>	<u>11</u>	<u>12</u>

The reason that coordinators at some of the larger installations--4,000 or more employees--spend less than full-time on alcohol-related matters was that they had staff available to assist in program functions. However, the majority of coordinators spent less than a third of their time on alcohol-related matters, had no counseling staff, and did not utilize outside referral sources.

Generally the most effective programs of the ones visited were those at which the coordinator and his staff were able to spend sufficient time on the program. (See ch. 7.)

LIAISON WITH COMMUNITY-BASED ORGANIZATIONS

Although most installations provided some in-house counseling to employees, most installations were also relying on community-based organizations to supplement their in-house capabilities. It is the coordinator's responsibility to either identify the employee's problem (or problems) or refer the employee to an individual or agency that is capable of

identifying problems. In any event, once the problem has been identified, the coordinator should be able either to make in-house treatment available or to refer the employee to the proper community-based organization that is able to deal with these problems. Typical community-based resources that coordinators should be familiar with include: alcohol detoxification centers, public and private alcoholism programs, hospitals, private practitioners, Alcoholics Anonymous, and Al-Anon.

The number of community-based organizations that coordinators had contacted ranged from 0 to 50. Most coordinators that had contacted these organizations had identified at least three agencies that could be used to provide treatment to their employees. One Air Force coordinator said that he had contacted over 50 community-based agencies and had used 6 of them. Of the 30 coordinators who had not contacted any community-based agencies, 17 did not report any cases in fiscal year 1975. We did not attempt to determine the severity of employee problems nor did we review the quality of care or the effectiveness of treatment provided by the community organizations.

RECORDKEEPING

About 55 percent of the installations visited had record-keeping systems that were used either to keep track of clients or provide information to management. We found that

- client records maintained by many programs were informal;
- the installations that had a very small number of cases--0 to 2--generally did not maintain any records; and
- for fiscal years 1974 and 1975, two installations with caseloads of 56 and 30 did not maintain records.

While CSC guidelines state that records should assure client confidentiality, no information on a specific type of record-keeping system has been developed.

Some installations had developed recordkeeping systems that could provide useful information to management on program activities. For instance:

- The coordinator at a western Defense Logistics location monitors the leave taken by his clients before and after they enter the program to monitor employee progress in treatment. These records also enable the coordinator to develop partial cost savings data.
- The coordinator at an eastern Army site keeps client files which include employee consent to treatment forms, client alcohol history records, and records of all counseling sessions. In addition, monthly status reports are received from supervisors concerning the client's job performance. This system enables the coordinator to monitor the current status of all clients in the program. Formal statistical reports are filed with management on the status of employees in counseling.
- At a midwestern Air Force installation the coordinator keeps client files which contain records of all client contact while in the program, including medical diagnosis and documentation on all followup activities after clients have left the program. In this case reports are also transmitted to the installation's top management.

CONCLUSIONS

One of the more important decisions top management has to make to implement an effective program is the selection of a well qualified coordinator.

It appears that many managers selected coordinators with little regard to their qualifications or interest. Over 70 percent of the coordinators were assigned to the position and more than a third of these had no specific training or education for the position. Some coordinators appeared to have little or no interest in the program or their position, or they did not like alcohol abusers. Coordinator's qualifications varied significantly among agencies. Qualifications for those that had training or education ranged from doctorate degrees in related fields to supervisory training on alcoholism and alcohol abuse.

In general, coordinators spent little time on program operations. Over 70 percent spent less than 10 percent of

their time on alcohol-related activities. We believe this could deter effective program operations.

Nearly 40 percent of all coordinators had not contacted a single community-based treatment facility--one of their responsibilities under CSC guidelines.

Although over half the coordinators kept records on program operations, many record systems were informal.

We believe that, in general, records kept were inadequate as an aid to counseling and treatment and/or as a tool to inform management of program operations.

RECOMMENDATIONS TO DEPARTMENT AND AGENCY HEADS AND CSC

Heads of departments and agencies should make certain that (1) selected coordinators are interested in the program and qualified for the position, (2) coordinators receive the necessary training to enable them to function effectively in their positions, and (3) coordinators have sufficient time to carry out their programmatic responsibilities. CSC should develop more specific guidelines on the training that coordinators should receive, and the information that should be included in client records.

CSC COMMENTS

CSC concurred with our recommendation that agency heads take more care in selecting coordinators, arranging for training when necessary, and making sure that coordinators have sufficient time and resources to carry out their responsibilities. Further, CSC stated that these points are often stressed in its agency evaluations. The Commission is continuing its work with the agencies to improve the quality of their coordinators through participation in agency-sponsored training programs for coordinators and Commission-sponsored training both in Washington and its regional offices.

Commenting on our recommendation to develop more specific guidelines for the information that should be included in client records, the Commission stated it does not believe uniformity throughout the Federal Government is necessary at this time. The Commission said that installations must keep records that will satisfy both the Commission's and the

agency's internal evaluation requirements. Consequently, it has not attempted to impose a uniform recordkeeping system on Federal agencies.

Commenting on our recommendation to establish guidelines for the type of training coordinators should receive, the Commission agreed that coordinators are a pivotal and often a weak part of program operations. CSC stated, however, that it is not certain uniform training is the necessary action to increase the effectiveness of program coordinators, and at this time it is reviewing our recommendation.

CHAPTER 6

EFFORTS TO INFORM AND

TRAIN THE WORK FORCE

Most installations have made some effort to make employees aware of the problems related to alcohol abuse and the installation's program to combat this problem. Many installations have distributed literature to employees, posted material on bulletin boards, and spent a portion of the time allotted to supervisory training to a discussion of alcohol abuse and the alcoholism program.

At selected installations, efforts to inform the work force about the program increased at about the time of our visit to the installation.

COORDINATOR AWARENESS

Most coordinators were familiar with CSC guidelines concerning the proper procedures to follow when working with an employee with a problem. Coordinators learned about their installation's program in many different ways. For example, some received memorandums or newsletters prior to becoming coordinator; others learned about the program through discussions with higher level officials, previous alcoholism coordinators, or others (such as base chaplains).

In addition to CSC guidelines, many agencies and installations have issued supplementary instructions on program operations. About two-thirds of the coordinators said that additional guidelines for implementing the policy at their installation had been developed.

COORDINATORS' EFFORTS TO EDUCATE AND TRAIN THE WORK FORCE

Most coordinators believed they had made at least a moderate effort to inform supervisory personnel about the installation's program. Over 75 percent of the coordinators said that supervisors had received written materials about the program. Fifty percent of the coordinators stated that supervisory personnel had attended a meeting to discuss the program.

With respect to supervisory training, 23 of 31 coordinators at Defense installations said that at least 76 percent of all supervisors were trained. Only 15 of 46 coordinators in

civilian agencies could make this claim. Furthermore, coordinators at 10 installations--all civilian agencies--said that supervisor training had not taken place at their installation.

While efforts to inform and train supervisory personnel were moderately successful, efforts to inform and educate non-supervisory personnel were not as great. Seventy-one percent of the installations had distributed educational material to employees or informed all new employees about the installation's program for helping alcohol abusers. A slightly greater percentage of Defense installations (61 percent) than civilian agencies (52 percent) had distributed educational material to their employees. Nonsupervisory personnel were generally informed by newsletters, other inhouse publications, and posters displayed at the installation. Of the installations visited, the Departments of Justice and Interior had generally made the least effort to inform nonsupervisory personnel about the program.

Interestingly, some installations intensified their efforts to make employees aware of the program either just before or just after our visit to the installation. For example:

- At a western Transportation Department installation, a memorandum was issued to all employees on March 26, 1976, advising them of the alcoholism program. The memorandum was dated after we made arrangements for a visit.
- About 3 weeks before our visit to a southern Treasury site, all managers were notified to review the agency's alcoholism program in preparation for our impending visit.
- Finally, a western Air Force base began briefing all new employees about their program on April 14, 1976--the date of our visit.

SUPERVISORS' RESPONSES CONCERNING AWARENESS AND TRAINING

While over 85 percent of the 2,660 supervisors that responded to our questionnaire were aware of their installation's policy, only 56 percent were at least moderately familiar with the guidelines for implementing the policy. Almost all Army supervisory personnel--99 percent-- were aware of the policy, compared to less than half of the Justice Department supervisors--48 percent.

There was little difference between the military and civilian agencies in the distribution of written material to supervisors--75 percent of the supervisors in the military agencies indicated they had received material compared to 66 percent in the civilian agencies. Also, almost 65 percent of the supervisors in the military agencies indicated they had attended meetings or briefings to discuss the installation's policy compared to only 36 percent in civilian agencies.

The following tables show the percent of sampled supervisors in each agency that had attended meetings or had received training on alcoholism or employee assistance programs:

Supervisors Who Have Attended Meetings

Agency (<u>note a</u>)	Number responding that they had <u>attended meeting</u>	Percent responding that they had <u>attended meeting</u>
Army	226	77
Navy	171	64
Air Force	182	60
Defense Logistics	94	55
Transportation	67	44
Treasury	80	44
Agriculture	120	40
HEW	94	39
Interior	29	30
Justice	21	28
Veterans Adminis- tration	63	25
CSC	5	17

a/See app. I for number of installations visited.

Supervisors Who Have Been Trained
Concerning the Alcoholism Policy

<u>Agency</u> (note a)	<u>Number responding</u> <u>that they had</u> <u>received training</u>	<u>Percent responding</u> <u>that they had</u> <u>received training</u>
Army	263	90
Navy	212	80
Air Force	235	78
Defense Logistics	112	66
HEW	148	63
Transportation	89	60
Agriculture	172	59
Treasury	98	53
Interior	43	44
Veterans Adminis- tration	101	41
Justice	26	35
CSC	9	30

a/See app. I for number of installations visited.

In most cases the training was conducted as part of a supervisory training program sponsored by the agency.

Further analysis of the data showed that trained supervisors were more in favor of alcoholism or other types of employee assistance programs, more in favor of supervisors receiving training in these matters, and more likely to utilize the installations' programs when dealing with problem employees.

Supervisors demonstrated a high degree of familiarity with program guidelines at installations where the majority had been trained, attended meetings, or received written materials concerning the program. For example:

- At a western Army installation 100 percent of the supervisors responded that they were aware of the program, and over 80 percent were at least moderately familiar with the procedures for implementing the program. Further analysis shows that (1) 90 percent had received written material on the policy, (2) 87 percent had attended meetings where the policy was discussed, and (3) over 97 percent had been trained. Most supervisors had also discussed the policy with their subordinates.

--At a western Defense Logistics site 100 percent of the supervisors responded that they were aware of the program and three-fourths were moderately familiar with agency guidelines. Over 85 percent stated they had received written material, two-thirds had attended a meeting, and 80 percent had been trained.

--Finally, of the supervisors at an eastern Navy facility, 97 percent were aware of the program and about three-fourths were moderately familiar with the policy. Additional analysis indicated that 88 percent had received training concerning the policy, 76 percent had received written material, and 85 percent had attended meetings concerning the policy.

In addition, officials at all the above installations said that their program had received extensive publicity in employee newspapers or newsletters.

A study conducted among Federal supervisors under a grant awarded by NIAAA in 1974 has shown the impact of various kinds of information supplied to supervisors. According to this study, the materials distributed to supervisors will have more impact if distribution is followed up with a meeting and training to discuss the materials or vice versa. Through a reinforcement process, supervisors who have been informed by both media will be better informed, more willing, and better prepared to utilize the installation's program if the opportunity presents itself.

NONSUPERVISOR'S RESPONSES TO AWARENESS AND EDUCATION EFFORTS

While most nonsupervisors were aware that their installations had an alcoholism policy, they were not as aware as supervisory personnel. Only two-thirds of the nonsupervisors said they were aware of the policy, as opposed to 85 percent of the supervisory personnel. The primary means by which nonsupervisors were informed were agency memorandums and newsletters. The table below shows the percent of nonsupervisors who were aware of their agency's policy.

Nonsupervisors Who Were
Aware of Agency Policy

<u>Agency (note a)</u>	<u>Number responding that they were aware of policy</u>	<u>Percent responding that they were aware of policy</u>
Army	120	90
Defense Logistics	89	84
Air Force	128	81
Agriculture	123	74
Navy	98	72
Treasury	82	70
Veterans Administration	83	59
HEW	90	58
Transportation	64	58
CSC	8	53
Interior	45	43
Justice	48	46

a/See app. I for number of installations visited.

The table shows that nonsupervisors at military installations are generally more aware of the program than nonsupervisors at civilian agencies. We also found that more than half the nonsupervisors in the four agencies with the largest percentage of aware nonsupervisors had received specific educational materials about the program.

Furthermore, while 65 percent of the supervisors were aware that there was a coordinator at their installation, only 48 percent of the nonsupervisors were aware.

NONSUPERVISORS' WILLINGNESS
TO PARTICIPATE IN PROGRAM

Seventy-four percent of the nonsupervisors said they would be willing to voluntarily see the coordinator if they had an alcoholism problem.

The primary reasons for not wanting to see the coordinator were (1) desire to go to a community treatment facility, (2) fear of not getting promoted, and (3) fear of job loss.

Although nearly three-fourths of nonsupervisors said they would see the coordinator, only 18 percent responded that more than half of their fellow employees would go to

the coordinator voluntarily if they had a problem. This may indicate a lack of awareness of the program's objectives and may also indicate some mistrust of management's motives for establishing alcoholism programs.

CONCLUSIONS

In general, installations have made some effort to inform and train personnel about alcoholism and the services available for treatment and rehabilitation. The Defense agencies appear to be making a greater effort to train supervisors and inform nonsupervisors than the civilian agencies reviewed. Supervisors who have received training appear to be better prepared to use the programs if the situation presented itself.

The data from nonsupervisors on other employees' willingness to voluntarily use the program may indicate that nonsupervisors are suspect of managements' motives for establishing programs.

RECOMMENDATIONS TO DEPARTMENT AND AGENCY HEADS

Although supervisors are aware of the programs being established, we recommend that department and agency heads increase supervisor familiarity with program procedures using additional training, written materials, or meetings at which supervisory personnel may discuss the policy and resolve any questions.

Further, we recommend that heads of departments and agencies take the necessary steps to inform nonsupervisory personnel about alcoholism and agency alcohol programs. This could be accomplished by making greater efforts to distribute educational materials on alcoholism and alcohol programs, and by briefing all new employees on the installation's program.

NCA COMMENTS AND OUR EVALUATION

NCA stated that our recommendations concerning supervisory training imply the sole purpose of that training is to ensure that supervisors are familiar with the programs. They believe that, for training to be truly effective, supervisors must be motivated to implement the program.

We believe one of the primary purposes of supervisory training must be to better inform the supervisor about the problems that can affect employee job performance, including alcoholism or alcohol abuse. In addition, this training should make the supervisor knowledgeable about the programs available at his location that can assist him in dealing with a troubled employee and aware of the steps that should be taken within the framework of that program.

We agree that motivating a supervisor to implement any program is important. Supervisors should be appropriately motivated if top management makes its position clear on the program's intent and its support for it.

NCA believes our findings on nonsupervisors' willingness to participate in the program might be indicative of an unclear or ambiguous statement of policy.

As stated earlier in the report (see p. 32), we believe the policy statements were clear about the intent of established programs.

Data in this chapter indicates that only about two-thirds of the nonsupervisors in our sample were aware that an alcoholism policy existed at their installation. This indicates that more effort is necessary to inform the entire work force about programs that have been established to assist employees with problems that negatively affect their job performance.

Data in chapter 3 indicates that some nonsupervisors could be skeptical of the nature of these programs because of their location within the personnel office and we recommended, in part, that this could be overcome by better educating the work force on the nondisciplinary nature of these programs.

We stated above that management must make its position clearly known if supervisors are to be motivated to implement these programs. We believe this will further enhance the nonsupervisors' willingness to participate. Even if all employees are made aware of existing programs, the lack of strong management support for these programs could undermine their credibility and deter participation of employees at all levels.

CHAPTER 7

SUCCESSFUL PROGRAMS

Some relatively successful programs were found among the installations visited. Characteristics of these programs were generally

- strong management support, which included a formal policy statement;
- specific procedures for handling cases;
- effective in-house treatment and referral system administered by competent personnel;
- access to community treatment facilities;
- supervisory training programs;
- employee education programs;
- where applicable, labor-management cooperation; and
- an adequate recordkeeping system.

These characteristics have also been identified by NCA as necessary for the operation of an effective program. CSC has mentioned these elements in its guidelines.

Most of the installations selected in our sample were not as effective in getting alcohol abusers into treatment as could be expected, based on NCA's guideline of reaching 1 percent of the work force per year. Several installations, and the Government Printing Office (GPO) in Washington, however, appeared to be doing a good job operating their programs and illustrate what can be accomplished by an effective program.

At a western Army installation with a work force of about 2,800 civilians, 25 alcohol-related cases were handled in fiscal year 1974 and 35 cases were handled in fiscal year 1975. The installation operates an employee assistance program, which appeared to have the enthusiastic support of both the installation commander and the Washington headquarters commander responsible for this activity.

The installation program coordinator believes that between 9 and 12 percent of the employees at his installation suffer from alcohol-related problems. The commander also believes the problem is significant at his installation, and stated that whatever the program cost he believed it would be recovered through savings realized by increased productivity of those persons helped. In his opinion any commander who objected to initial program costs was not really concerned with cost but simply was not supportive of the program.

The program operates with a formal budget and utilized a coordinator full time, and a secretary and chaplain part time. In addition, the program uses 23 volunteer paraprofessional counselors distributed around the installation. Alcoholics Anonymous meetings are frequently held at the installation.

Installation officials said that 100 percent of the employees and supervisors have received some literature concerning the program, which is highly publicized in the installation newsletters. All supervisors and employees contacted stated they were aware of the agency's policy. In addition, most supervisors said that they were at least moderately familiar with the installation's guidelines and would probably refer employees with problems to the coordinator if the situation ever arose. This indicates an acceptance of the program by supervisory level personnel.

Further, the union at the installation is supportive of the program being conducted. The union president stated that employees do not fear job reprisal if they request treatment. He also said that the union does have a voice in program operation through membership on a labor-management advisory board.

The coordinator stated that the program is strictly voluntary for civilians, but disciplinary action is taken if a problem employee's job performance does not improve and the employee is unwilling to accept the services the program offers. The coordinator estimates that more than 50 percent of those entering the program in fiscal years 1974 and 1975 have made adequate progress in counseling or have improved their job performance.

The GPO in Washington, D.C., established a program for alcohol abusers in 1971. This program appears to have been highly effective in getting alcohol abusers into treatment. GPO's program, which serves more than 8,000 employees,

operates on a budget of about \$36,000 a year. In fiscal year 1975, 94 alcohol abusers were identified, and the coordinator believes about 65 percent were helped.

The coordinator said that there are nine basic criteria necessary for his program to work effectively:

- (1) top management support;
- (2) support from lower level management and union officials;
- (3) extensive and accurate documentation of employee behavior by supervisors;
- (4) location in the medical department to remove it from the sphere of disciplinary action;
- (5) communication between the client, the supervisor, the counselor, and the treatment facility;
- (6) strict confidentiality of all records;
- (7) no effect on the employee's job level or promotability;
- (8) encouragement to the abuser to develop new and different social relationships; and
- (9) a formal program structure which includes a written policy, training, diagnosis, and therapy.

Many of the same factors were evident at some other installations which were effective in getting alcohol abusers into treatment. High level management support was apparent. An adequate and well-qualified staff conducted the program. Supervisors were aware of the program and familiar with the guidelines, and most had been trained. Employees also demonstrated a high degree of awareness. In addition, at least three locations made medical facilities (located on the installation) available to employees with alcohol problems.

It appears that installation size could also be a factor that affects program operations. At smaller installations, an effective coordinator could be sufficient, in some cases, to overcome the lack of other desirable program characteristics. For example, a western HEW facility was highly effective in

getting alcohol abusers into treatment. The coordinator said that management support was strong, but the program was informal. No policy statement or procedure documents existed. The program had little publicity and many supervisors and employees were informed by word of mouth. The coordinator believed that his program was effective because he has good rapport and working relationships with supervisory personnel. In addition, the installation's medical facilities were made available to employees with alcohol problems on both an in-patient and outpatient basis.

During our review we saw little difference between the employee populations and the duties they performed at installations with more successful programs and installations whose programs were not as successful. The basic difference that could be seen between the more effective and less effective programs were the attitudes of management and the coordinator toward alcoholism programs and alcoholics, and the support perceived by employees.

EFFECTIVE PROGRAMS OUTSIDE THE FEDERAL SECTOR

We visited five non-Federal programs to determine whether successful programs conducted by non-Federal entities had any special characteristics. These programs considered effective by NCA included three at industrial operations, one at a public utility, and one at a municipal government agency. Employee populations served by these programs ranged from about 1,200 to about 40,000.

Site visits were conducted in much the same manner as the visits at the 81 Federal installations included in our review. We spoke with management personnel, coordinators, union representatives, and other interested parties, and sent a limited number of questionnaires to both supervisory and nonsupervisory personnel.

The programs appeared to have a number of common characteristics. All the coordinators said that management was strongly supportive of the programs being conducted (four are broad-based employee assistance programs, the remaining one is alcohol and drugs). At one facility we learned that the corporation president was the force behind the program's establishment.

Supervisors who responded to our questionnaire, for the most part, also felt management support was substantial or

great. Four of five program coordinators indicated that resources for their programs were very adequate, which is another indication of top management support. Program staff ranged from one part-time to as many as nine full-time personnel. Yearly program costs ranged from \$2,000 to \$200,000 per year.

Most coordinators were hired for that position and most had prior experience in alcoholism programs or had received special training in alcoholism or counseling.

Coordinators said that most of their supervisory personnel had received training about the programs. During this training, supervisors are informed about the program and their responsibility in the program. At four of five locations, supervisors are instructed not to diagnose problems but to recognize poor job performance.

One coordinator particularly stressed the necessity of adequately documenting the employee's performance. One coordinator said that without specific documentation the supervisor loses the leverage he has with the employee and it becomes more difficult to get an employee into the program. With documentation the employee is more likely to admit a problem exists and is more willing to enter a program for treatment and rehabilitation. The employees generally get these options:

- Submit to inpatient hospital care or other prescribed treatment (paid by the company while also paying the employee's full salary).
- Submit a resignation.
- Be fired.

The other four programs also offer treatment and rehabilitation to every employee who enters the program. However, strict disciplinary actions are taken if the employee refuses to enter the program or fails to improve job performance following counseling and treatment.

The coordinators have contacted a minimum of 6 and as many as 50 treatment facilities and utilize many of them when referring employees.

With one exception, formal case files were kept. Four of the five coordinators said they generally follow up with both

the community facility and supervisors to determine the employee's progress in treatment.

The coordinator's estimates of the program's success in returning employees to effective production ranged from 50 to 90 percent.

CONCLUSIONS

An alcoholism program's effectiveness varies among installations of similar characteristics within the same agency. We believe that in many cases this is attributable to the support given and resources made available to the program by installation top management. This includes qualified staff with sufficient time to carry out their duties and adequate support resources.

It appears that the major features of effective Federal programs do not vary significantly from those reviewed outside of Government. The key factors of management support, adequate staff and resources, supervisory and employee training and education, and an effective referral system are present in most situations.

Although program location and procedures may vary somewhat, the end result is a program that can reach and successfully treat alcoholic employees and return them to effective productivity.

NCA COMMENTS AND OUR EVALUATION

Commenting on our draft report, NCA stated that another element of successful programs not cited in our report is the availability of adequate insurance coverage for alcoholism.

We agree that this is an important factor. We did not cover the insurance coverage area in this report. However, in a report to the Congress entitled "Progress and Problems in Treating Alcohol Abusers" (HRD-76-163, Apr. 28, 1977), we did address this issue.

In that report we recommended that NIAAA continue to develop alcohol abuse treatment cost data and disseminate that data to public and private third party payers. Until adequate cost data on the provision of treatment services for alcoholism is developed, third party payers will be reluctant to reimburse providers of such care.

Finally, we recommended that the Congress explore the need for legislation that would require fuller Medicaid and Medicare coverage of alcoholism treatment services delivered by programs meeting established standards for alcoholism programs.

CHAPTER 8

ALTERNATIVES TO EXISTING PROGRAMS

The installations visited have generally developed programs designed to serve their own employees. In many cases, these programs did not serve an employee population that was large enough to warrant a full-time coordinator who would counsel employees, educate and train staff, and establish communications with community-based agencies used for referral purposes. We found that, while coordinators and top management were generally receptive to the idea of cooperative programs, consideration or development of cooperative efforts have been minimal.

A cooperative program is one in which a number of different agencies combine to establish an effective program to serve the employees of each agency. In our opinion, this approach is particularly advantageous in situations where there are many agencies in the same general area but each agency does not have a sufficient number of employees to justify the appointment of a well-trained coordinator who would be able to spend substantial time on the program.

COOPERATIVE EFFORTS NOT CONSIDERED

Over 80 percent of the 81 installations visited were employing less than 4,000 persons, the minimum number that an NCA official believed would be necessary to justify a full-time alcoholism coordinator. Officials at most of these locations and officials from selected regional offices stated that they had not considered developing cooperative programs.

Understandably, officials at the larger installations--4,000 or more employees--believed that there was a sufficient number of employees located at their facility to justify a separate program. Comments of officials from the other installations and from the regional offices on the development of cooperative efforts were generally as follows:

- Little or no thought had been given to operating a program in conjunction with other agencies in the immediate area.
- Little or no need existed for a cooperative effort.

--Installations had a sufficient number of employees to justify their own programs.

OFFICIALS' VIEWS CONCERNING COOPERATIVE PROGRAMS IN FEDERAL BUILDINGS

Although most of the interviewed officials from Federal buildings had not considered or were not considering any type of cooperative effort with other agencies located nearby, they believed that the concept of interagency cooperative programs warranted consideration.

A combined effort offers the following advantages when agencies have a small work force and cannot devote a large amount of resources to the program:

- availability of trained personnel to discuss problems with employees and coordinate training and education activities,
- better knowledge of community-based programs available for referral purposes, and
- less reluctance by employees to contact someone outside their agency.

According to some officials the following problems could impede the effectiveness of a cooperative effort:

- Agencies with larger numbers of employees would get the most attention in a cooperative effort.
- Funding mechanisms would have to be developed.
- Employees would be uncomfortable in dealing with a nonagency employee who may not understand specific job problems.
- Employee unions would be unlikely to support a cooperative effort.

Despite these problems, most agency officials said that they would be willing to consider developing a cooperative program, particularly if a more specific proposal was presented.

POSSIBLE ALTERNATIVE
TO SEPARATE PROGRAMS

CSC guidelines state that the Federal Executive Board (FEB) and the Federal Executive Association (FEA) should be used in furthering the concept of a united Federal effort to cope with problem drinking and alcoholism. In our opinion, these organizations could act as focal points in the development of interagency cooperative efforts in those locations where there are many Federal agencies each with a relatively small employee population.

Federal Executive Boards and
Federal Executive Associations

FEBS were initially established in 1961 to emphasize management skills in support of improved economy, efficiency, and substantive effectiveness of the executive branch of the Government. FEBS are expected to strengthen coordination of Government activities across agency lines. There are currently 26 FEBS located in major metropolitan areas of the country.

OMB provides overall policy direction and guidance to FEBS. National objectives of the FEBS are suggested by a lead agency in Washington and are approved by OMB. Past national objectives have been in energy conservation, minority business enterprise, assistance to the elderly, and personnel management practices. According to an OMB official, CSC has not suggested that OMB establish--for FEBS--a national objective for promoting or developing coordinated interagency alcoholism or employee assistance programs. Officials from FEBS in three cities--Atlanta, Kansas City, and Philadelphia--said that they could recall discussions of programs to help employees with alcohol-related problems when CSC announced that employee alcoholism programs would be established by each agency. However, no action was taken to develop cooperative programs designed to serve the employees of more than one agency.

Another mechanism for developing cooperative programs are FEAs. FEAs have been established in about 100 communities where a number of Federal installations are located. FEAs generally represent fewer Federal installations and employees than FEBS. Although their activities are oriented toward the objectives and activities of FEBS, they are not required to participate in the implementation of the national objectives established for FEBS.

FEB local initiatives

In addition to FEB national objectives, local FEBs devote considerable effort to unique needs in a community or geographic area. OMB, CSC, and NIAAA officials said one such effort currently being conducted by the Boston FEB shows how a cooperative approach for employee assistance programs can work.

Boston College is conducting broad-based employee assistance programs at five locations in the Boston area--one is located in the John F. Kennedy Federal Building. Although the program is being conducted under a NIAAA training grant, it offers the full range of services, including

- training supervisors and educating nonsupervisory personnel,
- training coordinators,
- counseling employees with problems, and
- referring these employees to community-based treatment facilities.

In total, some 4,000 employees from 14 agencies located in the John F. Kennedy Federal Building are covered by the program.

The program in Boston is being conducted under the sponsorship of FEB, and the FEB official there believes it has the cooperation of the American Federation of Government Employees and the National Association of Government Employees, two of the larger Federal employee unions.

A FEB Boston official believes that, because of FEB sponsorship, the program has caused top management of the various agencies to become more concerned about alcoholism as a problem. He stated that most agencies have made training mandatory for supervisory personnel. The training offered by Boston College is an initial 2-hour session with a followup course 3 months later which discusses the concept of an employee assistance program and the services available, the scope and nature of alcoholism and other problems, and the role and responsibilities of a supervisor in an employee assistance program. The training course also explains what actions a supervisor should and should not take in dealing with an employee with a problem.

The fact that most agencies have made training mandatory appears to indicate that management in the John F. Kennedy Building is giving some support to the ongoing efforts to combat alcoholism and other problems.

Based on information obtained from the program, the program appears to be moderately successful in getting alcohol abusers into treatment compared with the 81 installations visited during our review. Although fiscal year information is not available, the latest data developed shows that, during an 8-month period, the John F. Kennedy Federal Building program reached 21 persons with alcohol-related problems, slightly more than half the number of clients that could be expected in an entire year under the guidelines established by NCA. The 81 installations reached only about one-third of the expected caseload. In addition, the Boston program handled 57 other cases ranging from drug abuse to marital and financial problems. The program at the John F. Kennedy Building only operates on a part-time basis--3 days a week. Program officials stated, however, that they believe there is a need for a full-time program at that location.

CONCLUSIONS

Most installation officials had not considered conducting a program in cooperation with other installations. Many perceived no need for a cooperative program or believed their installation was large enough to operate its own program.

Cooperative programs appear to benefit groups of smaller agencies located in the same building or geographic area. These programs are valuable because agencies can jointly utilize qualified staff to train supervisors and educate employees, to offer counseling services, and to maintain liaison with community-based treatment facilities. Further, these programs can often provide a neutral counseling environment outside the agency, thus reducing employee reluctance to seek assistance.

RECOMMENDATIONS TO CSC, OMB, AND DEPARTMENT AND AGENCY HEADS

We recommend that CSC and OMB support the development of consolidated employee assistance programs through FEAs.

Since FEAs are not as formally established as FEBs we further recommend that OMB urge FEAs to consider establishing cooperative programs where applicable.

Finally, in areas where FEBs and FEAs do not exist, we recommend that the department and agency heads take the initiative and play an active role in establishing cooperative employee assistance programs to better serve employees in those locations.

CSC AND OMB COMMENTS

CSC comments

Commenting on our draft report, CSC agreed that cooperative programs are a viable method of offering services to employees in the same geographic location. In addition to the program discussed in the report, CSC stated that similar efforts are being undertaken at other locations across the country. In most cases, CSC representatives are working in cooperation with the local FEB to develop these cooperative programs.

OMB comments

OMB endorsed our recommendation that they support and develop consolidated programs to assist employees with problems through FEBs.

Commenting on our draft report, OMB stated that fiscal year 1977 guidance to FEBs contains such encouragement. FEBs are encouraged to sponsor, as a supplement to existing health services, a comprehensive series of interagency education and screening projects, including screening for alcoholism and drug abuse.

OMB further stated that national objectives and priorities for FEB activities are determined by the Federal agencies and FEB would be responsive if CSC and the other agencies choose to promote alcoholism programs as a national objective.

CHAPTER 9

CSC'S ROLE IN IMPLEMENTING AND

EVALUATING ALCOHOLISM PROGRAMS

While CSC has been given responsibility for assisting Federal departments and agencies in developing and maintaining programs for Federal employees who are alcohol abusers, it has only limited authority to make sure that such programs are implemented.

CSC evaluations, which have been limited primarily to describing program activities, are declining. In the future more emphasis will be placed on self evaluations by agencies responsible for administering the programs.

CSC'S RESPONSIBILITY AND AUTHORITY

A CSC official, testifying before the Manpower and Housing Subcommittee, stated that under Public Law 91-616 CSC shares responsibilities, in cooperation with Federal departments and agencies, for developing and maintaining programs for Federal civilian employee alcohol abuse. He also testified that the statute gives CSC no authority or means of assuring that the other agencies implement these responsibilities. Another CSC official told us that CSC views this responsibility sharing as appropriate.

As a consequence of its limited authority, CSC cannot promote the program based on legal sanctions. For example, the Department of Justice has not yet developed a departmental policy for alcoholism and drug abuse programs nearly 6 years after the issuance of CSC's program guidelines. CSC testified that they were not in the position to force the Justice Department to comply with the law.

CSC, however, believes:

--It has general authority and responsibility for developing Federal personnel management policies; therefore, through the administration of these programs, it can guide and monitor the implementation of these programs.

--Agencies will deal with alcoholic employees in accordance with the guidelines rather than with inappropriate disciplinary actions, because CSC adjudicates employee appeals.

--Agency program activities can be effectively monitored through the collection of program data and onsite evaluations.

A CSC official stated that CSC is scheduling visits to 45 headquarters agencies to determine their programs' status, and reviewing the possibility of preparing a Presidential statement to stimulate more effective programs. Until these reviews are complete, they would not suggest the need for any additional CSC authority.

CSC MONITORING ACTIVITIES

CSC performs onsite evaluations of personnel management functions at Federal installations. This includes monitoring the implementation of the installations' alcoholism programs. CSC conducts two types of evaluations: (1) special evaluations--conducted if a particular problem is brought to its attention and (2) general evaluations--designed to review all aspects on the installation's personnel management function.

CSC reports on an exception basis. The status of an installation's program will usually be included in the evaluation report only if there is a problem with the program's implementation or if the program is particularly effective. CSC testified that, under the present evaluation system, the alcoholism program would not be reviewed in sufficient depth to determine its effectiveness.

A CSC official testified that CSC evaluated about 500 programs that assisted employees with alcohol-related problems in fiscal year 1974 and about 270 in fiscal year 1975. Information on the first three quarters of fiscal year 1976 indicated that the number of program evaluations will further decline. He also stated that the decline in CSC evaluations is due to a shift to self evaluation by each agency. Instead of having larger CSC field office staffs, CSC issued guidelines for agency self evaluation in April 1975, and encouraged the agencies to incorporate the self evaluation functions into internal audits.

CONCLUSIONS

If heads of departments and agencies do not take the necessary actions to develop effective employee alcoholism programs within a reasonable period of time, we believe CSC should assume this responsibility. It appears, however, that CSC may need additional authority to do so.

Also, unless Federal agencies and CSC direct their efforts toward evaluations of program activities, they will not be able to know how effective programs really are.

RECOMMENDATION TO CIVIL SERVICE COMMISSION AND DEPARTMENT AND AGENCY HEADS

CSC and the department and agency heads should concentrate on reviewing programs to make sure that they are not merely implemented but effective in identifying and rehabilitating employees with problems.

RECOMMENDATION TO THE CONGRESS

If department and agency heads do not act within a reasonable period of time to develop effective employee alcoholism programs, we recommend that the Congress explore legislation giving CSC more authority to do so.

CSC COMMENTS

Commenting on our recommendation on program monitoring activities, CSC stated that yearly evaluation visits to the headquarters of each agency employing more than 1,000 persons have been established. According to CSC one item usually covered during these visits is the agency plan for self evaluation of their program. CSC further stated that it strongly encourages a more clearly defined system of accountability and feedback within agencies to stimulate more effective programs.

AGENCIES REVIEWED

<u>Agencies reviewed:</u> <u>Headquarters and installations</u>	Total installations visited (note a)
Agriculture	9
Air Force	9
Army	8
Civil Service Commission	1
Defense Logistics	6
Health, Education, and Welfare	8
Interior	6
Justice	6
Navy	8
Transportation	6
Treasury	6
Veterans Administration	<u>8</u>
Total	<u>81</u>

a/Programs were located in the following States: Pennsylvania, New Jersey, Maryland, Virginia, District of Columbia, South Carolina, Georgia, Florida, Alabama, Tennessee, Missouri, Kansas, Oklahoma, Texas, Nebraska, and California.

OTHER AGENCIES WHERE INFORMATION
WAS OBTAINED AT HEADQUARTERS ONLY

Commerce

Defense Communications Agency

Energy Research and Development
Administration

Environmental Protection Agency

Federal Deposit Insurance
Corporation

Federal Energy Administration

General Services Administration

Government Printing Office

Housing and Urban Development

Labor

Office of the Secretary of Defense

Selective Service

Small Business Administration

State

SIGNS OF DETERIORATING JOB PERFORMANCEEarly stage alcoholism

Attendance	Tardiness (at lunchtime) Early departures from work Absent from work station
Performance	Occasional lapses in fulfilling responsibilities Errors due to poor judgment Spasmodic work pace Minor decline in quality and quantity of work

Middle stage alcoholism

Attendance	Longer lunch periods Frequent days off for vague causes or implausible reasons
Performance	General deterioration More pronounced spasmodic work pace Lapses of attention Inability to concentrate Changes in work relationships

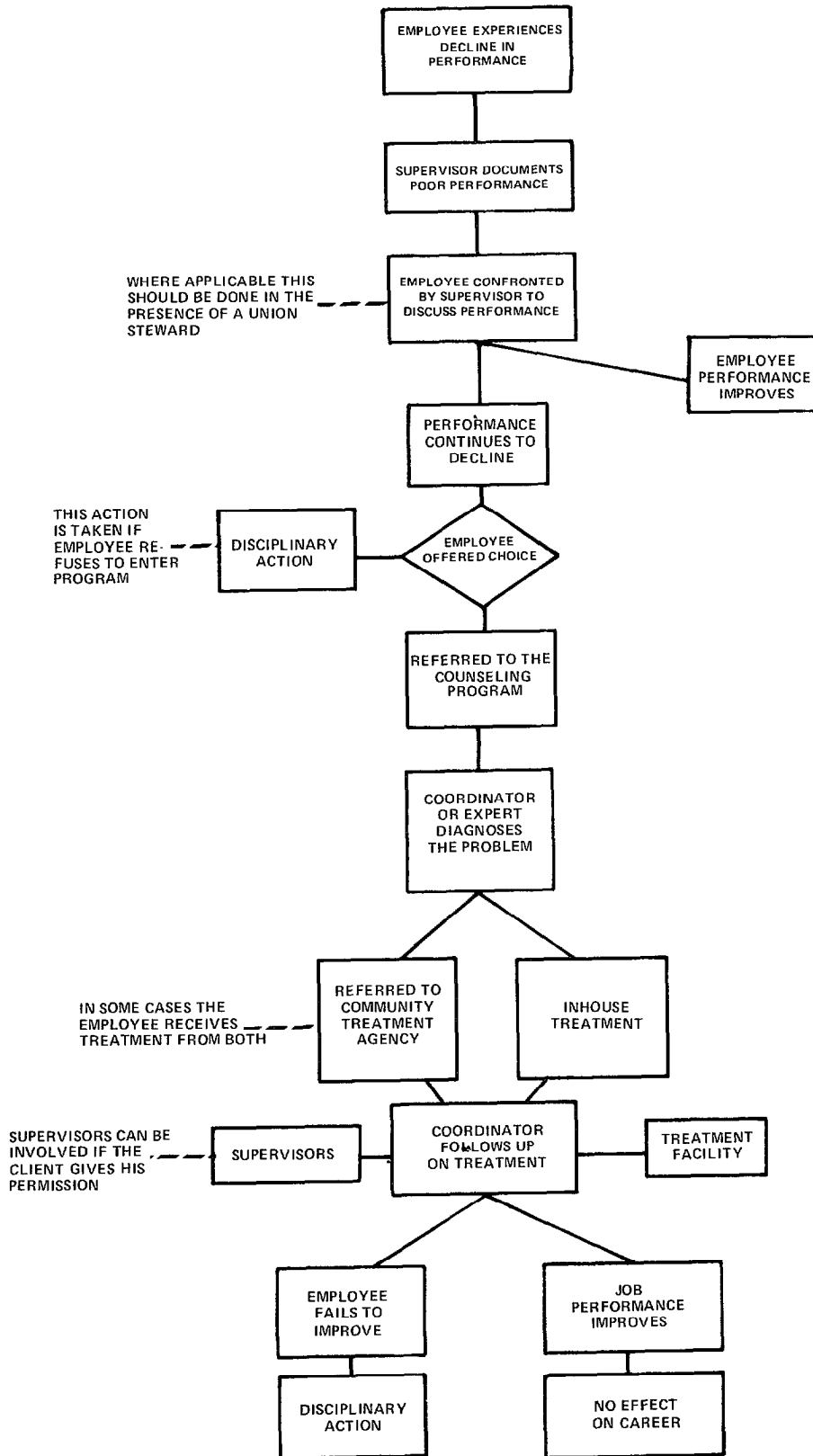
Late middle stage alcoholism

Attendance	Generally unreliable Frequent time off (sometimes for several days) Does not return from lunch
Performance	Avoids supervisor and associates Overall performance unsatisfactory Changes in work pace become more pronounced and more frequent Excuses for failures become elaborate and sometimes bizarre

Approaching late or terminal stage alcoholism

Attendance	Prolonged unpredictable absences
Performance	Uneven Generally incompetent

TYPICAL FLOW OF EMPLOYEE THROUGH THE PROGRAM



EFFECTIVENESS OF PROGRAMS REVIEWED IN
GETTING ALCOHOL ABUSERS INTO TREATMENT

<u>Agency</u>	<u>Number of instal- lations</u>	<u>FY 1975 population (note a)</u>	<u>Total caseload (note a)</u>	<u>Percent of NCA expected caseload</u>
Army	<u>b/7</u>	<u>b/22,837</u>	192	84.2
Defense Logistics	6	9,974	46	46.0
Navy	8	39,942	155	38.8
Agriculture	9	6,530	24	36.9
Air Force	<u>b/8</u>	<u>b/48,684</u>	115	23.6
CSC	1	6,600	14	21.2
Veterans Ad- ministration	8	7,199	14	19.4
Justice	6	2,189	4	18.2
HEW	8	27,298	42	15.4
Treasury	<u>b/5</u>	6,701	4	6.0
Interior	6	3,498	1	2.9
Transportation	<u>6</u>	<u>11,351</u>	<u>1</u>	<u>.9</u>
Total	<u>78</u>	<u>192,803</u>	<u>612</u>	31.7

a/As reported by installation directors. This figure does not include tenant organizations or other onsite employees under the installation's program.

b/Caseload data unavailable at one installation; these populations were excluded.

GAO REPORTS ON FEDERAL ACTIVITIES
TO COMBAT ALCOHOL ABUSE

<u>Title</u>	<u>Report number</u>	<u>Date</u>
Substantial Cost Savings from Establishment of Alcoholism Program for Federal Civilian Employees	B-164031(2)	9/28/70
Alcoholism Among Military Personnel	B-164031(2)	11/02/71
Difficulties of Assessing Results of Law Enforcement Assistance Administration Projects to Reduce Crime	B-171019	3/19/74
Veterans Administration Program for Alcoholism Treatment Often Insufficient: More Action Needed	MWD-76-16	9/02/75
Alcohol Abuse is More Prevalent in the Military than Drug Abuse	MWD-76-99	4/08/76
Progress and Problems in Treating Alcohol Abusers	HRD-76-163	4/28/77



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

April 14, 1977

Mr. Gregory J. Ahart
Director, Human Resources Division
U.S. General Accounting Office
Washington, D.C. 20548

Dear Mr. Ahart:

This refers to your request for review and comment on your draft report entitled "Most Agencies' Programs to Assist Employees with Alcohol-Related Problems Are Still Ineffective".

We generally agree that the report presents good evidence that the program is in need of improvement, and closer adherence to Civil Service Commission guidelines would greatly assist in making the program more effective.

The recommendations appear to be well-taken and, if followed, should contribute to achieving the program's objectives.

One of the recommendations relates to Office of Management and Budget support in the development of cooperative programs serving more than one agency in a common geographic area. We endorse the recommendation as stated.

In fact, fiscal year 1977 guidance to Federal Executive Boards contains such encouragement. Presently, FEBs are encouraged to sponsor, as a supplement to available health unit services, a comprehensive series of education and screening projects on an interagency basis. Health problems cited as examples include alcoholism and drug abuse.

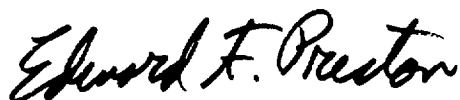
While these programs are neither mandated nor administered by FEBs because of funding and organizational management problems, FEBs are responsible for ensuring coordinated Federal response to programs they sponsor.

Federal Executive Associations are very loosely organized efforts which serve principally as interagency communication vehicles for their members. FEAs, nevertheless, tend to pattern local initiatives to activities of FEB systems. Therefore, some FEAs may assume similar employee health responsibilities in the future.

We would like to add that the major impetus for FEB program initiatives comes from priorities of Federal agencies. CSC and the other Federal agencies may choose to promote the alcoholism program initiative as a national objective if the necessary resources can be identified to mount this effort where applicable. Undoubtedly, the FEB system will be responsive.

We thank you for the opportunity you have afforded us to comment on the draft report.

Sincerely,

A handwritten signature in black ink that reads "Edward F. Preston". The signature is written in a cursive style with a large, prominent initial "E".

Edward F. Preston
Assistant Director
Executive Development and
Labor Relations Division



UNITED STATES CIVIL SERVICE COMMISSION
 BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH
 WASHINGTON, D.C. 20415

IN REPLY PLEASE REFER TO

YOUR REFERENCE

MAY 13 1977

Mr. H. L. Krieger, Director
 Federal Personnel and Compensation Division
 U. S. General Accounting Office
 Washington, D. C. 20548

Dear Mr. Krieger:

This is in response to your March 10, 1977 letter enclosing a draft of your proposed report to the Congress on the Federal Civilian Employee Alcoholism Program. We would like to take this opportunity to commend GAO on the thorough and comprehensive manner in which the review was conducted. Below are our comments on your recommendations to the Commission.

Recommendation: The Civil Service Commission should take the initiative in conducting or sponsoring studies to more accurately define the extent of problems Federal employees experience.

The draft report is correct in stating that there have been no studies on the prevalence of alcohol problems among Federal employees. The counseling data accumulated so far does not enable us to make a reasonable estimate of the extent of the problem. To our knowledge, there is a similar lack of data and valid studies on the prevalence of alcohol problems among private or other public employers.

Studies such as you recommend would be useful particularly if there are representative and random samples cutting across all:

- occupational categories
- grade levels
- geographic regions
- sex and age groupings
- minority groups

This type of depth and detail would be useful in allowing us and the agencies to more accurately forecast prevalence at specific locations based on the characteristics of individual employee populations. This would allow some differential use of penetration rates as a measure of program effectiveness. For comparative purposes, it would be most useful if similar

THE MERIT SYSTEM—A GOOD INVESTMENT IN GOOD GOVERNMENT

studies were undertaken among private and other public employers.

Given our limited expertise to perform this type of sophisticated research, we will discuss the feasibility of such a study with the National Institute on Alcohol Abuse and Alcoholism (NIAAA-HEW).

Recommendation: Heads of agencies and departments should give strong consideration to establishing broader employee assistance type programs. Further, if program location is considered to be a problem, they should give consideration to removing these programs from the personnel department or taking other actions to alleviate employee concerns about program location.

As indicated in Chapter three of the proposed report, the Commission is developing guidelines for the development and implementation of employee assistance programs at Federal installations. The authority for agency heads to adopt such programs has long existed in PL 79-658 dated August 8, 1946 which encourages agencies to promote both the physical and mental health fitness of the workforce.

The research reported by Professor Harrison Trice to the Subcommittee on Manpower and Housing, House Committee on Government Operations at their June 1976 hearings, suggests that differences in organizational structure may influence the appropriateness of such a program at individual installations. Thus the selection of a specific program model may best be made locally.

Similarly, CSC guidelines permit agencies and installations to determine the organizational placement of the program's operation. We agree that dual assignment of disciplinary and program responsibilities may give at least the appearance of a conflict of interest. We do believe, however, that the best organizational placement of the program at an individual installation cannot always be centrally decided. Therefore, we will continue the latitude given in our current guidelines.

Recommendation: CSC should develop more specific guidelines for (1) coordinator training, (2) recordkeeping systems

(See GAO note)

We have not attempted to impose a uniform recordkeeping system on Federal agencies. Two years ago, we established an annual reporting requirement for a minimal amount of statistical data collected from all installations with fifty or more employees. Hence, agencies and installations must keep records necessary to meet our reporting requirement and their own internal evaluation requirements. If our reporting requirement becomes more sophisticated, it may require a more sophisticated recordkeeping system on the part of agencies and installations. But at this time, we do not see a need for uniformity throughout the Federal government.

We are advised however that Army has instituted a department-wide record-keeping system and we expect to examine the results of that effort as part of our future planning.

We are aware that the coordinators are a pivotal, and often weak, part of the program's operation. We are not certain that more uniform training is the correction needed but we are reviewing your recommendation on the issuance of training guidelines.

Recommendation: CSC and the heads of agencies and departments should encourage employee organizations to take a more active role in the formulation and operation of programs.

We recognize, and Professor Trice's testimony to the Subcommittee confirmed, that unions can have a marked impact on the program. Our program guidelines to agencies advise that labor participation is a key element in program success and their involvement should be sought.

Growing union participation in the program is evident in the latest statistics from the Commission's Labor Agreement Information Retrieval System. Of the 3,032 labor-management agreements now on file, 13.5% have alcoholism program provisions. This is a 3.5% increase in the nine months following our testimony before the House Subcommittee last June.

Since the hearings, we and four major unions, AFGE, NAGE, NTEU and NFFE, have cooperated with Professor Trice in extending and verifying his original research in this area. We look forward to the results of this added effort and will be making agencies aware of the results.

Recommendation: Agencies and departments should (1) take more care in selecting coordinators who are interested in the programs and who are qualified for the position, (2) arrange training when necessary for those coordinators who are already assigned, and (3) insure that coordinators have sufficient time and resources to carry out their responsibilities.

We concur in the need for agencies to take these actions and have stressed them in many of our agency evaluations.

In addition, we continue to work with agencies in their efforts to upgrade the quality of their coordinators. In the past two months alone, we have participated in agency-sponsored training programs for coordinators with three different agencies. More than 200 coordinators have received additional training as a result of this effort. We will continue this activity and also continue to offer the Commission-sponsored coordinator courses here in Washington and in our regional training centers.

Recommendation: Where applicable, the CSC, the Office of Management and Budget and heads of agencies and departments should develop cooperative programs serving more than one agency in a common geographic area.

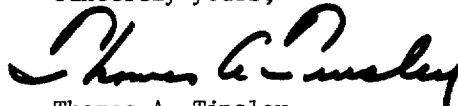
The draft report describes the encouraging results of the Boston Employee Assistance Program. We have also been reviewing periodically the experiences of a consortium in Austin, Texas that has been in operation for almost four years. We agree that it represents a viable approach for other locations. Similar efforts are already underway in New York, Dallas-Forth Worth, Detroit, Chicago and Denver. In most cases, our regional occupational health representatives are working with committees of the local Federal Executive Boards in considering options for developing cooperative programs. We will continue to explore this as a means to promote effective programs in the field.

Recommendation: CSC and other agencies and departments should place more emphasis on monitoring program activities.

Using the results of the annual reporting requirement as the basis of our evaluation, we have instituted yearly evaluation visits to the headquarters of each agency or department with 1,000 or more employees. Our evaluation emphasis concentrates on the penetration and rehabilitation rates indicated by the reports. However, we also cover a variety of program actions needed to improve those rates. Among the items usually covered are the agency's plans for self-evaluation of their programs. We are strongly encouraging more clearly defined systems of accountability and feedback within agencies to stimulate more effective programs.

We appreciate this opportunity to comment on the draft report.

Sincerely yours,



Thomas A. Tinsley
Director

GAO note: The deleted comments relate to matters which were discussed in the draft report but omitted in this report.

**National
Council 
on
Alcoholism** **inc. Washington Office**

DONATA BUILDING • 1925 N LYNN STREET, ARLINGTON, VIRGINIA 22209 (703) 527-7800

April 5, 1977

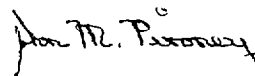
Mr. Gregory J. Ahart, Director
U. S. General Accounting Office
Human Resources Division
441 G Street, N. W., Room 6864
Washington, D. C. 20548

Dear Mr. Ahart:

Attached are NCA's comments concerning the GAO draft report entitled "Most Agencies' Programs to Assist Employees with Alcohol-Related Problems Are Still Ineffective." The comments are intended to be constructive and are based solely on the draft report as written. There has been no attempt to inject ancillary information or knowledge relevant to the Federal civilian employee programs into the attached comments.

I would like to thank you for the opportunity to review and comment on the report in question. If I can be of any further assistance to you, please don't hesitate to contact John Codington of my staff or me.

Sincerely,



John M. Pinney
Managing Director

Enclosure

cc: Ross Von Wiegand

OFFICERS AND EXECUTIVE COMMITTEE
President: Dr. J. H. ...
Vice President: Dr. ...
Secretary: Dr. ...
Treasurer: Dr. ...
Member: Dr. ...
Member: Dr. ...

(See GAO note 1.)

Chapter 2

- While I would assume that the recommendation is referring to data and studies on the prevalence of alcohol abuse and alcoholism among Federal civilian employees, it is somewhat vague as written.
- Regardless of the fact that over 50% of the Installation Directors surveyed perceived the alcoholism problem at their respective installations to be 2% or less of the total workforce, I would concur with the GAO's conclusion that the extent of alcohol abuse and alcoholism among Federal civilian employees appears to be significant. The perceptions of the installation officials are quite common and should not be viewed as necessarily a valid assessment of the extent of alcohol abuse and alcoholism among Federal civilian employees. Installation officials and their counterparts in the private sector often lack a basic understanding of alcoholism (as reflected in the comments on pages 8-10) and therefore discount its presence because they can't readily observe it. If these individuals possessed a better understanding of alcoholism, they would recognize that although alcoholism per se is not readily observable until its late or chronic stages, it will however, even in its early stages, result in a pattern of deteriorating job performance which is readily observable to any reasonably alert supervisor. In this respect, it is critical to bear in mind that it is not the supervisor's responsibility to diagnose the cause of deteriorating job performance, but only to continually observe job performance and make referrals in the prescribed manner.

Chapter 3

- The initial recommendation contained in this chapter appears to be somewhat inconsistent with Congressional intent as embodied in P.L. 91-616 and, upon close examination, may not be supported by the findings set forth in this report. The following considerations pertain to this recommendation as well as the findings and conclusions offered in support of it:

1. Section 201 (a) of P.L. 91-616 calls for the development and maintenance of . . ." appropriate prevention, treatment, and rehabilitation programs and services for alcohol abuse and alcoholism among Federal civilian employees, consistent with the purposes of this Act." This would appear to be a mandate for the implementation and maintenance of programs and services which are most effective in the early identification and referral to treatment of large numbers of Federal civilian alcoholic employees.
2. Approximately 54% of the program administrators from 26 departments and agencies at the headquarters level, 40% of the installation directors, and 55% of the program coordinators perceived the extent of alcoholism in their respective employee populations to be moderate or significant.
3. Over 85% of the installation officials who responded to the GAO survey believed that employee alcoholism problems should be the focus of a Federal program.
4. Approximately 25% of the 2,660 supervisors who responded to the GAO survey indicated that they had encountered a subordinate with an alcohol problem at their installation.

[See GAO note 1.]

6. Many of the statements in Chapter 3 concerning alcoholism programs or alcohol and drug programs imply that individuals with problems other than alcoholism (or drug abuse) would be ignored under these types of programs. The job performance approach is designed to detect any employee problem which causes deteriorating or substandard job performance. If it is determined by the diagnostic resource that the problem is nonalcohol-related, the employee will be referred to an appropriate resource in a manner consistent with the procedures previously utilized for such problems prior to the implementation of the alcoholism program or alcoholism component of an overall benefits program. This approach ensures that not only will individuals with nonalcohol-related problems be identified and referred to treatment, but that

they will be handled in a manner consistent with the appropriate provisions of the existing union-management contractual agreement (if an organized setting).

7. The assumption that employees suffering from alcoholism would be more willing to seek assistance in a broader-based employee assistance program is questionable for the following reasons:
 - a. It implies that the most effective way to counteract the social and moral stigma associated with alcoholism is to obscure it, rather than to forthrightly identify it by name in all preventive, educational and program efforts.
 - b. It implies indirectly that supervisors initially refer employees to an "alcoholism counselor," an "alcoholism facility," or a door labelled "alcoholism." To the contrary, an employee should not be initially referred to an "alcoholism" or any other specialized medical or treatment resource until his/her problem has been identified. The general practice should be to initially refer the employee to a qualified diagnostic resource to determine whether or not alcoholism exists. While it is important that this resource (especially if in-plant) be located in a neutral, non-stigmatizing place, it is far more important to ensure that this resource includes demonstrated expertise in the diagnosis of alcoholism. This element is critical given the unique nature of alcoholism and the alcoholic employee. Based on the findings set forth in Chapter 5 concerning the selection, qualifications, and responsibilities of program coordinators, the availability of this demonstrated expertise in Federal civilian employee programs is extremely dubious and therefore could be a critical factor militating against the success of these programs.

[See GAO note 1.]

10. The CSC data cited on page 21 regarding the number and types of cases handled by the broader-based employee assistance programs raises serious questions about the effectiveness of these programs in fulfilling their intended purpose - the early identification and referral to treatment of employees suffering from alcoholism. In turn, the findings raise serious questions about the appropriateness of the GAO recommendation encouraging the establishment of broad-based employee assistance programs.
11. The recommendation to establish broader-based programs because they would supposedly be better able to serve employees with nonalcohol-related problems is inconsistent with the finding that only 5 of 81 installations were considered "effective" in identifying and referring to treatment a large percentage of alcoholic employees. Despite the comparability between program types in the percentage of alcoholic employees identified and referred to treatment, the fact of the matter is that 76 of the 81 programs are ineffective in accomplishing their primary purpose as set forth in the authorizing legislation. To recommend the establishment of a certain type of "program" because of its alleged greater appeal to individuals with problems that are not alcohol-related appears to be inconsistent with the major finding of the study and potentially counterproductive.
12. In response to statements regarding NCA's position appearing on pages 17, 18 and 28, NCA is not opposed to program labels or titles which do not necessarily contain the term "alcoholism," provided that any such program contains a clearly identifiable alcoholism component. A clearly articulated company policy and set of procedures for alcoholism are essential. The eight criteria set forth in the NCA publication entitled "A Joint Union-Management Approach to Alcoholism Recovery Programs," and particularly the first two, are the elements which determine whether or not an identifiable alcoholism program or component of an overall benefits program exists.

Chapter 4

- The indication that management has not made its position clearly known to its employees could be the result of one or both of the following:
 - a. The statement of policy itself is ambiguous and unclear.
 - b. The mechanisms utilized to convey the statement of policy to the employees are ineffective.

Needless to say, if the policy statement itself is unclear, the quality of communication devices is irrelevant. In that all the recommendations contained in Chapter 4 are for the most part mechanical in nature, they ignore the possibility that an unclear or ambiguous policy statement may have been promulgated initially. Furthermore, being that a clearly articulated statement of policy relative to alcoholism is a necessary precursor to an effective program, it would seem appropriate to include in the report language raising this as a consideration.

- While the findings contained in Chapter 4 clearly point out the lack of union involvement in the formulation and operation of programs, the final recommendation seems rather myopic in that it implies that organized labor's lack of involvement is due only to its own passiveness. This tends to ignore those situations in which organized labor's active participation in the program may be impeded or precluded by management or some other factor.

Chapter 5 .

[See GAO note 1.]

- Critical to the success of any occupational alcoholism program is the assurance that the diagnostic resource used possesses a demonstrated expertise in the diagnosis of alcoholism. This is a critical element which has been typically unavailable in most such diagnostic resources and, based upon the findings of this chapter, is more than likely unavailable in many of the Federal civilian employee programs.

Chapter 6

- The conclusions and recommendations concerning supervisory training seem to imply that the sole purpose of such training is to ensure that supervisors are familiar with the program. If supervisory training is to be truly effective and result in the early identification and referral to treatment of large numbers of alcoholic employees, supervisors must not only be familiar with the program but must be motivated to implement the program. The most effective form of motivating the supervisor to implement the program is to make program implementation an integral part of the supervisor's job responsibility. Line management thus holds the motivational key for ensuring that supervisors implement the program.

- The findings concerning nonsupervisors' willingness to participate in the program might possibly be indicative of a statement of policy which is either unclear or ambiguous. However, the accompanying recommendation seems to ignore this possibility in that it is restricted to improving the distribution of program information. The recommendation therefore runs the risk of focusing on the symptoms rather than the cause of the problem.

Chapter 7

- There exists one element of an effective private sector employee alcoholism program that is not cited as a characteristic of Federal civilian employee programs - the availability of adequate health insurance coverage for alcoholism. The entire GAO report is mysteriously silent on this critical factor in occupational programming.

Chapter 8

- No comments

Chapter 9

- No comments

GAO notes:

1. The deleted comments relate to matters which were discussed in the draft report but omitted or changed in this report.
2. Page references in this appendix refer to the draft report and do not necessarily agree with the page numbers in the final report.

PRINCIPAL OMB AND CSC OFFICIALS
RESPONSIBLE FOR ADMINISTERING ACTIVITIES
DISCUSSED IN THIS REPORT

	<u>Tenure of office</u>	
	<u>From</u>	<u>To</u>
DIRECTOR, OFFICE OF MANAGEMENT AND BUDGET		
Thomas B. Lance	Jan. 1977	Present
James T. Lynn	Feb. 1975	Jan. 1977
Roy L. Ash	Feb. 1973	Feb. 1975
Caspar W. Weinberger	June 1972	Feb. 1973
George P. Schultz	July 1970	June 1972
COMMISSIONER, UNITED STATES CIVIL SERVICE COMMISSION		
Alan K. Campbell, Chairman	May 1977	Present
Jule M. Sugarman		Designate
Ersa H. Poston		Designate
Robert E. Hampton, Chairman	Jan. 1969	Jan. 1977
L. J. Andolsek	Apr. 1963	May 1977
Georgiana Sheldon	Mar. 1976	May 1977
Jayne B. Spain	June 1971	Jan. 1976
EXECUTIVE DIRECTORS		
Raymond Jacobson	July 1975	Present
Bernard Rosen	June 1971	July 1975
Nicholas J. Oganovic	June 1965	June 1971
DIRECTOR, BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH (formerly Bureau of Retirement and Insurance)		
Thomas A. Tinsley	Jan. 1974	Present
Andrew E. Ruddock	Sept. 1959	Dec. 1973

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