



Health Resources and Services Administration
**Equal Employment Opportunity Commission
Management Directive 715 Annual Report**
Fiscal Year 2020

Office of Civil Rights, Diversity and Inclusion
5600 Fishers Lane, 14N162
Rockville, Maryland 20857

EEOC FORM 715-01 PART A - D		U.S. Equal Employment Opportunity Commission FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT			
For period covering October 1, 2019 to September 30, 2020					
PART A Department or Agency Identifying Information	1. Agency		1. Department of Health and Human Services		
	1.a. 2 nd level reporting component		Health Resources and Services Administration		
	1.b. 3 rd level reporting component				
	1.c. 4 th level reporting component				
	2. Address		2. 5600 Fishers Lane		
	3. City, State, Zip Code		3. Rockville, Maryland 20857		
	4. CPDF Code	5. FIPS code(s)	4. HE34	5. 1189	
PART B Total Employment	1. Enter total number of permanent full-time and part-time employees			1. 2,059	
	2. Enter total number of temporary employees			2. 43	
	3. Enter total number employees paid from non-appropriated funds			3. 0	
	4. TOTAL EMPLOYMENT [add lines B1 through 3]			4. 2,102	
PART C Agency Official(s) Responsible For Oversight of EEO Program(s)	1. Head of Agency Official Title		1. Diana Espinosa, Acting HRSA Administrator		
	2. Agency Head Designee		2. Diana Espinosa, Deputy Administrator		
	3. Principal EEO Director/Official Title/series/grade		3. Anthony F. Archeval, EEO Director, Office of Civil Rights, Diversity and Inclusion, GS-260-15		
	4. Title VII Affirmative EEO Program Official		4. LaKaisha T. Yarber Jarrett		
	5. Section 501 Affirmative Action Program Official		5. Katherine A. Slye-Griffin		
	6. Complaint Processing Program Manager		6. Oscar Toledo		
	7. Other Responsible EEO Staff		LaKaisha T. Yarber Jarrett, Principal MD-715 Preparer		
			Yvonne Wills, Alternative Dispute Resolution Program Coordinator		
Mary Tom, Hispanic Employment Program Manager, Federal Women's Program Manager					
B. Robin Moore, Disability Employment Program Manager/Selective Placement Program Coordinator					

Health Resources and Services Administration

For the period October 1, 2019 to September 30, 2020

EXECUTIVE SUMMARY

MISSION

The mission of the U.S. Department of Health and Human Services (HHS or Department) is to enhance the health and well-being of Americans by providing effective health and human services and fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. The Department accomplishes its mission through established programs and initiatives that cover a broad spectrum of activities, while serving Americans in every stage of life. Eleven operating divisions, including eight agencies in the U.S. Public Health Service, three human services agencies, and the Office of Inspector General, administer initiatives and programs. In addition, 16 staff divisions provide leadership, direction, and policy management guidance to the Department.

An HHS Operating Division (OpDiv), the Health Resources and Services Administration (HRSA) is the primary federal agency for improving access to health care for people who are geographically isolated or economically or medically vulnerable. HRSA programs support people with HIV/AIDS, pregnant women, mothers and their families, and those in need of high-quality primary health care. HRSA employs 2,102 civilian employees across five bureaus, 10 offices, and 10 regional offices whose primary responsibility is to provide leadership and financial support to health care providers throughout the United States and its territories. HRSA's mission is to improve health outcomes and achieve health equity through access to quality services; a skilled health workforce; and innovative, high-value programs by improving access to quality health services, fostering a health care workforce able to address current and emerging needs, achieving health equity and enhancing population health. Through its efforts, HRSA envisions a nation of "Healthy Communities, Healthy People."

The HRSA Office of Civil Rights, Diversity and Inclusion (OCRDI) provides a comprehensive range of products and services in the areas of civil rights and equal employment opportunity (EEO) to HRSA's employees, applicants for employment, and recipients of federal funding. OCRDI provides these services to ensure compliance with federal civil rights laws and regulations and federal directives from the U.S Equal Employment Opportunity Commission (EEOC). The mission of OCRDI is: "Together we build a culture of fairness, diversity, and inclusion to improve health and achieve health equity." In alignment with the mission, OCRDI also assists HRSA's senior leadership with strategic thinking, tactical planning, organizational change, and creative problem-solving to enhance diversity, equity, inclusion, and access in support of the HRSA's mission. OCRDI aims to:

1. Create and sustain an optimal EEO program where issues are fairly and equitably addressed through the application of federal civil rights laws, education, and outreach.
2. Integrate diversity and inclusion as a strategic priority throughout HRSA.
3. Promote equity in HRSA-funded programs in order to improve access to quality care for underserved populations.
4. Strengthen staff capacity to ensure equity, diversity, and inclusion in HRSA programs and workforce.

ASSESSING THE AGENCY'S EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

In FY 2020, HRSA, with OCRDI in a lead role, conducted its annual assessment of the Agency's EEO Program against the six essential elements of a model EEO program as defined by EEOC. HRSA performed the assessment as part of its ongoing obligation to eliminate barriers that impede free and open competition in the workplace and prevent individuals of any racial or national origin group, color, sex (including gender identity and sexual orientation), religion, or disability status from realizing their full potential. Based on the self-assessment findings, HRSA met 92 percent (144 out of 156) of the program expectations associated with the six essential elements of a model EEO program. HRSA developed corrective action plans in response to the remaining unmet program expectations. As outlined in Part H of this report, HRSA will implement these plans in FY 2021 and report progress toward eliminating the EEO program deficiencies in subsequent annual reports.

Self-Assessment Findings

Essential Element A: Demonstrated Commitment From Agency Leadership

HRSA has no program deficiencies associated with Essential Element A. On an annual basis, the HRSA Administrator issues a joint EEO and anti-harassment policy statement and a Notice of Federal Anti-Discrimination and Retaliation Act of 2002 (No FEAR Act) to all employees. The FY 2020 joint policy statement issuance occurred on October 10, 2019. HRSA also has a Reasonable Accommodations (RA) Policy and Procedures Manual to ensure an EEO-compliant, interactive process. Throughout the year, HRSA used various outlets to communicate these EEO and RA policies and procedures to its employees including, but not limited to, new employee orientation, EEO and RA trainings, internet postings, and building signage. This information was also provided as requested during diversity and inclusion consultations as well as via inquiries received through the general OCRDI and Diversity email inboxes.

In FY 2020, leaders continued to demonstrate a commitment to EEO through their ongoing efforts to collaborate with HRSA's employee resource groups (ERGs). Senior Executives, including HRSA's Deputy Administrator, served as executive champions and worked closely with elected ERG leaders to develop and implement strategic plans that focused on strengthening the workforce demographic profile and enhancing the overall employment lifecycle of historically underrepresented groups. HRSA's senior leaders supported ERGs in increasing awareness of workforce, workplace, and public health challenges through special observances, town hall discussions, etc. As a result of these efforts and as part of the annual HRSA Honor Awards, the Administrator's Award for Equal Opportunity Achievement was presented to employees who provided leadership and service to achieve significant advancement in equal opportunities and/or diversity in the workplace or workforce.

HRSA's Administrator continued to use the annual Federal Employee Viewpoint Survey to assess employees' perceptions and the overall climate pertaining to EEO, diversity, and inclusion matters. HRSA also used the survey findings to determine strategic priorities. Quarterly progress updates were required and discussed with the Administrator.

Through OCRDI, the Administrator ensured that all employees complied with mandatory EEO training requirements. New employees were required to complete EEO Awareness Training, inclusive of a No FEAR Act component, within 45 days of onboarding. HRSA's New Supervisor Orientation informed new supervisors of the EEO laws and policies. HRSA also provided anti-harassment training to 100 percent of its managers and supervisors. Currently, HRSA is developing a No FEAR Act training that expands upon the content in the general EEO Awareness Training. OCRDI will pilot this training in late fiscal year (FY) 2021 and make it available to all employees in FY 2022.

The HRSA Learning Institute offers informal training on emotional intelligence, difficult conversations, situational leadership, and conflict management. In addition, the formal career development programs contain modules focusing on diversity and inclusion topics. Additionally, HRSA supports facilitated dialogues on social justice and unconscious bias.

Essential Element B: Integration of EEO into the Agency's Strategic Mission

The integration of EEO into HRSA's strategic mission continued in FY 2020 through the inclusion of OCRDI in activities pertaining to human capital management and succession planning initiatives, including:

- Implementing the 2019-2022 HRSA Strategic Plan which incorporated EEO/diversity and inclusion principles.
- Maintaining funding for HRSA's Complaints Program, Alternative Dispute Resolution (ADR) Program, and RA Program so they are available to current and former employees and to job applicants.
- Ensuring the EEO Director has direct access to the Administrator and regularly consults and advises the Administrator on EEO and diversity matters. This includes holding standing meetings between the EEO Director, HRSA Administrator, Deputy Administrator, and Chief Operating Officer to discuss EEO matters such as compliance activity, workforce representation, and special emphasis programs.
- Maintaining ongoing communication and collaboration between the EEO Director and the HR Director through bi-weekly meetings to ensure that HRSA's policies, procedures, and practices do not negatively impact any workforce demographic. The EEO Director also actively participates in bi-monthly Executive Officers meetings to further emphasize the importance of developing and maintaining processes that do not cause adverse impact to any one group of employees.

Additionally, HRSA's EEO Director is an active member of the HHS EEO/Diversity and Inclusion Strategy Council. Throughout the fiscal year, this body of HHS EEO directors convened on a weekly basis to discuss and address various aspects of the EEO Program, including strategies for eliminating HHS-wide EEO program deficiencies. This body works to develop and drive the HHS-wide strategy as well as highlight key focus areas and concerns for the OpDivs.

In FY 2020, led by OCRDI, the HRSA refocused the Federal Women's Program (FWP) on ensuring EEO for women through (1) barrier identification and elimination, (2) education and awareness, and (3) the development and use of statistical data to assess trends and evaluate the progress of women.

Additionally, the HRSA ERG Program expanded the number of officially recognized ERGs in FY 2020 when it established HRSA Pride in June 2020. This ERG advocates and supports the professional development, advancement, and retention of the LGBTQ+ workforce and allies. With the addition of HRSA Pride, HRSA now has six ERGs. Senior Executives with direct access to the Administrator serve as Executive Champions for each ERG and advise the ERGs and advocate on their behalf. The other ERGs include the Council on Employees with Disabilities, Hispanic ERG, Asian American Pacific Islander ERG, Veterans Council, and Returned Peace Corps Volunteers at HRSA ERG. Together, these ERGs further HRSA's mission by supporting a fair and discrimination-free work environment where all ideas and perspectives are fully welcomed, respected, and leveraged.

Barrier analysis is led by OCRDI's Special Emphasis Program Managers. Complaints management staff, reasonable accommodations specialists, human resources personnel, and ERGs are also involved as appropriate. These entities support the Special Emphasis Program Managers by timely responding to data calls, providing subject matter expertise, and participating in focus group discussions and/or key informant interviews. In late FY 2020, HRSA secured funding to support a HRSA-wide needs assessment that will support the upcoming barrier analysis of senior level positions and the three most populous mission critical occupations. The initial phases of barrier analysis are scheduled to begin in FY 2021.

While HRSA has sufficient budget and staffing to timely, thoroughly, and fairly process EEO complaints, final agency decisions are issued by the Department and are often untimely due to limited staffing. The Department is taking corrective actions to address this Department-wide program deficiency.

Essential Element C: Management and Program Accountability

At all levels, HRSA continues to strengthen its efforts to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the EEO program. While HRSA does not have EEO representation in its ten regional offices (this function is centralized at HRSA Headquarters), it does conduct technical assistance (TA) visits to regional offices to assess EEO program deficiencies and address any triggers and/or barriers to EEO. As of this reporting period, six of the Agency's regional offices received TA visits over the past two fiscal years with the final four visits scheduled to occur virtually in FY 2021. All components and regional offices make concerted efforts to comply with site visit recommendations. Furthermore, EEO updates are provided by OCRDI to management/supervisory officials on a regular basis via annual State of the Agency briefings, monthly Senior Staff Meetings, and Quarterly EEO Trainings.

HRSA has identified opportunities for improvement which focus on three aspects of ensuring management and program accountability: comprehensively rating leaders on their commitment to EEO, processing RA requests within the established timeframes, and having access to accurate and reliable workforce data.

Performance appraisals include a specific administrative requirement for managers/supervisors and team leaders, in which all leaders must be rated on how well they "demonstrate support for EEO/diversity and employee work-life quality, fostering a cooperative work environment where diverse opinions are solicited and respected" as well as "seek resolution for workplace conflicts at earliest stage." However, these two measures do not cover the full scope of ensuring EEO pursuant to the factors outlined under Essential Element C of the EEOC Management Directive 715 such as "ensuring that subordinate supervisors have managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees." Currently, this program limitation is considered an HHS-wide EEO program deficiency that requires collaboration and guidance across all HHS OpDivs in order to fully eliminate. HRSA is committed to actively participating in the development of a new set of performance standards for all of HHS that address the critical aspects of EEO, diversity and inclusion. Additionally, the Agency is establishing a performance element for its Senior Executive Service (SES) in FY 2021 with expected implementation in FY 2022.

While less than 100 percent of the Agency's RA requests were processed within the Agency's established timeframes as required by EEOC, the Agency improved its case processing time in this reporting period. Specifically, in FY 2020, 81 percent of HRSA's reasonable accommodation requests were processed within the 45-day timeframe set forth in the Agency's Reasonable Accommodation Policy and Procedures Manual. This represents a 27 percent increase in timely-processed requests from FY 2019 in which 64 percent of the requests were processed timely. As indicated in Part H, the Agency will continue to take proactive, targeted steps to eliminate this program deficiency.

Lastly, the continued use of multiple data systems has created HHS-wide data challenges that impedes OCRDI's ability to timely access accurate and complete data required to prepare the MD-715 workforce data tables. This program deficiency is being addressed at the Departmental level with a plan that is fully supported by HRSA.

Essential Element D: Proactive Prevention

HRSA has no EEO program deficiencies associated with Essential Element D, as the Agency continues to make early efforts to prevent discrimination and to identify and eliminate barriers to EEO. The Agency conducts a reasonable assessment to monitor progress towards achieving EEO throughout the year to include identifying triggers in the workplace as a result of examining multiple data sources including but not limited to workforce data, complaints data, and employee climate survey results. In collaboration with the Office of Human Resources (OHR) and applicable Bureaus/Offices (B/Os), OCRDI leads the Agency in examining management/personnel policies, procedures, and practices when changes are made to existing guidance or new guidance is developed.

The Agency has sufficient budget and staffing to conduct barrier analysis. When undergoing barrier analysis, the Agency has used data taken from complaints, exit surveys, focus groups, Federal Employee Viewpoint Survey, Reasonable Accommodation Program, Special Emphasis Programs, and the ERGs to uncover and eliminate barriers to EEO. Moreover, the Agency plans to conduct an Agency-wide diversity and inclusion needs assessment in the upcoming fiscal year to identify and strategically address any gaps and barriers to EEO.

The Agency has dedicated resources to ensure that reasonable efforts are made to increase the number of people with disabilities in the HRSA workforce. The Selective Placement Program Coordinator works closely with OHR recruitment specialists to fill job vacancies with qualified Schedule A candidates. The Agency also maintains a resume repository of individuals who qualify for Schedule A Hiring Authority that is used by the Agency's hiring managers as a means for filling job vacancies at a faster rate than traditional methods. In addition, the Agency has developed a diversity recruitment checklist to assist hiring officials with diversifying applicant pools, expanding the use of special hiring authorities, and ensuring EEO compliant interviewing and selection processes. The checklist will be piloted in FY 2021 with full implementation expected in FY 2022.

Essential Element E: Efficiency

HRSA has a neutral EEO process with clear separation between its EEO complaint program and the Office of General Counsel's defensive function. HRSA ensures that actions taken by the Agency to protect itself from legal liability do not negatively influence or affect the Agency's process for determining whether discrimination has occurred. Legal sufficiency reviews are conducted.

In addition to processing 100 percent of its investigations within the established regulatory timeframe, HRSA also reduced the average length of an investigation from over 300 days in FY 2019 to 263 days in FY 2020. However, final agency decisions (FADs) are not timely issued when the complainant does not request a hearing or following receipt of the hearing file and the administrative judge's decision. The Department issues FADs and has devised a plan to eliminate these HHS-wide deficiencies, as indicated in this report. The HRSA Complaints Manager provided assistance to HHS to reduce the backlogged FADs. Additionally, while HRSA has systems in place to accurately collect, monitor, and analyze complaint activity, the Agency does not have a system to reliably and accurately collect and manage applicant flow data nor data related to workforce demographics (i.e., race, national origin, sex, and disability status of its employees). These HHS-wide deficiencies are also being addressed at the Departmental level with full support from HRSA.

Essential Element F: Responsiveness and Legal Compliance

HRSA has no program deficiencies associated with Essential Element F and continues to fully comply with EEO statutes and EEOC regulations, policy guidance, and other written instructions. HRSA maintains an effective system of management controls to ensure that its officials timely comply with EEOC orders/directives and final agency actions timely, accurately, and fully comply with resolutions/settlement agreements. Note, HRSA's Complaints Manager monitors and tracks compliance with settlement agreements and other EEOC orders. To ensure full implementation of any settlement, the Complaints Manager also coordinates the efforts of senior leadership, responsible management officials, OHR, and the Office of the General Counsel. Sixty percent of HRSA's ADR efforts resulted in a settlement agreement with 100 percent of the parties adhering to the terms set forth in the respective agreements. Moreover, HRSA experienced a 30 percent decrease in the number of new formal cases from 10 in FY 2019 to 7 in FY 2020. Successful ADRs were responsible for some of this decrease in formal complaints. The most alleged basis of discrimination was disability followed by reprisal and race.

WORKFORCE ANALYSES

Total Permanent Workforce

Gender, Race and National Origin

As of September 30, 2020, HRSA maintained a permanent workforce of 2,059 full-time and part-time employees, up 6.63 percent from the 1,931 employees reported in FY 2019. Of the 2,059 employees, 587 (28.51 percent) were males and 1,472 (71.49 percent) were females. The percentage of males (28.51 percent) was significantly below the Civilian Labor Force (CLF) of 51.86 percent, while the percentage of females (62.50 percent) was significantly above the CLF.

In addition to a review of the gender distribution, the distribution of the FY 2020 HRSA workforce by race, national origin, and gender was as follows:

- Hispanic or Latino males represented 1.46 percent or 30 employees; Hispanic or Latina females represented 3.64 percent or 75 employees;
- White males represented 13.74 percent or 283 employees; White females represented 29.53 percent or 608 employees;
- Black or African American males represented 9.03 percent or 186 employees; Black or African American females represented 30.74 percent or 633 employees;
- Asian males represented 3.89 percent or 80 employees; Asian females represented 6.80 percent or 140 employees;
- American Indian or Alaska Native males represented 0.29 percent or 6 employees; American Indian or Alaska Native females represented 0.53 percent or 11 employees;
- Two or More Race males represented 0.10 percent or 2 employees; Two or More Race females represented 0.24 percent or 5 employees.

A review of the race, national origin, and gender of HRSA employees when compared against the relevant CLF shows that the participation rates of Hispanic or Latino males and females, White males and females, American Indian or Alaska Native males, and Two or More Race males and females are below their respective CLF rates. Additionally, the participation rate of American Indian or Alaska Native females was comparable to its CLF rate; however, the participation rates of Black or African American males and females, and Asian males and females exceed their respective CLF rates.

Persons with Disabilities and Persons with Targeted Disabilities

For the permanent workforce, the percentage of persons with disabilities decreased from 9.17 percent in FY 2019 to 9.13 percent in FY 2020, and the percentage of persons with targeted disabilities also decreased from 1.35 percent to 1.31 percent. The EEOC requires federal agencies to adopt employment goals for persons with disabilities and persons with targeted disabilities.

Therefore, in accordance with section 1614.203(d)(7) of the EEOC's Rules, HRSA is taking steps to gradually increase the number of persons with disabilities and persons with targeted disabilities to meet the following goals:

- No less than 12 percent of employees at the GS-11 level and above are individuals with disabilities;
- No less than 2 percent of employees at the GS-11 level and above are individuals with targeted disabilities;
- No less than 12 percent of employees at the GS-10 level and below are individuals with disabilities; and
- No less than 2 percent of employees at the GS-10 level and below are individuals with targeted disabilities.

Grade Levels

Gender, Race and National Origin

In FY 2020, HRSA had 23 permanent employees at the SES grade, 251 at the GS-15 grade, 412 at the GS-14 grade, and 942 at the GS-13 grade. For the SES grade, the participation rates of Black or African American males and females, Asian males and females, American Indian or Alaska Native males and females, and Two or More Race males and females were below their respective permanent workforce participation rates. However, the SES participation rates of Hispanic or Latino males and females and White males and females exceeded their respective permanent workforce participation rates.

For the GS-15 grade, the participation rates of Hispanic or Latino females, Black or African or American males and females, Asian females, American Indian or Alaska Native females, and Two or More Race males were below their respective permanent workforce participation rates. However, the GS-15 participation rates of Hispanic or Latino males,

White males and females, Asian males, American Indian or Alaska Native males, and Two or More Race females exceeded their respective permanent workforce participation rates.

For the GS-14 grade, the participation rates of Hispanic or Latino males and females, Black or African American females, Asian females, American Indian or Alaska Native males and females, and Two or More Race males were below their respective permanent workforce participation rates. However, the GS-14 participation rates of White males and females, Black or African American males, and Asian males exceeded their respective permanent workforce participation rates, while the GS-14 participation rate of Two or More Race females was comparable to their permanent workforce participation rate.

For the GS-13 grade, the participation rates of White males and females, Black or African American males, Asian males, and American Indian or Alaska Native males and females were below their respective permanent workforce participation rates. However, the GS-13 participation rates of Hispanic or Latino males and females, Black or African American females, Asian females, and Two or More Race males and females exceeded their respective permanent workforce participation rates.

Persons with Disabilities and Persons with Targeted Disabilities

As noted previously, HRSA is striving to increase its participation rate for persons with disabilities and persons with targeted disabilities. As our goals are to increase participation in two grade ranges for both persons with disabilities and persons with targeted disabilities, we assess our progress for employees in the GS-10 and below range and the GS-11 and above range. For FY 2020, in the GS-10 and below grades, HRSA's participation rate for persons with disabilities was 32.08 percent and 0.00 percent for persons with targeted disabilities. In the GS-11 and above grades, HRSA's participation rate for persons with disabilities was 8.92 percent and 1.47 percent for persons with targeted disabilities. The only goal HRSA surpassed was HHS' 12 percent persons-with-disabilities goal in the GS-10 and below range.

New Hires

Gender, Race and National Origin

In FY 2020, HRSA hired 145 new permanent employees. Of that number, HRSA hired 45 (31.03 percent) males and 100 (68.97 percent) females. During this period, the hiring of males was significantly below the CLF, while the hiring of females was significantly above the CLF. Additionally, the hiring of Hispanic or Latino males and females, White males and females, and Two or More Race males and females was below the CLF, while the hiring of Black or African American males and females, Asian males and females, and American Indian or Alaska Native males and females was above the CLF.

Persons with Disabilities and Persons with Targeted Disabilities

As noted above, in FY 2020, HRSA hired 145 new permanent employees. Of that number, 4.14 percent identified as having a disability and 0.00 percent identified as having a targeted disability. As both of these new hire percentages are lower than the cumulative participation rates for persons with disabilities (9.13 percent) and persons with targeted disabilities (1.31 percent) in the permanent workforce, and are also lower than HHS' 12 percent disability and 2 percent targeted disability goals, HRSA will continue striving to meet our hiring goals for persons with disabilities and persons with targeted disabilities.

Mission Critical Occupations (MCOs)

HRSA has 10 Mission Critical Occupations (MCOs) in its permanent workforce – General Health Scientist (series 0601), Secretary (series 0318), Management and Program Analyst (series 0343), Information Technology Specialist (series 2210), Public Health Program Specialist (series 0685), Nurse (series 0610), Microbiologist (series 0403), Biological Technician (series 0404), Medical Officer (series 0602), and Accounting (series 0510). These MCOs comprise 68.33 percent of the permanent workforce. This section analyzes MCO employment by gender, race, national origin and disability.

Public Health Program Specialist

Gender, Race and National Origin

In FY 2020, the participation rate of males was below their Occupational CLF (OCLF) while the participation rate of females was above their OCLF - as males comprised 20.38 percent of the MCO with an OCLF of 57.99 percent, while females comprised 79.62 percent of the MCO with an OCLF of 42.01 percent. Additionally, the participation rates of Hispanic or Latina females, White females, Black or African American males and females, and Asian males and females were above their respective OCLF rates, while the participation rates of Hispanic or Latino males, White males, American Indian or Alaska Native males and females, and Two or More Race males and females were below their respective OCLF rates.

Persons with Disabilities and Persons with Targeted Disabilities

In FY 2020, the permanent workforce participation rate in the Public Health Program Specialist MCO for persons with disabilities was 6.11 percent and for persons with targeted disabilities was 1.78 percent - both of which are below the HHS Disability Goals.

Management and Program Analyst

Gender, Race and National Origin

In FY 2020, the participation rate of males was below their OCLF while the participation rate of females was above their OCLF - as males comprised 28.29 percent of the MCO with an OCLF of 58.43 percent, while females comprised 71.71 percent of the MCO with an OCLF of 41.57 percent. Additionally, the participation rates of Hispanic or Latina females, Black or African American males and females, Asian females, American Indian or Alaska Native males and females, and Two or More Race females were above their respective OCLF rates, while the participation rates of Hispanic or Latino males, White males and females, and Asian males were below their respective OCLF rates. The participation rate of Two or More Race males was comparable to their OCLF rate.

Persons with Disabilities and Persons with Targeted Disabilities

In FY 2020, the permanent workforce participation rate in the Management and Program Analyst MCO for persons with disabilities was 7.80 percent and for persons with targeted disabilities was 1.95 percent - both of which are below the HHS Disability Goals.

Information Technology Specialist

Gender, Race and National Origin

In FY 2020, the participation rate of males was above their OCLF while the participation rate of females was below their OCLF - as males comprised 71.30 percent of the MCO with an OCLF of 70.42 percent, while females comprised 28.70 percent of the MCO with an OCLF of 29.58 percent. Additionally, the participation rates of Hispanic or Latino males and females, White males and females, Asian males and females, American Indian or Alaska Native males, and Two or More Race males were above their respective OCLF rates, while the participation rates of Black or African American males and females, American Indian or Alaska Native females, and Two or More Race females were below their respective OCLF rates.

Persons with Disabilities and Persons with Targeted Disabilities

In FY 2020, the permanent workforce participation rate in the Information Technology Specialist MCO for persons with disabilities was 13.89 percent (which is above HHS' 12 percent Disability Goal) and for persons with targeted disabilities was 0.93 percent (which is below HHS' 2 percent Targeted Disability Goal).

ACCOMPLISHMENTS

HRSA made the following notable accomplishments throughout FY 2020:

- Made significant progress toward the elimination of EEO program deficiencies as identified in the FY 2019 report:
 - Supported HHS in initiating planning to transition from using Race and National Origin (RNO) codes to Ethnicity Race Indicator (ERI) codes to ensure full compliance with the EEOC's directive to separate ethnicity from race in data collection as well as conduct an HHS workforce demographic survey to ascertain accurate and complete data records.
 - Supported the HHS-wide initiative to improve the timely issuance of FADs by using HRSA Complaints Management staff to draft FADs on behalf of the Department. Moreover, HRSA continued to process 100 percent of its EEO complaints within the established regulatory timeframe and reduced the average days of investigations from over 300 days in FY 2019 to 263 days in FY 2020.

- Increased the percentage of RA requests that HRSA processed within the 45-day timeframe set forth in HRSA's RA Policy and Procedures Manual from 64 percent in FY 2019 to 81 percent in FY 2020, reflecting a 27 percent increase in timeliness.
 - Committed to establishing a diversity, equity, inclusion, and accessibility-focused performance element for HRSA's Senior Executives with development occurring in FY 2021 and implementation in FY 2022.
- Ensured that 100 percent of HRSA's ERGs had Executive Champions and were formally oriented on the key responsibilities and duties to the ERG Program.
- Addressed emerging and growing concerns around racial and social justice for HRSA staff and programs through (1) the issuance of the Administrator's statement on civil unrest, (2) presentations (including group and individually requested follow-up sessions) to Senior Leaders and B/O managers on how to create safe spaces for open dialogues among staff, and (3) implementation of a combination of five highly-rated staff-level and ERG dialogues on racial/social injustice.
- Leveraged its partnership with the Hispanic ERG to (1) offer an in-person professional career coaching session, (2) promote Hispanic participation in formal career development and mentoring programs, and (3) use the National Hispanic Heritage Month observance to reinforce the importance of employee growth and development in achieving career advancement among Hispanic employees. A review of HRSA's mentoring data indicates that while significantly fewer people participated in the Mentoring Now Program in FY 2020, perhaps due in part to COVID-19, the participation rate of Hispanics (14 percent or 4 individuals) increased by 180 percent when compared to FY 2019 when Hispanics comprised 5 percent of the participants (12 individuals), thus exceeding the Hispanic workforce representation rate of 5 percent.
- Established HRSA Pride, a new ERG to support LGBTQ+ employees and allies.
- Collaborated with HHS OpDivs (Centers for Medicare & Medicaid Services, Food and Drug Administration, and HHS), B/Os, and ERGs using special observances to increase awareness on matters impacting historically underrepresented workforce demographic groups. As a result of these strategic partnerships, HRSA commemorated nine special observances (including the first virtual National Men's Health Week Observance) featuring presentations by the Administrator, Deputy Administrator, HRSA Senior Leaders and other experts in public health, diversity and inclusion, and EEO, totaling 994 viewers.
- Collaborated with the HIV/AIDS Bureau, OHR, and the National Minority AIDS Council to conduct two trainings for the general public on federal hiring with emphasis on special hiring authorities (Schedule A and Veterans).
- Created a library of translated COVID resources and a library of resources geared toward ensuring accessible, COVID-related care for individuals with disabilities. OCRDI disseminated resource libraries to organizations including HHS Office of Civil Rights (Headquarters and Region III), Office of the Assistant Secretary for Health's Office of Minority Health, Centers for Medicare & Medicaid Services' Office of Minority Health, Department of Justice Title VI Enforcement Committee, and stakeholder groups in order to support accessible, non-discriminatory COVID response on a nationwide scale.
- Strengthened the efforts of HRSA B/Os to identify, hire, retain, and develop a diverse HRSA workforce through targeted briefings to senior leadership and hiring officials on how to incorporate considerations of diversity and inclusion within all stages of the hiring process.
- Expanded and leveraged the use of the Special Hiring Authority Resume Bank to provide recruitment assistance to B/Os in the identification of Schedule A and Veteran candidates to fill vacancies. Twenty-nine percent (2 out of 7) of new hires of persons with disabilities were supported through the efforts of the Selective Placement Program Coordinator and use of the Resume Bank.
- Received approval for the 2021 OCRDI Resources Planning and Management proposal, including a \$200,000 line item, developing diversity and inclusion consultancy and facilitation services in support of a HRSA-wide needs assessment.
- To ensure HRSA can meet current and anticipated workforce requirements, implemented a strategic human capital operating plan that reinforces principles of EEO and leverages the talents of a diverse workforce.
- Continued to fully implement the rotational EEO TA visit plan to inform regional offices about available EEO services and resources as well as provide EEO training, including a module regarding the prevention of sexual harassment in the federal workplace. Six of HRSA's regional offices received a TA visit by OCRDI.
- Continued to manage HRSA's ADR Program in which 60 percent of the mediations resulted in settlements.
- Held a "State of the Agency" briefing to inform the Administrator on the overall critical action plan for HRSA in FY 2020.
- Awarded the Administrator's Award for Equal Opportunity Achievement to an employee who demonstrated superior accomplishment in EEO.
- Adapted EEO, diversity, and inclusion trainings to meet the needs of a virtual environment by creating "on demand" content and building internal capacity to create and provide effective virtual trainings. These efforts

allow all HRSA employees, including regional staff, to fully benefit from OCRDI trainings such as Language Access and Disability Access for Project Officers, Preventing Sexual Harassment in the Federal Workplace, Reasonable Accommodations for Managers and Supervisors, and Religious Accommodations for Employees.

PLANNED ACTIVITIES FOR FY 2021

Highlights of HRSA's FY 2021 planned activities include:

- Continuing to train managers and supervisors in key diversity, RA, and EEO areas as a best practice for fostering a diverse and inclusive workforce that is discrimination-free. This includes training and facilitations on various aspects of diversity and inclusion, religious accommodations, and prevention of sexual harassment. Additionally, in FY 2021, the Agency will pilot a newly developed EEO complaints process training with a full launch expected in FY 2022.
- Developing and piloting a diversity recruitment checklist to provide hiring managers with a strategic approach to diversifying applicant pools with special attention given to recruiting and hiring persons with disabilities.
- Initiating the groundwork to conduct a HRSA-wide diversity and inclusion needs assessment and barrier analysis.
- Establishing a diversity, equity, inclusion, accessibility performance element for HRSA's Senior Executives with development occurring in FY 2021 and implementation in FY 2022.
- Conducting the final four EEO TA visits to complete the first cycle of rotational visits to 100 percent of its regional offices.

**CERTIFICATION OF ESTABLISHMENT OF CONTINUING
EQUAL EMPLOYMENT OPPORTUNITY PROGRAMS**

I, **Anthony F. Archeval, EEO Director, Office of Civil Rights, Diversity and Inclusion GS-260-15** am the

(Insert name above) (Insert official title/series/grade above)

Principal EEO Director/Official for **Health Resources and Services Administration**

(Insert Agency/Component Name above)

The agency has conducted an annual self-assessment of Section 717 and Section 501 programs against the essential elements as prescribed by EEO MD-715. If an essential element was not fully compliant with the standards of EEO MD-715, a further evaluation was conducted and, as appropriate, EEO Plans for Attaining the Essential Elements of a Model EEO Program, are included with this Federal Agency Annual EEO Program Status Report.

The agency has also analyzed its work force profiles and conducted barrier analyses aimed at detecting whether any management or personnel policy, procedure or practice is operating to disadvantage any group based on race, national origin, gender or disability. EEO Plans to Eliminate Identified Barriers, as appropriate, are included with this Federal Agency Annual EEO Program Status Report.

I certify that proper documentation of this assessment is in place and is being maintained for EEOC review upon request.

/Anthony F. Archeval/

2021.08.24

Signature of Principal EEO Director/Official
Certifies that this Federal Agency Annual EEO Program Status Report is in compliance with EEO MD-715.

Date



/Diana Espinosa/

2021.08.31

Signature of Agency Head or Agency Head Designee



Date



MD-715 - PART G Agency Self-Assessment Checklist



Essential Element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP				
This element requires the agency head to communicate a commitment to equal employment opportunity and a discrimination-free workplace.				
 Compliance Indicator  Measures		Measure Met? (Yes/No/NA)	Comments	Current Part G Questions
A.1.a	A.1 – The agency issues an effective, up to date EEO policy statement.	Yes	October 10, 2019	A.1.a.2
A.1.b	Does the agency annually issue a signed and dated EEO policy statement on agency letterhead that clearly communicates the agency's commitment to EEO for all employees and applicants? If "yes", please provide the annual issuance date in the comments column. [see MD-715, II(A)]	Yes		New
A.2.a	A.2 – The agency has communicated EEO policies and procedures to all employees.			
A.2.a.1	Does the agency disseminate the following policies and procedures to all employees: Anti-harassment policy? [see MD 715, II(A)]	Yes		New
A.2.a.2	Reasonable accommodation procedures? [see 29 C.F.R § 1614.203(d)(3)]	Yes		New
A.2.b	Does the agency prominently post the following information throughout the workplace and on its public website:			



A.2.b.1	The business contact information for its EEO Counselors, EEO Officers, Special Emphasis Program Managers, and EEO Director? [see 29 C.F.R § 1614.102(b)(7)]	Yes		New
A.2.b.2	Written materials concerning the EEO program, laws, policy statements, and the operation of the EEO complaint process? [see 29 C.F.R § 1614.102(b)(5)]	Yes		A.2.c
A.2.b.3	Reasonable accommodation procedures? [see 29 C.F.R. § 1614.203(d)(3)(i)] If so, please provide the internet address in the comments column.	Yes	https://www.hrsa.gov/sites/default/files/hrr/nofearact/forms/ra-manual.pdf	A.3.c
A.2.c	Does the agency inform its employees about the following topics:			
A.2.c.1	EEO complaint process? [see 29 CFR §§ 1614.102(a)(12) and 1614.102(b)(5)] If "yes", please provide how often.	Yes	Employees are informed about the EEO complaint process several times throughout the fiscal year, including but not limited to, during new employee orientation, during TA visits and EEO trainings with regional offices, through quarterly EEO trainings, and at the time of the annual issuance of the EEO policy statement. Information is also posted throughout the building as well as provided as requested and needed.	A.2.a
A.2.c.2	ADR process? [see MD-110, Ch. 3(II)(C)] If "yes", please provide how often.	Yes	Employees are informed about the ADR complaints process several times throughout the fiscal	New



			year, including but not limited to, during new employee orientation, through quarterly EEO trainings, during EEO Intake, and at the time of the annual issuance of the EEO policy statement. Information is also provided as requested and needed.	
A.2.c.3	Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If “yes”, please provide how often.	Yes	Employees are informed about the RA Program at new employee orientations, TA visits with regional offices, and quarterly RA trainings. Information is also provided as requested and needed.	New
A.2.c.4	Anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] If “yes”, please provide how often.	Yes	Employees are informed about the anti-harassment program several times throughout the fiscal year, including but not limited to, during new employee orientations, TA visits and EEO trainings with regional offices, through quarterly EEO trainings, and at the time of the annual issuance of the EEO policy statement. Information is also	New

			provided as requested and needed.	
A.2.c.5	Behaviors that are inappropriate in the workplace and could result in disciplinary action? [5 CFR § 2635.101(b)] If “yes”, please provide how often.	Yes	Employees are informed about inappropriate workplace behaviors several times throughout the fiscal year, including but not limited to, during new employee orientation, through quarterly EEO trainings, and at the time of the annual issuance of the EEO policy statement. Information is also provided as requested and needed. Additionally, HRSA offers a training for managers on performance accountability that also reviews the employee code of conduct.	A.3.b
 Compliance Indicator  Measures	A.3 – The agency assesses and ensures EEO principles are part of its culture.	Measure Met? (Yes/No/NA)	Comments New Compliance Indicator	
A.3.a	Does the agency provide recognition to employees, supervisors, managers, and units demonstrating superior accomplishment in equal employment opportunity? [see 29 CFR § 1614.102(a) (9)] If “yes”, provide one or two examples in the comments section.	Yes	As part of the annual HRSA Honor Awards, the Administrator’s Award for Equal Opportunity Achievement is presented to	New

			employees or groups of employees who actively and effectively provide leadership and service to achieve significant advancement in equal opportunities and/or diversity in the workplace or workforce.	
A.3.b	Does the agency utilize the Federal Employee Viewpoint Survey or other climate assessment tools to monitor the perception of EEO principles within the workforce? [see 5 CFR Part 250]	Yes		New
Essential Element B: INTEGRATION OF EEO INTO THE AGENCY'S STRATEGIC MISSION				
This element requires that the agency's EEO programs are structured to maintain a workplace that is free from discrimination and support the agency's strategic mission.				
 Compliance Indicator  Measures	B.1 - The reporting structure for the EEO program provides the principal EEO official with appropriate authority and resources to effectively carry out a successful EEO program.	Measure Met? (Yes/No/NA)	Comments	
B.1.a	Is the agency head the immediate supervisor of the person ("EEO Director") who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)]	No	HRSA's Administrator does not serve as the first line supervisor of any organizational component, including the EEO Office. However, the EEO Director reports to HRSA's Deputy Administrator, the same executive as the mission-related programmatic Bureaus and Offices.	B.1.a



B.1.a.1	If the EEO Director does not report to the agency head, does the EEO Director report to the same agency head designee as the mission-related programmatic offices? If “yes,” please provide the title of the agency head designee in the comments.	Yes		New
B.1.a.2	Does the agency’s organizational chart clearly define the reporting structure for the EEO office? [see 29 CFR §1614.102(b)(4)]	Yes		B.1.d
B.1.b	Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency and legal compliance of the agency’s EEO program? [see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I]	Yes		B.2.a
B.1.c	During this reporting period, did the EEO Director present to the head of the agency, and other senior management officials, the "State of the agency" briefing covering the six essential elements of the model EEO program and the status of the barrier analysis process? [see MD-715 Instructions, Sec. I] If “yes”, please provide the date of the briefing in the comments column.	Yes	September 23, 2020	B.2.b
B.1.d	Does the EEO Director regularly participate in senior-level staff meetings concerning personnel, budget, technology, and other workforce issues? [see MD-715, II(B)]	Yes		New
 Compliance Indicator  Measures	B.2 – The EEO Director controls all aspects of the EEO program.	Measure Met? (Yes/No/NA)	Comments	New Compliance Indicator
B.2.a	Is the EEO Director responsible for the implementation of a continuing affirmative employment program to promote EEO and to identify and eliminate discriminatory policies, procedures, and practices? [see MD-110, Ch. 1(III)(A); 29 CFR §1614.102(c)]	Yes		B.3.a
B.2.b	Is the EEO Director responsible for overseeing the completion of EEO counseling [see 29 CFR §1614.102(c)(4)]	Yes		New
B.2.c	Is the EEO Director responsible for overseeing the fair and thorough investigation of EEO complaints? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	Yes		New
B.2.d	Is the EEO Director responsible for overseeing the timely issuance of final agency decisions? [see 29 CFR §1614.102(c)(5)]. [This question may not be applicable for certain subordinate level components.]	N/A	The Department issues final agency decisions.	New



B.2.e	Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502]	Yes		F.3.b
B.2.f	Is the EEO Director responsible for periodically evaluating the entire EEO program and providing recommendations for improvement to the agency head? [see 29 CFR §1614.102(c)(2)]	Yes		New
B.2.g	If the agency has subordinate level components, does the EEO Director provide effective guidance and coordination for the components? [see 29 CFR §§ 1614.102(c)(2) and (c)(3)]	Yes		New
 Compliance Indicator  Measures	B.3 - The EEO Director and other EEO professional staff are involved in, and consulted on, management/personnel actions.	Measure Met? (Yes/No/NA)	Comments	
B.3.a	Do EEO program officials participate in agency meetings regarding workforce changes that might impact EEO issues, including strategic planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities? [see MD-715, II(B)]	Yes	EEO program officials regularly participate and are consulted regarding workforce changes that might impact EEO issues such as strategic planning and recruitment strategies. EEO program officials use bi-weekly meetings with OHR and HRSA's Executive Officers to discuss vacancy projections and their EEO impact on a more consistent basis. Furthermore, the EEO Director has monthly meetings with the Chief Operating Officer to consult and discuss workforce	B.2.c & B.2.d





			changes that might impact EEO issues.	
B.3.b	Does the agency's current strategic plan reference EEO / diversity and inclusion principles? [see MD-715, II(B)] If "yes", please identify the EEO principles in the strategic plan in the comments column.	Yes	<p>Sub-objective 4.2.1 Ensure HRSA can meet current and anticipated workforce requirements by establishing and implementing a strategic human capital operating plan that reinforces principles of EEO and leverages the talents of a diverse workforce.</p> <p>Sub-objective 4.2.2 Recruit, hire, and retain a talented and diverse HRSA workforce based on the needs of the organization and in alignment with workforce planning principles.</p>	New
 Compliance Indicator  Measures	B.4 - The agency has sufficient budget and staffing to support the success of its EEO program.	Measure Met? (Yes/No/NA)	Comments	
B.4.a	Pursuant to 29 CFR §1614.102(a)(1), has the agency allocated sufficient funding and qualified staffing to successfully implement the EEO program, for the following areas:			
B.4.a.1	to conduct a self-assessment of the agency for possible program deficiencies? [see MD-715, II(D)]	Yes		B.3.b

B.4.a.2	to enable the agency to conduct a thorough barrier analysis of its workforce? [see MD-715, II(B)]	Yes		B.4.a
B.4.a.3	to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews? [see 29 CFR § 1614.102(c)(5) & 1614.105(b) – (f); MD-110, Ch. 1(IV)(D) & 5(IV); MD-715, II(E)]	No	EEO counseling, investigations, and legal sufficiency reviews are conducted in-house, and HRSA has sufficient budget and staffing to timely, thoroughly, and fairly process EEO complaints. However, final agency decisions are issued by the Department and are oftentimes untimely due to limited staffing. The Department is taking corrective actions to address this Department-wide program deficiency.	E.5.b
B.4.a.4	to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] If not, please identify the type(s) of training with insufficient funding in the comments column.	Yes	HRSA has sufficient funding to provide all supervisors and employees with training on the EEO program. Training is currently available on retaliation, harassment, RA, religious accommodations, unconscious bias, and the complaint process which includes information on ADR. In addition, HRSA is developing the No	B.4.f & B.4.g



			FEAR Act training which will be available to all HRSA employees in FY 2021.	
B.4.a.5	to conduct thorough, accurate, and effective field audits of the EEO programs in components and the field offices, if applicable? [see 29 CFR §1614.102(c)(2)]	N/A	HRSA does not have EEO representation in the 10 regional offices; all EEO functions are centralized at headquarters.	E.1.c
B.4.a.6	to publish and distribute EEO materials (e.g. harassment policies, EEO posters, reasonable accommodations procedures)? [see MD-715, II(B)]	Yes		B.4.c
B.4.a.7	to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data? [see MD-715, II(E)]. If not, please identify the systems with insufficient funding in the comments section.	Yes		New
B.4.a.8	to effectively administer its special emphasis programs (such as, Federal Women's Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709]	Yes		B.3.c, B.3.c.1, B.3.c.2, & B.3.c.3
B.4.a.9	to effectively manage its anti-harassment program? [see MD-715 Instructions, Sec. I); EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Yes		New
B.4.a.10	to effectively manage its reasonable accommodation program? [see 29 CFR § 1614.203(d)(4)(ii)]	Yes		B.4.d
B.4.a.11	to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)]	Yes		New
B.4.b	Does the EEO office have a budget that is separate from other offices within the agency? [see 29 CFR § 1614.102(a)(1)]	Yes		New
B.4.c	Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)]	Yes		B.1.b
B.4.d	Does the agency ensure that all new counselors and investigators, including contractors and collateral duty employees, receive the required 32 hours of training, pursuant to Ch. 2(II)(A) of MD-110?	Yes		E.2.d
B.4.e	Does the agency ensure that all experienced counselors and investigators, including contractors and collateral duty employees,	Yes		E.2.e

	receive the required 8 hours of annual refresher training, pursuant to Ch. 2(II)(C) of MD-110?			
 Compliance Indicator	B.5 – The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills.	Measure Met? (Yes/No/NA)	Comments	
 Measures				
B.5.a	Pursuant to 29 CFR § 1614.102(a)(5), have all managers and supervisors received training on their responsibilities under the following areas under the agency EEO program:			
B.5.a.1	EEO Complaint Process? [see MD-715(II)(B)]	Yes	All managers and supervisors are required to take the EEO Awareness training on a biannual basis. Additionally, HRSA piloted the EEO Complaint Process training in FY 2020. Full implementation is expected in FY 2021.	New
B.5.a.2	Reasonable Accommodation Procedures? [see 29 C.F.R. § 1614.102(d)(3)]	Yes	All managers and supervisors are required to take the EEO Awareness training on a biannual basis; additionally, HRSA offers RA training to employees on a quarterly basis as well as upon request.	A.3.d
B.5.a.3	Anti-Harassment Policy? [see MD-715(II)(B)]	Yes	All managers and supervisors are required to take the EEO Awareness training on a biannual basis; additionally, HRSA offers anti-	New

			harassment training upon request.	
B.5.a.4	Supervisory, managerial, communication, and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? [see MD-715, II(B)]	Yes	HRSA offers targeted trainings to supervisors through the HRSA Learning Institute.	New
B.5.a.5	ADR, with emphasis on the federal government's interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? [see MD-715(II)(E)]	Yes	All managers and supervisors are required to take the EEO Awareness training on a biannual basis; additionally, HRSA piloted the EEO Complaint Process training in FY 2020. This training covered various aspects of ADR.	E.4.b
 Compliance Indicator	B.6 – The agency involves managers in the implementation of its EEO program.	Measure Met? (Yes/No/NA)	Comments	
 Measures				
B.6.a	Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I]	Yes		New
B.6.b	Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I]	Yes		D.1.a
B.6.c	When barriers are identified, do senior managers assist in developing agency EEO action plans (Part I, Part J, or the Executive Summary)? [see MD-715 Instructions, Sec. I]	Yes		D.1.b
B.6.d	Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? [29 CFR § 1614.102(a)(5)]	Yes		D.1.c

Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY				
This element requires the agency head to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the agency's EEO Program and Plan.				
 Compliance Indicator		Measure Met? (Yes/No/NA)	Comments	
 Measures				
C.1.a	Does the agency regularly assess its component and field offices for possible EEO program deficiencies? [see 29 CFR §1614.102(c)(2)] if yes, please provide the schedule for conducting audits in the comments section.	N/A	HRSA does not have EEO representation in the 10 regional offices; however, HRSA does conduct site visits to assess EEO program deficiencies.	New
C.1.b	Does the agency regularly assess its component and field offices on their efforts to remove barriers from the workplace? [see 29 CFR §1614.102(c)(2)] if yes, please provide the schedule for conducting audits in the comments section.	N/A	HRSA does not have EEO representation in the 10 regional offices; however, HRSA does conduct site visits to assess EEO program deficiencies and address barriers within the workplace.	New
C.1.c	Do the component and field offices make reasonable efforts to comply with the recommendations of the field audit? [see MD-715, II(C)]	N/A	Although HRSA does not conduct field audits, all components and regional offices make reasonable efforts to comply with site visits recommendations.	New
 Compliance Indicator	C.2 – The agency has established procedures to prevent all forms of EEO discrimination.	Measure Met? (Yes/No/NA)	Comments	
 Measures			New Indicator	



C.2.a	Has the agency established comprehensive anti-harassment policy and procedures that comply with EEOC's enforcement guidance? [see MD-715, II(C); Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]	Yes		New
C.2.a.1	Does the anti-harassment policy require corrective action to prevent or eliminate conduct before it rises to the level of unlawful harassment? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Yes		New
C.2.a.2	Has the agency established a firewall between the Anti-Harassment Coordinator and the EEO Director? [see EEOC Report, Model EEO Program Must Have an Effective Anti-Harassment Program (2006)]	Yes		New
C.2.a.3	Does the agency have a separate procedure (outside the EEO complaint process) to address harassment allegations? [see Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]	Yes		New
C.2.a.4	Does the agency ensure that the EEO office informs the anti-harassment program of all EEO counseling activity alleging harassment? [see Enforcement Guidance, V.C.]	Yes		New
C.2.a.5	Does the agency conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process? [see <u>Complainant v. Dep't of Veterans Affairs</u> , EEOC Appeal No. 0120123232 (May 21, 2015); <u>Complainant v. Dep't of Defense (Defense Commissary Agency)</u> , EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comments column.	Yes		New
C.2.a.6	Do the agency's training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR 1614.203(d)(2)]	Yes		New
C.2.b	Has the agency established disability reasonable accommodation procedures that comply with EEOC's regulations and guidance? [see 29 CFR 1614.203(d)(3)]	Yes		New
C.2.b.1	Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations throughout the agency? [see 29 CFR 1614.203(d)(3)(D)]	Yes		E.1.d
C.2.b.2	Has the agency established a firewall between the Reasonable Accommodation Program Manager and the EEO Director? [see MD-110, Ch. 1(IV)(A)]	Yes		New





C.2.b.3	Does the agency ensure that job applicants can request and receive reasonable accommodations during the application and placement processes? [see 29 CFR 1614.203(d)(1)(ii)(B)]	Yes		New
C.2.b.4	Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR 1614.203(d)(3)(i)(M)]	Yes		New
C.2.b.5	Does the agency process all accommodation requests within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] if no, please provide the percentage of timely-processed requests in the comments column.	No	In FY 2020, 81 percent of HRSA's RA requests were processed within the 45-day timeframe set forth in HRSA's RA Policy and Procedures Manual. This represents a 27 percent increase in requests processed on time from FY 2019 in which 64 percent of the requests were processed timely.	E.1.e
C.2.c	Has the agency established procedures for processing requests for personal assistance services that comply with EEOC's regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR 1614.203(d)(6)]	Yes		New
C.2.c.1	Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR § 1614.203(d)(5)(v)], if yes, please provide the internet address in the comments column.	Yes	https://www.hrsa.gov/sites/default/files/hrr/nofearact/forms/ra-manual.pdf	New
 Compliance Indicator  Measures	C.3 - The agency evaluates managers and supervisors on their efforts to ensure equal employment opportunity.	Measure Met? (Yes/No/NA)	Comments New Indicator	
C.3.a	Pursuant to 29 CFR §1614.102(a)(5), do all managers and supervisors have an element in their performance appraisal that evaluates their	Yes		New





	commitment to agency EEO policies and principles and their participation in the EEO program?			
C.3.b	Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities:			
C.3.b.1	Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.]	No	HRSA is actively participating in HHS' efforts to revise the existing performance standard to better rate all HHS managers and supervisors on this performance measure. Progress will be reported in subsequent MD-715 reports.	A.3.a.1
C.3.b.2	Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators? [see 29 CFR §1614.102(b)(6)]	No	HRSA is actively participating in HHS' efforts to revise the existing performance standard to better rate all HHS managers and supervisors on this performance measure. Progress will be reported in subsequent MD-715 reports.	A.3.a.4
C.3.b.3	Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)]	No	HRSA is actively participating in HHS' efforts to revise the existing performance standard to better rate all HHS managers and supervisors on this performance measure. Progress will be reported in	A.3.a.5




			subsequent MD-715 reports.	
C.3.b.4	Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees? [see MD-715 Instructions, Sec. I]	No	HRSA is actively participating in HHS' efforts to revise the existing performance standard to better rate all HHS managers and supervisors on this performance measure. Progress will be reported in subsequent MD-715 reports.	A.3.a.6
C.3.b.5	Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)]	No	HRSA is actively participating in HHS' efforts to revise the existing performance standard to better rate all HHS managers and supervisors on this performance measure. Progress will be reported in subsequent MD-715 reports.	A.3.a.7
C.3.b.6	Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]	No	HRSA is actively participating in HHS' efforts to revise the existing performance standard to better rate all HHS managers and supervisors on this performance measure. Progress will be reported in subsequent MD-715 reports.	A.3.a.8

C.3.b.7	Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)]	No	HRSA is actively participating in HHS' efforts to revise the existing performance standard to better rate all HHS managers and supervisors on this performance measure. Progress will be reported in subsequent MD-715 reports.	New
C.3.b.8	Support the anti-harassment program in investigating and correcting harassing conduct. [see Enforcement Guidance, V.C.2]	Yes		A.3.a.2
C.3.b.9	Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority? [see MD-715, II(C)]	Yes		New
C.3.c	Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)]	N/A	Mechanisms are in place to address such issues at a lower level and have not warranted the Administrator's involvement. The EEO Director will recommend improvements or corrections for managers and supervisors who have failed in their EEO responsibilities, should the situation rise to the level of involving the HRSA Administrator.	New
C.3.d	When the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency? [see 29 CFR §1614.102(c)(2)]	N/A	The EEO Director has not recommended	New

			remedial or disciplinary actions.	
 Compliance Indicator	C.4 – The agency ensures effective coordination between its EEO programs and Human Resources (HR) program.	Measure Met? (Yes/No/NA)	Comments	
 Measures				
C.4.a	Do the HR Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)]	Yes		New
C.4.b	Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups? [see MD-715 Instructions, Sec. I]	Yes		C.2.a, C.2.b, & C.2.c
C.4.c	Does the EEO office have timely access to accurate and complete data (e.g., demographic data for workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)]	No	The continued use of multiple data systems has created HHS-wide data challenges that are being addressed at the Department level with a plan that is fully supported by HRSA.	New
C.4.d	Does the HR office timely provide the EEO office with access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? [see MD-715, II(C)]	Yes		New
C.4.e	Pursuant to Section II(C) of MD-715, does the EEO office collaborate with the HR office to:			
C.4.e.1	Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)]	Yes		New
C.4.e.2	Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)]	Yes		New
C.4.e.3	Develop and/or provide training for managers and employees? [see MD-715, II(C)]	Yes		New
C.4.e.4	Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)]	Yes		New





C.4.e.5	Assist in preparing the MD-715 report? [see MD-715, II(C)]	Yes		New
 Compliance Indicator  Measures	C.5 – Following a finding of discrimination, the agency explores whether it should take a disciplinary action.	Measure Met? (Yes/No/NA)	Comments	
C.5.a	Does the agency have a disciplinary policy and/or table of penalties that covers discriminatory conduct? [see 29 CFR § 1614.102(a)(6); see also <u>Douglas v. Veterans Administration</u> , 5 MSPR 280 (1981)]	Yes	HRSA adopted the HHS table of penalties.	C.3.a.
C.5.b	When appropriate, does the agency discipline or sanction managers and employees for discriminatory conduct? [see 29 CFR §1614.102(a)(6)] If “yes”, please state the number of disciplined/sanctioned individuals during this reporting period in the comments.	Yes	0 individuals	C.3.c
C.5.c	If the agency has a finding of discrimination (or settles cases in which a finding was likely), does the agency inform managers and supervisors about the discriminatory conduct? [see MD-715, II(C)]	Yes		New
 Compliance Indicator  Measures	C.6 – The EEO office advises managers/supervisors on EEO matters.	Measure Met? (Yes/No/NA)	Comments	
C.6.a	Does the EEO office provide management/supervisory officials with regular EEO updates on at least an annual basis, including EEO complaints, workforce demographics and data summaries, legal updates, barrier analysis plans, and special emphasis updates? [see MD-715 Instructions, Sec. I] If “yes”, please identify the frequency of the EEO updates in the comments column.	Yes	Annual State of the Agency Briefings, Monthly Senior Staff Meetings, Quarterly EEO Trainings, Bi-annual Diversity and Inclusion Profile Briefings, Bi-weekly Executive Officers’ Meetings	C.1.a
C.6.b	Are EEO officials readily available to answer managers’ and supervisors’ questions or concerns? [see MD-715 Instructions, Sec. I]	Yes		New



Essential Element D: PROACTIVE PREVENTION				
This element requires that the agency head make early efforts to prevent discrimination and to identify and eliminate barriers to equal employment opportunity.				
 Compliance Indicator		Measure Met? (Yes/No/NA)	Comments	
 Measures				
D.1.a	Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I]	Yes		New
D.1.b	Does the agency regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I]	Yes		New
D.1.c	Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR 1614.203(d)(1)(iii)(C)]	Yes		New
 Compliance Indicator		Measure Met? (Yes/No/NA)	Comments	
 Measures			New Indicator	
D.2.a	Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)]	Yes		New
D.2.b	Does the agency regularly examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability? [see 29 CFR §1614.102(a)(3)]	Yes	Management/ personnel policies, procedures, and practices are examined when changes are made. HRSA will remind key	B.2.c.2



			stakeholders of the need to continue this level of assessment on a routine basis.	
D.2.c	Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments? [see 29 CFR §1614.102(a)(3)]	Yes		B.2.c.1
D.2.d	Does the agency regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate surveys, focus groups, affinity groups, union, program evaluations, anti-harassment program, special emphasis programs, reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] If “yes”, please identify the data sources in the comments column.	Yes	Complaint data, Exit surveys, Focus groups, Federal Employee Viewpoint Survey, RA Program Data, Special Emphasis Program Data, ERGs, Diversity and Inclusion Council	New
 Compliance Indicator  Measures	D.3 – The agency establishes appropriate action plans to remove identified barriers.	Measure Met? (Yes/No/NA)	Comments New Indicator	
D.3.a.	Does the agency effectively tailor action plans to address the identified barriers, in particular policies, procedures, or practices? [see 29 CFR §1614.102(a)(3)]	Yes		New
D.3.b	If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I, including meeting the target dates for the planned activities? [see MD-715, II(D)]	Yes	HRSA revisits targeted dates for planned activities throughout the fiscal year and adjusted as necessary.	New
D.3.c	Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]	Yes		New
	D.4 – The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities.	Measure Met? (Yes/No/NA)	Comments	





Compliance Indicator ↓			New Indicator	
Measures				
D.4.a	Does the agency post its affirmative action plan on its public website? [see 29 CFR 1614.203(d)(4)]. Please provide the internet address in the comments.	Yes	https://www.hrsa.gov/eo/policies-reports-resources/no-fear-act	New
D.4.b	Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR 1614.203(d)(1)(i)]	Yes		New
D.4.c	Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR 1614.203(d)(1)(ii)(A)]	Yes		New
D.4.d	Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR 1614.203(d)(7)(ii)]	Yes		New
Essential Element E: EFFICIENCY				
This element requires the agency head to ensure that there are effective systems for evaluating the impact and effectiveness of the agency's EEO programs and an efficient and fair dispute resolution process.				
Compliance Indicator →	E.1 - The agency maintains an efficient, fair, and impartial complaint resolution process.	Measure Met? (Yes/No/NA)	Comments	
Measures ↓				
E.1.a	Does the agency timely provide EEO counseling, pursuant to 29 CFR §1614.105?	Yes		E.3.a.1
E.1.b	Does the agency provide written notification of rights and responsibilities in the EEO process during the initial counseling session, pursuant to 29 CFR §1614.105(b)(1)?	Yes		E.3.a.2
E.1.c	Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant to MD-110, Ch. 5(l)?	Yes		New
E.1.d	Does the agency issue acceptance letters/dismissal decisions within a reasonable time (e.g., 60 days) after receipt of the written EEO	Yes	50 days	New



	Counselor report, pursuant to MD-110, Ch. 5(l)? If so, please provide the average processing time in the comments.			
E.1.e	Does the agency ensure all employees fully cooperate with EEO counselors and EEO personnel in the EEO process, including granting routine access to personnel records related to an investigation, pursuant to 29 CFR §1614.102(b)(6)?	Yes		New
E.1.f	Does the agency timely complete investigations, pursuant to 29 CFR §1614.108?	Yes		E.3.a.3
E.1.g	If the agency does not timely complete investigations, does the agency notify complainants of the date by which the investigation will be completed and of their right to request a hearing or file a lawsuit, pursuant to 29 CFR §1614.108(g)?	Yes		New
E.1.h	When the complainant does not request a hearing, does the agency timely issue the final agency decision, pursuant to 29 CFR §1614.110(b)?	No	The Department issues final agency decisions and has devised a plan to eliminate this HHS-wide deficiency.	E.3.a.4
E.1.i	Does the agency timely issue final actions following receipt of the hearing file and the administrative judge's decision, pursuant to 29 CFR §1614.110(a)?	No	The Department issues final agency decisions and has devised a plan to eliminate this HHS-wide deficiency.	E.3.a.7
E.1.j	If the agency uses contractors to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays? [See MD-110, Ch. 5(V)(A)] If "yes", please describe how in the comments column.	N/A	Standard language is in the contract; HHS handles all accountability issues.	E.2.c
E.1.k	If the agency uses employees to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays during performance review? [See MD-110, Ch. 5(V)(A)]	Yes		New
E.1.l	Does the agency submit complaint files and other documents in the proper format to EEOC through the Federal Sector EEO Portal (FedSEP)? [See 29 CFR § 1614.403(g)]	Yes		New

 Compliance Indicator  Measures	E.2 – The agency has a neutral EEO process.	Measure Met? (Yes/No/NA)	Comments Revised Indicator	
E.2.a	Has the agency established a clear separation between its EEO complaint program and its defensive function? [see MD-110, Ch. 1(IV)(D)]	Yes	HRSA ensures that actions taken to protect itself from legal liability do not negatively influence or affect the process for determining whether discrimination has occurred.	New
E.2.b	When seeking legal sufficiency reviews, does the EEO office have access to sufficient legal resources separate from the agency representative? [see MD-110, Ch. 1(IV)(D)] If “yes”, please identify the source/location of the attorney who conducts the legal sufficiency review in the comments column.	Yes	HRSA conducts legal sufficiency reviews internally.	E.6.a
E.2.c	If the EEO office relies on the agency’s defensive function to conduct the legal sufficiency review, is there a firewall between the reviewing attorney and the agency representative? [see MD-110, Ch. 1(IV)(D)]	N/A	The EEO office does not rely on HRSA’s defensive function to conduct the legal sufficiency review.	New
E.2.d	Does the agency ensure that its agency representative does not intrude upon EEO counseling, investigations, and final agency decisions? [see MD-110, Ch. 1(IV)(D)]	Yes		E.6.b
E.2.e	If applicable, are processing time frames incorporated for the legal counsel’s sufficiency review for timely processing of complaints? [see EEOC Report, <i>Attaining a Model Agency Program: Efficiency</i> (Dec. 1, 2004)]	N/A		E.6.c
 Compliance Indicator  Measures	E.3 - The agency has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.	Measure Met? (Yes/No/NA)	Comments	

E.3.a	Has the agency established an ADR program for use during both the pre-complaint and formal complaint stages of the EEO process? [see 29 CFR §1614.102(b)(2)]	Yes		E.4.a
E.3.b	Does the agency require managers and supervisors to participate in ADR once it has been offered? [see MD-715, II(A)(1)]	Yes		E.4.c
E.3.c	Does the agency encourage all employees to use ADR, where ADR is appropriate? [see MD-110, Ch. 3(IV)(C)]	Yes		D.2.a
E.3.d	Does the agency ensure a management official with settlement authority is accessible during the dispute resolution process? [see MD-110, Ch. 3(III)(A)(9)]	Yes		New
E.3.e	Does the agency prohibit the responsible management official named in the dispute from having settlement authority? [see MD-110, Ch. 3(I)]	Yes		E.4.d
E.3.f	Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)]	Yes		New
 Compliance Indicator  Measures	E.4 – The agency has effective and accurate data collection systems in place to evaluate its EEO program.	Measure Met? (Yes/No/NA)	Comments	
E.4.a	Does the agency have systems in place to accurately collect, monitor, and analyze the following data:			
E.4.a.1	Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, II(E)]	Yes		E.5.a
E.4.a.2	The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]	No	This HHS-wide deficiency will be addressed at the Department level with full support from HRSA.	E.5.c
E.4.a.3	Recruitment activities? [see MD-715, II(E)]	Yes		E.5.f
E.4.a.4	External and internal applicant flow data concerning the applicants' race, national origin, sex, and disability status? [see MD-715, II(E)]	No	This HHS-wide deficiency will be addressed at the Department level with full support from HRSA.	New

E.4.a.5	The processing of requests for reasonable accommodation? [29 CFR § 1614.203(d)(4)]	Yes		New
E.4.a.6	The processing of complaints for the anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.2]	Yes		New
E.4.b	Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]	No	HRSA participates in the re-survey efforts of the Department.	New
 Compliance Indicator  Measures	E.5 – The agency identifies and disseminates significant trends and best practices in its EEO program.	Measure Met? (Yes/No/NA)	Comments	
E.5.a	Does the agency monitor trends in its EEO program to determine whether the agency is meeting its obligations under the statutes EEOC enforces? [see MD-715, II(E)] If “yes”, provide an example in the comments.	Yes	On an annual basis, HRSA assesses the EEO program in which trends related to RA, EEO complaint activity, and diversity are determined and compared to obligations.	E.5.e
E.5.b	Does the agency review other agencies’ best practices and adopt them, where appropriate, to improve the effectiveness of its EEO program? [see MD-715, II(E)] If “yes”, provide an example in the comments.	Yes	HRSA adopted its biannual Diversity and Inclusion Profile from the U.S. Department of Agriculture when its activities associated with informing leadership of their workforce diversity profile were deemed best practices in ensuring EEO.	E.5.g
E.5.c	Does the agency compare its performance in the EEO process to other federal agencies of similar size? [see MD-715, II(E)]	Yes		E.3.a

Essential Element F: RESPONSIVENESS AND LEGAL COMPLIANCE				
This element requires federal agencies to comply with EEO statutes and EEOC regulations, policy guidance, and other written instructions.				
 Compliance Indicator		Measure Met? (Yes/No/NA)	Comments	
 Measures				
F.1.a	F.1 – The agency has processes in place to ensure timely and full compliance with EEOC Orders and settlement agreements.	Yes		F.1.a
F.1.b	Does the agency have a system of management controls to ensure that its officials timely comply with EEOC orders/directives and final agency actions? [see 29 CFR §1614.102(e); MD-715, II(F)]	Yes		E.3.a.6
F.1.c	Does the agency have a system of management controls to ensure the timely, accurate, and complete compliance with resolutions/settlement agreements? [see MD-715, II(F)]	Yes		F.2.a.1
F.1.d	Are there procedures in place to ensure the timely and predictable processing of ordered monetary relief? [see MD-715, II(F)]	Yes		F.2.a.2
F.1.e	Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)]	Yes		F.2.a.2
F.1.e	When EEOC issues an order requiring compliance by the agency, does the agency hold its compliance officer(s) accountable for poor work product and/or delays during performance review? [see MD-110, Ch. 9(IX)(H)]	N/A	HRSA has not had this issue; however, compliance officers will be held accountable for unsatisfactory work products in the event that this occurs.	F.3.a.
 Compliance Indicator	F.2 – The agency complies with the law, including EEOC regulations, management directives, orders, and other written instructions.	Measure Met? (Yes/No/NA)	Comments	
 Measures			Indicator moved from E-III Revised	
F.2.a	Does the agency timely respond and fully comply with EEOC orders? [see 29 CFR §1614.502; MD-715, II(E)]	Yes		C.3.d
F.2.a.1	When a complainant requests a hearing, does the agency timely forward the investigative file to the appropriate EEOC hearing office? [see 29 CFR §1614.108(g)]	Yes		E.3.a.5

F.2.a.2	When there is a finding of discrimination that is not the subject of an appeal by the agency, does the agency ensure timely compliance with the orders of relief? [see 29 CFR §1614.501]	Yes		E.3.a.7
F.2.a.3	When a complainant files an appeal, does the agency timely forward the investigative file to EEOC's Office of Federal Operations? [see 29 CFR §1614.403(e)]	Yes		New
F.2.a.4	Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance?	Yes		F.3.d (1 to 9)
 Compliance Indicator  Measures	F.3 - The agency reports to EEOC its program efforts and accomplishments.	Measure Met? (Yes/No/NA)	Comments	
F.3.a	Does the agency timely submit to EEOC an accurate and complete No FEAR Act report? [Public Law 107-174 (May 15, 2002), §203(a)]	Yes		New
F.3.b	Does the agency timely post on its public webpage its quarterly No FEAR Act data? [see 29 CFR §1614.703(d)]	Yes		New

MD-715 – PART H.1
AGENCY EEO PLAN TO ATTAIN THE ESSENTIAL ELEMENTS OF A MODEL EEO PROGRAM

Please describe the status of each plan that the agency has implemented to correct deficiencies in the EEO program.

If the agency did not address any deficiencies during the reporting period, please check the box.

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
C.2.b.5	The Agency does not process all accommodation requests within the time frame set forth in its reasonable accommodation procedures. [see MD-715, II(C)]

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
09/10/2014	Ensure all RA requests are processed within the timeframe set forth in the Agency's procedures for reasonable accommodation.	09/30/2018	9/30/2021	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director, OCRDI	Anthony Archeval	Yes
Deputy Director, OCRDI	Golda Philip	Yes
Manager, Accessibility Program	Katherine Slye-Griffin	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
02/28/2016	Recruit and hire a qualified manager to lead and oversee the activities of HRSA's Accessibility Team.	Yes		12/31/2016
09/30/2017	Deploy the web-based RA processing system for use by HRSA employees and management.	Yes		09/30/2017
09/30/2017	Finalize the RA Policy and Procedures Manual.	Yes		09/30/2017
10/31/2017	Disseminate the finalized RA Policy and Procedures Manual.	Yes		09/30/2017
09/30/2017	Develop "RA Refresher Training for Managers and Supervisors" to acclimate HRSA management to the RAPT System.	Yes		09/30/2017
09/30/2018	Provide "RA Refresher Training for Managers and Supervisors" to acclimate HRSA management to the RAPT System and educate leaders on the revised RA policy and procedures.	Yes		09/30/2018
09/30/2018	Perform quarterly RA processing audits to assess improvements in RA request processing times.	Yes		09/30/2018
09/30/2018	Report findings and key steps to be taken to address any barriers to improving processing times to leadership.	Yes		09/30/2018
09/30/2019	Continue to provide "RA Refresher Training for Managers and Supervisors" to HRSA management to discuss the RAPT System and educate	Yes		09/30/2019

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
	leaders on the RA policy and procedures.			
09/30/2019	Continue to perform quarterly RA processing audits to assess improvements in RA request processing times.	Yes		09/30/2019
09/30/2019	Continue to report findings and key steps to be taken to address any barriers to improving processing times to leadership.	Yes		09/30/2019
01/31/2020	Appoint a team lead to provide mentorship, coaching, and support in escalating cases to the Accessibility Manager.	Yes		01/31/2020
03/31/2020	Cross train employees on the RA request processing protocol and redirect resources to the HRSA RA Program to process new RA requests.	Yes	07/31/2021	
09/30/2020	Expand benchmarking within RAPT System to track the effect of non-responsiveness among supervisors.	Yes		09/30/2020
09/30/2020	Conduct a comprehensive assessment using RAPT System benchmarking of the supervisory non-responsiveness to identify additional barriers and improve processing times.	Yes		09/30/2020
09/30/2020	Report findings and recommendations for corrective actions to leadership for Agency-wide implementation.	Yes		09/30/2020
01/31/2021	Use HRSA intranet to report key aggregate RA data	Yes		

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
	including RA processing timeframes and responsiveness			
03/30/2021	Determine the feasibility of requiring all managers and supervisors, including supervisory team leaders, to undergo routine reasonable accommodations training, and make necessary recommendations to Agency Head.	Yes		
09/30/2021	Implement stated recommendation(s) per the direction of Agency Head.	Yes		

Report of Accomplishments

Fiscal Year	Accomplishments
2017	<p>For 3 years, HRSA has been working on revising the HRSA RA Policy and Procedures Manual. HRSA's previous RA Policy and Procedures Manual was signed in November 2012 and contained unintended risks to HRSA's RA Program. For example, the EEOC has historically required agencies to process 90 percent of all requests for RA within the timeframes established under agency RA policy. At HRSA, Section III, Part D of the RA Policy and Procedures Manual specifies that the Agency would approve or deny a request for RA in no more than 10 business days. Additionally, if a request was approved, HRSA had 10 business days to provide the accommodation to the requestor. HRSA completed a 5-year trend analysis (FY 2011 to FY 2015) to study the appropriateness of these requirements. Despite clear improvements in the program's processing times, the rapid processing requirements were an on-going risk as it had been unable to meet the EEOC's 90 percent requirement. Based on the analysis, HRSA established a more tenable requirement of 15 business days from "request to decision" and 30 days "decision to provision." These changes also brought HRSA's procedures in line with processing times used by other HHS OpDivs.</p>

	<p>The process of modifying the policy began in 2014 with a 9-month workgroup tasked with both evaluating RA program deficiencies and developing recommendations to improve program efficiency and effectiveness. That workgroup led to a number of critical program changes including the development and implementation of an RA processing system; increased training for HRSA staff and management; and implementation of a tiered, team approach for processing requests (instead of a single staff member processing all requests). HRSA implemented the final recommendation of the workgroup when the RA Policy was signed into effect following receipt of EEOC final approval on September 13, 2017.</p> <p>The policy itself was repeatedly refined over time as it was bargained with the National Treasury Employees Union as well as being reviewed and approved by HRSA senior staff, the HHS Office of the Secretary, and the HHS Office of the General Council. Additionally, when EEOC released the final rule on Section 501 of the Rehabilitation Act of 1973 in January 2021, supplementary changes were made to ensure that HRSA's policy was fully compliant with all EEOC requirements.</p> <p>The policy and procedures manual is accessible to all employees and applicants via the Internet. HRSA provides a refresher training to employees that covers key elements of the revised RA policy and procedures. With the new RA policy in place, HRSA expects to see a significant improvement in the efficiency of case processing. Improvements are already visible in processing requests for disability services such as sign language interpreting and personal assistant services. These requests occur and require fast processing allowing for real time data analysis. "Typical" requests for accommodation such as telework, schedule changes, and workstation modifications occur over longer periods of time due to the addition of procurement processes and extended periods of time for the interactive process. Accordingly, these results will be fully evaluated at the end of FY 2018.</p>
<p>2018</p>	<p>In FY 2018, HRSA significantly improved RA case processing times. Specifically, HRSA processed a total of 238 cases in FY 2018. Fifty-eight percent (139) of HRSA's RA cases were decided within the timeline of 15 business days. On average, clients received decisions in 19 days. HRSA approved 63.9 percent (152) of the cases processed and provided 83.6 percent (127) of those approvals within the timeline of 30 business days. On average, clients received approved accommodations within 12 days of the decision.</p>

	<p>When looking at the overall RA process, total case processing averaged 27 days with 80.7 percent (192) of all case processing completed within the timeline of 45 business days. Whereas HRSA processed 32 percent of its cases timely in FY 2017, the improved processing timeframes in FY 2018 reflect a 153 percent increase in the number of RA cases that were processed in a timely manner over the course of a single fiscal year.</p>
<p style="text-align: center;">2019</p>	<p>In FY 2019, HRSA focused on timely decision making among managers through (1) continued RA training, (2) the implementation of a revised escalation plan outlining the steps to take to address unresponsive managers/supervisors, and (3) the use of Diversity and Inclusion Profile meetings to address responsiveness. However, case analysis shows that HRSA supervisors remain slow to respond to RA requests, require reminders to respond, or request extensions to respond. As an example, markers built into the Reasonable Accommodations Processing and Tracking System and used by the Accessibility Specialists when issuing a reminder show that 30 cases required multiple formal (i.e., email) reminders with 11 of those requiring further escalation to include an up-line manager. The reminder rate for informal reminders (i.e., phone calls which are also tracked) is higher. Benchmarking this (and similar) data within the process has proved the most effective way to track processing times for improvement.</p> <p>In response to these trends, HRSA will (1) draft an SOP on case escalation, (2) develop a plan for additional markers and/or reporting on supervisory response time, (3) conduct RA analysis based on case complexity to determine additional factors which impact processing, and (4) develop a short form training for managers and supervisors to bring more management officials into compliance with RA training. Additionally, HRSA will use its intranet to report key aggregate RA data to include Bureau/Office average processing timeframes and responsiveness.</p>
<p style="text-align: center;">2020</p>	<p>In FY 2020, HRSA processed 81 percent of its RA requests within the 45-day timeframe set forth in the RA Policy and Procedures Manual. This represents a 27 percent increase in requests processed timely from FY 2019 in which HRSA processed 64 percent of the requests timely. Moreover, for FY 2020, improvements in case processing occurred in most areas when compared to the FY 2019 data. All three of the “average day” metrics (decision, provision, and overall) improved (i.e., the number of days decreased) and the processing rates for all three metrics (issuance, implementation, and overall processing) improved significantly. This improvement is due to: (1) OCRDI’s</p>

targeted approach to case processing, (2) the COVID-19 pandemic which reduced the caseload as compared to previous years, and (3) a comprehensive audit which enhanced data analysis and reporting capabilities.

HRSA is working to improve the areas of average days to decision and the issuance of metrics. During FY 2020, HRSA's RA program established targeted internal benchmarks for areas which were identified as needing improvement. These areas include: (1) denials where no medical documentation nor responses have been submitted by the requestor in 15 business days/21 calendar days, (2) quality assurance checks on "findings" and Decision Letters in 2 business days, and (3) supervisor response times (and numbers of reminders the Accessibility Specialist or Accessibility Section Chief provide) in 3 business days with one reminder.

While these benchmarks aided processing in FY 2020, HRSA will continue to monitor and work on this area in FY 2021 and will continue to monitor program efficiency and effectiveness through the auditing process while also seeking ways to refine and enhance program operations during FY 2021.

MD-715 – PART H.2
AGENCY EEO PLAN TO ATTAIN THE ESSENTIAL ELEMENTS OF A MODEL EEO PROGRAM

Please describe the status of each plan that the agency has implemented to correct deficiencies in the EEO program.

If the agency did not address any deficiencies during the reporting period, please check the box.

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
	To ensure equal employment opportunity, the Agency does not evaluate managers and supervisors on specific efforts to:
C.3.b.1	Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings. [see MD-110, Ch. 3.]
C.3.b.2	Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators. [see 29 CFR §1614.102(b)(6)]
C.3.b.3	Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation. [see MD-715, II(C)]
C.3.b.4	Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees. [see MD-715 Instructions, Sec. I]
C.3.b.5	Provide religious accommodations when such accommodations do not cause an undue hardship. [see 29 CFR §1614.102(a)(7)]
C.3.b.6	Provide disability accommodations when such accommodations do not cause an undue hardship. [see 29 CFR §1614.102(a)(8)]
C.3.b.7	Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)]

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
07/01/2019	Establish a method to better rate managers and supervisors on their efforts to ensure EEO.	09/30/2020	12/31/2021	
09/30/2020	Ensure managers and supervisors are fully rated on their commitment to EEO.	01/31/2021	01/31/2022	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director; HRSA Diversity and Inclusion Council Co-chair	Anthony F. Archeval	No
HR Director; HRSA Diversity and Inclusion Council Co-chair	Catherine Ganey	No
Chief Operating Officer	Wendy Ponton	No
Acting HRSA Administrator	Diana Espinosa	No

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/30/2019	Explore the feasibility of revising existing performance standards to better rate managers and supervisors on their efforts to ensure EEO.	Yes		09/30/2019
04/01/2020	Fully support HHS' efforts to devise a detailed set of standards to replace the existing measures.	Yes	12/31/2022	
09/30/2020	Ensure HRSA rating officials participate in the HHS briefing on	Yes	01/31/2022	

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
	the new EEO performance standards.			
12/31/2020	Remind rating officials of the EEO rating requirement during the establishment of FY 2021 performance plans.	Yes	12/31/2021	
01/31/2021	Rate 100 percent of managers and supervisors on their commitment to EEO as prescribed in MD-715.	Yes	1/31/2022	
03/31/2021	Reconvene the OCRDI MD-715 Workgroup.	Yes		
05/31/2021	OCRDI MD-715 Workgroup develops recommended EEO performance element for the Agency's SES performance appraisals.	Yes		
07/31/2021	Recommended EEO performance element is reviewed by the EEO Director and HR Director.	Yes		
8/31/2021	EEO Performance element is approved by Acting HRSA Administrator.	Yes		
9/30/2021	SES is briefed on the newly established performance element.	Yes		
9/30/2021	Performance Element is added to the FY 2022 performance appraisals.	Yes		
10/1/2021	All SES are rated on their commitment to EEO per MD-715 requirements.	Yes		

Report of Accomplishments

Fiscal Year	Accomplishments
<p style="text-align: center;">2019</p>	<p>After several discussions between OCRDI and OHR, HRSA determined that it was not feasible to establish new performance measures that would fully rate managers/supervisors on their commitment to EEO. Instead, HRSA will devise a guide sheet that educates rating officials on activities that should be taken into account when using the existing EEO performance standard to rate managers/supervisors. As a result, the OCRDI MD-715 Workgroup was charged with developing an objective set of factors that the rater would use to review managers/supervisors' full commitment to EEO.</p> <p>Simultaneously, the EEO Director was engaged in several meetings with the HHS EEO Director as well as other OpDiv EEO Directors in which it became apparent that this program deficiency was present in several HHS OpDivs. As a result, the HHS EEO Director made the deficiency an HHS priority. This paved the way for the HHS EEO Director to establish new EEO performance standards with HHS-wide implementation, thus halting the work of the OCRDI MD-715 Workgroup in support of full participation at the HHS-level.</p> <p>Per routine communication with the HHS EEO Director, HRSA anticipates HHS to adopt the new performance measures by the end of the FY 2020 reporting period with HHS-wide implementation occurring in FY 2021. HRSA will continue to support HHS and will comply with the new performance rating requirements, thus eliminating this program deficiency. Accomplishments and/or plan modifications will be highlighted in the FY 2020 MD-715 Report.</p>
<p style="text-align: center;">2020</p>	<p>Throughout the FY 2020 reporting period, HRSA continued to support HHS in the development of an enterprise-level EEO performance element by recommending language and providing overall feedback. Simultaneously, on several occasions, HRSA leaders revisited the discussion on the feasibility of establishing a new, more comprehensive performance element and associated standards to fully rate managers and supervisors on their commitment to EEO as prescribed in the Part G self-assessment. As a result of these exchanges, HRSA determined that it would develop and implement an EEO, diversity, and inclusion performance element for all members of the Senior Executive Service. With full support from the Administrator, OCRDI committed to creating the element by the end of FY 2021, as indicated in its strategic plan as well as in this action plan. Updates, including accomplishments and/or plan modifications, will be provided in the FY 2021 MD-715 Report.</p>

MD-715 – PART I.1
AGENCY EEO PLAN TO ELIMINATE IDENTIFIED BARRIER

Please describe the status of each plan that the agency implemented to identify possible barriers in policies, procedures, or practices for employees and applicants by race, ethnicity, and gender.

If the agency did not conduct barrier analysis during the reporting period, please check the box.

Statement of Condition That Was a Trigger for a Potential Barrier:

Source of the Trigger	Specific Workforce Data Table	Narrative Description of Trigger
<p>Federal Employee Viewpoint Survey</p> <p>MD-715 Workforce Data tables</p>		<p>In 2017, OCRDI conducted a workforce analysis to detect conditions that may potentially limit employment opportunities for women at HRSA, and to inform the future HRSA FWP. OCRDI identified several areas of concern, or triggers, for female employees at HRSA, including:</p> <ul style="list-style-type: none"> • Black, Asian, and American Indian/Alaska Native females had less than expected rates in Senior Executive positions; • White and Hispanic females had less than expected application and hiring rates compared to the CLF; • While White female representation increases as supervisory/senior grade levels increase, Hispanic and Black female representation decreases as supervisory/senior grade levels increase; • Asian and American Indian/Alaska Native representation is low for mid-level (GS-13 and GS-14) managerial positions; and • All female race/national origin groups' New Inclusion Quotient Index and Employee Engagement Index scores are below HRSA goals.

EEO Group(s) Affected by Trigger

EEO Group	
All Men	
All Women	X
Hispanic or Latino Males	
Hispanic or Latino Females	
White Males	
White Females	
Black or African American Males	
Black or African American Females	
Asian Males	
Asian Females	
Native Hawaiian or Other Pacific Islander Males	
Native Hawaiian or Other Pacific Islander Females	
American Indian or Alaska Native Males	
American Indian or Alaska Native Females	
Two or More Races Males	
Two or More Races Females	

Barrier Analysis Process

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
Workforce Data Tables	Yes	Participation rates in the overall workforce, mission critical occupations and senior level positions; new hire and separation rates; awards and promotions data. Data was assessed in the aggregate as well as by race/national origin and gender.
Complaint Data (Trends)	Yes	Number of EEO cases filed by women at HRSA and the most alleged bases of

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
		discrimination and issues by race/national origin and gender.
Grievance Data (Trends)	No	
Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)	Yes	Findings from the EEO process
Climate Assessment Survey (e.g., FEVS)	Yes	New Inclusion Quotient and Employee Engagement Index scores
Exit Interview Data		
Focus Groups		
Interviews		
Reports (e.g., Congress, EEOC, MSPB, GAO, OPM)		
Other (Please Describe)		

Status of Barrier Analysis Process

Barrier Analysis Process Completed? (Yes or No)	Barrier(s) Identified? (Yes or No)
No	

Statement of Identified Barrier(s)

Description of Policy, Procedure, or Practice
N/A as barrier analysis is underway.

Objective(s) and Dates for EEO Plan

Objective	Date Initiated (mm/dd/yyyy)	Target Date (mm/dd/yyyy)	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
Conduct a needs assessment and barrier analysis of women's employment at HRSA	10/01/2018	09/30/2020	Yes	09/30/2022	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director	Anthony F. Archeval	Yes
Federal Women's Program Manager	Mary Tom	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
10/31/2017	Conduct preliminary analysis of women's employment at HRSA and inform key stakeholders of identified triggers		10/31/2017
09/30/2017	Develop needs assessment and barrier analysis plan		09/07/2017
03/01/2018	Implement plan		02/05/2018
03/31/2018	Conduct two conversations with women at headquarters and in the regional offices	04/30/2018	04/20/2018
01/28/2019	Conduct HRSA-Wide FWP Survey		02/26/2019
02/01/2020	Routinely analyze all data, and determine whether barriers exist	09/30/2023	
03/01/2020	Report findings to senior leadership and recommend corrective actions, should barriers exist	12/31/2023	

Report of Accomplishments

Fiscal Year	Accomplishments
<p style="text-align: center;">2019</p>	<p>HRSA relaunched its FWP in FY 2018 to align with Executive Order 11478, which mandated that departments and agencies take affirmative steps to promote employment opportunities among protected groups. A fundamental aspect of the FWP is to identify and eliminate barriers to recruitment, hiring, and advancement of women in the workplace. In FY 2018, HRSA's FWP conducted a workforce analysis of women's demographics, applicant data, Federal Employee Viewpoint Survey results, and other data sources. This workforce analysis was done to detect the presence of triggers associated with policies, procedures, practices, or conditions that may potentially limit employment and advancement opportunities for women as a whole and/or specific segments of the female workforce. This preliminary analysis revealed conditions that may indicate barriers for HRSA's female employees, requiring additional study to determine whether employment barrier(s) exist.</p> <p>As a result of the findings, OCRDI enlisted the research expertise of HRSA's Office of Planning, Analysis and Evaluation and technical advisement from the Office of Women's Health to develop and implement a program needs assessment to determine the focus areas of the FWP as well as a barrier analysis to assist in determining whether employment barriers exist among women at HRSA. Data collection started in April 2018 with an invitation-only conversation with women at headquarters and in the regions.</p> <p>In FY 2019, HRSA continued its multi-year FWP needs assessment and barrier analysis, specifically focusing on validating the findings of the April 2018 invitation-only conversation as well as offering an opportunity for women to provide suggestions for FWP focus areas. In doing so, HRSA invited all women (coded as female in the Business Intelligence Information System) to participate in a 10-minute survey of their experiences and needs associated with (1) work-life supports, (2) career development, and (3) diversity and inclusion. Fifty-five percent of HRSA women participated in the survey. Over 200 survey participants indicated that they would like to participate in the HRSA Mentoring Now Program as a mentor and/or mentee. The FWP Manager notified the HRSA Learning Institute of the interested parties for further action. Survey participants also noted that they were interested in participating in a women-focused employee resource group. HRSA had substantive conversations with the FWP Manager and the Director of the Office of Women's Health to determine the feasibility, purpose, and goals of a women-focused ERG. These discussions continued in FY</p>

	<p>2020. Additionally, a HRSA-wide briefing of the FWP needs assessment survey findings and next steps will commence in FY 2020. Progress will be reported in subsequent MD-715 reports.</p>
<p>2020</p>	<p>In previous years, the HRSA FWP primarily focused on bringing awareness to women’s employment matters through the commemoration of various special observances including Women’s History Month and Women’s Equality Day. In FY 2020, led by OCRDI, the HRSA FWP was refocused on ensuring EEO for women through (1) barrier identification and elimination, (2) education and awareness, and (3) the development and use of statistical data to assess trends and evaluate the progress of women. In FY 2021, the HRSA FWP will host a town hall discussion on the impact of the coronavirus 2019 on family/work balance. This activity, as well as the others outlined in this action plan, supports the ongoing implementation of a robust FWP that fully meets the EEOC’s expectations as well as HRSA’s needs. Progress and/or plan modifications will be reported in subsequent MD-715 reports.</p>

MD-715 – PART I.1
AGENCY EEO PLAN TO ELIMINATE IDENTIFIED BARRIER

Please describe the status of each plan that the agency implemented to identify possible barriers in policies, procedures, or practices for employees and applicants by race, ethnicity, and gender.

If the agency did not conduct barrier analysis during the reporting period, please check the box.

Statement of Condition That Was a Trigger for a Potential Barrier:

Source of the Trigger	Specific Workforce Data Table	Narrative Description of Trigger
		In response to a combination of 1) workforce data integrity challenges, 2) a lack of a recent and routine workforce-demographics-resurvey initiative to adequately and accurately capture key demographics, and 3) the 2020 US Census civilian labor force statistics updates, the Agency should take steps in the upcoming years to reassess its policies, practices, and procedures for barriers to EEO for employees in senior level positions and mission critical occupations, and to devise corrective action plans, should barriers exist.

EEO Group(s) Affected by Trigger

EEO Group	
All Men	X
All Women	X
Hispanic or Latino Males	X
Hispanic or Latino Females	X
White Males	X
White Females	X

EEO Group	
Black or African American Males	X
Black or African American Females	X
Asian Males	X
Asian Females	X
Native Hawaiian or Other Pacific Islander Males	X
Native Hawaiian or Other Pacific Islander Females	X
American Indian or Alaska Native Males	X
American Indian or Alaska Native Females	X
Two or More Races Males	X
Two or More Races Females	X

Barrier Analysis Process

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
Workforce Data Tables	N/A	N/A
Complaint Data (Trends)	N/A	N/A
Grievance Data (Trends)	N/A	N/A
Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)	N/A	N/A
Climate Assessment Survey (e.g., FEVS)	N/A	N/A
Exit Interview Data	N/A	N/A
Focus Groups	N/A	N/A
Interviews	N/A	N/A
Reports (e.g., Congress, EEOC, MSPB, GAO, OPM)	N/A	N/A
Other (Please Describe):		

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
HRSA has not undergone barrier analysis; however, it reviewed various sources of information as part of a robust needs assessment and barrier analysis process. The specific data sources and information collected will be provided in subsequent MD-715 reports.		

Status of Barrier Analysis Process

Barrier Analysis Process Completed? (Yes or No)	Barrier(s) Identified? (Yes or No)
No	N/A

Statement of Identified Barrier(s)

Description of Policy, Procedure, or Practice
N/A as initial steps in conducting the needs assessment and barrier analysis are underway.

Objective(s) and Dates for EEO Plan

Objective	Date Initiated (mm/dd/yyyy)	Target Date (mm/dd/yyyy)	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
Conduct an Agency-wide needs assessment to ascertain the immediate and future diversity, equity, inclusion, and accessibility needs of HRSA staff and programs, and devise initiatives accordingly.	10/01/2020	09/30/2023	Yes		

Objective	Date Initiated (mm/dd/yyyy)	Target Date (mm/dd/yyyy)	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
Reassess the Agency's policies, practices, and procedures for barriers to EEO in senior level positions and in the two most populous mission critical occupations.	10/01/2020	09/30/2023	Yes		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director	Anthony F. Archeval	Yes
Deputy EEO Director	Golda Philip	Yes
Senior Advisor	Beth Perrine	Yes
Diversity and Inclusion Manager	LaKaisha T. Yarber Jarrett	Yes
Complaints Manager	Oscar Toledo	Yes
Accessibility Manager	Katherine Slye-Griffin	Yes
Civil Rights Manager	Sarah P. Williams	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/30/2020	Establish the diversity and inclusion needs assessment as a strategic priority for assessing the Agency's diversity, equity, inclusion and accessibility needs as well as informing barrier analysis		06/23/2020

Target Date (mm/dd/yyyy)	Planned Activities	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/30/2020	Secure appropriate funding to obtain a third party neutral to perform a diversity and inclusion needs assessment		06/23/2020
09/30/2021	Review the Agency's workforce data and sources for possible triggers and other information to inform barrier analysis and/or needs assessment planning and scope		
09/30/2021	Based on a review of the Agency's workforce data and sources, devise a scope of work and project plan		
12/31/2021	Openly solicit and procure a third party neutral		
09/30/2022	Conduct needs assessment		
12/31/2022	Brief key stakeholders on assessment findings and recommended priority focus area		
09/30/2022	Develop and/or reimagine EEO program initiatives to address priority focus areas		
09/30/2021	As an immediate measure, develop a recruitment checklist focusing on enhancing the Agency's diversity recruitment efforts through the increased use of special hiring authorities and best practices that yield diversity amongst applicant pools		
09/30/2021	Enhance employee engagement opportunities through ERG Program expansion and special observances		

Report of Accomplishments

Fiscal Year	Accomplishments
2020	HRSA used FY 2020 to set the foundation for a successful execution of a HRSA-wide diversity and inclusion needs assessment and barrier analysis. To achieve this, HRSA established these initiatives as strategic priorities for FY 2021 with implementation and oversight responsibilities led by OCRDI. Additionally, the Administrator approved OCRDI's 2021 Resources Planning and Management proposal which included a \$200,000 line item to support the needs assessment through diversity and inclusion consultancy and facilitation services. As highlighted in the action plan, HRSA will undergo trigger identification, develop a comprehensive scope of work, and procure a contractor, in FY 2021. Accomplishments and/or plan modifications will be reported in the FY 2021 MD-715 Report.

MD-715 – Part J

Special Program Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities

To capture agencies' affirmative action plan for persons with disabilities (PWD) and persons with targeted disabilities (PWTD), EEOC regulations (29 C.F.R. § 1614.203(e)) and MD-715 require agencies to describe how their plan will improve the recruitment, hiring, advancement, and retention of applicants and employees with disabilities. All agencies, regardless of size, must complete this Part of the MD-715 report.

SECTION I: EFFORTS TO REACH REGULATORY GOALS

EEOC regulations (29 C.F.R. § 1614.203(d)(7)) require agencies to establish specific numerical goals for increasing the participation of persons with reportable and targeted disabilities in the federal government.

1. Using the goal of 12% as the benchmark, does your agency have a trigger involving PWD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

- | | | |
|--------------------------------|---|----|
| a. Cluster GS-1 to GS-10 (PWD) | Yes <input checked="" type="checkbox"/> | No |
| b. Cluster GS-11 to SES (PWD) | Yes <input checked="" type="checkbox"/> | No |

Utilizing the goal of 12 percent as a benchmark, HRSA has a trigger in the permanent workforce involving PWD in cluster GS-1 to GS-10 which has a rate of 11.11 percent in FY2020. HRSA also has a trigger in the GS-11 to SES cluster which has a rate of 8.92 percent in FY2020.

2. Using the goal of 2% as the benchmark, does your agency have a trigger involving PWTD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

- | | | |
|---------------------------------|---|----|
| a. Cluster GS-1 to GS-10 (PWTD) | Yes <input checked="" type="checkbox"/> | No |
| b. Cluster GS-11 to SES (PWTD) | Yes <input checked="" type="checkbox"/> | No |

Utilizing the goal of 2 percent as a benchmark, HRSA has triggers in the permanent workforce involving PWTD in the GS-1 to GS-10 cluster which has a rate of 0 percent in FY2020 and the GS-11 to SES cluster which has a rate of 1.42 percent in FY2020.

3. Describe how the agency has communicated the numerical goals to the hiring managers and/or recruiters.

Numerical goals are communicated to hiring managers at 1) senior staff meetings, 2) Council on Employees with Disabilities meetings, 3) pre-hiring consultations with the Selective Placement Program Coordinator, and 4) relevant trainings to include reasonable accommodations.

SECTION II: MODEL DISABILITY PROGRAM

Pursuant to 29 C.F.R. § 1614.203(d)(1), agencies must ensure sufficient staff, training and resources to recruit and hire persons with disabilities and persons with targeted disabilities, administer the reasonable accommodation program and special emphasis program, and oversee any other disability hiring and advancement program the agency has in place.

A. PLAN TO PROVIDE SUFFICIENT & COMPETENT STAFFING FOR THE DISABILITY PROGRAM

1. Has the agency designated sufficient qualified personnel to implement its disability program during the reporting period? If "no", describe the agency's plan to improve the staffing for the upcoming year.

Yes No

2. Identify all staff responsible for implementing the agency's disability employment program by the office, staff employment status, and point of contact.

Disability Program Task	Office/Division Responsible (EEO/ HR/ IT/ Facilities)	# of FTE Staff by Employment Status			Primary Point of Contact (Name, Title)
		Full Time	Part Time	Collateral Duty	
Processing applications from PWD and PWTD	HR			1	Chris Parker, Director, OHR Operations Division
Answering questions from public about hiring authorities that take disability into account	EEO/HR			2	Robin Moore, Special Emphasis Program Manager
Processing reasonable accommodation requests from applicants and employees with disabilities	EEO	1			Katherine Slye-Griffin, Reasonable Accommodations Manager
Section 508 Compliance	OIT			1	Lauren Taylor, IT Specialist
Architectural Barriers Act Compliance	EEO	1			Katherine Slye-Griffin, Reasonable Accommodations Manager
Special Emphasis Program for PWD and PWTD	EEO			1	Robin Moore, Special Emphasis Program Manager

Has the agency provided disability program staff with sufficient training to carry out their responsibilities during the reporting period? If “yes”, describe the training that disability program staff have received. If “no”, describe the training planned for the upcoming year.

Yes **X** No

- ADA Mid-Atlantic Conference
- Barrier Analysis
- COR Training
- Disability Program Manager Training
- JAN (Job Accommodation Network) webinars
- Sick Leave and Reasonable Accommodation (hosted by LRP)
- Successfully Navigating Performance and Conduct Issues Under the Rehabilitation Act (hosted by LRP)
- Training on the Interactive Process (hosted by LRP)

B. PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM

Has the agency provided sufficient funding and other resources to successfully implement the disability program during the reporting period? If “no”, describe the agency’s plan to ensure all aspects of the disability program have sufficient funding and other resources.

Yes **X** No

SECTION III: PLAN TO RECRUIT AND HIRE INDIVIDUALS WITH DISABILITIES

Pursuant to 29 C.F.R. § 1614.203(d)(1)(i) and (ii), agencies must establish a plan to increase the recruitment and hiring of individuals with disabilities. The questions below are designed to identify outcomes of the agency’s recruitment program plan for PWD and PWTD.

A. PLAN TO IDENTIFY JOB APPLICANTS WITH DISABILITIES

1. Describe the programs and resources the agency uses to identify job applicants with disabilities, including individuals with targeted disabilities.

HRSA has a Disability Employment Program Manager who also serves as the Agency’s Selective Placement Program Coordinator. This individual is primarily responsible for recruiting individuals with a disability through direct and indirect contact. Additionally, human resources personnel are available to consult with persons with disabilities at various career fairs.

2. Pursuant to 29 C.F.R. § 1614.203(a)(3), describe the agency’s use of hiring authorities that take disability into account (e.g., Schedule A) to recruit PWD and PWTD for positions in the permanent workforce.

HRSA fully uses special hiring authorities to fill open positions and educates potential applicants on the process. Information can be obtained from (1) HRSA’s website, (2) human resources personnel, and (3) the Selective Placement Program Coordinator.

3. **When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A), explain how the agency (1) determines if the individual is eligible for appointment under such authority and (2) forwards the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.**

HRSA follows the OPM guidance on appropriate Schedule A letters to determine applicants' eligibility. When eligible Schedule A applicants apply to HRSA's government-wide job vacancy announcements, qualified applicants are forwarded to hiring officials via a USA Staffing Certificate of non-competitive eligible applicants. Additionally, HRSA accepts potential candidates who supply their Schedule A certificate and a letter of interest. HRSA's human resources personnel determines eligibility and notifies the Selective Placement Program Coordinator who will alert the hiring officials of eligibility.

4. **Has the agency provided training to all hiring managers on the use of hiring authorities that take disability into account (e.g., Schedule A)? If "yes", describe the type(s) of training and frequency. If "no", describe the agency's plan to provide this training.**

Yes No **X** N/A

While HRSA offered training on special hiring authorities, it is not mandatory for hiring officials to participate as most hiring officials receive training one-on-one or in a group as appropriate. Additionally, OHR holds pre-hire consultations with all hiring managers in which the use of special hiring authorities is discussed.

B. PLAN TO ESTABLISH CONTACTS WITH DISABILITY EMPLOYMENT ORGANIZATIONS

Describe the agency's efforts to establish and maintain contacts with organizations that assist PWD, including PWTD, in securing and maintaining employment.

HRSA has a list-serv of disability-serving institutions and uses that list-serv to communicate job opportunities. Each year, HRSA reaffirms its relationship with these institutions as well as establishes partnerships with others.

C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)

1. **Using the goals of 12% for PWD and 2% for PWTD as the benchmarks, do triggers exist for PWD and/or PWTD among the new hires in the permanent workforce? If "yes", please describe the triggers below.**

- | | | |
|---|--------------|----|
| a. New Hires for Permanent Workforce (PWD) | Yes X | No |
| b. New Hires for Permanent Workforce (PWTD) | Yes X | No |

Using the goal of 12 percent as a benchmark, HRSA has a trigger involving PWDs among new hires in the permanent workforce which had a new hire rate of 9.88 percent in FY 2020.

Additionally, using the goal of 2 percent as a benchmark, HRSA has a trigger involving PWTDs among new hires in the permanent workforce which had a new hire rate of 0.58 percent in FY 2020.

2. **Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the new hires for any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below.**

- | | | |
|-----------------------------|---|----|
| a. New Hires for MCO (PWD) | Yes <input checked="" type="checkbox"/> | No |
| b. New Hires for MCO (PWTD) | Yes <input checked="" type="checkbox"/> | No |

Using the qualified applicant pool of 4.80 percent as a benchmark, triggers exists among PWDs and PWTDs in 0685, 0343, and 2210 positions, HRSA's most populous MCOs, as PWD were hired at a rate of 4.17 percent in MCO 0685 for FY 2020 and PWTD was not hired for MCO 0685. Further, there were no new hires for PWTD for MCO 343 in FY 2020. Lastly, there were no new hires for PWTD in MCO 2210 in FY 2020.

3. **Using the relevant applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the qualified internal applicants for any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below.**

- | | | |
|--|-----|--|
| a. Qualified Applicants for MCO (PWD) | Yes | No <input checked="" type="checkbox"/> |
| b. Qualified Applicants for MCO (PWTD) | Yes | No <input checked="" type="checkbox"/> |

4. **Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among employees promoted to any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below.**

- | | | |
|------------------------------|-----|--|
| a. Promotions for MCO (PWD) | Yes | No <input checked="" type="checkbox"/> |
| b. Promotions for MCO (PWTD) | Yes | No <input checked="" type="checkbox"/> |

SECTION IV: PLAN TO ENSURE ADVANCEMENT OPPORTUNITIES FOR EMPLOYEES WITH DISABILITIES

Pursuant to 29 C.F.R §1614.203(d)(1)(iii), agencies are required to provide sufficient advancement opportunities for employees with disabilities. Such activities might include specialized training and mentoring programs, career development opportunities, awards programs, promotions, and similar programs that address advancement. In this section, agencies should identify, and provide data on programs designed to ensure advancement opportunities for employees with disabilities.

A. ADVANCEMENT PROGRAM PLAN

Describe the agency's plan to ensure PWD, including PWTD, have sufficient opportunities for advancement.

To ensure PWDs have sufficient opportunities for advancement, HRSA:

- fosters strategic partnerships among the HRSA Learning Institute and HRSA's Disability Employment Program Manager to assess the applicant flow data associated with career development programs and provides recommendations for improving participation rates among PWDs as necessary,
- communicates advancement opportunities to HRSA's Council on Employees with Disabilities to ensure broad dissemination, and

- posts detail opportunities on HRSA's intranet for easy access among PWDs.

B. CAREER DEVELOPMENT OPPORTUNITIES

1. Please describe the career development opportunities that the agency provides to its employees.

HRSA offered three formal career development programs in FY 2020: Mid-Level Development Program, Senior Leadership Fellows Program, and the Administrative Professionals Career Enhancement Program.

The Mid-Level Development Program is a capacity-building initiative targeting HRSA employees at the GS-12 and GS-13 levels who have expressed an interest in leadership development and have a desire to become part of a pool of highly skilled and qualified employees who can be called upon to step into leadership roles as needs arise. Graduates of the program increase their knowledge and skills in leadership; gain interdepartmental project experience; have exposure to HRSA leaders; and gain an increased understanding of HRSA's mission, challenges, and opportunities. As the largest population of employees at HRSA, developing leaders at this level is crucial to HRSA's future success.

The Senior Leader Fellowship Program is designed to ensure HRSA leaders are among the best in the federal government. Participants experience a broad spectrum of development opportunities based on best practices of renowned leadership programs in the public and private sector. The program includes self-reflection, industry and federal speakers, networking, outside study and activities, executive coaching, and engaging discussions focused on the Office of Personnel Management's Executive Core Qualifications, and HRSA leadership competencies.

The Administrative Professionals Career Enhancement Program is a structured framework that employees who are in administrative roles/functions may use in developing and enhancing their current job performance as well as providing guidance for a long-term career path in the administrative profession or an alternative career path. The program aims to help employees in administrative roles/functions enhance their skills necessary to be successful in their current position while promoting career growth and development.

In addition to the three formal career development programs, HRSA offered the Mentoring Now Program and the implementation of Individual Development Plans (IDPs) during the reporting period. The Mentoring Now Program is an HRSA-wide mentoring program that creates a culture of knowledge-sharing with colleagues and prepares future leaders. The program serves to motivate, develop, and retain talent by providing comprehensive mentoring on professional development and career advancement to the mentees.

Lastly, HRSA employees seek guidance from their supervisors in the development of IDPs. IDPs usually consist of a wide array of development opportunities that span the scope of the formal career development programs. IDPs are individually tailored action plans that develop specific competencies (knowledge and skills) needed to improve current performance or to prepare for new responsibilities. Individuals use these plans to invest in long-term self-development while accomplishing important day-to-day work.

2. In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/approval to participate.

Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (%)	Selectees (%)	Applicants (%)	Selectees (%)
Internship Programs	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Fellowship Programs	25	21	12.00%	14.29%	0%	0%
Mentoring Programs	34	34	20.59%	20.59%	2.94%	2.94%
Coaching Programs	130	130	8.46%	8.46%	1.54%	1.54%
Training Programs	82	42	9.76%	14.29%	3.66%	4.76%
Detail Programs	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Other Career Development Programs	N/A	N/A	N/A	N/A	N/A	N/A

3. Do triggers exist for **PWD** among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If "yes", describe the trigger(s) in the text box.

- a. Applicants (PWD) Yes No **X**
- b. Selections (PWD) Yes No **X**

4. Do triggers exist for **PWTD** among the applicants and/or selectees for any of the career development programs identified? (The appropriate benchmarks are the relevant applicant pool for applicants and the applicant pool for selectees.) If "yes", describe the trigger(s) in the text box.

- a. Applicants (PWTD) Yes No **X**
- b. Selections (PWTD) Yes No **X**

C. AWARDS

1. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for any level of the time-off awards, bonuses, or other incentives? If "yes", please describe the trigger(s) in the text box.

- a. Awards, Bonuses, & Incentives (PWD) Yes **X** No
- b. Awards, Bonuses, & Incentives (PWTD) Yes **X** No

Using the inclusion rate of 9.65 percent as a benchmark, HRSA has triggers involving PWDs receiving time-off awards between 21-30 hours (9.29 percent) and 31-40 hours (8.49 percent). Triggers also exist among PWD for cash awards in the category dollar amount ranges of \$2,000-\$2,999 (6.35 percent); \$3,000-\$3,999 (6.06 percent); \$4,000-\$4,999 (3.57 percent); and \$5,000 or more (6.06 percent).

Further, using the inclusion rate of 2.80 percent for PWTDs as a benchmark, HRSA has triggers involving the distribution of time-off awards in all categories and triggers in all dollar amount ranges.

2. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for quality step increases or performance-based pay increases? If "yes", please describe the trigger(s) in the text box.

- | | | |
|-------------------------|---|----|
| a. Pay Increases (PWD) | Yes <input checked="" type="checkbox"/> | No |
| b. Pay Increases (PWTD) | Yes <input checked="" type="checkbox"/> | No |

Using the inclusion rate of 9.65 percent as a benchmark, HRSA has triggers involving PWDs receiving QSIs (8.14 percent) and among PWTD receiving QSIs (1.36 percent).

3. If the agency has other types of employee recognition programs, are PWD and/or PWTD recognized disproportionately less than employees without disabilities? (The appropriate benchmark is the inclusion rate.) If "yes", describe the employee recognition program and relevant data in the text box.

- | | | | |
|--------------------------------------|-----|----|---|
| a. Other Types of Recognition (PWD) | Yes | No | N/A <input checked="" type="checkbox"/> |
| b. Other Types of Recognition (PWTD) | Yes | No | N/A <input checked="" type="checkbox"/> |

D. PROMOTIONS

1. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box.

- | | | | | |
|--|-----|----|-----|-------------------------------------|
| a. SES | | | | |
| i. Qualified Internal Applicants (PWD) | Yes | No | N/A | <input checked="" type="checkbox"/> |
| ii. Internal Selections (PWD) | Yes | No | N/A | <input checked="" type="checkbox"/> |
| b. Grade GS-15 | | | | |
| i. Qualified Internal Applicants (PWD) | Yes | No | | <input checked="" type="checkbox"/> |
| ii. Internal Selections (PWD) | Yes | No | | <input checked="" type="checkbox"/> |
| c. Grade GS-14 | | | | |
| i. Qualified Internal Applicants (PWD) | Yes | No | | <input checked="" type="checkbox"/> |
| ii. Internal Selections (PWD) | Yes | No | | <input checked="" type="checkbox"/> |
| d. Grade GS-13 | | | | |
| i. Qualified Internal Applicants (PWD) | Yes | No | | <input checked="" type="checkbox"/> |
| ii. Internal Selections (PWD) | Yes | No | | <input checked="" type="checkbox"/> |

2. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

- a. SES
 - i. Qualified Internal Applicants (PWTD) Yes No N/A **X**
 - ii. Internal Selections (PWTD) Yes No N/A **X**
- b. Grade GS-15
 - i. Qualified Internal Applicants (PWTD) Yes No **X**
 - ii. Internal Selections (PWTD) Yes No **X**
- c. Grade GS-14
 - i. Qualified Internal Applicants (PWTD) Yes No **X**
 - ii. Internal Selections (PWTD) Yes No **X**
- d. Grade GS-13
 - i. Qualified Internal Applicants (PWTD) Yes No **X**
 - ii. Internal Selections (PWTD) Yes No **X**

3. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

- a. New Hires to SES (PWD) Yes No N/A **X**
- b. New Hires to GS-15 (PWD) Yes **X** No
- c. New Hires to GS-14 (PWD) Yes **X** No
- d. New Hires to GS-13 (PWD) Yes No **X**

PWD were not among the applicant pool of new hires for senior executive positions in FY 2020. Further, using the qualified applicant pool of 4.80 percent as a benchmark, triggers exist among PWDs for new hires to GS-15 (2.94 percent qualified but not selected) and GS-14 (3.33 percent qualified but not selected).

4. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

- a. New Hires to SES (PWTD) Yes No N/A **X**
- b. New Hires to GS-15 (PWTD) Yes No **X**
- c. New Hires to GS-14 (PWTD) Yes **X** No
- d. New Hires to GS-13 (PWTD) Yes No **X**

Using the qualified applicant pool of 4.80 percent as a benchmark, triggers exist among PWTDs for new hires to GS-14 level positions (3.33 percent qualified but was not selected).

5. Does your agency have a trigger involving PWD among the qualified *internal* applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

a. Executives

- i. Qualified Internal Applicants (PWD) Yes No N/A **X**
- ii. Internal Selections (PWD) Yes No N/A **X**

b. Managers

- i. Qualified Internal Applicants (PWD) Yes 0 No **X**
- ii. Internal Selections (PWD) Yes 0 No **X**

c. Supervisors

- i. Qualified Internal Applicants (PWD) Yes 0 No **X**
- ii. Internal Selections (PWD) Yes 0 No **X**

There were no internal announcements for executive positions in FY 2020.

6. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

a. Executives

- i. Qualified Internal Applicants (PWTD) Yes No N/A **X**
- ii. Internal Selections (PWTD) Yes No N/A **X**

b. Managers

- i. Qualified Internal Applicants (PWTD) Yes No **X**
- ii. Internal Selections (PWTD) Yes No **X**

c. Supervisors

- i. Qualified Internal Applicants (PWTD) Yes No **X**
- ii. Internal Selections (PWTD) Yes No **X**

There were no internal announcements for executive positions in FY 2020.

7. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box.

- a. New Hires for Executives (PWD) Yes No NA **X**
- b. New Hires for Managers (PWD) Yes No **X**
- c. New Hires for Supervisors (PWD) Yes No **X**

N/A

8. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box.

- | | | | |
|-------------------------------------|-----|--|--|
| a. New Hires for Executives (PWTD) | Yes | No | NA <input checked="" type="checkbox"/> |
| b. New Hires for Managers (PWTD) | Yes | No <input checked="" type="checkbox"/> | |
| c. New Hires for Supervisors (PWTD) | Yes | No <input checked="" type="checkbox"/> | |

N/A

SECTION V: PLAN TO IMPROVE RETENTION OF PERSONS WITH DISABILITIES

To be a model employer for persons with disabilities, agencies must have policies and programs in place to retain employees with disabilities. In this section, agencies should: (1) analyze workforce separation data to identify barriers retaining employees with disabilities; (2) describe efforts to ensure accessibility of technology and facilities; and (3) provide information on the reasonable accommodation program and workplace personal assistance services.

A. VOLUNTARY AND INVOLUNTARY SEPARATIONS

1. In this reporting period, did the agency convert all eligible Schedule A employees with a disability into the competitive service after two years of satisfactory service (5 C.F.R. § 213.3102(u)(6)(i))? If “no”, please explain why the agency did not convert all eligible Schedule A employees.

Yes No N/A

2. Using the inclusion rate as the benchmark, did the percentage of PWD among voluntary and involuntary separations exceed that of persons without disabilities? If “yes”, describe the trigger below.

- | | | |
|----------------------------------|-----|--|
| a. Voluntary Separations (PWD) | Yes | No <input checked="" type="checkbox"/> |
| b. Involuntary Separations (PWD) | Yes | No <input checked="" type="checkbox"/> |

3. Using the inclusion rate as the benchmark, did the percentage of PWTD among voluntary and involuntary separations exceed that of persons without targeted disabilities? If “yes”, describe the trigger below.

- | | | |
|-----------------------------------|-----|--|
| a. Voluntary Separations (PWTD) | Yes | No <input checked="" type="checkbox"/> |
| b. Involuntary Separations (PWTD) | Yes | No <input checked="" type="checkbox"/> |

4. If a trigger exists involving the separation rate of PWD and/or PWTD, please explain why they left the agency using exit interview results and other data sources.

N/A

B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES

Pursuant to 29 C.F.R. § 1614.203(d)(4), federal agencies are required to inform applicants and employees of their rights under Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. § 794(b), concerning the accessibility of agency technology, and the Architectural Barriers Act of 1968 (42 U.S.C. § 4151-4157), concerning the accessibility of agency facilities. In addition, agencies are required to inform individuals where to file complaints if other agencies are responsible for a violation.

1. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under Section 508 of the Rehabilitation Act, including a description of how to file a complaint.

Public website: <https://www.hrsa.gov/about/508-resources.html>
File a complaint: HRSAAccessibility@hrsa.gov

2. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under the Architectural Barriers Act, including a description of how to file a complaint.

Public website: <https://www.hrsa.gov/eo/no-fear-act/lawsandprotections>

3. **Describe any programs, policies, or practices that the agency has undertaken, or plans on undertaking over the next fiscal year, designed to improve accessibility of agency facilities and/or technology.**

508 Accessibility

- OCRDI includes Section 508 requirements in its RA Training for Managers and Supervisors, RA Refresher Training for Managers and Supervisors, RA Training for Employees, and New Employee Orientation.
- OCRDI provides TA to HRSA Bureaus and Offices to ensure equal access for persons with disabilities.
- In FY 2020, OCRDI met with HRSA's 508 Team to discuss HRSA's mandatory trainings for 508 compliance. The following trainings come directly from HHS: Records Management and Cybersecurity (Rules of Behavior). If there is an issue with compliance, a waiver is posted in the course description and an alternative version of the training is made available.
- The 508 Team confirmed that FY 2019 Records Management training was not 508 compliant. It was determined that the HRSA's 508 Team would collaborate with HHS to modify and remediate the training before the FY 2021 roll out. The reason for the modification/remediation is the training is too long and some content in the PowerPoint does not apply. Despite the functionality of the training, the Cybersecurity Awareness training is compliant because an alternative format is offered.

Safety and Evacuations for PWDs

- HRSA Safety plans two fire drills per year and has 30 on-site employees with an Individual Evacuation Plan. Once the fire drill is over, HRSA Safety solicits feedback from employees. The most common concern/issue received by HRSA Safety is below:
 - Some individuals reported the response time takes too long after they used the Blue Emergency phone. The primary reason for the delay is the Security Operations Center versus the large number of potential callers. The individuals expect some to evacuate them during drills; however, HRSA addressed this concern numerous times during the creation and annual review of plans.
- During an evacuation, HRSA Safety relays to the Incident Commander the approximate location of the individuals. The best course of action to safely evacuate the individuals is determined by the Incident Commander (HRSA is not involved in the decision process once we have provided the pertinent information).
- HRSA Safety conducts monthly and/or quarterly meetings with stakeholders. Every quarter, HRSA Safety meetings are scheduled with each floor's Occupant Emergency Organization, where specific roles, responsibilities, and training requirements are reviewed.
- HRSA Safety addresses the needs of PWDs by asking for voluntary self-identification during New Employee Orientation. Once the HRSA Safety team receives notification of self-identification, a meeting is scheduled to discuss specifics the individual may need. A member of HRSA Safety reviews the following with the individual:
 - Building safety and emergency notification systems
 - Location of Shelter In Place and the location of the fire-rated areas in the building
 - A walkthrough from their general work area to a fire-safe area of the building
 - Assignment of an assistant if needed/requested
 - Documentation of their evacuation plan
- HRSA Safety confirmed the new construction at 5600 Fishers Lane included the following:
 - The renovation met all current Life Safety 101 requirements. Numerous areas have been designed and used as fire-safe areas.Additional emergency communication devices (Blue Phones) were installed to the Security Operations Center that is monitored/staffed 24/7.

C. REASONABLE ACCOMMODATION PROGRAM

Pursuant to 29 C.F.R. § 1614.203(d)(3), agencies must adopt, post on their public website, and make available to all job applicants and employees, reasonable accommodation procedures.

1. Please provide the average time frame for processing initial requests for reasonable accommodations during the reporting period. (Please do not include previously approved requests with repetitive accommodations, such as interpreting services.)

The table below shows key metrics for RA processing during FY 2020.

Processing Standard	Internal Benchmark	HRSA FY 2020
Total cases processed	None	120
Total cases approved.	None	52.5% (63)
Days to issue a decision to the client (measured from date of request).	15 business days	27.4 days on average 45.8% (55) issued within timelines.
Days to provide approved RAs (measured from date of issued decision).	30 business days	5.9 days on average 96.8% (61) issued within timelines.
Total case processing time (measured from date of request to the date of the final action for the case e.g., denial or RA provision).	45 business days	30.6 days on average 80.8% (97) issued within timelines.

2. Describe the effectiveness of the policies, procedures, or practices to implement the agency's reasonable accommodation program. Some examples of an effective program include timely processing requests, timely providing approved accommodations, conducting training for managers and supervisors, and monitoring accommodation requests for trends.

HRSA has a highly effective RA program and policy. For FY 2020, improvements were made over FY 2019 data in case processing timeliness. All three of the "average day" metrics (decision, provision, and overall) improved (i.e., the number of days decreased), and the processing rates for all three metrics (issuance, implementation, and overall processing) improved significantly. This is due to: (1) OCRDI's targeted approach to case processing; (2) the COVID-19 pandemic which reduced the caseload as compared to previous years; and (3) a comprehensive audit which enhanced data analysis and reporting capabilities.

HRSA is working to improve the areas of average days to decision and the issuance of metrics. During FY 2020, HRSA's RA program established targeted internal benchmarks for areas which were identified as needing improvement. These areas include (1) denials where no medical documentation nor responses have been submitted by the requestor in 15 business days/21 calendar days, (2) quality assurance checks on "findings" and Decision Letters in 2 business days, and (3) supervisor response times (and numbers of reminders the Accessibility Specialist or Accessibility Section Chief provide) in 3 business days with one reminder.

While these benchmarks aided processing during FY 2020, HRSA will continue to monitor and work on this area in FY 2021.

Public Website: Please note that the HRSA RA policy and procedures have been publicly available on the HRSA website since the policy was modified and updated in FY 2016. The document link has remained public since its posting on September 28, 2017, and the link to the posting is as follows:

<https://www.hrsa.gov/sites/default/files/hr/nofearact/forms/ramanual.pdf>. As of January 2021, OCRDI has extended its public-facing web presence, and the manual is now prominently featured, and the link to the posting is as follows:

<https://www.hrsa.gov/about/organization/bureaus/ocrdi#reasonable-accommodations>.

D. PERSONAL ASSISTANCE SERVICES ALLOWING EMPLOYEES TO PARTICIPATE IN THE WORKPLACE

Pursuant to 29 C.F.R. § 1614.203(d)(5), federal agencies, as an aspect of affirmative action, are required to provide personal assistance services (PAS) to employees who need them because of a targeted disability, unless doing so would impose an undue hardship on the agency.

Describe the effectiveness of the policies, procedures, or practices to implement the PAS requirement. Some examples of an effective program include timely processing requests for PAS, timely providing approved services, conducting training for managers and supervisors, and monitoring PAS requests for trends.

HRSA has one employee who is eligible for PAS. Due to the COVID-19 pandemic, the employee did not need nor request PAS during FY 2020. However, the client reports being fully satisfied with program operations and the services received in the past. In regard to training, HRSA's RA Training for Managers/Supervisors and the subsequent course, RA Refresher for Managers/Supervisors, review the similarities and differences between PAS and other service types (sign language interpreting, readers, escorts, etc.), as well as the process used to make a request for such services. Public Website: Please note the HRSA PAS policy and procedures have been publically available on the HRSA website since September 28, 2017. The PAS procedures begin on page 31 of HRSA's RA Policy and Procedures Manual and the link to the posting is as follows:
<https://www.hrsa.gov/sites/default/files/hr/nofearact/forms/ramanual.pdf>.

SECTION VI: EEO COMPLAINT AND FINDINGS DATA

A. EEO COMPLAINT DATA INVOLVING HARASSMENT

1. *During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment, as compared to the government-wide average?*

Yes No N/A

2. *During the last fiscal year, did any complaints alleging harassment based on disability status result in a finding of discrimination or a settlement agreement?*

Yes No N/A

3. *If the agency had one or more findings of discrimination alleging harassment based on disability status during the last fiscal year, please describe the corrective measures taken by the agency.*

N/A, there were no findings of discrimination.

B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION

1. *During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable accommodation, as compared to the government-wide average?*

Yes No N/A

2. *During the last fiscal year, did any complaints alleging failure to provide reasonable accommodation result in a finding of discrimination or a settlement agreement?*

Yes No N/A

3. *If the agency had one or more findings of discrimination involving the failure to provide a reasonable accommodation during the last fiscal year, please describe the corrective measures taken by the agency.*

N/A

SECTION VII: IDENTIFICATION AND REMOVAL OF BARRIERS

Element D of MD-715 requires agencies to conduct a barrier analysis when a trigger suggests that a policy, procedure, or practice may be impeding the employment opportunities of a protected EEO group.

1. *Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?*

Yes No

2. *Has the agency established a plan to correct the barrier(s) involving PWD and/or PWTD?*

Yes No N/A

3. Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), responsible official(s), planned activities, and, where applicable, accomplishments.

Trigger 1				
Barrier(s)				
Objective(s)				
Responsible Official(s)		Performance Standards Address the Plan? (Yes or No)		
Barrier Analysis Process Completed? (Yes or No)		Barrier(s) Identified? (Yes or No)		
Sources of Data	Sources Reviewed? (Yes or No)	Identify Information Collected		
Workforce Data Tables				
Complaint Data (Trends)				
Grievance Data (Trends)				
Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)				
Climate Assessment Survey (e.g., FEVS)				
Exit Interview Data				
Focus Groups				
Interviews				
Reports (e.g., Congress, EEOC, MSPB, GAO, OPM)				
Other (Please Describe)				
Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Staffing & Funding (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
Fiscal Year	Accomplishments			

4. Please explain the factor(s) that prevented the agency from timely completing any of the planned activities.

N/A

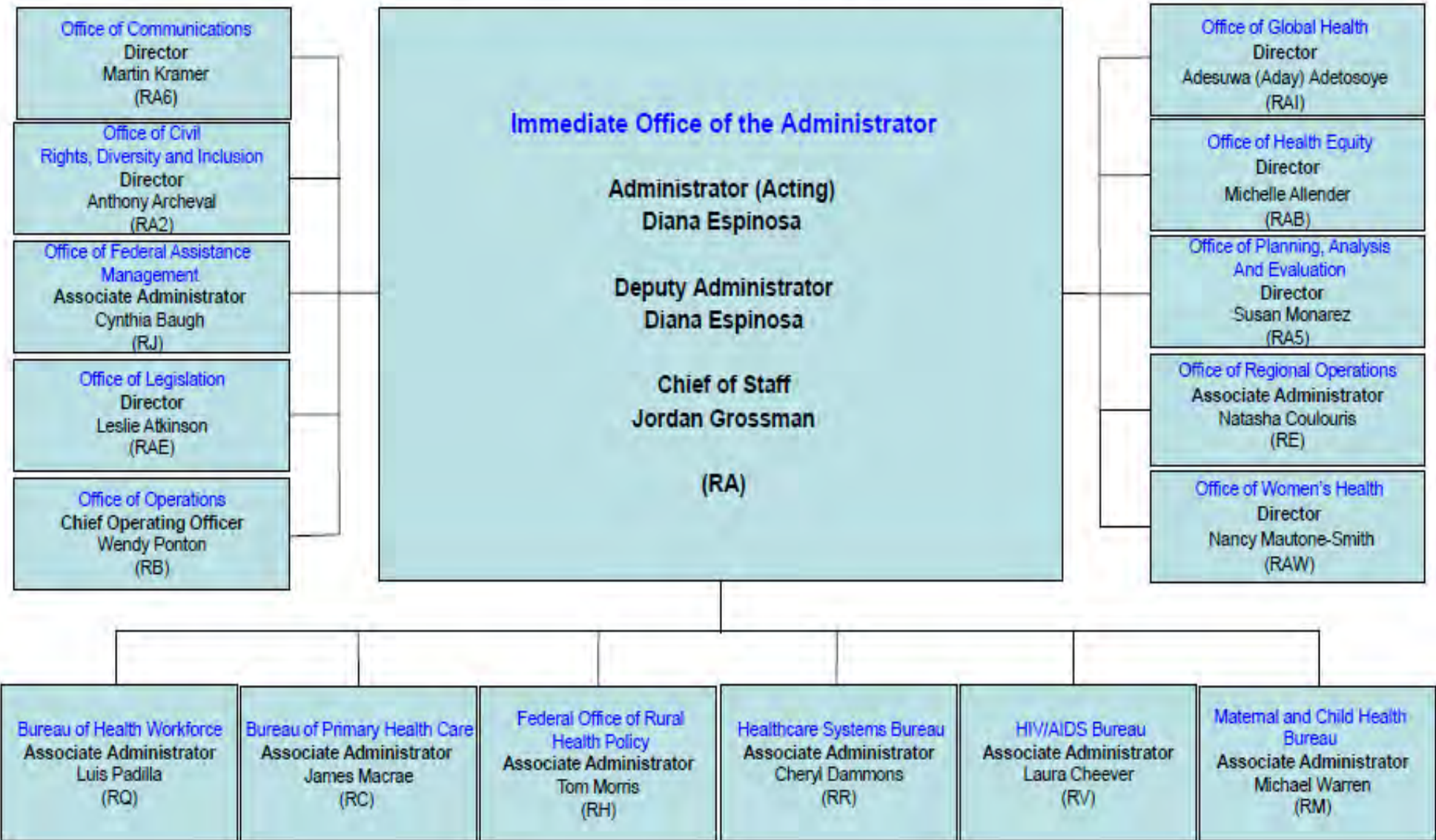
5. For the planned activities that were completed, please describe the actual impact of those activities toward eliminating the barrier(s).

N/A

6. If the planned activities did not correct the trigger(s) and/or barrier(s), please describe how the agency intends to improve the plan for the next fiscal year.

N/A

Health Resources and Services Administration



**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
ANTIDISCRIMINATION AND RETALIATION ACT OF 2002,
AND ON WORKFORCE DIVERSITY AND INCLUSION**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville MD 20807

**HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
POLICY STATEMENTS ON EQUAL EMPLOYMENT OPPORTUNITY (EEO) AND
PROHIBITED DISCRIMINATION AND ANTI-HARASSMENT**

HRSA's EEO and Prohibited Discrimination Policy

As HRSA strives to improve community health and achieve health equity, HRSA will continue to foster a work environment free from unlawful discrimination. HRSA will not tolerate employment discrimination on the bases of age, disability (mental, physical or sensory), equal pay or compensation, genetic information (including family medical history), national origin, pregnancy, race or color, religion or belief, retaliation, sex (including gender identity and/or expression, sexual orientation, or sexual stereotyping), or any other status protected by federal laws and regulations.

In addition, HRSA is committed to ensuring a workplace free of discrimination and harassment based on: family or parental status, marital, civil union or domestic partnership status, past or present military service and political affiliation. These protections extend to all personnel and employment programs, management practices and decisions, including, but not limited to appraisal systems, merit promotions, recruitment and hiring practices (including transfers and reassignments), training and career development programs, benefits, and separations. These protections ensure all employees have the freedom to perform their job duties and compete for development and promotional opportunities on a fair and level playing field with equal opportunity. HRSA will also provide reasonable accommodations to qualified individuals with disabilities and accommodations for religious practices in accordance with applicable laws and procedures.

HRSA's Office of Civil Rights, Diversity and Inclusion (OCRDI) is responsible for administering an impartial and effective [EEO complaint program](#) to address and resolve complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to OCRDI at 5600 Fishers Lane, 14N152, Rockville, MD, (301) 443-5636, or eeocomplaints@hrsa.gov. The regulations governing the federal sector EEO complaint process are found in [Title 29 of the Code of federal regulations](#) (C.F.R.) Part 1614.

Employees seeking redress under this process must contact an EEO counselor in person, by phone, email, or in writing within *45 calendar days* of the date of the alleged incident, or they may raise discrimination issues through the [administrative or negotiated grievance procedures](#), as appropriate. Employees may also report allegations to their immediate supervisor or a management official in their chain of command. While an employee may raise a discrimination allegation through these additional avenues, doing so does not constitute initiation of an EEO complaint with an EEO counselor through the federal sector EEO complaint process, and does not extend the 45-day time limit to initiate an EEO complaint with OCRDI. Managers and supervisors are responsible for adhering to this policy.

**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
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HRSA Policy Statements on EEO and
Prohibited Discrimination and Anti-Harassment
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HRSA's Anti-Harassment Policy

Harassment by or against employees, applicants for employment, contract employees, clients, customers, and anyone conducting business with HRSA is strictly prohibited. This prohibition extends to any form of workplace harassment, including sexual harassment, harassment based on age, disability (mental, physical or sensory), genetic information (including family medical history), national origin, pregnancy, race or color, religion or belief, retaliation, sex (including gender identity and/or expression, sexual orientation, or sexual stereotyping), or any other status protected by federal laws and regulations. The primary goal of this policy is to ensure HRSA provides a work environment free from harassment by ensuring that unwelcome conduct is timely addressed before it rises to the level of illegal harassment.

Sexual harassment involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of one's employment, (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person, or (3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Offensive conduct may include, but is not limited to, verbal conduct that could include sexual epithets, unwanted flirtations, improper touching or assault, sexually explicit or derogatory posters, cartoons or drawings, obscene gestures, sexually offensive jokes, and making sexual comments or jokes about someone's sexual orientation or gender reassignment.

Workplace non-sexual harassment is defined as any unwelcome, hostile, or offensive conduct that interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Non-sexual harassment becomes illegal when: (1) enduring the offensive conduct becomes a condition of continued employment or (2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name-calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, and offensive objects or pictures.

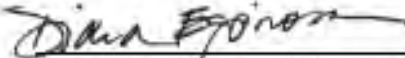
Both supervisors and employees bear responsibility in maintaining a work environment free from workplace and sexual harassment. Employees should immediately report such conduct to their supervisor, another management official, Office of Human Resources (OHR), or OCRDI. Harassment claims will be handled confidentially to the greatest extent possible. If an employee brings an issue of harassment to a supervisor's attention, the supervisor must promptly consult with an OHR labor and employee relations specialist who will conduct a prompt, thorough, and fair investigation into the matter within 10 calendar days of receiving the harassment claims, and take immediate and appropriate corrective action, as necessary, within 60 calendar days of receiving notice of a harassment allegation. Allegations of discrimination and harassment will be taken seriously and appropriate corrective action, up to and including termination will be taken, if allegations are substantiated.

APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
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HRSA Policy Statements on EEO and
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HRSA will not tolerate retaliation against any employee for reporting matters under this policy or procedure, or for assisting in any inquiry about such a report. Supervisors are strongly encouraged to seek guidance from OCRDI staff, OHR staff, or the Office of the General Counsel when addressing issues of discrimination, retaliation, or harassment.

June 1, 2021
Date


Diana Espinosa, Acting Administrator

**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
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Related Laws, Executive Orders, and Resources:

Title VII of the Civil Rights Act of 1964: <https://www.eeoc.gov/laws/statutes/titlevii.cfm>

Rehabilitation Act of 1973, as amended: <http://www.eeoc.gov/laws/statutes/rehab.cfm>

Age Discrimination in Employment Act of 1967, as amended:
<http://www.eeoc.gov/laws/types/age.cfm>

Equal Pay Act of 1963, as amended: <http://www.eeoc.gov/laws/statutes/epa.cfm>

Guidelines on Religious Exercise and Religious Expression in the Federal Workplace:
<http://www.eeoc.gov/laws/types/religion.cfm>

Pregnancy Discrimination Act of 1978: <http://www.eeoc.gov/laws/statutes/pregnancy.cfm>

Genetic Information Nondiscrimination Act of 2008:
<http://www.eeoc.gov/laws/statutes/gina.cfm>

Executive Order 13152, as amended by Executive Order 11478:
<http://www.archives.gov/federal-register/codification/executive-order/11478.html>

Executive Order 11478, as amended by Executive Order 13087:
<http://www.eeoc.gov/federal/otherprotections.cfm>

U.S. Office of Special Counsel: <http://www.osc.gov>

Processing Complaints of Discrimination by Lesbian, Gay, Bisexual, and Transgender (LGBT)
Federal Employees: https://www.eeoc.gov/federal/directives/lgbt_complaint_processing.cfm

U.S. Supreme Court's Decision on LGBTQ+ confirming Title VII of the Civil Rights Act of
1964, which prohibits sex discrimination, applies to discrimination based on sexual orientation
and gender identity:
https://www.supremecourt.gov/opinions/19pdf/17-1618_hfcj.pdf

HRSA's Handling Workplace Harassment Policy:
<https://sharepoint.hrsa.gov/oo/ohr/SitePages/Work%20Place%20Issues.aspx>

APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE ANTIDISCRIMINATION AND RETALIATION ACT OF 2002, AND ON WORKFORCE DIVERSITY AND INCLUSION



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville MD 20857

**HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
POLICY STATEMENT ON NOTIFICATION AND FEDERAL EMPLOYEE
ANTIDISCRIMINATION AND RETALIATION ACT OF 2002 (NO FEAR ACT)**

No FEAR Act Notice

On May 15, 2002, Congress enacted the "Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002," which is now known as the No FEAR Act. One purpose of the Act is to "require that Federal agencies be accountable for violations of antidiscrimination and whistleblower protection laws." Click on the following link for more information about the Act: <http://www.opm.gov/information-management/no-fear-act>.

Antidiscrimination Laws

A federal agency cannot discriminate against an employee or applicant with respect to the terms, conditions or privileges of employment on the bases of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age, disability, genetic information, retaliation, marital status, or political affiliation. Discrimination on these bases is prohibited by one or more of the following statutes: 5 U.S.C. 2302(b) (1), 29 U.S.C. 206(d), 29 U.S.C. 631, 42 U.S.C. 2000ff-1(a)(1), 29 U.S.C. 633a, 29 U.S.C. 791, and 42 U.S.C. 2000e-16.

- If you believe that you have been the victim of unlawful discrimination on the bases of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age, disability, genetic information, or retaliation for opposing discriminatory practices or participating in the discrimination complaint process, you must contact an Equal Employment Opportunity (EEO) counselor within 45 calendar days of the alleged discriminatory action, or, in the case of a personnel action, within 45 calendar days of the effective date of the action, before you can file a formal complaint of discrimination with your agency. See [Title 29 of the Code of Federal Regulations \(C.F.R.\) Part 1614](#).
- If you believe that you have been the victim of unlawful discrimination based on age, you must either contact an EEO counselor as noted above or provide notice of intent to sue to the Equal Employment Opportunity Commission (EEOC) within 180 days of the alleged discriminatory action.
- If you are alleging discrimination based on marital status or political affiliation, you may file a written complaint with the U.S. Office of Special Counsel (OSC) (see contact information below).

**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
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HRSA Policy Statement on No FEAR Act

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- In the alternative (or in some cases, in addition), you may pursue a discrimination complaint by filing a grievance through [HRSA's administrative or negotiated grievance procedures](#), if such procedures apply and are available.

Whistleblower Protection Laws

A federal employee with authority to take, direct others to take, recommend or approve any personnel action must not use that authority to take or fail to take, or threaten to take or fail to take, a personnel action against an employee or applicant because of disclosure of information by that individual that is reasonably believed to evidence violations of any law, rule or regulation; gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety, unless disclosure of such information is specifically prohibited by law and such information is specifically required by Executive Order to be kept secret in the interest of national defense or the conduct of foreign affairs.

Retaliation against an employee or applicant for making a protected disclosure is prohibited by 5 U.S.C. 2302(b)(8). If you believe that you have been the victim of whistleblower retaliation, you may file a written complaint (Form OSC-11) with the U.S. Office of Special Counsel at 1730 M Street NW, Suite 218, Washington, DC 20036-4505 or online through the OSC website: <http://www.osc.gov>

Retaliation for Engaging in Protected Activity

A federal agency cannot retaliate against an employee or applicant because that individual exercises his or her rights under any of the Federal Antidiscrimination or Whistleblower Protections Laws listed above.

If you believe that you are a victim of retaliation for engaging in protected activity, you must follow, as appropriate, the procedures described in the Antidiscrimination Laws and Whistleblower Protection Laws sections or, if applicable, the administrative or negotiated grievance procedures in order to pursue any legal remedy.

Disciplinary Actions

Under the existing laws, each agency retains the right, where appropriate, to discipline a federal employee who has engaged in discriminatory or retaliatory conduct, up to and including removal. If OSC has initiated an investigation under 5 U.S.C. 1214, agencies must seek approval from the Special Counsel to discipline employees for engaging in prohibited retaliation.

Nothing in the No FEAR Act alters existing laws or permits an agency to take unfounded disciplinary action against a federal employee or to violate the procedural rights of a federal employee who has been accused of discrimination.

**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
ANTIDISCRIMINATION AND RETALIATION ACT OF 2002,
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HRSA Policy Statement on No FEAR Act
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Additional Information

For further information regarding the No FEAR Act regulations, refer to [5 C.F.R. Part 724](#), as well as HRSA's Office of Civil Rights, Diversity and Inclusion or the Office of Human Resources. Additional information regarding Federal Antidiscrimination, Whistleblower Protection and Retaliation Laws can be found at the EEOC website: <http://www.eeoc.gov> and the OSC website: <http://www.osc.gov>.

Existing Rights Unchanged

Pursuant to section 205 of the No FEAR Act, neither the Act nor this notice creates, expands or reduces any rights otherwise available to any employees, former employees or applicants for employment under the laws of the United States, including the provisions of law specified in 5 U.S.C. 2302(d).

10/01/2020
Date

/Thomas J. Engels/
Thomas J. Engels, Administrator

**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
ANTIDISCRIMINATION AND RETALIATION ACT OF 2002,
AND ON WORKFORCE DIVERSITY AND INCLUSION**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville MD 20857

**HEALTH RESOURCES AND SERVICES ADMINISTRATION
POLICY STATEMENT
ON
WORKFORCE DIVERSITY AND INCLUSION**

The Health Resources and Services Administration (HRSA) is committed to promoting diversity and inclusion in the workplace as it accomplishes its mission to improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs.

We define diversity as all the ways in which people differ, including but not limited to age, race, ethnicity, national origin, gender, gender identity, sex, sexual orientation, mental or physical abilities, primary language, education, socioeconomic status, religion, work experience, cultural values, geographic location, family status, organizational level, work style, philosophical views, veteran status, and intellectual perspectives.

Inclusion is the process of enabling the full participation and contribution of all human resources in support of the mission of the organization by eliminating implicit and explicit barriers to engagement in every aspect of work-life and operations. Leveraging the diverse talents and attributes of the entire workforce will empower the full potential of all employees and contribute significantly to achieving the HRSA mission. This can be accomplished by ensuring fairness when configuring work opportunities, business processes, functional operations, rewards systems, work-life balance options, professional interactions, communications, information sharing, and decision-making.

We strive to attract, recruit, retain and develop a workforce that is expansive along many dimensions, and to leverage the diverse knowledge and experiences of all our employees. Managers, supervisors, and employees share HRSA's commitment to diversity and inclusion throughout the Agency. This includes increasing employment and advancement opportunities for groups that are underrepresented in the workforce by (1) actively incorporating innovative methods to improve our outreach efforts and (2) creating a workplace culture that ensures fairness in the selection of individuals for career development programs and promotional opportunities.

This policy statement aims to leverage a well-managed, diverse and inclusive workforce. Embracing this policy statement will improve our organizational efficiency and effectiveness and create a culture of innovation, opportunity, and success within HRSA that capitalizes on our diverse workforce, ultimately delivering value to our stakeholders.

10/10/2019

Date

/Thomas J. Engels/

Tom Engels, Acting Administrator

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

MD-715 – Part H

Agency EEO Plan to Attain the Essential Elements of a Model EEO Program

Please describe the status of each plan that the agency has implemented to correct deficiencies in the EEO program.

If the agency did not address any deficiencies during the reporting period, please check the box.

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
B.2.d.	EEO Director responsible for overseeing the timely issuance of final agency decisions
B.4.a.3	Has the agency allocated sufficient funding and qualified staffing to timely, thoroughly, and fairly process final agency decisions
E.1.h	When the complainant does not request a hearing, does the agency timely issue the final agency decision

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
08/01/2019	Timely issue Final Agency Decisions	01/31/2021	12/31/2022	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Deputy Director, EEODI	Ramona Mann	Yes
Director, CAD	Beverly Ownubere	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
10/2019	Assess FAD process	Yes		09/30/2019

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
10/2019	Develop plan to improve processing	Yes		11/2019
12/2019	Develop Business case for funding and staffing increase	Yes		12/2019
1/2020	Began Director Recruitment	Yes		8/2020
09/2020	Begin drafting FADs in-house	Yes		
11/2020	Post for a Deputy Director	Yes		
12/2020	Develop internal processes and templates	Yes		
01/2021	Hire six employees by July 2021	Yes		
10/2021	Develop online FAD tracking system	Yes		
10/2021	Issue FAD within 60 days of a new request	Yes		
11/2021	Hire remaining staff to reach full strength	Yes		
12/2022	Eliminate backlog by implementing quarterly milestones	Yes		

Report of Accomplishments

Fiscal Year	Accomplishments
2020	Assessed FAD process by consulting with the OpDivs, the Office of the General Counsel and Crossroads
2020	Developed business plan to improve processing and obtain funding to implement the plan.
2020	Upon approval of plan, EEODI hired a Complaints Adjudication Director and began training staff to draft FADs.
2020	Implemented a streamlined process to issue Final Orders.

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

MD-715 – Part H

Agency EEO Plan to Attain the Essential Elements of a Model EEO Program

Please describe the status of each plan that the agency has implemented to correct deficiencies in the EEO program.

If the agency did not address any deficiencies during the reporting period, please check the box.

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
E.1.i.	The agency must timely issue final actions following receipt of the hearing file and the AJ's decision, pursuant to 29 CFR §1614.110(a)?

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
08/01/2019	Have sufficient budget and staffing to timely issue Final Orders	10/10/2020		12/10/2019

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Deputy Director, EEODI	Ramona Mann	Yes
Director, CAD	Beverly Ownubere	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
10/2019	Assess FO process	Yes		09/30/2019
10/2019	Develop plan to improve processing	Yes		10/2019
11/2019	Implement plan	Yes		06/2020

Report of Accomplishments

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

Fiscal Year	Accomplishments
2020	Plan to issue all FOs issued within 40 days of receipt by AJ is working as devised.

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

**MD-715 – Part H
Agency EEO Plan to Attain the Essential Elements of a Model EEO Program**

Please describe the status of each plan that the agency has implemented to correct deficiencies in the EEO program.

If the agency did not address any deficiencies during the reporting period, please check the box.

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
B.4.a.7.	The agency needs sufficient budget and staffing to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data?
C.4.c.	The EEO office must have timely access to accurate and complete data
E.4.a.2.	The agency must have effective and accurate data collection systems in place to evaluate the race, national origin, sex, and disability status of agency employees
E.4.a.3.	The agency must have effective and accurate data collection systems in place to evaluate recruitment activities
E.4.a.4.	The agency must have effective and accurate data collection systems in place to evaluate external and internal applicant flow data concerning the applicants' race, national origin, sex, and disability status
E.4.b.	The agency must have a system in place to re-survey the workforce on a regular basis.

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
05/01/2020	Transition from RNO to ERI data and correct data errors	09/30/2021		
08/15/2020	Establish Data Analytics Division in EEODI	10/01/2021		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEODI Director	Julie Murphy	

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

Title	Name	Performance Standards Address the Plan? (Yes or No)
SPID Director	Sezandra Pinckney	

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
05/01/2020	Initiate planning to transition from RNO to ERI data	Yes		
10/30/2020	Brief OHR and OCIO on high-level issues	Yes		
11/20/2020	Benchmark other agencies	Yes		
01/20/2021	Each OpDiv works with OHR/OCIO to correct migration errors	Yes		
01/30/2021	Develop survey campaign	Yes		
02/2021	Recruit for Data Analytics Director	Yes		
03/2021	Meet with OHR/OCIO and develop plan of action to address changeover of data from BIIS to EHCM.	Yes		
03/2021	Establish a data analysis workgroup and a marketing workgroup	Yes		
04/30/2021	Develop survey questions	Yes		
05/30/2021	Develop online survey tool	Yes		
06/30/2021	Test online platform	Yes		
07/16/2021	Educate employees on survey process	Yes		
08/30/2021	Launch annual survey campaign	Yes		
09/2021	Conduct analysis of data	Yes		
10/2021	Launch Data Analytics Division	Yes		
10/2021	Brief and issue report to leadership	Yes		
10/2021	Brief HHS community	Yes		

Report of Accomplishments

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

Fiscal Year	Accomplishments
2020	Initiated planning to transition from RNO to ERI data
2020	Initiated planning to conduct survey of HHS workforce

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

**MD-715 – Part H
Agency EEO Plan to Attain the Essential Elements of a Model EEO Program**

Please describe the status of each plan that the agency has implemented to correct deficiencies in the EEO program.

If the agency did not address any deficiencies during the reporting period, please check the box.

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
C.3.a	All managers and supervisors should have an element in their performance appraisal that evaluates their commitment to agency EEO policies and principles and their participation in the EEO program.
C.3.b.1	Rating officials should evaluate the performance of managers and supervisors based on resolving EEO problems/ disagreements/conflicts, including the participation in ADR proceedings.
C.3.b.2	Rating officials should evaluate the performance of managers and supervisors based on ensuring full cooperation of employees under his/her supervision with EEO officials (counselors and investigators).
C.3.b.3	Rating officials should evaluate the performance of managers and supervisors based on ensuring a workplace that is free from all forms of discrimination, including harassment and retaliation.
C.3.b.4	Rating officials should evaluate the performance of managers and supervisors based on ensuring subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees.
C.3.b.5	Rating officials should evaluate the performance of managers and supervisors based on providing religious accommodations when such accommodations do not cause an undue hardship.
C.3.b.6	Rating officials should evaluate the performance of managers and supervisors based on providing disability accommodations when such accommodations do not cause an undue hardship.
C.3.b.7	Rating officials should evaluate the performance of managers and supervisors based on supporting the EEO program in identifying and removing barriers to equal opportunity.
C.3.b.8	Rating officials should evaluate the performance of managers and supervisors based on supporting the anti-harassment program in investigating and correcting harassing conduct.
C.3.b.9	Rating officials should evaluate the performance of managers and supervisors based on complying with settlement agreements and orders

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

Type of Program Deficiency	Brief Description of Program Deficiency
	issued by the agency, EEOC, and EEO-related cases from the MSPB, labor arbitrators, and the FLRA.

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
12/01/2019	Implement new performance standards for managers and supervisors	05/31/2021	05/31/2022	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EODI Director	Julie Murphy	

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
05/31/2021	Draft new performance plan standards for inclusion in all supervisory performance plans	Yes		
6/30/2021	Brief ASA on new standards	Yes		
7/20/2021	Collaborate with OHR to include in new performance plan form	Yes		
09/20/2021	Update performance plan systems to incorporate new standards	Yes		
11/20/2021	Develop communications strategy to announce new standards (in coordination with OHR)	Yes		
11/30/2021	OHR to unveil new performance plan program including, new EEO/D&I related performance standards	Yes		

Report of Accomplishments

APPENDIX C: DEPARTMENT OF HHS PART H ACTION PLANS

Fiscal Year	Accomplishments