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A comparative study of the attitudes of affirmative action among the staff of three mental health centers

Charles William Kidwell
San Jose State University

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A COMPARATIVE STUDY OF THE ATTITUDES
OF AFFIRMATIVE ACTION AMONG THE
STAFF OF THREE MENTAL HEALTH CENTERS

A Thesis

Presented to

The Faculty of the School
of Social Work
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by

Charles William Kidwell

May 1978

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CHAPTER ONE

INTRODUCTION TO THE PROBLEM

Chapter One

INTRODUCTION TO THE PROBLEM

The focus of this thesis is on attitudes toward affirmative action.

Many of industry's most costly, frustrating, and chronic dilemmas arise from aberrant opinions and attitudes on the part of management, supervisors, and workers. These in turn often lead to behavior which is eccentric, unrealistic, and self defeating, when not inescapably irrational and deviant.

The purpose of this thesis is to investigate possible differing viewpoints on the topic of affirmative action that are held by the staffs of the Downtown Mental Health Center, the Fair Oaks Mental Health Center, and the Gilroy Mental Health Center of Santa Clara County. The problem simply stated:

Do the respective staffs of Santa Clara County's Fair Oaks Mental Health Center, Downtown Mental Health Center, and Gilroy Mental Health Center hold differing views on affirmative action?

1. Can reasons for the differences, if any, be deduced?
2. Do the findings of this research have significant implications for mental health administrators?

¹Robert N. McMurray, "Conflicts in Human Values," ed. Harry Schatz, Social Work Administration (New York: Council on Social Work Education, Inc., 1970), p. 265.

This thesis sets out to investigate various attitudinal problems related to the following variables:

1. Unqualified people in various staff positions.
2. Racism (overt) within the three mental health centers.
3. Tension and conflict within the three mental health centers.
4. Poor quality of services to clientele.
5. Low morale within the centers.

In summary, this thesis is designed to:

1. Show the positive as well as negative attitudes held by the staffs of the three mental health centers.
2. Find out if there are differing views of affirmative action among the three mental health centers.
3. Find out if the differing attitudes are helping or hindering the implementation of the Santa Clara County Affirmative Action Plan.
4. Find out if the differing attitudes are helping or hindering services.

Historically, few issues in American have generated such controversy as governmental requirements for "integration," "equal rights," "equal employment opportunity," and "affirmative action." This thesis sets out to prove that attitudes and values are very different depending on one's

race, ethnic origin, or sex. Anglo male attitudes, for example, are not the same as those of minority groups and women. The problem as discerned by affirmative action proponents is that employment practices are representative of Anglo male attitudes and values. The total employment experience is therefore much more readily intelligible to white males than to women, ethnic minorities, and handicapped.

Perspective may be defined as a viewpoint which an individual holds toward a set of objects, events, or people. Thus, every group/society holds a collective viewpoint. Although each person is not the exact replica of another member, all members share similar feelings, attitudes, values, and beliefs, and as a result a collective perspective is formed.²

The key attitude, racism, in common understanding means an attitude of superiority, disdain, or prejudice toward another person because he is of another race, philosophy, or ideology.

Many believe that racism and prejudice are so deeply ingrained in Anglos, leading to discrimination against minorities, that it can be assumed that prejudice is the operative cause in any case of differential treatment rather than a concern about qualifications.³

In order to discuss the historical context for the question of affirmative action, we will proceed to discuss the key levels of affirmative action. We turn first to the

²Deryl G. Hunt, "The Black Perspective on Public Administration," ed. Adam W. Herbert, Public Administration Review, November/December 1974, p. 521.

³Nathan Glazer, Affirmative Discrimination: Ethnic Inequality and Public Policy (New York: Basic Books, Inc., 1975), p. 28.

national level followed by the state, county, department, bureau, and finally the mental health center level.

The term "affirmative action" has stemmed from Presidential Executive Order 11246, Part II, Section 202, in which it was stated that all government contracting agencies shall include in every government contract hereafter entered into, the following provision:

Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, creed, color, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and ⁴ selection for training, including apprenticeship.

The supposition of affirmative action is that past discriminatory practices have created such an inequity that extra measures must be taken so that the problem has the potential of being corrected. Affirmative action also states that racism and discriminatory practices have become so imbedded into most employment practices that only conscious efforts can improve minority group members' chances for fair treatment.

The term "affirmative action" can best be understood in relation to two words, i.e., equal oppor-

⁴U.S., President, Executive Order, "Equal Employment Opportunity," Federal Register, XXX, No. 187, September 28, 1975, p. 65-10340.

tunity. Equal opportunity is a condition and affirmative action is a means to achieve that condition. . . . The term can be narrowly defined as including all the various methods through which the concept of equal opportunity for minority groups and women becomes a reality. Fundamental to the term is the acknowledgement that positive, aggressive action is presently required to insure against discrimination in present employment, and to remedy the effects of past practices.⁵

Equal employment opportunity refers to the right of all persons to work and advance on the basis of merit, ability, and potential. Affirmative action represents a way of achieving that goal through programs of broadly applied preferential hiring systems. It requires definition of objectives for redressing employment imbalance and implementation of plans for reaching those objectives. Affirmative action demands more than belief in equal opportunity. It requires specified objectives, usually translated into numerical quotas, as minimum goals for the employment of minority individuals and women. Numerical objectives define with clarity the targets of action and the criteria for evaluation of progress toward achieving them within a given period of time.

⁵Webster's New World College Dictionary, "Parity" defined; (New York: World Publishing Company, 1962), p. 1064.

CHAPTER TWO

REVIEW OF THE BACKGROUND
AND RELATED LITERATURE

Chapter Two

REVIEW OF THE BACKGROUND AND RELATED LITERATURE

Many immigrants often encountered discrimination in varying degrees upon arrival in the United States because of their race, religion and/or national origin. These groups gradually acquired the economic and political strength necessary to secure relief in their localities.

Once these groups acquired money, their standard of living went up, and neighbors were more tolerant. Soon, they gained status and power and were no longer considered "different." They became acculturated to the American way of life.

In the summer of 1963, the nation's twenty million Negroes, about ten percent of the total population, began to unite under the leadership of Dr. Martin Luther King. Mass demonstrations of protest against racial segregation broke out in Birmingham, Alabama, in April and quickly spread to scores of widely separated cities in all sections of the country. The basis of the Negroes' complaint was that segregation in any form was a denial of the equality for which America stands and that they would not tolerate this inequality any longer.

To break this age-old pattern of rigid segregation and obtain what they believed to be their civil rights as

full-fledged American citizens, Dr. Martin Luther King and many other Black leaders turned to nonviolent direct action and, occasionally, civil disobedience, breaking unjust laws to attract local and national attention to their plight.

The late President John F. Kennedy asked Congress to pass new civil rights laws. Their principal and most controversial feature was the outlawing of segregation in hotels, theaters, stores, and other public accommodations having an effect on interstate commerce.

On June 11, 1963, the President addressed the nation saying: "The heart of the question is whether all Americans are to be afforded equal rights and equal opportunities; whether we are going to treat our fellow Americans as we want to be treated."⁶

After Kennedy's assassination in Dallas, Texas, on November 22, 1963, President Lyndon B. Johnson gave the following address:

My fellow Americans . . . We believe that all men are created equal, yet many are denied equal treatment. We believe that all men have certain inalienable rights - yet many Americans do not enjoy those rights. We believe that all men are entitled to the blessings of liberty - yet millions are being deprived of those blessings, not because of their own failures but because of the color of their skin. The reasons are deeply imbedded in history and tradition and the nature of man. We can understand without rancor or hatred how this all happened. But it cannot continue. . . .

⁶The American Peoples Encyclopedia, 1964, Events of 1963, Encyclopedia Year Book, (New York: Grolier, Inc., 1964), p. 32.

Let us close the springs of racial poison. Let us pray for wise and understanding hearts. Let us lay aside irrelevant differences and make our nation whole.

Let us hasten that day when our unmeasured strength and our unbounded spirit will be free to do the great works ordained to this nation by the just and wise God who is the Father of us all.

On July 2, 1964, at 6:45 p.m., in the East Room of the White House, President Lyndon B. Johnson signed the Civil Rights Act of 1964, which was the most eloquent memorial to his martyred predecessor.

The following is a brief overview of the Civil Rights Act. It is presented to the reader to familiarize him with the importance this Act had on the future. More important to the Affirmative Action Policy, the focus will be on Title VII of the Civil Rights Act of 1964.

- Title I. Declares voting qualifications.
- Title II. Deals with public accommodations.
- Title III. Requires equal access to public facilities.
- Title IV. Desegregates public education.
- Title V. Extends life of the Civil Rights Commission to January 31, 1978.
- Title VI. Deals with federal assistance.
- Title VII. Deals with employment.
- Title VIII. Directs the Census Bureau to compile statistics on registration and voting in areas designated by the Civil Rights Commission.

⁷The New York Times, July 2, 1964, p. 77.

- Title IX. Declares procedures for judicial review in certain cases; permits the Attorney General to intervene in private suits complaining of denial of equal protection of the laws.
- Title X. Establishes a Community Relations Service in the U.S. Department of Commerce to help conciliate racial disputes.
- Title XI. Provides jury trials in criminal contempt cases, preserves state laws having purposes parallel to federal law, and declares that existing powers of federal officials shall not be impaired by the statute.

The 1964 Civil Rights Act also created an Equal Employment Opportunity Commission (EEOC) with the power to conduct investigations, and to refer to the Attorney General of the United States alleged violations for prosecutions in civil court action.

The following focuses on Title VII of the Civil Rights Act of 1964 from which the basis of affirmative action was derived. Title VII imposes on the employers an obligation to post notices prepared by the Equal Employment Opportunity Commission, and to make and keep such records as the Commission prescribes. Title VII gives power to the implementation of affirmative action. Without forcible power, affirmative action would be words without meaning.

Two important presidential interpretations of the Civil Rights Act were Executive Orders 11246 (1965) and 11375 (1967). An executive order is a presidential action legally expressed and rendered in print and given legitimacy in the form of an executive order or a proclamation.

Authority of an executive order is claimed by a president in virtue of his office in his role as Commander-In-Chief of the Armed Forces under the Constitution or under existing legislation. Executive Order 11246 required all federal government contractors of more than fifty employees, or those having over fifty thousand dollar contracts, to develop and implement affirmative action programs. The Order required a report on employees who were Negroes, Orientals, American Indians, and Spanish Americans. Spanish Americans were defined as those of Latin American, Mexican, Puerto Rican, or Spanish origin. The Equal Employment Opportunity (EEO)-1 form later changed from using the term "Spanish Americans" to "Spanish-surnamed Americans." Executive Order 11375 revised 11246 by requiring all public and private employers of more than fifteen employees to implement affirmative action.

Title VII, "Equal Employment Opportunity," bars discrimination in employment practices against women, persons belonging to minorities, racial, religious, or national origin groups. Title VII specifically forbids labor organizations to exclude a person from its membership, to discriminate among its members in any way, or to attempt to persuade an employer to discriminate on the basis of race, color, religion, sex, or national origin in all industries affecting interstate commerce.

The basic obligations imposed upon employers under the law are set out in Section 703(a). Under this section,

it is an unlawful employment practice for an employer to do any of the following:

1. Fail or refuse to hire or to discharge any individual or otherwise discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment because of his race, color, religion, sex or national origin.
2. Limit, segregate, or classify employees in any way that would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee because of his race, color, religion, sex or national origin.⁸

These are the basic unlawful employment practices for employers, but there are a number of exceptions. The prohibitions, for example, do not apply when the following situations exist:

1. Religion, sex, or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the business or enterprise.
2. An educational institution owned or supported by a religion employs members of that religion.

⁸The Civil Rights Act of 1964, Text, Analysis, Legislative History, Operations, Manual on Fair Employment Practices, (Washington D.C.: BNA Incorporated, 1964), p.1.

3. The persons discriminated against are members of the Communist Party or a Communist-front organization.
4. The employer is subject to government security program, and the persons involved do not have security clearance.
5. A business operating on or near an Indian reservation accords preferential treatment to Indians.
6. The different standards of compensation, terms, and conditions of employment are applied pursuant to a bona fide seniority system, a merit system, or a system that measures earnings by quantity or quality of production or they result from the fact that the employees work in different locations.
7. The employer acts upon the results of a professionally developed ability test that is not designated or intended to be used to discriminate.
8. Differentiations in pay based on sex are authorized under provisions of the Equal Pay Act of 1963.

It is also an unlawful employment practice to discriminate against any individual because of his race, color, religion, sex, or national origin in admission to or employment in any

apprenticeship, training, or retraining program.

This applies to employers, labor unions, or joint labor-management committees.⁹

Title VII of the Civil Rights Act has always prohibited the establishment of quotas. During the legislative history of the Civil Rights Act, it was clearly the Congressional intent not to bring about civil rights for some by denying civil rights to others.

It is the role of the courts at the national, state, and local levels to interpret, define, and enforce any given element of federal and state laws. Thus, the courts have played a major part in Civil Rights and Equal Opportunity legislation.

The courts, in interpreting equal employment laws, have clearly recognized the existence of "systemic discrimination," and the need to eliminate it through specific remedial actions. Title VII provides that when a court finds employment discrimination, it may:

. . . order such affirmative action as may be appropriate to eliminate it. Consistently, where the courts have found that the effects of employment practice--regardless of their intent--discriminate against a group protected by law, they have ordered specific affirmative actions to eliminate present and future discrimination, and to provide equitable remedies for consequences of past discrimination.¹⁰

⁹The Civil Rights Act of 1964, *ibid.*, p. 1-2.

¹⁰Victor S. Grantham, "The Effects of Affirmative Action Legislation in the Employment Practices of the Santa Clara County Sheriff's Department" (Masters Thesis, San Jose State University, 1975), p. 19.

The courts have firmly established that seniority systems which perpetuate a discriminatory effect or formerly excluded or segregated races must be changed, even if there is no present discriminatory intent or practice. Seniority is a system of employment preference based on length of service. Employees with the longest service are given the greatest job security and the best opportunities for advancement.

The State of California established the Fair Employment Practices Act (FEPA) in 1967 to insure equal employment opportunity at the state government level. The Act amended the existing State Labor Code regarding the prevention and elimination of discriminatory employment practices due to race, religion, color, national origin, or sex. It also created the State Fair Employment Practices Commission and gave it the authority to investigate alleged, unlawful employment practices and to issue cease and desist orders if, after investigation, the practice under allegation had been deemed in violation of the law. The State Fair Employment Practices Commission had jurisdiction in both public and private sectors. Its powers include the investigation of discrimination complaints, conciliation of such¹¹ complaints, and issuance of cease and desist orders.

Generally, state fair employment practice laws are aimed at employees, unions, and employment agencies. Employers are forbidden to discriminate from hiring or firing: unions and employment agencies are forbidden to aid or cause discrimination.

Various forms of discrimination based on race, religion, or national origin are complicated in California because of the large numbers of minority groups in the state. These groups include over 50,000 Black, 800,000 Mexican-Americans,

¹¹Grantham, *ibid.*, p. 4.

85,000 Japanese-Americans, 60,000 Chinese-Americans, 450,000 Jews,¹² over 2,000,000 Catholics, and 1,000,000 foreign-born.

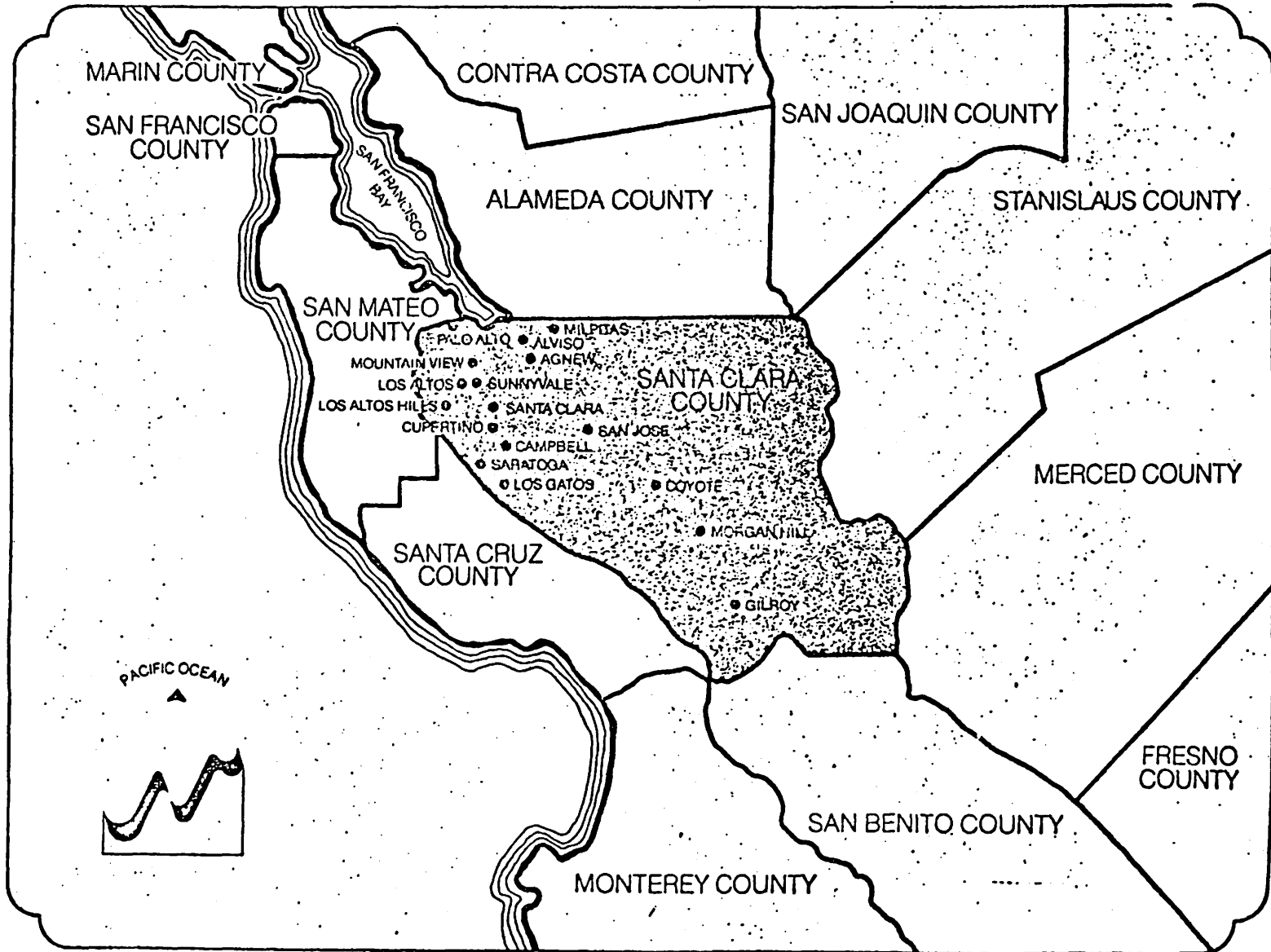
The Department of Labor apparently was the organization which decided that the "affected" or "protected" classes should consist of Negroes, Spanish-surnamed Americans, Native Americans and Asians. Santa Clara County, California, expanded on this in their Five-Year Affirmative Action Plan. The County listed the "protected" classes as consisting of Negroes, Hispanics, Asian or Pacific Islanders, Filipinos, American Indians or Alaskan Natives, handicapped, and women.

Santa Clara County is the southernmost of the nine Bay Area Counties. Santa Clara is bounded by the barren Diablo range on the east and the wooded Santa Cruz mountains on the west. Its most prominent feature is the broad, level Santa Clara Valley, which extends from below Gilroy in the south for 85 miles to the tip of San Francisco Bay at Alviso in the north (see Figure 1). At the time of the 1975 census, Santa Clara County had a population of 1,169,006 residents. The County contains a great diversity of sub-populations ranging from a high-income, high-education urban area to a low-income, migrant farm labor population in some of the rural areas of Gilroy and Morgan Hill.

The Spanish-surnamed are the largest ethnic minority group in Santa Clara County. According to the 1970 census,

¹²Richard Barnett and Joseph Garai, Where the States Stand on Civil Rights (New York: Bold Face Books, Inc., distributed by Sterling Publishing Co., Inc., 1962), p. 23.

Figure 1. Map of Santa Clara County



Chicanos and Spanish-surnamed people comprise 17.5 percent of the total population. Negroes comprise 1.7 percent, and other races comprise 4.6 percent. The entire minority work force for the County is 20.8 percent.¹³

Santa Clara County is a major public employer (over 9,000 employees). Affirmative action and equal employment opportunity legislation were applicable to this County as an employer. On September 7, 1971, the Santa Clara County Board of Supervisors unanimously adopted an Equal Employment Affirmative Action Policy as "General Policy 200." General Policy 200 specifically stipulates that each separate department within the county identify its current minority and female work population and establish goals for attaining parity.

Affirmative action requires government agencies and government contractors to employ people so that the composition of people by race is in proportion with the people in the community or in the county. Finally, the Board established an Affirmative Action Advisory Council to "monitor, evaluate, and recommend corrective action in all phases of the County Equal Employment Opportunity Program. The Affirmative Action Program set forth the Board's policy for providing active and aggressive recruitment, hiring, and training of persons from the protected classes."¹⁴

¹³Santa Clara County Mental Health Services, Three Year Plan 1977-1979 (MS in Administrative Offices, Bureau of Mental Health), Chapter 1, Character of the County, p. 1.

¹⁴Santa Clara County Affirmative Action Program, General Policy 200, October 24, 1972 (MS in County Executive's Office), p.4 (see Appendix G).

The following are the objectives according to this plan:

1. to eliminate discriminatory and artificial barriers to employment by continuing to analyze, evaluate, and modify the recruitment, selection, testing, and hiring practices of the County;
2. to monitor the Affirmative Action Plan's progress by continuing to record the numbers of women, minorities, and handicapped who filed applications, passed exams, and were hired, or promoted, or terminated;
3. to publicize the County's Affirmative Action/Equal Opportunity Program by utilizing the Public Information Office to disseminate information;
4. to guarantee equal promotional opportunities for protected group members by assigning duties that will enhance career mobility;
5. to develop training series to provide promotional opportunities within existing career ladders;
6. to establish comparability in salaries among traditionally male and traditionally female job classifications;

7. to establish goals and timetables for the handicapped by compiling reliable data on the status of the handicapped in Santa Clara County.¹⁵

Santa Clara County is currently at labor force parity for women and minorities. The County is currently at parity in four of the eight job categories for women, and in five of the eight job categories for minorities. The job categories include officials and administrators, professionals, technicians, protective service, paraprofessionals, office and clerical, skilled craft, and service and maintenance workers. For a more detailed outline of the current Santa Clara County Parity Rate, refer to Appendix J.

Santa Clara County is in the process of developing and implementing a handicapped program to provide equal employment opportunities for the handicapped. At present the handicapped minority is underrepresented in every category. The Board's stated goals were to provide realistic job requirements and test procedures for prospective employees along with minority recruitment and manpower training of managers, supervisors, and staff personnel in an effort to insure maximum understanding and support for the program.

In an effort to monitor the progress of this policy, the Board of Supervisors required that the County Personnel

¹⁵Santa Clara County Five-Year Affirmative Action Plan, Part III, Objectives (MS in County Executive's Office), p. 1 (see Appendix I).

Department provide a quarterly report on employee distribution for each department.

In December of 1974, the County of Santa Clara instituted the following identification codes for all affirmative action programs:

Category	Definition
1. White	Caucasian
2. Spanish-Surnamed	Includes Spanish-surnamed Americans, Mexican, and Central or South Americans
3. Black	Negro
4. Asian	Includes Japanese, Chinese, and Korean
5. Native American	Includes American Indian, Eskimo, and Aleut
6. Filipino	Filipino
7. All others	Includes Malayan, Asian-Indian, etc. ¹⁶

(Refer to Section III for a more precise definition of the protected groups listed in the glossary, titled "Definition of Terms, Protected Groups, and Description of Job Categories.")

According to the Santa Clara County Second Five-Year Affirmative Action Plan, "No person shall be discriminated against with regard to recruitment, selection, appointment, training, promotion, retention, discipline, or other aspects of employment because of race, color, religion, ancestry,

¹⁶Santa Clara County Ethnic Identification Code
(Adopted December 1974 for A.A. Program - MS in County Executive's Office), p. 41 (see Appendix E).

age, sex, marital status, physical handicap, medical condition, or national origin."¹⁷

The following are the goals of the plan:

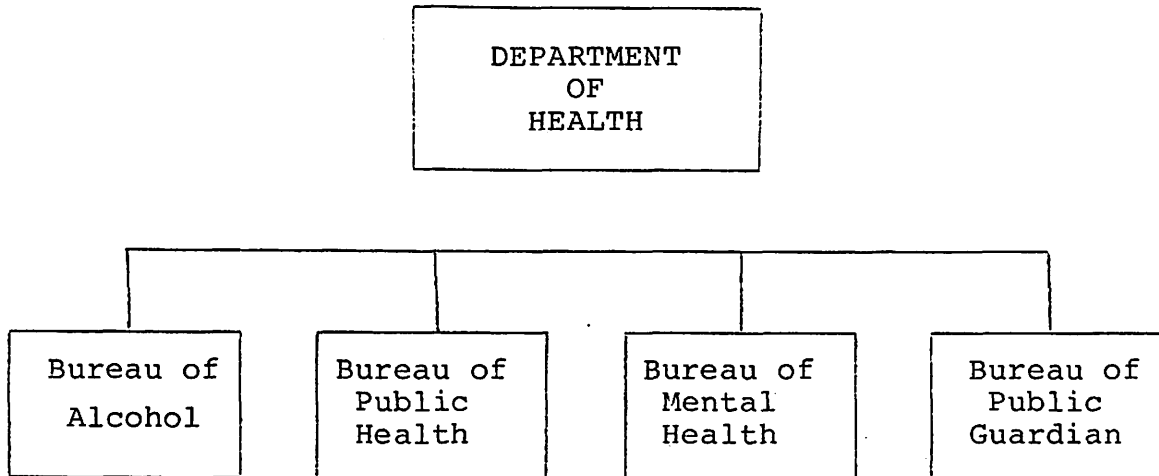
1. to maintain county-wide employment parity which is proportional to the sex, ethnic, and racial work force within the County of Santa Clara based on the 1970 Santa Clara County Labor Force census;
2. to achieve sex, racial, and ethnic parity throughout all the County of Santa Clara departments, and in all EEOC job categories by January 1, 1982;
3. to assure that Affirmative Action Equal Opportunity exists throughout the County for handicapped individuals.¹⁸

Within the Santa Clara County Department of Health, the Affirmative Action Officer has directed each bureau under the Department of Health to develop and implement an Affirmative Action Plan. The Department of Health Personnel Department staff is in the process of developing an Affirmative Action Plan in conjunction with the Bureau of Mental Health. The Department of Health does not have an updated comprehensive Affirmative Action Plan. The following chart

¹⁷Santa Clara County Five Year Affirmative Action Plan (MS in County Executive's Office), p. 1 (see Appendix I).

¹⁸Ibid.

is a breakdown of the Department of Health and the bureaus for which it is responsible:



The Affirmative Action Officer of the Department of Health has directed each bureau under the Department of Health to develop a comprehensive Affirmative Action Plan. With regard to mental health, the bureau is working under the guidelines of the Community Mental Health Center Act, Section 206(3)(7)(D), which requires that:

Where a Community Mental Health Center serves a population including a substantial portion of individuals of limited English-speaking ability, the center must develop a plan for meeting the needs of those individuals in an appropriate language and cultural context and must, additionally, identify an individual on its staff who is fluent in the language of the limited English-speaking population.

¹⁹Public Law 93-62, The Community Mental Health Center Act, Section 206(3)(7)(D).

All of this was done to enact affirmative action in mental health.

In July 1977, a task force was formed to explore how the Bureau of Mental Health might utilize its already available resources to bring about improved services to minorities. This task force was composed of employees of the various mental health programs and centers. The task force identified four basic areas and developed recommendations about them, which are the following:

1. The need for trained staff with specialized sensitivity and skill.
2. The need for bureau level leadership and coordination with direct linkages to mental health centers and the communities.
3. The need for workable affirmative action and other personnel practices.
4. The use of a primary prevention approach and direct services as effective ways to meet the needs of minorities.

The following describes the catchment areas and the organizational breakdown of mental health in Santa Clara County.

The Bureau of Mental Health has divided the County into eight catchment areas. These areas are: North County (Area 32), 129,009 residents; Fair Oaks (Area 31, 155,460 residents; Santa Clara (Area 30), 140,271 residents; South County (Area 29), 122,600 residents; West Valley (Area 28), 162,544 residents; Central San Jose (Area 27),

144,667 residents; Downtown San Jose (Area 26), 93,325 residents; and East San Jose (Area 25), with 196,448 residents. All but one of the catchments areas have regional mental health centers. The city of Santa Clara (Area 30) is served by Central Center, which also covers Area 27, for a combined population of 284,938 residents. The widely dispersed population of Area 29 is served by two regional centers located in South San Jose and Gilroy.

Catchment Area 31 includes Sunnyvale, one-half of Cupertino, and a small part of Los Altos, Mountain View, and Santa Clara. This area is served by Fairoaks Mental Health Center. Most of the population of Catchment Area 31 is highly mobile, with 37 percent of the residents moving yearly. There are few ethnic minorities, most of which are concentrated in the Lakewood area. There are few rich or poor in Catchment Area 31. The following is a table of the Fairoaks Mental Health Center staff:

Table 1

Fairoaks Mental Health Center

Staff Size: 32 Positions
 27 Mental Health
 5 Alcohol Units

Racial Composition: 27 Caucasians
 1 Indian (India)
 1 Iranian
 3 Mexican-American

Sex: 10 Males
 22 Females

	#	Ethnicity	#	Male	Female
Officials & Administrators	1	Caucasian (1)			1
Professionals	20	Caucasian (17)	7	10	
		Mexican-			
		American (1)			1
		Iranian (1)			1
		Indian-			
		India (1)	1		
Technicians	0		0	0	
Paraprofessionals	6	Mexican-			
		American (2)	1	1	
		Caucasian (4)	1	3	
Office-Clerical	5	Caucasian (5)		5	
Total Staff	32		32	10 +	22

Note: The above information was compiled as of March 17, 1978, and does not include interns and residents.

There are 32 positions, 27 of which are in the Bureau of Mental Health and 5 which are in the Alcohol Bureau. The alcohol unit was included in the study as they are considered as part of the center's staff. The staff includes 27 Caucasians, 1 Indian from India, 1 Iranian, and 3 Mexican-

Americans. There are 10 males and 22 females on staff. The table also shows the breakdown of staff according to their staff position, their ethnicity, and their sex. The Fair Oaks Mental Health Center staff includes one female Caucasian administrator, 20 professionals, of which 17 are Caucasian, 7 being males and 10 being females. There is 1 female Mexican-American professional, 1 Iranian female professional, and 1 Indian male professional. The staff includes 6 paraprofessionals, of which 2 are Mexican-American, 1 being a male and 1 being a female, and 4 Caucasians, of which 1 is male and 3 are females. The center also includes 5 Caucasian female office-clerical staff.

Catchment Area 26, Downtown San Jose, is served by a center with a different organizational structure than that existing in the other regional centers. The Downtown Mental Health Center consists of a consortium of contract agencies and private providers under a citizens' governing board, rather than the mix of directly County-operated and contracted services with a citizens' advisory board found in the other Catchment Areas. Most of the social stress indicators are more elevated in Catchment Area 26, which is served by the Downtown Mental Health Center. This catchment area includes the campus of San Jose State University, and adjacent to it the blocks of houses populated by large number of the chronically mentally ill, the retarded, the alcoholics, the drug addicts, and transients. The following is a table of the Downtown Mental Health Center staff:

Table 2

Downtown Mental Health Center

Staff Size: 48 Positions
46 staff members
2 vacant positions

Racial Composition: 39 Caucasians
1 Greek
1 Black
4 Mexican-American
1 Lebanese

Sex: 13 Males
33 Females

	#	Ethnicity	#	Male	Female
Officials & Administrators	4	Caucasian (4)			4
Professionals	20	Caucasian (16)	3		13
		Mexican-			
		American (2)	1		1
		Black (1)	1		
		Lebanese (1)			1
Technicians	3	Caucasian (3)	3		
Paraprofessionals	8	Caucasian (8)			8
Office-Clerical	11	Caucasian (8)			8
		Greek (1)			1
		Mexican-			
		American (2)			2
Total Staff	46		(46)	13 +	33

Note: The above information was compiled as of March 17, 1978, and does not include interns and residents.

There are 48 positions, 46 staff members, and 2 vacant positions. The staff includes 39 Caucasians, 1 Greek, 1 Black, 4 Mexican-Americans, and 1 Lebanese. There are 13 males and 33 females on staff. The table also shows the breakdown of the staff according to their staff positions,

their ethnicity, and their sex. The Downtown Mental Health Center staff includes 4 female Caucasian administrators, 20 professionals, of which 3 are Caucasian males and 13 are Caucasian females. There are 2 Mexican-American professionals, 1 male and 1 female. There is 1 Black male professional and 1 Lebanese female professional. The staff includes 8 Caucasian paraprofessionals, of which 5 are male and 3 are female. The Center also includes 11 office-clerical staff members, 8 female Caucasians, 1 Greek female, and 2 female Mexican-Americans.

While impaction is a crucial problem in downtown San Jose, dispersion is the key factor in Catchment Area 29 (South County). This Catchment Area includes the middle-income residential part of South San Jose, and the rural towns of Gilroy, San Martin, Morgan Hill, and Coyote. The following is a table of the Gilroy Mental Health Center staff.

Table 3

Gilroy Mental Health Center

Staff Size: 19 Positions
 18 Staff Members
 1 Vacant Position

Racial Composition: 6 Caucasians
 2 Blacks
 9 Mexican-Americans
 1 Filipino/
 Mexican-American

Sex: 9 Males
 9 Females

	#	Ethnicity	#	Male	Female
Officials & Administrators	1	Black	(1)	1	
Professionals	7	Black	(1)	1	
		Caucasian	(5)	1	4
		Mexican-American	(1)		
Technicians	0			0	0
Paraprofessionals	8	Mexican-American	(7)	6	1
		Filipino/ Mexican-American	(1)		1
Office-Clerical	2	Caucasian	(1)		1
		Mexican-American			
Total Staff	18		(18)	9	+ 9

Note: The above information was compiled as of March 17, 1978, and does not include interns and residents.

There are 19 positions, 18 staff members, and one vacant position. The staff includes 6 Caucasians, 2 Blacks, 9

Mexican-Americans, and 1 Filipino-Mexican American. There are 9 males and 9 females on staff. The table also shows the breakdown of staff according to their staff positions, their ethnicity, and their sex. The Gilroy Mental Health Center includes 1 Black male administrator, 7 professionals, 1 Black male, 1 Caucasian male, and 4 Caucasian females, and 1 Mexican-American female professional. The staff includes 8 paraprofessionals, of which 6 are male Mexican-Americans, 1 a female Mexican-American, and 1 a female Filipino-Mexican American. The staff also includes 1 Caucasian and 1 Mexican-American office-clerical employee.

CHAPTER THREE

METHODOLOGY

Chapter Three

METHODOLOGY

This research study was conducted as a quantitative-descriptive survey of all staff members in the Fair Oaks Mental Health Center, the Downtown Mental Health Center, and the Gilroy Mental Health Center. The questionnaires were administered to the respective staffs on January 9, 1978, and were returned by February 9, 1978.

According to Hyman²⁰ (1955) and Moser²¹ (1958), the primary research technique used in quantitative-descriptive studies is that of survey methods. A particular population is selected and a sampling plan is employed in order to obtain a representative sample or samples of that population at one or more periods of time.

The survey was conducted with the use of a questionnaire because all the staff members of the three mental health centers were to be included. Thus, this method would elicit the more pertinent information in a limited amount of time.

The questionnaire was composed of both open and

²⁰Herbert Hyman, Survey Design and Analysis (Glencoe, Illinois: The Free Press, 1955), p. 37.

²¹C. A. Moser, Survey Methods in Social Investigation (London: Heinemann Educational Books Ltd., 1958), p. 81.

closed-ended questions. According to Isaac and Michaels²² (1971), the purpose of survey studies are the following:

1. to collect detailed factual information that describes existing phenomena;
2. to identify problems or justify current conditions and practices;
3. to make comparisons and evaluations.

Open-ended responses explore certain qualitative aspects of the problem. These include the respondent's frame of reference in answering a question; the intensity of his attitudes, opinions, aspirations, or intentions; the average level of information reflected in the answer; the "natural logic" followed by the way the individuals structured their responses; and the special vocabulary used in the various research sites. The open-ended format, as well as the specific contents of the items, provided an opportunity for self-expression. The open-ended questions were used to elicit a general idea of how the employees of the three mental health centers perceived the implementation of affirmative action.

Closed questions were used because they are easier to answer, code, and analyze. They also shorten the interview and may make it easier for the individuals to comment on sensitive or unpleasant subjects. When the time arrives

²²Stephen Isaac and William B. Michael, Handbook in Research and Evaluation for Education and the Behavioral Sciences, (San Diego, California: Edits Publishers, 1971), p. 18.

to write the final report, the greatest advantage of the closed response is that the answers are comparable from individual to individual and limited in number. Kahn and Connell²³ (1967) point out certain circumstances in which the interview begins with fairly specific questions and then moves to broader issues or to questions about the strength of intentions such as the intensity of attitudes or the respondent's level of information. This study sought to do just that with its focus on attitudes. The combination of both open and closed questions proved to be most helpful.

The questionnaire was designed to collect factual information that describes existing attitudes held by staff members of the three mental health centers. The questions focused on what the staff perceived as problems with the Affirmative Action Plan within the Bureau of Mental Health. The study was designed to find comparisons of the existing staff attitudes regarding affirmative action among the three mental health centers and a comparison between the hierarchical levels within each center.

The population selected was drawn from the Santa Clara County Bureau of Mental Health employees at Fair Oaks, Downtown, and Gilroy Mental Health Centers. These three centers were chosen because of their location in the County.

The Fair Oaks Mental Health Center is located in North County. The Downtown Mental Health Center is located

²³R. L. Kahn and C. F. Connel, The Dynamics of Interviewing (New York: Wiley, 1967), p. 137.

in the center of the County, and the Gilroy Mental Health Center is located in South County. "Studies searching for variable relationships are those quantitative-descriptive studies which are concerned with the finding of variables pertinent to an issue or situation and/or the findings of relevant relationships among the variables."²⁴ These three centers were chosen under the assumption that there is a relationship between employee attitudes and their geographical working locations.

According to Tripodi, Fellin, and Meyer (1969):

. . . quantitative descriptive studies have the essential objective of accurately describing the associations among variables, but without regard to cause-effect relationships. These studies rely on basic assumptions which are concerned primarily with the establishment of associations among variables. These assumptions involve the concepts of measurement, reliability, validity, and the refinement of statistical associations in order to estimate the extent to which an association is spurious.²⁵

According to Warwick and Lininger²⁶ (1975), before the actual questioning process begins, the interviewer will have introduced himself or herself and will have briefly explained the research to the respondent. The questionnaire used included a cover letter which served as an introduction

²⁴Tony Tripodi, Phillip Fellin, and Harry J. Meyer, The Assessment of Social Research Guidelines for Use of Research in Social Work and Social Science (Illinois: F. E. Peacock Publisher, Inc., 1969), p. 44.

²⁵Tripodi, Fellin, and Meyer, *ibid.*, p. 36.

²⁶Donald P. Warwick and Charles A. Lininger, The Sample Survey: Theory and Practice, (New York: McGraw-Hill Book Company, 1975), p. 169.

of the research project to the interviewees. It explained who the researcher was, where, and why the research project was taking place. The cover letter also stated that all responses would be anonymous and strictly confidential. Each questionnaire was numbered to indicate from which mental health center the questionnaire was received and then re-numbered in numerical order, thus insuring confidentiality. Copies of the cover letter and the questionnaire are included under Appendices A and B.

Most writers come to their work with basic personal and societal viewpoints or biases. Keeping this in mind, an attempt has been made to record only the factual questionnaire responses as received from the staffs of the Fair Oaks, Downtown, and Gilroy Mental Health Centers. In view of this, the basic assumptions developed for this thesis are the following:

1. There are differing attitudes of affirmative action, not only within the mental health centers, but between mental health centers and the outside environment.
2. The differing attitudes of affirmative action are brought from the outside environment to the inside environment of the mental health centers.
3. The different attitudes of affirmative action are, in general, negative.

4. The different attitudes create conflict among staff, generate low employee morale, slow down and even stop the implementation of the County Affirmative Action Plan. These attitudes also affect services of delivery.
5. Once administrators are aware of the attitudes, they can and will take steps to alleviate these attitudes.

It is hoped that this thesis will help the implementation of the Affirmative Action Program in the following ways:

1. It will make the staffs of the Fair Oaks Mental Health Center, the Downtown Mental Health Center, and the Gilroy Mental Health Center aware of their general attitudes of affirmative action so that they can actively and openly deal with these attitudes for the good of the centers as well as the clientele.
2. It will make administrators aware of the differing attitudes for the good of the centers.
3. It will build on social work literature by defining the problem, developing alternative solutions, and anticipating future problems or outlooks for the future.
4. It will lead into a follow-up study on attitudes of affirmative action.

5. It will serve as a guide to the development of relevant programs to deal with the attitudes of affirmative action.

This thesis has focused on three mental health centers out of the seven that are County-run, thus the findings and analysis do not reflect the attitudes of the employees of all seven mental health centers nor do they reflect the attitudes of the employees working in the Mental Health Administration Office.

The questionnaire was distributed by the researcher to each staff member on an individual basis at the Fair Oaks Mental Health Center and the Downtown Mental Health Center. The questionnaire was distributed to the Gilroy Mental Health Center on a group basis during a staff meeting because this time was set aside for the researcher by the Director of the Gilroy Mental Health Center.

The closed responses were correlated according to contingency variables including geographical location and hierarchical positions within the centers. The open-ended responses were tabulated according to each question and grouped according to individual centers. General themes were inferred from each question. The themes were then prioritized according to frequency of response. The prioritized themes were then compared among the three centers to determine possible correlations.

In effect, the thesis states that the respective staffs of the Santa Clara County's Fair Oaks Mental Health

Center, Downtown Mental Health Center, and Gilroy Mental Health Center hold differing views on affirmative action. These differing views generate staff conflict and unequal opportunity for employment, hiring and services. In order to understand the differing views on affirmative action, this thesis sets out to answer the following questions:

1. Are there differing attitudes concerning affirmative action within the personnel of each of the three mental health centers?
2. Are there differing attitudes concerning affirmative action among the three mental health centers?
3. Can reasons for the differences be deduced?
4. Do the findings of this research have significant implications for mental health administrators?
5. Are the attitudes of the staff of the three mental health centers for or against affirmative action?
6. Are there differing attitudes concerning affirmative action among the different races of staff in each center?
7. Is there a difference in attitudes between staffs at the various levels within the centers?
 - a. administration
 - b. professionals
 - c. office-clerical
 - d. technicians
 - e. paraprofessionals

Definition of Terms, Protected Groups,
And Description of Job Categories

Affirmative Action: As used in the context of this project, affirmative action refers to procedures designed to insure employment opportunities without regard to the employee's race, sex, religion, or place of national origin.

Affirmative Action Program: This term refers to a set of specific and result oriented procedures to which a contractor commits himself to apply in good faith.

Attitude: According to the American College Encyclopedia Dictionary (1959), attitude is defined as a position, disposition, or manner with regard to a person or thing.

Employment: This term refers to full-time employees who are persons employed during the regular pay period to work the number of hours per week that represents regular full-time employment (excluding temporary and intermittent employees).

Employment Agency: This term defined broadly includes any person regularly undertaking with or without compensation to procure employees for an employer or to procure employees opportunities to work for an employer.

Ethnic (Minority): The Ford Foundation's usage of "ethnic" meant members of racial minorities and of groups that had their origin in some parts of Latin America. Social scientists define "ethnic" as a group with some degree of common cultural tradition and usages, defined primarily by descent, real or assumed.

Ethnic Group: This term as defined by social scientists covers European white groups, racial groups, Puerto Rican and Mexican groups, and old Americans.

Parity: This term is defined as a state or condition of being the same in power, value, rank, etc. For the purposes of this report, parity is defined as employment by race, sex, and major occupational groups, in proportion to the work force population for the same classes.

Definition of Protected Groups

Black - (Not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American culture or origin, regardless of race.

Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (except the Philippine Islands). This area includes, for example, China, Japan, Korea, Viet Nam, and Samoa.

Filipino: All persons having origins in any of the original peoples of the Philippine Islands.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Handicapped: Anyone who has a physical or mental impairment which substantially limits one or more major life activity or has a record of such an impairment or is regarded as having such an impairment. "Substantially limits..." has to do with the degree to which the disability affects employability. "Major life activity..." includes communication, amputation, self-care, socialization, education, vocational training, transportation, housing and, of course, employment. The main emphasis is on those life activities that affect employment.

Women: The female human being or women collectively as distinguished from man.

Description of Job Categories

Officials and Administrators: Occupation in which employees set broad policies, exercise overall responsibility for execution of these policies, or direct individual departments or special phases of the agency's operations, or provides direction on an area basis. Includes: department heads, bureau chiefs, division chiefs, directors, deputy directors, controllers, examiners, wardens, superintendents, sheriffs, police and fire chiefs and inspectors, and kindred workers.

Professionals: Occupations which require specialized and theoretical knowledge which is usually acquired through college training or through work experience and other training which provides comparable knowledge. Includes: personnel and labor relations workers, social workers, doctors, psychologists, registered nurses, economists, dieticians, lawyers, system analysts, accountants, engineers, employment and vocational rehabilitation counselors, teachers or instructors, police and fire captains and lieutenants, and kindred workers.

Technicians: Occupations which require a combination of basic scientific or technical knowledge and manual skill which can be obtained through specialized post secondary school education or through equivalent on-the-job training. Includes: computer programmers and operators, drafters, surveyors, licensed practical nurses, photographers, radio operators, technical illustrators, highway technicians, technicians (medical, dental, electronic, physical sciences), assessors, inspectors, police and fire sergeants, and kindred workers.

Protective Service Workers: Occupations in which workers are entrusted with public safety, security and protection from destructive forces. Includes: police patrol officers, fire fighters, guards, deputy sheriffs, bailiffs, correctional officers, detectives, marshals, harbor patrol officers, and kindred workers.

Paraprofessionals: Occupations in which workers perform some kinds of the duties of a professional or technician in a supportive role, which usually requires less formal training and/or experience normally required for professional or technical status. Such positions may fall within an identified pattern of staff development and promotion under a "New Careers" concept. Includes: library assistants, research assistants, medical aides, child support workers, policy auxiliary, welfare service aides, recreation assistants, homemakers aides, home health aides, and kindred workers.

Office and Clerical: Occupations in which workers are responsible for internal and external communications, recording and retrieval of data and/or information and other paperwork required in an office. Includes: bookkeepers, messengers, office machine operators, clerk-typists, stenographers, court transcribers, hearing reporters, statistical clerks, dispatchers, license distributors, payroll clerks, and kindred workers.

Skilled Craft Workers: Occupations in which workers perform jobs which require special manual skill and thorough and comprehensive knowledge of the processes involved in the work which is acquired through on-the-job training and experience or through apprenticeship or other formal training programs. Includes: mechanics and repairers, electricians, heavy equipment operators, stationary engineers, skilled machining occupations, carpenters, compositors, and typesetters, and kindred workers.

Service-Maintenance: Occupations in which workers perform duties which result in or contribute to the comfort, convenience, hygiene, or safety of the general public, or which contributes to the upkeep and care of buildings, facilities, or grounds of public property. Workers in this group may operate machinery. Includes: chauffers, laundry and dry cleaning operatives, truck drivers, bus drivers, garage laborers, custodial employees, gardeners and groundskeepers, refuse collectors, and construction laborers.

CHAPTER FOUR

PRESENTATION OF DATA

Chapter Four

PRESENTATION OF DATA

Chapter IV, Analysis of Data, is listed according to the computer program variables. Each variable represents a question taken from the survey questionnaire, and each table in Chapter IV lists the frequencies and the analysis of each table. The tables are consecutively arranged from Table 4 to Table 39.

Table 4

Frequency of Responses from Each Center

Category Label	Absolute (#)	Relative (%)
Fairoaks	29	39.2
Downtown	29	39.2
Gilroy	16	21.6
Total	74	100.0

Table 4 shows the sample population, which includes 29 responses (39.2 percent) from the Fairoaks Mental Health Center, 29 responses (39.2 percent) from the Downtown Mental Health Center, and 16 responses (21.6 percent) from the Gilroy Mental Health Center.

Table 5

Sex of Respondents

Category Label	Absolute (#)	Relative (%)
Male	20	27.0
Female	53	71.6
No Response	1	1.4
Total	74	100.0

Table 5 shows the total sample population, of which 20 respondents (27 percent) are male, and 53 respondents (72.6 percent) are female. One person (1.4 percent) did not respond.

Table 6

Age of Respondents

Category Label	Absolute (#)	Relative (%)
15 - 20 years of age	2	2.7
21 - 30 years of age	12	26.2
31 - 40 years of age	32	43.2
41 - 50 years of age	14	18.9
51 - 60 years of age	11	14.9
60 and Above	2	2.7
No Response	1	1.4
Total	74	100.0

In response to the question (Age of Respondents), 2 respondents (2.7 percent) are 15 to 20 years old. Respondents in the 21 to 30 age group total 12 (16.2 percent). The largest number of respondents are in the 31 to 40 age group, totaling 32 (43.2 percent). Respondents in the 41 to 50 age group total 14 (18.9 percent). Respondents in the 51 - 60 age group total 11 (14.9 percent). Those respondents in the 60 and above age group total 2 (2.7 percent). One person (1.4 percent) did not respond to the question.

Table 7

Education Level

Category Label	Absolute (#)	Relative (%)
1st - 8th Grade	1	1.4
9th - 12th Grade	10	13.5
1 Year of College	6	8.1
2 Years of College	7	9.5
3 Years of College	7	9.5
College Graduate	6	8.1
Master's Degree	27	36.5
Post Master's Degree	10	13.5
Total	74	100.0

Table 7 shows the education level varies among respondents. One respondent (1.4 percent) belongs under the 1st to 8th grade category of education level. However, in the 9th to 12th grade category, there are 10 respondents (13.5 percent) while there are 6 respondents (8.1 percent) in the one year of college category. Persons with two years of college total 7 (9.5 percent), and another 7 (9.5 percent) indicated they have completed three years of college. Respondents who are college graduates account for 6 responses (8.1 percent). A Master's degree is held by 27 respondents (36.5 percent). Respondents holding a post Master's degree total 10 (13.5 percent).

Table 8

Are You Presently Enrolled in an Educational Institution?

Category Label	Absolute (#)	Relative (%)
Yes	20	27.0
No	53	71.6
No Response	1	1.4
Total	74	100.0

Persons responding who are presently enrolled in an educational institution total 20 (27.0 percent). Those not enrolled total 52 (71.6) percent). One person (1.4 percent) did not respond to the question.

Table 9

If Yes to Question Number 5, What Is Your Field of Study?

Catetory Label	Absolute (#)	Relative (%)
Social Science	5	6.8
Foreign Language	2	2.7
Art	1	1.4
Psychology	2	2.7
Psychiatry	1	1.4
Social Work	4	5.4
Solar Technician	1	1.4
Nurse	1	1.4
Business	1	1.4
Not Applicable	53	71.6
General Education	2	2.7
No Response	1	1.4
Total	74	100.0

Table 9 shows the respondent's field of study. Some respondents answered no to Question 5 (Are you presently enrolled in an educational institution?), and their responses are listed in this table as non-applicable. These responses account for 53 persons (71.6 percent).

The remaining 47 responses break down as follows: social science, 5 responses (6.8 percent); foreign language, 2 responses (2.7 percent); art, 1 response

(1.4 percent); psychology, 2 responses (2.7 percent); psychiatry, 1 response (1.4 percent); social work, 4 responses (5.4 percent); solar technology, 1 response (1.4 percent); nursing, 1 response (1.4 percent); business, 1 response (1.4 percent); general education, 2 responses (2.7 percent).

One person (1.4 percent) did not respond to the question.

Table 10

What Is Your Position in the Center?

Category Label	Absolute (#)	Relative (%)
Director	3	4.1
Psychiatrist	7	9.5
Psychologist	3	4.1
*Psychiatric Social Worker	18	25.7
Clerk	14	18.9
Community Worker	17	23.0
Occupational/Recreational Therapist	1	1.4
Psychiatric Nurse	2	2.7
Program Assistant	1	1.4
Advocate for Women and Children	1	1.4
Nutrition Consultant	1	1.4
Administrative Assistant	2	2.7
Psychiatric Technician	2	2.7
No Response	1	1.4
Total	74	100.0

*Note: Because of the similarity in job specifications, psychiatric social workers and licensed clinical social workers have been combined in the above table and are listed as psychiatric social workers.

This table (10) lists the respondents according to their staff position in the mental health centers.

There are 3 (4.1 percent) directors, 7 (9.5 percent) psychiatrists, 3 (4.1 percent) psychologists, and 18 (25.7 percent) psychiatric social workers (see note preceding page).

Clerks in the centers who replied total 14 (18.9 percent). There are 17 (23.0 percent) community workers, one (1.4 percent) occupational/recreational therapist, 2 (2.7 percent) psychiatric nurses, 1 (1.4 percent) advocate for women and children.

Also, the responses show 1 (1.4 percent) nutrition consultant, 2 (2.7 percent) administrative assistants, and 1 (1.4 percent) psychiatric technicians. One person did not respond.

Table 11

Are You a Unit Leader in the Center? Professional? Clerical?

Category Label	Absolute (#)	Relative (%)
Unit Leader Professional	9	12.2
Unit Leader Clerical	2	2.7
Not Applicable	63	85.1
Total	74	100.0

Table 11 shows that 9 respondents (12.2 percent) are unit leaders-professional. Two respondents (2.7 percent) are unit leaders-clerical, and 63 respondents (85.1 percent) are neither professional nor clerical unit leaders.

Table 12

Marital Status

Category Label	Absolute (#)	Relative (%)
Single	15	20.3
Married Have Children	30	40.5
Married Have No Children	9	12.2
Widowed	2	2.7
Divorced	18	24.3
Total	74	100.0

Table 12 categorizes the respondents according to their marital status. There are 15 (20.3 percent) single respondents. Married respondents with children account for 30 (40.5 percent) responses, and the number of persons married without children total 9 (12.2 percent). Widowed respondents total 2 (2.7 percent), and there are 18 (24.3 percent) divorced respondents.

Table 13

Race

Category Label	Absolute (#)	Relative (%)
American Indian	1	1.4
Latino, Spanish-speaking	15	20.3
Black	2	2.7
Caucasian	56	75.7
Total	74	100.0

Table 13 shows the respondents as categorized by race. There is 1 (1.4 percent) American Indian respondent, 15 (20.3 percent) Latino, Spanish-speaking respondents, 2 (2.7 percent) Black respondents, and 56 (75.7 percent) Caucasian respondents.

Table 14

Where Were You Born?

Category Label	Absolute (#)	Relative (%)
California-Nevada	27	36.5
Other States in the United States (state not listed)	7	9.5
Northwestern	3	4.1
South Central	5	6.8
Mideastern	7	9.5
Northeastern	9	12.2
Midwestern	7	9.5
Iraq	2	2.7
Mexico	5	6.8
Canada	2	2.7
Total	74	100.0

Table 14 shows how respondents answered when asked the location of their birth. There are 27 (36.5 percent) California or Nevada born respondents. Persons who were born in another state in the United States but failed to mention the state's name account for 7 (9.5 percent) of the responses. Others identified the state in which they were born. For simplification, the location of each state is categorized as to its area in respect to the United States. The Code Book (Appendix C, Page 3, Question 10) lists each respondent's actual state name.

Northwestern-born respondents total 3 (4.1 percent). From South Central, there were 5 (6.8 percent) respondents; from Mideastern, 7 (9.5 percent) persons; from Northeastern, 9 (12.2 percent) persons; and from the Midwestern states, 7 (9.5 percent) persons.

Internationally, 2 (2.7 percent) replied they were born in Iraq, 5 (6.8 percent) were born in Mexico, and 2 (2.7 percent) were born in Canada.

Table 15

Do You Consider Yourself a Member of an Ethnic Group?

Category Label	Absolute (#)	Relative (%)
Yes	27	36.5
No	47	63.5
Total	74	100.0

Table 15 shows that 27 respondents (36.5 percent) considered themselves a member of an ethnic group. Those respondents that did not consider themselves a member of an ethnic group totals 47 (63.5 percent).

Table 16

If Yes to Question Number 11 (V13),
What Ethnic Minority Group Do You Identify With?

Category Label	Absolute (#)	Relative (%)
Chicano, Latino, Mexican, Mexican-American	14	18.9
Armenian	1	1.4
Jewish	6	8.1
Irish	1	1.4
Slavic	1	1.4
Arabic	1	1.4
Aged-American	1	1.4
Black	2	2.7
Not applicable	47	63.5
Total	74	100.0

Table 16 shows that 14 respondents (18.9 percent) considered themselves either Chicano, Latino, Mexican, or Mexican American. One respondent (1.4 percent) is Armenian, 6 (8.1 percent) are Jewish, 1 (1.4 percent) is Irish, 1 (1.4 percent) is an Aged-American, 2 (2.7 percent) are Black, and 47 (63.5 percent) of the respondents found the question not applicable.

Table 17

What Language or Languages Do You Speak Other Than English?

Category Label	Absolute (#)	Relative (%)
Spanish	20	27.0
Armenian	1	1.4
French	5	6.8
German	1	1.4
Arabic	2	2.7
Italian	1	1.4
None	44	59.5
Total	74	100.0

Table 17 indicates the various languages, other than English, that the respondents speak. Of the respondents, 20 (27.0 percent) speak Spanish, 1 (1.4 percent) speaks Armenian, 5 (6.8 percent) speak French, 1 (1.4 percent) speaks German, 2 (2.7 percent) speak Arabic, and 1 (1.4 percent) speaks Italian. Of the total respondents, 44 (59.5 percent) replied that they do not speak any language other than English.

Table 18

How Long Have You Worked for the
Santa Clara County Bureau of Mental Health?

Category Label	Absolute (#)	Relative (%)
Less than one year	22	29.7
One to two years	7	9.5
Two to five years	21	28.4
Five to ten years	19	25.7
More than ten years	5	6.8
Total	74	100.0

Table 18 shows that 22 respondents (29.7 percent) have worked for the Santa Clara County Bureau of Mental Health less than one year. Seven respondents (9.5 percent) have worked for the Bureau of Mental Health from one to two years, 21 respondents (28.4 percent) two to five years, 19 respondents (25.7 percent) five to ten years, and 5 respondents (6.8 percent) have worked for the Bureau of Mental Health more than ten years.

Table 19

How Long Have You Worked at the
Fairoaks Mental Health Center?

Category Label	Absolute (#)	Relative (%)
Less than one year	12	16.2
One to two years	2	2.7
Two to five years	8	10.8
Five to ten years	6	8.1
More than ten years	1	1.4
Not applicable	45	60.8
Total	74	100.0

Tables 19, 20, and 21 show how long each respondent has worked at his particular center. Table 19 shows that 12 respondents (16.2 percent) have worked at the Fairoaks Mental Health Center less than one year. Two respondents (2.7 percent) have worked at Fairoaks from one to two years, 8 respondents (10.8 percent) from two to five years, 6 respondents (8.1 percent) from five to ten years, 1 respondent (1.4 percent) for more than ten years, and 45 respondents (60.8 percent) found this question not applicable as they did not work at this center.

Table 20

How Long Have You Worked at the
Downtown Mental Health Center?

Category Label	Absolute (#)	Relative (%)
Less than one year	13	17.6
One to two years	9	12.2
Two to five years	7	9.5
Not applicable	45	60.8
Total	74	100.0

Note: No one fell into the five to ten years
or more than ten years category.

Persons indicating they worked at the Downtown Center less than one year accounted for 13 (17.6 percent) responses. There are 9 respondents (12.2 percent) who have worked at Downtown for one to two years, and 7 (9.5 percent) replied that they have been employed for two to five years. The table also shows that 45 (60.8 percent) of the employees felt the question was not applicable as they did not work at this center.

Two categories do not appear in Table 20. The categories are for employees who have worked five to ten years at the center and for employees with more than ten years of employment at the center. There are no respondents at the Downtown Mental Health Center who belong in these categories.

Table 21

How Long Have You Worked at the
Gilroy Mental Health Center?

Category Label	Absolute (#)	Relative (%)
Less than one year	5	6.8
One to two years	2	2.7
Two to five years	9	12.2
Not applicable	58	78.4
Total	74	100.0

Note: No one fell into the five to ten years
or more than ten years category.

Persons indicating they worked at the Gilroy Center less than one year accounted for 5 (6.8 percent) responses. There are two respondents (2.7 percent) who have worked at Gilroy for two to five years, and 9 (12.2 percent) replied that they have been employed for five to ten years. The table also shows that 58 (78.4 percent) of the respondents thought the question was not applicable as they did not work at this center.

Two categories do not appear in Table 21. The categories are for employees who have worked one to two years at the center, and for employees with more than ten years of employment at the center. There are no respondents at Gilroy Mental Health Center who belong in these categories.

Table 22

Do You Know What the Current Ethnic Minority Parity Level Goal Is for the Santa Clara County Bureau of Mental Health?

Category Label	Absolute (#)	Relative (%)
Yes	26	35.1
No	48	64.9
Total	74	100.0

Table 22 shows that 26 respondents (35.1 percent) know what the current ethnic minority parity level goal is for the Santa Clara County Bureau of Mental Health, whereas 48 respondents (64.9 percent) do not know what the goal is.

Table 23

Do You Know What the Current Parity Level
Is for the Handicapped and Women?

Category Label	Absolute (#)	Relative (%)
Yes	11	14.9
No	63	85.1
Total	74	100.0

Table 23 shows that 11 respondents (14.9 percent) knew what the current parity level is for the handicapped and women, whereas 63 respondents (85.1 percent) did not know what the current parity level is.

Table 24

Were You Hired by The Bureau of Mental Health
Under The Affirmative Action Plan?

Category Label	Absolute (#)	Relative (%)
Yes	5	6.8
No	56	75.7
Don't Know	13	17.6
Total	74	100.0

Table 24 shows that 5 respondents (6.8 percent) thought they were hired under the Bureau of Mental Health Affirmative Action Plan. In comparison to this, 56 respondents (75.7 percent) thought they were not hired under affirmative action plans, and 13 respondents (17.6 percent) did not know.

Table 25

Do You Think That Affirmative Action
Is Necessary in The Bureau of Mental Health?

Category Label	Absolute (#)	Relative (%)
Yes	47	63.5
No	13	17.6
Don't Know	13	17.6
No Response	1	1.4
Total	74	100.0

Table 25 shows that 47 (63.5 percent) respondents think that affirmative action is necessary in the Bureau of Mental Health, while 13 (17.6 percent) think it is not necessary. Those who don't know account for 13 (17.6 percent) responses, and 1 person (1.4 percent) did not respond to the question.

Table 26

Do You Think the Bureau of Mental Health
Needs an Affirmative Action Officer?

Category Label	Absolute (#)	Relative (%)
Yes	28	37.8
No	21	28.4
Don't Know	24	33.4
No Response	1	1.4
Total	74	100.0

Table 26 shows that 28 (37.8 percent) of the respondents think the Bureau of Mental Health needs an Affirmative Action Officer, while 21 (28.4 percent) of the respondents think an officer is not needed. Those who don't know whether or not an officer is needed account for 24 (32.4 percent) responses, and 1 person did not respond to the question.

Table 27

Do You Think That the Bureau of Mental Health
Needs An Affirmative Action Officer
To Handle Affirmative Action Grievances?

Category Label	Absolute (#)	Relative (%)
Yes	30	40.5
No	21	28.4
Don't Know	22	29.7
No Response	1	1.4
Total	74	100.0

According to Table 27, 30 respondents (40.5 percent) think that an Affirmative Action Officer is needed to handle grievances for that program, while 21 respondents (28.4 percent) think an officer is not needed in this capacity. Those who replied that they didn't know accounted for 22 responses (29.7 percent), and 1 person (1.4 percent) did not respond.

Table 28

Do You Think Women, Ethnic Minorities, and the Handicapped Have As Good a Chance as Their Fellow Workers, Qualifications Being Equal, for Promotion Within the Bureau of Mental Health?

Category Label	Absolute (#)	Relative (%)
Yes	38	51.4
No	23	31.1
Don't Know	12	16.2
No Response	1	1.4
Total	74	100.0

Table 28 shows that 38 respondents (51.4 percent) thought that women, ethnic minorities, and the handicapped have as good a chance as their fellow workers for promotion within the Bureau of Mental Health; 23 respondents (31.1 percent) thought that they did not have as good a chance for promotion. There are 12 respondents (16.2 percent) who did not know, and 1 person (1.4 percent) did not respond to the question.

Table 29

Do You Think Women Have Better Chances
for Promotion, Qualifications Being Equal,
Within the Bureau of Mental Health?

Category Label	Absolute (#)	Relative (%)
Yes	18	24.3
No	37	50.0
Don't Know	19	25.7
Total	74	100.0

Table 29 shows that 18 respondents (24.3 percent) think women have better chances for promotion within the Bureau of Mental Health, despite qualification being equalled to men. Conversely, 37 respondents (50 percent) do not think women have a better chance for promotions, and 19 respondents (25.7 percent) replied that they didn't know.

Table 30

Do You Think Ethnic Minorities Have Better
Chances for Promotion, Qualifications Being Equal,
Within the Bureau of Mental Health?

Category Label	Absolute (#)	Relative (%)
Yes	37	50.0
No	22	29.7
Don't Know	15	20.3
Total	74	100.0

Table 30 shows that 37 respondents (50.0 percent) think ethnic minorities have better chances for promotion within the Bureau of Mental Health, whereas 22 respondents (29.7 percent) think that ethnic minorities do not have better chances for promotion. Those who answered "Don't Know" account for 15 responses (20.3 percent).

Table 31

Do You Think That the Handicapped Have Better Chances for Promotion, Qualifications Being Equal, Within the Bureau of Mental Health?

Category Label	Absolute (#)	Relative (%)
Yes	6	8.1
No	33	44.6
Don't Know	35	47.3
Total	74	100.0

Table 31 shows that 6 respondents (8.1 percent) think the handicapped have better chances for promotion, qualifications being equal to non-handicapped, within the Bureau of Mental Health. The table also shows that 33 respondents (47.3 percent) did not think the handicapped have better chances for promotion, and 35 respondents (47.3 percent) did not know.

Table 32

Do You Think That Affirmative Action
Is Being Forced on the American Public?

Category Label	Absolute (#)	Relative (%)
Yes	48	64.9
No	14	18.9
Don't Know	11	14.9
No Response	1	1.4
Total	74	100.0

Table 32 shows that of the sample population, 48 respondents (64.9 percent) think affirmative action is being forced on the American public. Respondents thinking affirmative action is not being forced on the American public total 14 (18.9 percent).

The number of persons answering that they did not know whether or not affirmative action is being forced on the American public is 11 (14.9 percent), and 1 person (1.4 percent) did not respond to the question.

Table 33

Do You Think That Affirmative Action Plans
Offer Better Chances for Employment?

Category Label	Absolute (#)	Relative (%)
Yes	41	55.4
No	15	20.3
Don't Know	18	24.3
Total	74	100.0

Table 33 shows that 41 respondents (55.4 percent) think affirmative action plans offer better chances for employment, while 15 respondents (20.3 percent) think it does not offer better chances for employment. The remaining 18 (24.3 percent) answered that they did not know.

Table 34

Do You Think That Affirmative Action Is Being Implemented Properly in the Santa Clara County Bureau of Mental Health?

Category Label	Absolute (#)	Relative (%)
Yes	7	9.5
No	38	51.4
Don't Know	28	37.8
No Response	1	1.4
Total	74	100.0

Table 34 shows that 7 respondents (9.5 percent) think that affirmative action is being implemented properly in the Bureau of Mental Health, while 38 respondents (51.4 percent) think that affirmative action is not being implemented properly. Twenty-eight respondents (37.8 percent) did not know. The remaining individuals chose not to respond to the question.

Table 35

Do You Think That You Are Able to Relate as Well
to Women on Staff as to Other Fellow Workers?

Category Label	Absolute (#)	Relative (%)
Yes	73	98.6
No	0	0.0
Prefer Not to Respond	1	1.4
Total	74	100.0

Table 35 shows that 73 respondents (98.6 percent) think they are able to relate as well to women as to other fellow workers on the staff. The table also shows that 0 respondents thought that they were not able to relate to women on staff as well as to other fellow workers. The remaining 1 person (1.4 percent) preferred not to respond to the question.

Table 36

Do You Think That You Are Able to Relate As Well
To Ethnic Minorities on Staff as to Other Fellow Workers?

Category Label	Absolute (#)	Relative (%)
Yes	66	89.2
No	5	6.8
Prefer Not to Respond	3	4.1
Total	74	100.0

Table 36 shows that 66 respondents (89.2 percent) think they are able to relate to ethnic minorities on staff as well as to other fellow workers. Those who felt they could not relate to ethnic minorities as well as others totaled 5 responses (6.8 percent), and 3 (4.1 percent) chose not to respond to the question.

Table 37

Do You Think That You Are Able to Relate As Well
To Handicapped on Staff as to Other Fellow Workers?

Category Label	Absolute (#)	Relative (%)
Yes	70	94.6
No	2	2.7
Prefer Not to Respond	2	2.7
Total	74	100.0

Table 37 shows that 70 respondents (94.6 percent) think they are able to relate as well with the handicapped on staff as they do with other fellow workers. There are 2 respondents (2.7 percent) who think they cannot relate as well, and 2 respondents (2.7 percent) chose not to answer the question.

Table 38

Do You Think That Someone Less Qualified Than You Was Hired in the Same Job Specification Because of Affirmative Action?

Category Label	Absolute (#)	Relative (%)
Yes	17	23.0
No	51	68.9
Prefer Not to Respond	6	8.1
Total	74	100.0

Table 38 shows that 17 respondents (23 percent) think someone less qualified than they was hired in the same job specification because of affirmative action policies, while 51 respondents (68.9 percent) do not think this was the case. The remaining 6 respondents (8.1 percent) chose not to answer the question.

Table 39

Do You Think That Administrators' Attitudes
Influence the Implementation of Affirmative Action
Within the Bureau of Mental Health?

Category Label	Absolute (#)	Relative (%)
Positively	27	36.5
Negatively	22	29.7
Not at All	9	12.2
Both Positive and Negative	1	1.4
Don't Know	9	12.2
No Response	6	8.1
Total	74	100.0

Table 39 shows that 27 respondents (36.5 percent) think that administrators' attitudes influence the implementation of affirmative action positively within the Bureau of Mental Health, whereas 22 respondents (29.7 percent) felt that administrators' attitudes influence the implementation of affirmative action negatively within the Bureau of Mental Health. In addition to the given questionnaire choices, 9 respondents (12.2 percent) wrote in the response "Not at All," 1 respondent (1.4 percent) wrote in both positive and negative, 9 respondents (12.2 percent) wrote in "Don't Know," and 1 individual preferred not to respond.

CHAPTER FIVE

RESULTS ANALYSIS OF DATA

Chapter Five

RESULTS ANALYSIS OF DATA

Chapter V, Results-Analysis of Data, is listed according to the numerical order cited in Chapter III, Methodology, Page 40. There are instances where the numbers appear to be out of order. This is because the results of one question may have been expanded to answer another question. The first four questions are as follows:

1. Are there differing attitudes concerning affirmative action within the personnel of each of the three mental health centers?
2. Are there differing attitudes concerning affirmative action among the three mental health centers?
3. Can reasons for the difference be deduced?
4. Do the findings of this research have significant implications for mental health administrators?

These are general questions that can only be answered once Questions 5, 6, and 7 have been answered.

Questions 5, 6, and 7 ask the following:

5. Are the general attitudes of the staff members of the three mental health centers for or against affirmative action?

6. Are there differing attitudes concerning affirmative action among the different races of staff in each center?
7. Is there a difference in attitude between staffs at the various levels within the centers?
 1. administration
 2. professionals
 3. office-clerical
 4. technicians
 5. paraprofessionals

These questions are answered in this chapter through the summaries of the following tables. Question 5 asks: Are the general attitudes of the staff members of the three mental health centers for or against affirmative action? In answer to this question, the responses to the following three survey questions were chosen:

1. (21) Do you think affirmative action is necessary in the Bureau of Mental Health?
2. (28) Do you think that affirmative action is being forced on the American public?
3. (37) Why do you think people feel negatively toward affirmative action?

The following tables prove that the attitudes of the staffs of the three mental health centers are, in general, negative toward affirmative action.

Table 40

Do You Think Affirmative Action
Is Being Forced on the American Public?

Category Label	Absolute (#)	Relative (%)
Yes	48	64.9
No	14	18.9
Don't Know	11	14.9
No Response	1	1.4
Total	74	100.0

Table 40 shows that over half of the total respondents (84 responses or 64.9 percent) thought that affirmative action is being forced on the American public. This question was cross-tabulated with Table 13 (Race) and the results showed the following:

Table 41

13 by 32

Category Label	American Indian	Latino Spanish Speaking	Black	Caucasian	Total
Yes	1 100.0	8 53.3	1 50.0	38 67.9	48 64.9
No	0 0.0	6 40.0	1 50.0	7 12.2	14 18.9
Don't Know	0	1	0	10	11
Total	1 1.4%	15 20.3%	2 2.7%	56 75.7%	74 100%

One American Indian (100 percent of the total American Indians) thought that affirmative action is being forced on the American public. Over half of the Latino/Spanish-speaking respondents (eight, 53.3 percent) thought that affirmative action is being forced on the American public. Six Latino/Spanish-speaking respondents (40.0 percent) thought that affirmative action is not being forced on the American public. One Latino/Spanish-speaking respondent (6.7 percent) answered "Don't Know." One-half of the Blacks, 1 respondent (50.0 percent) thought affirmative action is being forced, whereas 1 Black respondent (50.0 percent) thought that it was not. Of the total Caucasians in the sample, 38 respondents (67.9 percent) thought affirmative action is being forced on the American public, while 7 respondents (12.5 percent) thought that it is not.

Interestingly, 10 respondents (17.9 percent) answered "Don't Know," and 1 respondent (1.8 percent) chose not to respond. In conclusion, this data shows that attitudes on affirmative action are not divided along racial lines. One-half of the respondents in each racial group thought that affirmative action is being forced on the American public.

Table 42

4 by 32

Category	Yes	No	Don't Know	No Response	Total
Fairoaks	15 51.7	6 20.7	7 24.1	1 3.4	29 39.2
Downtown	23 79.3	3 10.3	3 10.3	0 0.0	29 39.2
Gilroy	10 62.5	5 31.3	1 6.3	0 0.0	16 21.6
Total	48 64.9%	14 18.9%	11 14.9%	1 1.4%	74 100.0%

Taken one step further, a cross-tabulation by center, Table 42 showed that over one-half of the respondents in each mental health center believed that the program is being forced on the American public; at Fairoaks, 15 responses (51.7 percent); Downtown, 23 responses (79.3 percent); and Gilroy, 10 responses (62.5 percent).

The following three tables, 4 (Center), 13 (Race), and 32 (Do you think affirmative action is being forced on

the American public?) were cross-referenced, and the results are shown in the following table:

Table 43
4 by 13 by 32

Category Label		American Indian	Latino Spanish Speaking	Black	Caucasian	Row Total
FAIROAKS						
Yes	*	0	0	0	15	15
	**	0.0	0.0	0.0	57.7	
	***	0.0	0.0	0.0	51.7	51.7
No	*	0	3	0	3	6
	**	0.0	10.3	0.0	10.3	20.6
Don't Know	*	0	0	0	7	7
	**	0.0	0.0	0.0	26.9	
	***	0.0	0.0	0.0	24.1	24.1
No Response	*	0	0	0	1	1
	**	0.0	0.0	0.0	3.8	
	***	0.0	0.0	0.0	3.4	3.4
Column Total	*	0	3	0	26	29
	***	10.0%	10.3%	0.0%	89.6%	100.0%
	* Count					
	** Row Percent					
	*** Total Percent					

Table 43 shows that there is a significant difference in attitude along racial lines within the Fair Oaks Mental Health Center. Of the three ethnic minorities, all three (10.3 percent of the sample total) thought that affirmative action is not being forced on the American public, whereas 15 Caucasians (51.7 percent) thought that affirmative action is

being forced on the American public. Three Caucasians (10.3 percent) thought that it was not; 7 Caucasians (24.1 percent) didn't know; and 1 Caucasian (3.4 percent) chose not to respond. As for the Downtown Mental Health Center, Table 44 shows that there is not a significant difference in attitude along racial lines.

Table 44

Do You Think Affirmative Action Is Being
Forced on the American Public?

Category Label		American Indian	Latino Spanish Speaking	Black	Caucasian	Row Total
<hr/>						
DOWNTOWN						
Yes	*	1	2	0	20	23
	**	100.0	100.0	0.0	77.0	
	***	3.4	6.9	0.0	69.0	79.3
No	*	0	0	0	3	3
	**	0.0	0.0	0.0	11.5	
	***	0.0	0.0	0.0	10.3	10.3
Don't Know	*	0	0	0	3	3
	**	0.0	0.0	0.0	11.5	
	***	0.0	0.0	0.0	10.3	10.3
No Response	*	0	0	0	0	0
	**	0.0	0.0	0.0	0.0	0.0
	***	0.0	0.0	0.0	0.0	0.0
<hr/>						
Column Total		1 3.4%	2 6.9%	0 0.0%	26 89.6%	20 100.0%
<hr/>						
	*	Count				
	**	Row Percent				
	***	Total Percent				
<hr/>						

All three of the ethnic minorities (10.3 percent of the sample total) thought that affirmative action is being forced on the American public, whereas 20 Caucasians (69.0

percent) also thought affirmative action is being forced on the American public. Three Caucasians (10.3 percent) did not know if affirmative action is being forced on the American public.

Table 45

Do You Think Affirmative Action Is Being
Forced on the American Public?

Category Label		American Indian	Latino Spanish Speaking	Black	Caucasian	Row Total
<hr/>						
GILROY						
<hr/>						
Yes	*	0	6	1	3	10
	**	0.0	60.0	50.0	75.0	
	***	0.0	37.5	6.3	18.8	62.6
No	*	0	3	1	1	5
	**	0.0	30.0	50.0	25.0	
	***	0.0	18.8	6.3	6.3	31.4
Don't Know	*	0	1	0	0	1
	**	0.0	10.0	0.0	0.0	
	***	0.0	6.3	0.0	0.0	6.3
No Response	*	0	0	0	0	0
	**	0.0	0.0	0.0	0.0	
	***	0.0	0.0	0.0	0.0	0.0
<hr/>						
Column Total	*	0	10	2	4	16
	***	0.0%	62.6%	12.6%	25.1%	100.0%
	* Count					
	** Row Percent					
	*** Total Percent					

In regard to the Gilroy Center (Table 45), over half the ethnic minorities, 7 or (58.3 percent) thought that affirmative action is being forced on the American public, whereas 4 ethnic minorities (33.1 percent) thought that

affirmative action is not, and one ethnic minority respondent (8.3 percent) answered "Don't Know." Over half the Caucasians, 3 or (75.0 percent) thought that affirmative action is being forced; and 1 Caucasian (25.0 percent) thought that it is not being forced on the American public.

In summary, the three tables indicate that there is a difference in attitude along racial lines within one mental health center. In the Fair Oaks Mental Health Center, the basic Caucasian attitude is negative against affirmative action, whereas the basic ethnic minority attitude is positive for affirmative action. In the Downtown and Gilroy Mental Health Centers, the basic ethnic minority and Caucasian attitude is negative towards affirmative action.

Question 37: Why do you think people feel negatively toward affirmative action? This question was asked in an open-ended form to record the intensity of the attitude. The following is a prioritized summary of the responses from the most occurring response to the least occurring response.

1. Affirmative action plans tend to lead to the employment of less qualified people because they are of a particular race or minority group, thus more qualified people are passed by.
2. The Affirmative Action Program and its goals and objectives are not clearly understood by all employees.

3. Affirmative action is being administered poorly within the Department of Health and Bureau of Mental Health. It is administered arbitrarily with marked bias toward the Spanish-speaking minority with little regard towards other minorities and ethnic groups.
4. Affirmative action generates reverse discrimination.
5. Affirmative action, at present, threatens and/or blocks employee promotional opportunities within the Bureau of Mental Health.
6. Affirmative action is negative because there is economic competition for a very limited number of jobs.
7. Minorities are given job opportunity advantages that others are not given.
8. Affirmative action tends to shove things on people.

The preceding statements not only show that the overall staff attitudes are negative but also give reasons why the attitudes are negative within the Bureau of Mental Health.

According to Table 25, Question 21 listed in the previous section, "Do you think that affirmative action is necessary in the Bureau of Mental Health?", over half of the total respondents (63.5 percent) think that affirmative action is necessary in the Bureau of Mental Health, yet all but 14 respondents gave reasons why they thought people feel

negatively toward affirmative action. Of those 14 respondents, 5 answered "Don't Know," 3 respondents thought that the attitudes of affirmative action are positive, and 6 respondents chose not to respond.

Generally, the staffs of the three mental health centers feel that affirmative action is necessary, but due to the methods of implementation a negative attitude is generated.

The following questions and their tables are comparisons of hierarchical levels within the Bureau of Mental Health. These questions were chosen to be the most accurate for measuring the attitudes of affirmative action within the three mental health centers. The responses were compared to the hierarchical positions within the centers to see if there were significant differences among the hierarchical positions.

The first chosen question, Table 25, Question 21, states: Do you think affirmative action is necessary in the Bureau of Mental Health?

Table 46

Category Label	Adminis- trators	Profes- sionals	Office & Clerical	Techni- cians	Para- profes- sionals	Total
Yes	6 100.0	22 66.7	2 13.3	1 50.0	15 83.3	46 62.2
No	0 0.0	2 6.1	7 46.7	1 50.0	3 16.7	13 17.5
Don't Know	0 0.0	8 24.4	6 40.0	0 0.0	0 0.0	14 18.9
No Response	0 0.0	1 3.0	0 0.0	0 0.0	0 0.0	1 1.4
Total	66 8.1%	33 45.0%	15 20.2%	2 2.7%	18 24.3%	74 100%

Over half of the respondents in each hierarchical level think that affirmative action is necessary in the Bureau of Mental Health with the exception of the office-clerical level. Only 2 office-clerical respondents (13.3 percent) thought that affirmative action is necessary in the Bureau of Mental Health, whereas 7 office-clerical respondents (46.7 percent) thought that affirmative action is not necessary, and 6 respondents (40.0 percent) didn't know.

The second chosen question, Table 26, Question 22, states: Do you think that the Bureau of Mental Health needs an Affirmative Action Officer?

Table 47

Category Label	Administrators	Professionals	Office & Clerical	Technicians	Paraprofessionals	Total
Yes	2 33.3	11 33.3	1 6.7	0 0.0	18 83.3	29 39.2
No	2 33.3	8 24.2	7 46.7	2 100.0	2 11.1	21 28.3
Don't Know	2 33.3	13 39.4	7 46.7	0 0.0	1 5.6	23 31.1
No Response	0 0.0	1 3.0	0 0.0	0 0.0	0 0.0	1 1.4
Total	6 8.1%	33 45.0%	15 20.2%	2 2.7%	18 24.3%	74 100%

One-third or less of all other category groups thought the Bureau of Mental Health needed an Affirmative Action Officer. The paraprofessional level differed considerably; 15 respondents (83.3 percent) of the paraprofessional level thought the Bureau of Mental Health needs an Affirmative Action Officer, while 2 paraprofessionals (11.1 percent) thought not. One paraprofessional (5.6 percent) responded that he did not know.

The third chosen question, Table 29, Question 25, states: Do you think that women have better chances for promotion, qualifications being equal, within the Bureau of Mental Health?

Table 48

Category Label	Administrators	Professionals	Office & Clerical	Technicians	Paraprofessionals	Total
Yes	1 16.7	7 21.1	2 13.3	1 50.0	7 38.9	18 24.3
No	5 83.3	19 57.6	9 60.0	0 0.0	4 22.2	37 50.0
Don't Know	0 0.0	7 21.2	4 26.7	1 50.0	7 38.9	19 25.7
No Response	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
Total	6 8.1%	33 45.0%	15 20.2%	2 2.7%	18 24.3%	74 100%

This table showed no significant difference in the attitudes of the respondents in relation to their hierarchical levels.

The fourth chosen question, Table 30, Question 26, states: Do you think that ethnic minorities have better chances for promotion within the Bureau of Mental Health?

Table 49

Category Label	Adminis- trators	Profes- sionals	Office & Clerical	Techni- cians	Para- profes- sionals	Total
Yes	4 66.7	15 45.5	11 73.3	2 100.0	5 27.8	37 50.0
No	2 33.3	7 21.2	3 20.0	0 0.0	10 55.5	22 29.7
Don't Know	0 0.0	11 33.3	1 6.7	0 0.0	3 16.1	15 20.3
No Response	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
Total	6 8.1%	33 45.0%	15 20.2%	2 2.7%	18 24.3%	74 100%

Over half of the paraprofessionals, 10 respondents (55.5 percent) thought that ethnic minorities do not have better chances for promotion within the Bureau of Mental Health. In contrast, over half of the hierarchical level administrators, office-clerical, and technicians thought that ethnic minorities have better chances for promotion. The professionals as a group were slightly below the administrator, office-clerical, and technicians with 15 responses (45.5 percent) answering that ethnic minorities have better chances for promotion, while 7 respondents (21.2 percent) answered no, and 11 respondents (33.3 percent) didn't know.

Table 50

30 by 13 by Paraprofessionals

Category Label	American Indian	Latino Spanish Speaking	Black	Caucasian	Row Total
Yes	0 0.0 0.0	1 10.0 5.6	0 0.0 0.0	4 50.0 22.2	5 27.8
No	0 0.0 0.0	8 80.0 44.4	0 0.0 0.0	2 25.0 11.1	10 55.6
Don't Know	0 0.0 0.0	1 10.0 5.6	0 0.0 0.0	2 25.0 11.1	3 16.7
Column Total	0 0.0%	10 55.6%	0 0.0%	8 44.4%	18 100%

Table 50 shows that 80 percent of the Latino/Spanish-speaking paraprofessionals think that ethnic minorities do not have better chances for promotion within the Bureau of Mental Health, and 50 percent of the caucasian paraprofessionals think that ethnic minorities have better chances from promotion within the Bureau of Mental Health.

In summary, the data shows that there is a significant difference in attitudes between the paraprofessionals in the centers and all other levels in the centers. This attitude is divided along racial lines, within all hierarchical levels, and within the paraprofessional level itself.

The fifth chosen question, Table 31, Question 27, states: Do you think the handicapped have better chances for promotion, qualifications being equal, within the Bureau of Mental Health?

Table 51

Category Label	Adminis- trators	Profes- sionals	Office & Clerical	Techni- cians	Para- profes- sionals	Total
Yes	3 50.0	3 9.1	2 13.3	0 0.0	1 5.6	9 12.2
No	3 50.00	12 36.4	6 40.0	1 50.0	11 61.1	33 44.6
Don't Know	0 0.0	18 54.5	7 46.7	1 50.0	6 33.6	32 43.2
No Response	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
Total	6 8.1%	33 45.0%	15 20.2%	2 2.7%	18 24.3%	74 100%

This table showed no significant difference in the attitudes of the respondents in relation to their hierarchical levels.

The sixth chosen question, Table 32, Question 28, states: Do you think affirmative action is being forced on the American public?

Table 52

Category Label	Adminis- trators	Profes- sionals	Office & Clerical	Techni- cians	Para- profes- sionals	Total
Yes	6 100.0	18 54.5	13 86.7	2 100.0	9 50.0	48 64.9
No	0 0.0	7 21.2	0 13.3	0 0.0	7 11.1	14 14.8
No Response	0 0.0	1 3.0	0 0.0	0 0.0	0 0.0	1 1.4
Total	6 8.1%	33 45.0%	15 20.2%	2 2.7%	18 24.3%	74 100%

This table showed that over half of each hierarchical level within the center thinks that affirmative action is being forced on the American public. There is no significant difference.

The seventh chosen question, Table 33, Q question 29, states: Do you think affirmative action plans offer better chances for employment?

Table 53

Category Label	Adminis- trators	Profes- sionals	Office & Clerical	Techni- cians	Para- profes- sionals	Total
Yes	3 50.0	18 54.5	4 26.7	2 100.0	15 83.3	42 56.8
No	2 33.3	3 9.1	7 46.7	0 0.0	3 16.7	15 20.3
Don't Know	1 16.7	12 36.4	4 26.7	0 0.0	0 0.0	17 22.9
No Response	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
Total	6 8.1%	33 45.0%	15 20.2%	2 2.7%	18 24.3%	74 100%

Table 53 shows that over half of the respondents in each hierarchical level thought that affirmative action plans offer better chances for employment with the exception of the office-clerical level. Only 4 respondents (26.7 percent) thought that affirmative action plans offer better chances for employment, whereas 7 office-clerical respondents (46.7 percent) thought that affirmative action plans do not offer better chances for employment, and 4 office-clerical respondents (26.7 percent) didn't know.

In summary, this table shows that there are significant differences in attitudes between the office-

clerical hierarchical level and all other levels within the centers.

The eighth and final chosen question, Table 39, Question 30, states: Do you think that affirmative action is being implemented properly in the Santa Clara County Bureau of Mental Health?

Table 54

Category Label	Adminis- trators	Profes- sionals	Office & Clerical	Techni- cians	Para- profes- sionals	Total
Yes	1 16.7	4 12.1	2 13.3	1 50.0	1 5.6	0 12.2
No	5 83.3	13 39.4	7 46.7	0 0.0	11 61.1	36 48.6
Don't Know	0 0.0	16 48.5	5 33.3	1 50.0	6 33.3	28 37.8
No Response	0 0.0	0 0.0	1 6.7	1 0.0	0 0.0	1 1.4
Total	6 8.1%	33 45.0%	15 20.2%	2 2.7%	18 24.3%	74 100%

The most significant difference in this table is that a high percentage of the professional respondents (48.5 percent) were undecided as to whether or not affirmative action is being implemented properly in the Santa Clara County Bureau of Mental Health.

A comparison can be made between the positions in the center and the race of the respondents. Question 9, Table 13 (Race) was cross-tabulated with Question 26, Table 30, which asks: Do you think that ethnic minorities have better chances for promotion, qualifications being equal, within the Bureau of Mental Health?

Table 55

Category Label	American Indian	Latino Spanish Speaking	Black	Caucasian	Row Total
Yes	1 100.0	1 6.7	1 50.0	34 60.7	37 50.0
No	0 0.0	13 86.7	1 50.0	8 14.3	22 29.7
Don't Know	0 0.0	1 6.7	0 0.0	14 25.0	15 20.3
Total	1 1.4%	15 20.3%	2 2.7%	56 75.7%	74 100%

The results showed that 86.7 percent of all Latino/Spanish-speaking respondents thought that ethnic minorities did not have better chances for promotion, whereas 91.9 percent of the Caucasians thought that ethnic minorities have better chances for promotion within the Bureau of Mental Health. Taking this one step further, a comparison can be made between the race of the respondents and the paraprofessional level.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

Chapter Six

CONCLUSIONS AND RECOMMENDATIONS

The problem, as presented earlier in the thesis, stated: Do the respective staffs of Santa Clara County's Fair Oaks Mental Health Center, Downtown Mental Health Center, and Gilroy Mental Health Center hold differing views on affirmative action? The basic assumption presented earlier stated that there are differing attitudes of affirmative action, not only within the mental health centers but between the mental health centers as well. After careful research and analysis, the results of this thesis showed that the respective staffs of the Santa Clara County's Fair Oaks Mental Health Center, Downtown Mental Health Center, and Gilroy Mental Health Center, in general, do not hold differing views on affirmative action.

The research answered the assumption positively in that there are differing attitudes among the staff members within each mental health center, but that the difference in attitude is divided along racial lines within the Fair Oaks Mental Health Center. The sample was too small in this racial area to draw a firm conclusion.

The first sub-question, or third question to be answered listed in Chapter III, Methodology (see Page 41) asks: Can reasons for the difference, if any, be deduced? Yes, reasons for the differences can be deduced. The presence of these problems indicates that staff members are not adequately

informed about affirmative action. The Affirmative Action Program and its goals and objectives are not clearly understood by all employees. The general attitudes of the three mental health centers' staffs are that the affirmative action plans tend to lead to the employment of less qualified people because they are of a particular race or minority group. This attitude runs in conjunction with another general staff attitude taken from the survey questionnaire. Affirmative action programs are not being administered adequately within the Department of Health, Bureau of Mental Health. They are administered arbitrarily with marked bias toward the Spanish-speaking minority with little regard for other minorities and ethnic groups.

The results of this thesis proved that the staff attitudes toward affirmative action are, in general, negative. The staffs of the three mental health centers feel that affirmative action is necessary within the Bureau of Mental Health, but due to the arbitrary method of implementation, these negative attitudes are generated. In answer to assumption number four, the differing attitudes create conflict among the staff, generate low employee morale, slow down and even stop the implementation of the County's Affirmative Action Plan. The attitudes of affirmative action within the Bureau of Mental Health affects the delivery of services, especially to those of the Latino/Spanish-speaking race. The general negative staff attitudes developed through the arbitrary implementation of affirmative action within the Depart-

ment of Health, Bureau of Mental Health forms a negative psychological attitude toward the ethnic minority clients. This attitude is likely to have a profound impact upon the development of rapport and to adversely affect therapeutic relationships with ethnic minority clients. Appropriate responses to this situation will require sustained attention to the manner in which services are planned and provided.

Is there a difference in attitudes between staffs at the various levels within the centers? Yes, these differences in attitude lie primarily between the office-clerical hierarchical levels and between the paraprofessional hierarchical level and all other levels.

The basic difference in attitude between the office-clerical level and all other levels in the three mental health centers is that this hierarchical level, as a group, think that affirmative action plans are not necessary in the Bureau of Mental Health. This level does not think that these plans offer better chances for employment and/or promotion within the Bureau of Mental Health. All other hierarchical levels thought that affirmative action plans are necessary in the Bureau of Mental Health and that affirmative action plans do offer better chances for employment and/or promotion.

The basic difference in attitudes between the paraprofessional level and all other levels in the three mental health centers is that this hierarchical level, as a group, does not think ethnic minorities have better chances for employment and/or promotion within the Bureau of Mental

Health. The paraprofessionals, as a group, think that the Bureau of Mental Health needs an Affirmative Action Officer. All other hierarchical levels, in general, think that ethnic minorities have better chances for employment and/or promotion and that an Affirmative Action Officer is not needed within the Bureau of Mental Health. The reasons for this difference of attitude among the office-clerical and paraprofessional levels, and all other hierarchical levels, is twofold: (1) there is a high concentration of ethnic minorities working in the two hierarchical levels, and (2) there are barriers in the decision-making process, with the decision-making done only at the administrative and professional levels.

The second sub-question asks: Do the findings of this research have significant implications for mental health administrators? Yes, the findings do have significant implications for mental health administrators. To prove this, I will draw from the most frequent responses to question Number 35 from the survey questionnaire. Question Number 35 asked: How do you feel that the administration of the Bureau of Mental Health can influence attitudes of affirmative action? The most frequent responses to this question were as follows:

1. Conduct nationwide aggressive recruitment encompassing a greater number of qualified minorities in all hierarchical levels within the Bureau of Mental Health.

2. Clarify the definition of affirmative action and the procedures under which it operates to all employees of the Department of Health, Bureau of Mental Health.
3. Make sure that those hired by the County are qualified for the position regardless of race, ethnic origin, or sex.
4. Communicate consistently to all Mental Health employees exactly what the Department of Health, Bureau of Mental Health, is doing and why they are doing it regarding affirmative action.
5. Develop a newsletter with its primary focus being to communicate to all Bureau of Mental Health staff members, the various center and individual programs, or projects and accomplishments.
6. Promote changes in attitude through centralized workshops informing the staff members about the life experiences and cultures of minorities.
7. Hire more women, handicapped, and ethnic minorities in decision-making and leadership roles.
8. Set clear guidelines for oral boards and hiring procedures, and to be consistent in hiring practices.
9. Hire an Affirmative Action Officer within the Bureau of Mental Health.

State of California has recognized the need for "delegation" of authority as surmised from the Following Fair Employment Commission statement:

While the Chief Officer is ultimately responsible for the Affirmative Action Program, an individual with status and authority should be appointed as the program director. Affirmative action programs fail when the responsibility for implementation is assigned to a person who has other responsibilities or to someone too low in the hierarchy to have authority. Programs will also fail if not supported by adequate budget and staff. Assigned responsibilities should be clearly delineated--what the individual²² will do, how it will be done, and how frequently.

The Bureau of Mental Health should not combine the two positions of minority services, Coordinator and Affirmative Action Officer. The combined responsibilities of the two jobs would overload the assigned person, causing the implementation of affirmative action within the Bureau of Mental Health to fail.

Government agencies, including those charged with the responsibility of enforcing equal employment opportunity status, must cooperate with educational institutions in the training and retraining of all social work administrators regardless of race, ethnic origin, religion, or sex, such that the collective perspective of all groups is fully utilized in the development of public management theory. The present need is greatest for mental health administrators to

²⁷Amitai Etzioni, "Administrative vs. Professional Authority," Modern Organizations, Foundation of Modern Sociology Series (New Jersey: Prentice-Hall, Inc., 1964), p. 76.

plan, organize, direct, and communicate the needs of self-enhancing institutional arrangements for the prevention of negative attitudes on affirmative action in all areas. During the planning, organizing, directing, and communicating process, social work and mental health administrators must keep in mind that racism is far from a thing of the past, and its overt and covert forms are ever present in Anglo-run organizations. It is important to recognize that through affirmative action programs, the number of minority professionals and administrators at all levels of county government will increase, and thus the expectation of minority people for more responsive county government will simultaneously increase.

I would recommend that further investigation be conducted in this field of study, including all seven mental health centers in this study, and by comparing these results to a similar study conducted among the staffs of the various bureaus under the Department of Health.

It is hoped that this endeavor will prove useful to those who continue to strive for a society that expects equality for all. There is a need to continually demand accountability in the field of affirmative action; and with the help of studies such as this one, accountability in the affirmative action field will be achieved. In final analysis, the implementation of affirmative action programs lie in the hands of administrators. It is the administrators that will make or break the goals of affirmative action.

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APPENDIX A

To Whom It May Concern:

The purpose of this letter is to introduce you to the research project which is taking place amongst the staffs of the Fair Oaks Mental Health Center, the Downtown Mental Health Center, and the Gilroy Mental Health Center. I would like to obtain your cooperation in participating in the project.

I believe that in order to understand the effects of affirmative action within an employee system, careful research must be carried out in the area of attitudes of employees concerning affirmative action.

The project has been organized with the assistance of Ruben Zamorano MSW, Professor of Social Work at San Jose State University, and Rodolfo Arevalo, Ph.D., Associate Dean of Social Work at San Jose State University.

All responses will be anonymous and strictly confidential.

Thank you.

Charles W. Kidwell
San Jose State University
Graduate School of Social Work

APPENDIX B

Thesis Questionnaire

1. Center: Gilroy Mental Health Center 1
 Fair Oaks Mental Health Center 2
 Downtown Mental Health Center 3
2. Sex of Interviewee: Male 1, Female 2
3. Age of Interviewee: 15-20 1, 21-30 2
 31-40 3, 41-50 4
 51-60 5, Over 60 6
4. Education level:
 1st-8th grade 1, 9th-12th grade 2
 1 year college 3, 2 years college 4
 3 years college 5, College graduate 6
 Masters degree 7, Post Masters 8
5. Are you presently enrolled in an educational institution?
 Yes 1, No 2
6. If yes to question Number 5, what is your field of study?

7. What is your position in the center?
 Director 1
 Psychiatrist 2
 Psychologist 3
 Psychiatric Social Worker 4
 Clerk 5
 Community Worker 6
 Therapist - occupational,
 recreational 7
 Other (please list) _____
 _____ 8
- 7.5 Are you a unit leader in your center?
 Yes 1, No 2
 Not applicable 3
 If yes, professional 4
 or clerical 5

8. Marital Status: Single 1, Married 2,
 Have children 3, Have no children 4,
 Divorced 5, Widowed 6.

9. Race: American Indian 1 Asian 2
 Latino/Spanish-speaking 3 Black 4
 Alaskan Native 5 Caucasian 6

10. Where were you born?
 California 1
 Other U.S. state 2 What state _____
 Other Country 4 What country _____

11. Do you consider yourself a member of an ethnic group?
 Yes 1, No 2

12. If yes to question Number 11, what ethnic minority group
 do you identify with? _____

13. What language or languages do you speak other than
 English? _____

14. How long have you worked for the Santa Clara County
 Bureau of Mental Health?

Less than one year 1
 One to two years 2
 Two to five years 3
 Five to ten years 4
 More than ten years 5

15. How long have you worked at the Fair Oaks Mental Health
 Center?

Less than one year 1
 One to two years 2
 Two to five years 3
 Five to ten years 4
 More than ten years 5

16. How long have you worked at the Downtown Mental Health
 Center?

Less than one year 1
 One to two years 2
 Two to five years 3
 Five to ten years 4
 More than ten years 5

16.5 How long have you worked at the Gilroy Mental Health
 Center?

Less than one year 1
 One to two years 2
 Two to five years 3
 Five to ten years 4
 More than ten years 5

17. Which of the following do you feel best describes affirmative action employment? Circle as many as you feel apply.
- | | |
|--|-----------|
| 1. Employing women | <u>1</u> |
| 2. Employing Caucasians | <u>2</u> |
| 3. Employing Blacks | <u>3</u> |
| 4. Employing Hispanics | <u>4</u> |
| 5. Employing Asian
or Pacific Islanders | <u>5</u> |
| 6. Employing American Indians | <u>6</u> |
| 7. Employing Alaskan natives | <u>7</u> |
| 8. Employing underprivileged | <u>8</u> |
| 9. Employing the handicapped | <u>9</u> |
| 10. Employing all of the above | <u>10</u> |
18. Do you know what the current ethnic minority parity level goal is for Santa Clara County Bureau of Mental Health?
Yes 1, No 2
19. Do you know what the current parity level is for the handicapped and women? Yes 1, No 2
20. Were you hired by the Bureau of Mental Health under the Affirmative Action Plan? Yes 1
No 2
Don't Know 3
21. Do you think that affirmative action is necessary in the Bureau of Mental Health? Yes 1
No 2
Don't Know 3
22. Do you think that the Bureau of Mental Health needs an Affirmative Action Officer? Yes 1
No 2
Don't Know 3
23. Do you think that the Bureau of Mental Health needs an Affirmative Action Officer to handle affirmative action grievances? Yes 1
No 2
Don't Know 3
24. Do you think that women, ethnic minorities, and the handicapped have as good a chance as their fellow workers, qualifications being equal, for promotion within the Bureau of Mental Health? Yes 1
No 2
Don't Know 3

25. Do you think that women have better chances for promotion, qualifications being equal, within the Bureau of Mental Health?
- | | |
|------------|----------|
| Yes | <u>1</u> |
| No | <u>2</u> |
| Don't Know | <u>3</u> |
26. Do you think that ethnic minorities have better chances for promotion, qualifications being equal, within the Bureau of Mental Health?
- | | |
|------------|----------|
| Yes | <u>1</u> |
| No | <u>2</u> |
| Don't Know | <u>3</u> |
27. Do you think that handicapped have better chances for promotion, qualifications being equal, within the Bureau of Mental Health?
- | | |
|------------|----------|
| Yes | <u>1</u> |
| No | <u>2</u> |
| Don't Know | <u>3</u> |
28. Do you think that affirmative action is being forced on the American public?
- | | |
|------------|----------|
| Yes | <u>1</u> |
| No | <u>2</u> |
| Don't Know | <u>3</u> |
29. Do you think that affirmative action plans offer better chances for employment?
- | | |
|------------|----------|
| Yes | <u>1</u> |
| No | <u>2</u> |
| Don't Know | <u>3</u> |
30. Do you think that affirmative action is being implemented properly in the Santa Clara County Bureau of Mental Health?
- | | |
|------------|----------|
| Yes | <u>1</u> |
| No | <u>2</u> |
| Don't Know | <u>3</u> |
31. Do you think that you are able to relate as well to women on staff as to other fellow workers?
- | | |
|-----------------------|----------|
| Yes | <u>1</u> |
| No | <u>2</u> |
| Prefer not to respond | <u>3</u> |
32. Do you think that you are able to relate as well to ethnic minorities on the staff as to other fellow workers?
- | | |
|-----------------------|----------|
| Yes | <u>1</u> |
| No | <u>2</u> |
| Prefer not to respond | <u>3</u> |
33. Do you think that you are able to relate as well to the handicapped on staff as to other fellow workers?
- | | |
|-----------------------|----------|
| Yes | <u>1</u> |
| No | <u>2</u> |
| Prefer not to respond | <u>3</u> |

34. Do you think that someone less qualified than you was hired in the same job specifications because of affirmative action policies?

Yes	<u>1</u>
No	<u>2</u>
Prefer not to respond	<u>3</u>

35. How do you feel that the administration of the Bureau of Mental Health can influence attitudes of affirmative action? _____

36. What changes should be made at your center regarding affirmative action? _____

37. Why do you think people feel negatively toward affirmative action? _____

38. What do you think the Bureau of Mental Health should do to change the negative attitudes toward affirmative action? _____

39. Do you think that the administrators attitudes influence the implementation of affirmative action within the Bureau of Mental Health?

Positively	<u>1</u>
Negatively	<u>2</u>
Not at all	<u>3</u>

APPENDIX C

Questionnaire Codebook

Col. 1 - 2 <u>V1</u>	Identification 01 - 74	
Col. 3 <u>V2</u>	Q.1	<u>Center</u> 1. Fairoaks 2. Downtown 3. Gilroy
Co. 4 <u>V3</u>	Q.2	<u>Sex</u> 1. Male 2. Female
Co. 5 <u>V4</u>	Q.3	<u>Age</u> 1. 15-20 2. 21-30 3. 31-40 4. 41-50 5. 51-60 6. 61 and above
Co. 6 <u>V5</u>	Q.4	<u>Education Level</u> 1. 1st - 8th grade 2. 9th - 12th grade 3. 1 year of college 4. 2 years of college 5. 3 years of college 6. College graduate 7. Masters degree 8. Post Masters degree
Col. 7 <u>V6</u>	Q.5	<u>Enrolled in an Educational Institution?</u> 1. Yes 2. No

- Col. 8 - 9 Q.6 If yes to #5 - Field of Study
V7
01. Social Science
 02. Public Administration
 03. Foreign Language
 04. Art
 05. Psychology
 06. Psychiatry
 07. Social Work
 08. Solar Tech.
 09. Nursing
 10. Business
 11. Not Applicable
 12. General Education
- Col. 10 - 11 Q.7 Position in Center
V8
01. Director
 02. Psychiatrist
 03. Psychologist
 04. Psychiatric Social Worker
 05. Licensed Clinical Social Worker
 06. Clerk
 07. Community Worker
 08. Therapist-Occupational,
Recreational
 09. Psychiatric Nurse
 10. Program Assistant
 11. Advocate for Women & Children
 12. Nutrition Consultant
 13. Administrative Assistant
 14. Psychiatric Technician
- Col. 12 Q.7.5 Unit Leader
V9
1. Unit Leader Professional
 2. Unit Leader Clerical
 3. Not Applicable
- Col. 13 Q.8 Marital Status
V10
1. Single
 2. Married - have children
 3. Married - have no children
 4. Widowed
 5. Divorced
 6. Separated
- Co. 14 Q.9 Race
V11
1. American Indian
 2. Asian
 3. Latino/Spanish-speaking
 4. Black
 5. Alaskan Native
 6. Caucasian

- Col. 17
V13 Q.11 Member of Ethnic Group
1. Yes
2. No
- Col. 18
V14 Q.12 What Ethnic Group
1. Chicano, Latino, Mexican
Mexican American
2. Armenian
3. Jewish
4. Irish
5. Slavic
6. Arabic
7. Aged American
8. Black
9. Not Applicable
- Col. 19
V15 Q.13 Language Spoken Other Than English
1. Spanish
2. Armenian
3. Iranian (Farsi)
4. Italian
5. French
6. German
7. Arabic
8. Italian
9. None
- Col. 20
V16 Q.14 Length of Employment-S.C.C. B.M.H
1. Less than one year
2. One to two years
3. Two to five years
4. Five to ten years
5. More than ten years
6. No Response
- Col. 21
V17 Q.15 Length of Employment-Fairoaks
1. Less than one year
2. One to two years
3. Two to five years
4. Five to ten years
5. More than ten years
6. Not applicable

Col. 15 - 16
V12

Q.10

Place of Birth

01. California/Nevada
02. Other State in the U.S.
03. The Northwestern States
04. The Southwestern States
05. The North Central States
06. The South Central States
07. The Mideastern States
08. The Southeastern States
09. The Northwestern States
10. The Midwestern States
11. Alaska
12. Hawaii
13. Other Country
14. Iraq
15. Iran
16. Mexico
17. Canada
18. No Response

Code for Q.10, Co. 15 - 16, V12

- | | |
|--|--------------------------------|
| 01. <u>California/Nevada</u> | (c) Maryland |
| 02. <u>Other State in the U.S.</u>
<u>but not mentioned</u> | (d) New Jersey |
| 03. <u>Northwestern States</u> | (e) Ohio |
| (a) Idaho | (f) Pennsylvania |
| (b) Montana | (g) Virginia |
| (c) Oregon | (h) West Virginia |
| (d) Washington | 08. <u>Southeastern States</u> |
| (e) Wyoming | (a) Alabama |
| 04. <u>Southwestern States</u> | (b) Florida |
| (a) Arizona | (c) Georgia |
| (b) Colorado | (d) Kentucky |
| (c) New Mexico | (e) Mississippi |
| (d) Utah | (f) North Carolina |
| 05. <u>North Central States</u> | (g) South Carolina |
| (a) Iowa | (h) Tennessee |
| (b) Minnesota | 09. <u>Northeastern States</u> |
| (c) Nebraska | (a) Connecticut |
| (d) North Dakota | (b) Maine |
| (e) South Dakota | (c) Massachusetts |
| 06. <u>South Central States</u> | (d) New Hampshire |
| (a) Arkansas | (e) New York |
| (b) Kansas | (f) Rhode Island |
| (c) Louisiana | (g) Vermont |
| (d) Missouri | 10. <u>Midwestern States</u> |
| (e) Oklahoma | (a) Illinois |
| (f) Texas | (b) Indiana |
| 07. <u>Mideastern States</u> | (c) Michigan |
| (a) Delaware | (d) Wisconsin |
| (b) Dist. Columbia-Wash., D.C. | |

- Col. 22
V18 Q.16 Length of Employment-Downtown
1. Less than one year
2. One to two years
3. Two to five years
4. Five to ten years
5. More than ten years
6. Not applicable
- Col. 23
V19 Q.17 Length of Employment-Gilroy
1. Less than one year
2. One to two years
3. Two to five years
4. Five to ten years
5. More than ten years
6. Not applicable
- Col. 24
V20 Q. 18 Ethnic Minority Parity Level
1. Yes
2. No
- Col. 25
V21 Q.19 Parity Level-Handicapped, Women
1. Yes
2. No
- Col. 26
V28 Q.20 Hired under Affirmative
Action Laws
1. Yes
2. No
3. Don't Know
- Col. 27
V23 Q.21 Thinks A.A. is necessary
in B.M.H
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 28
V24 Q.22 Think B.M.H. needs an A.A.
Officer
1. Yes
2. No
3. Don't Know
4. No Response

- Col. 29
V25 Q.23 Think B.M.H. needs an A.A. Officer to handle A.A. grievances
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 30
V26 Q.24 Think Women, Handicapped, Ethnic Minorities have as good a chance as fellow workers for promotion.
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 31
V27 Q.25 Think Women have better chances for promotion within B.M.H.
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 32
V28 Q.26 Think Ethnic minorities have better chances for promotion within B.M.H.
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 33
V29 Q.27 Think Handicapped have better chances for promotion within B.M.H.
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 34
V30 Q.28 Think Affirmative Action is forced on the American Public
1. Yes
2. No
3. Don't Know
4. No Response

- Col. 35
V31 Q.29 Think A.A. plans offer better chances for employment
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 36
V32 Q.30 Think A.A. is being implemented properly in the B.M.H.
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 37
V33 Q.31 Ability to relate to women on staff as to other fellow workers
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 38
V34 Q.32 Ability to relate to ethnic minorities on staff as to other fellow workers
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 39
V35 Q.33 Ability to relate to handicapped on staff as to other fellow workers
1. Yes
2. No
3. Don't Know
4. No Response
- Col. 40
V36 Q.34 Think someone less qualified was hired because of A.A. Policies
1. Yes
2. No
3. Don't Know
4. No Response

Col. 41
V37

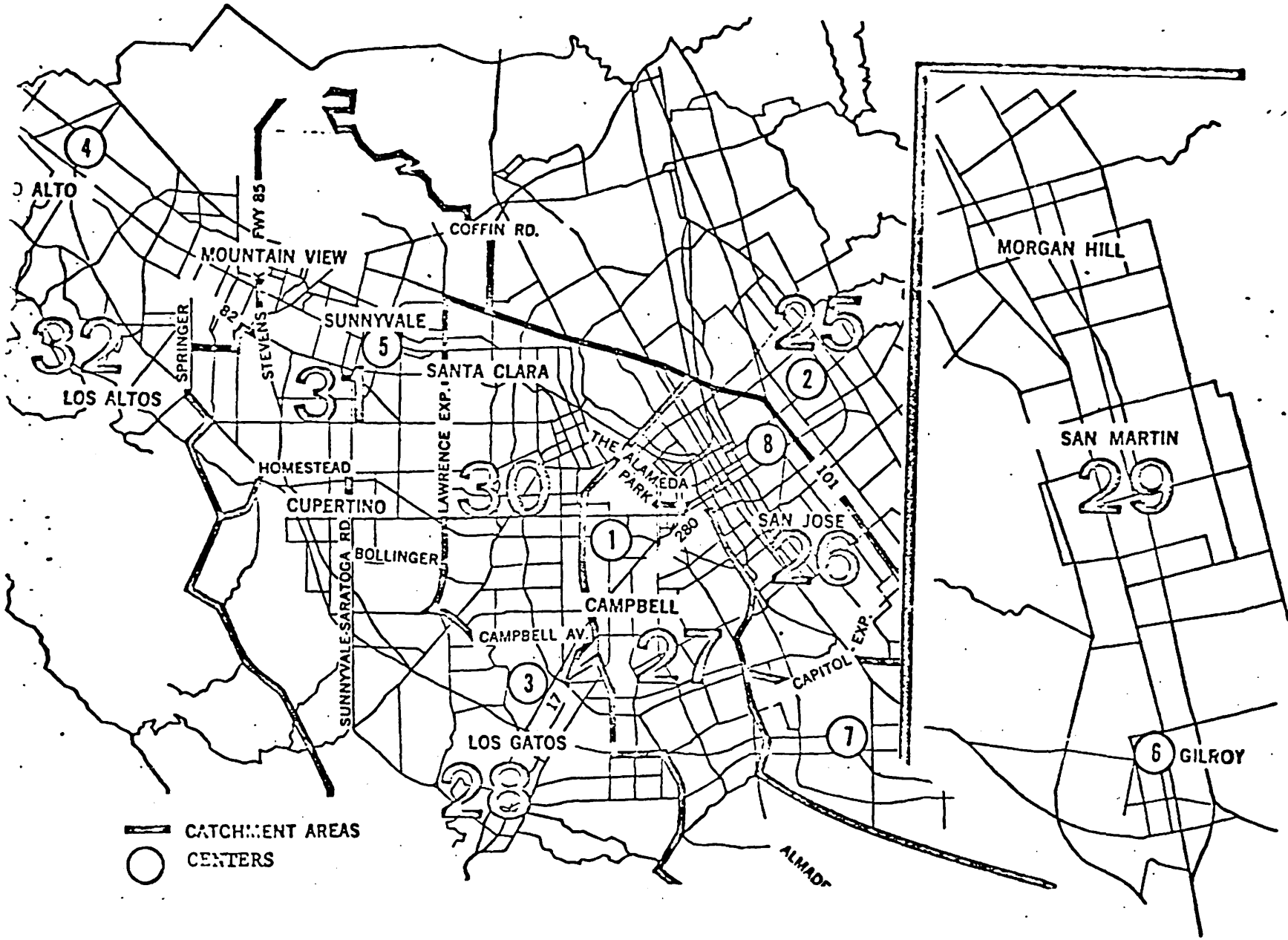
Q.35

Think Administrators attitudes
influence implementation of A.A.
within B.M.H.

1. Positively
2. Negatively
3. Not at all
4. No response
5. Don't Know
6. Both positive & negative

APPENDIX D

Map of the County - Bureau of Mental Health Catchment Areas



— CATCHMENT AREAS
○ CENTERS

APPENDIX E

Chart 3

Santa Clara County Ethnic Identification Code
 (Adopted December 1974 for A.A. Program)

<u>Category</u>	<u>Definition</u>
1. White	Caucasian
2. Spanish surname	Includes Spanish surnamed American, Mexican, and Central or South American
3. Black	Negro
4. Asian	Includes Japanese, Chinese, and Korean
5. Native American	Includes American Indian, Eskimo, and Aleut
6. Filipino	
7. Polynesian	Includes Hawaiian and Samoan
8. All Other	Includes Malayan, Asian-Indian, Etc.

Important is the variance between the federally required categories, Chart 2, and those adopted by Santa Clara County for the groups, Chart 1, White, Spanish surname, Asian, Native American, and Polynesian.

APPENDIX F

Chart 5

Federal (1972) E.E.O.C. Job Categories
Adopted by Santa Clara County December 1974

1. Officials and Administrators
 2. Professional
 3. Technicians
 4. Protective Service Workers
 5. Paraprofessionals
 6. Office and Clerical
 7. Skilled Crafts
 8. Service and Maintenance
-

County of Santa Clara
California

APPENDIX G

October 26, 1972

TO: All Department Heads
FROM: Howard W. Campen, County Executive
SUBJECT: Santa Clara County Affirmative Action Program

Attached is the "Affirmative Action Program" approved unanimously by the County Board of Supervisors at its meeting of October 24, 1972. This program provides guidelines for implementation of the Board's Equal Opportunity Affirmative Action Policy adopted on September 7, 1971 as General Personnel Policy 200.

The program reaffirms the Board's policy of providing equal employment opportunity at all levels of County government regardless of race, religion, sex or national origin. It establishes as a goal, achieving and maintaining minority and female representation in County government which approximates the ratio of these groups in the County labor force. Additionally it outlines the general actions to be taken under the Affirmative Action Program and assigns responsibilities for their accomplishment.

Administration of the Affirmative Action Program and responsibility for coordination of actions necessary to achieve the objectives of the Program is assigned to the County Director of Personnel. This function will be performed by the Department's Career Development Division. The head of the division, Mr. Robin Hatfield, will serve as the County Affirmative Action Officer. Mr. Ernest Perez, of the same Division, will serve as the County Assistant Affirmative Action Officer.

Each department director is responsible for carrying out all actions applicable to his organization. Every director is expected to give aggressive support to the County Affirmative Action Program and personal attention to those actions pertaining to his department. The degree to which individual departments attain their affirmative action objectives will provide a direct measure of the department director's personal commitment to the program and of his management effectiveness.

Each department will designate an individual to serve as the department's Affirmative Action Officer. To give proper emphasis to the program, this individual should be either the director or personnel officer or a person who reports directly to the department head. The name and telephone number of each departmental Affirmative Action Officer must be submitted to the Career Development Division, Personnel Department (Telephone 299-2788) by November 3, 1972.

As indicated in the Affirmative Action Program, each department is required to develop a Department Affirmative Action Plan. The Board of Supervisors has directed that these plans be completed by January 24, 1973, and that a report be made to them at that time on the status of individual Department Affirmative Action Plans. Essentially each plan should present the department's intermediate goals to achieve the program's final objective of attaining, by June 30, 1977, minority and female representation in County employment which approximates their ratio in the area labor force. Also each plan should outline the actions that will be taken to attain these goals. The Career Development Division will meet with individual department directors and Departmental Affirmative Action Officers and will work with the departments in the preparation of Departmental Affirmative Action Plans.

Santa Clara County has continuously sought to improve employment opportunities for disadvantaged minorities and other groups. The Affirmative Action Program constitutes a broadened effort to improve opportunities for these groups. Its success will necessarily depend on attainment of full support of the program by all County employees and aggressive effort by all to attain its objectives. Through successful implementation of the program, Santa Clara County will continue, as it has in the past, to provide leadership to other public and private agencies in the area of equal employment opportunity.

AFFIRMATIVE ACTION

PROGRAM

COUNTIY OF SANTA CLARA

October 24, 1972

COUNTY OF SANTA CLARA
AFFIRMATIVE ACTION PLAN

I. Reaffirmation of County Policy for Equal Employment and Provisions of Services to the Minority Community.

A. As a major employer, the County of Santa Clara has a clear responsibility for equal employment opportunity in a positive and aggressive sense. Furthermore, as a governmental agency the County should provide exemplary leadership to all other employers in the metropolitan area.

The purpose of this statement is to emphasize the policy of the Board of Supervisors for equal employment opportunity at all levels of County Government. The Board declares that:

1. County employment shall be freely open to all persons regardless of race, religion, sex or national origin.
 2. County personnel programs shall be administered so as to remove any possible barriers to employment and promotion of minority group persons.
 3. Aggressive efforts shall be made to attract and assist minority group and disadvantaged persons to qualify for employment and promotion.
 4. County departments shall select and utilize bilingual and bicultural staff so as to provide the highest possible level of public services to all bilingual, bicultural residents of the County.
 5. The Public Service Careers Project be expanded to include participation by all County Departments in all levels of employment.
- B. The Board of Supervisors reaffirms its commitment to the Public Service Careers Project which has as its goals employment, training, and

upgrading of disadvantaged persons as well as other employees to make the Merit System as flexible and responsive as possible, to effect free and open hiring and upgrading of employees in a single system that will promote the administrative and service goals of the County.

C. It is the policy of the Board of Supervisors that priority attention be given to analysis of the service needs of minority groups in the community and to take steps necessary to recruit, train, and deploy bilingual, bicultural staff to provide services equitably to all bicultural members of the community, with special emphasis toward our Spanish-speaking residents and other large identifiable groups.

D. In keeping with this policy, the Board of Supervisors directs the County Executive and through him, all departments of County Government, to carry out such programs and practices as will best accomplish these objectives (General Personnel Policy 200, September 7, 1971).

II. Affirmative Action Goals

A. To establish and maintain an agency-wide employment level which is ethnically and racially balanced, including both men and women, proportional to the ethnic and racial work force within the County of Santa Clara. The goal of parity employment shall be achieved no later than June 30, 1977:

B. To assure that ethnic and racial balance, including both men and women, exists throughout all of the County of Santa Clara departments and throughout all occupational areas.

III. Affirmative Action Objectives

A. To appoint a division head, reporting to the County Personnel Director, as director of the County's Equal Employment Opportunity Programs, with sufficient staff to carry out the provisions of the Affirmative Action Plan, and to assure compliance with the Equal Employment Opportunity Program.

B. To continually analyze and evaluate recruitment, selection, testing and promotional practices in order to eliminate discriminatory and artificial barriers.

C. To analyze each department in order to establish where an underutilization of women and minorities exists and to determine the causes for such underutilization.

D. To establish goals for each department and occupational areas which shall be attained within a realistic period of time, based on a comprehensive study of the community's work force and analysis of each department's deficiencies.

E. To develop and monitor an internal audit and timely reporting system which shall record number of women and minority candidates filing applications, passing examinations, hired, promoted and terminated in order to keep management current of the Affirmative Action Plan's progress.

F. To implement a vigorous public information program in order to disseminate and publicize the agency's Equal Employment Opportunity Program.

IV. Administrative Support and Responsibilities

A. County Executive

Upon recommendation of the County budget to the Board of Supervisors, shall assure that each department has complied, and shall continue to comply, with all of the policy statements and the intent thereof of the County's Equal Employment Opportunity Program.

B. Personnel Director

1. Shall give the program his full administrative support, and where necessary or requested, shall intervene in order to resolve any problems related to the program between the EEO Officer, departmental management, and Personnel.

2. As requested, shall assist the EEO Officer in assuring that the stated objectives of the program are accomplished.

3. Shall fully support the EEO Officer in order to assure that the other personnel divisions, department heads and staff cooperate with the EEO Officer and program and actively support it.

C. Department Directors

1. Shall ensure that management supervisors and staff within their departments fully understand the EEO Program and actively support it.

2. Shall be responsible for developing a department affirmative action plan, and submit it to the EEO Officer in accordance with a time schedule to be determined by the EEO Officer, with goals and timetables consistent with the overall targets established by the program.

3. Shall submit a monthly report to the EEO Officer stating the department's progress, affirmative action plans, promotional activity, problem areas, and other related data requested by the EEO Officer.

4. Shall utilize entry level and training positions in order to employ minority and women and to assist in providing promotional opportunities up through the journeyman and management levels.

5. Shall assist the Personnel Department in aggressively recruiting minority and women at all levels of job classifications, including professional, supervisory and management positions.

V. Affirmative Action Advisory Council

A. An Affirmative Action Advisory Council (AAAC) shall be established to monitor, evaluate and recommend corrective action to the County of Santa Clara on all phases of the agency's EEO Program.

B. The AAAC shall be comprised of seven members, four representatives of local minority community organizations and three from County management.

C. The Board of Supervisors shall select the four community organization

representatives from nominations made by The Chicano Employment Committee, The Black Caucus, and La Confederacion de la Raza Unida which will include one representative from the Black community and three from the Spanish-speaking community.

D. The AAAC shall meet at least monthly with the EEO Officer in order to determine progress, problem areas, recommendations and other matters pertinent to the agency's EEO Program.

E. The AAAC's function is of an advisory role, making certain recommendations to the Board of Supervisors, County Executive, Director of Personnel, EEO Officer, employee groups, community groups, and the public at large, in order to assist the EEO Program reach its stated goals and objectives.

VI. Responsibilities of the Equal Employment Opportunity Officer.

The County Personnel Director and the EEO Officer are the primary officials with responsibility and authority for the implementation of this Affirmative Action Plan.

- A. Identify department problem areas and the causes.
- B. Assist line management in arriving at solutions to problems.
- C. Designing and implementing audit and reporting systems that will:
 1. Measure the effectiveness of the County's Affirmative Action Plan.
 2. Indicate the need for corrective action.
 3. Determine the degree to which the County's goals and objectives have been attained.

D. Conduct an employment analysis of each department to assist in the development of attainable goals and timetables.

E. Serve as a liaison between the County and the minority organizations, women's organizations and community action groups concerned with employment opportunities of minorities and women.

F. Keep the Board of Supervisors, County Executive, and top management informed of the latest developments in the entire equal opportunity area and the effectiveness of the implementation of this plan.

G. Periodic audit of training programs, hiring and promotion patterns to remove impediments to the attainment of goals and objectives.

H. Assuring that departmental supervisors are fully cooperative with the County's Affirmative Action Plan and that their work performance is being evaluated on the basis of their equal employment opportunity efforts and results, as well as other criteria.

I. Assuring that departmental supervisors take action to prevent harassment of employees placed through affirmative action efforts.

VII. Recruitment and Hiring

A. The County will attempt to recruit minority applicants for all available positions in County service. The following methods, among others, will be utilized:

1. Notices of County job openings will be disseminated to minority organizations, community action agencies and other community groups serving minority persons.
2. The County will make a good faith effort to include representatives of the minority community on screening and interviewing committees.
3. The County will cooperate with training programs operating within the community.
4. Pre-employment written and performance tests, when utilized, will be reviewed to determine whether they are job related and appropriate

for selection purposes in accordance with the Federal Testing and Selecting Employees Guidelines (29 C.F.R. 1607).

B. All hiring standards used in selection such as height, weight, education levels, previous work experience or other standards, will be realistically related to job and professional requirements. Such standards will be reduced to writing.

VIII. Promotion

A. All standards used in promoting employees will be realistically related to job and progression requirements and will be applied in a non-discriminatory manner.

B. Employees failing to qualify for higher rated jobs, including training opportunities, because of lack of prior training or education, will be encouraged to participate in developmental programs sponsored by the County or other governmental agencies or community agencies.

IX. Career Education and Training

A. The County shall develop and operate career education and training programs which shall provide academic and job skills to facilitate the permanent employment of minorities and women and to provide upward job mobility once they have been hired.

B. Training programs shall be accelerated to provide maximum opportunities for entry level and paraprofessional positions in order to prepare them for promotions, new job positions or special assignments.

C. Employee development training efforts shall be closely associated with the job class or discipline, thereby providing the most feasible method of preparing the employee for a promotional opportunity.

D. Maximum efforts shall be made to afford time off from work to attend training and educational classes.

E. Training and academic courses shall be provided to all supervisors relative to the employment of minorities and women, cultural differences, life styles, and how these factors affect employment.

F. Coordination between the County's training programs and local schools and colleges shall be further developed, utilizing colleges to offer relevant two-year, four-year and post-graduate programs designed for County employees.

G. Linkage with federally or state funded manpower agencies shall be established, jointly developing meaningful training curriculum designed to enable graduates to gain employment in the County.

H. Financial reimbursement, including tuition and books, shall be made available to entry level and paraprofessional positions desiring to attend local colleges at the time of enrollment.

I. In conjunction with each department Personnel or Training Officer, an attempt shall be made to provide career counseling to each minority and woman employee, recommending various in-service training and educational courses designed to assist that person up the career ladder.

X. Establishment of Goals and Timetables

A. The goals and timetables established for every department and major occupational area shall be attainable in terms of the employment analysis conducted by the EEO Officer.

B. In establishing departmental and job classification goals and timetables, the County assumes every good faith effort shall be exerted by all management and employees in order to meet those goals established.

C. In determining levels of goals, the County shall consider, but not be limited to, the following factors:

1. Involving personnel staff, department and division heads, employee groups and executive groups on the goal setting process.
2. Goals shall be significant, measurable and attainable.
3. Goals shall be specific for planned results, with timetables for completion.
4. Goals shall be targets reasonably attainable by means of applying every good faith effort to make all aspects of the entire Affirmative Action Program work.
5. In establishing timetables to meet goals and commitments, the County shall consider the anticipated expansion, contraction and turnover of and in the local work force.
6. Goals, timetables and affirmative action commitments must be designed to correct any identifiable deficiencies.
7. Where deficiencies exist and where numbers or percentages are relevant in developing corrective action, the County shall establish and set forth specific goals, and timetables separately for minorities and women.
8. Such goals and timetables, with supporting data and the analysis thereof, shall be a part of the County's written Affirmative Action Program and shall be maintained by the EEO Officer and at each department of the County.
9. Support data for the required analysis and program shall be compiled and maintained by the EEO Officer as part of the County's Affirmative Action Program, and shall include, but not be limited to, progression line charts, seniority rosters, applicant flow data, and applicant rejection ratios which indicate minority and sex status.

10. Copies of the affirmative action program and support data shall be made available to the Office of Federal Contract Compliance, State Personnel Board, employee groups, local minority and women organizations, and other affected private or public groups.

XI. Compliance Status

A. The County program shall be evaluated by the AAAC on whether the goals and timetables are being met, through an extensive evaluation of the contents of the Affirmative Action Program, the extent of the County's adherence to the program, and the good faith efforts to make the program work toward the realization of the program's goals within the timetables set for completion.

B. The Affirmative Action Advisory Council shall report annually to the Board of Supervisors and the general public the results of the past year's efforts of the County's Affirmative Action Program.

XII. Dissemination of the Affirmative Action Plan

A. The County shall disseminate the objectives and plan internally as follows:

1. Inclusion of the Board of Supervisors General Personnel Policy 200 in every department policy manual.
2. Publicize the policy in the County's newsletter, general information publications, annual report and other media channels.
3. Conduct special meetings with executive, management, and supervisory personnel to explain intent of the Affirmative Action Policy and Plan and individual responsibility for effective implementation, making absolutely clear the chief executive officer's attitude.

4. Schedule special meetings with all other employees to discuss policy and explain individual employee responsibilities.

5. Discuss the policy thoroughly in both employee orientation and management training programs.

6. Meet with recognized employee organization officials to inform them of policy, and coordinate their cooperation.

7. Publish articles covering EEO programs, progress reports, promotions, etc., of minority and female employees, in County publications.

8. Post the policy on department bulletin boards.

9. Where possible, when employees are featured in employee handbooks, brochures or similar publications, both minority and non-minority men and women shall be pictured.

10. Communicate to employees the existence of the County's affirmative action program and make available such elements of the program as will enable such employees to know of and avail themselves of its benefits.

B. The County shall disseminate the objectives and plan externally as follows:

1. Inform all recruiting sources verbally and in writing of County policy, stipulating that these sources actively recruit and refer minorities and both men and women for all positions listed.

2. Notify minority and women's organizations, community agencies, community leaders, secondary schools and colleges, of County policy, preferably in writing.

3. Communicate to prospective employees the existence of the County's Affirmative Action Program and make available such elements of the program as will enable such prospective employees to know of and avail themselves of its benefits.

4. When employees are pictured in external publications, such as newspapers, brochures, leaflets, public information pamphlets, etc., whenever possible both minority and nonminority men and women shall be shown.

APPENDIX HPROPOSED ACTION PLAN TO HELP IMPROVE SERVICES TO MINORITIESI. Background and Purpose

In July 1977, Dr. Dasil Smith directed that a Task Force be formed to explore how the Mental Health Bureau might utilize its already available resources to bring about improved services to minorities. The Task Force was to function as an internal working group of the Bureau with its charge to develop by November 1, 1977 a set of recommendations for an "Action Plan". The Plan will serve to facilitate prompt and orderly inclusion of the minority services needs into the overall Mental Health planning cycle. The formation of the Task Force had been preceded by a period of time the Bureau had started collecting and analyzing specific data concerning services to minorities and had received a request from the Mental Health Advisory Board for such a plan. The final recommendations of this Task Force will be presented to the Minority Advisory Committee and the Mental Health Advisory Board for their suggestions, and for any further input from the community they deem desirable. Due to time and other constraints, this Task Force has placed its primary consideration on services to ethnic minorities; specific planning for other minority groups such as aging, gays, and handicapped should be included in the Bureau's overall plan of action as soon as possible.

II. Composition of the Task Force

The following Mental Health staff members served as regular members:

Yuko Maye, Blossom Hill Center, Chair

Harold Arrowood, West Valley Center

Marianne Gilmer, Administration

Josie Romero, Gilroy Center

Anal Barkouki, Central Center

Jason Luff, Central Center

Masako Tsukamoto, Central Center

Juan Gutierrez, Downtown Center

Eleanor Shlifer, MIST

Cathy Enciso, North County Center

Nancy Nogales, Fair Oaks Center

Harold Alexander, Downtown Center

Colleen Halter, Secretary

In addition, there were representatives of the Minority Advisory Committee of the Mental Health Advisory Board present at all Task Force and its sub-committee meetings. Jerry Lee and Jerry Hernandez provided ongoing input. Other participants included Ted Fong, Manuel Costa, Cheryl Fong, Wade Phuan, Lawrence Wong, Janelle Louie, and Marion Lim.

III. The Action Plan

In view of the rich diverse heritages of the population of Santa Clara County, all of our Mental Health Centers are challenged with the renewed responsibility to develop responsive effective programs to meet the needs of all residents. The following recommendations of our Task Force are based on our members' overall experiences within the existing mental health practice and specifically, on our combined first-hand knowledge about

the needs and backgrounds of the various minority groups. In our deliberations, we were continually reminded of the fact that it is unlikely any significant new monies will become available and that we need to try out innovative approaches within the existing resources.

The Task Force identified four basic areas and developed our recommendations upon them. They are:

- (1) need for trained staff with specialized sensitivity and skill;
- (2) need for Bureau level leadership and coordination with direct linkages to Mental Health Centers and community;
- (3) need for workable affirmative action and other personnel practice; and
- (4) use of primary prevention approach as well as direct services as effective ways to meet the needs of minorities.

Recommendation Number One

Establish a Bureau-level Minority Program Specialist/Affirmative Action Officer. Designate the existing vacant Program Specialist position for this and have it functioning by January 1, 1978.

1. Selection process for the Program Specialist should include both the Bureau and community input with final appointment to be made by the Director of Mental Health.
2. Has expertise in program development, implementation, needs assessment, and evaluation, and consults and trains staff in these matters.
3. Identifies and coordinates necessary inservice training for Mental Health Bureau.

4. Be familiar with community resources and has ability to relate to all segments of the community.
5. Is bicultural and bilingual.
6. Holds a Master's degree in Behavioral Science with experience in above areas, preferably in both clinical and community experience with ethnic minorities.
7. Be aware of funding sources and affirmative action guidelines and be able to interpret them to Personnel authorities, staff, and community.
8. Compiles and maintains records on staff and community resources and needs on a County-wide basis.
9. Works directly with Personnel Officers of the Health Department and the main County Personnel Department for dealing with recruitment of staff and personnel complaints.
10. Works directly under the general direction of and accountable to the Director of Mental Health.

Recommendation Number Two

Expand the existing internal personnel practice as follows:

1. The expansion of all entry level positions in Mental Health to those individuals who have expertise in Primary Prevention.
 - a. That a specific job description be developed at all entry level positions to reflect knowledges and skills in primary prevention including education, consultation, and community organization, preferably

with expertise in working with disadvantaged population.

- b. That these positions parallel with all existing level jobs.
2. That each vacancy be scrutinized for its potential use in the area of Primary Prevention and be filled by this parallel list, unless otherwise justified.

Recommendation Number Three

Develop capability for program emphasis on Primary Prevention.

1. Structure

- a. That one full time primary prevention coordinator (with emphasis on minority issues) be designated at each mental health center.
- b. That additional staff support be assigned so that the primary prevention effort reaches 25% of each center's total program resources and the percentage of total services be in parity with the proportion of the minorities in the catchment area.
- c. That the coordinator be responsible to his/her center director and coordinate with the Minority Program Specialist appointed at the Bureau level.
- d. That each center establish a primary prevention committee to include community input (open to representation from governing boards, interested community groups and individuals) with center staff representative to be appointed to Bureau minorities committee.
- e. That an ongoing Bureau level minorities committee be established, composed of the eight primary prevention

coordinators (one from each center), the Bureau level Minority Program Specialist, the Patient Advocate, and representation from the Minorities Advisory Committee to constitute one-third of the membership.

- f. That the Bureau minorities committee coordinate with the Minorities Advisory Committee of the Mental Health Advisory Board and with the Director of Citizens Services of the County Executive's Office. (See attached organizational chart.)

2. Functions of Proposed Structure

- a. Contract with community resources in development of primary prevention services. These resources being responsible to appropriate staff of each center in order to insure input and feedback between community resources and center's staff.
- b. Needs assessment, including information on relevant minority data, to be done by contracting with community groups with technical assistance from center staff.
- c. Review of past needs assessment efforts by the Minority Program Specialist to develop primary prevention programs and to analyze current relevancy of programs and delivery of services to minorities.
- d. Develop a body of knowledge relevant to primary prevention re: minorities in the county. Endorse County policy to recommend required workshops and inservice training in primary prevention and proficiency in working with minorities leading to a certificate of proficiency upon

completion of programs. These certificates would be used in consideration for advancement within the Bureau. Include a process by which minority staff members can give support to one another and to exchange, compile, and distribute information for the purpose of developing inservice training. Time to be allotted for this from existing funds.

- e. Emphasis to be placed on services to children and agencies serving children as an important avenue for primary prevention interventions.
- f. Education and outreach to Probation Department, Courts and criminal justice enforcement agencies.
- g. Explore multi-service center model for service delivery to minorities.
- h. Develop relevant information and referral resources including use of mass media to announce services to minorities in appropriate languages.
- i. Develop and implement monitoring and evaluation systems.

Recommendation Number Four

Direct treatment be provided to minorities in practical proportion of the minority population of the catchment area.

Finally, the Task Force recommends that the target date for implementation of this Action Plan be set for no later than January 1, 1978, and that the ongoing Bureau-wide Minority Services Committee, as stated in Recommendation No. 3, item 1.e.,

be formed as soon as possible. Immediate objectives of this ongoing committee should also include planning for:

- (1) Services to other-than-ethnic minority groups, such as aging, gays, and handicapped; and
- (2) Expansion of MIST's capability to collect pertinent collaborative data on a County-wide, as well as catchment area, basis.

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I. Policy of Santa Clara County

5/9/82
Santa Clara County is an affirmative action/equal opportunity employer. No person shall be discriminated against with regard to recruitment, selection, appointment, training, promotion, retention, discipline, or other aspects of employment because of race, color, religion, ancestry, age, sex, marital status, physical handicap, medical condition or national origin.

II. Goals of the Second Five-Year Affirmative Action Plan

1. To maintain county wide employment parity which is proportional to the sex, ethnic and racial work force within the County of Santa Clara based on the 1970 Santa Clara County Labor Force census.
2. To achieve sex, racial, and ethnic parity throughout all the County of Santa Clara departments and in all EEOC job categories by January 1, 1982.
3. To assure that Affirmative Action/Equal Opportunity exists throughout the County for handicapped individuals.

III. Objectives

1. To eliminate discriminatory and artificial barriers to employment by continuing to analyze, evaluate and modify the recruitment, selection, testing and hiring practices of the County.
2. To monitor the Affirmative Action Plan's progress by continuing to record the number of women, minorities and handicapped who filed applications, passed exams, were hired, promoted or terminated.
3. To publicize the County's Affirmative Action/Equal Employment Opportunity Program by utilizing the Public Information Office to disseminate information.
4. To guarantee equal promotional opportunities for protected group members by assigning duties that will enhance career mobility.
5. To develop training series to provide promotional opportunities within existing career ladders.
6. To establish comparability in salaries among traditionally male and traditionally female job classifications.
7. To establish goals and timetables for the handicapped by compiling reliable data on the status of the handicapped in Santa Clara County.

IV. Responsibilities and Authority

1. Board of Supervisors: The Board shall pass the resolution in support of the Second Affirmative Action/Equal Employment Opportunity Program and shall support subsequent actions to implement the plan.
2. County Executive: Upon recommendation to the Board of Supervisors, the County Executive shall assure that each department and agency is complying with all the policy statements and with the intent of the County's Affirmative Action/Equal Employment Opportunity Program.
3. Personnel Director: Shall assist the Affirmative Action/Equal Employment Opportunity Officer in assuring that the stated objectives of the program are accomplished.

Shall fully support the Affirmative Action/Equal Employment Officer in order to assure that the other personnel divisions, department heads and staff coordinate with the Affirmative Action/Equal Employment Officer in actively supporting the Affirmative Action Program.

Shall intervene in order to resolve any problems related to the program between the Departmental Management, the Affirmative Action Advisory Council, Personnel and the Affirmative Action Program Manager.

4. Affirmative Action/Equal Employment Officer: The Personnel Director and the Affirmative Action Program Manager are the primary officials with responsibility and authority for the implementation of this Affirmative Action/Equal Employment Opportunity Program.

The Affirmative Action Program Manager:

- A. Shall identify department problem areas.
- B. Shall assist management in arriving at solutions to problems.
- C. Shall design and implement auditing and reporting systems that will:
 - i. measure the effectiveness of the County's Affirmative Action/Equal Employment Program.
 - ii. indicate the need for corrective action.
 - iii. determine the degree to which the County's goals and objectives have been attained.
- D. Shall develop training programs which increase the opportunities for women and minorities to promote.
- E. Shall serve as a liaison between the County and the Community action groups concerned with employment opportunities for minorities, women and the handicapped.

- F. Shall keep the Board of Supervisors, County Executive and top management informed of the latest developments in the entire equal opportunity area and the effectiveness of the implementation of this program.
 - G. Shall conduct periodic audits of training programs, hiring and promotion patterns to remove impediments to the attainment of goals and objectives.
 - H. Shall assure that departmental supervisors are cooperating fully with the County's Affirmative Action Program and that their work performance is being evaluated on the basis of their equal employment opportunity efforts and results, as well as other criteria.
 - I. Shall assure that departmental supervisors take action to prevent harassment of employees involved in affirmative action efforts.
 - J. Shall submit a report to the Board of Supervisors twice a year on the progress of the goals and objectives.
5. Departmental and Agency Heads:
- A. Shall be responsible for their department or agency's affirmative action program; for meeting the goals and timetables consistent with the overall goals established by the program.
 - B. Shall ensure that their managers, supervisors and staff fully understand the Affirmative Action/Equal Employment Opportunity Program and actively support it.
 - C. Shall initiate administrative changes needed to ensure the success of the Affirmative Action/Equal Employment Opportunity Program.
6. Departmental Personnel and Affirmative Action Officers:
- A. Shall assist their department and agency heads in the achievement of the affirmative action goals.
 - B. Shall assist the Personnel Department in aggressively recruiting minorities, women and handicapped for all deficient job categories.
 - C. Shall utilize alternately staffed training/entry level positions to employ protected groups in deficient job categories.
 - D. Shall identify actions needed to improve career opportunities for protected groups.

7. Affirmative Action Advisory Council

The Affirmative Action Advisory Council shall monitor, evaluate and recommend corrective action to the County of Santa Clara on all phases of the agency's Affirmative Action/Equal Employment Opportunity Program.

* The Affirmative Action Advisory Council shall be comprised of eleven members, seven representatives of local protected group organizations, one union member and three representatives of County Management.

The Board of Supervisors shall select the seven community organization representatives from nominations made by the Chicano Employment Committee (2), the Black Caucus, La Confederacion de la Raza Unida, the Handicapped Community, San Jose NOW and Asian Americans for Community Involvement. One of the representatives will be from the Black Community and three will be from the Spanish-Speaking Community.

The Affirmative Action Advisory Council shall meet four times a year in order to determine progress, problem areas, recommendations and other matters pertinent to the County's progress. Special meetings may be called as the need arises.

The Affirmative Action Council's function is one of an advisory role, making certain recommendations to the Board of Supervisors, County Executive, Director of Personnel, Affirmative Action Program Manager, employee groups, community groups, community groups and the public at large, in order to assist the Affirmative Action/Equal Employment Opportunity Program reach its stated goals and objectives.

V. Affirmative Action Program

1. Definition of Protected Groups

A. Black (Not of Hispanic origin): all persons having origins in any of the Black racial groups of Africa.

- B. Hispanic: all persons of Mexican, Puerto Rican, Cuban, Central or South ^{American} culture or origin, regardless of race.
- C. Asian or Pacific Islanders: all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, (except the Phillipine Islands). This area includes for example, China, Japan, Korea, Viet Nam, Samoa.
- D. Filipino: all persons having origins in any of the original peoples of the Phillipine Islands.
- E. American Indian or Alaskan Native: all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- F. Handicapped: anyone who has a physical or mental impairment which substantially limits one or more major life activities or has a record of such an impairment or is regarded as having such an impairment or is regarded as having such an impairment. "Substantially limits..." has to do with the degree to which the disability affects employability. "Major life activities..." includes communication, amputation, self-care, socialization, education, vocational training, transportation, housing and of course employment. The main emphasis is on those life activities that affect employment.
- G. Women: the female human being or women collectively as distinguished from man.

2. Description of Job Categories

- A. **Officials and Administrators:** Occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, or direct individual departments or special phases of the agency's operations, or provide on area basis. Includes: department heads, bureau chiefs, division chiefs, directors, deputy directors, controllers, examiners, wardens, superintendents, sheriffs, police and fire chiefs and inspectors and kindred workers.
- B. **Professionals:** Occupations which require specialized and theoretical knowledge which is usually acquired through college training or through work experience and other training which provides comparable knowledge. Includes: personnel and labor relations workers, social workers, doctors, psychologists, registered nurses, economists, dieticians, lawyers, system analysts, accountants, engineers, employment and vocational rehabilitation counselors, teachers or instructors, police and fire captains and lieutenants and kindred workers.
- C. **Technicians:** Occupations which require a combination of basic scientific or technical knowledge and manual skill which can be obtained through specialized post-secondary school education or through equivalent on-the-job training. Includes: computer programmers and operators, drafters, surveyors, licensed practical nurses, photographers, radio operators, technical illustrators, highway technicians, technicians (medical, dental, electronic, physical sciences), assessors, inspectors, police and fire sergeants and kindred workers.

- D. **Protective Service Workers:** Occupations in which workers are entrusted with public safety, security and protection from destructive forces. Includes: police patrol officers, fire fighters, guards, deputy sheriffs, bailiffs, correctional officers, detectives, marshals, harbor patrol officers and kindred workers.
- E. **Paraprofessionals:** Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually require less formal training and/or experience normally required for professional or technical status. Such positions may fall within an identified pattern of staff development and promotion under a "New Careers" concept. Includes: library assistants, research assistants, medical aids, child support workers, policy auxiliary, welfare service aids, recreation assistants, homemakers aides, home health aides, and kindred workers.
- F. **Office and Clerical:** Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information and other paperwork required in an office. Includes: bookkeepers, messengers, office machine operators, clerk-typists, stenographers, court transcribers, hearing reporters, statistical clerks, dispatchers, license distributors, payroll clerks and kindred workers.

- G. **Skilled Craft Workers:** Occupations in which workers perform jobs which require special manual skill and thorough and comprehensive knowledge of the processes involved in the work which is acquired through on-the-job training and experience or through apprenticeship or other formal training programs. Includes: mechanics and repairers, electricians, heavy equipment operators, stationary engineers, skilled machining occupations, carpenters, compositors and typesetters and kindred workers.
- II. **Service-Maintenance:** Occupations in which workers perform duties which result in or contribute to the comfort, convenience, hygiene or safety of the general public or which contribute to the upkeep and care of buildings, facilities or grounds of public property. Workers in this group may operate machinery. Includes: chauffeurs, laundry and dry cleaning operatives, truck drivers, bus drivers, garage laborers, custodial employees, gardeners and groundkeepers, refuse collectors, construction laborers.

3. Areas of Concern

A. County-wide employment parity

Santa Clara County is currently at Labor Force parity for women and minorities. The emphasis of the Second Five Year Affirmative Action/Equal Employment Opportunity Program will be to maintain County-wide employment parity which is proportional to the sex, ethnic and racial work force within the County of Santa Clara.

B. Job Category Parity

Santa Clara County is currently at parity in four of the eight job categories for women and in five of the eight job categories for minorities. The goal of the Affirmative Action/Equal Employment Opportunity Program will be to bring women and minorities into parity in all eight job categories.

a. Officials and Administrators

1. analysis of under representation

Women comprise 18.6% (or 54) of the Officials and Administrators.

Parity for women is 36.4% (or 105)

Women need 51 more to be at parity.

Hispanics comprise 4.1% (or 12) of the Officials and Administrators.

Parity for Hispanics is 14.8% (or 43)

Hispanics need 31 more to be at parity.

Total minorities comprise 12.0% (or 35) of the Officials and Administrators

Parity for minorities is 20.4% (or 59)

Total minorities need 24 more to be at parity.

ii. causes of under representation of protected groups in the
Officials and Administrators.

- low turnover in the class.
- inadequate recruitment base of women and minorities in the professional job category
- inadequate training of women and minority professionals to perform as managers.
- continued use of provisional appointments to fill vacancies.

b. Professionals

i. analysis of under representation

Hispanics comprise 7.2% (or 229) of the Professionals

Parity for Hispanics is 14.8% (or 474)

Hispanics need 245 more to be at parity.

Total minorities comprise 17.4% (or 555).

Parity for minorities is 20.4% (or 653).

Minorities need 98 more to be at parity.

ii. causes of under representation of protected groups

- insufficient number of minorities trained in specialized professional jobs.
- over utilization of women in the traditional positions of nurse, librarian, social worker.
- over utilization of Spanish Surname in the paraprofessional job category.

-practice of examining and hiring at the higher level of an alternately staffed series.

c. Technicians

Minorities and women are at parity in the Technician job category

d. Protective Service

There is a sufficient number of qualified women on the Deputy Sheriff eligible list to bring women into parity in this job category.

Minorities are at parity in the Protective Services.

e. Paraprofessionals

Women and minorities are over represented in the paraprofessionals job category.

f. Office and Clerical

Women and minorities are over represented in the Office and Clerical

g. Skilled Craft

i. analysis of under representation

No women are employed in the Skilled Crafts.

Parity for women is 36.4% (or 128)

Women need 128 more to be at parity.

Hispanics comprise 10.2% (or 36) of the Skilled Crafts.

Parity for Hispanics is 14.8%.

Hispanics need 17 more to be at parity.

Asians comprise 1.4% (or 5) of the Skilled Crafts.

Parity for Asians is 2.3% (or 8).

Asians need 3 more to be at parity.

Total minorities comprise 16.2% (or 57) of the Skilled Crafts.

Parity for minorities is 20.4% (or 72).

Minorities need 15 more to be at parity.

ii. causes of under representation

-practice of hiring only at the journeyman level.

-reliance on the building trades to provide our recruitment base.

h. Service-Maintenance

i. analysis of under representation

Women comprise 25.2% (or 294) of the Service-Maintenance.

Parity for women is 36.4% (or 425).

Women need 173 more to be at parity.

Total minorities are over represented in the Service-Maintenance job category.

G. Creation of the Handicapped Program

Santa Clara County shall develop a handicap program to provide equal employment opportunities for the handicapped.

The Program shall:

1. Establish a reliable data base to be used to determine the number of employable Handicaps in Santa Clara County.
2. Establish goals and timetables for reaching parity:
 - by handicap (type of)
 - by job category
 - by department

3. Analyze the barriers to employment for the handicapped.
4. Establish procedures for achieving the goals.
5. Establish procedures for monitoring the progress.
6. Make a progress report twice a year as part of the Affirmative Action Report to the Board of Supervisors.

D. Recommended Actions

1. Review exam procedures for adverse impact on protected groups.
2. Review salary allocations for adverse impact among traditionally female job classifications.
3. Establish a policy of examining at the training or entry level for positions in the deficient job categories.
4. Create alternately staffed training/entry level positions in the deficient job categories to provide opportunities for women and minorities.
5. Establish an apprenticeship program for the Skilled Crafts workers.
6. Review all personnel practices for adverse impact on protected group members.
7. Develop policies and a program for the handicapped.
8. Develop a training series in the deficient job categories to foster career mobility.

APPENDIX J

Department of Health and Bureaus Under the Department of Health
(Parity Level)

Full Time Employee Distribution
As of 12-1-73 by Sex,
Ethnic Group And Job Category

JOB SERIES	TOTAL		MALE		FEMALE		HANDICAPPED		WHITE		BLACK		SPANISH SINGAPORE		ASIAN		AM. INDIAN ALASKAN NATIVE		FILIPINO		TOTAL MINORITIES		%
	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	
3 AID MATCHES	18	844.4	10	55.6	0	0	16	88.9	1	5.6	0	0	0	0	1	5.6	0	0	0	0	0	0	11.1
ONELS	229	2410.5	205	89.5	3	0	191	83.4	11	4.8	9	3.9	17	7.4	0	0	0	0	1	0.4	38	16.6	
JANS	10	330.0	7	70.0	0	0	8	80.0	0	0	1	10.0	0	0	0	0	0	0	1	10.0	2	20.0	
TR SER-VERS																							
NS-	29	6.5	27	93.1	0	0	9	31.0	0	0	19	55.5	1	3.5	0	0	0	0	0	0	20	68.9	
ED	112	43.6	108	96.4	2	0	91	81.3	3	2.7	13	11.6	4	3.6	0	0	0	0	1	0.9	21	18.8	
CUYA																							
ICE	4	0	4	100.0	0	0	2	50.0	0	0	2	50.0	0	0	0	0	0	0	0	0	2	50.0	
CF	402	4110.2	361	89.8	5	0	317	78.9	15	3.7	44	10.0	23	5.7	0	0	0	0	3	0.0	85	21.1	
RES			49.3	50.7		*	76.7			1.7	17.6		2.9										
RES			63.6	25.4			79.2			1.6	14.8												

12-1-73

PUBLIC GUARDIAN
As of 12-1-77
Numbers Needed to Reach Parity

	Total In Category	Female	Black	Hispanic	Asian	Amer. Indian/ Alaskan Native	Filipino	Total Needed
als & Admin.								
ssionals	10	$\frac{4}{40.0}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(2)}$
icians	3	$\frac{2}{66.7}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$
professionals								
e & Clerical	11	$\frac{11}{100.0}$	$\frac{1}{9.1}$	$\frac{3}{27.3}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{4}{36.4}$
ce & Maintenance								
Needed								
Status	24	$\frac{17}{70.8}$	$\frac{1}{4.2}$	$\frac{3}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{4}{(1)}$
		36.4%	1.6%	14.8%	2.9%	.4%	.6%	20.8%

Indicates at parity or above

() Indicates number needed to reach parity

ALCOHOL BUREAU 423

As of 12-1-77

Numbers Needed to Reach Parity

	Total In Category	Female	Black	Hispanic	Asian	Amer-Indian/ Alaskan Native	Pilipino	Total Needed
As & Admin. (+1)	6	2 (1)	1 16.6	0 (1)	0 (1)	0 (1)	0 (1)	1 (1)
Professionals	48	31 64.6	1 2.1	2 (5)	3 6.3	0 (1)	2 4.2	8 (2)
Technicians	9	6 66.7	0 (1)	0 (1)	1 11.1	0 (1)	0 (1)	1 (1)
Professionals	44	20 45.5	5 11.4	16 36.4	0 (1)	2 4.6	0 (1)	23 52.3
Administrative & Clerical (+1)	24	24 100.0	0 (1)	3 (1)	2 8.3	0 (1)	0 (1)	5 20.8
Administrative & Maintenance								
Needed								
Status	131	83 63.4	7 5.34	21 16.0	6 4.6	2 1.5	2 1.5	38 29.0
		36%	16%	14%	29%	4%	6%	20.8%

Indicates at parity or above

() Indicates number needed to reach parity

ALCOHOL BUREAU 423
 Full Time Employee Distribution
 As of 12-1-77 by Sex,
 Ethnic Group And Job Category

JOB CATEGORIES	TOTAL	MALE		FEMALE		HANDICAPPED		WHITE		BLACK		SPANISH SURNAMED		ASIAN		AM. INDIAN ALASKAN NATIVE		FILIPINO		TOTAL MINORITIES	%	
		NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%			
DRUG AND DISTRICTS	6	4	66.7	2	33.3	0	0	5	83.3	1	16.6	0	0	0	0	0	0	0	0	0	1	16.7
TECHNICALS	48	17	35.4	31	64.6	1	0	40	83.3	1	2.1	2	4.2	3	6.3	0	0	2	4.2	8	16.7	
TECHNICALS	9	3	33.3	6	66.7	0	0	8	88.9	0	0	0	0	1	11.1	0	0	0	0	1	11.1	
STIVE SER- VICERS	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
PROCES- SED	44	24	54.6	20	45.5	0	0	21	47.7	5	11.4	16	36.4	0	0	2	4.6	0	0	23	52.3	
LABOR AND MATERIAL	24	0	0	24	100.0	0	0	19	79.2	0	0	3	12.5	2	8.3	0	0	0	0	5	20.8	
LABOR CRAFT AND	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
LABOR AND FINANCE	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
TOTAL	131	48	36.6	83	63.4	1	0	93	70.9	7	5.34	21	16.0	6	4.6	2	1.5	2	1.5	38	29.0	
WHITE TECHNICALS AND LABOR			49.3		50.7		*		76.7		1.7		17.6		2.9		.4		.6		23.3	
WHITE TECHNICALS AND LABOR			63.6		36.4		**		79.2		1.6		14.8		2.2		**		**		20.2	

HEALTH DEPARTMENT
As of 12-1-77
Numbers Needed to Reach Parity

	Total In Category	Female	Black	Hispanic	Asian	Amer. Indian/ Alaskan Native	Filipino	Total Needed
Officials & Admin. (-2)	41	$\frac{20}{48.4}$	$\frac{2}{4.9}$	0 (6)	$\frac{2}{4.9}$	0 (1)	0 (1)	4 (4)
Professionals (+27)	521	$\frac{376}{72.2}$	$\frac{20}{3.8}$	20 (57)	$\frac{26}{4.9}$	1 (1)	7 (1.3)	74 (34)
Technicians (+4)	77	$\frac{30}{38.9}$	$\frac{7}{9.1}$	3 (8)	1 (1)	0 (1)	1 (1.3)	12 (4)
Para-professionals (+1)	122	$\frac{73}{59.8}$	$\frac{13}{10.7}$	61 (50.0)	1 (3)	2 (1.6)	0 (1)	77 (63.1)
Office & Clerical (+4)	239	$\frac{233}{97.5}$	$\frac{6}{2.5}$	31 (4)	7 (2.9)	2 (.8)	1 (1)	47 (3)
Service & Maintenance	4	$\frac{4}{100.0}$	0 (1)	2 (50.0)	0 (1)	0 (1)	0 (1)	2 (50.0)
Total Needed								
Bureau Status	1004	$\frac{736}{73.3}$	$\frac{48}{4.8}$	117 (31)	$\frac{37}{3.7}$	5 (.5)	9 (.9)	216 (21.5)
Parity		36.4%	16%	14.8%	29%	4%	.6%	20.8%

Indicates at parity or above
() Indicates number needed to reach parity

PUBLIC HEALTH BUREAU 410, 411, 570

As of 12-1-77

Numbers Needed to Reach Parity

	Total In Category	Female	Black	Hispanic	Asian	Amer. Indian/ Alaskan Native	Filipino	Total Needed
als & Admin. (-)	18	$\frac{10}{55.6}$	$\frac{1}{5.6}$	$\frac{0}{(3)}$	$\frac{1}{5.6}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{2}{(2)}$
sionals (+12)	229	$\frac{205}{89.5}$	$\frac{11}{4.8}$	$\frac{9}{(25)}$	$\frac{17}{7.4}$	$\frac{0}{(1)}$	$\frac{1}{(1)}$	$\frac{38}{(9)}$
cians (+1)	10	$\frac{7}{70.0}$	$\frac{0}{(1)}$	$\frac{1}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{1}{10.0}$	$\frac{2}{(1)}$
rofessionals (+1)	29	$\frac{27}{93.1}$	$\frac{0}{(1)}$	$\frac{19}{65.5}$	$\frac{1}{3.5}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{20}{68.9}$
& Clerical (+2)	112	$\frac{108}{96.4}$	$\frac{3}{2.7}$	$\frac{13}{(3)}$	$\frac{4}{3.6}$	$\frac{0}{(1)}$	$\frac{1}{.9}$	$\frac{21}{(2)}$
o & Maintenance	4	$\frac{4}{100.0}$	$\frac{0}{(1)}$	$\frac{2}{50.0}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{2}{50.0}$
Needed								
1 Status (+15)	402	$\frac{361}{89.8}$	$\frac{15}{3.7}$	$\frac{49}{(15)}$	$\frac{23}{5.7}$	$\frac{0}{(2)}$	$\frac{3}{.7}$	$\frac{85}{21.1}$
		364%	16%	14.8%	29%	4%	.6%	20.8%

$\frac{\quad}{\quad}$ Indicates at parity or above

() Indicates number needed to reach parity

MENTAL HEALTH BUREAU 412, 415, 419

As of 12-1-77

Numbers Needed to Reach Parity

	Total In Category	Female	Black	Hispanic	Asian	Amer. Indian/ Alaskan Native	Filipino	Total Needed
Officials & Admin. (-2)	17	$\frac{8}{47.1}$	$\frac{0}{(1)}$	$\frac{0}{(3)}$	$\frac{1}{5.9}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{1}{(2)}$
Professionals (+15)	234	$\frac{136}{58.1}$	$\frac{8}{3.4}$	$\frac{9}{(25)}$	$\frac{6}{(1)}$	$\frac{1}{.4}$	$\frac{4}{1.7}$	$\frac{28}{(20)}$
Technicians (+3)	55	$\frac{15}{(5)}$	$\frac{7}{12.7}$	$\frac{2}{(6)}$	$\frac{0}{(2)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{9}{(2)}$
Para-professionals	49	$\frac{26}{53.1}$	$\frac{8}{16.3}$	$\frac{26}{53.1}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{0}{(1)}$	$\frac{34}{59.4}$
Office & Clerical (+1)	92	$\frac{90}{97.8}$	$\frac{2}{2.2}$	$\frac{12}{(1)}$	$\frac{1}{(2)}$	$\frac{2}{2.2}$	$\frac{0}{(1)}$	$\frac{17}{(2)}$
Service & Maintenance								
Total Needed								
Bureau Status (+17)	447	$\frac{275}{61.5}$	$\frac{25}{5.6}$	$\frac{49}{(17)}$	$\frac{8}{(5)}$	$\frac{3}{.7}$	$\frac{4}{.9}$	$\frac{89}{(4)}$
Parity		36%	16%	16%	29%	4%	6%	20.5%

Indicates at parity or above

() Indicates number needed to reach parity

MEMPHIS
As of 12-1-77 by Sex,
Ethnic Group and Job Category

JOB CATEGORIES	TOTAL	MALE		FEMALE		HANDICAPPED		WHITE		BLACK		SPANISH SPEAKING		ASIAN		AM. INDIAN ALASKAN NATIVE		FILIPINO		TOTAL MINORITIES	%
		NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%		
		MANUAL AND OPERATORS	41	21	51.2	20	48.8	0	0	37	90.2	2	4.9	0	0	2	4.9	0	0		
PROFESSIONALS	521	145	27.8	376	72.2	4	.8	447	85.8	20	3.8	20	3.8	26	4.9	1	.2	7	1.3	74	14.2
TECHNICIANS	77	47	61.0	30	38.9	0	0	65	84.4	7	9.1	3	3.9	1	1.3	0	0	1	1.3	12	15.6
PROTECTIVE SERVICES WORKERS																					
PROFESSIONALS	122	49	40.2	73	59.8	0	0	45	36.9	13	10.7	61	50.0	1	.8	2	1.6	0	0	77	63.1
MANUAL AND OPERATIONAL	239	6	2.5	233	97.5	2	.8	192	80.3	6	2.5	31	12.9	7	2.9	2	.8	1	.4	47	19.7
UNLEARNED CRAFT WORKERS																					
MANAGEMENT AND MAINTENANCE	4	0	0	4	100.0	0	0	2	50.0	0	0	2	50.0	0	0	0	0	0	0	2	50.0
ALLS	1004	268	26.7	736	73.3	6	.6	788	78.5	48	4.8	117	11.7	37	3.7	5	.5	9	.9	216	21.5
MANAGEMENT SERVICES PERSONNEL			49.3		50.7		*		76.7		1.7		17.6		2.9		.4		.6		3.3
ARMY CORP. BASED POLICE FORCE PERSONNEL			63.6		36.4		**		79.2		1.5		34.8		**		**		**		

PUBLIC GUARDIAN
 Full Time Employee Distribution
 As of 12-1-77 by Sex,
 Ethnic Group And Job Category

JOB CATEGORIES	TOTAL	MALE		FEMALE		HANDICAPPED		WHITE		BLACK		SPANISH SURNAMED		ASIAN		AM. INDIAN ALASKAN NATIVE		FILIPINO		TOTAL MINORITIES	%	
		NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%			
MANAGERS AND SUPERVISORS																						
TECHNICALS	10	6	60.0	4	40.0	0	0	10	100.0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLERKS	3	1	33.3	2	66.7	0	0	3	100.0	0	0	0	0	0	0	0	0	0	0	0	0	0
FIELD SERVICE PERSONNEL																						
OPERATORS																						
LABORERS AND ALLIED	11	0	0	11	100.0	0	0	7	63.6	1	9.1	3	27.3	0	0	0	0	0	0	4	36.4	
SKILLED CRAFTS																						
UNSKILLED AND SERVICE																						
SEMI-PROFESSIONALS	24	7	29.2	17	70.8	0	0	20	83.3	1	4.2	3	12.5	0	0	0	0	0	0	4	16.7	
PROFESSIONALS			49.3		50.7		*		76.7		1.7		17.6		2.9		.4		.6		23.3	
PROFESSIONALS - UNLICENSED			62.0		38.0		**		79.2		1.6		14.8		**		**		**		30.8	

Mental Health Outlets
 Full Time Employee Distribution
 As of 12-1-77 by Sex,
 Ethnic Group And Job Category

JOB CATEGORIES	TOTAL	MALE		FEMALE		HANDICAPPED		WHITE		BLACK		SPANISH SPEAKING		ASIAN		AM. INDIAN ALASKAN NATIVE		FILIPINO		TOTAL MINORITIES	%
		NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%		
IS AND TENDERS	17	9	52.9	8	47.1	0	0	16	94.1	0	0	0	0	1	5.9	0	0	0	0	1	5.9
TECHNICALS	234	98	41.9	136	58.1	0	0	206	88.0	8	3.4	9	3.9	6	2.6	1	.4	4	1.7	28	11.9
DIAGN	55	40	72.7	15	27.3	0	0	46	83.6	7	12.7	2	3.6	0	0	0	0	0	0	9	16.4
FIVE SERVICERS																					
OFFICES	49	23	46.9	26	53.1	0	0	15	30.6	8	16.3	26	53.1	0	0	0	0	0	0	34	69.4
AND AL	92	2	2.6	90	97.8	0	0	75	81.5	2	2.2	12	13.0	1	1.1	2	2.2	0	0	17	18.5
TO CRAFTS																					
AND RANGE																					
S	447	173	38.5	275	61.5	0	0	358	80.1	25	5.6	49	10.9	8	1.8	3	.7	4	.9	89	19.9
TECHNICALS			49.3		50.7		*		76.7		1.7		17.6		2.9		.4		.6		22.5
GRAND TOTAL			63.6		36.4		**		79.2		1.6		16.8		**		**		**		12.5

PERCENTAGE