AMERICAN PSYCHOLOGICAL ASSOCIATION
Division of Community Psychology

SAUL COOPER
President

WIL EDGERTON
President-Elect

Ψ NEWSLETTER

Volume VI | April, 1973 | Number 2

Submission of Fellowship Nominations

The time for submission of nominations of qualified individuals for Fellowship Status in Division 27 is upon us. This announcement reviews the process by which current APA members can be nominated to *initial* Fellowship status through our Division.

First let me review the eligibility requirements for Fellowship status. The minimal standards for Fellowship under APA by-laws are:

1. a doctoral degree based in part upon a psychological dissertation conferred by a graduate school of recognized standing;
2. prior standing as a Member, for at least one year, both in APA and in Division 27;
3. active engagement at the time of nomination in the advancement of psychology in any of its aspects;
4. five years of acceptable professional experience subsequent to the granting of the doctoral degree;
5. evidence of unusual and outstanding contribution or performance in the field of psychology; and
6. nomination by one of the Divisions of which he is a member.

Initial nominations to the Division 27 Fellowship Committee can only be made by current Fellows of Division 27. At this time we welcome nominations of individuals who you feel to be qualified for Fellowship Status in the Division. Upon receipt of such nominations, I will initiate the necessary review process with the candidate and his endorsers.

The review process is a fairly lengthy and complicated one. At the Divisional level nominating materials must be collected and submitted to APA, on or about June 1, 1973. An internal review process by the overall APA Membership Committee follows and a final slate of nominees is submitted to the APA Board of Directors and Council of Representatives. The Council is the body that actually elects Fellows (upon nomination by the Board of Directors). Those elected at this year's annual APA meeting will assume Fellowship status on January 1, 1974.

Thus, it is essential that the nominating process for appropriate candidates be initiated as soon as possible. Please send all such nominations directly to me at the address listed below:

Emory L. Cowen, Ph.D., Chairman
Division 27 Fellowship Committee
University of Rochester
Center for Community Study
575 Mt. Hope Avenue
Rochester, New York 14620

ADDRESS LIST

An address list of the members of Division 27, arranged according to state, is available on request from:

Ms. Gayle Hill
Psychology Department
The University of Texas
Austin, Texas 78712

Division 27 Training Committee Wants Input

Joseph F. Aponte

Between July 23-26 the American Psychological Association Conference on Professional Training will be held in Vail, Colorado. The purpose of this meeting is to consider new patterns of professional training at all degree levels. Division 27 is preparing for this conference through the activities of the Division 27 Training Committee and Division 27 Regional Coordinators.

The Training Committee consists of the following individuals: (1) Joseph F. Aponte, Chairperson and Southeastern Representative; (2) Bernard Saper, Eastern Representative; (3) Cary Cherniss, Mid-western Representative; (4) Dorothy Fruchter, Southwestern Representative; (5) Sidney Glassman, Rocky Mountain Representative; (6) Bill Pierce, Western Representative; (7) Don Kirk, Member at Large; and (8) Fred E. Spaner, Member at Large.

The responsibilities of the Training Committee Chairperson include: (1) preparation and dissemination of an annotated bibliography on community psychology training; (2) collection and dissemination of descriptions of community psychology training programs from throughout the country; (3) coordination of Training Committee activities; and (4) preparation of final position paper for the APA Conference on Professional Training.

Committee Training Members have the responsibility of: (1) reading and assimilating the position papers on community psychology training that have been prepared to date: (2) gathering inputs on training from all levels at regional conferences organized in conjunction with the Regional Coordinators; and (3) preparation of reports that will be used in the final position paper.

There are currently several regional meetings that are being organized. It is hoped that the members of Division 27, as well as other interested persons, will be able to make inputs into these meetings. You can also make inputs through your Regional Training Member or Joseph F. Aponte at the Department of Psychiatry, Memorial Hospital, University of North Carolina, Chapel Hill, North Carolina 27514.

7th Annual International Convention

The Association for Advancement of Behavior Therapy announces its Seventh Annual International Convention December 7-9, 1973 at the Fontainebleau Hotel in Miami Beach, Florida. In addition to a full program of research and clinical papers, a comprehensive program of training workshops led by several notable behavior therapists will be offered. Early pre-registration is urged.

For further information and registration materials, please contact:

Richard B. Stuart, D.S.W.
AABT Program Chairman
415 East 52 Street
New York, N.Y. 10022

PROGRAM EVALUATION: WHAT'S GOING ON?

Ronald H. Nelson, Guest Editor

Adler Regional Center
Champaign, Illinois

It's already becoming trite to open a paper by suggesting that the area of program evaluation research is becoming a subject of increasing concern. It has become. The primary problem, however, is that it is not the community psychologists, social workers, or psychiatrists who have become—it's the accountants. Through such techniques as Management Information Systems (MIS) and Management Cost Systems (MCS), cost factors are being applied on time (some have suggested that this is effort, but that might be stretching the point) and not effect. Unfortunately, this data is not complex and is easily communicable to legislators or other decision makers regarding funding. Therefore, the influence of these techniques are on the ascent.

This opening paragraph is not intended to imply that psychologists and others are not involved or working in the area of determining effect: they are, and some of these approaches will be summarized in this paper. Nor should it be inferred that the MIS or MCS are worthless: they are not. But of primary concern here is the need to relate time and cost information to effect data. Cost and accountability are important concerns when "wells run dry," but effectiveness information is essential.

The task here is two-fold, the first being the development of the administrative feedback loop where the evaluation data is used for program decision-making, the second being the development of techniques to provide effective information. With regard to the first concern, several and various problems are involved and are described in detail by Wolken (1972) and Weiss (1971). In this present article, Carol Weiss summarizes her text which focuses on some of the problems she encountered while studying various evaluation efforts.

If there has been any debate around technique development and selection in evaluation, it has been between the systems and goals oriented approaches. John Burgess presents a program which is based strongly on systems theory ideology. He discusses the use of network analysis as a method for the study of service delivery. Elizabeth Levinson, on the other hand, discusses an application of the Goal Attainment Model, a technique which has been rapidly expanding in recent years.

In reality, however, goals are achieved within systems. Program goals cannot be achieved nor program modifications made without consideration of the total complex within which the program is but a part. However, just the selection of goals can help the workers clarify their objectives and can, for many agencies, be a significant step in and of itself. Paul Binner, Stanley Murrell and Ray Burgett provide summaries of program which include both goals and systems components. Binner's approach is particularly interesting, because it provides treatment goals in terms of economic productivity, which can be a meaningful follow-up measure that goes beyond most currently used measures. Murrell's work goes from community knowledge to inter-agency relationships; both areas have been of critical concern in the current community movement which focuses on access and resource optimization. Burgett describes an evaluation project directed by James A. Ciarlo, which ranges from assessing client attitude toward services to identifying expected client benefits and costs associated with various program strategies, with an administrative feedback loop for using the data for program improvement. Another promising approach from an applied systems framework is presented by Patricia Honchar, who describes the Multi-State Informational System used at the Rockland State Hospital. Albert Urmer describes some of the evaluation projects of the ENKI Research Institute which also includes cost and systems components.

Using a variety of testing procedures, John Gullo provides information regarding how he plans to evaluate the adult inpatient program at a state facility. Gladys Piper Whitton develops a consultation model and activities which have taken on increasing involvement by psychologists in recent years. Herbert Schulberg describes a course that he teaches in the area of evaluation research. This is another important area which deserves more emphasis.

It need be pointed out here that John Burgess recently put a notice in the APA Monitor announcing the availability of a completed systems analysis of community agencies. He received over 200 requests for his study, a number which went beyond his supply. Apparently *people are concerned with evaluation procedures. If any readers here are interested in developing a communication grapevine for dissemination of information, please contact Ronald Nelson and we will attempt to progress further along those lines.*

In closing, let me say that the papers presented here are just mini-summaries of some activities. *If anyone is interested in more details, please do not hesitate to write these authors for more specific information.*

Organizational Constraints

Carol H. Weiss

Bureau of Applied Social Research, Columbia University,
605 W. 115th Street, New York 10025

Organizational Constraints on Evaluation Research presents the results of a study of ten applied research projects, seven of them funded by N.I.M.H. The report identifies common problems that appeared, problems that strained the capabilities of researchers however skilled they were in the methods and techniques of research. Among the most pervasive were: (1) conflicts in perceptions about the purposes of evaluation, (2) the location of the evaluation staff in the organizational structure, (3) relationships between evaluators and practitioners, (4) difficulties in staffing evaluation positions (e.g., use of part-time personnel, reliance on consultants, staff turnover), (5) characteristics of the program—vagueness, change, discontinuity, poor management, poor service delivery, (6) timing of evaluation, (7) inadequate provision for use and dissemination of results.

Systems Evaluation Methods

John Burgess

Adolf Meyer Center,
East Mound Road, Decatur, Illinois 62526

The research staff, under the direction of John H. Burgess at the Adolf Meyer Center in Decatur, Illinois, are developing concrete systems evaluation methods in the design of community mental health programs. The major effort is directed toward introducing valid evaluative criteria into the administrative feedback loop that are instrumental to the improvement of mental health and human service delivery systems in a 16-county region of East Central Illinois. High-risk population studies provide an ongoing data base for assessment as input to the various modes of treatment services. Concrete assessment procedures have been developed, such as open-adaptive systems evaluation of community services, and patient-based tracking through networks of services in identifying service cycles and outcomes. Developments are directed toward ultimately deriving evaluative data on a cost-benefits or effectiveness basis in implementing the policy of the Illinois Department of Mental Health, viz., improving quantity and quality of locally-owned community mental health services while obviating extrusion to remote residential facilities.

Goal Attainment

Elizabeth J. Levinson

The Counseling Center,
43 Illinois Avenue, Bangor, Maine 04401

We at the Counseling Center began in August, 1972 our first evaluation study; a pilot project used the "Goal Attainment Scaling" method of Kiresuk and Sherman (1968) in slightly modified form. We intend to study 100 patients admitted to our outpatient services.

A research staff member must request each patient to sign a Consent Form indicating willingness to be contacted for follow-up. The clinician must then make out a "Goal Attainment Follow-up Guide," entering what he sees as the patient's presenting problems which must be of "mental health" type but of any kind or degree of seriousness. Each problem must be "scaled"; five different levels of desirable or undesirable outcomes considered more or less probable must be briefly specified.

The levels must all be operationally defined so that level attained by the patient can be determined by an independent follow-up worker on the basis only of demographic data and the Follow-up Guide. The clinician also indicates on a separate form the patient's level at intake on each of the scaled problems. Each Follow-up Guide is assessed by the Research Department and, when necessary, the clinician is asked to modify it.

Each Guide is then filed until its follow-up date approaches, at which time the patient is asked to permit an interview. The patient is first asked about his degree of satisfaction with the services received. His own account of the problems which brought him to The Counseling Center and his current status is then obtained, and, on this basis, with the aid of observations made by the interviewer, the patient's level on each scale of the Follow-up Guide is marked.

The study thus far has encountered several major problems such as the clinician's feeling that time used in preparing Follow-up Guides could be better used in helping patients, and their objections to requests for alterations of their Follow-up Guides. The requirement that a Follow-up Guide must be completed before the patient's third interview has caused a considerable number of patients to be lost to the study, and further losses have occurred because patients for whom a Consent Form and a Follow-up Guide had been obtained dropped out. Now 14 weeks and 176 Intakes later, there are 65 cases for whom follow-up is possible and actual follow-up interviews are just beginning to fall due.

We expect to determine for each patient the direction and extent of change following treatment and to be able to report to the whole clinical staff involved their average success. For any individual clinician who has several patients in the study, we shall be able to report also his or her own average success. Meanwhile we shall have obtained experience with the method used and shall have made at least a start toward reconciling ourselves to the necessity of evaluating our services.

Output Value Analysis

Paul R. Binner

Fort Logan Mental Health Center, Division of Mental Health,
Department of Institutions, Denver, Colorado 80236

Joseph Halpern

Department of Psychology, University of Denver,
Denver, Colorado 80201

Output Value Analysis provides a framework for evaluative analysis of mental health programs that relates specifically to the program and fiscal concerns of the mental health administrator.

This framework seeks to relate two basic measures of a program's performance: (1) an estimate of the value of what the program has produced, and (2) an estimate of the costs involved in achieving that product. Out of a variety of products that a mental health program might produce, perhaps the most important single "product" is the patient who is returned to function in the community. Out of the variety of costs involved in achieving this return to the communty, the most immediately involved and most directly related to the administrator's influence are the program costs expended on behalf of the patient. The value of the returned patient is defined in terms of the patient's estimated economic productivity plus the value of his response to the program. His economic productivity is estimated from his earnings during the 12 months prior to his entering treatment. This is probably a conservative estimate in view of the presumed impairment during that time. The value of his response to the program is measured as a function of both his level of impairment upon entering the program as well as his level of response upon leaving it. The program costs are measured by weighing the time he spent in each treatment status by the estimated cost of each status.

It would appear that the framework proposed and the kind of data it can generate hold considerable promise for giving the mental health program administrator at least partial answers to the kinds of questions frequently posed by his funding or governing bodies. The framework offers a method whereby he can analyze his programs and make decisions on the allocations of his efforts based on explicit measures of the productivity and effectiveness of his programs.

Computer Simulation

Ray Burgett

Department of Psychology, University of Denver,
Denver, Colorado 80210

The evaluation effort of the Denver General Hospital's Community Mental Health Center treatment program and its effect on clients is made up of three major phases.

Phase One monitors the Center as a system made up of inputs, processes, and outputs (effects on clients). This initial phase has devised a simplified set of forms for Center staff use in collecting client information at times of admission, subsequent encounters, transfers, and terminations. Monthly computerized printouts provide client treatment statistics based on the information coded from these forms. Forms have also been initiated to record the amount of indirect services performed by Center personnel.

Another accomplishment of this phase is the creation of a validated outcome measure used to assess client condition after using Center services. This outcome measure is in the form of a questionnaire given to Center clients about ninety days after their admission to Center services. The questionnaire, administered by an interviewer, measures the client's responses along seven dimensions, ranging from psychological discomfort to satisfaction with Center services.

The operations research segment, or Phase Two of this evaluation effort, uses the data captured by the monitoring phase to form a computerized model reflecting how the Center is presently operating. Using this basic model, variations can be made which represent alteration or replacement of present treatment procedures. The results produced from this research can be used to study the potential merit of the proposed variations in terms of client impact and associated costs.

As information from the above two phases is fed back to Center management, Phase Three studies the impact of this feedback on Center decision-making and subsequent treatment operations and effectiveness.

Catchment Area Linkages

Stanley A. Murrell

Department of Psychology, University of Louisville,
Louisville, Kentucky 40208

I have a contract to evaluate a Parent-Child Center (PCC). This evaluation includes: (1) a door-to-door survey of parents in the catchment area to determine what information they have about PCC, and, if they have participated in PCC, what they thought of the program; (2) an assessment of client change based on objectives set by staff—baselines are established by direct observation and then the clients are reassessed four to six weeks later; (3) an assessment of staff relationships, communication and decision-making processes, etc., through structured interviews and a questionnaire; (4) an assessment of PCC's relationships with other agencies with whom it relates through structured interviews with members at these agencies.

A second project concerns the relative effectiveness of juvenile offender treatment institutions for different kinds of juvenile offenders. Evaluation includes collecting staff ratings of relative adjustment in each institution and post-release adjustment and the study of each institution using Moos' COPES instrument.

Process Objectives

Patricia A. Honchar

Information Sciences Division, Rockland State Hospital,
Orangeburg, New York 10962

Gilbert Honigfield is director of an NIMH supported study of the measurement of progress toward community mental health center program objectives. The "process" objectives being examined in four CMHC's are accessibility, equity, continuity, and appropriateness of care.

The four centers in the study are part of a larger number of centers and hospitals which report mental health data to the Multi-State Information System located at the Information Sciences Division, Rockland State Hospital.

Methodologically, this study uses social area analysis to identify demographically homogeneous areas in the catchment area of each CMHC. The data used in the analyses are from the 1970 U.S. census. Client data stored in the MSIS computer will then be examined within each social area to determine the degree of process objective attainment.

A primary purpose of the study is not to compare centers, but to develop a common method for each center to apply as a self-monitoring method on a continuing basis. The time period of the study is 15 months, July 1972 to September 1973, at which time a final report will be submitted.

Research Institute Studies

Albert H. Urmer

ENKI Research Institute,
9105 Fullbright Avenue, Chatsworth, California 91311

ENKI Research Institute conducts evaluations of community mental health and other service oriented programs. Of primary interest to psychologists are the community mental health program evaluations. Depending on the scope of the project, which has ranged from a three year evaluation of the California mental health system to evaluating the program components of a proprietary institution, the techniques for evaluation differ. In extensive projects where program component impact, administrative procedure, and cost effectiveness must be evaluated as well as identification of their interactive effects, the evaluation techniques include detailed studies of the system components (including non-mental health agencies that have an indirect effect on the mental health system), evaluation of program components, and, frequently, the study of a cohort representative of the total patient population to determine the impact of the system upon them. Cost effectiveness is evaluated by determining both unit cost and patient history cost, and determining program effectiveness based on objective, identifiable criteria. In many cases, the criteria are multiple, depending on the particular orientation of the program.

Samples of these techniques are reflected in reports, available from ENKI, on the study of the California mental health system and evaluation of and recommendations for the San Diego County Mental Health Services.

Program Dimensions

John M. Gullo

Andrew McFarland Center,
901 Southwind Road, Springfield, Illinois 62703

Program evaluation of the Adult Mentally Ill program involves the collection of data along three dimensions of the program's activity. The first is a form that all residents (patients) complete on the day of their discharge from inpatient treatment. The form may be filled out anonymously and contains two parts. Part 1 lists all the available treatment modalities a patient could be exposed to, and those participated in are rated on a 3-point scale. The second part is a rank ordering of the ten basic treatment programs provided residents. The second form is a 4-point rating scale containing six questions which is completed daily for each lecturette of a 3-week didactic treatment program which emphasizes the use of an Educational Model as a vehicle for the transmission of psychological information pertinent to attitude change. The third form is a 3-month Follow-up Questionnaire consisting of two parts. Part 1 is a 7-point rating scale having seen questions in connection with the resident's level of adjustment post discharge from residential treatment. The second part has to do with the type and quality of follow-up treatment the resident may have had, including a 5-point rating scale for four questions. In all three forms, quantification is achieved through the use of means, and program changes are made when necessary.

Consultative Evaluation

Gladys Piper Whitton

151 South Waterbury Avenue, Covina, California 91722

The consultative approach to psychological evaluation:

1. The psychologist decides whether or not any of the observational techniques available to him are appropriate for the information needed. If they are not, he discusses this with the referring source, suggesting, when possible, alternative approaches for evaluation.
2. The focus is on formulating and responding to specific questions which can be answered by relatively low-order inferences based upon reliable and reproducible observations.
3. The psychologist focuses on the specific use to which his conclusions will be put by the referring source, including whether they will be used appropriately or whether they will be used at all.
4. Techniques are selected by the psychologist to provide observational data about the questions posed.
5. The consultation model encourages the psychologist to look at the patient's situation broadly and to examine all relevant determinants of behavior rather than only inner, distal ones.
6. Because questions to be answered are prepared in advance with some logical relationship to both techniques and application, the consultation model is more of an a priori or research type approach.
7. The psychologist's skills as a consultant are not only applicable in psychological settings, but in many diverse settings in which psychologists are employed.

Training in Program Evaluation

Herbert C. Schulberg

United Community Services,
14 Somerset Street, Boston, Massachusetts 02108

The conceptual, methodological, and policy issues confronting the clinician, administrator, and researcher concerned with program evaluation are the focus of the course "Program Evaluation and the Utilization of Research Findings." Efforts are made to bridge the gap between the differing perspectives and sometimes incompatible needs of management and researcher in determining program progress through an analysis of the following topics: the diverse personal and organizational purposes of program evaluation; the goal attainment and systems models approaches to program assessment; research designs and the use of quantatives as well as qualitative data; clinical evaluation indices and utilization reviews; the development of information systems at the organizational and community levels; economic approaches to program evaluation; and the impact of program evaluation upon state and national policy. The course is designed to familiarize both administrators and researchers with the theoretical and pragmatic factors affecting program evaluation, and case examples are utilized extensively.

APA Conference on Levels and Patterns of Professional Training in Psychology

Progress Report

The time: July 26-30, 1973. The place: Vail, Colorado. The occasion: the APA Conference on Levels and Patterns of Professional Training in Psychology. The problem (of the moment): how most appropriately to select the participants (in addition to participant-observers from relevant national organizations).

If the volume of mail received in response to an earlier *Monitor* "ad" is an adequate index of the degree of interest in the forthcoming conference, it appears that there are many who wish to speak their piece. The contributions have come in all forms—manuscripts published and unpublished, formal and informal position statements by individuals and groups, descriptions of innovative programs, vitas attesting to the sender's qualifications, letters urging special attention to certain issues, offering suggestions concerning conference content and format, and, most often, expressing willingness to attend.

While the Steering Committee (enlarged some months ago by the addition of Douglas Bray and Karl Pottharst) has been working on the structural aspects of the conference proper, it is now particularly concerned with the attributes of the conferees *per se*. It is not just training at the doctoral level that is of concern but training at all levels. It is not only clinical psychology, for example, that is involved but *all* of professional psychology. Concern is not only with the teachers and trainers of psychologists but with their products (students and recent graduates), their employers, and the consumers of their services as well. Nor will the "typical" psychologist be the only one around whom conference discussion will turn; the special training needs of minority groups and women are to be salient issues.

Under the circumstances, the Steering Committee has sought to generate the most likely pool of names from which the most appropriate blend of conferees could be drawn. Certainly those who have sent tangible evidence of their having thought about and lived with the problems should be included. In addition, the variety of groups at work on one or another of the issues should have some good prospects to propose. Thus, invitations to submit lists of prospective conference participants have gone to 16 APA Boards and Committees, 24 Divisions, and 10 APA-related groups.

The problem now is one of an embarrassment of riches. Given the constraints on the number of conferees it is possible to invite from among the many prospective candidates, the Steering Committee has constructed a questionnaire which, in simplest terms, asks potential participants for relevant data. With the latter in hand, there remains the not uncomplicated matter of plotting the respondents in n-dimensional space, as it were, by way of arriving at the ultimate set of conferees who can speak most meaningfully to the issues. The latter, as now conceived, include, but are not necessarily limited to: training patterns and settings; service delivery systems; evaluation of training patterns and delivery systems; human resources (manpower); levels of training—doctoral, post-doctoral, and continuing education; Master's; baccalaureate and sub-baccalaureate; legal, administrative, and structural considerations; special training needs of minority groups; special training needs of women.

The magic word continues to be balance and the major concern is how to insure it; balance with respect to the many attributes that can characterize conferees—the nature of their professional experiences, their roles, the areas of psychology in which they are knowledgeable, the settings in which they function, the nature of the groups they serve, their conversance with the needs of special groups within and outside psychology, their varying perspectives as trainers, trainees, recent graduates, consumers of our services, employers of psychologists, funders of psychological activities, accrediters of psychological programs, to name only some.

The conference Steering Committee is proceeding in good faith. It has by no means foreclosed on the issues. Indeed, time has been requested on the spring programs of the several regional association conventions for an open meeting on the conference. It is hoped that those who have not already made their voice heard, will offer their contributions at that time.

Community Action

Community psychologists are invited to submit brief (250 word maximum) reports of research, programs, or projects about which they would like to correspond with other community psychologists. These reports will be published as space permits, with a request that interested community psychologists contact the author.

Social Action in a Student Residential Community

Josephine S. Gottsdanker

Counseling Center, University of California at Santa Barbara

As an extended function of the Counseling Center at the University of California at Santa Barbara, we have taken responsibility for leadership in a community psychology program in the adjacent student community of Isla Vista. Working with a graduate, and undergraduate, student staff we have developed a program with the basic goal of improving the morale and general social tenor of the area. The motif is that of self-help; the community leadership is firmly committed to establishing its autonomy apart from the University, and to establishing ways of action based on a philosophy of participating democracy which is wary of professional control but which also has some respect for professional standards and services.

In this context, we have developed a well-trained crisis telephone service, and a peer counseling program which utilizes principles of extended "friendship." While they spend some time being available for counseling at the Human Relations Center, they also are involved in a broader community program of becoming known as friendly and supportive neighbors, and of trying to develop projects which will bring members of the community closer together in such a manner as to stimulate trust and communication. (It is in the meeting of these goals that we really seek new ideas.) Apartment house barbecues, student art shows, musical gatherings, and graduate student Friday afternoons are representative of the nature of their activities. Broader involvement in promoting community morale has been undertaken in the support of constructive leadership, sensitizing leaders to human relation needs, working with shopkeepers and apartment house managers, and in offering consultation and training for various people in the community who offer personal counseling, such as the churches and the medical clinic.

National Association of CMHC Directors Meeting

Ira Iscoe

The University of Texas at Austin

In an action-packed, two day meeting, Directors of a majority of the community mental health centers in the United States met in Houston, Texas on February 27-30. The group noted the tenth anniversary of the signing of community mental health legislation and heard an address from Bertram Brown, M.D., Director of the National Institute of Mental Health. Dr. Brown spoke frankly and lucidly about the new federalism and change in community mental health support. He pointed out that the reduction in support and the presently projected phasing out of community mental health support was not the result of the failure of the centers to accomplish their goals. Rather President Nixon had praised the program and the results, and commended the programs to state and local support. Dr. Brown also answered numerous questions with regard to the future of the National Institute of Mental Health and the whole mental health thrust in America as it related to the new federalism of the Nixon administration. It became clear to all those attending that community mental health support is entering a new phase in which the mental health endeavor will have to compete on the local and state scene for support. There were optimistic inputs of information combined of course with the general feeling of pessimism. Optimism springs from the fact that the Nixon administration will not cancel presently funded community mental health center grants, but rather will not renew them when their budget periods expire. There was also optimism about the state of local support, especially in terms of Council of Government (COG) units and county mental health authorities. There was understandable pessimism in viewing the enormous task ahead and the relative paucity of resources.

If community mental health is to survive, it will have to rely more on local support. This is not an insurmountable task. It really forces community mental health centers into a realistic facing of a task that has been delayed in some cases. Readers will recall that community mental health center federal support was predicated on the understanding that an increasing proportion of such support would be assumed by state and local sources.

The meeting also dealt with numerous specific items relevant to mental health delivery services, manpower, evaluation, and accounting. One of the highlights of the meeting was a discussion of the Nader report with the chief architect of the report Franklin Chu. Mr. Chu was most eloquent in presenting reasons for the Nader report and some of its conclusions. Psychiatry of course does not come off well but community psychology types really should not worry. All in all, the report is a little naive, but nevertheless should not be lightly dismissed. Community mental health centers should look forward to an increase in "consumerism" and a sharpening of their goals. Much as we may dislike management by objectives, we may as well get used to the fact that the lush and easy days are over. If we are going to survive (and I'm sure we will), then it will take strong leadership, good planning, and above all a better rationale for the activities we engage in.

Call For Articles

As a result of the new affiliation between Division 27 and the *American Journal of Community Psychology*, the Division can publish more material of interest to its members. Therefore, I want to invite *any* group or individual member, affiliate, or student member of the Division to submit items for publication.

There is no required format. We are more interested in communication than in form. All submissions must be relatively brief, but use enough space to make your point. Theoretical, conceptual, action-research, and experiential articles should be designed so that their basic content can be elaborated upon in subsequent correspondence between the author(s) and interested readers.

Announcements, general news, comments, etc. will be published in the order received from Division participants. Announcements from sources other than Division participants will be published as space permits.

Our publication lag presently is about two months from date of submission. Items will be published either in the *Newsletter* or the *AJCP*, depending upon the timing of your submission, type of content, quirks of fate, and whims of the editor.

General deadlines are October 15, January 15, March 15, May 15. Materials should be mailed to:

Allen W. Ratcliffe, Editor
Division 27, *Newsletter*
1831 N. Lenore Drive
Tacoma, Washington 98406

TRAINING OPPORTUNITIES IN COMMUNITY PSYCHOLOGY AND MENTAL HEALTH
available at $1.50 per copy from:
Bernard Bloom, Ph.D.
Department of Psychology
University of Colorado
Boulder, Colorado

SECRETARY-TREASURER ADDRESS

Ms. Gayle Hill is serving this year as Acting Secretary for Division 27. Please address all correspondence appropriate to the Secretary-Treasurer to Ms. Hill at the Psychology Department, Mezes Hall 404, The University of Texas, Austin, Texas 78712.

CHANGE OF ADDRESS

This *Newsletter* is published by the Division of Community Psychology for distribution to its members and affiliates. **Applications for Division membership** should be addressed to Francis T. Miller, Ph.D., Community Psychiatry Division, Memorial Hospital, University of North Carolina, Chapel Hill, North Carolina 27514. **Change of Address notice** should be sent to APA central office and to the Division secretary, Ms. Gayle Hill, Psychology Department, The University of Texas, Austin, Texas 78712.

DIVISION OF COMMUNITY PSCHOLOGY
NEWSLETTER
Allen W. Ratcliff, Editor
1831 N. Lenore Dr.
Tacoma, Wash. 98406

Non-Profit Org.
U. S. Postage
PAID
Austin, Texas
PERMIT NO. 2750