

publications

ASSESSING AND ASSURING QUALITY IN COMMUNITY MENTAL HEALTH CENTERS

Stanley H. Werlin, Arthur B. Little, Inc.

This 50-page publication consists of a single chapter extracted from a "Working Manual of Simple Program Evaluation Techniques for Community Mental Health Centers," a recently published NIMH publication by Hagedorn, Beck, Neubert, and Werlin. (See the Spring 1977 issue of *Administration in Mental Health* for a description of the complete publication). Since CMHCs must now plan and develop effective quality assurance programs to comply with a specific mandate in the CMHC Amendments of 1975 as well as the guidelines for Professional Standards Review Organizations (PSRO), the chapter on quality assessment and assurance appeared to warrant publication *in toto* as a separate document.

To date, most efforts toward assessing quality of mental health services are an outgrowth of the experience of the medical field and, consequently, have been oriented toward inpatient settings. Recently, however, some useful and simple ways to assess the quality of outpatient services in mental health settings have been developed. Where these are germane to CMHCs, they are also included in the publication.

Conceptual issues, for example, the value of explicit criteria, confidentiality, reliance on client records, cost control, and education versus punishment, are touched on very briefly in the introduction. The remainder of the chapter is devoted to the techniques for admission certification for inpatient services, continued stay review, evaluating clinical care, profile analysis, retrospective chart audit, and outpatient review. A 30-item bibliography is included.

Available from Dr. O. B. Towery, Division of Mental Health Service Programs, National Institute of Mental Health, 5600 Fishers Lane, Rockville, Md. 20857.

SERVICES TO THE MENTALLY DISABLED OF SELECTED CATCHMENT AREAS IN EASTERN NEW YORK STATE AND NEW YORK CITY.

SERVICES TO THE MENTALLY DISABLED OF WARREN-WASHINGTON CMHC CATCHMENT AREA

Abbott S. Weinstein, Ann T. Hanley, Eugene A. Scott, and Robert L. Strode, New York State Department of Mental Hygiene

NIMH Mental Health Statistics Analytical and Special Study Reports, Series B, Nos. 9 and 11.

These two reports, along with a third devoted to the Metropolitan Hospital Community Mental Health Center catchment area (Series B, No. 10), are based on the project, "Changes in Patterns of Use of State Mental Hospitals and Other Health Services," conducted by the New York State Department of Mental Hygiene. The study was designed to present the first elements of an informational model that reflects the system of services to the mentally disabled of given geographic areas including, as far as possible, all of the agencies and facilities providing services to residents of the areas. This model is intended to provide an approach toward assessing the degree to which services are or are not provided to identifiable "high-risk" groups and other segments of the general population, information essential for those "accountable" for services.

The data assembled were chosen 1) to indicate the degree to which residents of each of 11 study areas (including the Warren-Washington and Metropolitan Hospital areas) are being served by a mental health center or by other facilities and agencies; 2) to review the patterns of referral among the facilities serving each area; 3) to show changes over time in the loci of service; and 4) to suggest avenues that might be taken by management and others to enhance the service provided to residents of the respective areas.

Each report contains a segment on major observations and program recommendations and is divided into four parts: 1) Physical and Demographic Characteristics of the Area; 2) Characteristics of Facilities Located in the Area; 3) Characteristics of Catchment Area Residents Admitted to Mental Health Facilities Inside and Outside the Catchment Area; and 4) Trends Reflecting Characteristics of Residents of the Area Served by State Hospitals.

The intention in presenting this information is to offer a general informational model that can be applied to other areas as well.

Available from the Division of Biometry and Epidemiology, NIMH, 5600 Fishers Lane, Rockville, Md. 20857.

THE DESIGN OF MANAGEMENT INFORMATION SYSTEMS FOR MENTAL HEALTH ORGANIZATIONS: A PRIMER

Robert L. Chapman, California State University, Fullerton
NIMH Mental Health Statistics Methodology Reports, Series C, No. 13

The underlying rationale for this publication is that the difficulty in designing mental health information systems does not stem from the writing of the computer program or the selection of hardware, but from the determination of information content for that system. This primer addresses the methods to be used in identifying information needs and demonstrates ways in which these needs can be translated into effective and efficient automated information systems.

Evolving from the cumulative experience of the author and others, the approach described in the publication provides a framework for management decisions about adopting, designing, and installing a management information system (MIS) in a mental health setting. As the author indicates, it is a “how-to” book. As such, it suggests guidelines for administrators to assess an agency’s readiness for an MIS, provides procedures for initial MIS design, includes a diagnostic guide for locating and solving problems in functioning management information systems, and discusses ways in which agencies can clarify their own needs as a preliminary to selecting an appropriate MIS from among existing systems.

Available from the Division of Biometry and Epidemiology, NIMH, 5600 Fishers Lane, Rockville, Md. 20857.

GAINING COMMUNITY ACCEPTANCE: A HANDBOOK FOR COMMUNITY RESIDENCE PLANNERS

Patricia Stickney, ed., Community Residences Information Services Program (CRISP)

In recent years, policymakers, planners, and care providers in a range of fields—child welfare, juvenile and adult justice, and mental health and mental retardation—have recognized the need to develop effective community alternatives to institutionalization for persons in need of sheltered or rehabilitative residential programs. Yet, there is general agreement that to date the establishment of such community residences has fallen far short of need.

The editors of this publication feel that, at least in part, the paucity of community alternatives is due to community opposition, exclusionary

zoning codes, and the difficulty of finding suitable facilities. They emphasize that community awareness and acceptance of the purposes of the residential programs and the people they serve are critical to the development and integration of community residences. However, efforts to establish community programs are instead frequently met with fear, bigotry, and intolerance as well as organized actions that effectively create barriers to program implementation.

Inevitably, attention has increasingly been paid to identifying ways of successfully overcoming community resistance and gaining community support. This CRISP publication addresses these problems by providing practical ideas and recommendations. To illustrate, methods for analyzing a community and determining strategies to gain support and resolve conflict are suggested. Obstacles resulting from restrictive zoning are examined and mechanisms for reducing obstacles are reviewed. In addition, methods for utilizing the media and other public information sources in gaining support are detailed. A list of selected resource materials for planners and community advocates is also included.

Available from CRISP, Westchester Community Service Council, 713 County Office Building, White Plains, N.Y. 10601. \$3.50.

COPING WITH THE DEMANDS FOR CHANGE WITHIN HUMAN SERVICES ADMINISTRATION - ISSUES, CASE STUDIES AND WORKSHOP PROCEEDINGS

Robert Agranoff, ed., Northern Illinois University

This publication is a report of a two-day conference sponsored by The Section on Human Resources Administration of the American Society for Public Administration and The Southeast Institute for Human Resource Development. Focused on the theme, "Coping with the Demands for Change within Human Services Administration," the conference provided a forum for examining issues confronting public administrators responsible for delivering human services, particularly those issues related to the various organizational models under which state and local human service departments are currently operating.

Utilizing prepared papers and case studies as a common base of information, more than 100 invited participants from government, organizations allied with intergovernmental affairs and human services administration, and schools of public administration and social work, participated in workshops organized around each of four "issue areas": 1) administration and management; 2) planning and evaluation; 3) services delivery; and 4) political considerations. Case studies used for discussion reflected

coordinated, consolidated, and integrated models of human services administration. Since each case covered common elements, workshop discussions on each major issue area reflected many common topical areas such as resources allocation, organizational format, program linkages, and legal and constitutional constraints.

The remainder of the report includes the basic issue paper commissioned for the conference, five case studies, workshop reports, and recommendations. In summarizing the conference, the editor indicates that there was "little clear identification or documentation of the problems being addressed and, therefore little basis for problem oriented planning and baseline data for evaluation. . . . The discussions seemed to uncover more avenues of uncertainty and further arenas for research." Despite this, he feels several conclusions are warranted. First, it is clear that it is not possible to cope with the demands for change in human services administration without coping with policy changes. Second, a clearer understanding of the political implications of services integration is needed. Furthermore, there is no concrete evidence that organizational changes have benefited clients. Finally, if the aim of change is services integration, it is essential to deal with service delivery, policy, and the networking of local agencies at the same time that organizational issues are being attacked. As a final observation, the editor notes that "the initial euphoria over changing human services by reorganizing and introducing management systems has given way to the hard realities that change is multidimensional. . . . Administrative change is only a facet of the entire change picture."

Available from The Section on Human Resources Administration, American Society for Public Administration, 1225 Connecticut Avenue, N.W., Washington, D.C. 20036. \$4.00. (\$3.50 for ASPA members.)

PRINCIPLES FOR ACCREDITATION OF COMMUNITY MENTAL HEALTH SERVICE PROGRAMS

INDICATORS GROUPED BY SOURCE—A SUPPLEMENT

The Accreditation Council for Psychiatric Facilities, Joint Commission on Accreditation of Hospitals

Since 1970, standards have been developed by the Accreditation Council for Psychiatric Facilities of the Joint Commission on Accreditation of Hospitals (JCAH) for psychiatric hospitals, children's and adolescent facilities, substance abuse and rehabilitation programs, and general hospitals with psychiatric facilities. The Council has now developed comparable standards that will enable community mental health centers to par-

ticipate in the Council's accreditation program. This publication is an outgrowth of that effort.

As presented, the principles for accreditation are based on the Balanced Service System, a model specifically designed to reflect the planning, organization, delivery, and financing of a comprehensive range of need-determined community mental health functions and, additionally, to integrate local and state resources and workload through a single cooperative administrative mechanism.

Basic to the Balanced Service System are 19 operating values that have been converted into a set of *principles* to evaluate the service system. The system itself encompasses five functional areas: services; administration; citizen participation; research and evaluation; and staff development. By applying the operating values to the functional areas, 95 evaluative principles have been identified. These principles are further broken down into *subprinciples* (explicit or implicit ideas), *indicators* (units of performance used to measure compliance), *sources* (where information for each indicator is found), and *standards* (one or more standards indicating required level of performance). Using these as a guide, the quality of the program's performance can be evaluated in terms of desired characteristics.

In addition to a complete listing of principles, the publication includes a review of the accreditation process, a description of the philosophy and development of the Basic Service System, and a detailed glossary. Principles are listed individually by functional area with all the subelements stemming from each principle presented through an organized numbering system.

The Supplement contains the indicators for each principle regrouped according to source. Since indicators relevant to a single source are listed together, review of the specific criteria used to determine compliance with the principles and subprinciples will be facilitated.

Available from the Publications Manager, Joint Commission on Accreditation of Hospitals, 875 N. Michigan Avenue, Chicago, Ill. 60611. \$7.25.