Citizens' Boards for Philadelphia Community Mental Health Centers

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ABSTRACT: Community participation is a frequently discussed and controversial aspect of the community mental health center program. To many professionals and lay people, the community mental health center concept includes a basic commitment to a participatory process of the community in the planning and implementation of the community mental health center program. However, this commitment is not readily evident in the federal and Pennsylvania regulations. This paper presents an approach taken by the Philadelphia Office of Mental Health and Mental Retardation to insure that its 13 centers and base service units have a meaningful partnership with their catchment area communities. Specifically, the paper presents the community participation regulations developed by the Philadelphia office, as well as the conditions that led to the development of these regulations. A conclusion of the paper is that additional regulations are needed to insure that community participation becomes an integral part of the community mental health center program.

What must be done to insure that citizens will play a significant role in the planning and implementation of the community mental health center program? This question has been raised throughout the country since the inception of community mental health centers in 1963. The Philadelphia Office of Mental Health and Mental Retardation (MH/MR) has faced this question by developing its own regulations on community participation. New regulations of the Philadelphia office require that all of its centers and base service units must have a formal working relationship with a citizen board. This citizen board must meet the specific standards set forth in these regulations. Overall, the regulations are intended to create and enhance a citizen board structure that will involve citizens in a meaningful relationship with each community mental health center. The intent of this relationship is to provide the community with the opportunity to have a major impact on the policies of the center. This paper describes the conditions that led the Philadelphia Office of MH/MR to develop regulations on community participation. It then presents the specific regulations of the Philadelphia office. On the basis of a review of these regulations, it is concluded that additional regulations such as the Philadelphia regulations are needed at the county level in order to insure the opportunity for citizens to become involved with the community mental health center program.

FEDERAL AND PENNSYLVANIA REGULATIONS

Because the federal, state, and local governments share responsibility for funding and regulating the community mental health center

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programs, it is important to review the legislation and regulations of the federal and Pennsylvania governments in order to understand the reasons that led the Philadelphia office to develop its own regulations on community participation.

The federal government has equivocated with a vague and unenforceable statement about community involvement. The federal regulations read as follows:

Community mental health centers must involve the community in the planning, development, and operation of the program. . . . Community involvement may be formal or informal and may include representation on policy or advisory boards. In any case, the participating citizens must include broad representation of all elements of the community such as professionals, lay persons, appropriate consumers, persons from the range of socioeconomic groups, cultural groups, age groups (youth, adult, aged) and geographic and political subdivisions. (National Institute of Mental Health, 1971, pg. 2-28)

The federal regulations rhetorically commit the federal government to the concept of community involvement but fail to specify a required means of involving the community. Although the federal regulations suggest alternative ways to involve the community, they leave the ultimate decision of community involvement to the center. The alternatives presented to the center conceivably could range from a community policy board to merely encouraging citizens to communicate informally their concerns to the staff of the center. The federal regulations pertaining to broad representation are also ambiguous. "Elements of the community" are listed, but the determination of how these elements are to be selected and involved is left to the centers. In general, the federal regulations on community involvement develop a concept, but this concept is so nebulous that it cannot be enforced without further specification.

In Pennsylvania the state legislature and the state office of MH/MR chose not to address the issue of community participation either in the Pennsylvania MH/MR Act of 1966 or its subsequent regulations, with one exception. That exception stipulates that every Pennsylvania county office of MH/MR must have a 13-member advisory board. The Pennsylvania regulations stipulate that the local county authorities shall appoint the 13 board members from a number of specified categories including "at least one member from a local citizen organization active in the field of mental health," "at least one member from a local citizen organization active in the field of mental retardation," and "at least one member, two where possible, from community groups whose membership represents the economically, socially, and culturally disadvantaged." The other members of the board are to be professionals, institutional representatives, and a representative of the board of county commissioners (Pennsylvania Department of Public Welfare, 1967, p. 2). Although Philadelphia is required to establish a MH/MR advisory board, the stipulation pertaining to board appointments is waived for Philadelphia because it must conform to its city charter. The Philadelphia city charter stipulates that the mayor shall appoint all of the members of the MH/MR advisory board and determine their term of office.

Unlike the federal regulations, the Pennsylvania regulations are explicit and enforceable. However, these regulations fall far short of insuring that effective community participation will occur. The 13-member advisory board is re-