

# evaluation

*Evaluation: A Forum for Human Service Decision-Makers* is an experimental magazine published as a trial research project by the Program Evaluation Resource Center, which is a part of the Minneapolis Medical Research Foundation, Inc., 619 South Fifth Street, Minneapolis, Minnesota 55415. It is supported by a collaborative grant from the Mental Health Services Development Branch of the National Institute of Mental Health, grant number 1-R12-MH-25619-03. Address all circulation and editorial correspondence to 501 South Park Avenue, Minneapolis, Minnesota 55415, or call (612) 348-7812. Copyright © 1976, Minneapolis Medical Research Foundation, Inc. All rights reserved.

## FEATURES

- 52 Services Integration and the Department of Health, Education, and Welfare** **by William A. Morrill**  
*Valuable research and demonstration projects, such as the Services Integration Targets of Opportunity, Neighborhood Service Programs, and Partnership Grants, have increased HEW's capacity to assist states in planning and managing human service programs.*
- 58 Organizing Human Services in Florida** **by Laurence E. Lynn, Jr.**  
*Legislative reform and executive branch goals for decentralization and integration of human services in Florida have resulted in what could be a model approach to state service delivery systems.*
- 59 I. A Study of the Public Policy Process**  
*Laurence E. Lynn, Jr., analyzes the policy conflicts and events in Florida leading to its 1975 legislative mandate on services reorganization.*
- 79 II. Response to a Public Policy Process**  
*Six of Florida's legislators and human service administrators—Louis de la Parte, Jr., John T. Herndon, Rep. Richard S. Hodes, Margaret W. Linn, David St. John, and Richard E. Shute—discuss major obstacles and achievements of services reorganization.*
- 91 III. Teaching Public Policy**  
*Peter Schwartz and Frederick Fischer, students in Laurence E. Lynn's public policy course at Harvard University, submit their views on exporting the Florida accomplishments to other states.*
- 98 Evaluation in a Community Mental Health Center: Hillsborough CMHC** **by Laurence Kivens and David C. Bolin**  
*Staff acceptance and an efficient approach to information-gathering characterize evaluation at this comprehensive mental health center.*
- 106 State Organizations for Human Services** **by Kathleen G. Heintz**  
*Growing interest in administrative reorganization and integration of human services accounts for the trend among states toward comprehensive human resource agencies.*
- 111 The Mega-Proposal** **by Laurence E. Lynn, Jr. and John M. Seidl**  
*Former HEW Secretary Elliot Richardson's goals for making government objectives more achievable and the distribution of benefits more equitable are embodied in his 1972 comprehensive policy initiative.*
- 
- 115 Russell Sage Reports—Critiques and Commentaries on Evaluation Research Activities**  
*A special insert included as an experiment by the Russell Sage Foundation featuring three analyses of the Kansas City Preventive Patrol Experiment and a guide to literature on analysis of non-equivalent control group designs.*
-

## DEPARTMENTS

- 9 Public Policy in Perspective—  
“Deinstitutionalization”: A Public Policy Fashion** by Amitai Etzioni  
*Thousands of released mental patients are being left to fend for themselves without adequate community care in cities unprepared for a policy of deinstitutionalization.*
- 11 Inside DOPE—  
The Custom Research Databank  
in the Analysis and Transfer  
of Information** by Daniel M. Wilner, Valerie L. Greathouse  
Richard J. Wilton, Daniel H. Ershoff  
Kerriek G. Foster, and Robert W. Hetherington  
*Custom research databanks, such as DOPE, eliminate time-consuming library searches and increase utilization of data stored on specialized research topics.*
- 15 Conversational Contact—Policy** with Bertram S. Brown  
*The director of NIMH discusses mental health directions in services integration and other changes in services delivery at federal and local levels.*
- 20 Conversational Contact—Policy** with Gov. Reubin Askew  
*Florida's governor recalls executive and legislative policy initiatives leading to the reorganization and integration of human services in his state.*
- 27 Headway—**  
*Combining applicable findings, systems, and techniques with reports on training programs, publications, conferences held and upcoming, and other items of interest to evaluators. "Current Conclusions" from research projects funded by the Mental Health Services Development Branch of NIMH are summarized.*
- 139 Insights—  
Is Services Integration  
Dangerous to Your Mental Health?** by Edward J. Kelty  
*NIMH experiences with integrated services, including CMHCs, have provided insights into the task of planning effective service delivery systems at the local level.*
- 142 Evaluation Overview—  
A System Approach to Services Integration** by Stephen D. Mittenthal  
*An evaluation of SITO projects suggests the benefits and necessity of building community-based comprehensive management, planning, and delivery systems.*

<b>3</b>	<b>Editorial</b>	<b>7</b>	<b>Books</b>	<b>160</b>	<b>References &amp; Acknowledgments</b>
<b>4</b>	<b>What's in an Issue?</b>	<b>51</b>	<b>Introduction</b>		<b>PERC Materials/Services</b>
<b>5</b>	<b>Feedback</b>	<b>159</b>	<b>Author Index</b>	<b>161</b>	

### Editorial Policy

*Evaluation* is an experimental magazine designed to draw together information on evaluation activities from mental health and other human service fields.

Some articles for *Evaluation* are actively solicited; unsolicited manuscripts are welcomed equally, but authors are encouraged to submit a 1-2 page query stating the major points of the proposed article and its approximate length. Original contributions are sought in any of the following areas, and in all cases authors are asked to consider and attempt to explicate the utility of their findings: new applications or sound re-applications of evaluation approaches; issues, problems, and successes related to past, present, or proposed evaluation efforts; changes in various programs as a result of the effects, intended or not, of evaluation efforts; and ways in which

the skills of managers, researchers, and technical specialists have been used to develop evaluation designs. Guidelines for articles are available from *Evaluation*. Articles should not exceed approximately 15 double-spaced typewritten pages.

Short summaries (from 1-6 typewritten pages) are also welcomed, and should include the name and location of the program, the methodology developed and/or used, possible applications, any available findings, and the person to write to for further information. Those summaries describing the outcome or findings of a specific study should be further organized according to the following outline: 1) conclusions, briefly stated, followed by 2) a statement of the problem and background information, 3) a description of methods, data, and any further discussion, and 4) the notice of whom to contact for further information. Once submitted, all summaries will be considered for expansion into feature articles or for publication, basically as is.

in *Evaluation's* "Headway" department.

Other departments for which contributions are invited include: "Problems in Review," a case study of a particular problem in evaluation—from the "why evaluate" decision through "how the problem was solved"; "Evaluation Overview," a summary of current research efforts in a specific area or field, with indications of developing trends; "Spotlight on Systems," a description of an evaluation system or sub-system (such as a tracking system or management information system) employed at a given facility, including its advantages and disadvantages and how it has aided decision-making; "Insights," unique perceptions gained from experience with problems or innovations in evaluation research, theory, or practice; "Open Forum," thought-provoking opinions or observations on the status and role of evaluation in the delivery of human services. Brief reviews (200 to 600 words) of books relevant to the human services professional are also welcome.

# public policy: in perspective

## "Deinstitutionalization," A Public Policy Fashion by Amitai Etzioni

*Returning patients to the community without providing adequate care can increase their vulnerability and over-burden existing services.*

**A**mong the curses afflicting mental patients, disabled persons, children and the aged—in short, society's weakest and most vulnerable members—are the vicissitudes of fashion in public policy. The emergence of sweeping new outlooks on long-standing and resistant social problems are the result of intricate and far from fully understood processes. Among the many factors are changes in societal values and disenchantment with existing programs and the philosophies behind them, as well as the development of new schools of thought in social science. The upshot is that once in a while there erupts a "new approach" that catches the imagination of the media, policy-makers, and many an expert, and hurriedly affects the well-being of hundreds of thousands of people and the allocation of millions of tax dollars. With little experimentation, whole agencies are disbanded, dismembered or subsumed; new bureaucracies, centers and services created; scores of laws enacted and hundreds of regulations issued. Then, a few years following a major overhaul, it is discovered that the fashionable new policy's merits were poorly documented, its flaws unanticipated and its glamour chiefly the result of its novel contrast to the preceding battle-scarred and weary programs. Unhappily, collective amnesia

Copyright © 1976 by Amitai Etzioni

seems to be at work ensuring that each new generation of policy-makers learns little from past mistakes and is as ready as the last to be lured by a new fashion's flashy promise and untested payoff.

"Deinstitutionalization" is one of the most recent policy fashions. Its scope ranges from care for the retarded to nursing home policy to rehabilitation of juvenile delinquents, but its greatest impact has been on treatment of the mentally ill. In 1969 there were 430,000 patients in the nation's mental hospitals; by early 1975, largely as a result of deinstitutionalization efforts, there were 130,000 fewer.

The deinstitutionalization philosophy's strongest element is its critique of the existing system. It is quite true that many mental patients in many state mental hospitals have received more custodial than therapeutic care. And among those who did recover there was a fair number who did so without having any particular treatment administered. Moreover, institutionalization, as Erving Goffman, Thomas Szasz, Ivan Illich, and others have pointed out, is itself a major

source of loss of identity and dehumanization. These and other critical observations have, in turn, been interpreted by some to mean that the sheer release of individuals from institutions would suffice to restore the patients' lost selves. "Returning to the community" is romanticized as though the community in question were a warm, loving tribe instead of the urban slum awaiting many.

What in fact has happened when deinstitutionalization has been translated into policy is that thousands of individuals, at least initially unable to cope, have been left to fend for themselves in the streets. For many, no family was waiting, either because they had none or because they were unwanted. Communities protested the influx of disoriented, sometimes senile, sometimes exhibitionist persons, many of whom also posed a substantial new burden on the welfare rolls. When a policy of discharging a large number of mental patients was carried out in New York State, 15,000 patients were shipped to New York City alone, where, despite the state's theoretical commitment to community facilities, only 12 small half-way houses were operating. Thousands of the released patients moved into shabby, crime-ridden welfare hotels (soon making up 25 percent of their residents) while another 5,000 ended up in nursing homes where they often were fed less, given more drugs, and abused more severely than they had been in state mental institutions. Hospitals such as Bellevue and Kings County began to experience a sharp rise in mental patients coming to them for treatment, many patients returning, according to Bellevue's psychiatric director, 10 and 20 times. Ironically, since the legislature's interest in deinstitutionalization was in large measure a budget-cutting device, the cost to the public of this transfer of patients from one institution to another has often resulted in higher expenditures. Finally, public outcry about patients roaming the streets, and the expansion of unsavory welfare hotels, forced New York State to slow down its deinstitutionalization policy in April, 1974.

The answer may well *not* lie in re-institutionalization (although for the short run, this might be the only practical and humane approach for some individuals), but in securing viable *in-community* services *before* people are discharged *en masse*. This requires full recognition of the fact that many people released from institutions will, in varying

degree, continue to need help in the community. This may be so, in part, because institutionalization weakened or severed their family and communal ties and made them passive and dependent on their custodians, but is also because many of these persons suffer from various limitations on their capacities to function autonomously. It will also have to be recognized that developing effective services in the community is going to be at least as difficult as doing so in an institution. In an institution, the mere fact that the people in need of its services are "in," subjects the patients to one authority responsible for all their needs. To the extent that these needs are attended to in the community, the great American fragmentation sets in, with different services from health to income supplementation being provided by a crazy welter of different organizations, largely uncoordinated, that compete with one another for good marks with the legislature and administrators (and hence—for the "easy patients") and subscribe to divergent value assumptions concerning program goals and treatments.

It does not follow that people are better off in institutions. Rather, it means that if being "in the community" is to be something more than a dubious cost-cutting device often resulting in neglect if not abuse of many of those involved, systematic efforts will have to be made to create more and better community service centers and half-way houses. Until this is done, policy-makers should go slow on closing down institutions that, however badly, provide services essential to many of their residents. The sick and the weak are vulnerable enough, without adding to their afflictions the need to adapt to mercurial fashions. ■



*Amitai Etzioni is professor of sociology at Columbia University and director of the Center for Policy Research. His most recent book, Social Problems, was recently published by Prentice-Hall. ■*

## **A Call to Readers:**

# **Sustaining Worthwhile Innovations in Mental Health Organizations**

Observing over time the fate of innovative programs and procedures in mental health organizations leads to a surprising discovery: many of these innovations, though seemingly worthwhile, actually die out after an initial period of success. *Durability* of change often is a problem, even when an innovation addresses some real, continuing need and when no clearly preferable alternative way to meet that need has emerged.

The Mental Health Services Development Branch of NIMH has awarded a three-year grant to Drs. Edward M. Glaser and Thomas E. Backer of the Human Interaction Research Institute to learn more about what accounts for differences in durability of innovations in mental health agencies. With the new insights it is hoped this research will produce, they also plan to devise more effective techniques for enhancing the viability of worthwhile changes in service delivery organizations.

The study, which began in October, 1975, has two major phases. In Phase I, Glaser and Backer are making intensive site visits at a number of mental health facilities to examine what happens to innovations (both those that have truly taken root and those that have died out, or at least become seriously attenuated in operation). At each site, agency staff involved with the innovation are being interviewed. Data are being gathered about the innovation itself, about the circumstances of the implementation, and about the community environment of the facility. Their first site visits concern implementations of "Goal Attainment Scaling," a technique developed by the Minneapolis Program Evaluation Resource Center.

In Phase II, they will develop a set of consultation strategies and techniques based in part on principles and techniques of organization development (OD) taken from the behavioral and management sciences. In addition to incorporating relevant findings from Phase I, they will conduct a study examining practices of a select group of highly expert consultants to organizations. Next they will hold a conference of consultants and mental health administrators to critique a tentative best-practice model for providing OD consultation to mental health organizations (with the specific aim of promoting durability of organizational change). That model then will be field-tested and evaluated in several service settings. The refined model will be presented in a package of training materials for use by consultants in mental health and related fields.

These research and development activities will lead to several publications: 1) a volume of case studies generated by the Phase I research, each written in collaboration with a staff member of the agency in which the given innovation was or is located; 2) a monograph describing overall findings of the investigation about what conditions seem to facilitate or inhibit the survival of worthwhile change; 3) a monograph reporting findings from the study of expert organizational consultants; 4) a monograph on applying OD to mental health services; and 5) a book, *Consultation for Change: Organization Development in the Human Services*, with accompanying training materials for use by consultants and program evaluators.

Glaser and Backer would welcome—and in fact greatly need to have—input from readers regarding OD and durability of change in mental health organizations or related human service facilities. Readers who know of a particularly interesting case example of sustained innovation in such an organization, or who know of a mental health or other human service facility where significant OD-type consultation has been provided are invited to write to

**Thomas E. Backer, Ph.D.**  
**Human Interaction Research Institute**  
**10889 Wilshire Boulevard, Suite 1120**  
**Los Angeles, CA 90024**

For those interested in learning more about the program of research, a brief brochure will be sent out on request.