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TRAINING FOR COMMUNITY CONTROL IN THE HUMAN SERVICES: A TRAINING PROGRAM FOR CITIZEN BOARDS OF DIRECTORS OF COMMUNITY MENTAL HEALTH AGENCIES

A Dissertation Presented

By

STUART PAYNE HOWELL, JR.

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Stuart P. Howell, Jr.

ABSTRACT

Training for Community Control in the Human Services:
A Training Program for Citizen Boards of Directors of
Community Mental Health Agencies

(May 1977)

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Citizen boards of directors of private, non-profit community mental health agencies are expected to exert a very significant influence, as governing bodies, over mental health services. They are responsible for governing programs, each of whose annual budget is usually in the hundreds of thousands of dollars. The citizens who are asked to serve on these boards are frequently not prepared for the board responsibilities they are expected to assume and often feel inadequate in this role. Board members are, therefore, generally passive and noncontributing, and attend meetings only sporadically. They tend to look to the executive director for leadership of the agency. Frequently, the roles of board and executive director overlap.

In order for the board to adequately represent the general public interest, that is, to ensure that the most appropriate, adequate, effective, and efficient mental health services are provided at the least possible cost, and that the services are easily accessible and readily available to those in need, it is crucial that the quality of

citizen board participation be improved. This can be achieved by providing board members, through training, with appropriate knowledge and skills.

Little attention has been devoted to the preparation of board members of community mental health agencies for their roles and responsibilities; relatively little has been written on the subject of board training.

This project includes 1) the identification of areas of knowledge, skills and attitudes which citizen board members of community mental health agencies need to effectively fulfill their responsibilities, and 2) the design of a training program for citizen board members of community mental health agencies which addresses those areas of knowledge, skills and attitudes. The training plan for this project has been designed to provide for three two-and-one-half-hour workshops to be held on consecutive weeks and in which all members of each board will be expected to participate. The topics for the three workshops include 1) problem solving (the board member's basic tool); 2) understanding of roles between the board and executive director; and 3) evaluation of board effectiveness.

The training model was pilot tested in one of New Hampshire's mental health regions. Evaluation of the pilot testing experience confirmed the soundness of the basic design of the training model, and indicated that the intended learning did occur. The reaction to the training by the participants in the pilot testing experience was highly positive. Problems encountered in the pilot testing experience

were attributable largely to the trainers' deviation from the curriculum plan, rather than to the curriculum design itself. Attendance at the three workshops was well below what was expected and considered important. Thus, additional measures will be planned in future training programs to help ensure better attendance.

The identified board objectives apply universally to all policy-making boards of directors of community mental health agencies. Therefore, the training model presented in this dissertation, based on these objectives--although designed for board training in New Hampshire--has applicability beyond the borders of New Hampshire. With the acquisition of knowledge and development of skills through this--or similar--training programs, boards of directors of community mental health agencies will be able to perform their governance role more effectively, thereby resulting in improved community mental health services for the American people.

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INTRODUCTION

With the current national thrust of emphasizing community responsibility for mental health services, citizen boards of directors of private, non-profit community mental health agencies are expected to assume governance of mental health services. At present, as indicated in the pages which follow, citizen boards are not providing the community leadership for mental health services as intended. In order to achieve the goal of citizen responsibility for mental health services, attention must be focused on the methods of selection of board members, a system of incentives and rewards for board members, and the role and responsibilities of board members. This dissertation will focus exclusively on the role and responsibilities of board members.

This thesis is a study of planned change, an action research model to both better understand and work toward a solution to the problem. According to Ronald Lippitt and others (1958), planned change is a deliberate effort to improve the system and to obtain the help of an outside agent in making this improvement. Bennis (1966) defines planned change as "a deliberate and collaborative process involving a change-agent and a client-system which are brought together to solve a problem or, more generally, to plan and attain an improved state of functioning in the client-system by utilizing and applying valid knowledge. Action research is defined by Bennis as research undertaken to solve a problem for a client (individual, group, organization, or community).

The purpose of this project is to develop a program of training

for boards of directors of community mental health agencies which will lead to better community control of mental health services. The outside agent (change-agent) is the New Hampshire Division of Mental Health and the system (client-system) is the citizen board of directors of the community mental health agency.

In carrying out this project, a systematic model was followed, incorporating principles espoused by Ralph Tyler (1949):

1. A study of the learners themselves.

2. A determination of learning objectives through a review of the literature and survey data. Educational objectives are suggested when the information about the learners (where they are) is compared with some desirable standards (where they need to be); the difference is the gap to be filled. The learning (educational) objectives are changes in the behavior pattern of board members. The formulation of categories of behavioral objectives, according to Tyler, is partly a matter of judgment.

3. Selection of learning experiences with respect to skills, knowledge, and attitudes. The process of planning learning experiences, according to Tyler, is a creative one; as the teacher considers the desired objectives and reflects upon the kinds of experiences that can occur to him or that he has heard others are using, he begins to form in his own mind a series of possibilities of things that might be done, activities that might be carried on, materials that might be used.

4. Organization of the learning experiences for effective instruction, with consideration for continuity, sequence, and integration.

5. Establishment of procedures for evaluating the learning experiences. According to Tyler, evaluation must appraise the behavior of students since it is change in these behaviors which is sought in education; evaluation must involve more than a single appraisal at any one time since to see whether change has taken place, it is necessary to make an appraisal at an early point and other appraisals at later points to identify changes that may be occurring. In order to have some estimate of the permanence of the learning, it is necessary to have still another point of evaluation which is made sometime after the instruction has been completed.

CHAPTER I

PROBLEM STATEMENT

The Problem Statement has been organized into five sections: Board Members' Motivation and Self-appraisal; Board Members' Participation; Goals of Citizen Boards; Board Functions and Understanding of Roles; Evaluation of Board Effectiveness.

Board Members' Motivation and Self-appraisal

When citizens are asked to serve on volunteer boards, they respond in general from a sense of obligation; they want to improve the quality of community life and also, they want to please their friends. Most people who agree to serve on boards are bothered by feelings of doubt. Once on a board, in too many cases, these doubts are not erased. Because they feel inadequate in this role, citizen board members avoid asking questions and making suggestions.

In order for board members to have a significant commitment to their assignment and not merely perform perfunctorily, they must be highly motivated for, and have confidence in, this role. In recognizing the importance of his contribution toward improving mental health services, the board member's self-confidence will be heightened, and mutual support between board members will be developed. These feelings should encourage board members to pursue their responsibilities with enthusiasm, conscientiousness and diligence.

TABLE 1

BOARD MEMBERS' MOTIVATION AND SELF-APPRAISAL

Current Situation	Goals
1. Board members assume this responsibility with passivity and apathy	1. Board members to assume this responsibility with conscientiousness and diligence
2. Board members have a generalized interest in improving the quality of community life	2. Board members to have a more particularized interest directed toward improving mental health services
3. Board members serve from feelings of obligation, to please friends	3. Board members to serve through interest in the agency's program, a belief in its purpose, and a desire to accomplish its objectives
4. Board members have feelings of inadequacy and self-doubt, and of having little to contribute	4. Board members to have self-confidence, sense of their own worth and ability to make a difference in the health care system
5. Board members experience a sense of aloneness	5. Board members to experience a sense of cohesiveness and of mutual support

Board Members' Participation

Board members of community mental health agencies are generally passive and noncontributing. Their attendance at board meetings is only sporadic. Some board members have little commitment to this role and merely perform perfunctorily, as a "rubber stamp" for the executive director. Agency leadership is assumed by the staff, and there is little interaction between board and staff.

Agency leadership should be the responsibility of the board of directors. To effectively meet this responsibility, board members must participate actively in board and committee meetings, prepare for meetings, and attend meetings regularly. Staff assistance should be provided through joint board-staff committees.

TABLE 2

BOARD MEMBERS' PARTICIPATION

Current Situation	Goals
1. Board members attendance at meetings is usually sporadic	1. Board members to attend meetings with consistency
2. Board members are passive, noncontributing, a "rubber stamp" for the executive director	2. Board members to participate actively, ask questions, make suggestions
3. Board members expect staff particularly the executive director, to assume leadership	3. Board members to exercise leadership

Current Situation	Goals
4. Superficial attention by board members to their responsibilities; inactive between meetings	4. Board members to work with diligence in regard to their responsibilities, including preparation for meetings
5. Board members are assigned to committees, which are generally inactive between meetings	5. Board members to demonstrate active participation in committee meetings and activities

Goals of Citizen Boards

At present, boards identify primarily with their respective agencies rather than with the public. Yet, boards only infrequently speak for the agency in the community. Heavy reliance is placed on the executive director for leadership in planning and in the operation of the agency, and he is responsive mainly to the demands of the funding sources. Agency goals are generally vague and may differ between board and staff.

In the planning for, and provision of, community mental health services, the board should turn its attention primarily to the public's interests, demands and expectations. Board and staff must have common goals, which are clearly stated. The board should serve as liaison between the agency and the public and be the agency's spokesman in the community. Responsibility for the agency's operation rests with the board, which must, in turn, be accountable to the public for the agency's services and for its expenditures.

TABLE 3

GOALS OF CITIZEN BOARDS

Current Situation	Goals
1. Board identifies primarily with the agency and secondarily with the public	1. Board to represent the community's interests and needs, to ensure that adequate, accessible, and effective mental health services are provided to meet the community's needs including liaison between mental health programs, advocacy groups and the public
2. Board is infrequently involved with public information and education	2. Board to represent the agency in the community, to ensure that the community is aware of the agency and its services
3. Planning is performed largely by professional staff and is of a short range nature	3. Board to engage in long range planning including both professional and citizen involvement, and with clear and realistically defined goals
4. Board is committed to the concept of community services for the mentally ill and mentally retarded if state support is available	4. Board to foster community responsibility for the mentally ill and mentally retarded
5. Executive director assumes responsibility for the agency's operation	5. Board to assume ultimate responsibility for the results of the agency's operation
6. Agency's services are responsive only to funding sources	6. Board to be accountable to the public

Current Situation	Goals
7. Board's goals--which are unwritten--may be different from those of professionals	7. Board to establish unifying common goals for community mental health services with which both board and staff can identify

Board Functions and Understanding of Roles

At present, agency goals and board objectives are ambiguous and only vaguely understood. It is therefore not surprising that the roles of board and executive director overlap. Some boards make administrative decisions as well as establish policies while other boards merely perform perfunctorily, acting as a "rubber stamp" for the executive director. There is relatively little communication between board and staff. Program planning and policy making functions are carried out essentially by the agency's executive director and other staff members. With the board in the background, leadership of the agency rests with the executive director.

What is needed is clarity of agency goals and board objectives along with a clear delineation of the responsibilities of board, executive director, and other staff members. The roles of the board and staff must be complementary and distinct. An effective system of communication between board and staff will be essential for a functioning board-staff partnership based on mutual trust and understanding. It should be the responsibility of the board to establish and review policies and the responsiblity of the executive director

to implement the board's policies, including administering the agency.

TABLE 4

BOARD FUNCTIONS AND UNDERSTANDING OF ROLES

Current Situation	Goals
1. Agency goals and objectives are vague	1. Board to develop clear statements of agency goals and objectives
2. By-laws are available	2. Board to operate through the by-laws
3. Board objectives are vague and ambiguous	3. Board to establish clarity of board objectives
4. Purposes of committees are generally assumed rather than defined	4. Board to clearly define purposes of committees, including their limits
5. Roles of board and executive director overlap	5. Board to establish complementary and distinct roles between executive director and board
6. Responsibilities of board and executive director are only vaguely understood	6. Board to clarify delineate in writing the responsibilities of board, executive director, and other staff members
7. Some boards make administrative decisions as well as establish policies	7. Board to delegate responsibility to the executive director for administering the agency
8. The board appoints, and sometimes prescribes duties for, the executive director	8. Board to appoint, prescribe duties for, and evaluate the executive director
9. Executive director performs assesment of mental health needs	9. Board to assume responsibility for ensuring assessment of mental health needs

Current Situation	Goals
10. Identification of mental health resources depends solely on the executive director	10. Board to ensure the identification of mental health resources
11. Board relies on staff to identify and interpret community needs to board, to state dept. of mental health, and other governmental bodies	11. Board to interpret community needs to agency staffs, the state dept. of mental health, and other governmental bodies
12. Community informed about the agency primarily by staff	12. Board to provide information and education for the citizenry including press releases, radio and TV appearances. Brochures, newsletters, annual and special reports to be prepared by the executive director and other staff
13. Board approves priorities established by executive and/or by funding sources	13. Board to establish program priorities
14. Executive director designs community mental health and mental retardation programs, services, and facilities	14. Executive director to design community mental health and mental retardation programs, services, and facilities under the guidance and with the approval of the board
15. Interagency agreements are negotiated by the executive director	15. Board to promote and executive director to arrange and implement working agreements with other agencies for cooperative and coordinated mental health and mental retardation programs

Current Situation	Goals
16. Board generally approves program policy statements formulated by executive director	16. Board to perform program policy planning, and formulate policy statements based on the agency's purpose and which provide a clear framework within which decisions about on-going operations can be made
17. Board, representing the citizenry, offers tacit support for the agency's policies and services	17. Board to offer strong external support for the agency's policies and services
18. Policy statements are disseminated sparingly and inconsistently by both board and executive director	18. Board to communicate policies externally and executive director to communicate policies internally to all appropriate parties
19. Some boards question staff competency and activity	19. Board and staff to develop mutual trust and understanding for a joint functioning partnership
20. Board establishes personnel policies which are generally incomplete and which seldom include adequate job descriptions	20. Board to establish comprehensive personnel policies including job descriptions for staff positions
21. Staff opinions and recommendations are made to the executive director	21. Board to make provisions for staff to report grievances, opinions and recommendations through the executive director to the board

	Current Situation		Goals
22.	Intraorganizational information flow is sparse	22.	Board and executive director to provide adequate intra-organizational communication, with board and staff fully informed as to what is going on
23.	Fees prescribed by state dept. of mental health	23.	Board to approve fees
24.	Some fund raising conducted by board and some by executive director (particularly, grants)	24.	Board to ensure adequate operating funds and to solicit financial support
25.	Board gives approval to budget, which is prepared and managed by executive director	25.	Board to set parameters for, and give approval to, budget, which is prepared and managed by executive director
26.	Current evaluation conducted by funding sources; evaluation based on provider rather than consumer satisfaction	26.	Board to evaluate the mental health and mental retardation services, including cost-effectiveness and the level of consumer satisfaction
27.	Expenditure of funds reported by board and staff only to state dept. of mental health and other funding sources	27.	Board to report to the state dept. of mental health, other governmental bodies, and the public on the expenditure of funds and the impact of services, including programs

Evaluation of Board Effectiveness

Currently, achievement and effectiveness of the board are generally equated with the agency's growth. Similarly, the executive

director's performance is judged on the basis of the increase in the agency's budget and service expansion. Agency reports are directed primarily toward funding sources rather than the general public.

It is important for agency boards to develop and implement a system of accountability to include criteria and methods for evaluating the effectiveness of boards. Such criteria should include the goals statements identified in each of the following categories: board members' motivation and self-appraisal; board members' participation; goals of citizen boards; board functions and understanding of roles.

Based on these criteria, an internal self-evaluation should be conducted annually by board members and the executive director using a rating scale to determine the extent to which the board has met these goals. Every three years, an external evaluation of the board's effectiveness should be conducted by an evaluation team including representation from the state department of mental health, consumers of the agency's services, board members and executives of other mental health and mental health-related organizations both within and outside the region. The same criteria will be used as with the annual self-evaluations, but in the external evaluation process, each specific function and responsibility of the board will be assessed in terms of the degree to which it has been met.

It will be important to determine to what extent the board has moved from the current situation to the established goals. The board will be charged with modifying its organization and performance

based on the results of both the internal and external evaluations of its effectiveness. The effectiveness of the board members in carrying out their responsibilities must be measured in order for them to be accountable to the public for the agency's services. Without evaluation and accountability, there can be no sound basis for planning future services.

TABLE 5

EVALUATION OF BOARD EFFECTIVENESS

Current Situation	Goals
1. Board's achievement is equated with growth of the agency	1. The board to establish criteria and methods for evaluating its effectiveness
2. Executive director's performance is judged on the basis of the increase in the agency's budget and service expansion	2. The board to establish criteria and methods for evaluating the effectiveness of the executive director
3. Board is accountable for its performance and for the agency's performance only to funding sources	3. Board to be accountable for its performance and for agency results to the general public
4. Modifications in board performance are based on stimuli other than those related to evaluation of its effectiveness	4. Board to modify its organization and performance on the basis of the results of both the internal and external evaluations of its effectiveness

Summary of the Problem Statement

The basic problem, then, is the need to bring about changes in the following areas: board members' motivation and self-appraisal;

board members' participation; goals of citizen boards; board functions and understanding of roles; evaluation of board effectiveness.

CHAPTER II

JUSTIFICATION

The rationale for this project is more effective community control of mental health services. "Community control" is defined by Richard Kunnes (1972) as the "community's controlling the overall policies and priorities of the services." "Only the community," he states, "by controlling its own services, can insure that those services serve the community." Kunnes notes that "without community control, services and professionals are accountable to no one, priorities are determined privately and secretly, and artificial hierarchies are maintained." Gary L. Tischler and others (1975) state: "Community control and public accountability demand an ordering of mental health services to produce the greatest productivity in the most economical way."

The concept of community control of mental health services relates directly to the representativeness of the citizen governing board and to the effectiveness with which it carries out its role and responsibilities. If the citizen board does not adequately represent the interests of all the citizens, if it does not formulate major policy for the agency, and if it does not govern effectively, then it abdicates community control over the mental health delivery system.

Community mental health centers are generally governed by, and under the control of, the local community and its designated representatives. Broad ranges of policy, based on local judgments and perceptions of need and priority, reside at the level of each

community mental health center governing system.

Since governance is the means by which a mental health agency is held accountable to a community for meeting the needs of its members, the governing board should most certainly be truly representative of all elements of the community.

The governing authority will have to exercise considerable leadership so that the diverse views of community residents are melded into a coherent program of services.

The local governance authority will be expected to justify its program and services to the community. It can only perform this responsibility if it establishes the policies which it is called upon to justify.

The basic rationale, then, for a governance unit of a mental health agency is that it enables the community to "speak" to its mental health agency with a single voice. The community's purpose in so speaking is to provide direction and motivation so that these institutions work to deliver effects the community members desire.

The justification for moving from the "Current Situation" to "Goals" as enumerated in the "Problem Statement" is to heighten community awareness of mental health problems and the need for more and better services to combat these problems, to ensure that community mental health services will be responsive to the needs, demands, and expectations of the citizenry, and to provide for an effective system of accountability to the public for the funds expended and services provided. These purposes are incorporated in Title III of Public Law

94-63, the Community Mental Health Center Amendments of 1975, which statutorily places governance responsibility for community mental health centers in citizen boards of directors (Community Mental Health Center Amendments of 1975). As policy makers, boards will assume real community control of mental health services. In order for the board to adequately and effectively fulfill this mandate, the following considerations are paramount:

1. Boards must provide responsive leadership in guaranteeing that the best knowledge and skills are brought to bear in the provision of mental health services. The citizen board is one of society's most important tools of leadership.

2. Based on the value premise that in a democracy social organizations such as human service systems exist as an expression of the people's will, it is essential that the board adequately represent the general public interest. It must therefore focus on the mental health consumer rather than the mental health provider. Citizen boards should improve the ability of each mental health program to be sensitive to the service needs of the community. The professional-expert, by virtue of his/her professional identities and loyalties, has biases that should be counterbalanced by the citizen/consumer so that communities' "total interests and needs" are served.

3. Citizen boards must guarantee to the community that thoughtful plans will be made and that funds will be well spent so that needs will be met to the maximum extent possible. It is the board's responsibility to let the community know what impact the mental health

services have had on the problems it has identified and how much it costs. The board must ensure that the most appropriate, adequate, effective, and efficient services are provided at the lowest possible cost, and that the services are easily accessible and readily available to those in need. It is, therefore, essential for the board to ensure that the executive director and his staff are effectively and efficiently fulfilling their roles, that the people in need are getting appropriate and adequate help, and that the agency's services are responsive to the community's needs and demands. By reducing the likelihood of conflict between board and executive director, the efficiency and effectiveness of the organization will be increased.

The credibility of the mental health organization can be heightened through the values, attitudes, and actions of the boards of directors. Increased funding and further development of community mental health services will depend on the high credibility and respectability of community mental health agencies. Community support will be necessary for the continued development of services to meet identified needs. It is crucial, therefore, that the quality of citizen board participation be improved and consistency in board goals and functioning be achieved. The agency's credibility will also depend upon the extent to which national, statewide, and local promises and objectives for community mental health services are met.

The board, comprised of community citizens, can play a significant role in helping to reduce the stigma of mental illness and bringing mental health services into the mainstream of America's health care

system. At the same time, through the board's interests and activities, greater public attention will be focused on the community's major mental health problems. The board must ensure that the community is aware of the agency and its services.

Board members should be enabled to make policy decisions which are in the best interests of the citizens whom they represent. As board members feel more adequate in their role, they will participate more actively in the work of the board.

The board will help to provide program permanency to the agency in the community. It is the further obligation of the citizen board to fulfill its statutory requirements under PL 94-63 as judiciously and expeditiously as possible.

Evaluation of the board and its effectiveness can be performed only when the goals and objectives of the board are determined and clearly stated and each board member understands them.

C H A P T E R I I I

PREVIOUS AND POTENTIAL APPROACHES TO COPING WITH THE PROBLEM

This chapter will include a review and analysis of the alternatives for dealing with the Problem delineated in Chapter I. The preferred alternative--training of present board members--will then be discussed with particular reference to other board training programs, and with respect to the following factors: 1) scheduling considerations, 2) content areas, and 3) instructional methods. Information will be presented, also, on the criteria used by other programs for evaluation of training. The thrust of this chapter, then, will be to identify the scheduling, content, format, and evaluation aspects of actual and recommended board training programs and, in this way, to determine important considerations in developing a board training program for New Hampshire's community mental health agencies. In Chapter IV, the proposed approach will be presented with each of the issues mentioned above taken up in the same sequence as in this chapter.

Alternative Approaches to Achieve the Goals Enumerated Under the Problem Statement

To achieve the goals enumerated under the "Problem Statement," citizen board members of community mental health agencies will need certain knowledge, skills and attitudes. One can imagine three basic ways to accomplish this: 1) change the present process of board member selection by selecting persons who already have the requisite

knowledge, skills and attitudes, 2) issue statutory or administrative mandates, or 3) enable present and future board members to acquire, through training, the appropriate knowledge, skills and attitudes. Below, I will indicate why the first two approaches are not satisfactory and then devote attention to a discussion of the third possibility.

A board selection process which selects people who already have the requisite knowledge, skills and attitudes is contrary to the basic community mental health principle of self-determinism through which local communities select the persons they wish to represent them. Also, taking people from the corporate field of business, for example, would be no guarantee they would have the interest in serving the needs of the mentally ill, particularly without financial compensation for their service. The second method noted for achieving the goals listed in the "Problem Statement" is equally impractical, for similar reasons. A statutory requirement or mandate by the National Institute of Mental Health or by a state department of mental health that board members have specific knowledge, skills and attitudes as a prerequisite to board membership just would not work. First of all, attitudes cannot be mandated. Secondly, community mental health agency governance boards, at present, don't have sufficient prestige attached to them to attract members on the basis of specified prerequisite knowledge, skills and attitudes. People aren't going to be sufficiently motivated to acquire the requisite knowledge, skills and attitudes just so they can qualify for service on boards.

The only feasible approach, therefore, is to change the behavior of boards which are already in place. The present board members of community mental health agencies can be encouraged and assisted, through training, to acquire the knowledge and develop the skills to achieve the goals which have been identified in the "Problem Statement" section of this paper. Robins and Blackburn (1974) contended that "the provision of training opportunities for citizen participants is essential to fulfillment of the potential of the community mental health movement." According to these authors, "training would help board members develop performance programs designed to achieve their goals, accept responsibility for evaluating their progress, and revise their efforts in accordance with an analysis of the outcomes."

A survey of state departments of mental health and the National Institute of Mental Health, as well as a search of the literature, disclosed that over the years little attention has been devoted to the preparation of board members of community mental health agencies for their roles and responsibilities. Although orientation and training of community mental health agency boards of directors in New Hampshire have been virtually non-existent up to the present time, a survey of the board presidents and executive directors of these agencies throughout the state revealed there was unanimous agreement in the need for, and interest in, such training.

Title III of Public Law 94-63, the Community Mental Health Center Amendments of 1975, clearly defines the parameters of the citizen policy board's governance role with respect to federally-funded

community mental health centers. Under this Act, policy boards comprised of representative citizens of the respective catchment areas will be charged with overall policy planning for each center. Citizen board members will require training to understand and to effectively carry out their statutorily mandated responsibilities.

Guidelines for a Board Training Program

The development of guidelines for a board training program requires attention to three distinct areas: 1) scheduling considerations, 2) content, and 3) instructional methods. This section will contain a review and analysis of past and recommended board training programs in relation to these three areas.

Scheduling consideration. Scheduling considerations involve four significant factors: 1) number of training sessions, 2) length of each session, 3) spacing between sessions, and 4) degree of mandatoriness. In California's board training project (Mental Health Advisory Board Project 1974), which is currently underway, only four hours of training time (one session) are allocated for each of the fifty-nine local health advisory boards, and then, only on invitation from the board. In the continuing education program for citizen advisory board members of community mental health centers in the Metropolitan Chicago area (Illinois Department of Mental Health and Developmental Disabilities 1974), which is also in process, only fifteen board members representative of eleven mental health centers were accommodated in the first year-long training program. The second year trainee group has been

limited to twenty members, who engage in one five-hour training session one Saturday a month for twelve months. In Florida's District Board Training Project (District Boards Training Program 1975), which is just getting underway, an on-site weekend workshop will be held for all members of each board who are able and willing to attend. There will be no system of rewards and penalties for those board members who do or do not participate. These workshops will be held at twenty-three different locations. The University of Missori's continuing education program (University of Missouri 1974) has yet to be implemented. It is aimed at strengthening and enlarging board-staff collaboration and will accommodate 45-50 board and staff members from four community mental health centers in the Kansas City area; they will participate in a series of seminars and workshops extending over a period of 15-20 months (the frequency of the sessions and the length of each session have not yet been determined). In addition, approximately sixty board and staff members from community mental health centers and hospitals statewide will participate in two workshops (2-3 days each).

Other references do not make special recommendations regarding these four factors. Thus, only one training project (Florida) expects participation by all board members, and only two programs (Florida and California) have designed the training for completion in a short elapsed time (a four hour session in one instance and one weekend in the other). With the small number of training programs involved, no clear pattern is discernable with respect to the number or frequency of training sessions, spacing between them, or required participation.

Content areas. Ralph Tyler's (1949) suggested steps for curriculum development were followed in responding to the learners' needs and to society's needs, from a practical rather than a theoretical base. A review of the literature and a survey of state departments of mental health and NIMH led to the identification of where the board members are now ("Current situation") and where they should be ("Goals"). Then, the learning (educational) objectives--changes in the behavioral patterns of board members--were presented in a form to be helpful in selecting learning experiences and in guiding teaching: areas of knowledge, skills, and attitudes. Selection of training objectives for the curriculum plan were limited to the number which could actually be attained in significant degree in the time available and which were really important ones.

As noted by Tyler, a satisfactory formulation of objectives which indicates both the behavioral aspects and the content aspects provides clear specifications to indicate just what the educational job is. By defining these desired educational results as clearly as possible the curriculum-maker has the most useful set of criteria for selecting content, for suggesting learning activities, for deciding on the kind of teaching procedures to follow, in fact to carry out all the further steps of curriculum planning.

The content areas for this project will relate specifically to those categories which were delineated in the Problem Statement: board members' motivation and self-appraisal; board members' participation; goals of citizen boards; board functions and understanding of roles;

and evaluation of board effectiveness. Behavioral objectives (responsibilities) for boards within each of these categories were identified in the Problem Statement. The goal of the training program is to enable boards to effectively carry out those identified responsibilities. The desired behavior in boards (effective assumption of their identified responsibilities) can be brought about by appropriate change in the behavior of the board members themselves. Some change can occur if the board members acquire knowledge by having information made available to them. Other changes will require the development of certain behavioral skills for which information alone is not sufficient; behavioral guidance will be required. Thirdly, some required changes in board members are of an attitudinal nature as distinguished from knowing or behaving. The desired attitudes will occur through changes in the board members' feelings about themselves and others. Thus, all of the identified board objectives relate either to knowing, behaving, or feeling, or to a combination of them. A list of the types of learning requirements (knowledge, skill or attitude) for each of the board objectives is included in the Appendix as Appendix A.

A review of the areas of knowledge, skills and attitudes identified through the survey data and the literature revealed that all board objectives under the five categories were adequately addressed by the areas so identified. In fact, some areas identified are not needed to meet the board objectives.

Of the fifty-six board objectives identified for the above-mentioned five categories, eight relate to attitudes, six to skills and

eleven to knowledge; two involve both attitudes and skills, twenty-six involve both skills and knowledge, and three involve both attitudes and knowledge. Most of the learning requirements for the category, "Board members' motivation and self-appraisal," represent attitudes, whereas knowledge and skill areas form practically all of the learning requirements for the other four categories (see Appendix B). It can be interpreted from these data that for achievement of most of the board objectives, the training program must focus primarily on skill development and knowledge acquisition.

The initial category of board objectives, "Board members' motivation and self-appraisal," includes primarily attitude learning requirements. The major attitudes necessary in this category include board members' interest in the agency; their wish to further the quality of life, to improve mental health services; sense of their ability to make a difference in the mental health care system; willingness to contribute their talents; and sense of mutual trust and cohesiveness (see Table 6). The only knowledge areas necessary under this category relate to agency purpose, goals, objectives and services, and to the board's role and accomplishments.

TABLE 6

TRAINING OBJECTIVES

Board Members' Motivation and Self-appraisal

Knowledge Objectives

1. Agency purpose, goals, and objectives
2. Agency services, staff, facilities, and budget
3. Board's role, purpose, and responsibilities

Knowledge Objectives

4. Board's accomplishments

Skill Objectives

1. Group process-mutual support

Attitude Objectives

1. Board members' interest in the agency
2. Wish to further the quality of life, to improve mental health services
3. Sense of ability to make a difference in the mental health care system
4. Willingness to contribute talents
5. Sense of mutual trust and cohesiveness
6. Desire to identify with purposeful group activity

The category, "Board members' participation," includes just one attitude area: "Feelings of satisfaction in participating." The most significant knowledge requirements relate to information about board meetings and the roles of committees. Needed skills include: 1) leadership and 2) personal interaction and communication (see Table 7).

TABLE 7

TRAINING OBJECTIVES

Board Members' Participation

Knowledge Objectives

1. Committees-roles, structures, and procedures
2. Board meetings--purposes, procedures, advance information, and minutes

Skill Objectives

1. Leadership
2. Personal interaction and communication; public information and

Skill Objectives

education

Attitude Objectives

1. Feelings of satisfaction in participating

The category, "Goals of citizen boards," requires an attitude reflecting a desire to represent the community's interests. Board members will need information about the agency's goals and objectives; agency policies and plans; agency services; community mental health needs, demands, and expectations; the community's perception of the agency; and the variety of kinds of mental health services. Identified skill needs include goal setting; planning; policy making; report writing; advocacy; linking mental health programs, advocacy groups, and the public; personal interaction and communication; and leadership (see Table 8).

TABLE 8

TRAINING OBJECTIVES

Goals of Citizen Boards

Knowledge Objectives

1. Community's perception of the agency; level of consumer satisfaction
2. Community mental health needs, demands, and expectations
3. Variety of kinds of mental health services
4. Agency services, staff, facilities, and budget
5. Agency goals and objectives
6. Agency policies and plans

Skill Objectives

1. Planning
2. Linking mental health programs, advocacy groups, and the public
3. Personal interaction, communication; public information and education
4. Goal setting
5. Advocacy
6. Leadership
7. Policy making
8. Report writing

Attitude Objectives

1. Interest in meeting the community's mental health needs; desire to represent the community's interests

"Functions of boards and understanding of roles" requires a substantial number of different knowledge and skill areas, but no additional attitudes. Knowledge areas which references have identified for this category, in addition to those already mentioned, include the following: 1) agency constitution and by-laws; 2) board goals and objectives; 3) agency executive director's role and qualifications; 4) relation of the program to the community; 5) functions of community mental health agencies; 6) personnel policies of other community mental health agencies; 7) responsibilities and qualifications of all agency staff; 8) local, state, and federal statutes, regulations, and policies; 9) quality assurance procedures; 10) board's role. Skills needed by board members under this category, in addition to those already noted under the previously mentioned categories, include: 1) preparation of job roles; 2) personnel recruitment, interviewing, selection, supervision, and evaluation; 3) delegating responsibility; 4) needs assessment;

5) priority setting; 6) fund raising; 7) budget and program review and evaluation; 8) promotion and arrangement of interagency agreements; and 9) linking mental health programs, advocacy groups, and the public (see Table 9).

TABLE 9

TRAINING OBJECTIVES

Board Functions and Understanding of Roles

Knowledge Objectives

1. Agency goals and objectives
2. Agency constitution and by-laws
3. Agency services, staff, facilities, and budget
4. Agency executive director--role and qualifications
5. Agency staff--responsibilities and qualifications
6. Board goals and objectives
7. Committees--role, procedures, and structure
8. Community mental health needs, demands, and expectations
9. Community resources
10. Functions of community mental health agencies
11. Program services
12. Variety of kinds of mental health services
13. Agency purpose
14. Agency policies and plan
15. Personnel policies of other community mental health agencies
16. Local, state, and federal statutes, regulations, and policies
17. Potential revenue sources
18. Community's perception of the agency; level of consumer satisfaction
19. Quality assurance procedures
20. Board's role, purposes, responsibilities

Skill Objectives

1. Goal setting
2. Preparation of job roles
3. Personnel recruitment, interviewing, selection, supervision, and evaluation
4. Delegating responsibility
5. Needs assessment
6. Personal interaction and communication; public information and education
7. Priority setting
8. Policy making
9. Fund raising
10. Budget and program review and evaluation
11. Report writing
12. Promotion and arrangement of interagency agreements
13. Linking mental health programs, advocacy groups, and the public
14. Problem solving
15. Decision making
16. Planning
17. Survey of resources

Attitude Objectives

1. Sense of mutual trust, cohesiveness

The fifth category, "Evaluation of board effectiveness," requires the skills of 1) formulating objective criteria, 2) constructing an evaluation instrument, 3) evaluation, and 4) decision making. In the knowledge area, information about the characteristics of a good board is needed. There are no additional attitude requirements for this category (see Table 10).

TABLE 10

TRAINING OBJECTIVES

Evaluation of Board Effectiveness

Knowledge Objectives

1. Role and qualifications of agency executive director
2. Board's role, purposes and responsibilities
3. Characteristics of a good board

Skill Objectives

1. Personnel recruitment, interviewing, selection, supervision, and evaluation
2. Constructing an evaluation instrument
3. Formulating objective criteria
4. Evaluation
5. Self-appraisal
6. Decision making

Some of the areas of knowledge, skills, and attitudes take on more importance than the others because of their relevance to more than one board responsibility. The following knowledge areas are significant in this respect: 1) agency purpose; 2) agency goals and objectives; 3) agency plans and policies; 4) agency services; 5) board's role, responsibilities, and purpose; 6) agency executive director's role; 7) community's mental health needs, demands, and expectations; 8) community's perception of the agency; 9) role and qualifications of agency staff; 10) relation of the program to the community; and 11)role and purposes of committees. The most significant skill areas are as follows: 1) personal interaction and communication; 2) problem solving; 3) policy making; 4) goal setting; 5) decision making;

6) leadership; 7) planning; 8) linking mental health programs, advocacy groups, and the public; 9) report writing; and 10) personnel recruitment, interviewing, selection, supervision, and evaluation. The attitudes of most importance are: 1) interest in the agency; 2) wish to further the quality of life, to meet human needs, to improve mental health services; 3) sense of ability to make a difference in the mental health care system; 4) sense of mutual trust and cohesiveness; and 5) willingness to contribute talents. The specific training objectives by type of learning required are included in tabular form as Appendix B.

Analysis of the survey and reference data also disclosed that there were ten distinct areas of knowledge common to two or more of the five categories (board members' motivation and self-appraisal, board members' participation, board goals, functions of boards and understanding of roles, and evaluation of board effectiveness), nine common areas of skills, and one common area of attitudes. The criterion of commonality was considered in combination with other factors in determining which areas of knowledge, attitudes, and skills to include in the training model (see Appendix C).

Guidelines for the training of community mental health agency boards have been presented by a number of sources (Wortham 1974; Massachusetts Department of Mental Health 1972; Michigan Department of Mental Health 1974; Price 1975; Davis and McCallon 1974). Each of Wortham's three mini-manuals for the orientation and training of citizen board members of community mental health agencies in Illinois'

Region 5 deals with a specific board role: "You're Running the Show," "Mapping a Strategy," and "How We See Ourselves." The "Standards for Michigan Community Mental Health Services" contains a section on the elements which should be included in an orientation and continuing education program for board members. These elements range from concepts of mental health to sources of financing. Several years ago, the Massachusetts Department of Mental Health developed a manual for members of the Area Mental Health-Mental Retardation Advisory Boards. This manual included information on the structure and operation of Area Boards, legislation and regulations, community relations with Area Boards, planning and evaluation activities, and program ideas. Price has published a manual for community mental health center board members which relates the board's responsibilities to the federal Community Mental Health Centers Act and particularly to its program policy planning role. Davis and McCallon refer to participants' experience as a major resource for learning.

California's board training project involves a series of workshops for County Mental Health-Mental Retardation Advisory Boards (Mental Health Advisory Board Project 1974). The project staff have developed written outlines for the training workshops; these guidelines relate to the planning process, program evaluation, writing annual reports, and board evaluation. Prior consultation is conducted with the local board chairman and staff members to ensure inclusion on the agenda of those items of greatest interest to that particular group.

The Illinois Mental Health Institute and the Abraham Lincoln School of Medicine are the co-sponsors of an NIMH-funded continuing education program for citizen advisory board members of community mental health centers in the Metropolitan Chicago area (Illinois Department of Mental Health and Developmental Disabilities 1974). The first year's program, which was completed in the summer of 1975, included the following curriculum areas: 1) introduction to citizen participation in mental health; 2) developing effective board organization; 3) relationships between the advisory board, the agency administration, and staff; 4) relationship between the advisory board and the community; 5) advisory boards and governing boards in private and governmental agencies; 6) funding your mental health center; 7) funding your advisory board, council, or governing board; 8) mental health legislation; 9) understanding the variety of services provided by mental health centers; and 10) planning and evaluation of service systems.

Florida has inaugurated a statewide effort for the training of mental health district boards (District Boards Training Program 1975). Participants will be actively engaged in the training process through the use of experience-based workshop sessions designed to enhance communication, organization, and change agent skills.

The University of Missouri, through its School of Social Work, also has an NIMH grant, in this case to provide a multi-disciplinary educational program aimed at strengthening and enlarging board-staff collaboration methods and relationships in designing, developing, interpreting, and funding community mental health programs and

services (University of Missouri 1974). Content, selected jointly by project staff and participants, will include theory and practical application.

All together, the actual and proposed board training projects include all the major knowledge and skill areas and most of the attitude areas which have been noted in an earlier section of this chapter as those necessary to achieve the board's behavioral objectives; none of these programs singly, however, includes all or nearly all of the major learning requirement areas. The most significant knowledge areas so identified are those relating to the agency (by-laws, purpose, goals, objectives, services, staff, facilities, and budget), the board (organization, role, objectives, relationship with executive director, with other staff, and with the community), and the community (mental health needs, resources, and concepts). The primary skill areas so identified are personal interaction and communication; problem solving; goal setting; planning; decision making; report writing; evaluation; and group process--mutual support. The attitude areas identified in board training programs are a desire to identify with purposeful group activity; interest in the agency; sense of mutual trust and cohesiveness; and self-confidence. Appendix D includes a list of the number of training projects incorporating each of the identified knowledge, skill, and attitude areas.

Instructional methods. A variety of formats and instructional methods have been employed by board training programs. A workshop format, with trainee participation, is the most frequently used and

recommended training method. People also tend to rely on handouts to a considerable extent either in the form of board manuals, pamphlets, or instructional sheets. The formal presentation, allowing for little participant interchange, is the least used instructional method, while discussion techniques (including case presentations, role play, and skits) are the most frequently employed methods (see Table 11).

TABLE 11

TYPES OF INSTRUCTIONAL METHODS

Instructional Method	Number of Resources
1. Input via discussion	12
2. Input via formal oral presentations	2
3. Input via written materials	6

Cape (1965) suggested two approaches to board training: 1) participation in institutes and conferences using case studies, role playing, and other discussion and training methods; and 2) a board members' manual. Galiher and others (1971) stated that "training should not be viewed as a one-shot stabilizing device but ongoing process."

Training aids for California's board training project workshops (Mental Health Advisory Board Project 1974) include the following documents: California's Mental Health Services Act, the State Agency Act, "Writing an Annual Report," "Evaluation--an Overview," "The Planning Process," a goal setting paper, and "The Self-assessment Tool." Experts are utilized to address the central issues defined by participants and to serve as consultants in dealing with specific problems

identified by the board members.

In the Florida District Mental Health Board Training Project (District Boards Training Program 1975), the format will consist of individual board consultations, on-site weekend workshops, and follow-up activities. Participants will be actively engaged in the training process through the use of experience-based workshop sessions designed to enhance communication, organization, and change agent skills and which will be conducted by the Florida Mental Health Institute and State University faculty and professional training consultants. Consultation will be provided for each District Board prior to the training events and appropriate follow-up activities will be conducted.

The University of Missouri's continuing education program for board-staff collaboration (University of Missouri 1974) will involve 45-50 board and staff members from four community mental health centers in a series of seminars and workshops which will extend over a period of 15-20 months. In addition, approximately sixty board and staff members from community mental health centers and hospitals (statewide) will participate in two workshops (2-3 days each), providing for discussion and analysis by all participants. Maximum utilization will be made of self and mutual educational methods.

It was found in the California Health Care Training Project (Meisner 1969), that informal, primarily verbal techniques, including skit and role play, were the most effective instructional methods.

Davis and McCallon (1974) cite the following advantages of the workshop format for adult education: 1) makes use of participants'

experiences as a major resource for learning; 2) helps adults convert experience into learning; 3) is problem centered and entertaining; 4) is concerned with the needs of the participants and attempts to meet these needs in ways that are helpful to the group; 5) is built on appropriate reinforcement; 6) is filled with success experiences.

None of the references nor any of the actual or proposed training programs made any distinction between training formats for the different types of learning objectives (i.e., knowledge, skills, and attitudes). It appears that a single workshop may have dealth with both knowledge and skill areas rather than with just one of these. Little attention has been given to training for attitudes per se.

Board Training Evaluation Criteria

No objective evaluation has been performed for any of the board training programs reviewed; only two projects had any evaluation at all. Thus, successful (as measured through objective evaluation) training could not be used as a guide in determining the most appropriate content or format for the proposed board training.

The Illinois Board Training Program (Illinois Department of Mental Health and Developmental Disabilities 1974) makes use of a Participant Rating Scale for each session to evaluate the speakers and the material presented. Other evaluation techniques planned for this project include a complete knowledge assessment questionnaire, an educational needs inventory, and a board perception measure for each participant. These measures will be used to validate the relevance of subject

matter, and to assess perceived changes in individual and board performance as a result of the training.

The results of the California Health Care Training Project (Meisner 1969) are reported as follows: 1) boards showed increased confidence, ability to work constructively with others, and in developing a sense of purpose and commitment; 2) board members became aware of and confident about the legitimacy of their roles; 3) board members demonstrated increased ability to work together as a board around common goals; 4) the content, sequence, and timing of the training schedule must be seen by the board as its own and totally relevant to its needs; 5) informal, primarily verbal training techniques, including skit and role play, are the most effective; 6) a more open and frank atmosphere in board meetings can be expected. The evaluation methods used to arrive at these results were not, however, presented.

Davis and McCallon (1974) have recommended that a plan to evaluate training through workshops 1) describe observable behavior that will demonstrate that learning occurred; 2) state an acceptable level of performance for the learning; 3) describe the conditions under which performance will be measured. They state that the evaluation should tell us if the learning has held and if it is being used. Earl McCallon has developed a Workshop Evaluation Scale, which is an example of a normed scale based on reactions of over forty thousand participants in a variety of workshops. A copy of this Scale is included in the Appendix (Appendix E). The advantages of such a post-meeting reaction format is that it provides data useful in improving future

workshops; it is also easily administered and interpreted. Other types of workshop evaluation measures noted by Davis and McCallon include 1) evaluation by objectives, which measures learning outcomes; and 2) impact evaluation.

CHAPTER IV

A PROPOSED APPROACH FOR COPING WITH THE PROBLEM

This project will include both 1) the identification of areas of knowledge, skills, and attitudes which citizen board members of community mental health agencies need to effectively fulfill board responsibilities, and 2) the design of a training program for citizen board members of community mental health agencies. The major goal of the training program is to enable members of a community mental health agency's board of directors to acquire the knowledge, develop the skills, and form the attitudes necessary for the board to fulfill its responsibilities effectively.

In this chapter, a proposed training program for boards of community mental health agencies will be presented as a suggested approach for coping with the Problem delineated in Chapter I. Included in this proposal will be scheduling considerations, such as the number of training sessions, the length of each session, spacing between sessions, and the mandatory nature of the training. The proposal will also contain the training program's content areas and format. There will be a description of the knowledge, skill, and attitude learning requirements and how they will be addressed. Other considerations which relate to the comfort and convenience of the training participants will also be discussed. The specific curriculum plan for the training sessions will then be described, and finally, a plan will be presented for evaluating the training. This chapter will in essence

provide a specific response to the problem highlighted in an earlier chapter. This response is built on a base developed through review of the literature, survey of other actual and proposed board training programs, consultation with others, and analysis of various needs of the trainee population. The starred (*) references in the Selected Bibliography are those used for this purpose.

Scheduling Considerations

It is crucial to the success of a board training program that the training be structured in such a way as to create the best possible learning climate and to motivate board members to participate. Toward ensuring maximum participation by all members of each board, the training program will be designed to impose on the time of citizen board members only to the extent necessary. The length of each training session, as well as the number of sessions, will be limited to the minimum necessary to accomplish the mission. Training sessions will be held at times convenient to the majority of board members.

There are four important scheduling considerations in planning a training program for the boards of directors of community mental health agencies: 1) the number of training sessions; 2) the length of each training session; 3) spacing between sessions; and 4) the obligatory nature of the training for all board members.

In determining the number of training sessions, there are two major considerations: 1) the learning requirements, and 2) the maximum feasible time commitment for volunteer citizen board members.

Thus, the number of sessions needed as determined by the objectives, content, and format must be weighed against the time demands to be placed upon the trainees, who--in this instance--are not financially compensated for their efforts.

Another consideration in scheduling the training sessions is the length of time for each session. Factors similar to those for determining the number of sessions must be weighed. The amount of time needed for the skill development or knowledge acquisition must be balanced by the reasonableness of the demands on the trainees' time. Other types of educational programs offer substantial incentives for participation: students are either required to attend, or paid to participate; or the student seeks out training for personal reasons. In this particular instance, however, the trainee is told he should have training, but is neither forced nor paid to participate. Additional factors to be considered in determining the length of each training session are: 1) the board member's time away from personal obligations, such as job and family; 2) limitation on maximum return for time spent; 3) comfort of the trainees, and the element of fatigue; 4) reduction in the number of sessions by extension of the time for each session; and 5) continuity of learning provided by the curriculum plan.

Spacing, or length of time between sessions, is another important consideration. By spacing the sessions far apart, e.g., one a month, it is more reasonable to schedule a greater number of training sessions--if needed--than if the sessions are held with only short

time intervals between them. What is lost by spacing the sessions far apart, however, is the very critical continuity of the learning experience (fitting the parts together into a whole) as well as the equally important group cohesiveness which comes from people being together and learning together. This latter factor is crucial to the development of a board "spirit" whereby the individual board members learn to function together effectively as a unit. This factor is especially important where the training focus will be on learning through the group process rather than by a series of lectures.

The fourth scheduling consideration--mandatory attendance--actually involves the previously mentioned factors as well as a more global consideration. The objectives of the training, that is, changes in the behavior of boards, can be achieved only if all, or nearly all, members of every board are involved in the training. Boards do not act as individual members, but as a group. Therefore, training of only a minority of the members of a board can hope to achieve changes in the individual board members so trained, but could not effect changes in the behavior of the entire board.

The significantly large number of areas of knowledge, skills, and attitudes needed by board members as enumerated in Chapter III would require a substantial number of training sessions for each board. As has already been stated, it is important to make a minimal imposition on the time of the board members. Thus, the time necessary to complete the training to result in achievement of the objectives may be beyond a reasonable expectation. There are several possible alternative courses

in response to this dilemma:

1. Required participation by all board members in the entire training program. Spread the training out over eight to twelve months, as necessary, with one training session a month. The advantages are engaging all members of the board in the training program, and a relatively small time commitment each month. The disadvantages are the lack of continuity between sessions (too far apart), and the long time to complete the training and thus, to effect changes in the behavior of the board.

2. Required participation by all board members in the core training sessions, and in two of five optional training sessions. All board members would thus be exposed to the key areas; each board member would additionally specialize in other areas. Through this alternative, all areas of learning would be covered, but not by all board members. This plan has the disadvantage of expecting all board members to participate in five training sessions which may well be more than the maximum feasible number.

3. Required participation by all board members in three core training sessions. Other learning objectives would be addressed by committees of the board as part of their regular educational process. Each board has in place committees on finance, personnel, program, etc. Those areas identified for board training which are not specifically addressed in the three board training sessions would be dealt with by the appropriate committees. For example, all those areas relating to budget and finance would be assigned to the finance committee to be

covered subsequent to the core training for the entire board. This plan has the disadvantage of requiring training for all board members, in some form, beyond what may be the maximum feasible limit.

4. Rank in priority order all the areas of knowledge, skills, and attitudes and select only the highest priority areas which can be covered in three training sessions, involving all members of the board. This plan has the disadvantage of having no members of the board exposed to training in some areas which have been identified as necessary to achievement of all of the board objectives specified in the Problem Statement. Thus, under this plan, the behavior of the board could be expected to improve substantially, but not to the full extent of the established objectives.

This dilemma and the possible alternative solutions have been discussed individually with five persons who are acquainted with the project and its objectives and who have expertise in one or both of the following areas: 1) community mental health boards; 2) adult education and group process. These persons are:

1. Mr. John McCarthy, Executive Director, Greater Salem Counseling Center, Salem, New Hampshire

2. Mr. Robert Shute, President, Board of Directors, Greater Salem Counseling Center, Salem, New Hampshire

3. Dr. Fred Finch, faculty member, School of Business Administration, University of Massachusetts, Amherst, Massachusetts

4. Mr. Ronald Andrews, Director of Training and Manpower Development, New Hampshire Division of Mental Health, Concord, New Hampshire

5. Mr Warren Stutts, Coordinator of Community Mental Health Services, New Hampshire Division of Mental Health, Concord, New Hampshire

All five persons considered the third alternative as the most feasible one. They all agreed that to expect board members to participate in more than three training sessions within a relatively short time would be unrealistic and would unquestionably result in falling short of the goal of one hundred percent board participation in the training. They further agreed that it is crucial for learning continuity to conduct the workshops in relatively close time proximity to each other, preferably one a week. It was their opinion, also, that to assign to committees the areas of attitudes, skills, and knowledge not covered in the three training sessions would be taking good advantage of the already existing structure and groups with experience of working together rather than asking board members to assume additional commitments.

On the basis of this consultation, as well as review and analysis of data from other training programs and of the areas of knowledge, skills, and attitudes needed to achieve the board objectives, the training plan for this project has been designed to provide for three two-and-one-half-hour training sessions to be held on consecutive weeks and in which all members of each board will be expected to participate. The specific areas of knowledge, skills, and attitudes not covered by the three training sessions will be assigned to committees of the board for training of the members of the respective committees in those

particular areas.

Content Areas

The first and foremost objective of the training program will be to assist board members to accept and feel a commitment to their role. Achievement of this objective is paramount to ensure continued active participation in the board training program and in further board activities and responsibilities, including consistent attendance and active participation at board and committee meetings.

A second objective of the training program will be to teach board members problem solving and decision making techniques with respect to the functioning of organizations. These processes are the board members' basic tools in performing their functions and carrying out their responsibilities.

A third objective will be to promote an effective working relationship between board and executive director, characterized by mutual understanding and appreciation of their respective roles and responsibilities.

Another objective will be to enable boards to determine the extent of their effectiveness in carrying out their responsibilities and meeting their objectives. The board will be charged with modifying its organization and performance based on the results of both internal and external evaluations of its effectiveness.

The specific learning requirements to achieve the board objectives (desired behaviors) enumerated in the Problem Statement (Chapter I)

were discussed in Chapter III, and are listed in Appendix B and Appendix C.

The training program will be focused on behavioral and informational areas through skill development and knowledge acquisition; attitudinal changes and heightened motivation for board participation will result from behavioral changes in boards. Since most of the learning requirements under the first major category, "Motivation of board members and self-appraisal," relate to attitudes, and as the knowledge and skill requirements in this category are also found in one or more of the other four categories, training will not be specifically directed toward this category. Other than attitude objectives, all learning requirements under the categories, "Board members' participation" and "Goals of citizen boards" are also found under other categories. Thus, the training program will be directed toward the knowledge and skill learning requirements under the categories, "Board functions and understanding or roles" and "Evaluation of board effectiveness" (see Tables 9 and 10 in Chapter III). The knowledge objectives in these two categories pertain primarily to information about the agency, the board, and the community. Skill objectives are those of a problem solving nature in general. Appendix F lists the specific knowledge and skill objectives which will thus form the basis for training. These are the knowledge and skills which have been identified as necessary to achieve the board objectives.

As it would be impossible to cover all the identified knowledge and skill areas adequately in three two-and-one-half-hour training

sessions, the following areas, which are those considered most significant for all board members in terms of identified board objectives, will be included in the three-session training program:

Knowledge objectives

1. Agency constitutuion and by-laws
2. Agency purpose, goals, and objectives
3. Agency plans and policies
4. Agency services, staff, facilities, and budget
5. Role and qualifications of agency executive director
6. Board's purpose, goals, and objectives
7. Board's role and responsibilities
8. Structure, role, and procedures of board committees
9. Characteristics of a good board
10. Board's accomplishments

Skill objectives

1. Policy making
2. Problem solving
3. Decision making
4. Goal setting
5. Priority setting
6. Leadership
7. Personal interaction and communication; public information and education
8. Delegating responsibility
9. Constructing evaluation instruments

Skill objectives

10. Self-appraisal

11. Group process--mutual support

These ten knowledge objectives and eleven skill objectives have been selected for the three core training sessions for all board members because they are key learning requirements for boards and are reflected in all categories of board objectives. The remaining eight knowledge objectives and six skill objectives will be assigned to standing committees of boards. They fall generally into the areas of personnel (Personnel Committee), financing and budgeting (Finance Committee), and program planning and assessment (Program Committee). They are listed in Table 12.

As mentioned earlier in this section, the training will focus on knowledge and skill areas. The effect of the training, if successful, will be behavioral changes in boards. The attitude objectives--listed in Appendix G--will be achieved as a result of the behavioral changes in boards. The design of the training program will make participation on the board attractive which in itself is a motivating factor.

Certain attitude, skill, knowledge areas which have been identified in the literature or through surveys will not be specifically addressed in the training program, either in the three workshops or through committee assignments, because they are actually parts of other, more general objectives which will be covered by the workshops, or they are clearly responsibilities of the executive director rather than the board. These areas are listed in Appendix H.

TABLE 12

LEARNING OBJECTIVES FOR COMMITTEES

Personnel Committee

Knowledge Objectives

1. Personnel policies of other community mental health agencies
2. Responsibilities and qualifications of other agency staff

Skill Objectives

1. Preparation of job roles
2. Personnel recruitment, interviewing, selection, supervision, and evaluation

Finance Committee

Knowledge Objectives

1. Local, state, and federal statutes, regulations, and policies
2. Potential revenue sources

Skill Objectives

1. Fund raising
2. Budget and program review and evaluation

Program Committee

Knowledge Objectives

1. Community mental health needs
2. Community's perception of the agency
3. Community resources
4. Variety of kinds of mental health services
5. Quality assurance procedures

Skill Objectives

1. Planning--needs assessment; survey of resources
2. Linking mental health programs, advocacy groups, and the public
3. Report writing

Methods

As stated by Tyler (1949), "The process of planning learning experiences is a creative one; as the teacher considers the desired objectives and reflects upon the kinds of experiences that can occur to him or that he has heard others are using, he begins to form in his mind a series of possibilities of things that might be done, activities that might be carried on, materials that might be used." This process was followed in deciding on relevant learning activities to achieve the learning objectives for this project--behavioral changes in boards. A review and analysis of actual and recommended board training programs as well as interviews with subject specialists provided the base for selecting specific learning experiences through which knowledge and skills were organized for effective instruction, with consideration for continuity, sequence, and integration.

The learning requirements to achieve the board objectives as enumerated in the Problem Statement have been grouped by attitudes, skills, and knowledge, each of which calls for a different type of instructional method. Knowledge can be gained through written information. Thus, written materials will be made available to all board members prior to each of the board training sessions; these materials will be integrated into the skill development phase of each workshop. The acquisition of knowledge and the development of skills should effect behavioral changes in board members which in turn should result in changes in their attitudes. When board members function adequately, their motivation should increase.

Since the training will not be directed specifically toward attitude objectives and as knowledge areas will be dealt with primarily through written material and subsequent committee activity as noted in the discussion of content, skill development will be the major focus of the three two-and-one-half-hour training sessions. The training sessions will be conducted as workshops, with maximum trainee participation through role playing and group discussion techniques. A workshop, through which role play and other group process mechanisms can be employed, is appropriate for developing group skills, such as problem solving, policy making, decision making, and personal interaction.

The training sessions are planned as follows:

1. Session number one
    a. Knowledge objectives--written material
    b. Skill objectives--workshop
2. Session number two
    a. Knowledge objectives--written material
    b. Skill objectives--workshop
3. Session number three
    a. Knowledge objectives--written material
    b. Skill objectives--workshop
    c. Committee assignments of additional knowledge and skill objectives
4. Subsequent committee activity
    a. Knowledge objectives--written material
    b. Skill objectives--workshops

The Curriculum Plan will present a detailed description of both content and format for each of the training sessions.

Curriculum Plan

The training will focus on helping board members to function effectively. Board members need to see that what they do is important; this is highly motivating as is positive reinforcement from the president and other members of the board.

Written materials relating to the knowledge areas will be prepared, with the assistance of the respective agency board president and executive director, and made available as part of the Curriculum Plan, with the appropriate portion of the information to be distributed to all board members one week prior to each of the three workshop sessions. At the time of distribution, the board members will be told that the written material will be integrated into the skill development portion of the workshops.

The design of the Curriculum Plan is as follows:

1. Workshop number one--"Problem solving"
    a. Objective
        1) The major function of boards of directors is to problem solve; i.e., to set policies, to make decisions, in a wide variety of areas (personnel, budget, fund raising, program planning, etc.). The problem solving process is the board member's basic tool and is inherent in all his functions. The objective of this work-

shop is to improve the board member's ability to problem solve.

b. Knowledge goals

1) These goals will be met through the distribution to all members of the board seven days to advance of the workshop the following written materials pertaining to their agency:

a) Agency constitution and by-laws

b) Agency purpose, goals, and objectives

c) Agency policies and plans

d) Agency services, staff, facilities, and budget

c. Skill goals

1) Problem solving, or decision making, as a group process, is different from individual decision making, and since the board acts as a group, it is imperative that the following group problem solving skills be a principal part of the board members' training:

a) Policy making

b) Problem solving

c) Decision making

d) Goal setting

e) Priority setting

f) Group process--mutual support

d. Strategy and methods

1) Emphasize the abilities of all board members for

solving problems.

2) Help board members to perceive the importance of the decisions they have to make and to recognize that with adequate information and appropriate skills, they will be capable of making decisions even in seemingly technical areas; the process involves a weighing of the various alternatives with respect to both the goals to be accomplished and the actual or potential constraints to their accomplishment.

3) Identify problems. Use case studies--either real or simulated--ofcommon problems which face boards.

4) Help board members--first in small groups and then the board as a whole--to recognize and follow the steps necessary in reaching decisions with respect to problem solving, e.g., assessing the need, determining the question, gathering the data (from all sides), identifying constraints, weighing the alternatives with respect to the objectives to be reached, deciding together--on the basis of the evidence--which alternative to approve.

5) Guide the board members through the process several times--initially with simple problems, later with more complex ones. Then, they will be expected to follow the process by themselves, one group carrying out the procedures and a second group critiquing it; then, the

roles of the two groups will be reversed.

2. Workshop number two--"Understanding of roles"

   a. Objective

      1) The key relationship in every community mental health agency is that between board and executive director. The board is charged with policy making and the executive director with policy implementation. The organization can be effective only if that relationship is a healthy one, characterized by mutual understanding, appreciation, and respect. Because of the importance of this relationship, it is given high priority for board training. Just as the most significant attitudes and values for board members reflect their motivation and self-appraisal, and the most significant skills for board members are those involving group problem solving processes, so the most significant relationship for board members is that with their executive director, who is dependent upon them and upon whom they are dependent for mutually carrying out the agency's mission.

         The primary objective of this training session will be to promote the development of a healthy relationship between board and executive director based on mutual role understanding and appreciation.

b. Knowledge goals

1) These goals will be met through the distribution to all members of the board seven days in advance of the workshop the following written materials pertaining to their agency:

a) Board's role and responsibilities

b) Role and qualifications of agency executive director

c) Board's purpose, goals, and objectives

d) Structure, role, and procedures of board committees

c. Skill goals

1) Delegating responsibility

2) Leadership

3) Personal interaction and communication; public information and education

d. Strategy and methods

1) Emphasize the importance of both the board's and executive director's roles to the agency's effectiveness and efficiency.

2) Stress the distinction between the board's and executive director's roles, and at the same time, their interdependence.

3) Use small homogeneous groups of three or more people each representing executive director, board, staff, community, and patients to focus on the executive

director's role.

4) Each group writes out and discusses expectations for executive director (a couple of examples will be presented).

5) Other groups react to each group in turn.

6) Repeat the process with respect to the board's role; i.e., each group writes out and discusses expectations for the board with other groups reacting to each in turn (again, a couple of examples will be presented).

7) All groups then meet together to review the differences in role perception, and to agree on what the general role differentiation should be between board and executive director.

3. Workshop number three--"Evaluating board effectiveness"

a. Objective

1) Although change in the behavior of the board--the objective of the training program--may not be immediately evident upon completion of the training workshops in each region, board members must be trained in self-evaluation techniques in order that they may be able to periodically assess the degree of effectiveness of their functioning. Determination of board effectiveness will be based on the degree of progress achieved toward the identified objectives for each of the following categories:

a) Board members' motivation and self-appraisal

b) Board members' participation

c) Goals of citizen boards

d) Board functions and understanding of roles

Board self-evaluation will be conducted on an on-going basis, annually, apart from any external evaluation which may be conducted, e.g., by the State Division of Mental Health. The purpose of the board's self-assessment will be to enable the board members to become aware of the degree of effectiveness of the board as a whole and to design self-correcting measures with respect to those identified areas of weakness. The first such self-assessment will be conducted immediately following completion of the board training program in each region.

The objective of this workshop is to enable board members to assess the degree of effectiveness of their functioning, and to design self-correcting measures with respect to those identified deficiencies.

b. Knowledge goals

1) These goals will be met through the distribution to all members of the board seven days in advance of the workshop the following written materials pertaining to their agency:

a) Characteristics of a good board

b) Board's Accomplishments

c. Skill goals

1) Constructing evaluation instruments

2) Self-appraisal

d. Strategy and methods

1) Emphasize the board's self-assessment function; knowing they will be assessing their progress toward the board's objectives, the board members should have heightened incentive to assume an active role on the board.

2) Instruct board members on constructing a self-rating scale based on the identified board objectives; a numeral scale from one to five will be suggested, allowing for graduation from not meeting the objective at all (one) to full achievement (five).

3) The board members will individually practice utilizing the scale on sample areas with which all members are familiar.

4) All members will then compare their individual assessments. They will be offered guidance in subjectively judging degree of progress to help ensure that all board members use relatively similar bases for making judgments on evaluation scales.

5) Board members will be helped to gain familiarity with, and understanding of, each of the board objectives

(those enumerated in the Problem Statement).

4. Committee assignments

During the latter part of Workshop number three, assignment will be made of the additional areas of knowledge and skills to the appropriate committees for implementation within six weeks from Workshop number three (see Table 12).

Continuing Education

Although not a part of this particular project, it is planned to conduct a "training of trainers" program through which more intensive training (six half-day sessions) will be provided for two board members from each region who would then assume responsibility for training new board members and for annual refresher, or renewal, training for all board members in their respective regions.

Implementation

The training program will be designed for implementation initially throughout New Hampshire. The board presidents and executive directors of the community mental health agencies in New Hampshire have made a firm commitment to training for their boards. It is expected that a very high percentage (nearly one hundred percent) of the board members and all of the executive directors will actively participate in the training. Agency staff, other than executive directors, will not participate in the training as they are not considered key figures in relating to boards and because to do so would result in an unwieldy

number of participants in each regional training programs. At the present time, there are between 350 and 400 board members of the seventeen community mental health agencies in the state plus seventeen executive directors. Each board ranges in size from 9 to 40 members. Once again, it is noteworthy to mention the importance to the success of the training program to have all members of each board participate; the program will be designed with this in mind. A pilot testing experience of the training model which is designed and developed will be conducted in one of New Hampshire's mental health regions (Salem). The pilot testing experience, including the participants' appraisal of the training, will be reviewed and will form the basis for modifying the curriculum, format, and other aspects of the training model prior to implementation of the training throughout the state.

The board president and executive director of each agency will be approached personally for discussion of implementation of the Curriculum Plan, including objectives, format, and content in their respective region. Their assistance will be solicited in selecting a site, dates, and times for the training, and in inviting and ensuring the participation of all members of their board of directors in the training program.

Development of the training program will be guided by the following general principles:

1. Convenience to the participants will be the foremost consideration in selecting the time, dates, and place for the training sessions. The following factors affecting the comfort of the training

participants, in addition to the place and time, will be considered in the planning and implementation of the training sessions: comfortable seats; adequate ventilation and temperature control; attractive interior physical environment, conducive to learning; light refreshments; starting and ending the training sessions in accordance with the announced schedule.

2. The three training sessions for each board will be conducted on consecutive weeks, to provide continuity of the learning experience. It is planned to limit each session to two-and-one-half hours so as to keep to a minimum the time commitment of the board members and also, to maximize the learning potential; beyond two-and-one-half hours, restlessness and fatigue may set in and diminish the effectiveness of the learning experience.

3. Again, through consultation with the respective board president and executive director, arrangements will be made for brief appearances by important persons such as state and local officials, and for media coverage of the training program.

Evaluation of Training

In accordance with Ralph Tyler's (1949) principle that evaluation is "essentially the process of determining to what extent the educational objectives are actually being realized by the program of curriculum and instruction," evaluation in this project will include a measure for determining the degree to which changes in the boar's behavior are actually taking place: a comparison of pre- and post-

training ratings by the executive director of the extent to which each of the board objectives has been achieved. Additional evaluation measures to aid in determining the effectiveness of the design of the training program will include assessments of board members' perceptions of various aspects of the curriculum plan and its implementation.

Immediately following completion of each of the three workshops, evaluation of that particular training session will be conducted by assessing the participants' own perceptions of the training through a rating scale. The Workshop Evaluation Scale developed by Earl McCallon (1974) will be used for this purpose. A copy of this Scale is included in Appendix E. Modification of subsequent training programs will be made, as appropriate, based on the results of this evaluation. Also, several weeks following the training program, a questionnaire will be sent to each person who participated in one or more of the three workshops for the purpose of ascertaining the participants' opinions about the design of the training program and determining if the intended learning actually occurred (see Appendix I).

The real test of the success of the training program will be the extent to which the board increases its effectiveness--which can only be judged over time. The executive director of each agency will be asked to rate his board's overall performance with respect to each of the training objectives (listed in Appendix A) both immediately prior to the training program and again, three months later. A rating scale (1-5) will be used for this purpose (see Appendix J). Improvement in the rating for any of the objectives between the pre- and post-training

evaluations can be attributed, at least in part, to the training program. Modification of the format and content of susequent training programs will be made, as appropriate, based on the results of these evaluations.

In addition, since the board operates to increase agency productivity, a form of impact evaluation will be conducted annually, starting one year following completion of the training in each region. This evaluation will measure objective criteria of agency productivity such as changes in staff turnover, number of patients served per staff member, expenditures per client, increased fund raising, and increases in the number and size of programs inan effort to determine the correlation, if any, between board training and agency productivity. By reviewing several indices for a number of different agencies, it should be possible to correlate the training with agency productivity and to correlate this type of measure with the annual board self-evaluation.

CHAPTER V

PILOT TESTING OF THE TRAINING MODEL

In the previous chapter, it was mentioned that the board training model which was designed would be pilot tested in one of New Hampshire's mental health regions (Salem), and that the evaluation of that pilot testing experience, including the participants' appraisal of the training, would form the basis for modifying the curriculum, format, and other aspects of the training model, as appropriate, prior to implementation of the training throughout the state. This chapter will include a report of the planning, implementation, and evaluation of the pilot testing experience. Chapter VI will then present modifications of the training model based on this experience.

Planning and Preparation

In early August 1976, a meeting was held with the Board President and Executive Director of the Greater Salem Counseling Center, Salem, New Hampshire, to present and discuss plans for implementing the board training model at their agency. They were enthusiastically interested in the plan, and suggested scheduling the training workshops on three consecutive Tuesday evenings, beginning September 28, with each workshop to commence at 7:30 P.M. and to last for two-and-one-half hours. The workshops would be held at the agency's new administrative quarters in Hampstead, a facility which most of the board members had not yet seen. Light refreshments would be available.

The Acting Director of the State Division of Mental Health was asked to write to the Board President stating the purpose of the training and urging that all board members participate. Copies of this letter would be sent by the Board President to all members of the board with the expectation this would help to generate attendance at the training workshops. Prospective board members, to be added in October, would also be invited.

In mid-August, a letter from the Acting Director of the New Hampshire Division of Mental Health was sent to the Board President of the Greater Salem Counseling Center setting forth the purpose of the training and urging participation by all members of the board. A copy of this letter is included as Appendix K.

Late in August, the Board President wrote to each member of the board requesting his participation in the board training workshops and enclosing a copy of the Acting Director's letter to him. One week before the first scheduled workshop, the written material called for in the Curriculum Plan relating to the first workshop was sent to each board member. The board members were asked to read this material prior to the September 28th workshop. Three or four days before the first workshop, the agency's Executive Director telephoned each board member as a reminder of the training session.

Eleven days before the initial workshop, a news release was issued by the State Division of Mental Health to four newspapers covering the Greater Salem area; the release highlighted the proposed training, drawing attention to the contributions and responsibilities of citizen

volunteer board members. A copy of the news release is included as Appendix L.

Two different consultants were engaged to conduct the three workshops following the Curriculum Plan. A planning meeting was held with the consultants on September 23 to review the workshop designs and plan for continuity between the three workshops. One consultant would conduct the first and third workshops and the other consultant would lead the second one.

The President of the New Hampshire Association for Mental Health and a representative of the Boston Regional Office of the National Institute of Mental Health were invited to attend the September 28th workshop; they, along with the Acting Director of the New Hampshire Division of Mental Health, would help to add prestige and a sense of importance to the training program. This action, as well as the news release, were designed primarily to motivate board members to participate in the training.

There was a potential of twenty trainees, consisting of nineteen board members and the agency's Executive Director. Prior to the initial workshop, the Executive Director completed the Training Evaluation Form as planned; after the training ended, he completed another such form for purposes of comparison. A copy of this Evaluation Form is included as Appendix J.

Guidelines for Salem Board Training Program

1. Three workshops for Executive Director and all board members
   a. Tuesday, September 28--"Problem solving"--Richard Kleiner

b. Tuesday, October 5--"Understanding of roles"--Donald Gilpin

c. Tuesday, October 12--"Evaluating board effectiveness"--Richard Kleiner

2. Site and time--Administrative office of the Greater Salem Counseling Center, Hampstead, New Hampshire, 7:30-10:00 P.M.
3. Letters of invitation to all board members
4. Arrange for coverage by media
5. Arrange for state and local officials to attend
6. Arrange for light refreshments
7. Executive Director to do pre-training evaluation
8. Planning session with training consultants, September 23
9. Prepare physical arrangements (comfortable seats, easel and pad, ventilation, etc.)
10. Plan for subsequent committee activity
11. Written materials for distribution to board members

a. September 21 (for September 28th workshop)

1) Agency constitution and by-laws

2) Agency purpose, goals, and objectives

3) Agency policies and plans

4) Agency services, staff, facilities, and budget

b. September 28 (for October 5th workshop)

1) Board's role and responsibilities

2) Role and qualifications of agency Executive Director

3) Board's purpose, goals, and objectives

4) Structure, role, and procedures of Board Committees

c. October 5 (for October 12th workshop)

1) Characteristics of an effective board

2) Board accomplishments

d. October 12 (for subsequent committee assignment)

1) Personnel Committee

a) Personnel policies of other community mental health agencies

b) Responsibilities and qualifications of other agency staff

2) Finance Committee

a) Local, state, and federal statutes, regulations, and policies

b) Potential revenue sources

3) Program Committee

a) Community mental health needs

b) Community's perception of the agency

c) Community resources

d) Variety of kinds of mental health services

e) Quality assurance procedures

Summary of Training

Workshop number one. In accordance with the design of the training model, the first workshop was on the subject of problem solving. Only nine of the twenty potential participants attended this workshop. There was ample space and comfortable chairs in the meeting room, which was well lighted and ventilated. Light refreshments were available through-

out the evening. A reporter from the Lawrence, Massachusetts Eagle-Times was present to cover the training session.

Because most of the participants arrived late, the meeting started five minutes behind schedule. The first few minutes were taken up with welcomes and introductions. The Board President opened the meeting by introducing the Acting Director of the New Hampshire Division of Mental Health who, after thanking the President and Executive Director for making the arrangements and the participants for their attendance, commented on the importance of the citizen, policy-making board and the need for board training. He also briefly outlined the training program. The following guests were then introduced: the President and Executive Director of the New Hampshire Association for Mental Health; the President spoke briefly, about the importance of citizen participation in community mental health. The NIMH representative was unable to come because of car trouble, but words of encouragement were conveyed to the participants from him through the Acting Director of Mental Health.

The training consultant was then introduced. He started out by asking if there were any questions with respect to the written material which had been sent to the board members in preparation for this workshop. There were no questions. Five additional pieces of information material were then handed out; these pertained to the problem solving process, including exercises. The trainer presented a half-hour lecturette on the problem solving process, relating his remarks to some of the written material he handed out. The participants were encouraged to comment or raise questions as he went along. One participant did

question the need for the training, saying she had served on a number of national and local boards and thought she had done a good job. The trainer acknowledged her comment, indicating she could perhaps be helpful to other less experienced board members.

Most of the time was used for role-play exercises. The trainees were divided into two groups: players and observors. At the outset of the role-play exercises, the trainer gave oral instructions to the observor group members in the same room and at the same time the players were beginning their interaction; this situation was distracting to the players. The first role play involved selection by the players, who acted as a board, of one of several problems relating to board participation which were listed on one of the sheets handed out by the trainer; these were taken from the Problem Statement section of this paper. With a guide sheet listing the steps involved in the problem-solving process, the observors, on a one-to-one basis, coached the players with respect to the players' involvement in the problem-solving process. The second role play, again with the players acting as a board of directors, focused on solving the problem which had been selected in the first role-play exercise. This issue related to inconsistent attendance at board meetings. For this second exercise, the various suggestions made by the players were listed on newsprint placed on an easel in front of the group. The players categorized and ranked the suggestions in order of priority. Again, the observors coached the individual players with respect to their roles in the problem-solving process.

In general, the participants became actively involved in the role-play experiences and reacted positively to them. Some of the members of the observor group appeared frustrated from not having the opportunity to be players (There was no reversal of roles throughout the evening although the strategy design in the Curriculum Plan called for a reversal of roles in one of the exercises). Frequently during the role-play experience, the trainer interrupted the process by calling to the players' attention the time remaining, the steps in the problem-solving process, etc. This, too, seemed to somewhat disrupt the role-playing process.

Immediately following the role-playing exercises, the trainer spent some time pointing out what took place in the exercises with respect to the various steps in the problem-solving process. The participants seemed consciously aware of the steps, accepted the process, and seemed intent on trying to follow it.

A few minutes at the end of the evening were spent in distributing written material for the October 5th workshop while indicating this information would be integrated into the second skill development workshop, and thus, should be read beforehand. This material was sent the following day to all board members not present with a request they read it, and also, that they attend the October 5th workshop. This material included two exercises for the participants to complete before the next session. The Workshop Evaluation Scales for workshop number one were also handed out for completion by the participants before leaving.

Again, the Board President, Executive Director, and the other board members were thanked for their attendance and active participation in the workshop; they were urged to attend the next two workshops and to encourage absent board members to also attend. The meeting ended ten minutes late because the trainer had gone overtime by that amount of time.

Workshop number two. The second workshop, held on October 5, 1976, dealt with the topic of understanding of roles between the board and executive director. Eleven of the twenty potential trainees attended this workshop; three of these participants did not attend the first workshop, and one of those who attended the initial workshop did not attend the second one.

This workshop started on time; three of the participants arrived late. Five minutes at the outset were devoted to extending a welcome to the participants and thanking them for their participation. Also, a guest was introduced--the Coordinator of Community Mental Health Services in the State Division of Mental Health. The training consultant for this workshop was then introduced.

After asking if there were questions about the written material which had been distributed the previous week in preparation for this workshop, the trainer briefly presented guiding principles differentiating the board's role from that of the executive director. He emphasized that the role of the board was to set policy and that of the executive director to implement policy. The trainer spent approximately one hour reviewing the written material with the participants as a group,

primarily going over the two exercises the participants had been asked to prepare beforehand; these exercises consisted of identifying listed responsibilities as those of the board, the executive director, or both, and included questions about board members' knowledge of their policy planning role. He went over each item, first asking the participants to suggest the answers and then, offering explanations for the correct responses. There was a tendency for some board members to ask content questions about the agency. A dialogue developed between the Executive Director and some of the board members in this regard. The trainer did not intervene in this process; thus, more time was used for this portion of the workshop than had been intended, leaving less time than desired for the role-playing exercises.

The second phase of the workshop dealt with two simulated problem exercises relating to the roles of the board, executive, staff, and community. These exercises were related to the steps in the problem-solving process on which the first workshop was focused. Each of the two problems presented for the role-play exercises was written out on a single sheet and distributed to all participants. The first of these, which related to the request of an agency's clinician to engage in private practice on a parttime basis (to which the executive director was opposed), was carried out effectively, with active participant involvement. The trainer then presented a summary and analysis of what took place during the role play, particularly with respect to the role of the board, the executive director, the board president, the personnel committee chairman, and the clinician respectively.

The five observors during the first role play were the actors for the second exercise, except for one person, who was asked by the trainer to be an actor in both role plays. He was a very active, vocal individual (the agency's Executive Director) which somewhat subdued the active involvement of some of the other actors during the second role play. The problem for that exercise concerned a complaint about the agency's service by a town selectman. One person each was selected to be the executive director, the board president, the town selectman, and three persons were board members. Although the players dealt directly with the problem, clear differentiation of roles was not discernable. The trainer did not summarize this role-play experience or evaluate the process as he had with the first role play. He did, however, in both instances, encourage the observors to present their views which they really did. The observors had been given a form to use as a guide for evaluating the process and noting their comments. With each of the two exercises, twenty minutes were devoted to the role play and ten minutes to the observors' comments about the process.

At the conclusion of the second role-play exercise, written material was distributed to the participants in preparation for the third workshop. This material was sent out the following day to those board members who did not attend the second workshop. Finally, the participants were asked to complete and leave the Workshop Evaluation Scale for this workshop. This session ended on time.

The same room was used as for the first workshop. It was interesting to note that the agency provided wine and cheese for the partici-

pants at this workshop. The previous week, one of the exercises dealt with ways to improve attendance at board meetings. One suggestion made was to have wine and cheese available at board meetings.

Workshop number three. In accordance with the design of the training model, the third workshop was on the subject of evaluating board effectiveness. The agency Executive Director and ten board members attended this session; this was the first session for two persons, and one person who attended the first workshop, but missed the second, participated in the third. Three persons who attended one or more of the previous workshops did not attend the third.

This workshop started ten minutes late because of several of the participants arriving late. Following a very brief welcome, the training consultant was introduced. He first handed out some written material relating to self-evaluation and goal setting. Then, he took the group through an exercise on evaluating progress toward objectives; he presented and discussed the key steps involved in the process: establishing evidence, setting top and bottom limits, and determining acceptable performance.

The participants were then divided into two groups. Each participant in each group was asked to list examples of evidence which demonstrate that 1) a board exercises leadership, and 2) the members are conscientious and diligent (board objectives). Each participant was then asked to look at what all the other participants had listed--on newsprint taped on the wall--and decide which items offered the best evidence for each objective. This exercise involved more of an individ-

ual than a group process; there was no provision for achieving group agreement. It was also more of an intellectual, rather than a behavioral or experiential, exercise. Performing the exercise in this manner seemed to make it difficult for people to understand what others meant by what they wrote.

The trainer then discussed with the entire group those items which were suggested most often. In so doing, he helped the participants to recognize the key points in determining appropriate criteria for each objective and in what constitutes acceptable performance. He was reinforcing to the participants, giving recognition to good responses. The trainer then recapped the five main points in the self-assessment process: 1) establishing behavioral evidence; 2) ensuring that the evidence is specific and relevant to the goal; 3) determining what is desirable behavior; 4) determining the undesirable behavior; and 5) assessing satisfactory behavior.

For the second exercise, each participant was asked to select one of several board objectives and go through the self-assessment process by himself, writing his ideas on a pad; the participants were given fifteen minutes for this. The trainer then reviewed each of the several board objectives with the entire group, asking the participants to state what they had written. He used their comments and suggestions to demonstrate the steps to be followed in establishing valid behavioral objectives and in making an assessment of progress. In the discussion phase, participants seemed reluctant to critique others' work.

There was limited opportunity for group activity and interaction in this workshop.

The last fifteen minutes of the evening were used to compliment the participants on their active involvement in the workshops and to indicate that through these workshops and some additional committee activity, they should have what is needed for their board to be effective in achieving its objectives. It was mentioned that the board will be expected to evaluate its performance on an annual basis, and that the first such evaluation will be performed by the board members in several weeks. It was suggested to the Board President that in preparation for the board's self-assessment, he appoint a committee to develop performance criteria for each of the board's objectives.

Written assignments and related written material were distributed to the respective committee members present and discussed so that all participants would be aware of the additional skill and knowledge areas to be covered. The Executive Director agreed to distribute copies of the assignments to committee members who were not present. The participants were asked to complete and leave the Workshop Evaluation Scale for the third workshop. The workshop ended ten minutes late because the trainer used more than the allotted time for his exercises.

Immediately following the third workshop on October 12th, a news release was prepared and submitted to all newspapers (dailies and weeklies) covering the Greater Salem area, and including the one daily statewide newspaper. The news release reported on the training just completed, including a list of the names of all participants. A copy of

the news release in included as Appendix M.

Committee assignments. During the latter part of the third workshop, assignments were made for three committees of the board: Finance, Personnel, and Program. This aspect of the training had initially been introduced to the participants at the first workshop at which time it was indicated that most, but not all, of the knowledge and skill areas required for effective board functioning could be covered in the three workshops.

An assignment sheet was distributed to each member of the three committees on which it was noted the due date for completion of the assignment was November 23, 1976. The specific knowledge and skill areas to be developed by the respective committees were also listed. These assignment sheets are included as Appendices N, O, and P. Written material relating to the knowledge goals was also distributed to the respective committee members. The participants were told that additional information and/or technical assistance as desired and needed would be available from the agency's Executive Director and staff of the State Division of Mental Health. Practically all of the committee goals can be met by reading and discussing in committee the assigned written material. It will be the responsibility of the three committee chairmen to schedule meetings of their respective committees to deal with the assignments. Actually, the committee assignments are areas on which those committees should focus on a continuing basis. The committee chairmen were approached soon after November 23 to determine if their assignments had been completed by that time.

Evaluation

The attendance at the three training workshops was well below what was expected and what was considered important for effecting change in the board's behavior. Between 45 and 55 percent of the potential trainees attended each of the three workshops; 70 percent of all board members attended at least one of the workshops. Neither the Board President nor the Executive Director, who were charged with responsibility for ensuring their board members' participation in the training, had an explanation for the failure of six board members to attend any of the workshops. Two of the newly appointed board members missed the first two sessions only because the word had not been passed along to them in time. All planned steps as outlined in Chapter IV for inviting and encouraging attendance had been followed. A letter and survey form (Appendix Q) were sent to each of these six board members in an attempt to determine why they did not attend. Only three of the six board members returned the questionnaire even though they were furnished self-addressed, stamped envelopes and assured of anonymity and confidentiality of their responses. Two of the three respondents reported that work obligations prevented their attendance at the workshops, and the third person was away on vacation at the time. Even though the results of this survey are inconclusive--with only a 50 percent response--they do suggest that there are legitimate reasons why fifteen percent of the potential participants did not attend any of the three workshops.

A possible thesis--that it may be unrealistic to expect all, or nearly all, of the members of a board to participate in board training--

is unacceptable. The position has already been established that to effect change in the behavior of a board, all, or nearly all, members of that board must participate in the training. It may be necessary for the board president or the board itself to mandate such training for all members, and if so, those board members who do not participate in the training and who do not have a reasonable excuse would be replaced on the board.

Three specific evaluation measures are being employed to aid in determining the effectiveness of the board training: 1) Workshop Evaluation Scales, which were completed by the participants immediately at the conclusion of each of the three workshops; 2) a questionnaire completed by the participants several weeks following the three workshops; and 3) a pre- and post-training evaluation scale completed by the agency's Executive Director.

The participants, by direction, did not write their names on the Workshop Evaluation Scales, thus helping to ensure a more honest appraisal of the workshops. There are seven questions on this form calling for ratings from one to seven: 1) organization of the workshop (poor to excellent); 2) objectives of the workshop (vague to clearly evident); 3) work of the consultant (poor to excellent); 4) ideas and activities presented (dull to very interesting); 5) scope (inadequate to very adequate); 6) my attendance at this workshop should prove (no benefit to very beneficial); 7) overall, the workshop was (poor to excellent). An eighth question asked if the participant felt a need for additional information about the topic. The average rating for

each of the first seven questions for all three workshops was relatively high, ranging from a low of 5.4 (work of the consultant--workshop number one) to a high of 6.8 (organization of the workshop and work of the consultant--both in workshop number two). Approximately one-half of the respondents to question number eight for all workshops felt a need for additional information about the topic, but there was no opportunity for the participants to indicate the kind of information needed. Of particular interest and value were the responses to three open-ended questions asking the trainees' opinions about the stronger and weaker features of the workshops, and general comments.

With respect to the first workshop, responses to the first seven questions on the Workshop Evaluation Scale gave average ratings from a low of 5.4 (work of the consultant) to 6.0 (organization of the workshop). Seven participants mentioned active group participation as a strong feature of the workshop; role playing was noted by three people, and one person each listed "working on a real problem" and "having printed material available." Weaker features of the workshop listed included the following: 1) lack of opportunity for observors to become players and vice versa; 2) failure to issue written materials prior to the meeting for review; 3) lack of time to assimilate ideas; 4) lack of familiarity with terms; 5) confusing explanation before the role play; 6) too much intervention by the trainer; and 7) lack of mutual goal directedness by the participants. The following general comments were also noted on the Workshop Evaluation Scale: "generally educational group process"; "separate groups for instruction on duties and proce-

dures"; "more germane problems should be set to groups--similar to board issues"; and "presentation good."

In the first workshop, the trainer, contrary to the Curriculum Plan, spent considerable time at the outset making a formal presentation, a strictly information-giving process, which offered little opportunity for interaction between the members of the group or between the trainees and the trainer. The trainer considered it important to provide the trainees with some theoretical base about the problem-solving process. The written material on group process handed out by the trainer and discussed by him should undoubtedly have been made available to the trainees several days in advance of the workshop as was done with the other informational material. Comments on the Workshop Evaluation Scale indicated that the participants favored this part of the workshop much less than the role-play exercises which followed.

Another observation, also supported by comments on the Workshop Evaluation Scale, was that the trainer should have given his verbal instructions to the observor group in another room; this activity was distracting to the other group, which was trying to commence with the role-playing exercise. Also disrupting to the role-play process was the trainer's frequent intervention with reminders of time remaining, etc. Further, there should have been a reversal of roles of the players and observors for one of the role-play exercises. Without the lecturette at the beginning of the session, more time could have been used for the role plays and the experience might have been less frustrating for the participants.

Overall, had the first workshop precisely followed the design in the training model, the participants' needs and desires probably would have been satisfied and the session would have ended on time.

The results of the Workshop Evaluation Scale for the workshop on "Understanding of roles" gave an average rating for each of the first seven items ranging from a low of 6.2 (scope; coverage) to a high of 6.8 (work of the consultant and organization of the workshop). Each of the following items was cited by two different participants as stronger features of the workshop; 1) clarity of issues; 2) role playing; 3) group participation; 4) consultant's approach; and 5) problem-solving approach. Other items mentioned as stronger features included identification of different viewpoints and review of the questionnaire. Weaker features noted included: 1) tried to cover too many issues in the time allotted (two votes); 2) initial formal presentation; 3) didn't encourage enough questions from participants; 4) insufficient time for summarizing; and 5) not all board members participated. General comments on the workshop were as follows: "good, informative workshop"; "enjoyable"; and "excellent overall."

During the initial phase of the second workshop, the participants tended at times to focus on clarifying agency services and policies with the Executive Director instead of sticking to the issue at hand--identifying which of the listed responsibilities are those of the board and which of the Executive Director. The trainer allowed this to happen. This initial portion of the workshop used approximately one-half of the workshop's entire allotted time. The trainer's use of "do you know"

questions may have encouraged the participants to slip into informational responses and/or clarification of the agency's program and operations. Board members should have been helped to focus their questions on the purpose of the meeting. The trainer probably should have limited the questions used as examples for identifying board/executive director functions to a few clear, unequivocal examples.

The role-play exercises didn't follow exactly the design of the training model with respect to having more than one player representing each category: executive director, board, clients, staff, etc., and with no observor group. This divergence from the model was due to the trainer's misunderstanding. The selection of the active, vocal Executive Director for dominant roles in both role-play exercises was unfortunate in that it tended to inhibit somewhat the other players from acting out their roles, particularly in the second role-play exercise.

During the role-play exercises, it became necessary for the trainer to frequently remind the observors to focus on process/interaction and to identify the actions, or failures to act, which: 1) fostered effective decision making/problem solving, or 2) inhibited it. The second role-play exercise dealt more with the issue (problem) presented than with role involvement. Little attention was focused on board-executive role understanding in that exercise. Following the second role-play exercise, unlike with the first one, the trainer did not present a critique through which strengths and weaknesses of the process were identified and alternatives suggested; this omission was due primarily to lack of time.

For the third workshop, the average ratings for the first seven questions on the Workshop Evaluation Scale ranged from a low of 5.5 (scope; coverage) to a high of 6.0 (organization of the workshop). The stronger features of the workshop listed by the participants were as follows: 1) group operation (two persons); 2) training through participation (three persons); 3) good group leadership; 4) trainer brought out what he was trying to do; 5) trainer got people involved and relaxed; 6) positive communication techniques; 7) opportunity for individual input and using this in general discussion; 8) clarification of procedures for defining roles of board members; 9) defining essential steps in problem solving; and 10) brought out strong feelings of endeavor and opinion.

The weaker features of the workshop which were noted included: 1) lack of clarity of goals; 2) stretched out information; 3) too much questioning about which answers were already known; 4) insufficient opportunity for active participation of trainees; 5) problems used were not sufficiently relevant to this agency; and 6) too little time for practice with presented materials.

General comments about workshop number three were as follows: "very enlightening experience"; "workshop good overall"; "workshop both enjoyable and instructive"; "good presentation going from general to specific"; "difficult subject well done"; "boring, time-consuming, non-productive workshop"; "come back later for evaluation session"; and relatively low attendance of board members puts the value of the training experience in question."

As noted earlier in this Chapter, there was little opportunity in this third workshop for group interaction. For the first phase of this session, a preferred format might have been one where the trainer, on newsprint, would list in front of all the participants evidence of effective board behavior as suggested by members of the group, with the group members, through discussion and interaction, ranking the suggestions in order of importance. One item at a time should be discussed by the group with respect to the nature of its evidence of board effectiveness. Also, there probably should have been some practice in numerically rating by the participants to determine if there was close agreement on degree of progress, or lack of it, in meeting the objectives of the board.

Throughout the workshops, the role play and other group participation activities appear to have been the most satisfying and beneficial aspects of the training to the participants; this gives confirmation to the training design. All written material should therefore be distributed to the participants several days in advance of each workshop as originally intended. The agency's Executive Director observed members of his board who were very actively involved during the workshops, but who, at board meetings, have been totally passive. He and his Board President are both of the opinion that the three workshops served to help their board members function as an integrated group.

A pre-training evaluation form was completed on September 27, 1976, just prior to the initial workshop, by the Executive Director. His post-training evaluation was performed following completion of the

assigned committee activity in late November. There are fifty-six items (training objectives) listed on this form; each objective is to be rated on a scale from one (not met at all) to five (fully met). Although the ratings are largely judgmental, since only one person performed the ratings for both the pre-and post-training evaluations, the "before and after" comparisons were from the same frame of reference. There are limitations to this procedure. An agency executive is not an unbiased observor. He has an investment in the outcome; a more effective board member is not always seen as favorable by him. Also, the executive director's frame of reference may have changed as a result of the training in which he participated. Nevertheless, there were no other persons, apart from the board members themselves, sufficiently knowledgeable about the board to have performed the ratings.

Since some change in the board's behavior will not be discernable for quite some time, the usefulness of the comparison between the pre- and post-training evaluations will be in noting those areas which show marked improvement in the ratings. Those which do not will bear close scrutiny toward assessing how much the lack of improvement may be due to faulty design or implementation of the training model.

Thirty-seven of the fifty-six items included in the Executive Director's pre- and post-training evaluations were given a higher rating in the post-training evaluation than in the pre-training evaluation; eleven of these items showed what might be considered a marked improvement, that is, a jump of two or more points. The ratings for three

items declined between the pre- and post-training evaluations, two by one point and one by two points. The remaining sixteen items had identical ratings for the pre- and post-training evaluations. Appendix R includes a comparison of the Executive Director's pre- and post-training ratings.

In the Executive Director's evaluation, the most notable improvement occurred for the training objectives under the categories, "Goals of citizen boards" and "Board members' motivation and self-appraisal," while no improvement was noted under the category, "Evaluation of board effectiveness." The training objectives relating to board members' self- confidence, sense of self-worth, sense of ability to make a difference in the health care system, and desire to accomplish the agency's objectives all showed marked improvement following the training as did the objectives relating to the board's functioning in financial areas (approving fees; soliciting financial support and ensuring adequate operating funds; and setting parameters for, and giving approval to, budget). In general, this evaluation measure points to significant improvement as a result of the training with respect to the board members' motivation and self-appraisal, board members' participation, goals of citizen boards, and board functions and understanding of roles.

The three items which registered a decline in rating were 1) "Diligence", under the category, "Board members' motivation and self-appraisal"; 2) "Interpret community needs to agency staff, state department of mental health, and other governmental bodies," and 3) "Communicate policies externally while executive director will com-

municate policies internally," both under the category, "Board functions and understanding of roles." When asked about the reasons for the decline in ratings for these three items, the Executive Director said he did not intend to signify a decline in the board's progress toward these three objectives; he did not have the pre-training ratings before him when he did the post-training evaluation. He noted, however, that between the time of his pre-training and post-training ratings, the board had little opportunity to either "communicate policies externally" or to "interpret community needs to others." One-third of the board members were newly elected to the board immediately prior to the training program and two of the most active board members up to that time resigned from the board for personal reasons (employment and family responsibilities); one of these persons did not attend any of the training workshops and the other attended only the first workshop.

Few conclusions can be drawn from this evaluation measure alone. Some progress toward achieving two-thirds of the training objectives within a short time following the training experience would seem to indicate a positive impact of the training in general, but, with the exception of the category, "Evaluation of board effectiveness," the improvement is so evenly distributed throughout four of the categories as to preclude any definitive observations in relation to either the design or the implementation of the training program. The lack of improvement in any of the four objectives for evaluating board effectiveness noted by the Executive Director raises the question of the effectiveness of the third workshop, which dealt with this topic. It

should be noted that this observation may have been colored by the Executive Director's negative reaction to the third workshop. His was the only negative reaction to that workshop; all other participants gave positive ratings and comments to that workshop on the Workshop Evaluation Scales. Thus, the Executive Director's pre- and post-training evaluation alone is not sufficient for reaching definitive conclusions, but in combination with other evaluation measures may lead to more specific observations about the effectiveness of the design and/or conduct of the workshop on "Evaluating board effectiveness."

An in depth, guided interview with the Executive Director of the Greater Salem Counseling Center produced behavioral evidence to substantiate his post-training ratings. Although the behavioral evidence lends support to the rating for each learning objective, any conclusions drawn from this interview must be qualified by the absence of a similar interview prior to the training for purposes of comparison.

Examples of progress toward objectives subsequent to the training include decisions to eliminate inactive board members and to solicit more active persons for board membership. A detailed report of the behavioral evidence presented by the Executive Director is included as Appendix S.

The conclusions which can be reached from the Executive Director's pre- and post-training ratings and the post-training interview are severely limited by the low attendance at the three workshops and by pilot testing of the training program with only one board.

Approximately six weeks after the third workshop, a three-page questionnaire was sent to each of the fourteen persons who participated in one or more of the three training workshops. The questionnaire was designed to elicit information relating to the participants' attitudes about the design and conduct of the board training program and to determine if the intended learning had taken place (see Appendix I). One of the questionnaires was undeliverable by the Post Office to the address supplied by the Greater Salem Counseling Center; no other address could be ascertained for this individual, who attended only the third workshop. A due date of December 6, 1976 for return of the completed questionnaire was noted in the accompanying cover letter. On December 9, telephone calls were made to the participants to request those persons who had not yet returned their questionnaires to please do so. Ten completed questionnaires were returned, nine by board members and one by the Executive Director.

The first question on the survey form asked for the respondents to rate the extent to which each of several measures motivated them to attend the training workshops. The letter of invitation from the Board President was rated highest in this regard; other significant motivating factors were the letter from the State Director of Mental Health and the presence of state officials at the workshops. Nearly 50 percent of the respondents listed self-motivation as the major reason for their attendance. Only one person considered the newspaper article to have had any motivational power, and the telephone calls from the agency several days in advance of the workshops influenced attendance very little. The

Executive Director's ratings of these items were consistent with the majority of the nine board member respondents.

Question number two asked for the extent to which each of several measures contributed to the participants' sense of importance as board members. Workshop number two (Understanding of roles) was rated highest in this regard. The other two workshops (Problem solving; Evaluating board effectiveness) also had ratings between "Quite a bit" and "A lot" while all other measures had less influence than "Quite a bit." Only one person considered the newspaper article to have increased his sense of importance of his role as a board member. Again, the Executive Director's responses were consistent with those of the majority of the board member respondents.

All board respondents except one thought members of other boards would not object to being asked to attend three workshops; the Executive Director's response agreed with the majority. On the other hand, 56 percent of the respondents, including the Executive Director, thought four workshops would be too many.

Most board respondents would prefer three workshops to be conducted on consecutive weeks; the least preferred way would be sessions spaced one month apart. The Executive Director's responses once again agreed with the majority.

The Executive Director and all board respondents except one stated that two-and-one-half hours was an appropriate length of time for each of the workshops.

Of all persons responding to question number six, 62½ percent (including the Executive Director) said their problem-solving skills improved as a result of the training while the remaining 37½ percent indicated their problem-solving skills were under-going change and expected that further improvement would follow in implementing ideas learned through the training.

Of the ten respondents to question number seven, seven stated that their understanding of the roles of the board and the executive director improved as a result of the training; two said their understanding was currently undergoing change, and one (the Executive Director) noted that his understanding was not affected by the training.

Seven respondents (including the Executive Director) to question number eight stated that their understanding of the criteria for an effective board and methods for evaluating their board's effectiveness was currently under-going change; three persons said their understanding was improved as a result of the training. It therefore seems that this workshop did not result in learning which had as an immediate effect as that from the first two workshops; this may relate to the nature of the topic area, committee assignments which had not been completed, or other less apparent factors.

All of the following workshop features were rated as completely satisfactory by a majority of the respondents (including the Executive Director): location (80 percent); time of day (70 percent); dates (70 percent); room (60 percent); refreshments (70 percent); starting on time (80 percent); and ending on time (90 percent).

Nearly all responses to the question about the appropriateness of the three topic areas were rated "Very appropriate" or "Completely appropriate," and the Executive Director as well as all of the board respondents except one suggested no change in the sequence in which the three topic areas were presented. The Executive Director was one of only two respondents who rated the appropriateness of the workshop on "Evaluating board effectiveness" as less than "Very appropriate." He rated the other two workshops as "Very appropriate."

Three of the board repondents suggested a total of four other (or additional) topic areas (one vote each):

1. Gaining the participation of new board members without their feeling overwhelmed
2. Organization, development, and promotion of a yearly board plan
3. Mental health with welfare work
4. State financing

The following topic area was suggested by the Executive Director: Board's responsibility for public information, fund raising, community and political activity, self-directed projects on behalf of the agency.

Seven of the board respondents found the written material distributed for each of the workshops "Very useful" and two board members found them "Somewhat useful"; the Executive Director considered the written material "Somewhat useful." 78 percent of the respondents (including the Executive Director) did not think additional written information was necessary. Two board members suggested additional information, on the following topics:

1. State financing

2. Effectiveness of other boards in the state on indices such as attendance at meetings, performance of roles, and relationships with the agency director and staff.

Three of the board respondents and the Executive Director said the committee assignments made at the end of the third workshop had not been completed; two board members said the assignments had been completed. Others did not respond to this question.

In general, the responses to this survey support the original training design with respect to the planning elements, the content, format, and organization. Some aspects of the design, however, seem to have little or no value in motivating attendance at the workshops or in increasing the board members' sense of importance of their board member role.

It was the impression of most of the respondents that the committee assignments had not been completed by the expected due date (November 23); this was acknowledged by the agency's Excutive Director.

The additional topics suggested for workshops were essentially areas which are included under the design of the training model and were addressed through the skill development workshops, written material, and/or committee assignments. It may well be that since none of these additional topics was selected by more than one person, the individuals proposing these topics did not attend all of the workshops, did not read all of the written material, or did not complete the committee assignments.

CHAPTER VI

IMPLICATIONS OF THE PILOT TESTING FOR PROGRAM MODIFICATIONS

This chapter will present modifications of the training model included in Chapter IV based on the evaluation of the pilot test of the model as described in Chapter V. The evaluation has helped to identify some aspects of the training model--scheduling considerations, format, and content--which are appropriate for achieving the intended objectives and those which require elimination or change. Those aspects which did not hold up well under the trial of the pilot testing experience will be modified to better meet the goals--the board objectives as enumerated in Chapter I. The conclusions which can be reached are severely limited, however, by the small sample (one board, low attendance at workshops) used for the pilot testing experience.

This chapter--and the dissertation--will conclude with a section on implications for practice and research.

Scheduling Considerations

As noted in Chapter IV, both learning requirements and the maximum feasible time commitment for volunteer citizen board members must be determining factors for the number of training sessions to be scheduled. The participants in the Salem board training program overwhelmingly thought that members of other boards would not object to being asked to attend three workshops, but the majority of the participants though that four workshops would be too many. Thus, three will continue to represent the maximum feasible number of training sessions.

The pilot testing experience lent support to the plan for conducting the training sessions on consecutive weeks, of scheduling each workshop for two-and-one-half hours, and of beginning and ending the sessions on time. Other factors relating to the convenience of the training participants, such as site, time, dates, attractiveness and comfort of physical quarters, refreshments, etc. will also be retained; the majority of participants in the pilot testing experience rated these factors as completely satisfactory.

Although attendance at the board training sessions in Salem was well below the expected level, no modification is planned in regard to expected board participation in the training because of the vital importance of including all, or nearly all, of the board members in the training if the training objectives are to be achieved. Additional measures are needed, however, to ensure maximum board attendance at future training programs. It will be suggested to each board president that training be a requirement for all board members and that those board members who do not participate in the training and who do not have reasonable excuses be replaced on the board, with such action to be taken by the agency's board of directors at its next regularly scheduled meeting following completion of the training, or at the very latest, when the next election for board membership is held.

The process for planning and arranging the board training at Salem followed the design as outlined in Chapter IV. Since the major reason given by nearly fifty percent of the board members for attending the training sessions was self-motivation and as the only other significant

motivating factors, in order of importance, were 1) the letter of invitation from the Board President, 2) the letter from the State Director of Mental Health, and 3) the presence of state officials at the workshops, the specific measures to be employed in the future for the purpose of motivating board members to participate in the training should be considered with the board president and executive director at each separate training site.

Content Areas

Evaluation of the pilot testing experience supported the appropriateness of the topics selected for the three workshops as well as the desirability of maintaining the sequence of the topic areas. According to the participants' responses to the post-training survey, all three topics were appropriate, the sequence of topic areas was appropriate, and all three workshops contributed to their sense of importance as board members. Although five other (or additional) topic areas were suggested by the participants, none of these topics was suggested by more than one person, and the additional topics suggested for workshops were essentially areas which were included in the original design of the training model and addressed through the skill development workshops, written material, and/or committee assignments. Thus, no modification in the topic areas or sequence of the topics is planned.

The results of the three Workshop Evaluation Scales showed a favorable reaction by the participants to the workshops indicating that, in general, the basic design of the workshops should remain unchanged.

Methods

All of the participants in the pilot testing experience found the written material distributed for the workshops useful, and the vast majority of them did not think additional written information was necessary. Thus, there is no plan for adding to, or changing, the written material used for addressing the knowledge objectives. In the future, fifteen minutes at the outset of each workshop will be devoted to a review of the written material applicable to that particular workshop for the purpose of determining of the written material has been read and understood. Also, the trainers will be expected to incorporate as much of the specific written material as feasible in the role-play and other group discussion exercises.

The results of the Workshop Evaluation Scales leave no doubt that group participation techniques are highly favored by the participants, and thus, should remain an integral part of the training model. The role-play exercises definitely fostered group interaction and group cohesiveness during the pilot testing experience and seemed to provide an appropriate format for the skill objectives.

Curriculum Plan

The perceptions of the workshop participants--as indicated through the post-training survey--are, that as a direct result of the training, 1) problem-solving skills of all participants have either improved ($66\frac{1}{2}$ percent) or have undergone change with the expectation of further improvement in implementing ideas learned through the training ($33\frac{1}{2}$ per-

cent; 2) the understanding of the roles of the board and the executive director improved (70 percent) or had undergone change (20 percent)--with the exception of the Executive Director, whose perceived understanding was not affected by the training (10 percent); and 3) the understanding of the criteria for an effective board and methods for evaluating the board's effectiveness had improved (30 percent) or was currently undergoing change with the expectation of further improvement (70 percent). This evidence thus supports retaining these objectives for the three workshops--1) to improve the board member's ability to problem solve; 2) to promote the development of a health relationship between board and executive director based on mutual role understanding and appreciation; and 3) to enable board members to assess the degree of effectiveness of their functioning, and to design self-correcting measures with respect to those identified deficiencies.

Although improved board behavior, according to the Executive Director's post-training evaluation--performed soon after completion of the training--has not been dramatic, substantial improvement in most categories cannot be expected over the short-term, but rather, only after the board has held several meetings subsequent to the training.

The strategy and methods for conducting the workshops as enumerated in Chapter IV were also supported by the pilot testing experience; problems encountered were due primarily to the trainers' deviation from the curriculum plan as originally designed rather than to the plan itself.

The trainer deviated somewhat from the format designed for the first workshop by not reversing the roles of players and observors in the role-playing exercises and by making a formal presentation at the outset of the session; both actions were criticized by the participants. The following problems which occurred during the first workshop were also attributable to the trainer's implementation of the training model rather than to the model itself: 1) the trainer gave his verbal instructions to the observor group in the same room where the players were interacting, thereby distracting them; 2) the trainer frequently intervened in the role-play exercises, thereby disrupting the process.

In the second workshop, the trainer deviated somewhat from the designed format by assigning some of the participants to an observor role rather than assigning two or more people to each of the following roles: executive director, board, staff, and community. Participants' criticisms related to aspects of the implementation of the training model rather than to the design of the model: 1) insufficient time; 2) initial formal presentation; and 3) questions were not encouraged. If the trainer had helped the participants to focus on process rather than content during the initial exercise, not so much time would have been used. The additional time available would have enabled the trainer to summarize the second role-play exercise. Also, it would have been preferable for the trainer to use only a few simple, clear, unequivocal examples for differentiating the responsibilities of executive director and board. The problems indicated relate to the way in which the training was carried out at Salem rather than to the training model as

designed and presented in Chapter IV.

The trainer, during the third workshop, asked for more individual activity and less group interaction than was intended. Other techniques might have been employed to gain increased group interaction; for example, asking participants to suggest ideas which are then put on newsprint in front of the entire group and discussed. Consenus would then be gained for each accepted suggestion along with agreement on priorities. This problem again was due to the trainer's deviation from the training model rather than to defects in the model itself. The participants' criticisms of the third workshop concerned issues already identified--lecturing, lack of active group participation, lack of time for practice, the problems used were not sufficiently relevant--which, once again, were related to the way the trainer implemented the training model rather than to the model itself. In the future, the trainer will be asked to offer more opportunity to the participants for group interaction, and to have the participants practice numerical ratings of progress in meeting board objectives.

In all three workshops, the trainers' deviations from the original curriculum plan were due primarily to their implementation of a model which had been developed by someone other than themselves, and while adhering to the design in general, the trainers' own individual styles influenced the conduct of the training sessions. In the future, trainers who are engaged to conduct the board training workshops will be clearly expected to conform to the original curriculum plan, including strategies and methods for implementation: this expectation will be

made a condition of employment for the trainers.

The committee assignments were made as outlined in the training model and were well received by the participants. Since most of the committee assignments had not been completed by the expected date (November 23) nor by the time the follow-up survey of workshop participants was conducted (early December), this aspect of the training could not be adequately evaluated with respect to possible modifications. This phase of the training was supplementary to the workshops and a relatively minor part of the total training program.

In general, the responses to the survey of the workshop participants lend support to the original training design with respect to the planning elements, content, format, and organization, although the small sample (one board, low attendance) points to the need for further testing--with the suggested modifications and improved attendance, if possible--to substantiate the findings emanating from the pilot test of the training model with the Board of Directors of the Greater Salem Counseling Center.

Implications for Practice and Research

The pilot testing experience--limited to only one board and with unsatisfactory attendance at the training workshops--did lend support to the feasibility of training for citizen board members and to the original design of the training model. Conclusions and implications must be qualified and restricted by the small sample on which the model was tested. Further testing of the model would be necessarry toward

determining if implementation of the training model throughout New Hampshire could be expected to result in increased effectiveness of the governing boards of the private, non-profit community mental health agencies and through them, improved community mental health services which will be more responsive than at present to the needs, demands, and interests of the general citizenry. The ultimate goal is a more mentally healthy society. Since the training model is based on universal concepts and objectives rather than those which are peculiar to New Hampshire, the training program should be transportable to other parts of the country and have universal applicability for practice throughout the United States.

The training model--with modifications suggested by the pilot testing experience--should be further tested to substantiate the findings with respect to the content, format, and design of the training program.

This project has implications for research which would bear significantly on the design and direction of community mental health board training for the future. Further study should involve the implementation of a self-renewal strategy, and evaluation of this approach. To determine the value of such a strategy, the effectiveness of boards with self-renewal training should be compared--over time--with other boards which complete the initial workshops and committee assignments only.

With respect to the question of improvement in the expected level of agency effectiveness as a direct result of the board training, it would be important to determine if--through identification and observa-

tion over time of key variables--those agencies whose boards have participated in the training program actually perform more efficiently and more effectively in terms of responding to the mental health needs of the citizenry. Such objective factors as increased levels of agency revenue and services, increased workloads of clinicians, reduced per patient cost, lowered incidence of mental illness and mental health-related problems would have to be monitored over a period of several months or even years and used as a basis for performance comparison between agencies whose boards participated in the training program and those which did not. Because of the potential influence of other variables on the objective criteria so selected, such research would have to be designed scientifically and conducted on a highly controlled basis. This represents a type of impact evaluation which would help determine objectively the intended outcome of citizen board training.

Other questions suggested by this project for exploration include the following:

1. Is there a significant difference in the resulting effectiveness of the functioning of a board in which a very high percentage of its members participate in the training program (e.g., 85-100 percent) as compared with a board with a much lower percentage of participation (e.g., 45-60 percent)?

2. What effect does the trainer's personality characteristics and background have on a) participants' ratings of the workshops, and b) the extent of achievement of the workshop objectives?

These questions have emerged through the development of this project, including the pilot test of the training model. The knowledge gained from such research could significantly contribute to the further refinement of a training program for citizen boards of directors of community mental health services and ultimately, to the responsiveness and effectiveness of mental health services to the general citizenry.

SUMMARY STATEMENT

Citizen boards of directors of private, non-profit community mental health agencies are expected to exert a very significant influence, as governing bodies, over mental health services. They are responsible for governing programs, each of whose annual budget is usually in the hundreds of thousands of dollars. The citizens who are asked to serve on these boards are frequently not prepared for the board responsibilities they are expected to assume and often feel inadequate in this role. Board members are, therefore, generally passive and noncontributing, and attend meetings only sporadically. They tend to look to the executive director for leadership of the agency. Frequently, the roles of board and executive director overlap.

In order for the board to adequately represent the general public interest, that is, to ensure that the most appropriate, adequate, effective, and efficient mental health services are provided at the least possible cost, and that the services are easily accessible and readily available to those in need, it is crucial that the quality of citizen board participation be improved. This can be achieved by providing board members, through training, with appropriate knowledge and skills.

Little attention has been devoted to the preparation of board members of community mental health agencies for their roles and responsibilities; relatively little has been written on the subject of board training.

This project includes 1) the identification of areas of knowledge, skills, and attitudes which citizen board members of community mental health agencies need to effectively fulfill their responsibilities, and 2) the design of a training program for citizen board members of community mental health agencies which addresses those areas of knowledge, skills, and attitudes. The training plan for this project has been designed to provide for three two-and-one-half-hour workshops to be held on consecutive weeks and in which all members of each board will be expected to participate. The topics for the three workshops include 1) problem solving (the board member's basic tool); 2) understanding of roles between the board and executive director; and 3) evaluation of board effectiveness.

The training model was pilot tested in one of New Hampshire's mental health regions. Evaluation of the pilot testing experience confirmed the soundness of the basic design of the training model, and indicated that the intended learning did occur. The reaction to the training by the participants in the pilot testing experience was highly positive. Problems encountered in the pilot testing experience were attributable largely to the trainers' deviation from the curriculum plan, rather than to the curriculum design itself. Attendance at the three workshops was well below what was expected and considered important. Thus, additional measures will be planned in future training programs to help ensure better attendance.

The identified board objectives apply universally to all policy-making boards of directors of community mental health agencies. There-

fore, the training model presented in this dissertation, based on these objectives--although designed for board training in New Hampshire--has applicability beyond the borders of New Hampshire. With the acquisition of knowledge and development of skills through this--or similar--training programs, boards of directors of community mental health agencies will be able to perform their governance role more effectively, thereby resulting in improved community mental health services for the American people.

APPENDIX A

TABLE 13

TYPES OF LEARNING FOR BOARD OBJECTIVES

Board Members' Motivation and Self-appraisal

	Objective	Learning Requirement
1.	Conscientiousness	Attitude
2.	Diligence	Attitude
3.	Interest in improving mental health services	Attitude
4.	Interest in the agency's program	Knowledge/Attitude
5.	Belief in the agency's purpose	Knowledge/Attitude
6.	Desire to accomplish agency's objectives	Knowledge/Attitude
7.	Self-confidence	Attitude
8.	Sense of self-worth	Attitude
9.	Sense of ability to make a difference in the mental health care system	Attitude
10.	Foster sense of cohesiveness and mutual support	Skill/Attitude

Board Members' Participation

	Objective	Learning Requirement
1.	Consistent attendance at meetings	Attitude
2.	Active participation (ask questions, make suggestions)	Skill/Knowledge
3.	Exercise leadership	Skill
4.	Preparation for meetings	Knowledge
5.	Participate actively in committee meetings and activities	Skill/Knowledge

Goals of Citizen Boards

	Objective	Learning Requirement
1.	Represent community's interests and needs	Knowledge
2.	Ensure that adequate, accessible, and effective mental health services are provided to meet community's needs	Skill/Knowledge

	Objective	Learning Requirement
3.	Liaison between mental health programs, advocacy groups, and the public	Skill
4.	Represent the agency in the community	Knowledge
5.	Ensure the community is aware of the agency and its services	Skill/Knowledge
6.	Engage in long-range planning--with both professional and lay citizen involvement--with clear and realistically defined goals	Skill/Knowledge
7.	Foster community responsibility for mentally ill and retarded	Skill/Attitude
8.	Assume ultimate responsibility for the agency's operation	Skill/Knowledge
9.	Accountable to the public	Skill/Knowledge
10.	Establish unifying common goals for community mental health services--with which both board and staff can identify	Skill/Knowledge

Board Functions and Understanding of Roles

	Objective	Learning Requirement
1.	Develop clear statements of agency goals and objectives	Skill/Knowledge
2.	Operate through by-laws	Knowledge
3.	Establish clear board objectives	Skill/Knowledge
4.	Define purpose of committees, including limits	Knowledge
5.	Appoint, prescribe duties for, and evaluate executive director	Skill/Knowledge
6.	Delegate responsibility to executive director for administering the agency	Skill
7.	Ensure assessment of mental health needs	Skill/Knowledge
8.	Ensure identification of mental health resources	Knowledge
9.	Interpret community needs to agency staff, state department of mental health, and other governmental bodies	Skill/Knowledge

	Objective	Learning Requirement
10.	Provide information and education for the citizenry. Board--press releases, TV and radio appearances; executive director--brochures, newsletters, annual and special reports	Skill/Knowledge
11.	Establish program priorities	Skill/Knowledge
12.	Approve community mental health and mental retardation programs designed by executive director	Knowledge
13.	Formulate policy statements based on agency's purpose and which provide clear framework for making decisions about ongoing operations	Skill/Knowledge
14.	Offer strong external support for agency's policies and services	Knowledge
15.	Establish comprehensive personnel policies, including job descriptions for staff positions	Skill/Knowledge
16.	Make provision for staff to report grievances, opinions, and recommendations to board through executive director	Skill/Knowledge
17.	Provide (with executive director) adequate intraorganizational communication to keep board and staff fully informed	Skill
18.	Approve fees	Knowledge
19.	Solicit financial support and ensure adequate operating funds	Skill/Knowledge
20.	Set parameters for, and give approval to, budget which is prepared and managed by executive director	Skill/Knowledge
21.	Evaluate the mental health and mental retardation services and level of consumer satisfaction	Skill/Knowledge
22.	Report to state department of mental health, other governmental bodies, and the public on the expenditure of funds and impact of services	Skill/Knowledge
23.	Establish complementary and distinct roles between board and executive director	Knowledge
24.	Clearly delineate in writing responsibilities of: a) board, b) executive director, and c) staff	Knowledge

	Objective	Learning Requirement
25.	Promote working agreements with other agencies which are to be arranged and implemented by executive director	Skill/Knowledge
26.	Communicate policies externally while executive director will communicate policies internally	Skill/Knowledge
27.	Mutual trust and understanding between board and staff for joint functioning relationship	Attitude

Evaluation of Board Effectiveness

	Objective	Learning Requirement
1.	Establish criteria and methods for evaluating effectiveness of executive director	Skill/Knowledge
2.	Establish criteria and methods for board evaluation	Skill/Knowledge
3.	Accountability for board performance and agency results to general public	Skill
4.	Modification of board organization and performance	Skill

APPENDIX B

TABLE 14

Knowledge

Board members' motivation

Objective	Learning Requirement
1. Interest in agency's program	1. Agency services--facilities, staff, budget (cost), clientele, effectiveness
2. Belief in agency's purpose	2. Agency purpose
3. Desire to accomplish agency's objectives	3. Agency goals and objectives 3. Board's role, purposes, and responsibilities 3. Board's accomplishments

Board member's participation

Objective	Learning Requirement
1. Preparation for meetings	1. Board meetings--purposes, goals, procedures, advance information, minutes
2. Active participation (ask questions, make suggestions)	2. Board meetings--purposes, goals, procedures, advance information, minutes
3. Participate actively in committee meetings and activities	3. Committees-roles, purposes, procedures, structure

Goals of citizen boards

Objective	Learning Requirement
1. Represent community's interests and needs	1. Community's perception of the agency; level of consumer satisfaction 1. Community mental health needs, demands, and expectations

Objective	Learning Requirement
2. Ensure that adequate, accessible, and effective mental health services are provided to meet community's needs	2. Community mental health needs, demands, and expectations 2. Variety of kinds of mental health services
3. Represent the agency in the community	3. Agency services--facilities, staff, budget (cost), clientele, effectiveness
4. Ensure the community is aware of the agency and its services	4. Agency services--facilities, staff, budget (cost), clientele, effectiveness
5. Engage in long-range planning--with both professional and lay citizen involvement--with clear and realistically defined goals	5. Agency goals and objectives
6. Assume ultimate responsibility for the agency's operation	6. Agency policies and plans
7. Accountable to the public	7. Agency services--facilities, staff, budget (cost), clientele, effectiveness
8. Establish unifying goals for community mental health services--with which both board and staff can identify	8. Agency goals and objectives

Board functions and understanding of roles

Objective	Learning Requirement
1. Develop clear statements of agency goals and objectives	1. Agency goals and objectives
2. Operate through by-laws	2. Agency consitution and by-laws
3. Establish clear board objectives	3. Board goals and objectives
4. Define purposes of committees, including limits	4. Committees--role, purpose, procedures, structure

Objective	Learning Requirement
5. Appoint, prescribe duties for, and evaluate executive director	5. Agency executive, director--role, responsibilities, qualifications
6. Ensure assessment of mental health needs	6. Community mental health needs, demands, and expectations
7. Ensure identification of mental health resources	7. Relation of program to community--community resources 7. Community mental health agencies--functions and operations
8. Interpret community needs to agency staff, state department of mental health, and other governmental bodies	8. Community mental health needs, demands, and expectations
9. Provide information and education for the citizenry. Board--press releases, TV and radio appearances; executive director--brochures, newsletters, annual and special reports	9. Agency services--facilities, staff, budget (cost), clientele, effectiveness
10. Establish program priorities	10. Understanding of program services for policy planning
11. Approve community mental health and mental retardation programs designed by executive director	11. Variety of kinds of mental health services
12. Formulate policy statements based on agency's purpose and which provide a clear framework for making decisions about ongoing operations	12. Agency's purpose 12. Agency policies and plans
13. Offer strong external support for agency's policies and services	13. Agency policies and plans 13. Agency services--facilities, staff, budget (cost), clientele, effectiveness

Objective	Learning Requirement
14. Establish comprehensive personnel policies including job descriptions for staff positions	14. Personnel policies of other community mental health agencies
15. Make provision for staff to report grievances, opinions, and recommendations to board through executive director	15. Agency staff--responsibilities and qualifications
16. Approve fees	16. Local, state, and federal statutes, regulations, fee policies, standards, priorities
17. Solicit financial support and ensure adequate operating funds	17. Potential revenue sources
18. Set parameters for, and give approval to, budget which is prepared and managed by the executive director	18. Agency services--facilities, staff, budget (cost), clientele, effectiveness
19. Evaluate the mental health and mental retardation services, including cost, effectiveness and level of consumer satisfaction	19. Quality assurance procedures
20. Report to state department of mental health, other governmental bodies, and the public on the expenditure of funds and impact of services	20. Agency services--facilities, staff, budget (cost), clientele, effectiveness
21. Establish complementary and distinct roles between executive director and board	21. Board's role, purposes and responsibilities 21. Agency executive director--role, responsibilities, and qualifications

Objective	Learning Requirement
22. Clearly delineate in writing responsibilities of: a) board, b) executive director, and c) other staff	22. Board's role, purposes, and responsibilities 22. Agency executive director--role, responsibilities, and qualifications 22. Agency staff--responsibilities and qualifications
23. Promote working agreements with other agencies which are then arranged and implemented by executive director	23. Relation of program to community--community resources
24. Communicate policies externally while executive director communicates policies internally	24. Agency policies and plans

Evaluation of board effectiveness

Objective	Learning Requirement
1. Establish criteria and methods for evaluating effectiveness of executive director	1. Agency executive director--role, responsibilities, and qualifications
2. Establish criteria and methods for board evaluation	2. Board's role, purposes, and responsibilities 2. Characteristics of a good board

Skills

Board members' motivation

Objective	Learning Requirement
1. Foster sense of cohesiveness and mutual support	1. Group process--mutual support

Board members' participation

Objective	Learning Requirement
1. Active participation (ask questions, make suggestions)	1. Personal interaction and communication; public information and education; public relations, persuasion, motivatate other to action
2. Exercise leadership	2. Leadership
3. Participate actively in committee meetings and activities	3. Personal interaction and communication; public information and education; public relations, persuasion, motivate others to action

Goals of citizen boards

Objective	Learning Requirement
1. Ensure that adequate, accessible, and effective mental health services are provided to meet community's needs	1. Planning--resources to meet needs
2. Liaison between mental health programs, advocacy groups and the public	2. Linking mental health programs, advocacy groups, and the public
3. Ensurethe community is aware of the agency and its services	3. Personal interaction and communication; public information and education; public relations, persuasion, motivate others to action
4. Engage in long-range planning--with both professional and lay citizen involvement--with clear and realistically defined goals	4. Goal setting 4. Planning-resources to meet needs

Objective	Learning Requirement
5. Foster community responsibility for mentally ill and retarded	5. Adovocacy 5. Personal interaction and communication; public information and education; public relations, persuasion, motivate others to action
6. Assume ultimate responsibility for the agency's operation	6. Leadership 6. Policy making 6. Goal setting
7. Accountable to the public	7. Report writing 7. Personal interaction and communication; public information and education; public relations, persuasion, motivate others to action
8. Establish unifying common goals for community mental health services--with which both board and staff can identify	8. Goal setting

Board functions and understanding of roles

Objective	Learning Requirement
1. Develop clear statements of agency goals and objectives	1. Goal setting 1. Decision making
2. Establish clear board objectives	2. Goal setting 2. Decision making
3. Appoint, prescribe duties for, and evaluate executive director	3. Preparation of job roles 3. Personnel recruitment, interviewing, selection, supervision and evaluation
4. Delegate responsibility to executive director for administering the agency	4. Delegating responsibility
5. Ensure assessment of mental health needs	5. Needs assessment 5. Survey of resources

Objective	Learning Requirement
6. Interpret community needs to agency staff, state department of mental health, and other governmental bodies	6. Personal interaction and communication; public information and education; public relations, persuasion, motivate others to action
7. Provide information and education for the citizenry. Board--press releases, TV and radio appearances; executive director--brochures, newsletters, annual and special reports	7. Personal interaction and communication; public information and education; public relations, persuasion, motivate others to action
8. Establish program priorities	8. Priority setting 8. Decision making 8. Planning resources to meet needs
9. Formulate policy statements based on agency's purpose and which provide a clear framework for making decisions about ongoing operations	9. Policy making 9. Problem solving 9. Decision making
10. Establish comprehensive personnel policies including job descriptions for staff positions	10. Policy making 10. Preparation of job roles 10. Decision making
11. Make provision for staff to report grievances, opinions, and recommendations to board through executive director	11. Policy making 11. Decision making 11. Personnel recruitment, interviewing, selection, supervision, and evaluation
12. Provide (with executive director) adequate intraorganizational communication to keep board and staff fully informed	12. Personal interaction and communication; public information and education; public relations, persuasion, motivate others to action
13. Solicit financial support and ensure adequate operating funds	13. Fund raising

Objective	Learning Requirement
14. Set parameters for, and give approval to, budget which is prepared and managed by the executive director	14. Budget and program review and evaluation 14. Problem solving 14. Decision making
15. Evaluate the mental health and mental retardation services, including cost effectiveness and level of consumer saitsfaction	15. Budget and program review and evaluation 15. Problem solving 15. Decision making
16. Report to state department of mental health, other governmental bodies, and the public on the expenditure of funds and impact of services	16. Report writing
17. Promote working agreements with other agencies which will be arranged and implemented by executive director	17. Promote and arrange interagency agreements
18. Communicate policies externally while executive director communicates policies internally	18. Linking mental health programs, advocacy groups, and the public 18. Personal interaction and communication; public information and education; public relations persuasion, motivate others to action

Evaluation of board effectiveness

Objective	Learning Requirement
1. Establish criteria and methods for evaluating effectiveness of executive director	1. Personnel recruitment, interviewing, selection, supervision, and evaluation
2. Establish criteria and methods for board evaluation	2. Constructing evaluation instrument (rating scale) 2. Formulating objective criteria
3. Accountability for board performance and agency results to general public	3. Evaluation--board's progress toward objectives 3. Self-appraisal

Objective	Learning Requirement
4. Modification of board organization and performance	4. Decision making

Attitudes

Board members' motivation

Objective	Learning Requirement
1. Conscientiousness	1. Willingness to contribute talents; sense of civic duty; desire to be cooperative, conscientious, diligent, responsive
2. Diligence	2. Willingness to contribute talents; sense of civic duty; desire to be cooperative, conscientious, diligent, responsive
3. Interest in improving mental health services	3. Wish to further the quality of life, to meet human needs, to improve mental health services
4. Interest in the agency's program	4. Interest in the agency--its purpose, objectives, program, feelings of support, sense of commitment
5. Belief in the agency's purpose	5. Interest in the agency--its purpose, objectives, program, feelings of support, sense of commitment
6. Desire to accomplish agency's objective	6. Interest in the agency--its purpose, objectives, program, feelings of support, sense of commitment

Objective	Learning Requirement
7. Self-confidence	7. Sense of ability to make a difference in the mental health care system; feelings of self-worth, self-confidence, wish to be needed; feels secure, equal to others, qualified for role
8. Sense of ability to make a difference in the mental health care system	8. Sense of ability to make a difference in the mental health care system; feelings of self-worth, self-confidence, wish to be needed; feels secure, equal to others, qualified for role
9. Sense of self-worth	9. Sense of ability to make a difference in the mental health care system; feelings of self-worth, self-confidence, wish to be needed; feels secure, equal to others, qualified for role
10. Foster sense of cohesiveness and mutual support	10. Sense of mutual trust, cohesiveness; appreciation of strengths of other board members, and tolerance for their weaknesses 10. Desire to identify with purposeful group activity

Board members' participation

Objective	Learning Requirement
1. Consistent attendance at meetings	1. Feelings of satisfaction in participating; challenged

Goals of citizen boards

Objective	Learning Requirement
1. Foster community responsibility for mentally ill and retarded	1. Interest in meeting the community's mental health needs; desire to represent the com-

Objective	Learning Requirement
	munity's interests

Board functions and understanding of roles

Objective	Learning Requirement
1. Board and staff--mutual trust and understanding for joint functioning partnership	1. Sense of mutual trust, cohesiveness; appreciation of strengths of other board members, and tolerance for their weaknesses

APPENDIX C

TABLE 15

LEARNING REQUIREMENTS BY CATEGORY

Knowledge

Knowledge areas	Motivation and self-appraisal	Participation	Board goals	Board functions and understanding of roles	Evaluation of board effectiveness
1. Agency constitution and by-laws				x	
2. Agency purpose	x			x	
3. Agency goals and objectives	x		x	x	
4. Agency policies and plans			x		
5. Agency services--facilities, staff, budget, clientele, and effectiveness	x		x	x	
6. Agency executive director--role, responsibilities, and qualifications				x	x
7. Agency staff--responsibilities and qualifications				x	
8. Board's role, purposes, and responsibilities	x			x	x
9. Board's goals and objectives				x	
10. Board's accomplishments	x				

Knowledge areas	Motivation and self-appraisal	Participation	Board goals	Board functions and understanding of roles	Evaluation of board effectiveness
11. Board meetings--purposes, goals, procedures, advance information, and minutes		x			
12. Characteristics of a good board					x
13. Committees--role, purposes, procedures, and structure		x		x	
14. Relation of program to community--community resources				x	
15. Community mental health needs, demands, and expectations			x	x	
16. Variety of kinds of mental health services			x	x	
17. Potential revenue sources				x	
18. Personnel policies of other community mental health agencies				x	
19. Community mental health agencies--functions and operations				x	
20. Community's perception of the agency; level of consumer satisfaction			x	x	
21. Local, state, and federal statutes, regulations, policies, standards, and priorities				x	
22. Quality assurance procedures				x	
23. Understanding of program services for policy planning				x	

Skills

Skill areas	Motivation and self-appraisal	Participation	Board goals	Board functions and understanding of roles	Evaluation of board effectiveness
1. Group process--mutual support	x				
2. Personal interaction and communication; public information and education; public relations; persuasion; motivate others to action		x	x	x	
3. Leadership		x	x		
4. Problem solving				x	
5. Policy making			x	x	
6. Decision making				x	x
7. Goal setting			x	x	
8. Priority setting				x	
9. Report writing			x	x	
10. Planning--resources to meet needs			x	x	
11. Linking mental health programs, advocacy groups, and the public			x	x	
12. Promotion and arrangement of interagency agreements				x	
13. Fund raising				x	
14. Budget and program review and evaluation				x	

Skill areas	Motivation and self-appraisal	Participation	Board goals	Board functions and understanding roles	Evaluation of board effectiveness
15. Advocacy			x		
16. Preparation of job roles				x	
17. Needs assessment				x	
18. Survey of resources				x	
19. Personnel recruitment, interviewing, selection, supervision, and evaluation				x	x
20. Delegating responsibility				x	
21. Formulating objective criteria					x
22. Constructing evaluation instrument, rating scale					x
23. Evaluation--board's progress toward objectives					x
24. Self-appraisal					

Attitudes

Attitude areas	Motivation and self-appraisal	Participation	Board goals	Board functions and understanding of roles	Evaluation of board effectiveness
1. Willingness to contribute talents; sense of civic duty; desire to be cooperative, conscientious, diligent, and responsive	x				
2. Interest in the agency--its purpose, objectives, program; feelings of support and sense of commitment	x				
3. Desire to identify with purposeful group activity	x				
4. Wish to further quality of life, to meet human needs, to improve mental health services, to solve the community's problems; belief in the dignity, integrity, and rights of the individual; faith and compassion	x				
5. Sense of ability to make a difference in the mental health care system; feelings of self-worth, self-confidence, wish to be needed; feels secure, equal to others, qualified for role	x				
6. Feelings of satisfaction in participating; challenged		x			
7. Sense of mutual trust, cohesiveness; appreciation of strengths of other board members, and tolerance for their weaknesses	x			x	

Attitude areas	Motivation and self-appraisal	Participation	Board goals	Board functions and understanding of roles	Evaluation of board effectiveness
8. Interest in meeting the community's mental health needs; desire to represent the community's interests			x		

APPENDIX D

TABLE 16

BOARD TRAINING CONTENT

Actual and Proposed Training Projects

Knowledge areas

	Knowledge	Number of Projects
1.	Agency constitution and by-laws	2
2.	Agency purpose, goals, and objectives	2
3.	Agency organization, services, budget, personnel, and facilities	4
4.	Agency annual report	2
5.	Board objectives, organization, and role	5
6.	Community's mental health needs, demands, and expectations	1
7.	Relation of board to community	1
8.	Relationship between board, executive director, and staff	2
9.	Executive director's role	2
10.	Staff's role	1
11.	Other mental health agencies	2
12.	Varieties of kinds of mental health services	1
13.	Potential revenue sources	1
14.	Local, state, and federal mental health laws, rules, and regulations	3
15.	Community mental health philosophy and concepts	3
16.	Citizen participation in mental health	1

Knowledge	Number of Projects
17. Parliamentary procedures	1

Skill areas

Skill	Number of Projects
1. Personal interaction and communication	3
2. Problem solving	5
3. Planning	2
4. Goal setting	1
5. Decision making	1
6. Report writing	1
7. Linking mental health programs, advocacy groups, and the public	1
8. Fund raising	1
9. Group process--mutual support	3
10. Agency volunteer	1
11. Evaluation	2
12. Organizational change	2
13. Self-appraisal	1

Attitude areas

Attitude	Number of Projects
1. Desire to identify with purposeful group activity	2
2. Interest in the agency--sense of commitment, feelings of support	3

Attitude	Number of Projects
3. Sense of mutual trust, cohesiveness; sharing of views, common goals	3
4. Self-confidence	1

APPENDIX E

WORKSHOP EVALUATION SCALE

Instructions

To determine whether or not the workshop met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this workshop. Please circle the number which best expresses your reaction to each of the following items:

1.	The organization of the workshop was:	Excellent	7	6	5	4	3	2	1	Poor
2.	The objectives of the workshop were:	Clearly evident	7	6	5	4	3	2	1	Vague
3.	The work of the consultant was:	Excellent	7	6	5	4	3	2	1	Poor
4.	The ideas and activities presented were:	Very interesting	7	6	5	4	3	2	1	Dull
5.	The scope (coverage) was:	Very adequate	7	6	5	4	3	2	1	Inadequate
6.	My attendance at this workshop should prove:	Very beneficial	7	6	5	4	3	2	1	No benefit
7.	Overall, I consider this workshop:	Excellent	7	6	5	4	3	2	1	Poor

8. Do you feel a need for additional information about the topic? 1. Yes 2. No

The stronger features of the workshop were: _____

_____

_____

_____

_____

The weaker features were: _____

_____

_____

_____

_____

General comments: _____

_____

_____

_____

_____

APPENDIX F

LEARNING REQUIREMENTS FOR BOARD TRAINING PROGRAM

Knowledge Areas

1. Agency constitution and by-laws
2. Agency purpose, goals, and objectives
3. Agency plans and policies
4. Agency services, staff, facilities, and budget
5. Role and qualifications of agency executive director
6. Responsibilities and qualifications of other agency staff
7. Board's purpose, goals, and objectives
8. Board's role and responsibilities
9. Structure, role, and procedures of board committees
10. Community mental health needs
11. Community's perception of the agency
12. Community resources
13. Variety of kinds of mental health services
14. Personnel policies and practices of other community mental health agencies
15. Local, state, and federal statutes, regulations, and policies
16. Potential revenue sources
17. Quality assurance procedures
18. Characteristics of a good board
19. Board's accomplishments

Skill Areas

1. Policy making
2. Problem solving
3. Decision making
4. Goal setting
5. Priority setting
6. Planning; needs assessment; survey of resources
7. Leadership
8. Personal interaction and communication; public information and education
9. Delegating responsibility
10. Preparation of job roles
11. Personnel recruitment, interviewing, selection, supervision, and evaluation
12. Fund raising
13. Budget and program review and evaluation
14. Report writing
15. Linking mental health programs, advocacy groups, and the public
16. Constructing evaluation instruments
17. Self-appraisal

18. Group process--mutual support

APPENDIX G

ATTITUDE OBJECTIVES FOR BOARDS

1. Board members' interest in the agency
2. Wish to further the quality of life, to improve mental health services
3. Sense of ability to make a difference in the mental health care system
4. Willingness to contribute talents
5. Sense of mutual trust and cohesiveness
6. Desire to identify with purposeful group activity
7. Feelings of satisfaction in participating
8. Interest in meeting the community's mental health needs; desire to represent the community's interests

APPENDIX H

ATTITUDE, SKILL AND KNOWLEDGE AREAS NOT INCLUDED IN THE TRAINING

Attitude Areas

1. Tolerance toward institutional problems
2. Self-respect

Skill Areas

1. Administration
2. Advocacy
3. Agency volunteer
4. Preparation for meetings
5. Procedure formulation
6. Program development
7. Selection of space
8. Taking meeting minutes

Knowledge Areas

1. Management by objectives system
2. Potential board members
3. Role of volunteers
4. Various sources of attraction to board members

APPENDIX I

STATE OF NEW HAMPSHIRE

Division of Mental Health
Central Office
105 Pleasant Street
Concord 03301

November 26, 1976

I want to extend to you my personal thanks for participating in the board training program conducted recently at Hampstead for the Board of Directors of the Greater Salem Mental Health Association. As a pioneer in board training in New Hampshire, you are in a unique position to assist the Division of Mental Health in designing an effective training program for other community mental health agency boards.

I shall, therefore, be most grateful to you for completing and returning the enclosed questionnaire before December 6, 1976. We want and need the benefit of your thinking and experience. You are asked not to include your name on the questionnaire so that the confidentiality of your candid responses may be protected.

Thank you very much for your help.

Sincerely,

STUART P. HOWELL, Jr.
Acting Director of Mental Health

SPH:r

Enclosures

APPENDIX I

BOARD TRAINING EVALUATION QUESTIONNAIRE

Please check the following items which apply.

1. How much did each of the following motivate you to attend the training workshops (Rate each item, 1-5):

ITEM	RATING SCALE				
	None at all 1	Some 2	Quite a bit 3	A lot 4	Completely 5
letter from State Director of Mental Health					
letter from Board President					
telephone call from agency					
newspaper article					
presence of state officials					
other. Please explain: _____					

_____

2. To what extent did the following increase your sense of importance of your role as a board member (Rate each item, 1-5):

ITEM	RATING SCALE				
	None at all 1	Some 2	Quite a bit 3	A lot 4	Completely 5
workshop #1 (Problem-solving)					
workshop #2 (Understanding of Roles)					
workshop #3 (Evaluating Board Effectiveness)					
letter from State Director of Mental Health					
letter from Board President					
telephone call from agency					
newspaper article					
presence of state officials					
other. (indicate): _____					

_____

3. Do you think members of other boards would object to being asked to attend three workshops? _____Yes _____No. Do you think four workshops would be too many? _____Yes _____No.

4. Below, three ways are listed to conduct three workshops. Indicate which way you most prefer and which is the least desirable:

	most preferred	least preferred
three consecutive weeks	_____	_____
every other week	_____	_____
once a month	_____	_____

5. Were the two-and-one-half-hour workshops: _____too long; _____not long enough; _____of appropriate length.

6. Which of the following statements are true with respect to your problem-solving skills:

_____Not affected by the training
_____Improved as a result of the training
_____Currently undergoing change and expect that further improvement will follow in implementing ideas learned through the training.

7. Which of the following statements are true with respect to your understanding of the roles of the board and of the executive director:

_____Not affected by the training
_____Improved as a result of the training
_____Currently undergoing change and expect that further improvement will follow in implementing ideas learned through the training.

8. Which of the following statements are true with respect to understanding criteria for an effective board and methods for evaluating your board's effectiveness:

_____Not affected by the training
_____Improved as a result of the training
_____Currently undergoing change and expect that further improvement will follow in implementing ideas learned through the training.

9. How satisfied were you with the following features of the workshops (Rate each item, 1-5):

ITEM	RATING SCALE				
	Not Satisfied	Acceptable	Quite Satisfied	Very Satisfied	Completely Satisfied
	1	2	3	4	5
location (Hampstead)					
time of day (evening)					
dates (Tuesdays)					
room (including chairs)					
refreshments					
starting on time					
ending on time					

10. How appropriate were the following topic areas (Rate each item, (1-5):

TOPIC AREA	RATING SCALE				
	Not Appropriate 1	Slightly Appropriate 2	Quite Appropriate 3	Very Appropriate 4	Completely Appropriate 5
Problem-solving					
Understanding of roles					
Evaluating board effectiveness					

11. Do you think these topic areas should have been presented in a different sequence:

_____Yes _____No. If yes, what sequence do you suggest?

workshop #1_____
workshop #2_____
workshop #3_____

12. Would you have preferred other topic areas? _____Yes _____No. If yes, please identify the preferred topic areas:

1._____
2._____
3._____

13. Did you find the written materials distributed for each of the workshops:

_____very useful; _____somewhat useful; _____not useful; _____didn't have time to read them. If the written materials were not useful to you, please explain:_____
_____

14. Would you have liked additional written information? _____Yes _____No. If yes, what additional kinds of information would you have liked?_____
_____

15. Have the committee assignments made at the end of the third workshop been completed?

_____Yes _____No. If yes, have they provided you with helpful information? _____Yes _____No Skills? _____Yes _____No.

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.

APPENDIX J

EVALUATION OF BOARD TRAINING

Each training objective is to be rated on a scale from 1 (not met at all) to 5 (fully met). The rating is to be performed both immediately prior to the training and following the completion date for the committee assignments.

___ Pre-training ___ Post-training Date of rating _____

Board objective	Rating
Board members' Motivation and Self-appraisal	
1. Conscientiousness	
2. Diligence	
3. Interest in improving mental health services	
4. Interest in the agency's program	
5. Belief in the agency's purpose	
6. Desire to accomplish agency's objectives	
7. Self-confidence	
8. Sense of self-worth	
9. Sense of ability to make a difference in the mental health care system	
10. Foster sense of cohesiveness and mutual support	
Board Members' Participation	
11. Consistent attendance at meetings	
12. Active participation (ask questions, make suggestions)	
13. Exercise leadership	

Board objective	Rating
14. Preparation for meetings	
15. Participate actively in committee meetings and activities	

Goals of Citizen Boards

16. Represent community's interests and needs	
17. Ensure that adequate, accessible, and effective mental health services are provided to meet community's needs	
18. Liaison between mental health programs, advocacy groups, and the public	
19. Represent the agency in the community	
20. Ensure the community is aware of the agency and its services	
21. Engage in long-range planning--with both professional and lay citizen involvement--with clear and realistically defined goals	
22. Foster community responsibility for the mentally ill and retarded	
23. Assume ultimate responsibility for the agency's operation	
24. Accountable to the public	
25. Establish unifying common goals for community mental health services--with which both board and staff can identify	

Board Functions and Understanding of Roles

26. Develop clear statements of agency goals and objectives	
27. Operate through by-laws	
28. Establish clear board objectives	

Board objective	Ratings
29. Define purposes of committees, including limits	
30. Appoint, prescribe duties for, and evaluate executive director	
31. Delegate responsibility to executive director for administering the agency	
32. Ensure assessment of mental health needs	
33. Ensure identification of mental health resources	
34. Interpret community needs to agency staff, state department of mental health, and other governmental bodies	
35. Provide information and education for the citizenry. Board--press releases, TV and radio appearances; executive director--brochures, newsletters, annual and special reports	
36. Establish program priorities	
37. Approve community mental health and mental retardation programs designed by executive director	
38. Formulate policy statements based on agency's purpose and which provide clear framework for making decisions about ongoing operations	
39. Offer strong external support for agency's policies and services	
40. Establish comprehensive personnel policies, including job descriptions for staff positions	
41. Make provision for staff to report grievances, opinions, and recommendations to board through executive director	
42. Provide (with executive director) adequate intra-organizational communication to keep board and staff fully informed	
43. Approve fees	

Board objective	Ratings
44. Solicit financial support and ensure adequate operating funds	
45. Set parameters for, and give approval to, budget which is prepared and managed by executive director	
46. Evaluate the mental health and mental retardation services, including cost effectiveness and level of consumer satisfaction	
47. Report to state department of mental health, other governmental bodies, and the public on the expenditure of funds and impact of services	
48. Establish complementary and distinct roles between executive director and board	
49. Clearly delineate in writing responsibilities of: a) board, b) executive director, and c) staff	
50. Promote working agreements with other agencies which are to be arranged and implemented by executive director	
51. Communicate policies externally while executive director will communicate policies internally	
52. Mutual trust and understanding between board and staff for joint functioning relationship	
Evaluation of Board Effectiveness	
53. Establish criteria and methods for evaluating effectiveness of executive director	
54. Establish criteria and methods for board evaluation	
55. Accountability for board performance and agency results to general public	
56. Modification of board organization and performance	

APPENDIX K

STATE OF NEW HAMPSHIRE

Department of Health and Welfare
Division of Mental Health
105 Pleasant Street
Concord, N.H. 03301

August 16, 1976

Mr. Robert Shute, President
Board of Directors
Greater Salem Mental Health Association
East Road
Hampstead, New Hampshire 03841

Dear Bob:

In response to the interest expressed some time ago by the Board of Directors of the Greater Salem Mental Health Association, the Division of Mental Health plans to conduct a training program for the members of the Board of Directors and the Executive Director of your agency, starting in late September. This program will consist of a series of three two and one-half hour workshops to be held on successive Tuesday evenings, September 28 and October 5 and 12, at your agency's new administrative quarters in Hampstead.

As you are aware, the role of the board of directors of a community mental health agency is extremely important in ensuring the provision of sufficient and effective mental health services for the citizens in its service area. We, in the Division of Mental Health, have an obligation to assist the boards in preparing for their responsbilities in New Hampshire's mental health system. I am confident the training program which we have developed will be highly relevant to the interests and needs of your agency's board members while at the same time making a minimal imposition on their valuable time.

To borrow an old dictum, "the whole is equal to the sum of its parts"; the board of your agency can be only as effective as all your board members combined. This is a program to train boards, rather than individual members of boards. For this reason, it is essential that all members of your board make a commitment to participate in the training workshops on September 28 and October 5 and 12.

Thanks very much, Bob, for the fine cooperation you and your agency have demonstrated in our partnership in mental health efforts in New Hampshire. I look forward to meeting with you and the other board members of the Greater Salem Mental Health Association on September 28th.

Sincerely,

STUART P. HOWELL, Jr.
Acting Director of Mental Health

SPH:r

APPENDIX L

N E W S R E L E A S E

State of New Hampshire
Division of Mental Health
Office of the Director
105 Pleasant Street Concord, N.H. 03301

DATE: SEPTEMBER 21, 1976

The Greater Salem Region has been selected by the New Hampshire Division of Mental Health for the first in a series of training programs for citizen boards of directors of community mental health agencies.

Three evening workshops will be conducted for the board members of the Greater Salem Counseling Center on September 28, and October 5 and 12. The purpose of these training sessions is to enable the board members to acquire the knowledge and develop the skills necessary to effectively carry out their responsibilities.

In announcing the training program, Stuart P. Howell, Jr., Acting Director of the State Division of Mental Health, said that the citizens who serve on community mental health boards of directors have a tremendous responsibility as guardians of the mental health of the Region for which their agency is responsible. They represent all the citizens of the area and must ensure that the community's mental health needs, demands and expectations are appropriately and adequately satisfied. The board members, who serve without pay or other compensation, are ordinary citizens from the area served by the mental health agency. Howell noted that the State has an obligation to assist the citizen board members to effectively fulfill their roles and responsibilities.

According to Howell, the Greater Salem Region was selected as the site for the initial board training program because of the enthusiastic interest of the agency's board president, Mr. Robert Shute, and executive director, Mr. John McCarthy, in the training program. All members of the Greater Salem Counseling Center's Board of Directors have been asked to participate in the upcoming training which is expected to serve as a model for subsequent board training throughout the State.

The following towns are served by the Greater Salem Counseling Center: Atkinson, Chester, Danville, Derry, Hampstead, Newton, Pehlham, Plaistown, Salem, Sandown and Windham.

APPENDIX M

N E W S R E L E A S E

State of New Hampshire
Division of Mental Health
Office of the Director
105 Pleasant Street Concord, N.H. 03301

DATE: OCTOBER 14, 1976

FOR IMMEDIATE RELEASE

GREATER SALEM AREA RESIDENTS COMPLETE STATE'S FIRST BOARD TRAINING PROGRAM

Fourteen residents of the Greater Salem Area recently completed New Hampshire's first training program for citizen boards of directors of community mental health agencies.

Sponsored by the New Hampshire Division of Mental Health, the training program is designed to assist board members to effectively carry out their policy-making roles in representing area residents on local mental health agency boards.

The Greater Salem Counseling Center, a private, non-profit agency, was selected by the State for the first in a series of regional training programs because of the enthusiastic interest expressed by the agency's board president, Robert Chute, and executive director, John McCarthy.

At the conclusion of the training, Stuart P. Howell, Jr., Acting Director, New Hampshire Division of Mental Health, praised the board members for their contributions as citizen volunteers in so unselfishly giving of their time and efforts in behalf of the mentally handicapped citizens of the area.

Board members of the Salem Center who participated in the training workshops held on September 28, and October 5 and 12, in addition to Chute and McCarthy, included Joecille Murphy and Lois Marchand of Atkinson; Delight Reese, Hampstead; Annie Mae Schwaner, Plaistow; Howard Geddis, Chester; Sally Marsden, Newton; Shirley Beaulieu, Windham; Carol Fryer, Sandown; Thelma Hutton and Caroline Small, Derry; Bonnie O'Connor and Robert Gookin, Salem.

SPH:r

APPENDIX N

COMMITTEE ASSIGNMENTS FOR BOARD TRAINING PROGRAM

Finance Committee

Date of assignment: October 12, 1976

Date for completion: November 23, 1976

Knowledge

1. Federal, state, and local statutues, regulations, and policies
   a. New Hampshire Community Mental Health Act
   b. New Hampshire Division of Mental Health's Standards for Community Mental Health Services
   c. New Hampshire Division of Mental Health's Fee Policies
2. Potential revenue sources

Skills

1. Fund raising
2. Budget and program review and evaluation

Sources of knowledge: Written materials

Sources of skills: 1) technical assistance from agency executive director and/or staff of State Division of Mental Health; and/or 2) workshops

APPENDIX O

COMMITTEE ASSIGNMENTS FOR BOARD TRAINING PROGRAM

Personnel Committee

Date of assignment: October 12, 1976

Date for completion: November 23, 1976

Knowledge

1. Personnel policies of other community mental health agencies
2. List of agency staff, their roles and qualifications

Skills

1. Preparation of job roles
2. Recruitment, interviewing, selection, supervision, and evaluation of personnel

---

Sources of knowledge: Written materials

Sources of skills: 1) technical assistance from agency executive director and/or staff of State Division of Mental Health; and/or 2) workshops

APPENDIX P

COMMITTEE ASSIGNMENTS FOR BOARD TRAINING PROGRAM

Program Committee

Date of assignment: October 12, 1976

Date for completion: November 23, 1976

Knowledge

1. Community mental health needs
2. Community resources
   a. New Hampshire State Mental Health Plan
3. Community's perception of the agency
4. Variety of kinds of mental health services
5. Quality assurance procedures

Skills

1. Planning--needs assessment; survey of resources
2. Linking mental health programs, advocacy groups, and the public
3. Report writing

Sources of knowledge: Written materials

Sources of skills: 1) technical assistance from agency executive director and/or staff of State Division of Mental Health; and/or 2) workshops

APPENDIX Q

STATE OF NEW HAMPSHIRE

Department of Health and Welfare
Division of Mental Health
105 Pleasant Street
Concord, N.H. 03301

October 21, 1976

As you undoubtedly know, we have just completed conducting a three-workshop training program for the Board of Directors of the Greater Salem Mental Health Association. The program was enthusiastically received by the fourteen members of your board who participated in one or more of the three workshops.

The citizen, policy-making boards of directors represent the backbone of our community mental health programs. To effectively carry out its responsibilities, the board members need certain knowledge and skills. The board can only be as effective as all its members combined. Therefore, we, in the Division of Mental Health, are convinced of the importance of all members of the board being involved in the training.

Although the Salem Board Training Program has been concluded, you can assist me immeasurably with respect to planning similar training programs for the boards of other community mental health agencies in New Hampshire by completing and returning the enclosed form. You need not identify yourself on the form, and your response will not be shared with anyone from the Greater Salem Mental Health Association. Your honest responses will, however, be extremely helpful to me toward ensuring better attendance at future training sessions in other parts of the state.

Thanks so much.

Sincerely,

STUART P. HOWELL, Jr.
Acting Director of Mental Health

SPH:r

REASONS FOR NOT ATTENDING BOARD TRAINING

I did not attend the board training workshops in Hampstead (Greater Salem Mental Health Association) on September 28 and October 5 and 12, 1976 because:

_____ I did not know about them.
_____ I had to work at those times.
_____ I had no transportation.
_____ The need and/or purposes for the training was not made clear to me.
_____ I just wasn't interested.
_____ Other. Please explain: _____
_____

Are you now or do you plan to become actively involved in the board of the Greater Salem Mental Health Association?
_____ Yes. _____ No.

How long have you served on the board of this organization? _____
_____

Please return the completed form in the enclosed stamped, addressed envelope.

Thank you for your assistance.

SPH:r
10/21/76

APPENSIX R

EVALUATION OF BOARD TRAINING

Each training objective is to be rated on a scale from 1 (not met at all) to 5 (fully met). The rating is to be performed both immediately prior to the training and following the completion date for the committee assignments.

Pre-training rating: September 27, 1976

Post-training rating: November 29, 1976

Board objective	Rating: Pre-training	Rating: Post-training
Board Members' Motivation and Self-appraisal		
1. Conscientiousness	3	3
2. Diligence	3	2
3. Interest in improving mental health services	4	5
4. Interest in the agency's program	4	5
5. Belief in the agency's purpose	4	5
6. Desire to accomplish agency's objectives	3	5
7. Self-confidence	1	3
8. Sense of self-worth	1	3
9. Sense of ability to make a difference in the mental health care system	1	3
10. Foster sense of cohesiveness and mutual support	2	2

Board objective	Rating: Pre-training	Rating: Post-training
Board Members' Participation		
11. Consistent attendance at meetings	2	2
12. Active participation (ask questions, make suggestions)	3	4
13. Exercise leadership	2	3
14. Preparation for meetings	3	4
15. Participate actively in committee meetings and activities	1	2
Goals of Citizen Boards		
16. Represent community's interests and needs	2	4
17. Ensure that adequate, accessible, and effective mental health services are provided to meet community's needs	2	4
18. Liaison between mental health programs, advocacy groups, and the public	1	2
19. Represent the agency in the community	2	3
20. Ensure the community is aware of the agency and its services	3	4
21. Engage in long-range planning--with both professional and lay citizen involvement--with clear and realistically defined goals	2	3
22. Foster community responsibility for mentally ill and retarded	1	4
23. Assume ultimate responsibility for the agency's operation	2	5
24. Accountable to the public	2	3

	Board objective	Rating: Pre-training	Rating: Post-training
25.	Establish unifying common goals for community mental health services--with which both board and staff can identify	4	4
	Board Functions and Understanding of Roles		
26.	Develop clear statements of agency goals and objectives	3	4
27.	Operate through by-laws	4	5
28.	Establish clear board objectives	2	2
29.	Define purposes of committees, including limits	3	3
30.	Appoint, prescribe duties for, and evaluate executive director	1	1
31.	Delegate responsibility to executive director for administering the agency	5	5
32.	Ensure assessment of mental health needs	3	4
33.	Ensure identification of mental health resources	3	4
34.	Interpret community needs to agency staff, state department of mental health, and other governmental bodies	4	3
35.	Provide information and education for the citizenry. Board--press releases, TV and radio appearances; executive director--brochures, newsletters, annual and special reports	2	3
36.	Establish program priorities	3	4
37.	Approve community mental health and mental retardation programs designed by executive director	4	5

	Board objective	Rating: Pre-training	Rating: Post-training
38.	Formulate policy statements based on agency's purpose and which provide clear framework for making decisions about ongoing operations	3	4
39.	Offer strong external support for agency's policies and services	3	3
40.	Establish comprehensive personnel policies, including job descriptions for staff positions	4	4
41.	Make provision for staff to report grievances, opinions, and recommendations to board through executive director	4	5
42.	Provide (with executive director) adequate intraorganizational communication to keep board and staff fully informed	3	3
43.	Approve fees	1	5
44.	Solicit financial support and ensure adequate operating funds	1	4
45.	Set parameters for, and give approval to, budget which is prepared and managed by executive director	3	5
46.	Evaluate the mental health and mental retardation services, including cost effectiveness and level of consumer satisfaction	1	2
47.	Report to state department of mental health, other governmental bodies, and the public on the expenditure of funds and impact of services	2	3
48.	Establish complementary and distinct roles between executive director and board	2	3

	Board objective	Rating: Pre-training	Rating: Post-training
49.	Clearly delineate in writing responsibilities of: a) board, b) executive director, and c) staff	1	1
50.	Promote working agreements with other agencies which are to be arranged and implemented by executive director	2	3
51.	Communicate policies externally while executive director will communicate policies internally	3	1
52.	Mutual trust and understanding between board and staff for joint functioning relationship	3	4
	Evaluation of Board Effectiveness		
53.	Establish criteria and methods for evaluating effectiveness of executive director	1	1
54.	Establish criteria and methods for board evaluation	1	1
55.	Accountability for board performance and agency results to general public	1	1
56.	Modification of board organization and performance	3	3

APPENDIX S

EVALUATION OF BOARD TRAINING

Interview with Executive Director of Greater Salem Mental Health Association

Date: February 18, 1977

Purpose: To gather behavioral evidence to substantiate the Executive Director's post-training ratings of the board

Learning Objective	Behavioral Evidence
1. Conscientiousness	1. Read written materials in advance of board meetings
	1. Accept assignments willingly
	1. Decision to hold board meetings more frequently
	1. Lively discussion in board meetings
	1. Set goals
2. Diligence	2. Read written materials in advance of board meetings
	2. Accept assignments willingly
	2. Active in what board understands
	2. Work toward goals
	2. Executive director had higher expectations for board after training
	2. Insufficient opportunities to demonstrate diligence (infrequent board meetings)
3. Interest in improving mental health services	3. Interest expressed in board meetings
	3. Speak on radio
	3. Write newspaper articles
	3. Talk with legislators

Learning Objective	Behavioral Evidence
	3. Developed mental health plan, including program priorities
	3. Established public relations committee
4. Interest in the agency's program	4. Accept assignments willingly
	4. Interest expressed in board meetings
	4. Speak on radio
	4. Write newspaper articles
	4. Talk with legislators
	4. Developed mental health plan, including program priorities
5. Belief in the agency's purpose	5. Accept assignments willingly
	5. Interest expressed in board meetings
	5. Speak on radio
	5. Write newspaper articles
	5. Talk with legislators
6. Desire toaccomplish agency's objectives	6. Accept assignments willingly
	6. Read written materials in advance of board meetings
	6. Talk with legislators
	6. Study agency objectives
7. Self-confidence	7. Accept assignments willingly
	7. Decision to hold board meetings more frequently
	7. Speak out at board meetings
	7. More knowledge of agency
	7. More board members assume leadership roles
	7. Assume greater leadership of agency

Learning Objective	Behavioral Evidence
8. Sense of self-worth	8. Accept assignments willingly
	8. Decision to hold board meetings more frequently
	8. Speak out at board meetings
	8. More knowledge of agency
	8. Assume greater leadership of agency
9. Sense of ability to make a difference in mental health care system	9. Speak out at board meetings
	9. More knowledge of agency
	9. Developed mental health plan, including program priorities
	9. Decision to eliminate inactive board members
	9. Decision to solicit more active board members
10. Foster sense of cohesiveness and mutual support	10. Accept assignments willingly
	10. Work mainly as individuals
	10. Lack hopefulness with respect to financial resources needed to provide more services
	10. Board has had nothing around which to rally
11. Consistent attendance at meetings	11. Board meeting minutes
	11. Attendance at board meetings has not been high
	11. Decision to remove inactive members from board
12. Active participation	12. Accept assignments willingly
	12. Speak out at meetings
	12. More members ask questions, make suggestions
	12. Members challenge leadership if they don't agree

Learning Objective	Behavioral Evidence
13. Exercise leadership	13. Board meeting minutes
	13. Leaders identified through training
	13. Decision to hold board meetings more frequently
	13. Formulate policies
	13. Lead discussion on issues
	13. Lead decision making
	13. Members hesitant to accept role of officer or committee chairman
	13. Assume little leadership for fund raising and for meeting with public officials
14. Preparation for meetings	14. Read written materials in advance of meetings
	14. Board meeting minutes
	14. Agenda and written materials prepared and sent out in advance of meetings to all board members and executive director
	14. Meetings move along quickly
15. Participate actively in committee meetings and activities	15. Attendance at committee meetings has not been high
	15. Decision to solicit more active board members
	15. Established public relations committee
16. Represent community's interests and needs	16. Participate in needs assessment
	16. Meet with other agencies
	16. Prepare written reports of local town needs
	16. Express local interests at board meetings

Learning Objectives	Behavioral Evidence
17. Ensure that adequate, accessible and effective mental health services are provided to meet community's needs	17. Participate in needs assessment
	17. Meet with other agencies
	17. Express local interests at board meetings
	17. Presentation at town meetings
	17. Review and approve program plans and budget
	17. Ask agency for data on services provided to towns
18. Liaison between mental health programs, advocacy groups and the public	18. Education committee working with State Mental Health Association
	18. Board asks agency to serve needs of other community agencies (e.g., schools)
19. Represent the agency in the community	19. Presentation at town meetings
	19. Talk with legislators
	19. Speak on radio
	19. Write newspaper articles
	19. Establish public relations committee, which alerts board and agency re mental health legislation
	19. Annual report
20. Ensure the community is aware of the agency and its services	20. Presentation at town meetings
	20. Talk with legislators
	20. Speak on radio
	20. Write newspaper articles
	20. Establish public relations committee, which alerts board and agency re mental health legislation
	20. Annual report

Learning Objective	Behavioral Evidence
21. Engage in long-range planning	21. Participate in needs assessment
	21. Developed mental health plan, including program priorities
22. Foster community responsibility for mentally ill and retarded	22. Presentation at town meetings
	22. Increased self-confidence
	22. Discussion at board meetings
	22. Executive director not always able to see evidence of this
	22. Negotiate contracts with local agencies
23. Assume ultimate responsibility for the agency's operation	23. By-laws and contracts contain clear statements of board's responsibility and authority
	23. Sign all contracts and other documents
	23. Employ executive director
	23. Support the executive director's decisions
	23. Make major policy decisions
	23. Approve all program plans
	23. Approve agency's budget
24. Accountable to the public	24. Ensure preparation of annual report
	24. Report to towns on agency services
	24. Annual public meeting
	24. Ask executive director for report on agency services and expenditures
25. Establish unifying common goals	25. Board meeting minutes
	25. Developed mental health plan, including program priorities
	25. Ask executive director for staff reaction to changes and proposals

Learning Objective	Behavioral Evidence
26. Develop clear statements of agency goals and objectives	26. Written by-laws
	26. Board meeting minutes
27. Operate through by-laws	27. Written by-laws
	27. Refer to by-laws during meetings
	27. Periodically review and change by-laws
	27. By-laws include duties of board officiers, and procedures by which the board is to transact its business
	27. Conduct meetings, appoint committees, and perform actions as stated in by-laws
28. Establish clear board objectives	28. Board meeting minutes
	28. Decision to eliminate inactive board members
29. Define purposes of committees, including limits	29. Written by-laws
	29. Board meeting minutes
30. Appoint, prescribe duties for, and evaluate executive director	30. Employed executive director
	30. No written job description for executive director
	30. No procedures for evaluation of executive director
31. Delegate responsibility to executive director for administering the agency	31. Written by-laws
	31. Board does not interfere in administration of the agency
32. Ensure assessment of mental health needs	32. Developed mental health plan, including program priorities
	32. Participate in needs assessment
	32. Approve program plans
33. Ensure identification of mental health resources	33. Developed mental health plan, including program priorities
	33. Approve program plans

Learning Objective	Behavioral Evidence
34. Interpret community needs	34. Board identifies local needs
	34. Present information on needs to agency staff and others
	34. Approve grant applications
35. Provide information and education for the citizenry	35. Talk with legislators and other officials
	35. Speak on radio
	35. Write newspaper articles
	35. Annual report prepared by executive director
	35. No brochure or newsletter
36. Establish program priorities	36. Developed mental health plan, including program priorities
	36. Approve program plans
	36. Approve grant applications
	36. Board meeting minutes
	36. Decisions at board meetings
37. Approve community mental health and retardation programs	37. Presentation at town meetings
	37. Decisions at board meetings
	37. Board meeting minutes
	37. Approve grant applications
	37. Approve program plans
	37. Developed mental health plan, including program priorities
38. Formulate policy statements	38. Written by-laws
	38. Board meeting minutes
	38. Written policy statements
	38. Written personnel policies
	38. Make all major policy decisions
39. Offer strong external support for agency	39. Presentation at town meetings
	39. Talk with legislators
	39. Speak on radio

Learning Objective	Behavioral Evidence
	39. Write newspaper articles
40. Establish comprehensive personnel policies	40. Written personnel policies
	40. Written job descriptions are general rather than specific
	40. No written job descriptions for two administrative positions
	40. Personnel committee of board
41. Make provision for staff to report grievances, etc.	41. Written personnel policies, which include staff grievance procedures
	41. Staff make presentations at board meetings
42. Provide (with executive director) intraorganizational communication	42. Staff meetings
	42. Board meetings
	42. Executive director reports on staff at board meetings
	42. Executive director prepares written quarterly report
43. Approve fees	43. Board meeting minutes
	43. Decisions at board meetings
	43. Review and approve agency's budget
	43. Review and approve grant applications
	43. Approve and sign contracts
	43. Presentation at town meetings
44. Solicit financial support and ensure adequate operating funds	44. Board meeting minutes
	44. Decisions at board meetings
	44. Review and approve agency's budget
	44. Review and approve grant applications
	44. Presentation at town meetings

Learning Objective	Behavioral Evidence
45. Set parameters for, and approve budget	45. Board meeting minutes
	45. Finance committee of board
	45. Budget submitted in writing to board in advance of meetings
	45. Review and approve agency's budget
	45. Expenditures approved by executive director
46. Evaluate the mental health and mental retardation services	46. Express interest
	46. Executive director presents statistics to board
47. Report to state dept. of mental health, et. al. on expenditures and impact of services	47. Annual program report
	47. Annual audit report
	47. Monthly financial reports
	47. Quarterly statistical reports
	47. Review all reports
48. Establish distinct roles for board and executive director	48. Written by-laws
	48. Board meeting minutes
	48. More knowledge (through training)
49. Clearly delineate in writing the responsibilities of board, executive director and other staff	49. Written by-laws
	49. Written job descriptions are general rather than specific
	49. No written job descriptions for two administrative positions
50. Promote working agreements with other agencies	50. Meet with other agencies
	50. All agency agreements approved and signed by board
51. Communicate policies externally while executive director communicates policies internally	51. Board meetings
	51. Staff meetings
	51. Written policy statements
	51. Annual reports
	51. Public testimony

Learning Objective	Behavioral Evidence
	51. Write newspaper articles
	51. No brochures or newsletters
	51. No public speaking
52. Mutual trust and understanding between board and staff	52. Staff meeting discussions
	52. Board meeting discussions
	52. Staff presentations at board meetings
	52. Staff-board personnel committee
53. Establish criteria and methods for evaluating executive director	53. No job specification for executive director
	53. No evaluation procedure
	53. No evaluation performed
54. Establish criteria and methods for board evaluation	54. Written by-laws
	54. No evaluation procedure
	54. Annual report
	54. Board meeting minutes
55. Accountability for board performance and agency results	55. Annual report
	55. Presentation at town meetings
	55. Annual public meeting
	55. Decision to change board selection procedures
	55. No provision for agency evaluation
56. Modification of board organization and performance	56. Board meeting minutes
	56. Decision to change board selection procedures
	56. Decision to hold more frequent board meetings
	56. Changed charges to committees
	56. Reviewed by-laws

Learning Objective	Behavioral Evidence
	56. More flexibility in setting board meetings
	56. Establish public relations committee

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