DOCUMENT RESUME

ED 113 116 RC 008 829

AUTHOR Bachrach, Leona L.
TITLE Characteristics of Federally Funded Rural Community Mental Health Centers in 1971. Statistical Note 101.
INSTITUTION National Inst. of Mental Health (DHEW), Rockville, Md. Center for Studies of Child and Family Mental Health.
REPORT NO DHEW-ADM-74-6; NIMH-SN-101
PUB DATE Mar 74
NOTE 36p.

EDRS PRICE MF-$0.76 HC-$1.95 Plus Postage
DESCRIPTORS Employment Patterns; Expenditures; *Federal Programs; Financial Support; Health Facilities; Health Personnel; *Health Services; *Mental Health Clinics; *Rural Areas; Rural Urban Differences; Staff Utilization; *Statistical Data

ABSTRACT

Characteristics of 295 federally funded rural community mental health centers (CMHC) in 1971 were documented by examining differentials relating to various utilization indices and funding, expenditure, and staffing patterns. The centers were classified according to: (1) rural--a center serving a catchment area consisting exclusively of rural counties; (2) nonrural--a center serving a catchment area containing no rural county; and (3) part rural--a center serving a mixed catchment area with one or more rural and one or more nonrural counties. The rurality classification of catchment areas, and consequently of the community mental health centers serving them, was made on the basis of metropolitan influence and population concentration (i.e., community size). There were distinct contrasts in utilization patterns at federally funded CMHC's in rural, part rural, and nonrural locations. Contrasts were especially marked as between rural and nonrural facilities, with part rural facilities often falling between the two extremes and thus suggesting the possibility of a continuum in utilization of CMHC services according to rurality. Rural CMHC's received relatively more funding from governmental sources and less from receipts from services than did either part rural or nonrural centers; there were differences in expenditure patterns as well. (Author/NQ)

Statistical Note 101

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Alcohol, Drug Abuse, and Mental Health Administration
NATIONAL INSTITUTE OF MENTAL HEALTH
Division of Biometry
Survey and Reports Branch

CHARACTERISTICS OF FEDERALLY FUNDED RURAL COMMUNITY MENTAL HEALTH CENTERS IN 1971

Summary

According to the indices examined in this Note, there were distinct contrasts in utilization patterns at federally funded community mental health centers in rural, part rural, and non-rural locations. Contrasts were especially marked as between rural and non-rural facilities, with part rural facilities often falling between the two extremes and thus suggesting the possibility of a continuum in utilization of CMHC services according to rurality. Rural community mental health centers received relatively more funding from governmental sources and less from receipts from services than did either part rural or non-rural centers, and there were differences in expenditure patterns as well. In addition, there were rural/non-rural differences in employment and staffing patterns. Unlike the utilization indices, however, where there was a strong suggestion of a rurality continuum, differentials by rurality in funding, expenditures, and employment and staffing patterns did not appear to graduate with any regularity.

Introduction

Federally funded community mental health centers in the United States, irrespective of their specific locations or the catchment areas which they serve, share certain characteristics which render them unique among mental health service agencies. These characteristics, discussed in Statistical Note 87 in this series 1/, may be summarized as: catchmenting; strong emphasis on primary care, comprehensive treatment and continuity of care; and recruitment of patients not ordinarily treated in other facilities. Reflecting the rationale behind the community mental health movement in the United States, these characteristics provide a common denominator which makes it feasible and valid to discuss the universe of 295 centers 2/ as an entity and to compare them with other mental health facilities.

It would be a mistake, however, to conclude that, because of the commonly shared philosophy of the centers, they necessarily comprise a homogeneous aggregate. To the contrary, the various community mental health centers in the United States are properly described as heterogeneous in the extreme, not only in their administrative and organizational structuring but also in the characteristics of their patient populations. One of the factors associated with such variation among CMHC's is geographic location --whether a facility serves a rural or a non-rural catchment area.

It is the purpose of this Note to document some of the distinguishing characteristics of rural community mental health centers during 1971 by examining differentials relating to a variety of utilization indices and funding, expenditure and staffing patterns. A companion Note, Statistical Note 102, explores characteristics of patients at rural centers during the same year. For both Notes, the 295 operating community mental health centers have been classified according to rurality 3/as follows: A rural center is one serving a catchment area which consists exclusively of rural counties. Rural counties are, by definition, those located outside Standard Metropolitan Statistical Areas and having more than half of their

March 1974

Leona L. Bachrach, Ph.D.

populations living in communities of 2,500 or less. A non-rural center is one which serves a catchment area containing no rural county as defined above. A part rural center is one serving a mixed catchment area with one or more rural and one or more non-rural counties. In 1971, the breakdown of centers by rurality was:

	Number	Percent
All Centers.....	295	100.0%
Non-rural.....	175	59.3
Part rural.....	87	29.5
Rural.....	33	11.2

Summary Table 1 at the conclusion of the text shows the distribution of these centers according to State and DHEW region.

Rural Mental Health Care: A Perspective

The geography, economics and sociology of rural life, and the attitudes of rural persons toward health care -- and specifically toward mental health care -- have historically been associated with more limited provision and utilization of mental health services in rural areas, a condition which may be described as a "health resource imbalance." 4/ Statistical Note 86 in this series has shown that the obverse of rurality -- urbanization of catchment areas served by individual centers -- is one of the principal characteristics differentiating patients served by CMHC's. Among a subset of 69 selected centers during 1971, the addition rate for facilities serving inner city catchment areas was nearly twice that for facilities serving rural catchment areas: there were 1,151 additions 5/ for every 100,000 persons at inner city centers as compared with 594 additions at rural centers.

Edgerton and Bentz have stated that the "delivery of mental health services to rural people continues to be a serious problem ... in vast areas of the country." 6/ The geographic isolation of many rural communities, relative to other communities in the Nation, is often cited as a problem of special magnitude in the provision of mental health services, particularly as it relates to distance. Cohen has observed, for example, that "in rural areas factors related to distance may serve to curtail the use of outpatient services" and that the "extent of the curtailment is an important concern for rural centers that serve large catchment areas, requiring some clients to travel many miles." 7/ Dolan has advocated the establishment of a maximum square mileage limit for catchment areas, to be used in conjunction with minimum population requirements, to ensure residents access to CMHC's in a travel time not exceeding two hours. 8/

Identification of Rural Community Mental Health Centers

The identification of particular mental health centers as rural or non-rural is not a simple task. There are, first of all, well-documented problems inherent in categorizing communities themselves as rural or non-rural 9/, and these problems, of course, extend to the classification of CMHC's by rurality. Difficulties in differentiating rural and non-rural communities result from a variety of factors, among them functional differences, regional differences and differences in the kinds and loci of residents' interests. That rural and non-rural communities are difficult to classify and describe does not, however, imply that the distinction between them is not a "real" one. Schnore acknowledges the classification problem by averring that the "distinction between 'rural' and 'urban' is a familiar one." It is commonly recognized in everyday language, though the criteria employed are hardly exact and certainly not scientifically precise." 10/ This author at the same time declares emphatically that "rural-urban differences in the United States, while clearly diminishing, are still crucial. They continue to be important at two levels of analysis -- that of the community and that of the individual." 11/ It is important, also, to note that many American communities today have populations which are "mixed" as to degree of rurality, irrespective of what

specific criteria might be used to distinguish rural from non-rural. Although a community may be essentially rural in character, a sizable portion of its population may potentially be non-rural in attitudes, activities and orientation.

In the present Note, the rurality classification of catchment areas, and consequently of the community mental health centers serving them, is being made on the basis of metropolitan influence and population concentration, i.e., community size. Although this is not an entirely satisfactory taxonomic device, it is not completely arbitrary. Given the fact that differentiating gradations of rurality is extremely complex, a number of demographic experts regard population concentration, with all its shortcomings, as a practicable -- and in some instances, the single most useful -- device for classification at the present time 12/.

TABLE A. SELECTED CATCHMENT AREA CHARACTERISTICS AND UTILIZATION INDICES BY DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1971

Characteristics and Indices	Degree of Rurality			
	All Centers	Non-Rural	Part Rural	Rural
Average Catchment Area Population 1/	148,214	166,890	131,682	108,015
Average Percent of Patients Receiving Care at Center Who Were: 2/				
Resident Within Catchment Area	88.8%	85.0%	93.1%	94.5%
Resident Outside Catchment Area	11.2	15.0	6.9	5.5
Average Patient Addition Rate per 100,000 Population per Center 3/	917.3	1015.4	775.4	773.3
Average Annual Caseload (Persons Receiving Care During Year) per Center 3/	2,229	2,769	1,698	1,530
Percent Distribution: Types of Patient Care Episodes: 4/				
All Types of Care	100.0%	100.0%	100.0%	100.0%
Inpatient Care	15.6	16.9	11.8	14.9
Other Resident Care	1.4	1.8	0.7	0.1
Day Care	5.4	5.5	5.2	5.6
Other Partial Care	0.4	0.4	0.1	0.4
Outpatient Care	77.2	75.4	82.2	79.0
Average Number of Patient Care Episodes per Center: 4/				
All Types of Care	2,755	3,351	2,015	1,771
Inpatient Care	430	566	237	263
Partial Care (Including Day Care)	159	198	106	106
Outpatient Care	2,127	2,527	1,657	1,398
Average Days per Inpatient Care Episode per Center 5/	17.3	17.7	18.1	12.3
Average Number of Inpatient Days per 100,000 Catchment Area Population per Center 5/	4,605	5,371	3,285	3,038
Average Number of Inpatient Beds per 100,000 Catchment Area Population per Center 5/	24	23	23	36
Average Percent Inpatient Bed Occupancy per Center 5/ 8/	53%	65%	39%	23%
Average Days per Day Care Episode per Center 6/	30.3	28.7	33.1	38.6

TABLE A. SELECTED CATCHMENT AREA CHARACTERISTICS AND UTILIZATION INDICES BY DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1971 (Continued)

Characteristics and Indices	Degree of Rurality			
	All Centers	Non-Rural	Part Rural	Rural
Average Number of Treatment Sessions per Outpatient Care Episode per Center: 7/				
Total Sessions	4.4	4.5	4.0	4.5
Individual Sessions	0.5	0.5	0.4	0.4
Family Sessions	0.6	0.8	0.4	0.4
Group Sessions	5.5	5.8	4.7	5.3
Ratio of Individual to Family + Group Outpatient Sessions: Average per Center 7/	3.9	3.5	5.4	5.8

Numbers of facilities reporting individual items shown in this table are as follows:

1/ All catchment areas - 241 non-rural catchment areas - 134; part rural catchment areas - 76; rural catchment areas - 31.

2/ All catchment areas - 242; non-rural catchment areas - 135; part rural catchment areas - 79; rural catchment areas - 28.

3/ All catchment areas - 207; non-rural catchment areas - 107; part rural catchment areas - 72; rural catchment areas - 28.

4/ All catchment areas - 203; non-rural catchment areas - 117; part rural catchment areas - 61; rural catchment areas - 25.

5/ All catchment areas - 171; non-rural catchment areas - 97; part rural catchment areas - 53; rural catchment areas - 21.

6/ All catchment areas - 229; non-rural catchment areas - 132; part rural catchment areas - 72; rural catchment areas - 25.

7/ All catchment areas - 207; non-rural catchment areas - 120; part rural catchment areas - 66; rural catchment areas - 21.

8/ The measure of bed occupancy at community mental health centers is different from that at other medical facilities. A large portion of CMHC beds is allocated to centers under priority arrangements with other inpatient facilities -- e.g., nearby general hospitals. Bed occupancy as shown here represents only the exclusive utilization by center patients. It does not represent the utilization experience of the same beds by other (non-center) patients.

There are special problems, beyond those of community classification, which apply specifically to the differentiation of community mental health centers on the basis of rurality. For example, one of the dimensions along which individual centers are known to exhibit considerable variability is in the proportion of patients enrolled who reside within the precise catchment areas served by those centers. Ease of access, availability of particular services or personnel categories, residential mobility of patients as well as staff, and personal preferences all contribute to this "crossing over," which takes place at both rural and non-rural centers. In the classification of community mental health centers used here, then, there is necessarily some overlap of the population groups served. Although a center may be located in a rural catchment area, a sizable portion of its patient population may be drawn from other, possibly part rural or non-rural, catchment areas, Table A shows that this was indeed the case in 1971, but that the percentage of cross-over was considerably smaller for the aggregate of rural centers than for the aggregate of non-rural

centers: 6 percent of patients receiving care at all rural CMHC's in 1971 resided outside the catchment areas served by these centers, as contrasted with 15 percent of patients at non-rural centers.

Two circumstances which served to differentiate rural community mental health centers from those located in other areas in 1971 may be derived from summary Tables 2 and 3, at the conclusion of the text, which examine the distributions of centers by years of center operation 13/ and by economic status of catchment area 14/. Table 2 shows that rural centers were, as a group, somewhat younger than part rural centers and considerably younger than non-rural centers. Over half of the rural centers in 1971 had been in operation as community mental health centers for less than 3 years, as contrasted with 39 percent of non-rural centers. The years of center operation differential was, however, influenced by economic status of catchment area to a degree where differences in age of center by rurality were of consequence only in poverty-designated catchment areas.

There was a heavy concentration of rural centers located in the poverty catchment areas. Over 90 percent of rural centers were so located, as contrasted with 76 percent of part rural and only 41 percent of non-rural centers (Table 3). This differential generally held for all years of center operation categories.

A word of caution should be interjected at this point to provide a framework for interpretation of the data analyses that follow. In discussions of differential utilization of mental health facilities, statements are sometimes made that suggest "underutilization" by certain population subgroups -- e.g., blacks, the poor, the aged, the less educated or, in the present case, rural persons. These disadvantaged population subgroups are sometimes said to be "underserved" by mental health facilities or "underrepresented" on mental health facility rolls when compared with their proportionate representations in some standard population, such as the total population of the United States. In fact, relatively low or high utilization of community mental health centers by specific subgroups does not by itself necessarily imply that these groups are either "underserved" or "overutilizing." Different population subgroups have differential needs for mental health care. Some subgroups -- for example, the aged -- have historically been relatively low users of mental health services, even though their need may be considerable. The "underutilization" by some persons must also be understood, at least in part, in terms of resistances to mental health care and not only in terms of accessibility of services. The converse should also be considered: that certain population subgroups are proportionately more highly represented among CMHC additions need not necessarily imply "overutilization" but rather a greater need for services and perhaps, in some cases, less resistance to mental health care.

Utilization Indices

According to Table A above, the non-rural catchment areas were populated, on the average, by 1½ times as many people as were the rural catchment areas. The generally smaller populations of rural catchment areas, when coupled with their generally larger geographic size 15/, are known to influence the efficacy with which mental health services are delivered. During the year under study, there were 1,015 patient additions for every 100,000 persons resident in non-rural catchment areas, as contrasted with a rate of 773 in rural catchment areas. (In this index, part rural areas were very similar to rural areas, with an addition rate of 775.) The average annual caseload per center 16/ during the year was 2,769 at non-rural centers but only 1,530 at rural centers. Part rural centers fell between these two extremes with an average annual caseload of 1,698. Discrepancies between rural and non-rural service delivery were apparent also in the average numbers of patient care episodes per center 17/. Rural centers averaged 1,771 episodes of care, as contrasted with 2,015 at part rural centers and 3,351 at non-rural centers.

These differentials in service by rurality of center may be further explored by more detailed examination of specific inpatient and outpatient utilization indices 18/.

Inpatient care -- According to Table A, rural facilities averaged more episodes of inpatient care per center than did part rural centers but far fewer such episodes than did non-rural centers. Respective averages of inpatient care episodes were 566 at non-rural centers but only 263 at rural centers and 237 at part rural centers. The average number of days of care per inpatient episode was strikingly low at rural centers relative to averages at centers in other residence locations. An average inpatient care episode lasted 12 days at rural centers, as contrasted with 18 days at part rural and non-rural centers. When inpatient days of care are expressed in relation to the population base, the rate was, once again, markedly low for rural areas: rural centers averaged 3,038 days of inpatient care per 100,000 population, as contrasted with 3,285 for part rural centers and 5,371 for non-rural centers. Inpatient bed occupancy was 2.8 times as high at non-rural centers as at rural centers.

Rural centers exhibited an average inpatient bed occupancy of 23 percent, as contrasted with 39 percent at part rural centers and 65 percent at non-rural centers. (It should be noted that the measure of bed occupancy at community mental health centers is different from that at other medical facilities. A large portion of CMHC beds is allocated to centers under priority arrangements with other inpatient facilities -- e.g., nearby general hospitals. Bed occupancy as shown here represents only the exclusive utilization by center patients. It does not represent the utilization experience of the same beds by other -- i.e., non-center -- patients. With respect to the number of inpatient beds, rural centers averaged 36 beds per 100,000 population, while part rural and non-rural centers each averaged 23 beds per 100,000 population.

Outpatient care -- The average number of outpatient care episodes at non-rural centers was 1.8 times as great as that at rural centers: while rural centers averaged 1,398 outpatient care episodes during the year understudy, non-rural centers averaged 2,527. Part rural centers fell between these extremes with an average of 1,657 outpatient care episodes. Although the total number of treatment sessions 19/ per outpatient care episode did not differ for non-rural and rural centers -- both averaged 4.5 treatment sessions per outpatient care episode -- the kind of treatment did vary considerably. Thus, rural and part rural centers relied relatively more heavily on individual treatment sessions for outpatients, while non-rural centers administered relatively more treatment to patients seen simultaneously. At rural centers, individual treatment sessions outnumbered group-plus-family sessions by a ratio of nearly 6 to 1, as compared with 5 to 1 at part rural centers but only 4 to 1 at non-rural centers.

Summary -- Judging from the utilization indices examined here, there were distinct contrasts in utilization of community mental health services as among rural, part rural and non-rural facilities. Contrasts were especially marked as between rural and non-rural facilities, with utilization patterns at part rural facilities often falling between the two extremes, thus suggesting the possibility of a continuum in the utilization of community mental health services according to rurality.

Funding and Expenditures

Tables B and C, respectively, show the distributions of funding sources and of total expenditures at community mental health centers according to rurality. Some marked differences are apparent, and it is possible to infer that, in terms of fiscal operations, rural community mental health centers operated very differently from those in other residence locations. Thus, 83 percent of funding at rural centers was from government sources, as compared with 71 percent at non-rural centers and 72 percent at part

rural centers. By contrast, over one-quarter of non-rural center funding was derived from receipts from services, primarily insurance. Respective parallel percents for receipts from services were 22 percent at part-rural centers but only 14 percent at rural centers. While 11 percent of funds at non-rural centers were from private and voluntary insurance receipts, this was true of only 3 percent of funds at rural centers (Table B).

TABLE B. PERCENT DISTRIBUTION OF RECEIPTS BY SOURCE OF FUNDS AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1971

Sources of Funds	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
All Sources	100.0%	100.0%	100.0%	100.0%
Government Funds, Total	72.1	71.0	72.2	83.2
Federal Funds, Total	34.1	33.0	35.9	41.8
Staffing Grants	27.5	26.5	30.9	30.1
Construction Grants	3.3	2.9	3.9	5.7
Research and Training Funds	2.2	2.9	0.2	*
Other	1.1	0.7	0.9	6.0
State Funds	28.5	28.4	29.3	28.7
Local Government Funds	8.5	8.6	6.5	11.1
Other Government Funds	1.0	1.0	0.5	1.6
Receipts from Services, Total	24.1	25.7	22.0	13.5
Patient Fees	6.3	6.3	7.4	4.0
Insurance (Private & Voluntary)	9.2	10.5	6.1	3.1
Medicare	2.0	2.2	1.5	1.1
Medicaid	5.1	5.6	4.1	3.1
Other	1.5	1.1	2.9	2.2
Fund Raising	2.4	2.2	3.8	1.0
Other Receipts	1.4	1.1	2.0	2.3
Number of Facilities Reporting	219	126	64	29

* Less than 0.1%

Differences by rurality were less striking with respect to expenditures (Table C). Irrespective of rurality status, over 60 percent of center expenditures went for salaries. It may be noted, however, that the percentage of expenditures devoted to psychiatrists' salaries was fully 6 percentage points higher at non-rural centers (13 %) than at rural centers (7%). Rural community mental health centers exceeded those in other locations in relative percentages of capital expenditures. Twelve percent of expenditures at rural centers were capital expenditures, as compared with 6 percent at part rural and only 3 percent at non-rural centers. It is interesting to note that in all three rurality categories operating expenditures comprised 28 percent of total expenditures.

TABLE C. PERCENT DISTRIBUTION OF ANNUAL EXPENDITURES BY TYPE OF EXPENDITURE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1971

Sources of Funds	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
Total Expenditures	100.0%	100.0%	100.0%	100.0%
Salaries, Total	66.6	67.6	65.6	60.3
Psychiatrists	11.7	13.0	8.5	6.9
Other Physicians	1.1	0.9	1.6	1.0
Psychologists	7.5	7.4	8.4	7.2
Social Workers	10.3	10.6	9.8	9.4
Registered Nurses	7.4	7.3	8.2	6.7
Licensed Practical or Vocational Nurses	1.8	1.6	2.2	2.9
Other Health and Mental Health Professionals	5.7	5.7	5.8	6.2
Mental Health Workers	9.1	9.0	9.4	8.5
Administrative and Other Professional (nonhealth) Staff	3.0	3.0	2.9	3.1
All Other Staff	9.0	9.1	8.8	8.6
Operating Expenditures	28.0	28.1	27.8	27.9
Capital Expenditures	4.6	3.4	6.3	11.8
Other Expenditures	0.8	0.9	0.3	0.0
Number of Facilities Reporting	254	143	80	31

TABLE D. PERCENT DISTRIBUTION OF STAFF EMPLOYED AND STAFF HOURS WORKED BY EMPLOYMENT STATUS AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Employment Status	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
		Staff Employed		
Total Staff Employed	100.0%	100.0%	100.0%	100.0%
Full-Time (35 Hours or More)	61.7	63.9	64.4	41.1
Part-Time (Less Than 35 Hours)	21.8	17.7	19.8	54.1
Trainees, Residents and/or Interns	6.0	7.1	4.2	1.6
Regularly Scheduled Volunteers	10.5	11.3	11.6	3.2
		Staff Hours Worked		
Total Staff (Hours Worked)	100.0%	100.0%	100.0%	100.0%
Full-Time (35 Hours or More)	83.3	83.3	84.8	78.9
Part-Time (Less Than 35 Hours)	10.4	9.5	10.8	18.6
Trainees, Residents and/or Interns	4.3	5.1	2.2	1.5
Regularly Scheduled Volunteers	2.0	2.1	2.2	1.0
Number of Facilities Reporting	262	150	81	31

* Percents shown are for a sample week during January 1972

Employment and Staffing Patterns 20/

Employment status and staff discipline -- Table D shows, for community mental health centers according to rurality status, percent distributions of both employed staff and staff hours worked by employees. It may be seen that, by both criteria, rural centers relied more heavily than did part rural and non-rural centers on other than full-time employees. Sixty-four percent of both non-rural and part rural center staff worked on a full-time basis, while the corresponding percentage for rural center staff was 41 percent. By contrast, 54 percent of rural center staff were part-time employees, as compared with 20 percent of part rural and 18 percent of non-rural center staff. Rural centers also had markedly low percentages of volunteer workers and of trainees, residents and interns. Respective percentages of volunteer workers were 11, 12 and 3 percent at non-rural, part rural and rural centers. And 7 percent of non-rural center staff but only 4 percent of part rural and 2 percent of rural staff were trainees, residents or interns.

Table D shows that variations by rurality also existed in the distribution of staff hours worked in the various employment status categories. For example, the proportion of all staff hours provided by part-time employees at rural centers (19%) was about twice that provided by their non-rural counterparts (10%). Summary Table 4 at the conclusion of the text sheds some light on the sources of this differential by showing distributions of staff hours by employment status for individual staff disciplines. One striking departure from the overall picture was in the distribution of staff hours worked by psychiatrists. Unlike the situation for most other disciplines, relatively more psychiatrists' hours at rural centers derived from full-time employment (65%) than was the case at non-rural centers (53%).

TABLE E. PERCENT DISTRIBUTION OF STAFF HOURS WORKED BY STAFF DISCIPLINE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Staff Discipline	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
All Disciplines	100.0%	100.0%	100.0%	100.0%
Psychiatrists	6.4	7.4	4.1	3.0
Other Physicians	1.0	1.0	1.0	0.7
Psychologists	7.3	7.1	8.1	6.7
Social Workers	12.3	12.8	10.8	11.8
Registered Nurses	11.0	10.9	12.0	9.7
Other Health and Mental Health Professionals	10.6	10.4	10.6	12.5
Licensed Practical or Vocational Nurses	5.0	4.7	5.6	6.9
Mental Health Workers (AA level and below)	22.7	22.0	24.2	26.7
Administrative and Other Professional Staff	3.4	3.3	3.5	2.9
All Other Staff	20.3	20.4	20.1	19.1
Number of Facilities Reporting	262	150	81	31

* Percents shown are for a sample week during January 1972.

Table E further examines distributions of staff hours worked by staff discipline categories according to degree of rurality. About 16 percent of staff hours at non-rural centers were contributed by physicians (both psychiatric and nonpsychiatric) and psychologists combined. Corresponding percentages at part rural and rural centers were, respectively, 13 and 10 percent. On the other hand, rural facilities exceeded non-rural and part rural facilities in staff hours worked by nonprofessional health personnel, including licensed practical and vocational nurses and mental health workers. Staff hours contributed by these nonprofessional medical and mental health employees accounted for 34 percent of all staff hours at rural centers, 30 percent at part rural centers and 27 percent at non-rural centers. Summary Table 5 further examines these variations by focussing on employment status. The relative absence of staff hours contributed by physician (both psychiatric and nonpsychiatric) and nurse trainees, residents and/or interns at rural centers was marked. By contrast, however, rural centers were characterized by a disproportionately high number of staff hours provided by social workers in the trainees, residents and/or interns category. At rural centers, social workers contributed more than half of all hours in this latter employment status category as compared with 19 percent and 16 percent at non-rural and part rural centers, respectively.

TABLE F. PERCENT DISTRIBUTION OF STAFF HOURS WORKED BY STAFF ACTIVITY AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Staff Activity	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
All Activities	100.0%	100.0%	100.0%	100.0%
Direct Patient Services	76.0	74.9	80.1	78.5
Inpatient Care	39.7	37.1	48.5	45.7
Outpatient Care	21.0	22.1	17.1	20.1
Day Care	9.3	9.0	11.1	8.6
Other Partial Care	2.1	2.4	0.8	1.6
Emergency Care	3.9	4.3	2.6	2.5
Other Activities:	24.0	25.1	19.9	21.5
Consultation	4.0	3.9	4.4	4.2
Public Information/Education	1.4	1.5	1.2	1.2
In-Service Training	4.1	4.5	3.3	2.5
Other Training & Education	2.1	2.1	1.6	1.7
Community Planning & Development	1.9	2.0	1.6	1.3
Research & Evaluation	2.6	3.1	1.0	1.3
General Administration	7.9	8.0	6.8	9.3
Number of Facilities Reporting	206	127	55	24

* Percents shown are for a sample week during January 1972. This table excludes administrative, clerical, maintenance and other nonhealth staff.

Staff activity -- Still another dimension of staffing patterns exhibiting variations by rurality was the number of hours devoted by medical and other health staff to selected activities. Table F shows that relatively more staff hours were devoted to inpatient care at part rural and rural centers than at non-rural centers (respectively 49, 46 and 37 percent). More detailed variations in staff hours devoted to different activities may be seen in summary Table 6, which further breaks down the data by staff discipline. For example, psychiatrists at rural centers devoted 78 percent of their time to direct patient services, as contrasted with 64 percent at

non-rural centers and 70 percent at part rural centers. Conversely, of course, non-rural psychiatrists devoted proportionately more time to non-patient-directed activities such as consultation, education, training, etc. Similar differentials although not so marked, existed for nonpsychiatric physicians and for psychologists. Summary Table 7 shows the breakdown of staff hours by discipline within each staff activity category.

TABLE G. PERCENT DISTRIBUTION OF STAFF HOURS DEVOTED TO EDUCATIONAL AND CONSULTATION SERVICES BY TYPE OF SERVICE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES, 1972*

Type of Service	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
All Educational & Consultation Services	100.0%	100.0%	100.0%	100.0%
Case-Oriented Consultation	33.4	31.4	38.4	37.9
Program-Oriented Consultation	22.5	19.9	28.6	28.6
Public Information/Education	17.9	19.2	13.9	17.4
Training & Continuing Education	13.6	15.4	10.0	7.8
Community Planning & Development	12.6	14.1	9.1	8.3
Number of Facilities Reporting	245	138	77	30

* Percents shown are for a sample week during January 1972. This table excludes administrative, clerical, maintenance and other nonhealth staff.

Educational and consultation services -- Differentials in staff hours devoted to non-direct patient services may be considered to have special interest, for it is by means of these auxiliary services that some of the fundamental goals of federally funded community mental health centers -- such as program development and promotion and primary prevention of mental illness -- are executed. Table G examines distributions of staff hours devoted to educational and consultation services only, by specific type of service, for the various rurality categories. About two-thirds of such staff hours were devoted to consultation activities at part rural and rural centers alike, as compared with just over half at non-rural centers. By contrast, staff hours at non-rural centers were more heavily weighted with educational activities. Summary Table 8 at the conclusion of the text further explores rurality differentials in the distributions of staff hours devoted to various educational and consultation services according to specific recipients of these services.

Although most educational and consultation services were provided to school personnel -- including both students and staff -- at rural, part rural and non-rural centers alike, the percentages varied considerably. Thus, at rural centers, 43 percent of all educational and consultation service hours were provided to school personnel, as contrasted with 39 percent at part rural centers and only 31 percent at rural centers (Table H). Additional variations in distributions of recipients of educational and consultation services are shown in summary Table 9 at the conclusion of the text.

Summary -- According to the indicators of employment and staffing patterns analyzed here, there were a number of marked differences between community mental health centers serving rural areas and those serving other areas. Rural centers, in general, relied more on part-time personnel than did part rural and non-rural centers. Rural centers also had relatively less access to staff hours provided by volunteers and by residents, trainees and interns. In addition, there were relatively fewer staff hours

provided by psychiatric and nonpsychiatric physicians and by psychologists at rural centers. Unlike the utilization indices, where there was a strong suggestion of a rurality continuum -- differentials in employment and staffing patterns by rurality did not appear to graduate with any regularity. Indeed, some measures suggested somewhat more favorable conditions at part rural than at non-rural centers.

TABLE H. PERCENT DISTRIBUTION OF STAFF HOURS DEVOTED TO EDUCATIONAL AND CONSULTATION SERVICES BY RECIPIENT OF SERVICE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Recipient of Service	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
All Recipients	100.0%	100.0%	100.0%	100.0%
School Personnel (Students & Staff)	33.4	30.7	38.6	42.6
Clergy	4.3	4.4	3.5	4.4
Police, Courts & Other Law Enforcement Agencies	6.9	6.9	7.2	6.4
Staff of Unaffiliated Mental Health Facilities	7.3	8.0	5.6	5.9
Staff of Medical Facilities	8.0	8.1	7.8	7.8
Social & Community Agencies	22.4	23.9	18.7	19.3
Private Practice Professionals	3.0	3.0	2.5	4.3
General Public	8.5	9.3	6.6	6.8
Other	6.2	5.7	9.5	2.5
Number of Facilities Reporting	245	138	77	30

* Percents shown are for a sample week during January 1972. This table excludes administrative, clerical, maintenance and other nonhealth staff.

Discussion

That rural persons exhibit different patterns, and often lower levels, of utilization of community mental health center services may be regarded by some as evidence for a widely held notion that rural persons enjoy "better" mental health -- and thus a lesser need for mental health services -- than do persons residing in more urbanized places. It has long been believed that mental illness is at least partially "caused" by conditions of life associated with urban residence and that conditions of rural life are somehow more conducive to salubrious mental health. This belief is not, however, accepted without exception among mental health epidemiologists and other professionals. Some experts see even greater mental health hazards in rural life and view widespread poverty, low levels of education and, indeed, lack of awareness of existence of the problem as contributory factors 21/. Geographic isolation -- with the attendant conditions of low population density, limited tax base, sparseness and inaccessibility of facilities, manpower shortages and "negative attraction" for new manpower 22/ -- is partly responsible for deficits in rural mental health care and in turn contributes to the mental health hazards of rural living. Kraenzel and Macdonald discuss at length the "strain and stress situations" in the rural social milieu which contribute to mental illness in such sparsely populated places as rural eastern Montana 23/. Irrespective of which point of view regarding the relationship between place of residence and mental illness is the more valid (and both may be valid under differing circumstances), it may be concluded that, relative to community mental health centers in non-rural places, rural centers are less thoroughly utilized.

Staffing must be mentioned separately as a very special problem at rural community mental health centers. The suggestion is strong from the data presented in this Note that certain characteristics of rural living exert inhibiting influences on optimal staffing. Gurian stresses the "professional loneliness" of mental health practitioners in rural areas as being at the root of many of the difficulties in rural mental health care delivery 24/. It has been noted that not only is it difficult to recruit staff for isolated facilities, but, once recruited, problems sometimes arise in local acceptance of outsiders 25/. What is more, attitudes held by staff members themselves have a strong effect upon utilization patterns. A special study of 24 selected poverty CMHC's during 1972, 8 of which were rural, concluded that an important urban/non-urban difference among center staff was that

> "... urban staff (particularly outreach workers) tended to reflect more sophistication in their views of the unique needs of the poor. In particular, they reflected more sensitivity to the barriers existing between the poor client and traditional mental health services. Also they tended to address themselves more to the need for community involvement in making outreach efforts effective."26/

In view of the preponderance of poverty-designated rural community mental health centers, this influence on utilization may potentially be of considerable importance in the provision of mental health care.

The problems in utilization and staffing faced by rural CMHC's today are certainly not new problems for rural health agencies, either general medical facilities or those dealing exclusively with mental health. The underlying philosophy of the community mental health movement acknowledges these problems and aims toward solving them. There is, in fact, reason to believe that rural centers have more than merely begun to show the desired results. They have shown "a remarkable ability over the past few years to penetrate quite isolated rural areas" with an effect so positive and so noticeable that their very approach to comprehensive health care has "served as a model for community development of broader health care delivery systems." 27/

Methodological Addendum

Completeness of reporting -- The statistics presented in this Note have been derived from the annual Inventory of Community Mental Health Centers. The Inventory is conducted in January of each year by the Biometry Branch of the NIMH in cooperation with State mental health authorities. The validity of the statistics presented here rests in part on completeness of reporting in Inventory items. Actually, incomplete reporting may result from a variety of factors -- i.e., (i) failure of individual centers to return questionnaires; (ii) failure of responding centers to answer selected items on questionnaires; and (iii) failure of responding centers to provide adequate or usable responses for selected items on questionnaires.

As for the first source of incompleteness noted above, 270, or 92 percent, of the 295 centers returned Inventory questionnaires. This type of incompleteness was correlated with number of years of center operation, with the highest incidence of nonresponse occurring among centers in operation less than 1½ years. Incompleteness resulting from the second and third factors noted above varied considerably for individual Inventory items. In general, among the data covered in this report, reporting was most complete for items dealing with staffing and least complete for funding and for some of the utilization indices. Each of the tables presented in this Note shows, either as the bottom-line entry or in an accompanying footnote, the number of facilities reporting (i.e., providing usable responses) for questions relevant to the data contained therein. It is thus possible for the reader to assess completeness of reporting by computing the percentages for centers responding on a given question in relation to

all centers in that rurality category, as shown on page 2 . Thus, if for a particular question, 140 non-rural and 25 rural centers responded, the percent completeness of reporting would be 80 percent for non-rural centers (140 out of 175) and 76 percent for rural centers (25 out of 33).

Comparability of tabular material with other Statistical Notes -- The reader will note that percent distributions and other statistical measures as presented in this report may differ somewhat from those presented in earlier Statistical Notes (and other unpublished materials) dealing with community mental health center data for 1971, Such discrepancies arise from differences in numbers of facilities reporting Inventory items. Each table in this Note contains data for a minimum of two variables, and the number of facilities reporting corresponds with the number providing usable responses for the least completely reported variable.

Footnotes and References

1/ Other Statistical Notes in this series dealing with community mental health centers in 1971 are:

86 "Center and Catchment Area Variations in the Age, Color and Sex Distributions of Additions to 69 Selected Community Mental Health Centers, United States 1971," June 1973 (by Leona L. Bachrach)

87 "General Characteristics of Additions to Federally Funded Community Mental Health Centers During 1971," July 1973 (by Leona L. Bachrach)

88 "Additions to Federally Funded Community Mental Health Centers During 1971: Age, Sex and Diagnostic Differences by Service to Which First Admitted," July 1973 (by Leona L. Bachrach)

89 "Referrals to and from Federally Funded Community Mental Health Centers, United States 1971," July 1973 (by Leona L. Bachrach)

91 "Sources of Funds, Federally Funded Community Mental Health Centers 1971," August 1973 (by Rosalyn D. Bass)

94 "Outpatient Treatment Services in Federally Funded Community Mental Health Centers, 1971," September 1973 (by Rosalyn D. Bass and Michael Witkin)

95 "Inpatient Treatment in Federally Funded Community Mental Health Centers, 1971," September 1973 (by Michael Witkin and Rosalyn D. Bass)

96 "Day Care Services in Federally Funded Community Mental Health Centers, 1971-72," October 1973 (by Carl A. Taube)

102 "Patients at Federally Funded Rural Community Mental Health Centers in 1971," February 1973 (by Leona L. Bachrach)

2/ The terms community mental health center, CMHC and center are used interchangeably in this Note.

3/ Definitions of rural, part rural and non-rural as used in this Note differ from residence location definitions utilized in earlier Statistical Notes, and the data are, therefore, not precisely comparable.

Although the term "rurality" has not had wide currency, it has appeared in the literature of the field of rural sociology with some frequency. Bealer and Ford, for example, both employed the term in their respective discussions of: Schnore, Leo F., "The Rural-Urban Variable: An Urbanite's Perspective," Rural Sociology 31, June 1966, pp. 131-143. See: Bealer, Robert C., "A Discussion of Leo F. Schnore, 'The Rural-Urban Variable: An Urbanite's Perspective,'" Rural Sociology 31, June 1966, pp. 144-148; and Ford, Thomas R., "Comment on Schnore's 'The Rural-Urban Variable: An Urbanite's Perspective,'" Rural Sociology 31, June 1966, pp. 149-151.

4/ Segal, Julius (ed.), The Mental Health of Rural America: The Rural Programs of the National Institute of Mental Health, Rockville, Md.: NIMH, Office of Program Planning and Evaluation 1973.

5/ Additions represent an unduplicated count of persons admitted to care in community mental health centers. Additions are thus distinguished from admissions, which ordinarily represent duplicated counts and which are more often used in presentations of mental health facility statistics. The count of additions for 1971 includes readmissions (i.e., persons previously treated in the center), so long as their earlier admissions occurred prior to 1971. However, a patient admitted more than once during the study year was counted as a single addition.

6/ Edgerton, J. Wilbert and W. Kenneth Bentz, "Attitudes and Opinions of Rural People About Mental Illness and Program Services," American Journal of Public Health 59, March 1969, pp. 470-477.

7/ Cohen, Julius, "The Effect of Distance on Use of Outpatient Services in a Rural Mental Health Center." Hospital and Community Psychiatry 23, March 1972, pp. 79-80. Also see: Cody, John, "Decentralization of Rural Mental Health Service Delivery," paper presented at Institute on Community Mental Health Service Delivery in Rural Areas, University of Iowa, Iowa City, Iowa, May 1973.

8/ Dolan, Dorothea L., "Geographic Size of Catchment Areas," NIMH, Mental Health Services Development Branch, unpublished manuscript, July 1968.

9/ Excellent discussions of the conceptual difficulties in distinguishing "rural" and "urban" are numerous. See, for example: Bealer, Robert C., Willits, Fern K., and Kuvlesky, William P., "The Meaning of 'Rurality' in American Society: Some Implications of Alternative Definitions," Rural Sociology 30, September 1965, pp. 255-266; Napier, Ted L., "Rural-Urban Differences: Myth or Reality?", Ohio Agricultural Research and Development Center Research Bulletin 1063, Wooster, Ohio, October 1973; Pryor, Robin J., "Defining the Rural-Urban Fringe," Social Forces 47, December 1968, pp. 202-215; Schnore, op. cit. and the discussions by Bealer and Ford which follow; Shryock, Henry S., Jacob S. Siegel and Associates, The Methods and Materials of Demography, Vol. I, Washington: United States Government Printing Office 1971, pp. 156 et seq.; and Willits, Fern K. and Bealer, Robert C., "An Evaluation of a Composite Definition of 'Rurality,'" Rural Sociology 32, June 1967, pp. 165-177.

10/ Schnore, op. cit.

11/ Ibid. Also see: Willits and Bealer, op. cit.

12/ Shryock and Siegel, op. cit.

13/ Years of center operation categories were delineated as follows: all centers becoming operational (i.e., providing the five essential CMHC services) after June 1970 were included in the under 1½ year category. Those becoming operational between January 1969 and June 1970 were included in the 1½ to 3 years category; while those becoming operational between January 1968 and December 1968, and December 1967 or earlier were placed in the 3 to 4 years and 4 or more years categories, respectively. It should be pointed out that the years of center operation designation is not necessarily synonymous with the actual age of a given facility, since the former is counted only from the time that the facility received Federal funding.

14/ Catchment areas were designated as to economic (poverty vs. nonpoverty) status pursuant to section 410 of the Community Mental Health Centers Act, and 42 CFR Part 54, Subpart B, of the implementing regulations.

15/ Although not specifically documented by the data analyzed in the present Note, rural catchment areas covering wide geographic expanses have been discussed by Dolan. Rural catchment areas range in size from 300 to 61,000 square miles. See: Dolan, Dorathea L., "Rural Mental Health Services," paper presented at Institute on Community Mental Health Service Delivery in Rural Areas, University of Iowa, Iowa City, Iowa, May 1973. Also see: Dolan, op. cit.

16/ Average annual caseload refers to the total number of persons receiving care -- i.e., patients on rolls at the beginning of the year plus additions during the year -- during the study period. This measure provides an unduplicated count of persons served in centers.

17/ A patient care episode refers to a period of treatment in any CMHC service. The episode may begin by either admission to the center or transfer from another service and may be terminated by either discharge from the center or transfer to another service. Episodes thus provide a duplicated count of persons served in any given service or center during the period under study.

18/ Because patient care episodes in all services other than the inpatient and outpatient units amounted to only 7 percent of total episodes, the text discussion in this Note focuses exclusively on inpatient and outpatient care. Supplementary data for other services are shown in Table A.

19/ A treatment session is a unit of service received by a patient enrolled in the outpatient unit. It may be provided on a one-to-one basis (individual session) with a staff member, or shared with other participating, unrelated individuals (group session) or with one or more family members living in the same household (family session).

20/ Data for employment and staffing patterns are based on statistics collected for a sample week during January 1972.

21/ See, for example: Srole, Leo, "Urbanization and Mental Health: Some Reformulations," American Scientist 60, September-October 1972; pp. 576-583. Also see: Segal, op. cit.

22/ Wilson, Vernon E., "Rural Health Care Systems," JAMA 216, June 7, 1971, pp. 1623-1626. Also see: Willie, Charles V., "Health Care Needs of the Disadvantaged in a Rural-Urban Area," HSMHA Health Reports 87, January 1972, pp. 81-86; and Cohen, op. cit.

23/ Kraenzel, Carl F. and Frances H. Macdonald, "Social Forces in Rural Communities of Sparsely Populated Areas," Montana Agricultural Experiment Station Bulletin No. 647. Bozeman, Montana: Montana State University, February 1971.

24/ Gurian Harvey, "A Decade in Rural Psychiatry," Hospital and Community Psychiatry 22, February 1971, pp. 56-58.

25/ Roy Littlejohn Associates, The Impact of Preferential Funding on the Operations of Community Mental Health Centers, Rockville, Md: NIMH, Office of Program Planning and Evaluation, 1973, p. 89.

26/ Ibid., p. 107.

27/ Wilson, op. cit.

TABLE 1. FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS BY DHEW REGION AND STATE AND DEGREE OF RURALITY, UNITED STATES 1971.

DHEW Region and State	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
Total, United States	295	175	87	33
Region I	18	11	4	3
Connecticut	2	2	-	-
Maine	4	1	2	1
Massachusetts	9	8	1	-
New Hampshire	1	-	1	-
Rhode Island	-	-	-	-
Vermont	2	-	-	2
Region II	24	16	6	2
New Jersey	3	3	-	-
New York	13	12	-	1
Puerto Rico	8	1	6	1
Virgin Islands	-	-	-	-
Region III	33	26	5	2
Delaware	2	1	1	-
District of Columbia	3	3	-	-
Maryland	3	3	-	-
Pennsylvania	21	17	3	1
Virginia	2	2	-	-
West Virginia	2	-	1	1
Region IV	68	31	21	16
Alabama	4	3	1	-
Florida	11	8	2	1
Georgia	6	5	-	1
Kentucky	21	4	10	7
Mississippi	5	1	2	2
North Carolina	10	5	1	4
South Carolina	4	3	1	-
Tennessee	7	2	4	1
Region V	33	15	11	7
Illinois	4	2	2	-
Indiana	1	1	-	-
Michigan	11	4	4	3
Minnesota	6	3	2	1
Ohio	6	4	2	-
Wisconsin	5	1	1	3
Region VI	34	22	11	1
Arkansas	6	3	3	-
Louisiana	9	5	3	1
New Mexico	2	1	1	-
Oklahoma	3	2	1	-
Texas	14	11	3	-

TABLE I. FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS BY DHEW REGION AND STATE AND DEGREE OF RURALITY, UNITED STATES 1971 (Continued)

DHEW Region and State	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
Region VII	14	5	9	-
Iowa	3	1	2	-
Kansas	4	2	2	-
Missouri	5	2	3	-
Nebraska	2	-	2	-
Region VIII	19	7	11	1
Colorado	8	4	3	1
Montana	2	-	2	-
North Dakota	5	-	5	-
South Dakota	-	-	-	-
Utah	3	3	-	-
Wyoming	1	-	1	-
Region IX	41	37	3	1
Arizona	4	2	2	-
California	34	33	1	-
Hawaii	2	1	-	1
Nevada	1	1	-	-
Region X	11	5	6	-
Alaska	2	-	2	-
Idaho	4	-	4	-
Oregon	1	1	-	-
Washington	4	4	-	-

TABLE 2. PERCENT DISTRIBUTION OF FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS BY YEARS OF CENTER OPERATION, ECONOMIC STATUS AND DEGREE OF RURALITY, UNITED STATES 1971

Years of Center Operation and Economic Status	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
Poverty & Nonpoverty:				
Total	100.0%	100.0%	100.0%	100.0%
Less Than 1½ Years	11.2	9.8	14.5	9.7
1½ - 3 Years	31.5	28.8	32.5	41.9
3-4 Years	21.3	24.8	16.9	16.1
4 or More Years	36.0	36.6	36.1	32.3
Poverty Centers:				
Total	100.0%	100.0%	100.0%	100.0%
Less Than 1½ Years	11.0	9.5	12.7	10.7
1½-3 Years	32.5	25.4	34.9	42.9
3-4 Years	21.4	28.6	15.9	17.8
4 or More Years	35.1	36.5	36.5	28.6
Nonpoverty Centers:				
Total	100.0%	100.0%	100.0%	100.0%
Less Than 1½ Years	11.5	10.0	20.0	-
1½ - 3 Years	30.1	31.1	25.0	33.3
3-4 Years	21.2	22.2	20.0	-
4 or More Years	37.2	36.7	35.0	66.7
Number of Facilities Reporting	267	153	83	31

TABLE 3. PERCENT DISTRIBUTION OF FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS BY ECONOMIC STATUS, YEARS OF CENTER OPERATION AND DEGREE OF RURALITY, UNITED STATES 1971

Economic Status and Years of Center Operation	All Centers	Degree of Rurality		
		Non-Rural	Part Rural	Rural
All Years of Operation:				
Total	100.0%	100.0%	100.0%	100.0%
Poverty	57.7	41.2	75.9	90.3
Nonpoverty	42.3	58.8	24.1	9.7
Less Than 1½ Years:				
Total	100.0%	100.0%	100.0%	100.0%
Poverty	56.7	40.0	66.7	100.0%
Nonpoverty	43.3	60.0	33.3	-
1½ to 3 Years:				
Total	100.0%	100.0%	100.0%	100.0%
Poverty	59.5	36.4	81.5	92.3
Nonpoverty	40.5	63.6	18.5	7.7
3 to 4 Years:				
Total	100.0%	100.0%	100.0%	100.0%
Poverty	57.9	47.4	71.4	100.0%
Nonpoverty	42.1	52.6	28.6	-
4 or More Years:				
Total	100.0%	100.0%	100.0%	100.0%
Poverty	56.3	41.1	76.7	80.0
Nonpoverty	43.7	58.9	23.3	20.0
Number of Facilities Reporting	267	153	83	31

TABLE 4. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR STAFF DISCIPLINE CATEGORIES BY EMPLOYMENT STATUS AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Staff Discipline	All Employment Statuses	Employment Status			
		Full-Time	Part-Time	Trainees Residents and/or Interns	Regularly Scheduled Volunteers
All Centers					
All Disciplines	100.0%	83.3	10.4	4.3	2.0
Psychiatrists	100.0%	53.9	24.7	21.3	0.1
Other Physicians	100.0%	33.9	26.7	38.8	0.6
Psychologists	100.0%	80.4	11.3	8.1	0.2
Social Workers	100.0%	84.4	8.6	6.7	0.3
Registered Nurses	100.0%	85.2	11.5	3.2	0.1
Other Health and Mental Health Professionals	100.0%	85.1	9.9	2.8	2.2
Licensed Practical or Vocational Nurses	100.0%	89.0	9.6	1.2	0.2
Mental Health Workers (AA level and below)	100.0%	82.3	9.6	1.6	6.5/
Administrative and Other Professional Staff	100.0%	91.2	8.1	0.0	0.7
All Other Staff	100.0%	91.9	7.0	0.2	0.9
Non-Rural Centers					
All Disciplines	100.0%	83.3	9.5	5.1	2.1
Psychiatrists	100.0%	52.7	24.1	23.0	0.2
Other Physicians	100.0%	31.7	20.3	47.2	0.8
Psychologists	100.0%	79.1	11.3	9.3	0.3
Social Workers	100.0%	82.9	9.3	7.5	0.3
Registered Nurses	100.0%	85.6	10.6	3.7	0.1
Other Health and Mental Health Professionals	100.0%	85.5	9.2	3.2	2.1
Licensed Practical or Vocational Nurses	100.0%	90.7	7.5	1.7	0.1
Mental Health Workers (AA level and below)	100.0%	83.2	7.6	2.0	7.2
Administrative and Other Professional Staff	100.0%	91.8	7.5	0.0	0.7
All Other Staff	100.0%	93.5	5.5	0.2	0.8

TABLE 4. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR STAFF DISCIPLINE CATEGORIES BY EMPLOYMENT STATUS AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*(Cont.)

Staff Discipline	All Employment Statuses	Employment Status			
		Full-Time	Part-Time	Trainees Residents and/or Interns	Regularly Scheduled Volunteers
			Part Rural Centers		
All Disciplines	100.0%	84.8	10.8	2.2	2.2
Psychiatrists	100.0%	58.8	26.4	14.8	0.0
Other Physicians	100.0%	42.8	43.7	13.5	0.0
Psychologists	100.0%	83.7	10.6	5.6	0.1
Social Workers	100.0%	91.1	5.5	3.3	0.1
Registered Nurses	100.0%	84.8	12.6	2.3	0.3
Other Health and Mental Health Professionals	100.0%	84.6	10.6	2.2	2.6
Licensed Practical or Vocational Nurses	100.0%	88.2	10.8	0.4	0.6
Mental Health Workers (AA level and below)	100.0%	82.6	11.0	0.5	5.9
Administrative and Other Professional Staff	100.0%	89.3	9.5	0.0	1.2
All Other Staff	100.0%	90.3	8.0	0.0	1.7
			Rural Centers		
All Disciplines	100.0%	78.9	18.6	1.5	1.0
Psychiatrists	100.0%	65.4	33.7	0.9	0.0
Other Physicians	100.0%	32.3	58.6	9.1	0.0
Psychologists	100.0%	83.2	13.9	2.9	0.0
Social Workers	100.0%	85.0	8.3	6.6	0.1
Registered Nurses	100.0%	82.0	18.0	0.0	0.0
Other Health and Mental Health Professionals	100.0%	83.5	13.8	1.1	1.6
Licensed Practical or Vocational Nurses	100.0%	78.6	21.4	0.0	0.0
Mental Health Workers (AA level and below)	100.0%	73.4	22.7	1.1	2.8
Administrative and Other Professional Staff	100.0%	90.4	9.6	0.0	0.0
All Other Staff	100.0%	79.2	20.7	0.1	0.0

* Percents shown are for a sample week during January 1972
Number of facilities reporting: all centers-262; non-rural centers-150; part rural centers-81; rural centers-31.

TABLE 5. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR EMPLOYMENT STATUS CATEGORIES BY STAFF DISCIPLINE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Staff Discipline	All Employment Statuses	Employment Status			
		Full-Time	Part-Time	Trainees, Residents and/or Interns	Regularly Scheduled Volunteers
		All Centers			
All Disciplines	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrists	6.4	4.1	15.3	32.0	0.5
Other Physicians	1.0	0.4	2.5	8.9	0.3
Psychologists	7.3	7.0	7.9	13.7	0.8
Social Workers	12.3	12.5	10.2	19.2	1.7
Registered Nurses	11.0	11.3	12.2	8.2	0.7
Other Health and Mental Health Professionals	10.6	10.8	10.1	7.0	11.4
Licensed Practical or Vocational Nurses	5.0	5.3	4.6	1.4	0.5
Mental Health Workers (AA level and below)	22.7	22.5	21.0	8.7	73.7
Administrative and Other Professional Staff	3.4	3.7	2.6	0.0	1.2
All Other Staff	20.3	22.4	13.6	0.9	9.2
		Non-Rural Centers			
All Disciplines	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrists	7.4	4.7	18.8	33.4	0.6
Other Physicians	1.0	0.4	2.2	9.3	0.4
Psychologists	7.1	6.7	8.4	12.9	0.9
Social Workers	12.8	12.7	12.5	18.7	2.0
Registered Nurses	10.9	11.2	12.2	7.9	0.5
Other Health and Mental Health Professionals	10.4	10.6	10.1	6.6	10.7
Licensed Practical or Vocational Nurses	4.7	5.1	3.6	1.5	0.2
Mental Health Workers (AA level and below)	22.0	22.0	17.7	8.7	75.9
Administrative and Other Professional Staff	3.3	3.7	2.7	0.0	1.1
All Other Staff	20.4	22.9	11.8	1.0	7.7

TABLE 5. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR EMPLOYMENT STATUS CATEGORIES BY STAFF DISCIPLINE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972* (Cont.)

Staff Discipline	All Employment Statuses	Employment Status: Full-Time	Part-Time	Trainees, Residents and/or Interns	Regularly Scheduled Volunteers
		Part Rural Centers			
All Disciplines	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrists	4.1	2.8	9.9	27.5	0.0
Other Physicians	1.0	0.5	3.9	5.9	0.0
Psychologists	8.1	8.0	8.1	20.7	0.3
Social Workers	10.8	11.6	5.5	16.2	0.6
Registered Nurses	12.0	12.0	14.0	12.7	1.6
Other Health and Mental Health Professionals	10.6	10.6	10.4	10.7	12.5
Licensed Practical or Vocational Nurses	5.6	5.8	5.6	0.9	1.5
Mental Health Workers (AA level and below)	24.2	23.5	24.6	5.4	65.5
Administrative and Other Professional Staff	3.5	3.7	3.1	0.0	1.9
All Other Staff	20.1	21.5	14.9	0.0	16.1
		Rural Centers			
All Disciplines	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrists	3.0	2.5	5.5	1.7	0.0
Other Physicians	0.7	0.3	2.2	4.1	0.0
Psychologists	6.7	7.1	5.0	12.9	0.0
Social Workers	11.8	12.8	5.3	51.0	1.2
Registered Nurses	9.7	10.0	9.4	0.0	0.0
Other Health and Mental Health Professionals	12.5	13.2	9.3	9.2	21.3
Licensed Practical or Vocational Nurses	6.9	6.8	7.9	0.0	0.0
Mental Health Workers (AA level and below)	26.7	24.8	32.7	19.5	77.5
Administrative and Other Professional Staff	2.9	3.4	1.5	0.0	0.0
All Other Staff	19.1	19.1	21.2	1.6	0.0

* Percents shown are for a sample week during January 1972
Number of facilities reporting: all centers - 262; non-rural centers - 150; part rural centers - 81; rural centers - 31.

TABLE 6. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR STAFF DISCIPLINE CATEGORIES BY STAFF ACTIVITY AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Staff Activity	Staff Discipline: All Disciplines	Psychiatrists	Other Physicians	Psychologists	Social Workers	Registered Nurses	Other Health & Men. Health Professionals	LPN's or LVN's	Mental Health Workers (AA & Below)
All Centers									
All Activities.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Direct Patient Services:	76.0	65.3	77.4	53.6	66.7	88.9	70.9	95.1	84.9
Inpatient Care.....	39.7	19.9	40.7	9.0	11.5	63.2	26.7	84.6	52.8
Outpatient Care.....	21.0	31.9	25.1	35.4	41.7	9.0	16.9	2.6	14.9
Day Care.....	9.3	4.5	1.6	5.4	6.7	6.1	22.3	5.3	10.7
Other Partial Care....	2.1	1.4	2.7	1.1	2.2	2.0	2.6	0.8	2.5
Emergency Care.....	3.9	7.6	7.3	2.7	4.6	3.6	2.4	1.8	4.0
Other Activities:.....	24.0	34.7	22.6	46.4	33.3	16.1	29.1	4.9	15.1
Consultation.....	4.0	6.2	4.5	10.1	6.2	2.3	3.9	0.5	2.1
Public Information/ Education.....	1.4	1.1	0.7	2.0	1.8	0.4	2.3	0.1	1.5
In-Service Training...	4.1	7.0	5.0	6.7	5.0	3.1	3.5	1.4	3.4
Other Training & Education.....	2.1	3.7	2.5	3.6	2.6	1.5	2.8	0.3	1.0
Community Planning & Development.....	1.9	2.0	0.3	3.1	3.2	0.6	2.7	0.1	1.6
Research & Evaluation.	2.6	3.1	1.3	9.0	1.8	0.7	5.1	0.2	1.4
General Administration	7.9	11.6	8.3	11.9	12.7	7.5	8.8	2.3	4.1
Non-Rural Centers									
All Activities.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Direct Patient Services:	74.9	64.3	74.8	52.5	67.8	83.7	70.9	96.0	82.2
Inpatient Care.....	37.1	18.5	37.0	8.7	11.0	61.9	27.0	82.8	48.1
Outpatient Care.....	22.1	31.8	25.4	34.3	42.0	9.4	17.1	3.1	17.0
Day Care.....	9.0	4.6	1.6	5.5	7.2	6.0	21.1	6.5	9.7
Other Partial Care....	2.4	1.6	3.0	1.4	2.7	2.4	3.0	0.7	2.9
Emergency Care.....	4.3	8.3	7.8	2.6	4.9	4.0	2.7	1.9	4.5

TABLE 6. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR STAFF DISCIPLINE CATEGORIES BY STAFF ACTIVITY AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972* (Continued)

Staff Activity	Staff Discipline								
	All Disciplines	Psychiatrists	Other Physicians	Psychologists	Social Workers	Registered Nurses	Other Health & Men. Health Professionals	LPN's or LVN's	Mental Health Workers (AA & Below)
Non-Rural Centers (Continued)									
Other Activities:.....	25.1	35.7	25.2	47.5	32.2	16.3	29.1	5.0	17.8
Consultation.....	3.9	6.3	4.4	8.9	5.7	2.1	3.5	0.6	2.4
Public Information/ Education.....	1.5	1.1	0.8	2.0	1.8	0.4	2.1	0.1	1.8
In-Service Training...	4.5	6.8	5.6	6.8	5.0	3.4	3.7	1.4	4.1
Other Training & Education.....	2.1	3.8	2.8	3.6	2.6	1.3	3.0	0.4	1.3
Community Planning & Development.....	2.0	2.1	0.3	3.2	3.0	0.6	2.6	0.1	2.0
Research & Evaluation.	3.1	3.5	1.6	10.8	2.0	0.8	6.1	0.3	1.8
General Administration	8.0	12.1	9.7	12.2	12.1	7.7	8.1	2.1	4.4
Part Rural Centers									
All Activities.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Direct Patient Services:	80.1	69.5	87.8	56.2	62.4	85.3	72.7	94.2	93.0
Inpatient Care.....	48.5	27.3	51.4	10.0	13.9	67.5	26.3	86.1	67.6
Outpatient Care.....	17.1	33.8	27.4	37.1	39.1	7.7	14.3	1.8	9.0
Day Care.....	11.1	4.1	2.3	5.7	5.5	6.2	29.7	3.0	13.1
Other Partial Care....	0.8	0.4	0.6	0.3	0.4	0.9	0.8	1.3	1.1
Emergency Care.....	2.6	3.9	6.1	3.1	3.5	3.0	1.6	2.0	2.2
Other Activities:.....	19.9	30.5	12.2	43.8	37.6	14.7	27.3	5.8	7.0
Consultation.....	4.4	6.4	6.1	14.3	8.3	2.7	4.6	0.2	1.1
Public Information/ Education.....	1.2	1.1	0.4	2.0	2.0	0.4	2.8	0.1	0.8
In-Service Training...	3.3	9.0	2.6	6.7	4.9	2.6	2.7	1.9	1.7
Other Training & Education.....	1.6	3.1	0.7	2.8	2.9	2.1	2.5	0.4	0.3
Community Planning & Development.....	1.6	1.6	0.2	2.6	4.2	0.3	3.3	0.0	0.6
Research & Evaluation.	1.0	0.6	0.2	3.8	1.1	0.4	2.3	0.1	0.1
General Administration	6.8	8.7	2.0	11.6	14.2	6.2	9.1	3.1	2.4

TABLE 6. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR STAFF DISCIPLINE CATEGORIES BY STAFF ACTIVITY AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972* (Continued)

Staff Activity	Staff Discipline								
	All Disciplines	Psychiatrists	Other Physicians	Psychologists	Social Workers	Registered Nurses	Other Health & Men. Health Professionals	LPN's or LVN's	Mental Health Workers (AA & Below)
	Rural Centers								
All Activities.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Direct Patient Services:	78.5	78.4	89.3	58.5	62.7	81.7	66.3	97.3	88.9
Inpatient Care.....	45.7	31.3	70.1	9.1	11.8	64.6	24.9	94.0	58.1
Outpatient Care.....	20.1	41.4	14.1	44.3	44.4	8.2	22.0	1.1	10.4
Day Care.....	8.6	2.0	0.0	3.0	2.8	6.0	15.5	1.5	13.9
Other Partial Care....	1.6	0.9	2.8	0.3	0.3	1.1	2.7	0.1	2.8
Emergency Care.....	2.5	2.8	2.3	1.8	3.4	1.8	1.2	0.6	3.7
Other Activities:.....	21.5	21.6	10.7	41.5	37.3	18.3	33.7	2.7	11.1
Consultation.....	4.2	5.4	2.0	11.6	7.2	2.3	6.7	0.4	1.7
Public Information/ Education.....	1.2	0.2	0.7	1.6	1.7	0.7	3.2	0.2	0.6
In-Service Training...	2.5	3.7	1.7	5.3	5.0	2.3	3.1	0.5	1.0
Other Training & Education.....	1.7	1.9	2.3	6.0	2.3	1.8	1.9	0.1	0.5
Community Planning & Development.....	1.3	1.1	0.0	2.7	3.3	0.7	1.8	0.0	0.5
Research & Evaluation.	1.3	0.8	0.0	4.6	1.3	0.3	2.5	0.0	0.8
General Administration	9.3	8.5	4.0	9.7	16.5	10.2	14.5	1.5	6.0

* Percents shown are for a sample week during January 1972. This table excludes administrative, clerical, maintenance and other nonhealth staff. Number of facilities reporting: all centers - 206; non-rural centers - 127; part rural centers - 55; rural centers - 24.

TABLE 7. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR STAFF ACTIVITY CATEGORIES BY STAFF DISCIPLINE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Staff Activity	Staff Discipline								
	All Disciplines	Psychiatrists	Other Physicians	Psychologists	Social Workers	Registered Nurses	Other Health & Men. Health Professionals	LPN's or LVN's	Mental-Health Workers (AA & Below)
					All Centers				
All Activities.....	100.0%	8.6	1.3	9.2	15.5	15.8	13.0	6.8	29.8
Direct Patient Services:	100.0%	7.4	1.3	6.5	13.6	17.4	12.1	8.4	33.3
Inpatient Care.....	100.0%	4.3	1.4	2.1	4.5	25.0	8.7	14.4	39.6
Outpatient Care.....	100.0%	13.0	1.6	15.5	30.8	6.7	10.5	0.8	21.1
Day Care.....	100.0%	4.1	0.2	5.4	11.1	10.2	31.1	3.8	34.1
Other Partial Care....	100.0%	6.0	1.7	5.1	16.6	15.3	16.5	2.5	36.3
Emergency Care.....	100.0%	16.7	2.5	6.3	18.3	14.7	7.9	3.1	30.5
Other Activities:.....	100.0%	12.4	1.3	17.8	21.7	10.6	15.8	1.4	19.0
Consultation.....	100 0%	13.4	1.5	23.2	24.2	8.9	12.7	0.8	13.3
Public Information/ Education.....	100.0%	6.8	0.7	13.1	20.2	5.0	21.5	0.7	32.0
In-Service Training...	100.0%	14.6	1.6	14.9	18.8	12.0	10.9	2.4	24.8
Other Training & Education.....	100.0%	15.7	1.7	16.2	20.1	11.5	18.3	1.2	15.3
Community Planning & Development.....	100.0%	9.1	0.2	14.8	26.3	4.8	18.3	0.4	26.1
Research & Evaluation.	100.0%	10.1	0.7	31.8	10.7	4.3	25.6	0.5	16.3
General Administration	100.0%	12.6	1.4	13.9	25.1	15.1	14.5	1.9	15.5
					Non-Rural Centers				
All Activities.....	100.0%	9.8	1.4	9.1	16.3	15.7	12.7	6.2	28.8
Direct Patient Services:	100.0%	8.4	1.4	6.3	14.8	17.5	12.1	7.9	31.6
Inpatient Care.....	100.0%	4.9	1.4	2.1	4.8	26.3	9.3	13.9	37.3
Outpatient Care.....	100.0%	13.8	1.6	14.0	31.0	6.7	9.9	0.9	22.1
Day Care.....	100.0%	5.0	0.3	5.6	13.1	10.5	30.0	4.5	31.0
Other Partial Care....	100.0%	6.5	1.8	5.4	18.3	15.4	16.3	1.9	34.4
Emergency Care.....	100.0%	18.6	2.6	5.5	18.4	14.3	7.9	2.8	29.9

TABLE 7. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR STAFF ACTIVITY CATEGORIES BY STAFF DISCIPLINE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972* (Continued)

Staff Activity	Staff Discipline								
	All Disciplines	Psychiatrists	Other Physicians	Psychologists	Social Workers	Registered Nurses	Other Health & Men. Health Professionals	LPN's or LVN's	Mental Health Workers (AA & Below)
Non-Rural Centers (Continued)									
Other Activities:	100.0%	13.9	1.4	17.1	20.9	10.2	14.7	1.3	20.5
Consultation	100.0%	15.6	1.6	20.6	24.0	8.6	11.3	0.9	17.4
Public Information/ Education	100.0%	7.5	0.8	12.6	19.9	4.7	18.3	0.7	35.5
In-Service Training	100.0%	15.0	1.8	13.8	18.3	11.8	10.5	2.0	26.8
Other Training & Education	100.0%	17.4	1.9	15.1	19.6	9.4	17.9	1.0	17.7
Community Planning & Development	100.0%	10.2	0.2	14.4	24.1	5.0	16.2	0.5	29.4
Research & Evaluation	100.0%	10.9	0.7	31.4	10.3	4.1	25.0	0.5	17.1
General Administration	100.0%	14.7	1.7	13.7	24.7	15.1	12.8	1.6	15.7
Part Rural Centers									
All Activities	100.0%	5.4	1.0	10.0	12.8	16.7	13.5	7.6	33.0
Direct Patient Services:	100.0%	4.7	1.1	7.0	9.9	17.7	12.2	9.0	38.4
Inpatient Care	100.0%	3.1	1.1	2.1	3.6	23.2	7.3	13.5	46.1
Outpatient Care	100.0%	10.7	1.7	21.6	29.2	7.5	11.2	0.8	17.3
Day Care	100.0%	2.0	0.2	5.1	6.4	9.4	36.0	2.0	38.9
Other Partial Care	100.0%	2.9	0.7	3.7	5.5	17.7	13.3	11.7	44.5
Emergency Care	100.0%	8.1	2.4	11.9	17.0	19.0	8.0	5.7	27.9
Other Activities:	100.0%	8.4	0.6	22.0	24.2	12.3	18.6	2.3	11.6
Consultation	100.0%	8.0	1.4	32.9	24.3	10.5	14.2	0.5	8.2
Public Information/ Education	100.0%	5.1	0.3	16.5	21.3	5.5	30.3	0.4	20.6
In-Service Training	100.0%	14.7	0.8	20.3	18.8	12.9	11.0	4.3	17.2
Other Training & Education	100.0%	10.4	0.4	16.9	22.7	21.5	20.9	2.0	5.2
Community Planning & Development	100.0%	5.6	0.1	16.1	33.9	2.8	28.5	0.0	13.0
Research & Evaluation	100.0%	3.4	0.2	38.9	13.9	6.3	32.1	0.5	4.7
General Administration	100.0%	7.0	0.3	17.1	26.9	15.4	18.2	3.5	11.6

TABLE 7. PERCENT DISTRIBUTION OF STAFF HOURS WORKED FOR STAFF ACTIVITY CATEGORIES BY STAFF DISCIPLINE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972* (Continued)

Staff Activity	Staff Discipline								
	All Disciplines	Psychiatrists	Other Physicians	Psychologists	Social Workers	Registered Nurses	Other Health & Men. Health Professionals	LPN's or LVN's	Mental Health Workers (AA & Below)
				Rural Centers					
All Activities.....	100.0%	4.0	1.0	8.4	14.9	13.8	14.9	10.2	32.8
Direct Patient Services:	100.0%	4.0	1.1	6.3	11.9	14.4	12.5	12.7	37.1
Inpatient Care.....	100.0%	2.8	1.5	1.7	3.8	19.5	8.1	21.0	41.6
Outpatient Care.....	100.0%	8.3	0.7	18.5	32.9	5.6	16.3	0.6	17.1
Day Care.....	100.0%	0.9	0.0	3.0	4.8	9.6	26.8	1.8	53.1
Other Partial Care....	100.0%	2.2	1.7	1.9	3.2	9.5	25.0	0.6	55.9
Emergency Care.....	100.0%	4.6	0.9	5.9	20.3	9.9	7.2	2.5	48.7
Other Activities:.....	100.0%	4.0	0.5	16.2	25.9	11.8	23.3	1.3	17.0
Consultation.....	100.0%	5.2	0.5	23.1	25.8	7.6	23.7	0.9	13.2
Public Information/ Education.....	100.0%	0.6	0.6	11.1	20.9	8.0	40.6	1.9	16.3
In-Service Training...	100.0%	5.9	0.7	17.8	29.4	12.8	18.2	2.1	13.1
Other Training & Education.....	100.0%	4.7	1.3	30.9	20.8	15.0	16.9	0.6	9.8
Community Planning & Development.....	100.0%	3.4	0.0	17.5	38.3	7.3	21.0	0.0	12.5
Research & Evaluation.	100.0%	2.5	0.0	30.2	14.5	3.3	28.7	0.0	20.8
General Administration	100.0%	3.6	0.4	8.7	26.3	15.1	23.1	1.6	21.2

* Percents shown are for a sample week during January 1972. This table excludes administrative, clerical, maintenance and other nonhealth staff. Number of facilities reporting: all centers - 206; non-rural centers - 127; part rural centers - 55; rural centers - 24.

TABLE 8. PERCENT DISTRIBUTION OF STAFF HOURS DEVOTED TO EDUCATIONAL AND CONSULTATION SERVICES FOR RECIPIENT OF SERVICE CATEGORIES BY TYPE OF SERVICE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Recipient of Service	Type of Service					
	All Educ. & Consultation Services	Case-Oriented Consultation	Program-Oriented Consultation	Public Information/ Education	Training & Continuing Education	Community Planning & Development
			All Centers			
All Recipients.....	100.0%	33.4	22.5	17.9	13.6	12.6
School Personnel (Students & Staff).....	100.0%	43.5	26.1	8.1	15.2	7.1
Clergy.....	100.0%	26.4	21.5	14.1	22.1	15.9
Police, Courts & Other Law Enforcement Agencies.....	100.0%	42.5	23.3	9.3	10.6	14.3
Staff of Unaffiliated Mental Health Facilities....	100.0%	31.5	25.4	9.0	17.1	17.0
Staff of Medical Facilities	100.0%	41.6	18.6	7.6	20.4	11.8
Social & Community Fac.....	100.0%	27.3	22.6	12.8	11.7	25.6
Priv. Pract. Professionals.	100.0%	38.4	14.0	20.5	10.2	16.9
General Public.....	100.0%	0.0	0.0	100.0	0.0	0.0
Other.....	100.0%	32.0	39.0	11.3	16.4	1.3
			Non-Rural Centers			
All Recipients.....	100.0%	31.4	19.9	19.2	15.4	14.1
School Personnel (Students & Staff).....	100.0%	41.2	23.6	9.0	17.6	8.6
Clergy.....	100.0%	24.2	22.2	13.6	21.9	18.1
Police, Courts & Other Law Enforcement Agencies.....	100.0%	38.3	24.9	8.7	11.6	16.5
Staff of Unaffiliated Mental Health Facilities....	100.0%	31.5	23.1	9.1	17.5	18.8
Staff of Medical Facilities	100.0%	36.9	17.4	8.6	24.0	13.1
Social & Community Fac.....	100.0%	24.6	22.6	13.2	12.9	26.7
Priv. Pract. Professionals.	100.0%	33.3	15.0	19.9	12.8	19.0
General Public.....	100.0%	0.0	0.0	100.0	0.0	0.0
Other.....	100.0%	47.7	15.2	13.7	23.4	0.0

TABLE 8. PERCENT DISTRIBUTION OF STAFF HOURS DEVOTED TO EDUCATIONAL AND CONSULTATION SERVICES FOR RECIPIENT OF SERVICE CATEGORIES BY TYPE OF SERVICE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972* (Continued)

Recipient of Service	Type of Service					
	All Educ. & Consultation Services	Case-Oriented Consultation	Program-Oriented Consultation	Public Information/ Education	Training & Continuing Education	Community Planning & Development
			Part Rural Centers			
All Recipients.....	100.0%	38.4	28.6	13.9	10.0	9.1
School Personnel (Students & Staff).....	100.0%	50.2	26.3	6.7	12.0	4.8
Clergy.....	100.0%	32.9	20.0	14.3	25.6	7.2
Police, Courts & Other Law Enforcement Agencies.....	100.0%	51.5	18.5	10.0	9.5	10.5
Staff of Unaffiliated Mental Health Facilities....	100.0%	31.5	30.8	9.9	15.1	12.7
Staff of Medical Facilities	100.0%	57.0	17.3	3.5	12.6	9.6
Social & Community Fac.....	100.0%	34.4	23.6	10.2	8.8	23.0
Priv. Pract. Professionals.	100.0%	52.4	12.6	20.5	2.2	12.3
General Public.....	100.0%	0.0	0.0	100.0	0.0	0.0
Other.....	100.0%	2.3	90.4	2.3	2.7	2.3
			Rural Centers			
All Recipients.....	100.0%	37.9	28.6	17.4	7.8	8.3
School Personnel (Students & Staff).....	100.0%	42.0	40.2	6.1	8.0	3.7
Clergy.....	100.0%	32.5	18.6	17.6	16.5	14.8
Police, Courts & Other Law Enforcement Agencies.....	100.0%	55.1	21.9	12.9	5.3	4.8
Staff of Unaffiliated Mental Health Facilities....	100.0%	31.2	38.2	6.7	16.3	7.6
Staff of Medical Facilities	100.0%	44.2	31.7	9.2	8.8	6.1
Social & Community Fac.....	100.0%	38.6	20.1	15.4	5.6	20.3
Priv. Pract. Professionals.	100.0%	47.6	10.5	23.1	7.5	11.3
General Public.....	100.0%	0.0	0.0	100.0	0.0	0.0
Other.....	100.0%	10.3	9.2	51.5	12.3	16.7

* Percents shown are for a sample week during January 1972. This table excludes administrative, clerical, maintenance and other nonhealth staff. Number of facilities reporting: all centers - 245; nonrural centers - 138; part rural centers - 77; rural centers - 30.

TABLE 9. PERCENT DISTRIBUTION OF STAFF HOURS DEVOTED TO EDUCATIONAL AND CONSULTATION SERVICES FOR TYPE OF SERVICE CATEGORIES BY RECIPIENT OF SERVICE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972*

Recipient of Service	Type of Service					
	All Educ. & Consultation Services	Case-Oriented Consultation	Program-Oriented Consultation	Public Information/ Education	Training & Continuing Education	Community Planning & Development
	All Centers					
All Recipients	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
School Personnel (Students & Staff)	33.4	43.3	38.7	15.1	37.4	18.8
Clergy	4.3	3.3	4.1	3.3	6.9	5.4
Police, Courts & Other Law Enforcement Agencies	6.9	8.8	7.1	3.6	5.4	7.9
Staff of Unaffiliated Mental Health Facilities	7.3	6.9	8.3	3.7	9.2	9.9
Staff of Mental Facilities	8.0	9.9	6.6	3.4	12.0	7.5
Social & Community Agencies	22.4	18.3	22.5	16.0	19.3	45.8
Priv. Pract. Professionals	3.0	3.5	1.9	3.4	2.3	4.0
General Public	8.5	0.0	0.0	47.5	0.0	0.0
Other	6.2	6.0	10.8	4.0	7.5	0.7
	Non-Rural Centers					
All Recipients	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
School Personnel (Students & Staff)	30.7	40.1	36.4	14.4	35.3	18.6
Clergy	4.4	3.4	5.0	3.1	6.4	5.7
Police, Courts & Other Law Enforcement Agencies	6.9	8.4	8.6	3.1	5.2	8.1
Staff of Unaffiliated Mental Health Facilities	8.0	8.0	9.3	3.8	9.2	10.6
Staff of Medical Facilities	8.1	9.5	7.0	3.6	12.6	7.6
Social & Community Agencies	23.9	18.7	27.1	16.4	20.1	45.4
Priv. Pract. Professionals	3.0	3.2	2.2	3.1	2.5	4.0
General Public	9.3	0.0	0.0	48.4	0.0	0.0
Other	5.7	8.7	4.4	4.1	8.7	0.0

TABLE 9. PERCENT DISTRIBUTION OF STAFF HOURS DEVOTED TO EDUCATIONAL AND CONSULTATION SERVICES FOR TYPE OF SERVICE CATEGORIES BY RECIPIENT OF SERVICE AND DEGREE OF RURALITY, FEDERALLY FUNDED COMMUNITY MENTAL HEALTH CENTERS, UNITED STATES 1972* (Continued)

Recipient of Service	Type of Service					
	All Educ. & Consultation Services	Case-Oriented Consultation	Program-Oriented Consultation	Public Information/ Education	Training & Continuing Education	Community Planning & Development
			Part Rural Centers			
All Recipients.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
School Personnel (Students & Staff).....	38.6	50.5	35.5	18.6	46.2	20.2
Clergy.....	3.5	3.0	2.4	3.6	9.0	2.7
Police, Courts & Other Law Enforcement Agencies.....	7.2	9.6	4.6	5.2	6.8	8.2
Staff of Unaffiliated Mental Health Facilities...	5.6	4.6	6.1	4.0	8.5	7.8
Staff of Medical Facilities	7.8	11.5	4.7	2.0	9.8	8.2
Social & Community Agencies	18.7	16.7	15.4	13.7	16.5	47.1
Priv. Pract. Professionals.	2.5	3.5	1.1	3.8	0.6	3.4
General Public.....	6.6	0.0	0.0	47.5	0.0	0.0
Other.....	9.5	0.6	30.2	1.6	2.6	2.4
			Rural Centers			
All Recipients.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
School Personnel (Students & Staff).....	42.6	47.2	59.8	14.9	43.6	18.8
Clergy.....	4.4	3.8	2.9	4.5	9.3	7.9
Police, Courts & Other Law Enforcement Agencies.....	6.4	9.3	4.9	4.7	4.3	3.7
Staff of Unaffiliated Mental Health Facilities....	5.9	4.9	7.9	2.3	12.3	5.4
Staff of Medical Facilities	7.8	9.0	8.6	4.1	8.7	5.7
Social & Community Agencies	19.3	19.7	13.5	17.1	13.9	47.6
Priv. Pract. Professionals.	4.3	5.4	1.6	5.8	4.1	5.9
General Public.....	6.8	0.0	0.0	39.3	0.0	0.0
Other.....	2.5	0.7	0.8	7.3	3.8	5.0

* Percents shown are for a sample week during January 1972. This table excludes administrative, clerical, maintenance and other nonhealth staff. Number of facilities reporting: all centers - 245; non-rural centers - 138; part rural centers - 77; rural centers - 30.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND
MENTAL HEALTH ADMINISTRATION
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20852

OFFICIAL BUSINESS
Penalty for private use, $300

U.S.MAIL

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF H.E.W.
HEW 389

NOTICE OF MAILING CHANGE

☐ Check here if you wish to discontinue receiving this type of publication.

☐ Check here if your address has changed and you wish to continue receiving this type of publication. (Be sure to furnish your complete address including zip code.)

Tear off cover with address label still affixed and send to:

Alcohol, Drug Abuse, and Mental Health Administration
Printing and Publications Management Section
5600 Fishers Lane (Rm. 6-105)
Rockville, Maryland 20852

DHEW Publication No. (ADM) 74-6
Printed 1974

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
5600 Fishers Lane
Rockville, Maryland 20852

GPO 873-459