and pray it will continue to do the good work and it has done so far, I have wrote what I consider the important things about title 5.

Sincerely,

LEROY WHITE.

STATE OF NEW YORK,
DEPARTMENT OF MENTAL HYGIENE,
Albany, N.Y., August 10, 1967.

Hon. CARL PERKINS,
Chairman, House Committee on Education and Labor,
Washington, D.C.

DEAR MR. PERKINS: The New York State Department of Mental Hygiene shares with others a feeling of tremendous concern that the chronic shortage of all types of mental health personnel is one of the greatest difficulties in the way of maintaining present medical care programs and undertaking important new ones. Under the leadership of Commissioner Alan D. Miller, M.D. and with the full support of Governor Nelson A. Rockefeller, the Department has intensified its efforts during the past year to meet the need for manpower. Let me summarize two projects in this connection which will be of interest to your committee.

First, a "Career Ladder" Plan has been developed for the Psychiatric Social Work occupation. This is a field where shortages of professional personnel have been evident for many years and where most of our institutions have been forced to operate with minimum professional staffs. The Career Ladder Plan provides, for the first time in New York State, opportunities for community college graduates and for high school graduates with experience in patient care to enter this previously all-professional field. Jobs have been designed to provide meaningful duties for this supportive personnel. In the process, duties not requiring full professional training and experience have been removed from professional positions and they have been restructured so as to emphasize training and supervisory responsibility and the performance of high-level social work duties which require full professional training. We anticipate an advantage to both the supportive and professional workers. The former Psychiatric Attendant and the community college graduate in liberal arts will have new career avenues opened to them. The professional will be freed from time-consuming duties that can be performed very well by those with lesser skills and training so that he may devote more time to work for which his advanced specialized training has prepared him.

The success of the career ladder concept depends fundamentally on training—both the in-service or on-the-job type and advanced academic education. Both types are offered in combinations to meet the individual circumstances of the trainees. As the job competence of the trainees develops, upgrading will be made possible. In summary then, the career ladder encompasses these factors—continued recruitment of professional personnel, the introduction of new sources of supportive personnel, redesign of jobs, maximum utilization of personnel abilities, in-service and academic training, upgrading and promotion as trainees qualify for higher responsibility.

The Career Ladder Plan, as we envision it, does not contemplate that every employee entering at the lowest trainee level will ultimately progress to professional status and to a position at the highest rung of the ladder. Some individuals will have limited capacity to advance; others will find full job satisfaction at intermediate levels. But all will have opportunity—a chance to enter a new field, to secure education and training, to develop new skills, to perform useful work, to accept increasing responsibility and earn greater financial remuneration.

While the Social Work Career Ladder is our first effort in this direction, we are in the process of developing similar plans for other fields such as psychology; patient care; and the activities therapies including occupational, physical and recreational therapies. Each will offer opportunity and incentive to a whole new type of personnel to enter and advance in the supportive area as well as to go on to professional positions. There is no doubt that our hospital programs will benefit as they are able to offer improved service to our patients. We anticipate that real contributions will be made to the Department's comprehensive and integrated community center approach to care for the mentally ill and retarded.

Second, the Department has expanded its summer work-training program to include 1300 young people this summer. These range from high school graduates