very important, extremely significant assistance to the professional in providing treatment and rehabilitative services for alcoholics and addicts.

In fact, there are some who feel that in many ways you can't run an effective program for alcoholics and addicts without the use of such subprofessionals providing a kind of treatment resource.

I would urge you to emphasize this approach for the staffing and organizational patterns for these centers. And, in fact, if it were possible to develop an amendment to the existing legislation for community mental health centers to provide for the development of systematic programs for the use of such subprofessionals in new careers, I would urge that, too.

It is especially important in developing manpower resources for these centers to recognize that today there is an extreme shortage of trained manpower for all community mental health programs, particularly for alcoholism and addiction.

This manpower shortage focuses on some of the basic problems in the philosophy of approach to treatment. We have found in our experience in Washington, and in many other communities of the country, that in reassessing the issue of manpower utilization in these centers (which I must add is an extremely urgent problem for all centers and all programs) a great deal can be gained by considering the use of local residents, employing them and providing them with subprofessional careers in these programs.

It gives the subprofessional and the people in the community a way of participating in the development and delivery of services in their own community, which has generally been denied by the typical staffing pattern in which the middle-class professional who lives in the suburbs spends the hours 9 to 5 in the ghetto and knows little else about the lives of the people there.

The use of such people adds a new dimension to these programs, and we feel it is essential to their implementation.

I would further urge that it is extremely important in the development of this model to consider the need for upward mobility possibilities so that these people do not wind up, as has been generally the pattern in health services, in dead-end jobs, doing low-level tasks, without the possibility for educational or financial advancement, or for new responsibility.

Such career ladders, when linked with more experience and training, provide additional opportunity for the poor, particularly the Negro poor in our communities, to move into responsible positions in health services which are generally denied to them because of existing educational, training, and employment barriers.

The current opportunities as nursing assistants in a variety of health service programs provide only dead-end situations for these people. Consequently, the turnover is rapid, there is a great deal of frustration, and their potential as a treatment resource and real help to the professional is generally lost.

We find enormous benefit for the center and the community as a whole.

I would urge the committee and the people who will be making operational such centers and programs to develop systematic and structures programs for subprofessionals and professionals in new careers