

Division of Recreation—Continued

templates continuing statewide studies on the needs, demands and requirements of the major types of recreational interests as set forth in the California Public Outdoor Recreation Plan. The division's budget request reflects a level of service equivalent to the current year authorization. The increased cost is due to salary adjustments and higher prices generally for goods and services.

We recommend approval.

DEPARTMENT OF PUBLIC HEALTH

ITEM 195 of the Budget Bill

Budget page 512

FOR SUPPORT OF DEPARTMENT OF PUBLIC HEALTH FROM THE GENERAL FUND

Amount requested	\$7,759,126
Estimated to be expended in 1959-60 fiscal year	7,602,139
Increase (2.1 percent)	\$156,987
TOTAL RECOMMENDED REDUCTION	\$75,578

Summary of Recommended Reductions

	<i>Amount</i>	<i>Budget</i>	
		<i>Page</i>	<i>Line</i>
Administration			
Bureau of Business Management			
2 Intermediate typist-clerks	\$8,268	513	68
1 intermediate clerk	4,092	513	69
Bureau of Personnel and Training			
1 Associate personnel analyst	8,940	513	71
Operating Expenses			
Specialized training	6,500	514	29
Preventive Medical Services			
Bureau of Hospitals			
1 Chief, Planning Section	8,520	516	32
Division of Alcoholic Rehabilitation			
1 Assistant public health analyst	6,360	517	14
2.5 Temporary help	14,400	517	16
Division of Laboratories			
1 Assistant chief, microbiology laboratory	8,112	517	69
Division of Environmental Sanitation (Kosher Food Labeling)			
1 Food and drug inspector	7,356	521	6
Operating expenses	3,030	521	9
Total: 10.5 positions	<u>\$75,578</u>		

ANALYSIS

Reorganization of Department

On November 10, 1958, the Organization and Cost Control Division of the Department of Finance presented a proposed reorganization report to the State Department of Public Health. This report was prepared at the request of the Director of the State Department of Public Health. At the time of the presentation of the budget last year, only two relatively minor recommendations had been put into effect. Since that time, more recommendations have been adopted; namely, the establishment of a Division of Research and the reorganization of the Division of Local Health Services into the Community Health Services Division. In order to accomplish this, 14 positions were abolished

Reorganization—Continued

and nine new higher level positions were established. The funds saved by the abolishment of the 14 positions were used to finance the nine new positions.

The Department of Finance study also recommended the establishment of an assistant director position in the department in order to strengthen overall administration. This position was established on December 17, 1959, by the State Personnel Board upon certification of the Department of Finance that funds were available for the position. The funds were made available by the abolishment of two X-ray technician positions and one roentgenologist position.

We stated in last year's analysis of the Budget Act, that we were in general agreement with the organization study and its recommendations. While we are in agreement with the establishment of the assistant director position, we feel that the Legislature should be made aware that this is a new high level position in the department rather than the continuation of a position that has been reviewed previously by the Legislature as the budget might indicate on page 513, line 28. In instances such as this, we believe the budget should contain a reference to indicate these are actually new positions not previously approved by the Legislature.

Administration

Bureau of Business Management

The budget proposes five new positions to absorb increased workload in various units of the Bureau of Business Management. These positions are:

1 Governmental auditor II (to June 30, 1961)	\$7,356
1 Senior account clerk	4,980
2 Intermediate typist-clerks	8,268
1 Intermediate clerk	4,092
Total	\$24,696

We recommend a reduction of \$12,360 requested to establish positions for two intermediate typist-clerks and an intermediate clerk in the Office Services Section of the Bureau of Business Management.

One of the two typist-clerks is requested for assignment to the property unit and the maintenance unit while the other would be located in the procurement unit. The intermediate clerk would work in the duplicating room and in the maintenance of inactive files. The justification for these three positions is based on increased workload within each unit. Exact workload figures have not been quoted to support any of the requests or to indicate what the total workload is, or what the job performance standards of the existing staff are in relation to workload factors. All that has been indicated is that workload in the current and the budget year will be beyond the capacities of the personnel now available and backlogs are accumulating. In the case of the clerk requested for the property and maintenance units, the need to use extra help from other units in the bureau has been cited. However, no data has been presented that shows the amount of time borrowed, the type of work performed by this extra help, or the effect on the workload of units providing this assistance.

Administration—Continued

A study of clerical workload and staffing patterns was recommended in the report of the general management survey conducted by the Department of Finance in 1958. A study of this type has not been made as yet in the Office Services Section. With improvements in staff utilization and work procedures that should result from such a study, we feel that sufficient clerical time could be found within the existing large clerical staff of the division to eliminate any need for new positions during the budget year. If it is discovered by such a survey that this is not feasible, workload and job performance standards upon which to judge additional staff requests should be presented. Until a procedures and staffing study of the Office Services Section is made, we recommend that additional clerical positions not be approved without clear indication of need based on precise workload data.

A request is made on a workload basis for a new account clerk position for the claims unit of the Accounting Section of the Bureau of Business Management. *We recommend approval of \$4,980 for the proposed senior account clerk.*

Workload figures have been submitted that show the number of claims processed in recent years, the number that have been handled by existing clerical personnel assigned to the processing operation, and the total number of claims projected for the current and budget year. We have reviewed this workload data and concur that the additional position is needed for the claims unit to maintain its present level of service.

A new government auditor II position is proposed for one year only on the basis of increased workload during 1960-61 in the auditing of various health activities supported by state subventions. *We recommend the approval of \$7,356 for the new auditor position for the budget year only.*

Three auditor positions were transferred to the Department of Public Health from the Controller's Office in 1959-60 because of a reassignment of auditing functions between the two agencies. These additional positions added to the two positions that already existed make a total of five for the current year. Allowance of another position for a limited term of one year will enable the auditing section to remove a backlog of audits in tuberculosis sanitoriums and to meet increased workload in auditing related to the hospital construction aid program.

Bureau of Personnel and Training

An additional professional staff position is proposed for the Bureau of Personnel and Training to meet a need for increased technical staff activity in the areas of recruitment and classification. *We recommend that \$8,940 for a proposed associate personnel analyst position be deleted from the budget.*

We recognize that there are numerous medical, engineering and other professional and technical positions in the department that present special recruitment and classification problems. However, there is still no clear policy established as to what phases of recruitment and classi-

Administration—Continued

fication as well as other areas of personnel management are the responsibility of the central personnel agency, the Personnel Board, on the one hand and the departmental personnel units on the other. For example, in the case of the need for additional recruitment assistance cited by the department as a justification for a new position, there are no criteria for determining whether the additional staff that may be required should be added to the Personnel Board or to the department. Until a policy is enunciated that provides for co-ordination of efforts, that defines the respective areas of responsibility, and that establishes staffing patterns to carry out these responsibilities, no new technical analyst positions should be authorized for the departmental personnel office.

Considerable funds have been expended through the Personnel Board to conduct in-state and out-of-state recruitment campaigns for engineering and medical and related classes and positive results have been obtained by these centralized and concentrated recruitment efforts. To make this program even more successful, we have recommended approval of new specialized recruitment positions for nursing and psychiatric social worker recruitment. Department of Public Health staff members have worked closely with the Personnel Board in phases of this recruitment effort. Under the existing state recruitment program, however, there is no assurance that duplication of effort would not take place between the central personnel agency program and an expanded departmental program if the requested personnel analyst position were approved.

A request is made for 1.5 clerical positions in the Bureau of Personnel to handle the increased workload in personnel transactions occasioned by the growth of the staff of the department. *We recommend approval of \$6,444 for the 1.5 intermediate typist positions requested.*

A revised yardstick for determining the clerical needs of the departmental personnel unit has been agreed upon and has been applied to determine the necessity for 1.5 additional clerical positions in the unit. We agree that the clerical functions considered in determining the workload for the bureau are appropriate and essential clerical operations of the department's personnel unit. We therefore recommend approval of the budget request.

Specialized Training

An appropriation of \$12,330 is requested for operating expenses related to specialized training for departmental personnel. This sum is \$6,775 or 122 percent greater than the appropriation for the current year and \$7,723 or 139 percent more than the amount actually spent in 1958-59. *We recommend a reduction of \$6,500 in the request for funds for specialized training.*

There has been no information presented to us that indicates that the additional specialized training proposals are essential to the conduct of the public health and safety programs administered by the department. Funds to send department personnel to more than 70 separate training courses, 25 of them out of state, are requested. These

Administration—Continued

courses range in length from a few days to nearly a year with a majority being of one or two weeks duration. The out-of-state travel costs alone total more than \$7,000 and to this are added in-state travel expenses and tuition and registration fees.

We feel that with an appropriation of \$5,830, an increase of \$275 over last year's amount to recognize cost increases, the department can maintain its present level of service and can continue to send personnel to specialized training sessions that are actually essential to the administration of the various public health programs.

Preventive Medical Services**Bureau of Crippled Children Services**

The department has requested a public health medical officer III and a chief supervising therapist for the Bureau of Crippled Children Services. *We recommend approval of \$22,320 requested for these two positions.*

The medical officer position is requested to provide additional expert medical consultation to meet the growing needs of public and private health agencies and private physicians for consulting services related to the Crippled Children care program. There is presently a medical officer who was originally responsible for providing these services statewide. In recent years, however, the need for consultation in Southern California has increased so markedly that he has had to confine almost all his activities to this area. An attempt has been made to meet the consulting needs in Northern California by having the bureau chief devote a portion of his time to this consultation program. This arrangement has become impractical as the caseload is now too large for a part-time consultant and the bureau chief has been prevented from giving proper administrative attention to other Crippled Children program areas. We concur that a new public health medical officer III position is needed to handle the Northern California consultation workload and thus permit the bureau chief to devote full-time attention to the administration of the expanding Crippled Children program.

The chief supervising therapist position is requested for the local assistance program, Assistance to Local Agencies for Treatment of Cerebral Palsied Children. In the budget year there will be six supervising therapists located in the Bureau of Crippled Children Services who will supervise the activities of 242 therapists. These supervising therapists presently report directly to the chief of the Bureau of Crippled Children Services. With all of his other administrative duties, the chief has not been able to supervise this program adequately and thus many problems of co-ordination and administration have arisen. The proposed chief supervising therapist will assume the responsibility for co-ordinating the statewide therapists program and it is anticipated he will be able to promote more efficient operating procedures.

In order to solve the problems within this program, we suggest that the proposed position of chief supervising therapist be filled with a person having administrative abilities and experience in addition to a therapist background.

Preventive Medical Services—Continued

Bureau of Adult Health

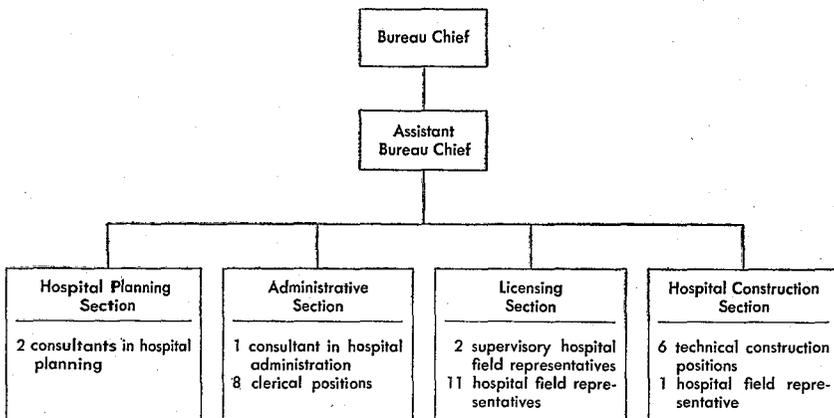
An additional intermediate clerk is requested for the Bureau of Adult Health on a workload basis. *We recommend approval of \$3,630 for this new position.*

The requested clerical position will be assigned to the statistical unit of the Bureau of Adult Health to help collect and tabulate information gathered during the bureau's field study activities. We have reviewed the workload estimates presented to justify this request and are in agreement that additional clerical assistance is needed to maintain statistical services essential to the occupational health survey program. Data collected and processed by this bureau has been of considerable assistance to the department, other public health agencies, and private businesses concerned with the planning and promotion of better occupational health programs.

Bureau of Hospitals

Two new positions are requested for the Bureau of Hospitals, a chief, licensing section and a chief, hospital planning section. The justification presented to support these positions is that better co-ordination of the licensing and planning activities of the bureau is required. *We recommend a reduction of \$8,520 for the proposed chief, planning section and approval of \$8,520 for the proposed chief, licensing section.*

A chart that indicates the existing organizational structure and assignment of staff is shown below:



As the organization chart indicates, the work of the hospital planning section is performed by two consultants in hospital planning. Each consultant works independently and reports directly to the assistant bureau chief. To interpose a new supervisory administrative position of chief, planning section, between the assistant director and the two consultants seems unwarranted considering there are only two employees in the section. Adequate supervision and administrative direc-

Preventive Medical Services—Continued

tion, we feel, can be performed by the assistant bureau chief under the present organizational plan.

The organizational structure of the hospital licensing section is considerably different from that in the planning unit. Currently, there are two supervising hospital field representatives and 11 hospital field representatives assigned to the unit. In addition, it has been proposed that one of the field representative positions be reclassified to a third supervisory position. Without the proposed chief of the section, each of the three supervisors would report directly to the assistant bureau chief on separate parts of the licensing program with the assistant chief responsible for co-ordinating the work of all the units. With a new chief position in the licensing section, the department believes, and we concur, that much of the administration and co-ordination now handled by the assistant bureau chief would be shifted to the new section chief who would be able to give more detailed attention to the administration and improvement of the day-to-day operations in the section. Conversely, the approval of the chief for the licensing section will reduce the overall supervising responsibilities now exercised by the assistant bureau chief and will permit him to give closer supervision to the hospital planning activities. This provision for closer attention by the assistant bureau chief to hospital planning lessens any justification there presently may be for a chief within the planning section.

Alcoholic Rehabilitation

An amount of \$20,760 is requested for one assistant public health analyst, two man-years of interviewer time, and a half-time clerk. *We recommend deleting the funds requested to establish these positions for the reasons outlined below.*

In 1954 at a special session of the Legislature, there was created the Alcoholic Rehabilitation Commission which was charged with the responsibility to "engage in all phases of the treatment and rehabilitation of alcoholics . . ." and "investigate and study other factors necessary to the reduction and prevention of chronic alcoholism . . ." The statute establishing the commission also appropriated \$100,000 for its first year of operation. The commission was originally to make a report to the Governor and the Legislature not later than October 15, 1956, and cease to exist on September 30, 1957. The 1955 session of the Legislature amended the law to provide for a first report to the Governor and the Legislature prior to March 1, 1957, and a final report with recommendations prior to March 1, 1959. The commission was to be abolished on June 30, 1959.

The 1954 legislation establishing the commission also increased liquor license fees by 10 percent. Prior to 1954, all liquor license fees were returned to the local community from which they were collected. The 1954 legislation provided that the 10 percent increase would go to the State's General Fund.

From the time of the commission's beginning, there were considerable differences of opinion by members as to how the commission should expend its funds. The basic disagreement was whether the commission

Alcoholic Rehabilitation—Continued

was to engage in research or treatment. A compromise program was developed which encompassed both research and treatment. However, the commissioners still disagreed among themselves to the point that the Legislature in 1957 decided to abolish the commission and transfer its duties, personnel, and funds to the State Department of Public Health effective September 12, 1957.

Chapter 1004, Statutes of 1957, in transferring the Alcoholic Rehabilitation Commission to the Department of Public Health established the Alcoholic Rehabilitation Division within the department. The department, through the division, was to "engage in the treatment and rehabilitation of alcoholics by contract with local agencies or otherwise. It shall also, through the division, investigate and study all phases of the rehabilitation and prevention of chronic alcoholism and other excessive uses of alcohol, and shall periodically report its findings thereon to the Governor and the Legislature together with its recommendations."

Upon assumption of the duties imposed by Chapter 1004, the Department of Public Health continued the program that was inherited from the commission for the 1957-58 fiscal year. The department continued the same program through the 1958-59 fiscal year; however, it met with an advisory committee appointed by the director in order to formulate a future program. A program was formulated for presentation to the 1959 session of the Legislature, but was not presented by the department. However, Assembly Bill No. 1752 (Bradley) was introduced at the 1959 session which embodied almost all of the recommendations of the department's advisory committee. A key section of the bill as introduced provided that local clinics established after January 1, 1960, could be financially assisted by the State in an amount not to exceed 50 percent of the total cost of such programs and existing clinics would be assisted by the State in any proportional amount until July 1, 1964, after which date such assistance would not exceed 50 percent of the total cost of the program. This provision of the bill was amended out before the policy committee so that the bill that went before the Ways and Means Committee would have appropriated \$360,000 and given the department some slight additional authorization as to what could be included in a clinic program. This bill was not passed by the committee.

On January 12, 1960, our office submitted a report on the alcoholic rehabilitation program of the State Department of Public Health to the Joint Legislative Budget Committee. The conclusions and recommendations of that report are summarized below.

Conclusions

The State of California is currently spending nearly \$700,000 annually on an alcoholic rehabilitation program that was begun in 1954. The State Department of Public Health has had responsibility for the administration of the total program since September 1957 when legislation became effective that abolished the Alcoholic Rehabilitation Commission.

Conclusions—Continued

It is most difficult to appraise where the State is going in its alcoholic rehabilitation program. The present program of clinic operation, research, and information is almost identical to what the commission was doing when it was abolished in 1957.

Many questions arise particularly in relation to the operation of the pilot clinics. No two clinics are operated alike. Among the many inconsistencies between the various clinics is the fact that there is a difference in method of treatment from clinic to clinic. The methods of treatment range from a heavy emphasis upon intense psychoanalysis and limited medical support to a program of heavy medical emphasis and limited psychiatric support.

An example of differences in treatment method used is shown by comparing the programs of the Santa Clara Clinic and the San Diego Clinic. Both clinics are "psychiatrically oriented" in that the directors are psychiatrists who rely heavily on psychiatric methods of treatment. The difference in treatment is that the San Diego Clinic depends more heavily on deep psychiatric consultation and psychoanalysis whereas the Santa Clara Clinic apparently uses this type of treatment to a lesser degree. The San Diego Clinic has a budget for the current year of \$47,296 and Santa Clara has a budget of \$32,649. Yet on June 30, 1959, San Diego had a current caseload of only 77 and the Santa Clara Clinic had a caseload of 156.

The difference in the caseload figures 77 and 156 tells us little, if anything. San Diego might be having a greater success with its smaller caseload than Santa Clara; however, both said subjectively "We are having some success with about 50 percent of our patients." If this is true, then it would appear that the State and Santa Clara County are getting more value from that operation than the State and San Diego are getting from the San Diego Clinic.

When the Legislature added funds to the budget of the Alcoholic Rehabilitation Commission in 1956 for the establishment of these pilot clinics throughout the State, it specified where they were to be located and what their level of operation was to be. Considerable emphasis was given to the research aspects of the clinics, including the necessity to provide adequate sampling and testing of results.

On the basis of this and the general concept of what the original purpose of the clinics was, that is, that they would supply information as to various methods of treating alcoholics, it would appear that research and evaluation of treatment method would be a primary concern of those responsible for the clinic operation. This, however, is not the case. There is no research or evaluation of methods of treatment, there is only a sketchy interchange of some information by clinic directors when they meet once a month. There is no method of evaluating what success the individual clinics are having, let alone what success one might be having as compared to another. Each clinic makes a report to the State Department of Public Health on each patient. A previous reporting method developed by the old commission was considered inadequate and discarded by the Public Health Department with a new reporting method put into effect July 1, 1959. It is hoped that with this

Conclusions—Continued

new system, the department will have a better picture of the progress of patients insofar as change of health status, employment status, etc., while the patient is in treatment.

Even with this reporting procedure, there is still no method for attempting to determine what success there is regardless of the method of treatment.

The Division of Alcoholic Rehabilitation does very little in the coordination of the clinics. There is one person, a social work consultant, who monthly visits each clinic. A senior social research technician also visits the clinic from time to time for purposes of reviewing the clinic's reporting procedure.

There is no question in our minds that some people receive help through the clinics. This is very clear after visiting all the clinics and talking with patients that have received help and have restored their family life and have regained personal self-respect. However, most important is the fact that there is no way of knowing what degree of success is attained once the patient leaves the clinic. At present, there is no way of evaluating the operation of the present clinics let alone determining if new clinics should be established such as has been proposed for Long Beach.

In relation to studies and investigations, the research conducted by the department is primarily of an epidemiology, or etiological nature. The department's approach is an attempt to develop ways of identifying in people those things which might tend to lead them to become alcoholics. An attempt is being made to spot the person who is "alcoholic prone" early enough through the use of questionnaires and psychological tests so that steps can be taken to change the pattern the person is following.

The epidemiology of alcoholism is the study of symptoms or behavior which appears to be associated with the natural history or development of the condition. There has been developed a so-called "alcoholism spectrum" where the stages of alcoholism are described as pre-, early, moderate, severe, and chronic. The department hopes that tools can be developed to identify the persons in the pre-, early, or moderate stages who are headed for the severe or chronic states and then to apply measures in order to prevent the progression of the disease.

Both the follow-up and etiologic studies were originally designed as five-year studies. As presently planned, these studies will continue past that period, with additional studies included as offshoots of the two major projects. The State Department of Public Health plans to continue its present staff assignments in the studies and investigations section of the division.

Recommendations

1. The original intent of the six community pilot clinics was to provide a means for evaluating methods of treatment of alcoholics so that the State and the local communities would know what the best method of rehabilitating alcoholics would be. With the present operation of the clinics, it is not possible to determine the effectiveness of the treatment

Recommendations—Continued

being administered in any of the clinics. It is therefore our recommendation that the State Department of Public Health use funds and personnel that are presently assigned to activities in the Studies and Investigations Section of the Division of Alcoholic Rehabilitation to establish a system of evaluation and follow-up of the patients in each clinic. The staff that is presently working with the department's follow-up study could do this when the final interviews of that study are completed in 1960 or 1961.

Until such time as there is a complete evaluation of all aspects of the clinics, we do not recommend the establishment of any new clinics or the expansion of any of the present clinics.

2. There should be greater co-ordination of the clinics and uniform policies on admittance standards. Since the State reimburses the local communities for 100 percent of the operating costs of the pilot clinics, it has a paramount interest in the results obtained by the clinics. Some clinics stated that it is impossible to achieve positive treatment results with nonvoluntary patients, yet 40 percent of the caseload of one clinic is composed of patients referred to the clinic as a condition of probation. That clinic feels it has some success with those patients. This is the type of situation that should interest the State since one of the justifications for an alcoholic rehabilitation program is to reduce the costs to communities for the problems that are associated with alcoholism, such as jail commitments. If the treatment of court-referred patients can be effective, then this should be determined and the clinics should be apprised of the situation and urged to accept such patients.

3. We recommend the establishment of a uniform fee schedule. Some clinics have fee schedules and some do not. When the clinics do have a fee schedule, the total amount collected by the clinic is deducted from the amount reimbursed to the clinic by the State, thus, the amount collected represents a saving for the State. Some of the clinics have established a schedule for therapeutic purposes; that is, psychologically, patients desire to contribute something in their own rehabilitation program, thus, the payment of a fee is very helpful for those patients.

Since there is no economic eligibility standard for patients, anyone may receive treatment who desires it regardless of ability to pay. Thus, it can be assumed that there will be patients who can easily pay for treatment and those who cannot pay. A uniform fee schedule should be established that can be adapted to both situations. No schedule should be adopted that would turn away patients.

4. Should the Legislature decide to continue the operation of present clinics and the establishment of new clinics after there is a thorough evaluation of their worth, then consideration should be given to the sharing of costs of their operation. The Legislature has established the policy of the sharing of costs for Community Mental Health Clinics when it passed the Short-Doyle Act in 1957. The State reimburses the county for one-half of the treatment cost after the county has furnished the physical facilities. San Francisco has included its alcoholic rehabilitation clinic, the Adult Guidance Center, in its total psychiatric program for reimbursement under the Short-Doyle program.

Recommendations—Continued

It may not be possible to include simply the alcoholic rehabilitation clinics in the Short-Doyle program since there are some limitations under Short-Doyle. Nonvoluntary patients cannot be included for reimbursement. Also, the setting of the clinic under Short-Doyle must be of a psychiatric nature under the direction of a psychiatrist. If this were applied to the alcoholic rehabilitation program, whole areas of treatment might be excluded such as medical treatment of alcoholism. One of the present clinics is directed by an internist and medication is relied upon more than psychiatry.

If it is not possible to eventually include the program in Short-Doyle, we would recommend that a program of cost sharing comparable to Short-Doyle be adopted.

5. Further recommendations in relation to the clinic operation are applicable to some clinics and not to others since some of the clinics are already doing these things.

- a. Clinic staffs should be educated about the philosophy of prevention, which is a basic function of a public health agency.
- b. A program of preventive activity should be developed which utilizes existing services such as public health nursing and county social welfare departments.
- c. Efforts should be made to explore the possibility of increasing the number of court-referred patients.
- d. Attempts should be made to increase the interest of private physicians in the alcoholic rehabilitation program.
- e. There should be greater application of group methods such as group psychotherapy as a means of increasing opportunities for service to patients and heightening clinic effectiveness.

For the reasons outlined above, we cannot recommend approval of the requested increase of \$20,760. The Division of Alcoholic Rehabilitation should be able to assign existing staff to carry out the program functions proposed in the budget request and to redesign its operation to better evaluate the clinic program and determine exactly where the State is going in the area of alcoholic rehabilitation.

Laboratories

The department is requesting \$56,076 for 10 new positions for the Division of Laboratories. *We recommend the reduction of \$8,112 for one assistant chief, Microbiology Laboratory.*

One position of assistant chief, Microbiology Laboratory, is being requested so that more scientific direction can be given to the work of the laboratory. The request is based on a need for methodological development in order to keep pace with increasing complexities and to relieve the chief of supervisory duties which have been diluting his effectiveness.

This proposal represents an increased level of service and an increased level of supervision within the laboratory. The position is not

Laboratories—Continued

requested on a workload basis. Although there are 25 professional and five nonprofessional positions in the laboratory, there is little indication to us that with the various levels of professional people in the laboratory the span of control is too great and there is inadequate scientific direction; *therefore, we do not recommend approval of the assistant chief position.*

Three of the 10 requested positions are for the Viral and Rickettsial Disease Laboratory for purposes of diagnostic service in poliomyelitis and adenovirus. These positions are requested to satisfy the increasing demands from local health departments and private physicians for specialized laboratory diagnostic services.

We have reviewed the type of work performed in this laboratory and the desirability of continuing these diagnostic services and we recommend approval of \$17,172 for two microbiologists and one laboratory assistant.

Approximately three years ago the federal government provided a grant to this laboratory for purposes of developing a method of diagnosing poliomyelitis and adenoviruses, which are polio-like diseases. In order to have samples of diseases to use in this development program, it was necessary to obtain them from local health departments and private physicians. The federal government research program has concluded, but there is a continued demand from local agencies for the diagnostic service. Although this is, in effect, an increased level of service of the laboratory since state funds will be providing a service previously supplied by federal funds, we recommend approval of the request. The work done thus far has helped considerably to clarify the actual polio situation in California communities and has given the local physicians and public health personnel a basis for instituting proper preventive measures.

The remaining six positions requested for the Division of Laboratories are three chemists and one laboratory assistant for the Los Angeles laboratory and two clerical positions for the central divisional office. These positions are requested on a workload basis. *We have reviewed the workload estimates and recommend approval of \$30,792 for these six new positions.*

Air Pollution

The budget does not contain any requests to expand the program conducted by the State to deal with air pollution problems. However, we feel that there have been developments regarding air pollution since the submission of our last analysis to the Legislature that warrant a review of the program and this information may be helpful in any deliberations that may take place regarding air pollution during the 1960 Legislative Session.

In the current year, the total amount of state funds that will be spent in an attempt to solve the State's air pollution problems will be more than \$1 million. Annual expenditures made since 1955 for the

Air Pollution—Continued

air sanitation programs conducted by the Department of Public Health and the University of California are shown in the following table:

	1955-56	1956-57	1957-58	1958-59	1959-60*	1960-61†
Department of Public Health -----	\$250,000	\$300,000	\$300,000	\$350,000	\$775,000	\$775,000
University of California -----	304,000	224,000	247,000	214,000	249,000	252,000
Total -----	\$554,000	\$524,000	\$547,000	\$564,000	\$1,024,000	\$1,027,000

* Estimated expenditures.

† Proposed expenditure, 1960-61 Budget.

In 1955, the Legislature assigned responsibilities in the air pollution field to the Department of Public Health and appropriated \$250,000 to the department for the establishment of an air pollution surveillance program. During that year the Bureau of Air Sanitation was established to administer the new program. Various divisions of the department were assigned responsibility for conducting specialized aspects of the program. Today, the Divisions of Environmental Sanitation, Preventive Medical Services, and Laboratories are all carrying on activities related to air pollution.

The air pollution research conducted by the university has been related to investigations into the engineering and agricultural aspects of air pollution. This research has continued at substantially the same program level originally established in 1955.

The \$100,000 increase in the Department of Public Health expenditure between 1955-56 and 1958-59 was primarily the result of a gradual expansion of air pollution research and monitoring activities. In 1959, however, an original budget request was made for approximately \$508,000, an increase of \$158,000 over the total expenditure for the previous year. This increase was to expand the existing air monitoring network and to increase research into the effect of air pollution on health. The Legislature approved these funds and, in addition, appropriated another \$267,000 to bring the total departmental program up to an estimated \$775,000 for the current year. The additional sum of \$267,000 augmented by the Legislature was to finance greatly expanded investigations into the medical research aspects of air pollution.

The 1959 Legislature passed two other acts, Chapter 200 and Chapter 835, that affected the State's air pollution program. These acts directed the Department of Public Health to develop and publish by February 1, 1960, standards for air quality and motor vehicle exhaust emission. Standards have been adopted and presented to the Governor and the Legislature for their consideration. As stated in a recent issue of the bulletin *California Health*, "These air quality standards and motor vehicle exhaust standards * * * represent the first effort in the nation to attack the air pollution problems by setting allowable concentrations of pollutants for control action and the first effort to set standards for pollutants emitted from motor vehicle exhaust."

Air Pollution—Continued

Three levels of air pollution conditions are defined in the new air quality standards. They are:

<p><i>“Adverse” level</i></p> <p>Level at which there will be sensory irritation, damage to vegetation, reduction in visibility or similar effects.</p>	<p><i>“Serious” level</i></p> <p>Level at which there will be alteration of bodily function or which is likely to lead to chronic disease.</p>	<p><i>“Emergency” level</i></p> <p>Level at which it is likely that acute sickness or death in sensitive groups of persons will occur.</p>
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The amount of various pollutants that determine when these levels are reached are also defined. Additional pollutants that are subsequently determined to have harmful effects upon health, vegetation and visibility will be added to the air quality standards.

The motor vehicle exhaust standards are based on the air quality standards and an analysis of the existing air quality in Los Angeles County and the emission from motor vehicles estimated to exist there by 1970. For motor vehicles to meet the emission standards, reductions of 80 percent in the emission of hydrocarbons and 60 percent in emissions of carbon monoxide will be necessary by 1970.

Environmental Sanitation

Kosher Food Labeling

Continuation of the enforcement of kosher food labeling laws, Section 383B of the California Penal Code, is proposed in the 1960-61 Budget. The enforcement program is presently the responsibility of the Bureau of Food and Drug, Division of Environmental Sanitation. *We recommend the deletion of the \$10,386 requested for a food and drug inspector and related operating costs and the discontinuance of this enforcement program as a state function.*

As we stated in our 1959-60 analysis, we believe the enforcement of the kosher food labeling laws is not a necessary function of the state government. The sale, or offering for sale, with intent to defraud, of kosher meat products which do not comply with orthodox Hebrew religious requirements is a misdemeanor punishable by fine or imprisonment. The State generally relies upon local officials for the enforcement of laws which when violated are misdemeanors unless there are paramount state interests involved such as the promotion of public health, public safety, or morals. We believe the labeling of nonkosher food as kosher does not come within any of these categories that indicate a paramount state interest. *Therefore, we recommend funds not be appropriated to continue this program.*

Department of Public Health

EPILEPSY STUDY

ITEM 196 of the Budget Bill

Budget page 521

FOR SUPPORT OF EPILEPSY STUDY FROM THE GENERAL FUND

Amount requested -----	\$82,680
Estimated to be expended in 1959-60 fiscal year -----	34,965
 Increase (136.5 percent) -----	 \$47,715
TOTAL RECOMMENDED REDUCTION -----	None

Epilepsy Study—Continued

ANALYSIS

The Department of Public Health was authorized by legislation passed in the 1959 Session to conduct a study to determine the feasibility of extending to children suffering from epilepsy the services provided by the State to handicapped children. The establishment of pilot projects to conduct the study were also approved. The study has a termination date of June 30, 1963. A progress report is to be made to the Legislature at the 1961 General Session and it is to be followed by a final report to the 1963 Legislature.

At the time the legislation was being considered, the department estimated the total cost of the project at approximately \$244,000. The requested appropriation of \$82,680 will finance the second year of the study and this sum is about the same as the second year needs originally anticipated by the department. *We recommend approval of the requested appropriation.*

Department of Public Works

STATE BUILDING STANDARDS COMMISSION

ITEM 197 of the Budget Bill

Budget page 530

FOR SUPPORT OF STATE BUILDING STANDARDS COMMISSION
FROM THE GENERAL FUND

Amount requested	\$42,498
Estimated to be expended in 1959-60 fiscal year	21,556
Increase (97.2 percent)	\$20,942
TOTAL RECOMMENDED REDUCTION	None

The State Building Standards Commission has now reached a point in its endeavors to make various building and safety regulations conform to standard and uniform approaches, where it is prepared to publish a complete new code. In order to do this it is proposed to add three new positions which will work exclusively on this problem. It is anticipated that these positions will be needed for only two years at the end of which they can be dispensed with.

Furthermore it is expected that the entire additional cost will be covered from the sale of the new code, the proceeds going directly into the General Fund. *Consequently, we recommend approval of the request as submitted.*

Department of Public Works

DIVISION OF ARCHITECTURE

ITEM 198 of the Budget Bill

Budget page 527

FOR SUPPORT OF DIVISION OF ARCHITECTURE FROM THE
ARCHITECTURE PUBLIC BUILDING FUND

Amount requested	\$1,145,872
Estimated to be expended in 1959-60 fiscal year	1,191,473
Decrease (3.8 percent)	—\$45,601
TOTAL RECOMMENDED REDUCTION	None