

Department of Justice
OTHER CURRENT EXPENSE

ITEM 140 of the Budget Bill

Budget page 520
 Budget line No. 64

FOR LITIGATION AND LEGAL SERVICES IN CONNECTION WITH ACTIVITIES OF THE COLORADO RIVER BOARD OF CALIFORNIA, DEPARTMENT OF JUSTICE, FROM THE GENERAL FUND

Amount requested	\$613,708
Estimated to be expended in 1956-57 Fiscal Year	608,511

Increase	\$5,197
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RECOMMENDATIONS

Amount budgeted	\$613,708
Legislative Auditor's recommendation	613,708

Reduction	None
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ANALYSIS

The amount proposed in the 1956-57 Fiscal Year for expenditures for this item was originally \$341,868. Due to hearing commenced by the special master, who is appointed by the Supreme Court, in San Francisco during the current fiscal year this estimate was entirely inadequate and therefore a deficiency appropriation of \$252,223 was requested for the current fiscal year and this increase in expenditures is anticipated to continue through the 1957-58 Fiscal Year.

The major items of expenditures causing this deficiency are as follows:

Furniture and equipment rentals	\$11,000
Anticipated miscellaneous rentals and costs as case progresses	1,595
Printing of exhibits and letterheads, etc.	50,000
Telephone	8,319
Freight and cartage	1,500
Cost of suit	58,045
Travel	39,514
Consulting services	83,355
Rent—office space	23,875

This litigation is of the utmost importance to the water supply of the State and should, we believe, be adequately financed.

We recommend approval as budgeted.

Department of Mental Hygiene
GENERAL SUMMARY

Budget page 534
 Budget line No. 24

FOR SUPPORT OF THE DEPARTMENT OF MENTAL HYGIENE FROM THE GENERAL FUND

Amount requested	\$85,655,867
Estimated to be expended in 1956-57 Fiscal Year	78,537,454

Increase (9.1 percent)	\$7,118,413
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Mental Hygiene

General Summary—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$6,036,324	\$1,883,249	\$4,153,075	534 9
Operating expense	946,683	678,402	268,281	534 10
Equipment	116,922	—189,714	306,636	534 11
Plus decreased reimbursements	18,484	18,484	--	534 21
Total increase	\$7,118,413	\$2,390,421	\$4,727,992	534 21

RECOMMENDATIONS

Amount budgeted	\$85,655,867
Legislative Auditor's recommendation	84,174,885
Reduction	\$1,480,982

GENERAL SUMMARY

The Department of Mental Hygiene is charged with the responsibility of administering the state hospitals for care and treatment of mentally ill, mentally retarded and other patients suffering from mental and associated ailments. The department administers the outpatient clinic program for diagnosis and treatment of early mental disorders and for mental health research and training. The department also regulates private mental institutions and carries on a program for public education and the development of improved mental hygiene facilities.

Proposed total expenditures during the 1957-58 Fiscal Year for the Department of Mental Hygiene are \$92,462,919. This is an increase of \$7,931,148 or 8.6 percent over the total estimated expenditures for the 1956-57 Fiscal Year. A total of 1,773.2 new positions are requested involving an expenditure of \$5,140,622. This will increase the department's total authorized personnel to 17,212.4. This increase of 1773.2 new positions or 8.7 percent is especially noteworthy in relation to the anticipated increase of only 1,324 or 2.9 percent in average patient population at the hospitals. This emphasizes the high proportion of new service positions being requested for the 1957-58 Fiscal Year and amounts to $1\frac{1}{2}$ new positions per additional patient.

If the agency was to be completely staffed in the same proportion that the added staff requested bears to the increase in the patients, this would provide the agency with a total of about 63,000 positions. This is about 45,800 positions or 237 percent more staff than now authorized.

It is therefore obvious that the present agency request represents a substantial enrichment over and above the present level of service.

Major new programs proposed by the department, for which budgeting is provided in the 1957-58 Fiscal Year, include the following:

1. After-care facilities at Metropolitan, Stockton and Pacific State Hospitals.
2. Administrative personnel to strengthen the top level administrative structure at the hospitals.
3. Hospital security force for all hospitals except Atascadero.
4. Communicable and enteric disease program at hospitals caring for mentally deficient patients. This program was started last year, and a

General Summary—Continued

large increase in various categories of personnel is proposed for the 1957-58 Fiscal Year.

5. Mental health research.

During the last 10 years the State Legislature has granted increasingly large amounts of money to the department for the improvement and expansion of its program. This is shown in the following table.

Table of Increases 1947-48 to 1956-57

Work index :	1947-48	1956-57 *	Percent increase
1. Hospital population	34,196	45,985	34.5
2. Hospital level of service	307.2	568.2	85.0
3. Hospital per capita cost	704	1,704	142.0
Number of employees	6,276.9	15,441.2	146.0
Total expenditures	\$25,504,071	\$84,531,771	231.4

* Estimated.

It is costing the State \$1,000 more per patient annually for care and treatment in the hospitals now than it did in the 1947-48 Fiscal Year. This increase of 142 percent in per capita costs indicates that almost 2½ times as much money is now being spent per patient. Because of inflationary and other factors the level of service offered to patients, as measured in employee hours, has not increased to the same extent as per capita costs. However, the level of service has increased by 85 percent which is almost 2½ times as fast percentagewise as hospital populations have increased.

The increase in the numbers of employees for the whole department and the increase in total expenditures further indicates the rapidity with which this program has grown. For every dollar spent on mental hygiene during the 1947-48 Fiscal Year that dollar is matched and an additional \$2.31 is being spent during the current fiscal year.

Summary of Recommended Reductions

State hospitals	
310 positions	\$1,200,196
That the effective dates for 59 positions be changed from July 1, 1957, to January 1, 1958	210,498
Total	\$1,410,694
Departmental Administration	
Operating expenses	
Hospital and nursing survey by the American Psychiatric Association	\$46,000
Bureau of Patients' Accounts	
2 Agent I	10,464
4 Intermediate typist-clerk	13,824
Total	\$70,288
Total recommended reduction	\$1,480,982

It should be noted that even with the recommended deletions as set out above, the agency will still receive the benefit of an augmentation of 1,457.2 new positions, costing \$3,916,138.

This represents 1.1 new positions for each patient increase in the hospitals.

Mental Hygiene

General Summary—Continued

STATE HOSPITAL SUMMARY

The budget requests for the 14 state hospitals operated by the Department of Mental Hygiene during the 1957-58 Fiscal Year are summarized as a group. This is done because of similarities in program, staffing standards and operation of these hospitals.

In areas where special problems have developed we have pointed these out and discussed them separately.

Proposed New Positions

A total of 1,682 new positions, costing \$4,706,195, are requested by the Department of Mental Hygiene, to augment the existing staffs at the state hospitals. We have determined that 1,021 or 61 percent of these new positions are requested to provide an increase over the previously authorized level of service at the hospitals. The cost of these 1,021 new positions is \$3,813,109 or 81 percent of the total cost of new positions requested for the hospitals.

The remaining 661 positions costing \$893,086 are requested on the basis of anticipated work load changes.

We have tabulated these new positions by position classification in Table 1. The distribution of positions shows those requested to continue service at the same level as previously authorized on work load, and those requested to raise the level of service or new service. The total costs and the breakdown of these costs between work load and new service is also indicated.

In cases in which net negative numbers of positions are shown in the work load column, it is indicative that because of changes in work load factors there is an excess of positions at presently authorized levels of service. For instance the department wants 43 new Psychiatrist II positions to raise the level of service for this class. It has a surplus of 3 psychiatrists at the currently authorized level of service and, therefore, these are available to fill part of the new service request and only 40 positions will need to be recruited.

Table 1. Proposed New Positions by Classification

	Total	Work load	Increased level of service	Estimated cost of new positions	Cost of work load positions	Cost of increased level of service positions
Nursing						
Supervising psychiatric nurse -----	4	4	--	\$18,960	\$18,960	--
Senior psychiatric nurse -----	52	52	--	72,648	72,648	--
Psychiatric nurse -----	19	19	--	30,788	30,788	--
Supervising psychiatric technician -----	5	5	--	11,280	11,280	--
Assistant superintendent of nursing services (psychiatric technician) ---	3	3	--	15,696	15,696	--
Psychiatric technician trainee -----	891	376	515	1,665,099	250,908	1,414,191
Subtotal -----	974	459	515	\$1,814,471	\$400,280	\$1,414,191

State Hospital Summary—Continued

Table 1. Proposed New Positions by Classification—Continued

	Total	Work load	Increased level of service	Estimated cost of new positions	Cost of work load positions	Cost of increased level of service positions
Medical and laboratory						
Psychiatrist II -----	40	—3	43	\$456,000	—\$34,200	\$490,200
Clinical psychologist II	6	—3	9	38,160	—19,080	57,240
Nurse anesthetist----	10	--	10	52,320	--	52,320
Clinical laboratory						
technician -----	3	--	3	13,212	--	13,212
X-ray technician-----	1	1	--	3,810	3,810	--
Psychiatric technician	5	--	5	16,470	--	16,470
Public health nurse---	3	--	3	14,940	--	14,940
Subtotal -----	68	—5	73	\$594,912	—\$49,470	\$644,382
Other treatment personnel						
Recreation therapist -	15	—3	18	\$64,440	—\$12,888	\$77,328
Occupational						
therapist I -----	14	—3	17	60,144	—12,888	73,032
Industrial therapist --	1	--	1	4,296	--	4,296
Physical therapist I---	2	2	--	9,384	9,384	--
Supervising psychiatric						
social worker -----	2	—2	4	11,544	—11,544	23,088
Senior psychiatric						
social worker -----	29	—1	30	151,728	—5,232	156,960
Subtotal -----	63	—7	70	\$301,536	—\$33,168	\$334,704
After care facilities						
Psychiatrist III -----	3	--	3	39,600	--	39,600
Psychiatrist II -----	6	--	6	68,400	--	68,400
Clinical psychologist						
II -----	3	--	3	19,080	--	19,080
Senior psychiatric						
social worker-----	3	--	3	15,696	--	15,696
Intermediate						
stenographer-clerk -	9	--	9	31,104	--	31,104
Subtotal -----	24	--	24	\$173,880	--	\$173,880
Administrative personnel						
Assistant superin-						
tendent—treatment	1	--	1	\$13,800	--	\$13,800
Chief of service						
(psychiatric) -----	8	--	8	120,400	--	120,400
Chief of service						
(medical and						
surgical) -----	2	--	2	27,600	--	27,600
Chief of service						
(tuberculosis) ----	2	--	2	27,600	--	27,600
Administrative						
assistant to						
superintendent ----	13	--	13	78,780	--	78,780
Service and supply						
assistant -----	4	--	4	21,984	--	21,984
Subtotal -----	30	--	30	\$290,164	--	\$290,164
General medical records						
and clerical						
Intermediate typist-						
clerk -----	97	25	72	\$324,864	\$82,350	\$242,514
Intermediate clerk----	3	3	--	9,882	9,882	--
Intermediate						
stenographer-clerk -	7	7	--	24,192	24,192	--
Subtotal -----	107	35	72	\$358,938	\$116,424	\$242,514

Mental Hygiene

State Hospital Summary—Continued

Table 1. Proposed New Positions by Classification—Continued

	Total	Work load	Increased level of service	Estimated cost of new positions	Cost of work load positions	Cost of increased level of service positions
General business services						
administration						
Storekeeper -----	2	2	--	\$7,992	\$7,992	--
Telephone operator --	2	2	--	6,276	6,276	--
Subtotal -----	4	4	--	\$14,268	\$14,268	--
Food service personnel						
Institution food						
administrator I ---	3	3	--	\$14,220	\$14,220	--
Cook -----	11	11	--	41,910	41,910	--
Assistant cook -----	8	8	--	25,104	25,104	--
Baker I -----	1	1	--	3,810	3,810	--
Butcher—meat cutter	1	1	--	3,810	3,810	--
Food service						
supervisor I -----	15	--	15	47,070	--	\$47,070
Food service						
assistant -----	180	27	153	511,920	76,788	435,132
Subtotal -----	219	51	168	\$647,844	\$165,642	\$482,202
Clothing housekeeping and laundry personnel						
Assistant seamstress	3	3	--	\$8,964	\$8,964	--
Supervising						
housekeeper -----	1	1	--	3,456	3,456	--
Housekeeper -----	3	3	--	9,414	9,414	--
Janitor -----	2	2	--	6,276	6,276	--
Laundryman -----	8	3	5	26,352	9,882	\$16,470
Laundry helper -----	29	--	29	82,476	--	82,476
Subtotal -----	46	12	34	\$136,938	\$37,992	\$98,946
Teaching personnel						
School teacher -----	1	1	--	\$4,404	\$4,404	--
Subtotal -----	1	1	--	\$4,404	\$4,404	--
Maintenance and operating personnel						
Maintenance personnel	15	15	--	\$52,210	\$52,210	--
Groundsman -----	8	8	--	27,648	27,648	--
Automotive equipment						
operator -----	6	6	--	23,976	23,976	--
Supervising hospital						
police officer -----	9	--	9	37,746	--	\$37,746
Hospital police						
officer -----	26	--	26	94,380	--	94,380
Subtotal -----	64	29	35	\$235,960	\$103,834	\$132,126
Farming personnel						
Canning assistant ---	1	1	--	\$3,456	\$3,456	--
Subtotal -----	1	1	--	\$3,456	\$3,456	--
Fairview State Hospital	81	81	--	\$129,424	\$129,424	--
Subtotal -----	81	81	--	\$129,424	\$129,424	--
Grand total ----	1,682	661	1,021	\$4,706,195	\$893,086	\$3,813,109

Mental Hygiene

State Hospital Summary—Continued

In Table 2 we have summarized the department's request for new positions by hospital. This table also shows the breakdown between positions for new service and for work load.

Table 2. Proposed New Positions by Mental Hospitals

<i>Hospital</i>	<i>Proposed</i>		<i>Work load</i>		<i>New service</i>	
	<i>No.</i>	<i>Cost</i>	<i>No.</i>	<i>Cost</i>	<i>No.</i>	<i>Cost</i>
Agnews -----	80	\$315,630	—15	—\$32,268	95	\$347,898
Atascadero -----	30	110,328	12	33,744	18	76,584
Camarillo -----	125	513,258	1	—7,602	124	520,860
DeWitt -----	47	200,628	4	36,603	43	164,025
Fairview -----	81	129,424	81	129,424	—	—
Mendocino -----	64	222,816	—13	—39,753	77	262,569
Metropolitan -----	342	627,634	261	336,787	81	290,847
Modesto -----	34	145,632	—14	—27,609	48	173,241
Napa -----	142	551,674	45	120,840	97	430,834
Pacific -----	135	455,040	32	87,062	103	367,978
Patton -----	64	240,120	—3	—25,185	67	265,305
Porterville -----	59	198,906	11	30,858	48	168,048
Sonoma -----	370	570,779	262	255,819	108	314,960
Stockton -----	109	424,326	—3	—5,634	112	429,960
All hospitals -----	1,682	\$4,706,195	661	\$893,086	1,021	\$3,813,109

The following Table 3 shows the per capita cost for each hospital and the total per capita cost for all hospitals.

Table 3. Per Capita Costs for State Mental Hospitals

<i>Hospital</i>	<i>Actual 1955-56</i>	<i>Estimated 1956-57</i>	<i>Proposed 1957-58</i>	<i>Change from 1956-57</i>	
				<i>Amount</i>	<i>Per- centage</i>
Agnews -----	\$1,414	\$1,716	\$1,830	\$114	6.6
Atascadero -----	1,700	2,042	2,176	134	6.6
Camarillo -----	1,224	1,434	1,543	109	7.6
DeWitt -----	1,369	1,577	1,629	52	3.3
Mendocino -----	1,530	1,720	1,756	36	2.1
Metropolitan -----	1,650	1,949	2,119	170	8.7
Modesto -----	1,381	1,595	1,625	30	1.9
Napa -----	1,317	1,574	1,657	83	5.3
Pacific -----	1,588	1,946	2,022	76	3.9
Patton -----	1,484	1,721	1,781	60	3.5
Porterville -----	1,908	1,912	1,934	22	1.2
Sonoma -----	1,759	2,019	2,188	169	8.4
Stockton -----	1,458	1,703	1,825	122	7.2
All hospitals -----	\$1,455	\$1,704	\$1,799	\$95	5.6

The total support budget for the hospitals (including retirement costs) is scheduled at \$85,357,526 for the 1957-58 Fiscal Year. This is \$6,987,694 or 8.9 percent higher than the amount budgeted in the current year. The average patient population at the hospitals is estimated to be 47,309 for the 1957-58 Fiscal Year. This is an increase of 1,324 patients or 2.9 percent.

The proposed large increase in support costs as compared to the modest increase in resident population indicates that proposed new services are the main reason for the jump of \$95 or 5.6 percent in per capita costs.

Mental Hygiene

State Hospital Summary—Continued

Recommendations—Positions Requested on Work Load Basis

The department is requesting 661 new positions to continue service at the hospitals during the 1957-58 Fiscal Year at the presently authorized level. We recommend approval of these positions.

The request for work load changes in personnel is due to the following reasons:

1. Activation of new facilities.
 - (a) The new Fairview State Hospital at Costa Mesa. Department of Mental Hygiene expects to receive the first mentally deficient patients during the 1957-58 Fiscal Year.
 - (b) Sixteen new wards at Metropolitan with a capacity of 1,600 beds. Patients are not expected until July, 1958, but personnel to set up and have facilities operating are requested late in the 1957-58 Fiscal Year.
 - (c) Completion of six new wards with a capacity of 700 beds for mentally deficient patients at Sonoma.

Similar to Metropolitan, the staff is requested late in the 1957-58 Fiscal Year to have facilities ready and operating for patients expected in July, 1958.
2. Hospital ward reclassifications, owing to changes in types of patients, and in treatments prescribed.
3. Changes in the number of admissions and in the average resident population figures.

From our review of the justifications for these positions we concur with the Department of Finance that basically they represent work load to continue the level of service as previously authorized by the Legislature.

However, it is emphasized that there should actually be some improvement in the care and treatment program from these work load positions alone.

This accrues because of changes in composition of patient population requiring reclassification of some wards to the more intensive types of treatment programs and other factors.

The department is requesting 440 new psychiatric technicians to staff the new facilities at Metropolitan and Sonoma. The cost of these positions which will be effective the latter part of the 1957-58 Fiscal Year is \$334,436. The cost for this number of positions on a full-year basis would be about \$1,250,000. This fact is pointed out because actually the Legislature is being requested to give approval to a group of positions which will subsequently cost the State some \$900,000 more per year at present salary rates than is apparent in the 1957-58 Budget.

Recommendations—Positions Requested on New Service Basis

The Department of Mental Hygiene is requesting 1,021 positions to increase the level of service at the hospitals.

State Hospital Summary—Continued

We recommend that a total of 711 new service positions be approved and 310 positions be disapproved, reducing salaries and wages by \$1,200,196. We recommend that the effective dates for 59 positions be changed from July 1, 1957, to January 1, 1958, reducing salaries and wages by \$210,498.

This is a total recommended reduction of \$1,410,694 for the state hospitals.

In support of our recommendation we submit the following analysis by specific categories and programs of which the requested new service positions are a part.

Nursing Personnel

515 Psychiatric technician trainee (Budget page 537,
line 58) ----- \$1,414,191

Nursing staffing is now at 85½ percent of the department's present staffing goal. The new positions requested would raise the level by 4½ percent to 90 percent. The Legislature has granted substantial increases in the level of service for nursing personnel the last few years and this category is now staffed at one of the highest percentages of staffing standards of any of the classes for which the department has established goals. A 5 percent increase was granted in 1955-56 and a 3 percent increase was granted in 1956-57.

The present nursing staffing standards are based on a study made in 1952. The department hopes to completely review and revise these standards every five years. Accordingly they are contemplating a new study in 1957.

It would appear that in essence the department's main aim in reviewing these standards each five years is to raise them to a new higher level resulting in a new cycle of personnel requests. The standard itself is a vague concept which appears to be rationalized on the following basis—an increase in staff will produce an unknown but more desirable level of care than is provided by the present undefined but alleged inadequate level of care.

The present practice of constantly adding more personnel for this function without ascertaining what is actually being done with present staff and what can and should be done with an increased staff is, we believe, a serious management problem.

We have reviewed this whole problem of staffing standards in view of the projected 1957 study. This is discussed in another section of our analysis.

We recommend, therefore, that the 515 positions requested be approved on the basis that it is generally recognized that increases will be medically beneficial. At the same time we recommend that the department should agree to make a realistic study to provide support for its budget requests and provide a sound basis for its own program planning.

Mental Hygiene

State Hospital Summary—Continued

Medical and Laboratory and Other Treatment Personnel

The department is requesting a total of 73 new service medical and laboratory positions costing \$644,382 for raising the level of service in this category. Three psychiatrist II and three clinical psychologist positions are available from reclassifications from the workload to new service category, leaving a total of 67 positions to actually be recruited. In addition, a total of 70 new service positions costing \$334,704 are requested in the "other treatment personnel" category; these are therapists and social workers. Three recreational therapists, three occupational therapists, two supervising social worker and one senior psychiatric social worker positions are available from reclassification from workload to new service. Thus nine positions are available, leaving 61 to be recruited in the other treatment personnel category. Therefore, 15 of the total number of these positions (143) requested are available from reclassifications of existing workload positions to new service positions. The actual request for 128 new positions, aside from those 15 available by reclassification of category, is as follows:

Medical and laboratory personnel

40 Psychiatrist II (Budget page 537, line 79)	\$456,000
6 Clinical psychologist II (Budget page 537, line 85)	38,160
10 Nurse-anesthetist (Budget page 538, line 8)	52,320
3 Clinical laboratory technician (Budget page 538, line 12)	13,212
5 Psychiatric technician (Budget page 538, line 19)	16,470
3 Public health nurse (Budget page 538, line 24)	14,940

67 positions ----- \$591,102

Other treatment personnel

15 Recreation therapist (Budget page 538, line 32)	\$64,440
14 Occupational therapist I (Budget page 538, line 33)	60,144
1 Industrial therapist (Budget page 538, line 34)	4,296
2 Supervising psychiatric social worker (Budget page 538, line 49)	11,544
29 Senior psychiatric social workers (Budget page 538, line 50)	151,728

61 positions ----- \$292,152

128 positions (Grand total) ----- \$883,254

Medical and Laboratory

Part of the medical and laboratory request is for 43 psychiatrist II positions costing \$490,200. This would raise the staffing level for this group from the present 75 percent to 85 percent of staffing goal. Three of the 43 psychiatrist II positions are available from reclassification of work load to new services.

The request for nine clinical psychologist II positions would raise the staffing level for this class by 5 percent for both types of hospitals to 60 percent of staffing goal for the mentally ill and 90 percent of goal for the mentally retarded. Three excess work load positions are available from work load reclassification to new service leaving six new positions to be recruited.

State Hospital Summary—Continued

The department is requesting 10 nurse anesthetists. This is a new class for mental hygiene and is requested because one of the major obstacles has been the difficulty in obtaining qualified services on a consultant or contractual basis. In addition, three clinical laboratory technicians and five psychiatric technicians to serve as chiropodists' assistants and three public health nurses are requested on a new service basis. Clinical laboratory technicians are presently staffed at 85 percent of the department's staffing standard and the three new positions would provide a 5 percent increase.

The chiropodists' assistants are requested for scheduling patients for treatment, maintaining records, and assisting in the actual treatment process. The addition of these five new positions would complete the staffing of one assistant at each hospital except Atascadero. The three public health nurses are requested for the department's program of prevention and control of communicable diseases at the three hospitals for the mentally retarded. We have discussed these three positions in detail together with others requested in connection with this program in a separate section of this report entitled "Special Problems at Hospitals for the Mentally Deficient."

Other Treatment Personnel

A total of 30 new service therapist positions are requested. This, together with six positions available from reclassification of work load positions to new service, will raise the level of service for this class by 8 percent from the present 32 percent to 40 percent of the department's goal. The positions are requested on the basis that they are necessary as an integral part of a complete and fully balanced treatment program. Perhaps the role of the therapist has changed to some extent since the present staffing standards were prepared in 1952. These classes are staffed at less than half the percentage of goal that most others are. We believe the agency should clarify its position in this regard.

The department requests 31 new service hospital social worker positions. Three additional such positions are available because of reclassification from work load to new service, thus making a total of 34 positions available. This will bring staffing in this category to 70 percent of goal for the hospitals for the mentally ill—a 16 percent improvement. Staffing is already at 100 percent of goal for this class at the hospitals for the mentally deficient. Social workers obtain medical information from relatives, help patients with family problems and work with doctors in releasing and placing patients.

Vacancies in Professional Positions and Problems of Recruitment

Treatment positions have been particularly difficult to recruit by the department in the past. We raise the query as to how many of these new positions the department will be able to fill if approved. The department indicates that there has been some improvement in their recruitment picture but whether this is a valid assumption remains to be proved, and there is no reason to believe this picture will improve

Mental Hygiene

State Hospital Summary—Continued

to any great extent for the 1957-58 Fiscal Year. Revision of testing requirements by the Personnel Board for doctors and psychiatrists should help slightly, but it would appear that the department should at least give consideration to staggering the effective dates of its request for several of these classes such as the physicians, clinical psychologists, nurse-anesthetists, social workers, and therapists. Even if this is done, the backlog of vacant positions will probably be projected through and beyond the 1957-58 Fiscal Year. The vacancy pattern as of December 1, 1956, and January 1, 1957, for these and other professional classes was as follows:

	December 1, 1956			January 1, 1957		
	Number	Number	Percent	Number	Number	Percent
	authorized	vacant		authorized	vacant	
Physician -----	322.7	36.5	11.3	322.7	35	10.8
Psychology -----	93	11	11.8	93	11	11.8
RN supervisory -----	164	20	12.2	164	19	11.5
RN ward level -----	602	137	22.8	615	145	23.5
Social service -----	175	34.5	19.7	172	31.5	18.3
Clinical laboratory -----	66	11	16.7	66	9	13.6
Rehabilitation therapy --	161	15	9.3	161	13	8.0
Physical therapy -----	34	13	38.2	34	9	26.4

With these high vacancy rates still characteristic of the department's position after half the current fiscal year has elapsed, it would indicate that in view of the large numbers of these professional positions requested, especially the psychiatrist II class (for which 40 new positions are requested), there should be no valid objection to setting the effective date for about one-half of these positions in the first half of the fiscal year and the other half in the second half of the fiscal year.

Our recommendation to defer the effective dates for half of the positions in the professional class gives the department the benefit of all the doubt in the recruitment picture, because the department's own proposed salary savings for the 1957-58 Fiscal Year totals \$4,897,688 which is \$1,001,441, or about 26 percent higher than estimated for the current year. The re-estimated amount for salary savings for the 1956-57 Fiscal Year as set forth in the 1957-58 Governor's Budget is \$515,598 higher than the \$3,380,649 originally proposed for the 1956-57 Fiscal Year in the 1956-57 Governor's Budget.

The comparable difference in estimates between the 1956-57 and 1957-58 Fiscal Years for salary savings is in the proposed amounts for the two years. This is a difference of \$1,517,039. Thus about 45 percent more salary savings are proposed in the 1957-58 Fiscal Year as compared to the proposed savings for the 1956-57 Fiscal Year. These increasingly large salary savings indicate that the department is falling farther behind in filling its positions—that it is increasingly unable to recruit the new positions authorized each year. This is illustrated for the 1955-56 Fiscal Year for which there was a vacancy total equal to approximately 1,390 full-time positions. This is only about 105 less than the total number of new positions proposed in the budget for the 1955-56 Fiscal Year.

State Hospital Summary—Continued

The validity of our comparison is further strengthened by a comparison of the percentage relationship between total salaries and wages budgeted and the amounts set up for salary savings in each of the two fiscal periods under comparison.

From the 1957-58 Governor's Budget we find the percentage of total salaries and wages represented by salary savings to be 5.9 percent for 1956-57 on the re-estimated basis, whereas for 1957-58 the figure is 6.8 percent. This differential of 0.9 percentage points is the equivalent of 15 percent which may be deemed a measure of the degree of more difficult recruitment anticipated for 1957-58.

The professional positions are the ones which are currently most difficult to recruit and all indications are that they will remain so for some time to come.

Nursing positions have been particularly difficult to recruit. This is evidenced by the department's monthly report of vacancies. The report indicates that as of December 1, 1956, a total of 602 registered nurses for ward staffing were authorized. Of this total, 137 or 22.8 percent of these positions were vacant. This had increased to 145 vacancies or 23.5 percent by January 1, 1957. This would indicate that the department will have a particularly difficult time in recruiting the 10 nurse anesthetists and the three public health nurses if these positions are approved.

The problem of vacancies is further illustrated in the table which follows.

Department of Mental Hygiene, State Hospitals Monthly Personnel Vacancies
by Selected Categories, August 1, 1955, to December 1, 1956
(17 months)

Category	Total No. positions authorized 12/1/56	High- est No.	Monthly vacancies during period					Percent of total vacant (17 mos.)	Per- cent of total author- ized *
			Percent of total No.	Aver- age author- ized *	Percent of total No.	Low- est author- ized *	Percent of total No.		
Physician -----	315.7	49.6	15.7	39.6	12.5	27.4	8.7	13	4.1
RN supervisory_	158	32	20.3	21	13.3	14	8.9	11	7.0
RN ward level_	544	153.5	28.2	114.7	21.0	90.5	16.6	55.5	10.2
Social service --	165	39	23.6	31.8	19.3	28	17.0	11.5	7.0
Psychology ----	91	12	13.2	9.2	10.1	5	5.5	1	1.1
Rehab. therapy_	157	20	12.7	14	8.9	10	6.4	0	--
Physical therapy	33	19	57.6	13.1	39.7	7	21.2	2	6.1

* Percent of the total number of positions authorized as of December 1, 1956.

SOURCE: Department of Mental Hygiene, Monthly Report of Vacancies (hospitals only) August, 1955, to December, 1956.

The above table shows various vacancy factors for the period August 1, 1955, to December 1, 1956.

During this 17-month period the highest number of (first-of-month) vacancies reported for the physician category was 49.6, the average number of vacant physician positions during the 17-month period was 39.6, and the lowest number of vacancies reported as of the first of any

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State Hospital Summary—Continued

one month was 27.4. It is noteworthy that the average vacancy figure of 39.6 is practically equal to the number of new psychiatrist II positions requested (40) for medical treatment in the 1957-58 Fiscal Year budget. This indicates that the department could actually increase its staffing for this class by about 10 percent (which is the increase in staffing standard proposed for the 1957-58 Fiscal Year for this category) if the department was able to recruit the positions that have already been authorized.

The percentage figures for physician vacancies during the period shows a low of 8.7 percent and a high of 15.7 percent with an average during the period of 12.5 percent.

This average of 39.6 vacancies or 12.5 percent represents approximately the degree to which the department has been unable to fill the authorized positions in this category. In essence, the department has lost the services of about one in eight of these positions authorized all during this whole 17-month period.

The table also shows that 13 full-time physician positions were continuously vacant, as of the first of each of the 17 months. (This figure is obtained by adding the fewest number of vacancies reported for any month for each hospital during the entire period. If any hospital was able to fill all its positions in any month during the period, no positions were counted thus presenting a conservative figure.)

For these 13 positions the department has not even been able to approach its recruitment obligation. The positions clearly represent a surplus position factor evident during the entire 17-month period, falling outside or beyond the scope of the department's recruitment efforts in all respects. A considerably greater number of positions were vacant 16, 15, 14 and fewer months during the period.

The same high vacancy pattern in relation to the number of positions authorized is evident for all these position categories. In fact, this over-budgeting of positions is even more pronounced in several of the other categories shown in the table.

This is especially true for the registered nurse ward staffing positions for which category there has been on the average a 21 percent vacancy factor during the 17-month period. This average vacancy rate was highest for the physical therapy category in which 39.7 percent of authorized positions, or about two out of five positions authorized, were vacant during the period.

With such a high vacancy pattern characteristic of these professional positions and the fact that an increasingly large backlog of vacancies has been building up during the last few years, it indicates that more positions have been authorized than the department has been able to cope with in its recruitment program. The services from these vacant positions are lost to the department to the same extent as if they had not been authorized.

The department will have to face this backlog which is generally about as large as the 1957-58 request for new positions in these professional categories. With this double burden facing the department it

State Hospital Summary—Continued

is our opinion that serious consideration should be given to making part of the positions effective January 1, 1958, instead of all of them effective July 1, 1957.

We are in sympathy with the department's desire to improve its treatment program. In the interests of furthering the treatment program we believe the positions are justified. However, the problem of recruitment is a real issue. Our recommendation that the effective date for these positions be staggered will make it possible for the department to recruit on a more orderly and consistent basis. This should materially aid the department in its recruitment problems. However, even with this help it is doubtful that the department will be able, with such a large vacancy backlog and so many new positions requested, to meet this problem to the extent desired during the 1957-58 Fiscal Year.

We believe that the recruitment for these treatment positions should not be hampered by adding to the burden additional positions of this type for new programs, such as the proposed medical administrative and after-care programs. Approval of these programs would result, as long as a serious shortage exists, in considerably fewer doctors actually being available for the treatment of patients, which is the primary need in the medical field in the hospitals.

The request for all these treatment personnel is justified in the main on the department's staffing goals. We would like to point out that these are vague justifications, at best, which lack objectivity and meaning in relation to a dynamic program. We have made specific recommendations for improving these staffing standards in another section of this report.

We recommend approval of all these positions requested except the three public health nurses. We recommend that in view of the department's serious recruitment problems that the department stagger the effective dates (making about one-half (58) of the positions effective in the first half of the fiscal year and the remainder (59) effective in the second half of the year) for the following positions:

<i>Total number requested new positions</i>	<i>Number to be effective January 1, 1958</i>
40 Psychiatrist II	20 Psychiatrist II
6 Clinical psychologist	3 Clinical psychologist
10 Nurse anesthetist	5 Nurse anesthetist
31 Supervising and senior psychiatric social worker	1 Supervising and
30 Rehabilitation and industrial therapist	14 Senior psychiatric social worker
	16 Therapist

On the basis of our recommendation a total of 59 positions would be effective January 1, 1958, reducing salaries and wages by \$210,696. (The individual amounts by hospital are not shown on the hospital summaries as the department should have leeway in making the distribution.)

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State Hospital Summary—Continued

We recommend that the three public health nurse positions be disapproved, reducing salaries and wages by \$14,940. (Budget page 538, line 24).

Proposed After-care Facilities

The establishment of a new program at three of the hospitals, Metropolitan, Pacific and Stockton, under the title "after-care facilities" is proposed by the department. The cost of the 24 positions sought for the 1957-58 Fiscal Year is estimated to total \$173,880.

The department feels that there is a sufficient segment of their hospital populations which could be treated during the day and released to return home at night to warrant the establishment of this type of facility. By this means the department hopes to reduce hospital patient housing costs for after-care patients to a minimum. Each facility would presently have an eight-member staff as follows: (Budget page 538, lines 59-74.)

1 Psychiatrist III -----	\$13,200
2 Psychiatrist II -----	22,800
1 Clinical psychologist II -----	6,360
1 Senior psychiatric social worker -----	5,232
3 Intermediate stenographer-clerk -----	10,368
<hr/>	
8 positions -----	\$57,960

We have the following specific questions regarding this proposed program which we believe should be answered in considering the request.

1. What is an after-care facility?
2. How does it differ from an outpatient clinic?
3. In what respects would its program parallel the present hospital and field social worker programs?
4. Would treatment be limited to patients who were formerly full-time hospital cases or could new admittees to the hospital go directly into the "after-care" program?
5. What relationship would the facility have to nearby communities as well as to more distant communities from which the hospital regularly admits patients and what additional psychiatric services to the community would be provided that are not now given?
6. Would the program deal with patients on leave only or, in addition, patients who were previously discharged from the hospital or other hospitals?
7. To what extent and for how long would assistance be given to relatives and friends of the patients?
8. To what extent would use be made of hospital treatment facilities and to what extent would separate facilities be developed for the after-care program?
9. In how many of the hospitals is it intended to eventually set up this type facility?
10. Is the present request for staff for the three proposed facilities merely an initial request or will this be sufficient to handle total needs based on hospital population figures?

State Hospital Summary—Continued

11. Would there be any differences in method or approach in the programs for the hospitals for the mentally ill as compared to the mentally deficient?

12. If so, how would they differ?

It appears that this proposed program is in essence another form of proposal by which the department would secure outpatient facilities similar to the outpatient clinics, at its hospitals. A bill for the expansion of the community outpatient clinic program was defeated by the Legislature during the 1955 Session. If it is still the hope of the department to establish this type facility in most of the communities of the State, we believe the department should present its proposal in the form of a bill to be considered by the Legislature instead of appending it to the presently authorized program.

The department is presently operating unofficial "outpatient clinics" at several hospitals, using personnel who were authorized by the Legislature for a different purpose. The operation of these "clinics" without Legislative sanction is in our opinion a misuse of personnel and facilities and should be dissolved. Hospitals utilizing these unofficial "clinics" are: Pacific, Patton and Napa.

The department maintains that a sizable number of their patients would be receptive to an after-care treatment program. With the complete treatment facilities presently available in the hospitals and the social worker organization which is available for outside contacts it would appear more desirable and reflect sounder management practice if the department would propose a pilot program to study this matter at one of the hospitals. This would measure the possibility of starting a complete program.

Under such a pilot program the after-care patients could be treated in regular hospital facilities by regular hospital personnel. If shortages of personnel or facilities is a factor, additions could be requested for augmentation, through standard budgetary procedures. The same social work program as now exists, it seems could also be expanded if necessary for this type of treatment. We believe that there are possibilities in this direction and that the department should explore the feasibility of undertaking a pilot project at one hospital first before starting a major program. In this respect the following specific data in answer to the following questions would need to be developed as a minimum.

1. How many patients would benefit more from this type of treatment than that presently offered?

2. How many of these patients in number one above would be able to get to their homes and to the hospital?

3. What, if any, treatment facilities at the hospital would have to be expanded?

4. Would any additional facilities be needed?

5. What, if any, additional treatment personnel including social worker personnel would be needed?

Should the answers to these questions indicate that a pilot project would be feasible, then this material together with the projected aims,

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State Hospital Summary—Continued

We raise the question as to what will be the status of the present position of Psychiatrist III under the new program. Will this be continued, if so on what basis—as a treatment position or as an administrative position?

The department's proposal for a new position of assistant superintendent-treatment and for 12 new positions chief of service does not appear to add anything administratively to the program which could not be accomplished under the present set up with the addition of non-medical administrative personnel to aid the assistant superintendent if this is required. The department's proposal definitely subtracts from the medical treatment program by taking doctors away from their primary functions and placing them in administrative positions. If these administrative functions have increased to such a great extent at the hospitals we suggest that the department use non-medical administrative assistance.

The department is requesting 40 new positions, Psychiatrist II, for its treatment program. (Discussed under Medical and Laboratory Personnel). This medical administrative request would add another 13 doctor positions and the proposal for the new after-care facilities would add three psychiatrist III and six psychiatrist II positions. This is a total proposal for 62 new professional positions in these classes for the 1957-58 Fiscal Year.

The department is having serious difficulty in recruiting the new doctor positions requested last year. A total of 13 physicians positions had been continuously vacant for 17 months as of December 1, 1956. We have recommended that the department's request for 40 new psychiatrist II positions for the 1957-58 Fiscal Year be approved, although it is doubtful that the department will be able to successfully recruit these. Therefore it should not add to this recruitment problem a request for positions which are wanted mainly in an administrative capacity. Approval will necessarily result in detracting from the level of medical treatment which would otherwise be available for the patients as long as a serious shortage exists for this type of personnel. This will result because some of the available personnel would be placed in these administrative positions and the recruitment difficulty will center as it has in the past in obtaining treatment personnel. We can see no reason to add to this already overwhelming recruitment task for these professional positions. Past experience indicates that the department has already been authorized more of these professional positions than it can absorb.

We recommend that 13 positions, consisting of the assistant superintendent—treatment, and the 12 chief of service positions be disapproved, reducing salaries and wages by \$189,400 (Budget page 538, line 83 and page 539, lines 7, 11 and 14).

As a part of the 30 top level administrative positions the department is also requesting 17 new nonmedical administrative positions for strengthening top level administrative functions at a total cost of \$100,764. These positions are as follows:

State Hospital Summary—Continued

13 Administrative assistant to superintendent (Budget page 539, line 16)	\$78,780
4 Service and supply supervisor (Budget page 539, line 19)	21,984
17 positions	\$100,764

The 13 administrative assistant positions are proposed, one for each of the 13 hospitals to directly assist the hospital superintendent in his administrative duties.

The four service and supply supervisors are requested to strengthen hospital service and supply functions at the larger hospitals. One such position was authorized for Camarillo last year and the present request is for one position at Napa, Agnews, Patton and Stockton.

Under the department's proposed administrative changes the present position of hospital administrative assistant and personnel officer would be changed to personnel officer and charged with personnel duties full time. The position would be placed under the assistant superintendent business services. The position reports directly to the superintendent at present and handles administrative duties for the superintendent to a varying degree.

The new administrative assistant positions requested will allow for this change and for full-time direct administrative assistance to the superintendent—to whom the administrative assistant would report.

In our opinion this will considerably strengthen top level administration at the hospitals and will allow much more intensive personnel work which is needed in the department especially in the fields of recruitment, turnover, sick leave, safety and planning.

The new administrative assistant will greatly reduce the amount of more routine administrative duties which the superintendent has had to do in the past. This will relieve the superintendent so that he can concentrate on the more complex policy matters in such a varied and large operation.

The new positions of service and supply assistant would coordinate all the related service and supply functions under one position which would report directly to the assistant superintendent—business services. There are 10 or more service and supply positions set up at the hospitals, heading up such activities as the laundry, cannery, housekeeping, general stores, tailoring, shoemaking, mattress making and upholstery and sewing.

These all report directly to the assistant superintendent—business services. This is too large a span of control when added to the accounting and other positions which also report to the assistant superintendent—business services.

We recommend that the 13 administrative assistant positions and the four service and supply positions be approved. (Budget page 539, lines 16 and 19.)

General Medical Records and Clerical Positions

The department is requesting 72 intermediate typist-clerks to raise the level of service in this function at the hospitals. These new positions are estimated to cost \$242,514.

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State Hospital Summary—Continued

	<i>Amount</i>	<i>Budget</i>	
		<i>Page</i>	<i>Line</i>
33 Intermediate typist-clerk -----	\$114,048	539	27
6 Intermediate typist-clerk -----	19,764	539	40
33 Intermediate typist-clerk -----	108,702	539	44
72 positions -----	\$242,514		

Central medical clerical pools at the various hospitals require one new intermediate typist position for each three new professional positions requested. Based on the total hospital requests for professional positions this would amount to 33 intermediate typist-clerks costing \$114,048. Although the request for these clerical positions is based on the above work load factors of one to three professional positions, they form a part of the staffing for new service for which they are requested at the hospitals. If a part of the proposed professional positions are disapproved the numbers of these positions will be reduced accordingly.

An additional increment of 33 new service positions are requested to complete the clerical staffing at each area nursing office at the hospitals. These positions together with the 26 presently authorized (two for each of the 13 hospitals) for these offices would provide clerical assistance at each of the 59 area offices at the hospitals to the extent of one such position for each area office.

The justification for these positions indicates that the currently inadequate staffing necessitates a "considerable portion" of area supervisors' time being spent on clerical functions.

This is an example of the department's lack of objective data, in supporting their budget requests. We believe that as a justification for a group of positions costing over \$100,000 this is entirely inadequate. It is the department's responsibility to prepare a justification which would indicate how much nursing personnel time is being spent on nonnursing duties. If nursing personnel are preparing records, rosters, correspondence, reports and other duties as indicated for which these 33 clerical positions are requested, the Legislature should be informed as to the amount of time that currently is spent on these duties in each of the hospitals by nursing personnel.

In this respect we believe that it is incumbent upon the department to determine to what extent their professional staff are performing routine clerical duties. This is one of the factors that should be emphasized in the department's contemplated 1957 staffing standards survey. Our recommendations in this respect if carried out would indicate to what extent this and other pertinent conditions may be reducing the actual level of care the patients are being given. We believe this should be an important determination if staffing standards are to be related to the reality of the hospital programs as they now exist as a basis for developing goals.

The department has not indicated specifically what its work load factors are for area office clerical personnel. The department's justification is in part as follows: "The amount of clerical work required in the nursing area offices has now increased to the point that a full-time clerical position must be provided for each of these offices."

State Hospital Summary—Continued

An accurate measure of the amount of clerical work involved for each of the area offices has not been forthcoming. It should be furnished and should be related to definite work load standards which the department should be required to develop. The present staffing based on two positions for each hospital shows a wide disparity in level of service based on employee-to-patient ratios. This is shown below:

Area Office Clerical Staffing and Level of Service by Hospital

	Number now authorized	Hospital patient population 1954-55	1957-58 *	Level of service 1954-55	1957-58 *
Agnews -----	2	4,474	4,050	0.8	0.9
Atascadero -----	2	693	1,150	5.1	3.1
Camarillo -----	2	6,938	6,850	0.5	0.5
DeWitt -----	2	2,976	3,013	1.2	1.2
Mendocino -----	2	2,375	2,530	1.5	1.4
Metropolitan -----	2	2,205	2,580	1.6	1.4
Modesto -----	2	3,369	3,464	1.1	1.0
Napa -----	2	5,279	5,600	0.7	0.6
Patton -----	2	4,372	4,275	0.8	0.8
Stockton -----	2	4,468	4,546	0.8	0.8
Pacific -----	2	2,229	3,257	1.6	1.1
Porterville -----	2	1,409	2,532	2.5	1.4
Sonoma -----	2	2,745	3,204	1.3	1.1
Totals -----	26	43,532	47,051	1.1	1.0

* Estimated.

It is noted that the level of service varies between .5 for Camarillo and 3.1 for Atascadero for 1957-58. If the number of patients in the hospital is a valid standard for justifying these positions the department has not used it in the past. This staffing for Camarillo is less than one-sixth on a patient basis what it is for Atascadero. In the 1954-55 Fiscal Year the difference in the ratios was even more extreme. No information has been forthcoming from the department which would indicate what this relationship should be.

On an over-all basis the level of service would decline only from 1.1 to 1.0 as between the 1954-55 and 1957-58 Fiscal Years with the present authorization of two positions per hospital. The disparity between the hospitals seems to be the major inconsistency.

The additional six intermediate typist-clerks (of the 72 requested for new service) are proposed to provide assistance in the nursing education section of six hospitals which are not now authorized positions for this section. This will provide equality of clerical staffing for these sections at all the hospitals.

We recommend that the 33 intermediate typist-clerk positions for the medical clerical pools and the six intermediate typist-clerk positions for the nursing education sections be approved. We recommend that the 33 intermediate typist-clerk positions for the area nursing offices be disapproved because of lack of justification, reducing salaries and wages by \$108,702 (Budget page 539, line 44).

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State Hospital Summary—Continued

Food Service Personnel

The new service request for this function includes 15 food service supervisors costing \$40,070 and 153 food service assistants costing \$435,132, of which 130 are dining room assistants and 23 are for increased staffing of the kitchens at the three hospitals for the mentally deficient (Pacific, Porterville and Sonoma). These positions are shown below:

153	Food service assistant (<i>Budget page 540, lines 32-41</i>)-----	\$435,132
	(130 for congregate dining rooms plus 23 for kitchen help—nine at Pacific, two at Porterville and 12 at Sonoma)	
15	Food service supervisor (<i>Budget page 540, line 20</i>)-----	47,070

Food Service Supervisors I

This is a request to augment this class of supervision positions in the food service function. These 15 new positions would have a direct line of authority over congregate dining rooms and ward and employee dining facilities.

The department is to be commended on the fact that in the justification it is indicated that the ultimate goal as defined under present standards is for 72 food service supervisors for the 13 hospitals. The current request for 15 positions totals \$47,070 initially and at the same salary range per position the 72 would ultimately total more than \$260,000 annually including retirement. This gives the Legislature some idea of the size of the actual contemplated program that it is being requested to approve—even though only about one-fifth of the total is included in the present budget request. We believe that the department should furnish this type material in all cases in which it is proposing new programs.

The department's justification for the positions is on the basis that they will result in better standardization of food service, portion control, sanitation and daily maintenance. Also it is desired to increase supervision over the congregate dining halls.

We believe that these factors can be improved within the present operating framework without introducing a new level of supervision and service. The 13 hospitals already have about 385 authorized food service assistants to staff their 87 congregate dining rooms—on the average more than four positions per dining room.

In addition, there is already provided for food supervision purposes three food service supervisors I, 13 food service supervisors II, 12 institution food administrators I and 13 institution food administrators II. The foregoing positions total 41.

Within this framework, and without added supervision, it should be possible to set up and carry out acceptable standards for portion control, sanitation, maintenance, and other factors.

No showing has been made by the agency of the kind, quality, scope or frequency of incidents due to lack of supervision under present operating conditions. Likewise there has been no showing of the added

State Hospital Summary—Continued

costs incurred as a result of such incidents, how added supervision could reduce, preclude or eliminate the whole or any substantial portion of such added costs, or otherwise improve operations to produce specific amounts of savings that would be commensurate offsets to the added expenditure requested for supervision.

We recommend deletion of the requested 15 food service supervisor I positions, reducing salaries and wages \$47,070. (Budget page 540, line 20.)

Food Service Assistants

The 130 food service assistants are requested to augment the present congregate dining room staff and thus permit presently used ward nursing personnel to return to their wards. The positions are proposed to help in counter organization and service, serving food and supervising patient workers on the counter line, and cleaning up the entire dining area after meal service. In addition, they are to perform or supervise other activities such as dishwashing, food preparation (such as preparation of coffee, tea, toast, etc.), to care for supplies, do maintenance work and also to train and supervise patient help in these activities. A primary responsibility of these food service assistants in congregate dining rooms in addition would be to see that the psychological atmosphere is conducive to good food acceptance.

With regard to food preparation and service we quote from the department's justification as follows:

Our experience during the last two years with the percentage of increase in supervision and staffing has enabled us to serve the patient with a greater variety of types of preparation of foods allowed in the food control, increasing acceptability and lessening plate waste because of avoidance of monotony. Specifically, we have been able to roast and bake items which were formerly prepared by boiling in steamjacketed kettles and had no eye appeal. Grilled hamburgers, grilled cheese sandwiches, hot cakes, fried eggs, french toast, grilled chops, fried potatoes are among the items which were never previously available to patients. Breakfast toast has replaced plain bread. Steam pressure cooking of vegetables instead of boiling saves nutritive values.

In butcher shops, meat is cut more in accordance with commercial practice so that moist and dry heat preparation techniques may be employed.

In bake shops individual pies are made in place of cobbler-type items, cakes are frosted, a variety of bread items and sweet rolls are available, hamburger and frankfurter buns are made.

Along with the diversification of foods, the problem of transporting food has changed and the use of heated bulk food carts is meeting this need. These food carts are serving the dual purpose of transporting the food and serving as steam tables in the cafeteria counter, which eliminates the transfer of food from stock pots to counter pans and preserves original textures and eye appeal.

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State Hospital Summary—Continued

From the department's above description and the fact that the hospitals already have a large staffing for this service, in addition to available patient help, it seems inadvisable to grant a further increase in the level of service for this activity at this time.

Of the 130 food service assistants requested for dining rooms seven are for Pacific and nine are for Sonoma. In addition, 23 food service assistants are requested on a new service basis to eliminate patient help in the kitchens at the three hospitals for the mentally deficient—nine at Pacific, two at Porterville, and 12 at Sonoma. (These are for kitchen help and are in addition to the request for 130 food service assistants to staff the congregate dining rooms.)

We discuss these special problems at the institutions for the mentally deficient, and these positions as related to the problems in a separate section of our analysis. However, the recommendation as follows covers the request for new service food personnel at all the hospitals.

We recommend that the request for 153 new food service assistant positions and 15 food service supervisor I positions be disapproved, reducing salaries and wages by \$482,202. This will permit the agency to augment present staffing to the extent of 27 added positions of food service assistant.

Special Problems at Hospitals for the Mentally Deficient

These problems are directly related to the department's request for the following new positions. (We have made recommendations elsewhere in our analysis concerning all these positions except the laundry workers.)

		Budget Page	Line No.
3 public health nurse.....	\$14,940	538	24
39 food service assistant.....	110,916	540	39, 40, 41
5 laundrymen	16,470	540	75
29 laundry helper	82,476	540	76
Total	\$224,802		

There have been comprehensive changes in the types of patients admitted to these hospitals; for the most part, within the last 10 years. The average admission today is much younger and, in addition, in many cases, needs acute medical treatment on a continuing basis. In general, the patients today are incapacitated to a much greater extent than they used to be and require a different type of care. There are many younger children in these institutions who are now kept alive by modern medicine and who by contrast would formerly have had a very short life span.

In addition, the problem of controlling enteric and other communicable diseases has received much attention. Additional positions were added to the staff for this purpose last year and more positions are requested this year.

State Hospital Summary—Continued

The agency's justifications for new positions for the laundries, kitchens and dining rooms of these institutions are all related in great part to these two problems.

The department maintains that there is less and less patient help available because the hospital population is changing toward a type of patient who cannot be called on in this capacity, but requires much more attention. In spite of these factors and because of the limited need for patient help it would appear that there is still sufficient available within these institutions for the kitchens and laundries. Even to the extent that it is available; however, the department feels, patient help should not be used in these activities because of the danger of spreading enteric and communicable diseases. This then seems to be the major problem and the department's request for the following new service positions centers around it.

Laundry Personnel

The laundry at Porterville is already 100 percent staffed by employees. Some patient help would still be required at Pacific and Sonoma but the proposed positions would go a long way toward complete employee staffing. The department's new service request consists of 34 laundry positions costing \$98,946. It is comprised of five laundrymen and 12 laundry helpers at Pacific and 17 laundry helpers at Sonoma.

Food Service Personnel

The department requests 23 food service assistants to be used in food preparation, nine at Pacific, two at Porterville and 12 at Sonoma. This would eliminate the need for patient help in these kitchens.

An additional 16 food service assistants are requested to augment the congregate dining room staffs—seven positions at Pacific and nine positions at Sonoma.

The total cost for these 39 positions would be \$110,916.

Public Health Personnel

Three new public health nurse positions are requested, one at each of the three hospitals for the mentally deficient. The cost for the three positions would be \$14,940.

These positions are requested to assist with prevention and control by carrying out epidemiological investigations, assist in inspecting wards, give instructions designed to prevent spread of communicable diseases, conduct health education with employees and maintain liaison with county and state health agencies. We have received no specific information to indicate just what procedures would be employed in accomplishing the purposes of the requested positions.

The department at present can call in local and state public health personnel for a detailed investigation of conditions whenever there is reason to be suspicious of certain practices or operations. In addition these officials make regular periodic examinations. These officials compile comprehensive reports explaining cause and effect and

Mental Hygiene

State Hospital Summary—Continued

make suggestions to remedy the situation. With these services and information available there appears to be little need for public health nurses at the hospitals.

The department also indicates that they now have a public health team composed of present staff at each hospital which is very effective. In fact at Pacific highly significant and dramatic results were obtained by this procedure.

These facts indicate that regular nursing staff is sufficiently acquainted with these problems to adequately handle this phase of the situation. Excellent facilities for laboratory detection are available. Clinical laboratory technician positions were authorized last year on an emergency basis especially for this program. At that time it was the department's contention that these personnel would provide a sufficient working force together with regular personnel to handle the problem.

The department has not furnished uniform comparative figures on what the accomplishments have been under the current program for controlling infectious diseases.

We believe the Legislature should receive specific and detailed information in answer to these questions.

1. To what extent have conditions improved since the beginning of the current fiscal year when new positions authorized for this purpose became effective?

2. How do conditions compare at present among the three hospitals?

3. Is there any significantly better control at Porterville where food service and laundry facilities have been staffed to a greater proportion by employees?

4. With the likelihood of new carriers being admitted to the hospitals at all times, what is the optimum level of control that can be reasonably expected of any control program?

5. Will the present request for new personnel provide a sufficient force to reach this optimum level?

We understand that some of these diseases may have as long as four-year cycles of recurrence. For this reason care and objectivity should be prime requisites in collecting this type of data. The present practice of developing these programs on somewhat of a hit and miss basis is inefficient. The Legislature should not need to be in the position of continually having to accept these new programs on the basis of faith or professional judgment.

We believe the department should be invited to pick the institution in which it has been having the most trouble in controlling these communicable and enteric diseases and, at the institution so selected, set up a carefully planned experimental program for their control. This would entail authorizing requested personnel as needed at various stages in the control program. It would also necessitate a determination as to what type personnel and in what proportions would provide the optimum program.

This would include analyzing all aspects of the problem as they are manifested in the laundry, the kitchen, and other phases of the hospital operation.

State Hospital Summary—Continued

The relationship of these operations to the incidence and prevalence of the disease should also be determined.

It would be impossible to obtain any meaningful evaluative data from such a program unless the evaluative procedures were carefully planned and carried out, and major emphasis would need to be given to this factor.

In view of these considerations we recommend that the following 76 positions be disapproved, reducing salaries and wages by \$224,802.

		Budget page	Line No.
3 public health nurses -----	\$14,940	538	24
39 food service assistants -----	110,916	540	39, 40, 41
5 laundrymen -----	16,470	540	75
29 laundry helpers -----	82,476	540	76
76 Positions -----	\$224,802		

We also recommend that the department submit to the Legislature a plan for a carefully controlled study of these problems at one of its hospitals, in order that a factual answer may be had as to the kinds and quantity of staffing needed to secure the proper degree of control on enteric diseases.

Maintenance and Operating Personnel—Hospital Police Officers

9 Supervising hospital police officer (Budget page 541, line 26) -----	\$37,746
26 Hospital police officer (Budget page 541, line 27) -----	94,380
35 Positions -----	\$132,126

The department is proposing to provide a basic security staff of five positions at each hospital except Atascadero which is staffed on a special basis.

The five positions at each institution would consist of four hospital police officers and one supervising police officer. There are 26 watchmen positions presently authorized for these hospitals which would be reclassified to the new series. A total of 35 new positions are requested costing \$132,126; these consist of 26 officers and 9 supervising officers. This proposed staffing would ostensibly provide security coverage consisting of one employee on duty 24 hours a day seven days a week.

The department indicates that their need for security centers in three major areas. These are traffic control, patient protection and protection of property.

Traffic Control. This is pointed up by the department as a problem mainly because patients are involved, causing traffic snarls and wandering around parking lots. Traffic is created by the large number of employees who drive their own cars, service trucks, and authorized and unauthorized visitors. During the weekends it is not uncommon to have as many as 800 to 1,000 visitors at the larger hospitals.

Mental Hygiene

State Hospital Summary—Continued

If these problems are of such major importance as the department indicates, it would seem reasonable that some consideration be given to staggering change of shifts for employees so that movement of cars in and out of the hospital would flow more evenly. Also a visitors' parking lot if necessary off the grounds would seem justified for some of the hospitals.

These measures would be far more effective than the efforts of one hospital police officer.

Patient Protection. Although the psychiatric technicians have primary responsibility for patient protection, the department feels that police personnel can lend valuable assistance in cases where the public or other personnel are involved.

In this connection, we would ask from whom do the patients need to be protected? If from other patients or the public this is a psychiatric technician's job; if, as some investigations have indicated, it is from the employees, then this is an administrative problem that can be handled much more effectively by other means.

It is difficult to conceive of one hospital police officer being on hand in more than an extremely limited number of these instances. If this problem is as serious as the department indicates then remedial steps of much more significance should be taken at once to correct the situation.

Protection of Property. The department rates the protection of state property as one of the chief security problems of the hospitals. It is reported by the department that patients, employees and visitors have all been involved in incidents of stealing or destroying state property. These thefts have ranged from cooked food to electric shock machines. In addition, the department indicates that employees' cars have been damaged and that unauthorized hunting and fishing has occurred on the hospital grounds. Apparently patients and employees have certain privileges in this respect.

With reference to thefts of and damage to state property the department should compile figures indicating the frequency by month together with dollar totals of such losses each year during a period covering at least the last three years at each hospital. This would provide an objective basis on which to evaluate their request. Because of the large areas covered by the hospitals and the many activities that are in progress at all times it would appear that one officer would be largely ineffective. We feel that theft and damage to state property should be eliminated to the extent possible and that there should be objective data from the department on the scope and frequency to which this is occurring. In regard to damage to employees' automobiles, this may be deemed to be a calculated risk which they assume the same as employees of any other organization. In a preponderance of cases such damage would be covered by the comprehensive coverage as a part of policies carried by individuals on their cars.

Because of the large areas covered by the hospitals and the multitude of activities that are going on, it would be practically useless to have a one-man force on duty for traffic control, patient protection and prop-

State Hospital Summary—Continued

erty protection. If this is only the beginning of a whole new program at the hospitals then the department should indicate what size program they eventually contemplate. This present request is for \$132,126 and this would only be a small proportion of what would appear to be required if a fully adequate program of this nature were to be financed, provided it was found necessary to have one.

We recommend that this request for 26 hospital police officers and nine supervising hospital police officers be disapproved, reducing salaries and wages by \$132,126.

Operating Expenses

Operating expenses (Budget page 534, line 10) ----- \$18,038,959

The department's operating expenses are estimated to total \$18,038,959 for the 1957-58 Fiscal Year. This is an increase of \$946,683 or 5.5 percent over the \$17,092,276 requested for the current budget year. The increases are mainly a reflection of price changes and increases in population. The department has in the past generally over-budgeted operating expenses. Rapidly mounting savings resulted each year and these totaled \$1,116,654 or 7.4 percent of the \$14,894,114 budgeted for operating expenses in the 1954-55 Fiscal Year. A slackening off in this trend is noted for the 1955-56 Fiscal Year, but these savings in operating expenses are still at a very high level.

Table 4. Budget Savings on Operating Expenses, 1950-51 Fiscal Year to 1955-56 Fiscal Year

<i>Fiscal year</i>	<i>Total operating expenses</i>	<i>Savings in operating expenses</i>	<i>Percent savings</i>
1955-56-----	\$16,163,196	\$955,526	5.9
1954-55-----	14,894,114	1,116,654	7.4
1953-54-----	13,751,337	893,896	6.5
1952-53-----	13,379,036	897,193	6.7
1951-52-----	13,631,051	241,410	1.7
1950-51-----	12,047,607	60,294	0.5
Total-----		\$4,164,973	

Actual figures are not yet available for the 1956-57 or 1957-58 Fiscal Years.

The factors causing these high savings should be more realistically interpreted. Such a consistently large margin between the estimated and the actual operating expenses should be reason to revise the estimating procedure if necessary. We hope that the amount proposed for operating expenses in the 1957-58 Budget is more realistic.

We recommend approval of the amount proposed for operating expenses.

Equipment

Total request for equipment (Budget page 534, line 11) ----- \$1,063,140

Equipment expenditures are scheduled at \$1,063,140 for 1957-58. This is an increase of \$116,922 over the amount of \$946,218 estimated for expenditure in 1956-57.

Mental Hygiene

State Hospital Summary—Continued

Out of the total of \$1,063,140 for equipment, the sum of \$599,766 is for replacement items and the further sum of \$463,374 is for additional equipment.

The budget as originally submitted by this facility requested \$2,377,313 for equipment. Modification of this amount after review to \$1,063,140, a reduction of \$1,314,173, or 55.3 percent, results in a level of expenditure for the purpose that appears ample to meet agency requirements at this time.

The very substantial variation between the amount originally requested and the amount finally approved for budgeting is prima facie evidence of a lack of careful review at the institutional level where these requests originate.

Reams of paper work and hours of typing would be saved if equipment requests were predicated initially more upon demonstrated need rather than desire.

The failure of the agency to realistically and properly justify more than one-half of its initial dollar volume of equipment requests speaks for itself in support of our commentary.

Statistical Evaluation

After persistent recommendations by this office the department developed a single over-all figure or index which measures changes in the release rates for the hospitals for the mentally ill.

We believe that this is a valid method for measuring these changes in rates, but we maintain, as we have in the past, that for a program such as this, the mere computation of changes in release rates does not present an adequate and understandable picture of the operation for departmental administrators, control agencies, the Legislature and other interested groups. Table 5 shows the actual release rates, the standardized rates and the index based on the standardized rates with the value for 1947 equal to 100.

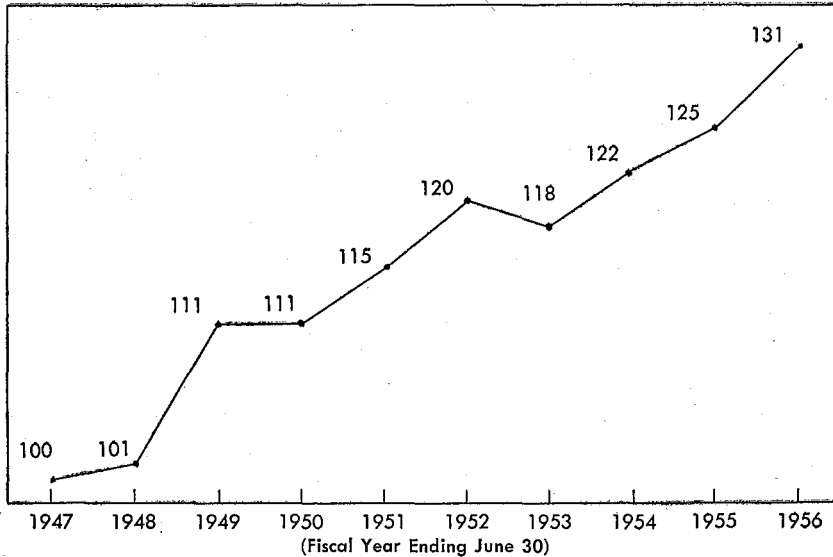
Table 5. Index of Release Rates			
Year ending June 30	Net therapeutic releases per 100 patients available for release		Index based on standardized rate
	Actual rate	Standardized rate	
1947-----	14.9	16.6	100
1948-----	15.8	16.7	101
1949-----	18.7	18.4	111
1950-----	19.6	18.4	111
1951-----	20.0	19.0	115
1952-----	21.3	19.9	120
1953-----	21.9	19.6	118
1954-----	22.9	20.3	122
1955-----	23.2	20.8	125
1956-----	24.6	21.8	131

Release rates in and of themselves are actually a poor over-all indicator of the effectiveness of the State's mental health program. They merely show trends for this one factor, and other related factors may support opposite conclusions.

State Hospital Summary—Continued

Chart I below shows the department's index of release rates from 1947 to 1956.

CHART I
INDEX OF THERAPEUTIC RELEASE RATES FOR 1947-1956, STANDARDIZED ON THE BASIS OF THE AVERAGE CHARACTERISTICS OF THE HOSPITAL POPULATION DURING 1947-1951
(1947=100)



The standardized release rates had increased to 131 by June 30, 1956. This means that for every 100 patients being released in 1947, on the basis of a standardized population, 131 based on this same standardized population were released in the fiscal year ending June 30, 1956.

It is true that these release rates have gone up 31 percent in this period but we point out that this does not mean that the department's program is necessarily 31 percent more effective.

We would like to indicate just a few of the other factors that must be considered if some type of more meaningful index or indices of therapeutic efficiency is to be developed. These are as follows:

1. What is the relative degree of mental illness in patients admitted to the hospitals from one year to the next? If the average admission is less severely ill now than the average admission was 10 years ago, mere release rates are meaningless as indicators of therapeutic efficiency. Yet the department does not know to what extent the degree of mental illness has changed as the department's program has changed. The department should develop a rating scale or some other means of measuring this factor for all its admissions. It would seem that this would be invaluable in the treatment program as well as furnishing bench-mark data for program evaluation and other purposes.

Mental Hygiene

State Hospital Summary—Continued

2. The department should make a thorough analysis of its readmissions. These are counted as releases and credit is taken in the index of release rates yet they return to the hospitals for further treatment.

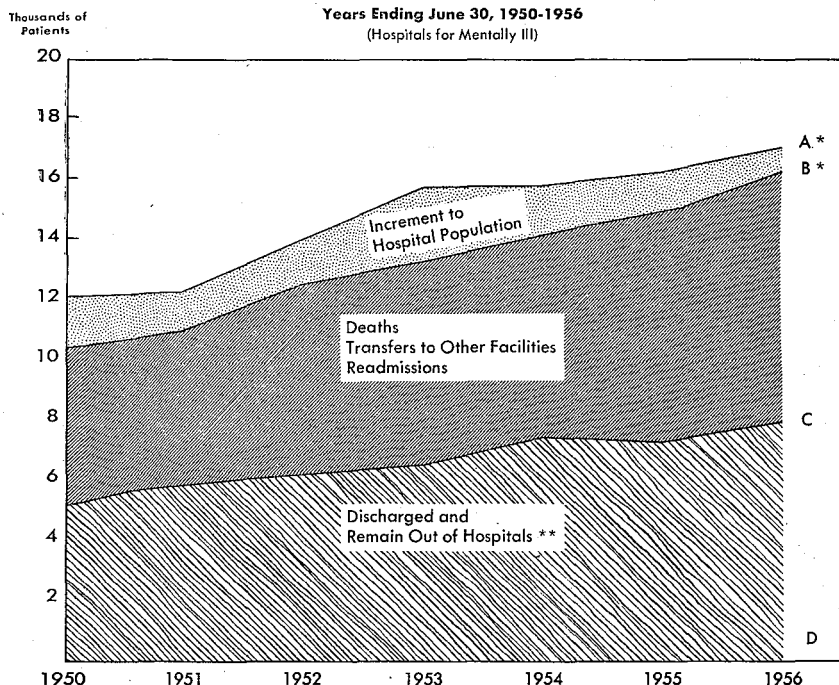
3. Discharges from unauthorized absence are an important factor in the department's total discharges. The influence of this factor should be evaluated with reference to the degree of improvement at time patients left the hospital and when finally discharged. Material should be developed which will indicate the therapeutic value of the treatment program for these patients.

4. The Statistical Research Bureau does not have a complete historical record on its punched cards for those patients who are transferred. This should be remedied as soon as possible for management purposes and so that release and leave data based on length of prior commitment can be analyzed.

These are some of the major considerations which we believe the department should take into account in order to develop clearer and more meaningful program data.

CHART II
ADMISSIONS AND RELEASES—DEPARTMENT OF
MENTAL HYGIENE

Years Ending June 30, 1950-1956
(Hospitals for Mentally Ill)



* A is total Admissions, B is total Releases. (Both exclude observation admissions and releases.)

** Total of Direct Discharges, Discharges from Visit, and net indefinite leaves minus Readmissions.

State Hospital Summary—Continued

The influence of some of these other factors on the picture, not indicated in the release rates, is illustrated in Chart II, which indicates trends in admissions and releases of mentally ill patients since 1950. The data indicate that yearly admissions have increased from slightly over 12,000 in the 1949-50 Fiscal Year to about 17,000 in the 1955-56 Fiscal Year, an increase of about 40 percent. Similarly, total releases have increased each year from about 10,500 in the 1949-50 Fiscal Year to about 16,250 in the 1955-56 Fiscal Year. This is a 53 percent increase.

These data exclude observation admissions and releases because of the special nature and generally very short duration of these commitments. This category totaled 2,974 admissions for the 1955-56 Fiscal Year.

The distances shown on Chart II between lines A and B indicate the yearly increase or increment to the hospital population and includes patients out of the hospital on short-term visits. It can be seen that this increment to hospital population was greatest for the Fiscal Year ending June 30, 1953, and has gradually decreased each year since that time roughly indicating, on the basis of the relationship between total admissions and releases, that there is some improvement in the program as related to releases.

However, releases to be meaningful should be interpreted in relation to a number of other factors, such as the numbers of deaths, readmissions, transfers to other facilities and deportations to other states. It can hardly be claimed that the department has fully cured these patients if they die in the hospitals, or have been readmitted after having been discharged or have been transferred while still mentally ill. It is also not adequate to explain that the rates for these various factors have been stable and therefore do not need to be considered.

The distance between lines B and C indicate the large numbers of patients contained in these categories for which the department has apparently not been fully successful in its treatment program. The gap between lines B and C shows a gradual widening during the period, indicating that an increasing number and proportion of total releases are from these groups which at best only return to the hospital for further treatment. Therefore, while total releases are increasing, it is emphasized this does not necessarily mean that the department is meeting its treatment and other objectives as claimed. In fact, the increasing numbers in deaths, transfers and readmissions categories indicates that there is a whole area here which the department should evaluate separately in relation to its program.

The distance between line C and the bottom of the chart D indicates more clearly than the department's data, based on total release rates, what is actually being accomplished. This category includes total direct discharges, total discharges from visit and net indefinite leaves from which readmissions for each year have been subtracted. These are the patients whom the department has apparently been able to return successfully to take their place in society.

It is noted that there has been some gradual increase since 1950 in the numbers of these patients which the Department of Mental Hy-

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State Hospital Summary—Continued

giene has actually been successful in treating. This increase, if standardized on the same basis as the department's index of release rates would probably be much more modest than that claimed by the department in its index of release rates which shows an increase from 100 for the base period, to 131 for the 1955-56 Fiscal Year. These differences, we believe, are due in part to the fact that the department's index of release rates takes credit as a therapeutic release for those patients who die, are readmitted, or are transferred to some other facility not under the jurisdiction of the State of California. We feel that this practice is unrealistic. While there is still much to be desired in obtaining an adequate evaluation of the hospital treatment program our approach is more meaningful because it takes account of the many divergent tendencies which are overlooked and weaken the value of the department's over-all release rates as a measure of therapeutic efficiency. With this in mind we suggest that the department evaluate and furnish the Legislature with information on these and other relevant factors necessary to an adequate annual evaluation of the progress of the departmental treatment program.

Comparative Evaluation of First Admissions

The fact that the department does not have a continuous historical file on all its patients greatly limits the scope and meaning of the department's statistical evaluation. The continuity of this record is lost for statistical evaluative purposes at present when a patient is transferred to another hospital.

In order to know to any meaningful extent what the department's program did for a patient, it must know approximately how ill the patient was when he was first admitted. (We have suggested that the department develop a rating scale technique, at the very least on a sampling basis, to determine this within reasonable limits.) The department must know what treatment process the patient followed and what leaves he was given and for how long (excluding short-term visits for brief holidays or vacations). It must answer the question: was the patient's improvement such that he was actually released or discharged from the hospital?

After the medical staff has approved the patient's discharge or his physical movement alive out of the hospital to the community, the question is, will he come back for further care? If so, how soon, for how long and for how many times? Again what treatment processes were followed in each of these subsequent readmissions becomes very important.

This complete history on each patient when available would be the basis for gaining insight on changing rates of discharges and other factors. The present method of basing discharge rates on their relationship to the hospital's resident population fails to consider so many of the therapeutic aspects of the program that it is, in many respects, worthless as an evaluative instrument.

Under this proposed setup the discharge rates would be in relation to the "first admissions" from which these discharges came, the relationship to the resident population as such would be minimized.

State Hospital Summary—Continued

What happened to these first admissions to the hospitals should be the basic question to be answered. It would be answered by the answers to such specific questions as follows: How many were discharged within six months after being admitted, within specified longer periods? How many were readmitted? How many times and for how long each time? What were the treatment processes followed on various subgroups? What was the relationship of these treatment processes with length of time in the hospital?

The answer to this general question as indicated above could be obtained from the answers to these specific phases of the operation. *In this connection we recommend that the department indicate to the Legislature what its full-time manpower and equipment needs will be to begin to develop data for a periodical report to be compiled by the statistical research bureau as indicated below, commencing as early in 1957-58 as practicable:*

Mental Hygiene Program Evaluation by Statistical Analysis of First Admissions

1. The number of first admissions to the hospitals during the year categorized by hospital, mental diagnosis, age and other characteristics.
2. The number and percentage of those discharged within specified periods of hospitalization: (a) six months; (b) one year; (c) two years; (d) three years; (e) four years; (f) five years; (g) over five years.
3. From this data development of a probability schedule, which will indicate a (first admission) patients probability of ever getting out of the hospital, (discharged) alive: (a) at time admitted; (b) after six months for those still in hospital; (c) after one year for those still in the hospital; (d) after two years for those still in the hospital.
4. Relationship of these to the readmission data which we recommend be developed in another section.
5. Relationship of these statistically to the treatment processes being followed by the various diagnostic and other categories.
6. Use this as one basis in evaluating the effects of new or experimental programs such as the new drugs on discharge rates and other factors.
7. Comparison of these probabilities on a year to year basis to determine trends.

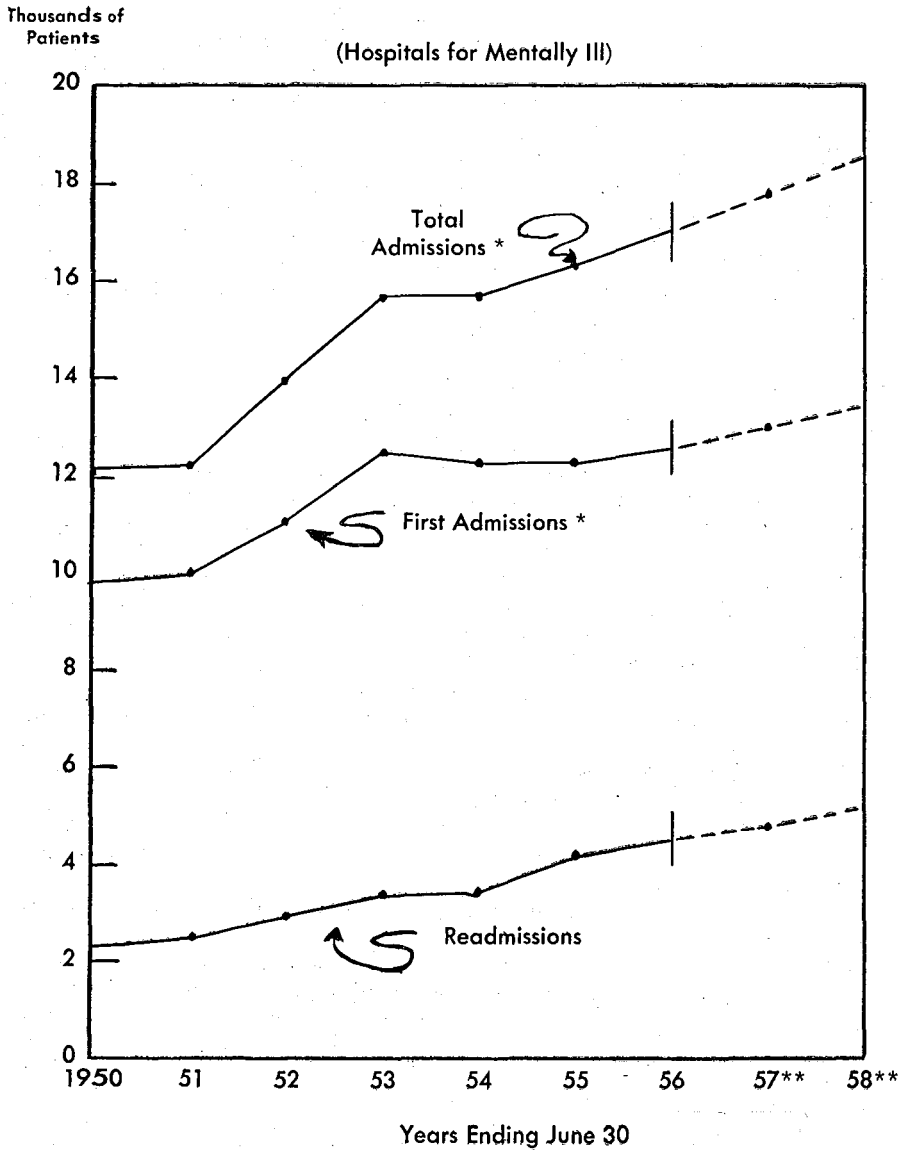
If we have these answers we will know, for instance, how much better or worse the patients who were admitted during the 1950-51 Fiscal Year fared in relation to those admitted in the years previously and also subsequently to this. We will have an indication of the degree to which program augmentations and changes in procedure or treatment methods have affected the patients' well-being. We can say, for instance, that a patient admitted in one year has a certain probability of getting out as compared to the probability of a patient admitted in another year. We can relate this probability to the length of hospitalization, therapeutic processes, and many other pertinent factors.

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State Hospital Summary—Continued

CHART III

ADMISSIONS BY TYPE—DEPARTMENT OF MENTAL HYGIENE



* Excluding (observation admissions).

** Lines on chart derived from estimates for 1956-57 and 1957-58 fiscal years.

State Hospital Summary—Continued

Readmissions

One of the contradictory tendencies for which the department's index of release rates does not account is apparent in readmissions which have increased from 2,366 in the 1949-50 Fiscal Year to 4,443 in the 1955-56 Fiscal Year. This is an 88 percent increase. Total yearly admissions to hospitals for the mentally ill (excluding observations) on the other hand increased during this same period by only 40 percent from 12,188 to 17,075. For first admissions the increase during the period was only about 36 percent. This trend is shown in Chart III which also shows the department's estimated numbers of readmissions and total admissions (excluding observations) for the 1956-57 and the 1957-58 Fiscal Years. An important consideration is that readmissions as a proportion of total admissions increased from 19 percent in 1949-50 to 26 percent in 1955-56. This 7 percent increase of readmissions in proportion to total admissions indicates roughly the constantly increasing importance of readmissions as a factor in total admissions. Further percentage increases in readmissions are estimated for the 1956-57 and 1957-58 Fiscal Years.

Apparently the release and readmission practice which is increasing each year has resolved itself into a revolving door policy in which a large proportion of these patients are released and readmitted a number of separate times thus increasing both the admission figures and the release figures.

The factor of readmissions has become so great that by the fourth year after discharge there has ordinarily accumulated more than 30 readmissions per 100 discharges. We believe that this whole factor of readmissions is of such significance in the department's program that we have indicated specifically the type of information which is needed in evaluating the problem and request that this be developed and furnished to the Legislature by the department.

We recommend that the statistical reporting program of the Department of Mental Hygiene determine and submit a 1957-58 Budget augmentation showing what additional staffing and equipment will produce on the most economical basis possible a monthly report with appropriate cumulative totals setting forth the following information, by mental hospital, for each of the distinct major categories of mental illness, such reports to commence as early as practicable during 1957-58:

Program Evaluation by Statistical Analysis of Readmissions

1. Total admissions.
2. Total readmissions.
3. Net number of first admissions.
4. Percentage of readmissions to total admissions.

Mental Hygiene

State Hospital Summary—Continued

5. Breakdown of total readmissions to show:
 - a. Number of first readmissions
 - b. Number of second readmissions
 - c. Number of third readmissions
 - d. Number of fourth readmissions
 - e. Number of fifth readmissions
 - f. Number of readmissions having more than five priors.
6. Breakdown of total readmissions to show:
 - a. Percentage of first readmissions to total readmissions
 - b. Percentage of second readmissions to total readmissions
 - c. Percentage of third readmissions to total readmissions
 - d. Percentage of fourth readmissions to total readmissions
 - e. Percentage of fifth readmissions to total readmissions
 - f. Percentage of sixth readmissions to total readmissions.
7. Number of readmissions distributed by Fiscal Year of *last* discharge.
8. Percentage of readmissions distributed by Fiscal Year of *last* discharge.
9. Number of readmissions distributed by Fiscal Year of *first* discharge.
10. Percentage of readmissions distributed by Fiscal Year of *first* discharge.
11. Breakdown of total readmissions to show the elapsed time in days between the date of last prior discharge and date of current readmission broken down to show the numbers in each of the following time categories:
 - a. 1 month or less
 - b. 2-3 months inclusive
 - c. 4-6 months inclusive
 - d. 7-9 months inclusive
 - e. 10-12 months inclusive
 - f. 13-18 months inclusive
 - g. 19-24 months inclusive
 - h. 25-30 months inclusive
 - i. 31-36 months inclusive
 - j. 37-48 months inclusive
 - k. 49-60 months inclusive.
12. The percentage distribution of the preceding items 11a-11k inclusive.
13. Average number of days of prior hospitalization in California State Mental Hospitals for total readmissions.
14. Breakdown of average number of days of prior hospitalization in California State Mental Hospitals for each of the six frequency classes of readmissions in item 5 above.
15. Numerical distribution of item 11 with reference to each of the six frequency classes of readmissions in item 5 above.
16. Percentage distribution of item 11 with reference to each of the six frequency classes of readmissions in item 5 above.

State Hospital Summary—Continued

Program Evaluation

Survey of Forms and Procedures

A survey of forms and procedures for processing patients in the state hospitals for the mentally ill was recently made by the staff of the Legislative Auditor's Office.

The purpose of this study was to examine certain of the various management methods employed by the Department of Mental Hygiene, to evaluate the job being done and to recommend changes which will improve the efficiency of the operation. This type of study is essential to budget analysis, and is aimed at securing the greatest possible return from the labor force used in the hospitals. Time and effort saved in simplifying clerical and procedural processes is made available for the primary care and treatment function of the hospitals.

The magnitude of this problem, and the great potential savings that can be effected, are evidenced by the immense size of the operation which encompasses 13 state mental hospitals, care and treatment facilities for more than 45,000 patients, a staff of more than 14,000 doctors, nurses, clinical, clerical and other employees, and an annual budget of more than \$79,000,000 in the 1956-57 Fiscal Year.

The execution of recommendations set forth in this management survey will result in substantial direct dollar savings. It will also in even greater measure result in more efficient operations which in turn means additional care and treatment time for each dollar expended.

Some of the important findings on state hospital forms and procedures as presented in the report are as follows:

1. Some of the hospitals use as many as 200 different types of forms to process each patient. If only one of each of these forms were used per patient per year, a hospital with 5,000 patients could use a million forms per year just in processing patients. Actually, many patient processing forms, such as patient movement forms, are used much more than once a year. A million of these forms laid end to end is the equivalent of the distance from Sacramento to Fresno. On this basis the potential use of the agency during a one-year period would provide forms in a continuous line from the Canadian border to the Mexican border.

2. Some hospitals require a number of different forms to record a function, yet other hospitals can cover the subject with one form.

3. Hundreds, and in some cases thousands, of times during a patient's stay, the essential information on patients is hand copied and type-written instead of being duplicated to save time and reduce possibility for error.

4. When a patient is transferred from one hospital to another, the lack of standardization of forms and the lack of a standard indexing method within the folder makes it necessary for the many documents in the patient's folder to be completely reorganized when received by the new hospital. Often the same old data is recopied on forms used by the new hospitals. The magnitude of this problem is great as there are approximately 1,400 interhospital transfers each year.

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State Hospital Summary—Continued

We have made detailed recommendations, aimed at improving the whole forms procedure at the hospitals and in other facets of the departmental operation. These recommendations are contained in our report which is available for study.

We believe that this is an area in which there is an especially great opportunity to develop more efficient and advanced techniques than are currently employed. Our recommendations in general are developed with the intent that they be used by the department as points of reference as to areas and procedures which merit major attention. Because of the possible beneficial significance of such a program we have offered our services to the department in a consultive capacity in following up on this work.

We have received favorable comment regarding the study and its objective from sources both within the department and outside the department.

We recommend that the Legislature indicate that it is the Legislature's desire and intent that the Department of Mental Hygiene establish a high level committee to study current procedures and forms use and to develop a systematic program of forms and procedures improvement and control.

Management Improvements Effected in 1956

The department has listed improvements in treatment methods, administrative procedures, and controls, evaluative techniques and many other areas of its operation during the 1956 calendar year. We have listed some of these improvements below:

Personnel—Central Office. We are at present working with the Personnel Board on a system for decentralizing examination scoring for several difficult recruitment classes to the hospitals.

Statistical Research Bureau—Central Office. The bureau's IBM facilities are now being utilized in the tabulation and analysis of considerable data collected by a psychologist at Sonoma State Hospital in a time study of the activities of the psychologists at the state hospitals. Sonoma is carrying out this study for the subcommittee on staffing of the department's program committee. It is hoped by the latter committee that these data will serve as a basis for the establishment of realistic staffing requirements in hospital psychological services.

Agnews. Further expansion and implementation of a preindustrial therapy program for acute and chronically disturbed patients. To provide a therapeutic program for this type of patient who needs the environmental stimulation before he can be motivated. The program has proved we can establish an industrial assignment at an earlier period during treatment with the use of the properly trained employee as a patient group leader. This employee can provide the close supervision and proper technique to motivate and stimulate the patient. We have thus utilized to a greater extent the potential of manpower previously restricted to the treatment and convalescent period, and have also contributed to the patient's recovery. One patient group leader will work

State Hospital Summary—Continued

with 25 to 30 patients in any one particular monthly period. Our records show that approximately 85 percent of these patients can be transferred into such industrial therapy assignments each month as our butcher shop, carpenter shop, cannery, laundry, greenhouse, landscape gardening, delivery trucks and farming activities.

DeWitt. The property committee takes all replacement equipment requests when we are drawing up our yearly budget and investigates and evaluates the necessity of each request.

There have been many instances in this past year when the committee has undoubtedly saved this hospital a considerable amount of money by refusing to permit articles to be surveyed off when they could be rebuilt and repaired and considerable usage for some years still obtained from them.

Mendocino. Establishing the serving unit as the place of storage and cleaning of heated food carts by rearranging trucking schedules has resulted in a net estimated saving of \$21,000. The heated food cart storage room attached to the main kitchen was contemplated and budgeted at \$8,500. The Division of Architecture estimates for the construction of this unit, with the necessary relocation of utilities and additional electric service, amounted to \$21,000. This simple procedure of storing these carts on the unit where service occurred and the cleaning of these units at the same place demonstrated this amount of money need not be expended.

Establishing a property survey committee has assisted in the orderly and efficient replacement of equipment where necessary and has prevented the replacement of equipment which could be more properly repaired.

The vehicle rescheduling has been in operation more than six months which has resulted in far more satisfactory level of service with no additional expense. It has also resulted in the elimination of overtime and we are gradually picking up the backlog of compensating time off now due automotive equipment operators. Further work is required in this field.

Metropolitan. Extended "sample-form letter" system to aid of secretary. Resulted in improved composing, speeded up correspondence preparation, saved approximately one-fourth hour per secretary daily. One physician-hour saving, dictation time daily. Routine condolence letters favorably received and commented upon, benefited hospital-relative relationships.

Assigned responsibility for investigating incidents to regular ward doctor. The night O. D. or regular physician's alternate is made responsible for immediate report and complete investigation is to be conducted later by regular physician familiar with patient's circumstances.

Patton. We have recently made a concerted effort to do more case finding on the units, encouraging the unit social worker to review each patient with the view of some type of release. Administratively, this was accomplished by a more thorough and careful supervisory evalua-

Mental Hygiene

State Hospital Summary—Continued

tion of the job being done by the line worker and by planned effort by supervisory personnel to assist the line worker to better organize his work in order to free more time for case finding activity.

Stockton. A detailed study was undertaken to determine present job assignments for all hospital clerical personnel. The study has been the basis for planning reclassifications and other classification measures to improve the organization and processing of work.

Sonoma. Our timekeeping system has been centralized and a system of weekly positive reporting established which is estimated to provide an annual savings of approximately \$40,000. We have expanded our use of staggered reports of performance and the use of the Sonoma-developed supervisory evaluation form completed by subordinates. The safety program has undergone further refinements, and now includes an inspection team that visits one unit a week for purposes of helping personnel in correcting safety and sanitation problems. The employee suggestion box system has been further developed and now includes a traveling suggestion box that pays a one-week visit to each unit in the hospitals.

All the changes and suggestions submitted affect to some extent the major operations of the department. As far as we know the central office of the department has not as yet met the obligation, which it has of coordinating, exploring, adopting, verifying and insuring that worthy suggestions are actually put into effect. Some of the suggestions have very definite possibilities and unless the central office does its part, these potential benefits will be largely lost to the department.

Some of the reports indicated improvements which should have been made years ago. In one hospital it was reported that no improvements worthy of mention have been made during the year. Other reports indicate that minor but definite improvements have been made. These facts indicate the definite need for more central direction and for a comprehensive and thorough management analysis of the department's operation.

Staffing Study for Nursing Personnel

Nursing personnel staffing surveys were made by the department in 1947 and 1952 and the department anticipates making a new one in 1957.

Considerable effort has been involved in these staffing studies which have set up certain ratios of personnel to patients in a ward. These ratios vary to some extent depending on physical facilities of the ward, type of patient, degree of overcrowding and a number of other factors including numbers of bed patients, patients to be fed by hand, and untidy patients.

The previous surveys resulted in 11 classifications or special standards for mentally ill patients and in nine for mentally deficient patients.

The goal of these surveys was to recommend a "good standard of care" in the hospitals. However, the determination of just what constituted a good standard of care seems to have been based on no more

State Hospital Summary—Continued

than an educated guess. The department had screened the wards to determine the mental condition of patients and physical facilities of wards, and the numbers of nursing personnel available. These formed logical factors in distributing the personnel but no objective attempt was made to determine what this "good care" consisted of. This should be where the main emphasis is placed in such a survey—to determine what actually is being done and what things should be done that are not being done.

It would appear that in making a survey of this nature that the first thing that should be determined is what is being done. It serves little beneficial purpose to improve ratios of personnel to patients if the wrong kind of treatment is being given, the wrong approach is made or the treatment personnel are engaged in so many other functions that they do not have sufficient time to adequately carry out their primary responsibilities. To determine the extent to which this is happening is, we believe, an important consideration.

Therefore, we recommend that if the department conducts a staffing survey in 1957 the approach be to first find out what is presently being accomplished by gathering data on individual activities of personnel while on duty. A survey procedure in which the personnel list their activities and the time spent on each during a specified period of time would seem to offer the most promising results but other means should also be explored. A survey would at least indicate the present status of the program and would point up for consideration the favorable and unfavorable aspects of the present program. In addition the same type data that was obtained in the last survey should be gathered to indicate what are the physical and mental conditions of the patients, what are the conditions and limitations of the wards and what personnel and other resources are presently available to meet the problem.

With this as a basis the department then should determine specifically what the desired care or standard will consist of; what it will do for the patients; what things would be done that are not now being done. Further, it should also determine what it will require in personnel and other facilities to accomplish these results.

The use of ratios as a standard has certain advantages and disadvantages. They are relatively easy to develop and can easily be compared to other standards developed on the same basis. They provide a clean cut method for distributing available personnel. In contrast, ratios can frequently become an excuse for lack of good program planning. They may not be tied in with what is expected to be accomplished. Unless they are related to the program and what it will accomplish they are meaningless in giving administrators and control and policy bodies the picture they need to make intelligent decisions.

We feel that if the department will proceed along the lines recommended, should a staffing study be made in 1957, that a much more meaningful and valuable set of standards can be developed. The staffing standards for other pertinent treatment personnel should also be approached on this realistic basis.

Mental Hygiene

State Hospital Summary—Continued

The department has indicated that they have been attempting to develop program criteria on the basis of work to be done through their program committee. This apparently has been on a very limited basis as it has not yet been reflected in budgetary justifications. We believe the department should encourage this committee to expand and accelerate its operation.

Tranquilizing Drugs

The department is requesting an increase in operating expenses for the 1956-57 Fiscal Year to augment by \$162,181 the amount requested to purchase tranquilizing drugs. This will bring the total amount requested for this item to \$368,869 for the current year. The augmentation is necessary because the department is using the drugs faster than anticipated. With this increased amount it will be possible to treat 10 percent of the mentally ill patients and 15 percent of the mentally retarded patients.

The budget request for tranquilizing drugs in the 1957-58 Fiscal Year totals \$379,454 and treatment is contemplated on the same level as for the current year. The department feels that this is the optimum level of treatment but admits there is some disagreement.

It seems that there would also be some disagreement as to who are the 10 and 15 percent of the patients in these hospital populations who will benefit most from the drugs. It would appear that, in the absence of objective criteria which the department has not developed, perhaps a larger portion of the patients would have to be treated with the drugs in order to determine who is most receptive to this treatment.

At the hearings on the 1955-56 Budget by the Senate and Assembly subcommittees, the department requested that the Budget be augmented to include \$48,300 for the purchase of special drugs. We suggested then that since the potentialities of the drugs were still relatively unknown the department should study carefully and report on the results of the use of these drugs. The members of the committee and the director of mental hygiene agreed that this should be done.

The hospitals were informed by the central office after the beginning of the 1955-56 Fiscal Year that a report should be submitted. No further direction was provided. The hospitals were not provided with planning, standards, control or uniform reporting instructions. The hospitals were not informed that this should be treated as a research project. As a result the "study" was limited to a few subjective observations. These were based on great differences in approach, method, and objectives and were extremely limited as findings.

By January, 1956, the Statistical Research Bureau in the department had devised a summary sheet which was forwarded to all the hospitals with instructions for using it in obtaining data on the special drug program. This data collection sheet is still in use. This was the first uniform approach to the problem and summary data were collected back to July, 1955. Several of the hospitals apparently have initiated on their own limited drug research projects. As far as we know, these projects have not been given encouragement or stimulus by the central office of the department. There has been no central

State Hospital Summary—Continued

coordination and there is probably a great deal of duplication. We believe that the hospital personnel who have shown an interest on their own in evaluating the drugs should be commended and regret that their interest and abilities have not been fully utilized in a centrally directed and coordinated departmental approach.

At our request the department has furnished us with a report listing some of these studies. The nature and purpose of several of these are quoted from the report as follows:

Sonoma: * * * Investigated the use of chlorpromazine and reserpine with severely retarded, severely disturbed patients. Eighty-two female patients on a single ward were observed for seven months and rated in the areas of eating, bathing, toileting and dressing habits as well as social behavior. The group was divided into experimental and control subgroups for each of the two drugs. These investigators plan to evaluate meprobamate and promazine with a similar experimental design but have not yet initiated such a study.

Agnews: * * * Attempted to evaluate the use of reserpine in acute psychotic states. Their subjects were 75 acutely psychotic patients, 25 of whom were administered reserpine, 25 a placebo, and 25 electroshock. Reserpine appeared to have no advantage in treatment; however, the authors call attention to their relatively low dosage and certain difficulties in carrying out their experimental design.

Have evaluated chlorpromazine with geriatric patients over 65 years of age. Thus far results have been negative in that there has been no demonstrable change in either their experimental or control group. A few of the more difficult patients have been reported more amenable to ward routine but with the cessation of the drug they have begun to return to their former behavior patterns.

Camarillo: * * * Reserpine was administered to 20 patients who were regarded as the greatest ward management problems on a ward of 110 chronically disturbed female patients. One-half of the group received the drug while the others served as controls and after three months the control group became the treated group and 10 additional patients were selected as another control group. Of the 20 treated patients 12 (60 percent) were said to have shown some degree of improvement. Three of them were described as markedly improved.

Clinical trials of the new drugs are frequently attempted. These are, for the most part, treatment of 25-50 patients over a period of three to six months with careful recording by an interested psychiatrist. Drugs which appear promising may then be subjected to more controlled and more comprehensive investigation.

Patton: * * * Have recently initiated a research project of broad scope on the tranquilizing drugs wherein they plan to study 320 patients divided into 32 subgroups of 10 each. Their

Mental Hygiene

State Hospital Summary—Continued

over-all plan is to study the differential effects of tranquilizing drugs in terms of ascertaining which drugs appear to have greater value in the conditions studied, the nature of the behavioral changes, and the loci of action of the drugs.

This is by no means the total number of such projects but indicates the general nature and scope and findings of these hospital projects.

The department issued a summary report based on the questionnaire data in August, 1956. This report, while it compiles relevant data on certain aspects of the new drug program, is entirely inadequate in approach and as a basis for an evaluation of the effects of the new drugs, and accordingly we have urged the department to approach this problem on a realistic basis in order that the best possible use can be made of these drugs. The Legislature is being requested to give approval to a program about which relatively little still is known. Because of the large amounts requested for the drugs, a total of \$748,323 in the current year and the 1957-58 Fiscal Year, it is the duty of the department to provide information to the Legislature which will indicate what type and what level of program will accomplish the best results.

In this connection, we recommend that as a beginning the department develop more complete information in two major fields which will serve as a basis for starting an objective evaluation program.

1. Develop a rating scale which will indicate within reasonable limits the degree of improvement, if any, made by patients treated with the new drugs. (The present report merely requests a check mark in the appropriate box to indicate condition at termination, of treatment in relation to condition at beginning of treatment. There are no instructions or objective criteria given which would form a standard basis for each rater making the decision as to the degree of improvement and therefore this becomes merely an individual subjective observation.) A rating scale would be especially valuable in this connection in determining the degree to which patients who remain in the hospital are improving.

2. For patients treated with the drugs compile data by type of illness, length of hospitalization and other factors such as the use of drugs by patients released, in order that it can subsequently be ascertained what effect, if any, treatment by these drugs is having on release rates and on the likelihood of readmission. Part of the basic information for this can be obtained from the current report, but there should be additional data collected on the tranquilizing drug requirements of patients discharged. This should be done in order that it can be determined to what extent the continued use of the drugs are a factor in keeping patients out of the hospitals.

We believe that it is especially important that the department explore the possibility of treatment, by private physicians or in outpatient clinics, of some of the patients now committed to state

State Hospital Summary—Continued

hospitals. There have been indications that patients might be successfully treated in this manner. Considering the high cost of capital outlay, and support costs to keep a patient in the hospital we feel that here is an extremely promising field for study by the department.

Should a study of this factor indicate that it would be possible to treat on an outpatient basis say five percent of the 25,000 patients in the mental hospitals who otherwise would probably never leave the hospital, it would amount to a large saving to the State. The per-capita support cost of \$1,704 for state hospital patients during 1955-56 would total \$2,130,000 for the 1,250 patients comprising the five percent. The outpatient clinic per capita treatment costs were about \$345 for 1955-56 (based on a total treatment cost of \$453,482 and an average treatment case load at the clinics of 1,315 patients for the 1955-56 Fiscal Year), or a total cost of only about \$431,000 for the 1,250 hospital patients.

Presumably, outpatient care and per capita costs for this type of patient would change to some extent and this saving of over \$1,500,000 (as the difference between the cost of outpatient versus hospital care) is presented merely as an illustration of the importance of the problem and what might be the possible magnitude of the savings which could result from such a program if it were to prove feasible. The actual savings might ultimately be much greater than this amount even though it is recognized that the full per capita cost is not an actual savings figure.

If the department will develop objective criteria along the two major lines as suggested above, it should be in a position to undertake controlled studies in one or more of the hospitals with control and experimental groups of patients and with the use of standardized and objective criteria. This would be the beginning of an evaluation program which would begin to answer some of the important questions about these new drugs that are being raised, e.g. how much program is required, what will they accomplish, and what is their place in the mental treatment program.

Therefore, it is our recommendation that the department use part of the money appropriated for research to make the suggested type of evaluation of this treatment media.

Reimbursement for Care and Treatment of Patients

We recommended last year that a study be made by an appropriate legislative committee of the entire problem of care and treatment of the various types of patients for whose care the counties are required to reimburse the State.

Because of the great variations in what can be and is charged and the inequities in charges for different types of patients we again recommend that serious legislative consideration be given to providing a more uniform and equitable charge schedule. We also recommend that the Legislature adopt a resolution indicating that it is the desire

Mental Hygiene

State Hospital Summary—Continued

and intent of the Legislature that the counties be charged \$40 per month for mentally deficient patients and that the Department of Mental Hygiene shall establish this rate.

Under Sections 7009 and 7010 of the Welfare and Institutions Code authority is given to the Department of Mental Hygiene to establish the rate for care and treatment of mentally deficient patients up to a maximum of \$40 per month, for which the counties are responsible for payment. These sections of the code are quoted below:

Section 7009: "The county from which each person is committed to or for placement in a home for the mentally deficient shall pay the State the cost of the care of such person, for the time the person committed remains an inmate of the home or on parole or on leave of absence to a licensed boarding home for the care of such persons, at the monthly rate therefor fixed as provided in Section 7010."

Section 7010: "The cost of such care shall be determined by the Department of Institutions from time to time, subject to the approval of the Department of Finance, but in no case shall it exceed the rate of forty dollars (\$40) per month.

The present rate charged the counties is \$20 per month. This rate has been in effect since 1927 at which time per capita costs were \$20.35 per month for the care of mentally deficient patients. The estimated per capita costs are expected to be over \$2,050 for the three hospitals for the mentally deficient in the 1957-58 Fiscal Year. This is over \$170 per month. We believe the state is assuming an undue portion of these costs.

The current rate of charges for care and treatment of inebriate and mentally ill patients has recently been raised to a maximum of \$134 per month. The actual rate for each patient's care is set in accordance with the ability of the patient's estate or relatives to pay under provisions of Section 6651-55 of the Welfare and Institutions Code. The State collects this money directly from the patients' estate or relatives.

By increasing the rate charged the counties for mentally deficient patients from the present \$20 to \$40 per month it would double the reimbursement to the State for care of these patients and would at least put these payments on a somewhat more comparable basis to the rates charged the counties for some of the other groups:

The following is a tabulation of the types of commitments for which the counties are required by law to reimburse the State and the current rates set for each:

<i>W. and I. Code</i>	<i>Type of commitment</i>	<i>Rate per month</i>
5258	Mentally deficient -----	\$20
740.5	Juvenile court observation -----	40
5335	Narcotic addicts -----	40
7007	Mentally deficient observation placements by court -----	40
7058	Psychopathic delinquent observation -----	40
7107-8	State inebriate colonies -----	40
5050	Mentally ill, observation -----	\$4.40 per day

State Hospital Summary—Continued

The counties are entitled to collect all or a portion of these charges from patients' estates or responsible relatives. Some counties make an effort to collect to varying degree—others make no effort.

In regard to this problem of reimbursement for care of mentally deficient patients we cite the findings and recommendations made in the Assembly Interim Committee on Social Welfare's "Introductory (March 1956) Report on Problems of State Hospitals for the Mentally Deficient."

"While other sections of the Welfare and Institutions Code permit the counties to collect payments from the parents or estates of patients in accordance with their ability to pay, Section 7009 empowers the State to charge only the county from which a patient is committed; and Section 7010 limits the amount which may be charged to \$40 per month or less. Present practice is to charge the counties at the rate of \$20 per month; and those counties which collect from parents or estates limit their charges to this \$20 per month rate, even when parents volunteer to pay more. The maximum charge of \$40 per month was set in 1939. In the intervening seventeen years, the purchasing power of the dollar has been reduced and a more costly type of service has been found essential. It is therefore *recommended that serious consideration be given to the development of legislation which would place the charges for services and care at hospitals for the mentally deficient on the basis of average per capita cost* (currently higher than at hospitals for the mentally ill where charges are now made on this basis)."

**Department of Mental Hygiene
DEPARTMENTAL ADMINISTRATION**

ITEM 141 of the Budget Bill

Budget page 542
Budget line No. 31

**FOR SUPPORT OF DEPARTMENTAL ADMINISTRATION FROM THE
GENERAL FUND**

Amount requested	\$2,860,767
Estimated to be expended in 1956-57 Fiscal Year	2,641,956
 Increase (8.3 percent)	 \$218,811

Summary of Increase

	Total increase	INCREASE DUE TO Work load or salary adjustments	New serv. ces	Budget page	Line No.
Salaries and wages	\$149,968	\$60,136	\$89,832	548	46
Operating expense	67,106	—178,894	246,000	548	47
Equipment	1,737	—13,141	14,878	548	48
 Total increase	 \$218,811	 —\$131,899	 \$350,710	 548	 50

RECOMMENDATIONS

Amount budgeted	\$2,860,767
Legislative Auditor's recommendation	2,790,479
 Reduction	 \$70,288

Departmental Administration—Continued

ANALYSIS

Responsibilities of Departmental Administration in the department include central direction and control of all departmental activities. These include the hospital and clinic programs. Functional supervision is provided for the medical, nursing, rehabilitation therapy and social work services in the treatment program. Functional supervision is also provided for business management, personnel, legal, food administration, maintenance and farming and livestock operations.

The following are the major departmental facilities centralized in the departmental headquarters:

- Statistical Research Bureau;
- Deportation and Transfer of Patients;
- Private Institution Inspection;
- Administration of Guardianship Estates;
- Personnel;
- Bureau of Patients' Accounts;
- Bureau of Social Service;
- Bureau of Research.

The total departmental administration costs are estimated to be \$2,259,052 for salaries and wages. This is an increase of \$149,968 or 7.1 percent over the amount budgeted for the current year. A total of 34 new positions costing \$152,478 are requested. There is also a lump sum request for \$200,000 for research.

Administration

The proposal under the subheading "Administration" is for 7.5 new positions as follows:

1 *Intermediate account clerk (Budget page 545, line 21)*----- \$3,294

This position is requested for increased accounting work load in connection with the outpatient clinic program.

2 *Assistant personnel analyst (Budget page 545, line 23)*----- \$10,992

For increased work load due to increases in total number of department personnel and in number of hospitals. The number of authorized positions in the department has increased about 60 percent since 1950 when the last increase in professional staff was authorized for the personnel section.

1 *Junior research technician (Budget page 545, line 25)*----- \$4,512

1 *Intermediate typist-clerk (Budget page 545, line 26)*----- 3,294

These positions are requested for the Statistical Research Bureau to analyze statistical data on the mentally ill population. They were authorized in the current budget for one year only and this is a request to make them permanent. It would seem that the new research program contemplated for the department will considerably increase the work load of the Statistical Research Bureau. We presume, because no additional positions were authorized for this work load factor, that some of the \$200,000 allotment requested for research may be used for this purpose.

Departmental Administration—Continued

1 Assistant counsel (Budget page 545, line 28)-----	\$6,060
0.5 Intermediate stenographer-clerk (Budget page 545, line 29)	1,728
1 Intermediate typist-clerk (Budget page 545, line 30)-----	3,294

The assistant counsel position is requested for increased guardianship case load and to relieve the administrator for supervisory duties. The intermediate typist-clerk is requested for work load activities. The one-half stenographer-clerk position would provide clerical assistance to an agent I position located in Oakland.

Operating expenses for the "Administration" section in departmental headquarters are scheduled to total \$235,840. This is \$47,926 or 25.5 percent over the amount budgeted in the current year. The increase is mainly due to a proposed hospital and nursing survey costing \$46,000 to be made by the American Psychiatric Association Inspection Service.

It is the department's contention that this is worthwhile on the basis that it will provide an evaluation of the department's medical and treatment program in terms of the standards of the organization. In addition it will serve as an accreditation review for each of the hospitals. The standards as published by the American Psychiatric Association are available and are used by the department for comparison with its own standards. We can see little value in having an agency, such as the APA which has itself already set what it considers to be appropriate standards, inspect the state mental hospitals unless it does so on the basis of a thoroughly documented management survey. If that agency believes in its own standards then the net result would be to determine that the difference between the two standards is the margin for improvement or change.

To see what is actually being done and what and where the deficiencies are, and how they can be corrected should be of more concern to the department than a comparison of its standards with the APA standards.

We have studied several of these hospital inspection reports from one state which were recently prepared by the American Psychiatric Association.

These reports in general consisted of the following:

1. Statistics on patient population movements and support costs.
2. Comparison of existing medical nursing and other staffing ratios with APA standards.
3. A detailed historical and geographical summary of the hospital. This also indicates the type of patients in the hospital, where they came from and other general information such as the visiting hours.
4. A detailed summary of the physical plant. This describes each building including warehouses, laundry, boiler house, machine shops and employees quarters. In most cases the buildings are described as to size, type of construction and other characteristics.

Departmental Administration—Continued

The placement of furniture and equipment is also noted. In addition, comments are made as to the general condition of the buildings and in some cases recommendations are made that the buildings should be replaced. For the ward buildings the number of patients is generally also noted in the summary.

5. Individual summaries on the background of the high level staff.
6. Detailed description of each of the services or departments in the hospital. This includes in some cases a description of the furniture and equipment. It also describes the various programs indicating the general size and scope of each. Very general comments are made as to the adequacy of the procedures being followed. Typical examples are that the program is worthwhile and should be expanded or personnel should be increased to meet APA standards.

In these reports which we have received, the nontreatment aspects of the program seem to be given major emphasis. In most cases in relation to the medical program the comments are very general in nature. We raise the query as to whether the department itself is not in a better position to compile such a report if there is any need for compiling the material. The department should already have most of this material available in the files of the various operating sections. The department should already be aware of deficiencies in buildings, equipment, roadways, and most other factors with which the report deals to a great extent.

These APA reports which we have reviewed have been generally nonmedical in approach. Therefore the engineering section and the statistical research bureau should be able to develop most of this data with a need for only a minimal amount of scarce medical time.

It would have been desirable had these APA surveys been related more to the mental treatment programs and if specific techniques and procedures had been outlined and related to the therapeutic aspects of the mental health operation—the program directly concerned with curing mental patients.

With regard to the proposed accreditation review of the hospitals, the department apparently feels that the “professional standing implications” are well worthwhile. What these implications are, to what extent they will improve the hospital operations and procedures, and who will benefit, are some of the questions the department should be required to answer specifically.

The amount scheduled for equipment is \$17,417, or \$3,172 less than estimated to be expended in the current budget year.

We recommend approval of the 7.5 new positions, costing \$33,174, as requested. We recommend that the proposed hospital and nursing survey, to be undertaken by the American Psychiatric Association Inspection Service be disapproved, reducing operating expenses \$46,000. (Budget page 545, line 58.)

Departmental Administration—Continued

Bureau of Patients' Accounts

The Bureau of Patients' Accounts has the responsibility for obtaining reimbursements for care and treatment of patients.

The bureau is requesting \$525,262 for the 1957-58 Fiscal Year, an increase of \$30,043 or 6.1 percent over the amount scheduled for expenditures in the current year. There are at present 89 positions authorized for the bureau and 6.5 new positions are being requested for the 1957-58 Fiscal Year.

Members of the Legislative Auditor's staff have prepared a comprehensive study entitled "Survey of Forms and Procedures for Processing Patients, and for Billing Patients' Accounts in the Department of Mental Hygiene," dated December 5, 1956. With regard to the Bureau of Patients' Accounts, the following specific deficiencies in operation were noted under "Findings on Patients' Billings Procedures":

1. Patients' accounting and billing procedures are cumbersome and archaic.

2. More than \$2,500,000 is constantly over 90 days past due.

3. There is a lack of sufficient control over account adjusters, who are permitted to make final adjustments in amounts due and at the same time make the collections in the field.

4. The procedure for recording patients' movements for billing purposes in the Bureau of Patients' Accounts involves five elaborate steps between receipt of the daily census report and final postings to the ledgers. There are virtually no controls in this procedure as it exists.

5. Too much emphasis is placed on establishing token charges (\$5 and \$10 per month) to responsible relatives who can pay no more. This appears to cost more to service than is recovered and exaggerates the number of paying patients. These small charges should be studied further.

6. Cash is not posted daily for approximately one week during the period of closing and mailing statements at the end of the month.

7. As a result of poor designing and unrealistic procedures, approximately 50 percent of the payments received through the mail are not accompanied by statement heads. When the statement head is not received, it is necessary to fill out a cash receipt by hand showing date received, patient number, patient name, name of payer, amount of payment, and distribution.

We have made the following specific recommendations as contained in the report to correct these serious operating deficiencies:

1. Eliminate the manual bookkeeping methods in the accounting section.

2. Install a punched card system which will result in a possible saving of \$20,000 annually in salaries and wages. Many thousands of additional dollars will be saved by the improved efficiency of the system.

Departmental Administration—Continued

3. Produce punched cards directly from teletype perforated tape and eliminate the key punching operation, verification, and the need for a written report for this purpose.

4. Eliminate the manual posting of movements on card files which will also be replaced by the automatic receiving of this data via daily teletype perforated tape.

5. Revise the statement form and the statment mailing procedure so that checks can be properly and promptly identified.

6. Revise collection procedures to include an emphasis on account aging and to concentrate on bringing past due accounts up to date.

7. Tighten controls on collection agents in the field by requiring them to collect the amount on the statement rather an an amount they can negotiate with the payer.

8. Re-examine the cost of setting up and servicing the accounts and eliminate those where the cost is greater than the amount collected.

In addition to greatly improving the accounting procedures in patients' accounts the proposed punched card system will result in more timely, more complete and additional statistical data needed for control and program evaluation purposes.

The Accounting Section in the Bureau of Patients' Accounts has presently authorized 19 positions. Of these 11 will be required for the new system.

The remaining eight positions will not be required and can be deleted gradually as the changeover progresses. These positions are as follows:

4 Bookkeeping machine operator I (Budget page 546, line 30)----	\$14,561
2 Intermediate account clerk (Budget page 546, line 31)-----	6,720 *
2 Intermediate typist-clerk (Budget page 546, line 37)-----	6,719 *
8 Positions -----	\$28,000 *

* Estimated.

The annual equipment rental expenses involved for the proposed new accounting procedure will cost about \$7,800. This will leave a substantial annual net reduction in cost to the State. The proposal will result in a direct saving to the State while at the same time providing a much better operation.

In view of these considerations, we recommend that the department begin changes in the accounting procedure and method as outlined above in our analysis.

It is suggested that the changes be made on a gradual basis of one hospital at a time.

A total of 6.5 positions are requested for the Bureau of Patients' Accounts for the 1957-58 Fiscal Year. These are shown as follows:

2 Agent I, patient's accounts (Budget page 546, line 45)---- \$10,464

These positions are requested for the Sacramento regional field office to reduce work load to a comparable level with the other field offices.

Departmental Administration—Continued

The fact that the case load for the Sacramento regional office is higher than that at other regional offices in itself is not a sufficient reason to justify the hiring of two additional agent I positions.

We believe that agent case loads should first be analyzed as to content and other factors such as the following:

1. How much of present case load could be collected by other means than through the field agents? Other means would include telephone, letter, etc.

2. To what degree are the cases handled in the different regional offices comparable? If the cases are in general easier to collect in one office than another. It would seem unreasonable to expect agent case loads to be the same.

3. What percentage of case load is not being collected at each regional office?

Answers to such questions as these and others would be much more indicative of what is the actual need for agents. Complete and detailed justification to support the request for these positions is lacking. We believe that further study of the field operations within the bureau is required, and that these two additional positions should not be approved until this is done.

We recommend that the two agent I positions be disapproved, reducing salaries and wages by \$10,464. (Budget page 546, line 45.)

4.5 Intermediate typist-clerk (Budget page 546, line 46)----- \$15,552

Three of these positions are requested to provide additional clerical assistance of one position each to the legal, analysis, and review sections.

One position is requested to provide clerical assistance to the two proposed agent I positions, which we have recommended be disapproved.

The remaining one-half position is requested to provide clerical assistance for an agent headquartered in Oakland. This position will also provide half-time assistance to an agent of the Guardianship Division stationed at Oakland.

Although we concentrated on a specific phase of the operation of the Bureau of Patients' Accounts in our recent survey, it was apparent that there are definite improvements which should be made in other sections as well.

A large increase totaling 12 new positions was granted the bureau in the 1956-57 Budget. In some cases the increase in clerical staff apparently exceeded work load ratios. In addition the work load factors appear to be ill defined and more detailed justification is necessary. The actual operating procedures in the legal, analysis and review sections for which these three intermediate typist-clerks are requested should be studied further.

Departmental Administration—Continued

The additional one-half intermediate typist-clerk position is requested to provide clerical assistance to an agent I position in Oakland. No clerical services are apparently available for this agent at present, and the position seems to be justified on a work load basis.

We recommend that the one-half intermediate typist-clerk position requested for the agent in Oakland be approved. We recommend that the remaining four intermediate typist-clerk positions be disapproved, reducing salaries and wages by \$13,824. (Budget page 546, line 46.)

It has been the usual practice of the Bureau of Patients' Accounts to justify its requests for new positions on the basis that of the additional revenue estimated to be collected in the ensuing fiscal year a significantly large portion will be based on the new positions requested. A return in increased revenue amounting to \$40,000 per position has been one basis stated.

We do not contend that some additional revenue might not be produced by the additions of some of the new positions. However, we do contend that the department has never demonstrated how much this would actually amount to, or more important, how much additional revenue could accrue from the positions currently authorized if they were to be used more effectively as exemplified by the findings in the survey on forms and procedures. These possibilities have been indicated in our study made during the past year with regard to the accounting section.

A number of additional factors are not given sufficient credit in the department's justification for new position requests based merely on the additional revenue to be collected by such positions. Preliminary estimates by the bureau indicate that about \$1,000,000 more is expected to be collected for the 1957-58 Fiscal Year from all sources than during the current fiscal year.

These gross revenue increases result from the interplay of a great many factors which should be thoroughly analyzed. We have pointed out several of these below and have indicated roughly what the magnitude of the contribution might amount to for some of these.

1. Raising maximum rate of board charges from \$122 to \$134. This probably will be raised again January 1, 1958. These raises in the board rate should result in increasing the charges for about 3,000 or more cases and will probably result in over \$500,000 additional revenue to the State.

2. Increased collections by the hospital agents. This is expected to increase by almost \$100,000 for 1957-58 as compared to 1956-57.

3. Increases in collections due to changes in population at the hospitals, and in the wage levels of relatives and others contributing to care and support.

Departmental Administration—Continued

4. Increases from social security and other laws and from insurance, legal and other related sources. Revenue from these sources is expected to increase almost \$150,000 for 1957-58 as compared to 1956-57.

5. Payments from the counties.

The changes in total revenue as a result of these factors will accrue to the Bureau of Patients' Accounts, in some cases almost automatically, through routine rate changes, or claims procedure and through the efforts of others such as the hospital agents.

For that reason, it is not logical to justify clerical and other personnel on the basis of such a factor as one position per \$40,000 for the work involved in setting up, billing and doing the other routine duties involved in collecting these moneys from the above sources.

A total of \$93,656 is requested for operating expenses for the 1957-58 Fiscal Year. This is a \$6,113 increase or 7.0 percent over the amount for the current year. The request for equipment is substantially less (\$8,401 for 1957-58) than is estimated for the current fiscal year. (14,413)

Bureau of Social Service

This unit has the responsibility for providing extramural care for patients on leave from the state hospitals. Work placement contacts and acting as a liaison between patients and their families on a regular continuing basis are other responsibilities.

A total of \$1,080,185 is requested for salaries and wages to provide these services during the 1957-58 Fiscal Year. This is an increase of \$92,906 or 9.4 percent over the amount for the current budget year.

A total of 185 positions are presently authorized for carrying out the activities of the Bureau of Social Service. The department is requesting that this force be augmented by 20 positions in the 1957-58 Fiscal Year. These are as follows:

1 *Intermediate stenographer-clerk (Budget page 547, line 53)* — \$3,456

This position is requested to handle increased clerical work load in the headquarters office. This results from increased staff services provided by the central office in the operation of the field program.

2 *Supervising psychiatric social worker (Budget page 547, line 55)* ————— \$11,544

11 *Senior psychiatric social worker (Budget page 547, line 57)* ————— 57,552

6 *Intermediate stenographer-clerk (Budget page 547, line 58)* 20,736

These new field social work positions are requested to improve the level of service by 8 percent to patients released from the hospitals in preplacement investigations, family care and work placements and follow-up and consultation services.

Departmental Administration—Continued

Case load of the bureau is estimated at 8,700 for the 1956-57 Fiscal Year and at 9,100 for 1957-58. This is a 4.6 percent increase. The ratio of active assigned cases to caseworkers (excluding supervisors), if the new positions as requested are granted, would decline from 79.1 in the current year to 75.2 for the 1957-58 Fiscal Year. The present staffing standard or goal for this function is 60 cases per caseworker. The current cost per assigned case is \$137.93. This would be increased under the proposed program to \$144.98 per case.

Operating expenses are scheduled to increase \$13,067 over the expenditure for the current year. Traveling expenses for the new positions and increases for rent are the major components of the additional amount requested.

A total of \$24,416 is estimated for equipment. The expenditure for the current year is only \$10,995. The sharp increase is mainly due to proposed replacement of office furniture and typewriters and the addition of new equipment for the proposed new positions including automobiles, and dictating equipment.

We recommend approval of the amount budgeted for the Bureau of Social Service.

Bureau of Research

During the hearings on the 1956-57 Budget Bill the Legislature requested that the department submit a proposal for a centrally directed Mental Health Research Program.

As a result of the hearings on the proposal a director of research position and three positions to provide clerical assistance were authorized in the 1956-57 Budget. No new positions are requested for the 1957-58 Fiscal Year. The director of research position has been filled and the new bureau is presently engaged in planning and organizing for the actual setting up and operating of a research program for which \$200,000 is requested.

The amount requested for operation of the bureau is \$33,651. This is \$1,893 less than the amount estimated for the current year. Operating expenses are scheduled at the same amount for both years and no equipment is requested for 1957-58.

We recommend approval of the amount budgeted for the Bureau of Research.

**Department of Mental Hygiene
TRANSPORTATION OF PATIENTS**

ITEM 142 of the Budget Bill

Budget page 542
Budget line No. 44

FOR TRANSPORTATION OF PATIENTS AND OTHER PERSONS COMMITTED TO STATE HOSPITALS FROM THE GENERAL FUND

Amount requested -----	\$75,530
Estimated to be expended in 1956-57 Fiscal Year -----	72,571
<hr/>	
Increase (4.1 percent) -----	\$2,959

RECOMMENDATIONS

Amount budgeted -----	\$75,530
Legislative Auditor's recommendation -----	75,530
<hr/>	
Reduction -----	None

ANALYSIS

The total amount required for this function is estimated to be \$137,327 for the 1957-58 Fiscal Year. Of this amount, it is estimated that \$61,797 will be collected from relatives and other legally responsible persons, leaving a total expense to the State of \$75,530. This is about \$10,000 less than was originally authorized for the current year budget and represents an increase of only \$2,959 over the revised figure estimated for the current year.

This is to provide for transportation costs, sheriff's fees and traveling expenses which are incidental to delivering patients to the hospitals from the counties. These charges are standardized for the different activities by the Board of Control. We recommend approval of \$75,530 for this activity as requested.

**Department of Mental Hygiene
OUT-OF-STATE DEPORTATIONS AND INSTITUTION TRANSFERS**

ITEM 143 of the Budget Bill

Budget page 542
Budget line No. 49

FOR SUPPORT OF OUT-OF-STATE DEPORTATION AND INSTITUTION TRANSFERS FROM THE GENERAL FUND

Amount requested -----	\$114,200
Estimated to be expended in 1956-57 Fiscal Year -----	\$105,275
<hr/>	
Increase (8.5 percent) -----	\$8,925

RECOMMENDATIONS

Amount budgeted -----	\$114,200
Legislative Auditor's recommendation -----	114,200
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Reduction -----	None

ANALYSIS

The request for \$114,200 is based on an estimated deportation of 525 patients to their own states of legal residence and the transfer of approximately 600 patients between mental hospitals. These figures for the current year are 475 out-of-state deportations and 400 interhospital transfers, and the amount budgeted is \$105,275.

The increased amount seems justified on a work load basis. We therefore recommend approval of the amount budgeted.

Department of Mental Hygiene
FAMILY CARE

ITEM 144 of the Budget Bill

Budget page 542

Budget line No. 54

FOR SUPPORT OF FAMILY CARE FROM THE GENERAL FUND

Amount requested	\$937,125
Estimated to be expended in 1956-57 Fiscal Year	819,809
 Increase (14.3 percent)	 \$117,316

RECOMMENDATIONS

Amount budgeted	\$937,125
Legislative Auditor's recommendation	937,125
 Reduction	 None

ANALYSIS

The family care program is designed to make it possible for patients to make a gradual transition from a mental hospital to the outside world. In addition to being beneficial to the patients it has resulted in actual savings to the State.

The department's proposal will provide for an average of 1,158 fully and partially financed cases (an increase of 122 or 11.8 percent over the current year) which will be placed on leave of absence to family home care.

The savings are justified by comparing expenses in maintaining a patient in family care homes as against the costs for hospital care in the hospitals. The estimated per capita hospital costs for the 1957-58 Fiscal Year are about \$150 per month. This excludes capital outlay costs which is also a significant factor. The current cost for family care is \$75 per month or just half the support costs for hospital care.

There is a backlog of patients who would benefit from this care. In view of this fact and the consequent savings we recommend approval of the amount budgeted.

Department of Mental Hygiene
RESEARCH PROGRAM

ITEM 145 of the Budget Bill

Budget page 542

Budget line No. 62

FOR SUPPORT OF RESEARCH PROGRAM FROM THE GENERAL FUND

Amount requested	\$200,000
Estimated to be expended in 1956-57 Fiscal Year	---
 Increase	 \$200,000

RECOMMENDATIONS

Amount budgeted	\$200,000
Legislative Auditor's recommendation	200,000
 Reduction	 None

Research Program—Continued

ANALYSIS

An allotment of \$200,000 is requested for the activation of mental health research projects during the 1957-58 Fiscal Year. The allocation of this fund to specific projects is to be made by the Department of Mental Hygiene with the approval of the Department of Finance.

The detailed formulation of the research program to be carried out with the \$200,000 appropriation during the 1957-58 Fiscal Year has not been completed as yet. The department does, however, expect to be able to develop the initial plans and actually carry on research during the year.

Because of the short time available and the special circumstances incident to the setting up of research, we believe the actual starting of research is a more important consideration at present than requiring the detailed formulation of plans. We do request, however, that the department seriously consider a controlled project for evaluation of the tranquilizing drugs. This agent has given such early promise as a treatment media for mental illness, that it is imperative that evaluation on a comprehensive and objective basis be started at once.

We recommend that for future budget requests, data be submitted to the Legislature showing projects completed during the past year and the findings or results obtained. For projects in process or to be initiated during the budget year the department should indicate what progress is being made for those under way and what the purpose and goals are for those contemplated.

The amount requested for research appears to be reasonable and we recommend approval.

**Department of Mental Hygiene
OUTPATIENT MENTAL HYGIENE CLINICS**

ITEM 146 of the Budget Bill

Budget page 550

Budget line No. 36

**FOR SUPPORT OF OUTPATIENT MENTAL HYGIENE CLINICS FROM
THE GENERAL FUND**

Amount requested	\$635,625
Estimated to be expended in 1956-57 Fiscal Year	606,348
Increase (4.8 percent)	\$29,277

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New serv. ces	
Salaries and wages	\$36,886	\$36,886	---	556 9
Operating expense	—5,295	—5,295	---	556 10
Equipment	—2,472	—2,472	---	556 11
Plus revised Federal Aid Funds	158	158	---	550 24
Total increase	\$29,277	\$29,277	---	

RECOMMENDATIONS

Amount budgeted	\$635,625
Legislative Auditor's recommendation	635,625
Reduction	None

Outpatient Mental Hygiene Clinics—Continued
ANALYSIS

The outpatient mental hygiene clinics are for the prevention, early diagnosis and treatment of mental disorders. They are established to assist persons with mental disorders who do not require hospitalization.

Of the \$29,277 increase requested for support of the clinics \$14,856 is for two new positions as follows:

1 Intermediate stenographer-clerk (Budget page 552, line 43) — \$3,456

This position is requested for increased work load at the San Diego Clinic. The clinic is now staffed with three clerical positions for seven professional employees. This clerical force must also operate the switch-board and the reception desk, do cashiery, accounting for and depositing of receipts, maintain the library and order supplies, and other duties.

The addition of one intermediate stenographer-clerk is not entirely justified on the work load basis of one clerical position to two professional positions but because of the additional duties as outlined the position appears justified.

1 Psychiatrist II (Budget page 554, line 13) ————— \$11,400

The position is requested on a work load basis to augment the professional staff at the Chico Clinic. This would provide a comparable staffing level of two psychiatrists for the clinic team, which is characteristic of the other clinics.

Operating expenses for the clinics are scheduled at \$230,143 for the 1957-58 Fiscal Year. This is \$5,295 or 2.2 percent less than is budgeted for the current year.

A proposed decrease is also noted for equipment, for which \$15,056 is requested. This is \$2,472 less than the estimated amount for the 1956-57 Fiscal Year.

We recommend approval of the amount budgeted for operation of the clinics. However, we believe that better reporting of the accomplishments of this program should be made, particularly in view of the department's proposal to expand the clinics in the State through legislation establishing a major subvention program of this nature.

Department of Mental Hygiene
LANGLEY PORTER CLINIC

ITEM 147 of the Budget Bill

Budget page 557
 Budget line No. 14

FOR SUPPORT OF LANGLEY PORTER CLINIC FROM THE GENERAL FUND

Amount requested	\$1,361,892
Estimated to be expended in 1956-57 Fiscal Year	1,233,006
Increase (10.5 percent)	\$128,886

Langley Porter Clinic—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget page	Line No.
		Work load or salary adjustments	New services		
Salaries and wages -----	\$107,401	\$18,949	\$88,452	561	23
Operating expense -----	1,246	1,246	---	561	24
Equipment -----	2,239	2,239	---	561	25
Plus decreased reimbursement --	18,000	18,000	---	561	31
Total increase -----	\$128,886	\$40,434	\$88,452	561	35

RECOMMENDATIONS

Amount budgeted -----	\$1,361,892
Legislative Auditor's recommendation -----	1,361,892

Reduction -----	None
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The Langley Porter Clinic is a hospital and clinic for treatment of early curable types of mental disorders, and a center for teaching and research. It is located at the University of California School of Medicine, San Francisco.

A total of 22.2 new positions are requested (17 for raising the level of service and 5.2 for work load) increasing salaries and wages by \$105,411. Of the total new positions, nine are requested to staff the 15-bed unit for a proposed day-night hospital. These positions are all in the new service category and are shown below:

		Budget page	Line No.
1 Psychiatrist II -----	\$11,400	559	31
1 Psychiatric nurse -----	4,296	559	35
4 Psychiatric technician -----	12,864	559	36
1 Occupational therapist I -----	4,296	559	38
1 Senior psychiatric social worker -----	5,232	559	40
1 Intermediate stenographer-clerk -----	3,372	558	20
9 Total -----	\$41,460		

The proposed day hospital program would provide facilities for 15 patients who will spend their days in the hospital (9 a.m. to 5 p.m.). The night hospital program would care for 15 patients who work or attend school during the day and who need support in the transition from 24-hour-a-day hospital care to living outside. The proposed 15 beds would thus accommodate 30 additional half-time patients, in addition to providing greater variety for teaching and research needs at the clinic.

Eight new resident positions are requested on a new service basis for the five-year psychiatry residency program.

		Budget page	Line No.
4 Psychiatric resident I, Range A -----	\$18,960	559	32
4 Psychiatric resident I, Range B -----	28,032	559	33
8 Totals -----	\$46,992		

Certain changes are also proposed in the five-year psychiatry residency program itself. At present the first, third, and fourth years are spent at the clinic and the second and fifth years are spent in state

Langley Porter Clinic—Continued

hospitals, state correctional facilities and the San Francisco County General Hospital. Under the proposed five-year program the first three years would be spent at the Langley Porter Clinic and the last two years would be spent in service at a regular state hospital.

There are serious shortages in this field and this program is considered to be primarily a recruiting program by the department. We agree that there is an acute need for trained people in the field; however, it should be determined how many of these residents who go through this state-subsidized program are actually going into state service.

We recommend that in view of the nature and objectives of the clinic that the nine positions for the day-night hospital program and the eight positions for the residency training program be approved. These positions should considerably increase the training and research potential of the clinic.

The remaining 5.2 new positions are requested on a work load basis and are scheduled as follows:

			Budget page	Line No.
3	Food service assistant	\$8,816	560	15
1	Building maintenance man	3,900	560	55
1	Automotive equipment operator	3,900	560	56
0.2	Groundsman and flower gardener	843	560	57
5.2	Totals	\$16,959		

One of the food service assistants would augment one position presently authorized for the fourth-floor dining room, another would assist in vegetable preparation, dishwashing and cleaning in the central kitchen. The third position is requested for relief. This seems in line with staffing in other institutions and approval of these positions is recommended.

The request for the building maintenance man and 0.2 position of groundsman and gardener seem reasonable but in view of the fact that the Neuropsychiatric Institute has contracted for buildings and grounds service with the U. C. L. A. medical center we believe that the department should explore the possibility of making a similar agreement. If feasible this would leave the administration free to pursue its basic objectives of teaching, research and treatment.

We recommend that the Department of Mental Hygiene present cost factors to the Department of Finance and the Legislative Auditor on the feasibility of having all such services of janitor, electrician, window cleaner, and groundsman for Langley Porter Clinic performed by contract with the university medical center on a contractual basis.

We recommend approval of the proposed automotive equipment operator position which is to be assigned to the business services and rehabilitation therapy departments. The driving and messenger duties of this position are presently being performed by other personnel.

**Department of Mental Hygiene
NEUROPSYCHIATRIC INSTITUTE**

ITEM 148 of the Budget Bill

Budget page 562

Budget line No. 11

**FOR SUPPORT OF NEUROPSYCHIATRIC INSTITUTE FROM THE
GENERAL FUND**

Amount requested	\$311,024
Estimated to be expended in 1956-57 Fiscal Year	105,585
Increase (194.6 percent)	\$205,439

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$167,577	\$5,895	\$161,682	563 63
Operating expense	22,281	---	22,281	563 64
Equipment	15,581	---	15,581	563 65
Total increase	\$205,439	\$5,895	\$199,544	563 67

RECOMMENDATIONS

Amount budgeted	\$311,024
Legislative Auditor's recommendation	311,024
Reduction	None

ANALYSIS

The Neuropsychiatric Institute now housed in temporary quarters is conceived as a hospital and clinic for the early curable types of mental disorders. In addition it is to function as a center for teaching, training and research. The facility is to be built as part of the Medical School of the University of California at Los Angeles.

At present a limited program is underway including the operation of an outpatient clinic to meet the teaching needs of the university medical school. The university has provided additional funds to further expand the outpatient clinic to meet increased teaching needs.

The Department of Mental Hygiene expects to assume full support of this outpatient clinic program and to provide patients for the teaching needs of the university medical school during the 1957-58 Fiscal Year. These activities are necessarily limited until the eventual opening of the Neuropsychiatric Institute.

The department is requesting 33 new positions to augment the 17.8 positions now authorized. These 33 new positions total \$161,682, they are shown as follows:

1 Psychiatric resident III (Budget page 563, line 33)	\$7,728
2 Psychiatric resident II (Budget page 563, line 34)	11,748
7 Clinical psychologist II (Budget page 563, line 35)	44,520
1 Psychiatric nurse (Budget page 563, line 36)	4,296
1 Supervising psychiatric social worker I (Budget page 563, line 38)	5,772
8 Senior psychiatric social worker (Budget page 563, line 40)	41,892
1 Medical record librarian (Budget page 562, line 58)	4,740
11 Intermediate typist-clerk (Budget page 562, line 59)	37,692
1 Intermediate clerk (Budget page 562, line 60)	3,294
33 Positions	\$161,682

These new service positions will make it possible to expand the present program and establish a well-functioning nucleus from which it

Neuropsychiatric Institute—Continued

should be possible to expand to the full operation of the Psychiatric Institute when it is opened during 1959.

An increase of \$22,281 to a total of \$31,431 is proposed for operating expenses. The equipment expenditure is scheduled to rise from \$5,438 in the current year to \$21,019. This increase of \$15,581, is mainly to provide *additional* equipment, and the proposed increase in operating expenses are directly related to the request for new positions.

We recommend approval of the amount budgeted.

**Department of Mental Hygiene
AGNEWS STATE HOSPITAL**

ITEM 149 of the Budget Bill

Budget page 564
Budget line No. 14

**FOR SUPPORT OF AGNEWS STATE HOSPITAL FROM THE
GENERAL FUND**

Amount requested	\$6,963,520
Estimated to be expended in 1956-57 Fiscal Year	6,631,108
Increase (5.0 percent)	<u>\$332,412</u>

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$297,958	— \$49,940	\$347,898	570 65
Operating expense	33,660	33,660	—	570 66
Equipment	— 600	— 27,790	27,190	570 67
Plus decreased reimbursement ---	1,394	1,394	—	570 75
Total increase	<u>\$332,412</u>	— \$42,676	\$375,088	570 78

RECOMMENDATIONS

Amount budgeted	\$6,963,520
Legislative Auditor's recommendation	6,851,410
Reduction	<u>\$112,110</u>

Agnews State Hospital is an institution for the care and treatment of the mentally ill. It is located near San Jose. An average patient population of 4,050 is anticipated for the 1957-58 Fiscal Year. The estimated average population for the 1956-57 Fiscal Year is 4,110.

The recommended reduction of \$112,110 consists of the following amounts in the category indicated.

<i>Salaries and wages</i>	<i>Amount</i>	<i>Budget</i>	
		<i>Page</i>	<i>Line</i>
2 Food service supervisor I	\$6,276	568	22
26 Food service assistant	73,944	568	23
1 Supervising hospital police officer	4,194	569	25
4 Hospital police officer	14,520	569	26
4 Intermediate typist-clerk	13,176	565	75
37 Positions reducing salaries and wages by	<u>\$112,110</u>		

It should be noted that even with the recommended deletions the hospital will still receive the benefit of a total of 43 new positions involving an increase of \$203,520 in salaries and wages.

The above recommended deletions are in conformity with the discussion and analysis in the Hospital Summary.

Items 150-151

Mental Hygiene

**Department of Mental Hygiene
ATASCADERO STATE HOSPITAL**

ITEM 150 of the Budget Bill

Budget page 572
Budget line No. 14

**FOR SUPPORT OF ATASCADERO STATE HOSPITAL FROM THE
GENERAL FUND**

Amount requested	\$2,350,577
Estimated to be expended in 1956-57 Fiscal Year.....	2,164,648
Increase (8.6 percent)	\$185,929

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages.....	\$168,747	\$92,163	\$76,584	577 58
Operating expense	6,388	6,388	--	577 59
Equipment	10,841	—2,809	13,650	577 60
Less increased reimbursement ..	—47	—47	--	577 65
Total increase	\$185,929	\$95,695	\$90,234	577 70

RECOMMENDATIONS

Amount budgeted	\$2,350,577
Legislative Auditor's recommendation.....	2,350,577

Reduction	None
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Atascadero State Hospital is a maximum security institution for mentally ill persons committed as criminally insane, sex psychopaths, psychopathic delinquents and those few cases of mental illness which would otherwise require more protection to the community than can be accomplished in the ordinary hospital. The population at the institution is anticipated to average 1,150 patients during the 1957-58 Fiscal Year. The estimated average population for 1956-57 is 1,128 patients.

Approval of all 30 new positions proposed is recommended. This is in conformity with our recommendations and analysis as contained in the Hospital Summary.

**Department of Mental Hygiene
CAMARILLO STATE HOSPITAL**

ITEM 151 of the Budget Bill

Budget page 578
Budget line No. 15

**FOR SUPPORT OF CAMARILLO STATE HOSPITAL FROM THE
GENERAL FUND**

Amount requested	\$9,936,809
Estimated to be expended in 1956-57 Fiscal Year.....	9,361,049
Increase (6.2 percent)	\$575,760

Camarillo State Hospital—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget page	Line No.
		Work load or salary adjustments	New services		
Salaries and wages-----	\$585,104	\$64,244	\$520,860	585	44
Operating expense-----	6,511	6,511	---	585	45
Equipment-----	—3,766	—37,855	34,089	585	46
Less increased reimbursements---	—12,089	—12,089	---	585	51
Total increase-----	\$575,760	\$20,811	\$554,949	585	56

RECOMMENDATIONS

Amount budgeted-----	\$9,936,809
Legislative Auditor's recommendation-----	9,776,615
Reduction-----	\$160,194

Camarillo State Hospital is an institution for the mentally ill. It is located near Camarillo, Ventura County. The anticipated average population for the 1957-58 Fiscal Year is 6,850. The estimated average population for the 1956-57 Fiscal Year is 6,938 patients.

The recommended reduction of \$160,194 consists of the following amounts in the category indicated:

	Amount	Budget	
		Page	Line
<i>Salaries and wages</i>			
5 Chief of service (psychiatric)-----	\$69,000	581	50
1 Chief of service (medical and surgical)-----	13,800	581	51
16 Food service assistant-----	45,504	582	59
1 Supervising hospital police officer-----	4,194	583	75
4 Hospital police officer-----	14,520	583	76
4 Intermediate typist-clerk-----	13,176	580	10
31 Positions, reducing salaries and wages by-----	\$160,194		

It should be noted that even with the recommended deletions of the above 31 positions, the agency will still receive the benefit of a total of 94 new positions involving an increase of \$353,064 in salaries and wages.

The deletions conform to the specific recommendations made in the hospital summary.

Department of Mental Hygiene
DeWITT STATE HOSPITAL

ITEM 152 of the Budget Bill

Budget page 586
Budget line No. 14

FOR SUPPORT OF DeWITT STATE HOSPITAL FROM THE GENERAL FUND

Amount requested-----	\$4,631,491
Estimated to be expended in 1956-57 Fiscal Year-----	4,369,778
Increase (6.0 percent)-----	\$261,713

Item 153

Mental Hygiene

DeWitt State Hospital—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages -----	\$174,187	\$10,162	\$164,025	591 49
Operating expense -----	66,900	66,900	--	591 50
Equipment -----	20,626	—11,414	32,040	591 51
Total increase -----	\$261,713	\$65,648	\$196,065	591 58

RECOMMENDATIONS

Amount budgeted -----	\$4,631,491
Legislative Auditor's recommendation -----	4,610,311
Reduction -----	\$21,180

DeWitt State Hospital is an institution for mentally ill and mentally deficient patients. It is located near Auburn, Placer County. Average population for the 1957-58 Fiscal Year is anticipated to be 3,013 patients. The estimated average for the 1956-57 Fiscal Year is 2,938 patients.

The recommended reduction of \$21,180 consists of the following amounts in the categories indicated:

Salaries and wages	Amount	Budget	
		Page	Line
1 Food service supervisor -----	\$3,138	509	62
1 Supervising hospital police officer -----	4,194	590	69
2 Hospital police officer -----	7,260	590	70
2 Intermediate typist-clerk -----	6,588	587	50

6 Positions, reducing salaries and wages by ----- \$21,180

It should be noted that even with the recommended deletions of the above six positions, the agency will still receive the benefit of a total of 41 new positions involving an increase of \$179,448 in salaries and wages.

This deletion is in conformity with the recommendations and analysis made in the hospital summary.

**Department of Mental Hygiene
MENDOCINO STATE HOSPITAL**

ITEM 153 of the Budget Bill

Budget page 592
Budget line No. 14

**FOR SUPPORT OF MENDOCINO STATE HOSPITAL FROM THE
GENERAL FUND**

Amount requested -----	\$4,183,837
Estimated to be expended in 1956-57 Fiscal Year -----	3,892,264
Increase (7.5 percent) -----	\$291,573

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages -----	\$214,476	—\$48,093	\$262,569	598 50
Operating expense -----	56,072	56,072	--	598 51
Equipment -----	15,215	—12,423	27,638	598 52
Plus decreased reimbursement ---	5,810	5,810	--	598 60
Total increase -----	\$291,573	\$1,366	\$290,207	598 63

Mendocino State Hospital—Continued

RECOMMENDATIONS

Amount budgeted	\$4,183,837
Legislative Auditor's recommendation	4,064,389
Reduction	\$119,448

Mendocino State Hospital is an institution for the mentally ill, located at Talmage, Mendocino County. The average population is anticipated to be 2,530 patients during the 1957-58 Fiscal Year. The estimated average population for the 1956-57 Fiscal Year is 2,404 patients.

The recommended reduction of \$119,448 consists of the following amounts in the category indicated:

<i>Salaries and wages</i>		<i>Budget</i>	
	<i>Amount</i>	<i>Page</i>	<i>Line</i>
1 Food service supervisor I	\$3,138	595	61
32 Food service assistant	91,008	595	62
1 Supervising hospital police officer	4,194	596	71
4 Hospital police officer	14,520	596	72
2 Intermediate typist-clerk	6,588	593	51
40 Positions, reducing salaries and wages by	\$119,448		

It should be noted that even with the recommended deletion of the above 40 positions, the agency will still receive the benefit of a total of 24 new positions involving an increase of \$103,368 in salaries and wages.

The deletions noted conform to the recommendations contained in the hospital summary.

**Department of Mental Hygiene
METROPOLITAN STATE HOSPITAL**

ITEM 154 of the Budget Bill

Budget page 599
Budget line No. 15

**FOR SUPPORT OF METROPOLITAN STATE HOSPITAL FROM THE
GENERAL FUND**

Amount requested	\$5,127,058
Estimated to be expended in 1956-57 Fiscal Year	4,304,643
Increase (19.1 percent)	\$822,415

Summary of Increase

	Total increase	INCREASE DUE TO		Budget page	Line No.
		Work load or salary adjustments	New services		
Salaries and wages	\$702,226	\$411,379	\$290,847	606	42
Operating expense	125,765	125,765	—	606	43
Equipment	—9,576	—15,850	6,274	606	44
Plus decreased reimbursement	4,000	4,000	—	606	52
Total increase	\$822,415	\$525,294	\$297,121	606	54

Metropolitan State Hospital—Continued

RECOMMENDATIONS

Amount budgeted	\$5,127,058
Legislative Auditor's recommendation	5,015,848
Reduction	\$111,210

Metropolitan State Hospital is an institution for the mentally ill. It is located at Norwalk. The average population for the 1957-58 Fiscal Year is anticipated to total 2,580 patients. The average population is estimated at 2,354 patients during the 1956-57 Fiscal Year.

The recommended reduction of \$111,210 consists of the following amounts in the category indicated:

<i>Salaries and wages</i>	<i>Amount</i>	<i>Budget</i>	
		<i>Page</i>	<i>Line</i>
1 Psychiatrist III	\$13,200	602	69
2 Psychiatrist II	22,800	602	70
1 Clinical psychologist II	6,360	602	71
1 Senior psychiatric social worker	5,232	602	72
3 Intermediate stenographer-clerk	10,368	602	73
1 Food service supervisor	3,138	603	53
10 Food service assistant	28,440	603	55
1 Supervising hospital police officer	4,194	604	76
3 Hospital police officer	10,890	604	77
2 Intermediate typist-clerk	6,588	601	11

25 Positions, reducing salaries and wages by \$111,210

It should be noted that even with the recommended deletions of the above 25 positions, the agency will still receive the benefit of a total of 317 new positions involving an increase of \$516,424 in salaries and wages.

The deletions outlined above are in accord with the recommendations made in the Hospital Summary.

**Department of Mental Hygiene
MODESTO STATE HOSPITAL**

ITEM 155 of the Budget Bill

Budget page 607
Budget line No. 14

**FOR SUPPORT OF MODESTO STATE HOSPITAL FROM THE
GENERAL FUND**

Amount requested	\$5,306,882
Estimated to be expended in 1956-57 Fiscal Year	5,024,642
Increase (5.6 percent)	\$282,240

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$175,382	\$2,141	\$173,241	612 31
Operating expense	73,030	73,030	—	612 32
Equipment	33,628	949	32,679	612 33
Plus decreased reimbursement	200	200	—	612 38
Total increase	\$282,240	\$76,320	\$205,920	612 41

Modesto State Hospital—Continued

RECOMMENDATIONS

Amount budgeted	\$5,306,882
Legislative Auditor's recommendation	5,285,702
Reduction	\$21,180

Modesto State hospital is an institution for the care and treatment of mentally ill and mentally deficient patients. The population during the 1957-58 Fiscal Year is anticipated to average 3,464 patients. The average population for the 1956-57 Fiscal Year is estimated at 3,344 patients.

The recommended reduction of \$21,180 consists of the following amounts in the category indicated:

<i>Salaries and wages</i>	<i>Amount</i>	<i>Page</i>	<i>Budget Line</i>
1 Food service supervisor	\$3,138	610	61
1 Supervising hospital police officer	4,194	611	60
2 Hospital police officer	7,260	611	61
2 Intermediate typist-clerk	6,588	608	53
6 Positions reducing salaries and wages by	\$21,180		

It should be noted that even with the recommended reduction of the above six positions that the agency will still receive the benefit of a total of 28 new positions involving an increase of \$124,452 in salaries and wages.

The above deletions are in conformance with the recommendations contained in the State Hospital Summary.

**Department of Mental Hygiene
NAPA STATE HOSPITAL**

ITEM 156 of the Budget Bill

Budget page 613
Budget line No. 14

**FOR SUPPORT OF NAPA STATE HOSPITAL FROM THE GENERAL
FUND**

Amount requested	\$8,725,960
Estimated to be expended in 1956-57 Fiscal Year	7,962,866
Increase (9.6 percent)	\$763,094

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$601,839	\$171,005	\$430,834	620 48
Operating expense	121,846	121,846	—	620 49
Equipment	39,409	17,090	22,319	620 50
Total increase	\$763,094	\$309,941	\$453,153	620 61

Napa State Hospital—Continued

RECOMMENDATIONS

Amount budgeted	\$8,725,960
Legislative Auditor's recommendation	8,599,074
Reduction	\$126,886

Napa State Hospital is located at Imola, Napa County. It is an institution for the mentally ill. Anticipated average population for the 1957-58 Fiscal Year is 5,600 patients. The estimated average population for the 1956-57 Fiscal Year is 5,380 patients.

The recommended reduction of \$126,886 consists of the following amounts in the category indicated:

<i>Salaries and wages</i>	<i>Amount</i>	<i>Budget</i>	
		<i>Page</i>	<i>Line</i>
1 Assistant superintendent—treatment	\$13,800	615	6
3 Chief of service (psychiatric)	51,400	616	51
1 Chief of service (medical and surgical)	13,800	616	52
1 Chief of service (tuberculosis)	13,800	616	54
2 Food service supervisor	6,276	617	56
1 Food service assistant	2,844	617	57
1 Supervising hospital police officer	4,194	618	69
3 Hospital police officer	10,890	618	70
3 Intermediate typist-clerk	9,882	615	13
16 Positions, reducing salaries and wages by	\$126,886		

It should be noted that even with the recommended deletion of the above 16 positions, the agency will still receive the benefit of a total of 126 new positions, an increase in salaries and wages of \$424,788.

The above deletions are in accord with the recommendations made in the hospital summary.

Department of Mental Hygiene

PATTON STATE HOSPITAL

ITEM 157 of the Budget Bill

Budget page 621

Budget line No. 14

FOR SUPPORT OF PATTON STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	\$7,150,721
Estimated to be expended in 1956-57 Fiscal Year	6,886,499
Increase (3.8 percent)	\$264,222

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$263,615	—\$1,690	\$265,305	628 9
Operating expense	2,728	2,728	—	628 10
Equipment	—3,521	—30,559	27,038	628 11
Plus decreased reimbursements	1,400	1,400	—	628 19
Total increase	\$264,222	—\$28,121	\$292,343	628 22

Patton State Hospital—Continued

RECOMMENDATIONS

Amount budgeted	\$7,150,721
Legislative Auditor's recommendation	7,120,763
Reduction	\$29,958

Patton State Hospital, located at Patton, near the City of San Bernardino, is an institution for mentally ill patients. The population for the 1957-58 Fiscal Year is anticipated to average 4,275 patients. The estimated population for the 1956-57 Fiscal Year is 4,258 patients.

The recommended reduction of \$29,958 consists of the following amounts in the category indicated:

<i>Salaries and wages</i>	<i>Amount</i>	<i>Budget</i>	
		<i>Page</i>	<i>Line</i>
1 Chief of service (tuberculosis)	\$13,800	624	16
2 Food service supervisor I	6,276	625	15
3 Intermediate typist-clerk	9,882	622	60
6 Positions, reducing salaries and wages by	\$29,958		

It should be noted that even with the deletion of the above six positions, the agency will still receive 58 new positions involving an increase of \$210,162 in salaries and wages.

The above deletions are in accord with the hospital summary.

**Department of Mental Hygiene
STOCKTON STATE HOSPITAL**

ITEM 158 of the Budget Bill

Budget page 629
Budget line No. 15

FOR SUPPORT OF STOCKTON STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	\$7,781,181
Estimated to be expended in 1956-57 Fiscal Year	7,340,441
Increase (6.0 percent)	\$440,740

Summary of Increase

	Total increase	INCREASE DUE TO		Budget page	Line No.
		Work load or salary adjustments	New services		
Salaries and wages	\$410,008	—\$19,952	\$429,960	636	40
Operating expense	15,567	15,567	—	636	41
Equipment	15,165	11,342	3,823	636	42
Total increase	\$440,740	\$6,957	\$433,783	636	53

Item 159

Mental Hygiene

Stockton State Hospital—Continued

RECOMMENDATIONS

Amount budgeted	\$7,781,181
Legislative Auditor's recommendation	7,621,293
Reduction	\$159,888

Stockton State Hospital is an institution for the care and treatment of mentally ill patients. The average population for the 1957-58 Fiscal Year is estimated to be 4,546 patients a slight decline from the 4,590 patients estimated for the 1956-57 Fiscal Year.

The recommended deduction of \$159,888 consists of the following amounts in the category indicated:

<i>Salaries and wages</i>	<i>Amount</i>	<i>Budget</i>	
		<i>Page</i>	<i>Line</i>
1 Psychiatrist III	\$13,200	632	48
2 Psychiatrist II	22,800	632	49
1 Clinical psychologist II	6,860	632	50
1 Senior psychiatric social worker	5,232	632	51
3 Intermediate stenographer-clerk	10,368	632	52
2 Food service supervisor	6,276	633	38
29 Food service assistant	82,476	633	39
4 Intermediate typist-clerk	13,176	630	70

43 Positions, reducing salaries and wages by----- \$159,888

It is emphasized that even with the recommended deletion of the above 43 positions, the agency will still receive the benefit of 66 new positions involving an increase of \$264,438 in salaries and wages.

The foregoing deletions are in conformity to the recommendations contained in the Hospital Summary.

Department of Mental Hygiene

FAIRVIEW STATE HOSPITAL

ITEM 159 of the Budget Bill

Budget page 637
Budget line No. 10

**FOR SUPPORT OF FAIRVIEW STATE HOSPITAL FROM THE
GENERAL FUND**

Amount requested	\$697,572
Estimated to be expended in 1956-57 Fiscal Year	146,625
Increase (375.8 percent)	\$550,947

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$490,247	\$490,247	--	640 65
Operating expense	60,700	60,700	--	640 65
Total increase	\$550,947	\$550,947	--	640 67

Mental Hygiene**Item 160****Fairview State Hospital—Continued****RECOMMENDATIONS**

Amount budgeted	\$697,572
Legislative Auditor's recommendation	697,572
Reduction	None

Fairview State Hospital, located near Costa Mesa, Orange County, is expected to receive mentally deficient patients starting in September, 1957. This new facility should relieve to some extent the waiting list at other hospitals through its receiving transfers from these hospitals and new admissions. The department anticipates accepting responsibility for maintenance of the physical plant about April 1, 1957. Average population for the 1957-58 Fiscal Year is estimated to be 158 patients.

Department of Mental Hygiene**PACIFIC STATE HOSPITAL**

ITEM 160 of the Budget Bill

Budget page 641

Budget line No. 14

FOR SUPPORT OF PACIFIC STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	\$6,188,848
Estimated to be expended in 1956-57 Fiscal Year	5,358,490
Increase (15.5 percent)	\$830,358

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$704,150	\$336,172	\$367,978	648 9
Operating expense	144,365	144,365	—	648 10
Equipment	—18,157	—38,762	20,605	648 11
Total increase	\$830,358	\$441,775	\$388,583	648 22

Pacific State Hospital—Continued

RECOMMENDATIONS

Amount budgeted	\$6,188,848
Legislative Auditor's recommendation	6,001,702
Reduction	\$187,146

Pacific State Hospital is an institution for the mentally deficient. It is located near Pomona. The anticipated average population at the institution for the 1957-58 Fiscal Year is 3,257 patients, an average of 2,928 patients is estimated for the current year.

The recommended reduction of \$187,146 is comprised of the following amounts in the category indicated.

<i>Salaries and wages</i>	<i>Amount</i>	<i>Budget</i>	
		<i>Page</i>	<i>Line</i>
1 Public health nurse I	\$4,980	644	63
1 Psychiatrist III	13,200	644	69
2 Psychiatrist II	22,800	644	70
1 Clinical psychologist II	6,360	644	71
1 Senior psychiatric social worker	5,232	644	72
3 Intermediate stenographer-clerk	10,368	644	73
1 Food service supervisor	3,138	645	65
16 Food service assistant	45,504	645	66
5 Laundryman	16,470	645	70
12 Laundry helper	34,128	645	71
1 Supervising hospital police officer	4,194	646	71
3 Hospital police officer	10,890	646	72
3 Intermediate typist-clerk	9,882	642	80

50 Positions, reducing salaries and wages by..... \$187,146

It is emphasized that even with the above deletion of 50 positions, the agency will still receive a total of 85 new positions increasing salaries and wages by \$267,894.

The foregoing deletion is in accord with the Hospital Summary.

**Department of Mental Hygiene
PORTERVILLE STATE HOSPITAL**

ITEM 161 of the Budget Bill

Budget page 649
Budget line No. 14

**FOR SUPPORT OF PORTERVILLE STATE HOSPITAL FROM THE
GENERAL FUND**

Amount requested	\$4,602,345
Estimated to be expended in 1956-57 Fiscal Year	4,204,138
Increase (9.5 percent)	\$398,207

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$301,225	\$133,177	\$168,048	654 43
Operating expense	86,508	86,508	—	654 44
Equipment	10,658	—10,064	20,722	654 45
Less increased reimbursement	—184	—184	—	654 50
Total increase	\$398,207	\$209,437	\$188,770	654 53

Porterville State Hospital—Continued

RECOMMENDATIONS

Amount budgeted	\$4,602,345
Legislative Auditor's recommendation	4,577,421
Reduction	<u>\$24,924</u>

Porterville State Hospital is located near Porterville. It is an institution for the mentally deficient. An average population of 2,532 patients is estimated for the 1957-58 Fiscal Year. The estimated population for 1956-57 is 2,340 patients.

The recommended reduction of \$24,924 is comprised of the following amounts in the categories indicated:

<i>Salaries and wages</i>	<i>Amount</i>	<i>Budget Page</i>	<i>Line</i>
1 Public health nurse I	\$4,980	652	7
1 Food service supervisor I	3,138	652	75
2 Food service assistant	5,688	652	76
1 Supervising hospital police officer	4,194	653	74
1 Hospital police officer	3,630	653	75
1 Intermediate typist-clerk	3,294	650	49
7 Positions, reducing salaries and wages by	<u>\$24,924</u>		

It is emphasized that even with the deletion of the above seven positions, the agency will still receive a total of 52 new positions involving an increase of \$173,982 in salaries and wages.

The above deletions conform to the recommendations in the hospital summary.

Department of Mental Hygiene

SONOMA STATE HOSPITAL

ITEM 162 of the Budget Bill

Budget page 655

Budget line No. 14

FOR SUPPORT OF SONOMA STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	\$6,580,802
Estimated to be expended in 1956-57 Fiscal Year	6,044,254
Increase (8.9 percent)	<u>\$536,548</u>

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Work load or salary adjustments	New services	
Salaries and wages	\$485,328	\$170,368	\$314,960	662 46
Operating expense	61,305	61,305	—	662 47
Equipment	—10,085	—18,195	8,110	662 48
Total-increase	<u>\$536,548</u>	<u>\$213,478</u>	<u>\$323,070</u>	662 60

RECOMMENDATIONS

Amount budgeted	\$6,580,802
Legislative Auditor's recommendation	6,454,730
Reduction	<u>\$126,072</u>

Item 163

Alcoholic Rehabilitation

Sonoma State Hospital—Continued

Sonoma State Hospital, located at Eldridge, Sonoma County, is an institution for the mentally deficient. The anticipated average patient population is 3,204 for the 1957-58 Fiscal Year. This figure is 3,188 for the 1956-57 Fiscal Year.

The following amounts in the categories indicated comprise the recommended reduction in salaries and wages.

<i>Salaries and wages</i>	<i>Amount</i>	<i>Budget Page</i>	<i>Line</i>
1 Public health nurse I -----	\$4,980	658	55
1 Food service supervisor -----	3,138	659	56
21 Food service assistant -----	59,724	659	57
17 Laundry helper -----	48,348	659	59
3 Intermediate typist-clerk -----	9,882	656	72
43 Positions reducing salaries and wages by -----	\$126,072		

It is emphasized that even with the deletion of the above 43 positions, the agency will still receive a total of 327 new positions, an increase of \$444,707 in salaries and wages.

The above deletions conform to the recommendations contained in the hospital summary.

ALCOHOLIC REHABILITATION COMMISSION

ITEM 163 of the Budget Bill

Budget page 663

Budget line No. 7

FOR SUPPORT OF ALCOHOLIC REHABILITATION COMMISSION FROM THE GENERAL FUND

Amount requested -----	\$704,798
Estimated to be expended in 1956-57 Fiscal Year -----	552,050
Increase (27.7 percent) -----	\$152,748

Summary of Increase

	Total increase	INCREASE DUE TO Work load or salary adjustments	New services	Budget Line page No.
Salaries and wages -----	\$962	\$962	--	664 43
Operating expense -----	153,622	148,622	\$5,000	664 44
Equipment -----	—1,836	—1,836	--	664 45
Total increase -----	\$152,748	\$147,748	\$5,000	664 47

RECOMMENDATIONS

Amount budgeted -----	\$704,798
Legislative Auditor's recommendation -----	704,798
Reduction -----	None

GENERAL SUMMARY

The Alcoholic Rehabilitation Commission was created by the Legislature at its extraordinary session in September of 1954 and was to function until September 30, 1957. However, Chapter 1909, Statutes of 1955, extended the life of the commission until June 30, 1959, and provided for the commission to submit a preliminary report to the Governor and the Legislature prior to March 1, 1957, and the final report with recommendations before March 1, 1959.

Alcoholic Rehabilitation Commission—Continued

The original law establishing the commission authorized the agency to carry out the following responsibility:

1. Investigate and study all phases of the treatment and rehabilitation of alcoholics, and other factors necessary to the reduction and prevention of chronic alcoholism and other excessive uses of alcohol.
2. Engage in all phases of treatment and rehabilitation of alcoholics. (Section 26004, Business and Professions Code.)

History of Activities

In 1955-56, the commission's first full year of operation, study was launched mainly into the research aspects of alcoholism with a limited amount of work in the treatment field. The following is a summary of the 1955-56 activities:

- | | |
|---|----------|
| 1. Basic medical research----- | \$25,000 |
| This research included two projects at the University of California Medical Center at San Francisco and one at U. C. L. A. Medical Center. They investigated the physiological effects of alcoholism on the human body. | |
| 2. Alcoholism research clinic—U. C. L. A.----- | 50,000 |
| The emphasis of this clinic was to engage in a research study of alcoholic treatment while at the same time providing an active out-patient clinic. | |
| 3. Follow-up evaluation study----- | 40,000 |
| The commission contracted with the State Department of Public Health to make an evaluation study, or follow-up, of a group of alcoholics who had received treatment of varying types, and determine their degree of rehabilitation. | |
| 4. Pilot community clinic----- | 40,000 |
| The San Francisco Adult Guidance Center, an out-patient clinic operated by the San Francisco Public Health Department, was augmented with funds to conduct an intense pilot treatment program of some 300 alcoholics. | |

During the current fiscal year, 1956-57, the commission's activities were expanded more in the treatment field and to some extent in research. The following is the summary of the 1956-57 program of expenditure estimates:

- | | |
|--|----------|
| 1. Basic medical research----- | \$50,000 |
| Generally the same as 1955-56 with a double appropriation for more research in the medical aspects of alcoholism. | |
| 2. Alcoholism research clinic—U. C. L. A.----- | 50,000 |
| Continuing at the same level of operation. | |
| 3. Follow-up evaluation study----- | 40,000 |
| Continuing at the same level of operation. | |
| 4. Causation survey----- | 50,000 |
| This is a new study contracted with the State Department of Public Health to examine the causative factors leading up to alcoholism. | |
| 5. Hospital pilot treatment----- | 15,000 |
| Pilot treatment studies were to be conducted in three private hospitals—one in San Francisco, one in the Central Valley area, and one in Los Angeles—to examine techniques of caring for alcoholics. The original appropriation called for \$60,000 for these studies. | |
| 6. Community pilot treatment clinics----- | 255,900 |

Originally, it was proposed to set up nine community clinics, eight of which would be new and the ninth a continuing augmentation for

Alcoholic Rehabilitation Commission—Continued

the established San Francisco clinic. The State appropriates funds for "partial costs," and the community furnishes quarters, maintenance of quarters, janitorial services, utility costs, and equipment. Of the eight designated new clinics in major urban areas, one city, Fresno, rejected the program. The other seven clinics have been or soon will be established. They are as follows:

<i>Clinic</i>	<i>Amount</i>
Los Angeles -----	\$61,900
Alameda County -----	54,000
San Diego -----	31,000
Sacramento -----	10,000
San Jose -----	18,000
Stockton -----	21,000
Pasadena -----	10,000
San Francisco -----	50,000
Total -----	\$255,900

The variance in budget amounts is due to the size, area to be served and estimated period of functioning during the current year.

Other developments during 1956-57 included employment of the following new staff members: a medical director to head up the administrative staff (who has since resigned); an information officer; and an administrative assistant.

The commission also moved its offices from Sacramento to Berkeley in September, 1956, in order to be more centrally located to its research and clinic operations.

ANALYSIS

The 1957-58 Budget request of \$704,798 for the Alcoholic Rehabilitation Commission represents an increase of \$152,748 or 27.7 percent over the estimated expenditures for the current fiscal year of \$552,050.

Actually the 1957-58 Budget request is identical to the amount appropriated for 1956-57, but the increase, mainly in operating expenses, is due to savings in the current year caused by delays in establishing the community clinic program. Of \$363,200 provided for 1956-57 to operate nine treatment clinics, it is estimated that only \$255,900 will be expended. This includes the savings of \$25,000 provided for the Fresno clinic which was rejected by officials of that city.

With the exception of three areas, the budget request proposes generally the same level of services as approved for the current year. These three variances are as follows:

1. An increase in the causation study amount from \$50,000 to \$100,000 in accord with the policy of accelerating the survey at this stage.
2. A reduction in the hospital pilot clinic program from \$60,000 to \$30,000. However, expenditures for the current fiscal year are estimated at only \$15,000 instead of the \$60,000 appropriated.
3. Provision for a new service for tabulating data received from the treatment clinics, at a cost of \$5,000.

We are in accord with the budget request for the specified research and treatment projects, but we recommend the following changes in functions and duties with respect to carrying out this program:

Alcoholic Rehabilitation Commission—Continued

1. That the responsibility for supervising and directing the various research studies and treatment clinics be transferred from the commission's control and placed under jurisdiction of the State Department of Public Health.

2. That the commission continue to function, but for the sole purpose of receiving data of the findings in the research and treatment projects, as forwarded by the State Department of Public Health, in order that the commission may make a report with recommendations for the 1959 Legislature.

Ever since the establishment of the commission we have stressed that the role of this group is primarily that of a study committee to investigate the alcoholic problem in the State and report its findings to the Legislature with recommendations. We have continually urged that the areas of research and treatment in which the commission engaged should have a positive relation to its final report.

However, in viewing the two years in which the commission has functioned, we have considerable doubts as to whether this objective has been pursued as effectively as it could have been. Considerable disagreement has existed among the commission members and with the staff. There has been a turnover of top administrators twice in the past 10 months, and the commission currently is seeking a third new director. We cannot believe that these conditions are beneficial to the development of a study program, the termination date of which is drawing near, and there is nothing to indicate the situation will improve in months to come.

It is our feeling that a continuance of this type of operation will result in a report falling far short of a comprehensive, meaningful documentation of the alcoholic problem.

Placing the responsibility of conducting these studies and clinic operations directly under jurisdiction of the Department of Public Health, divorced from commission control, we believe, will salvage a study which otherwise appears to be developing into a collection of unrelated facts, and which probably will have little substantive meaning when assembled as a final report.

It is not our intention to suggest that the commission be relieved of its primary purpose, namely, to prepare the report and make recommendations. However, we feel that the actual operation of the study should be placed under control of the Department of Public Health which will report its findings to the commission, and the commission, in turn, will report to the Legislature.

MILITARY DEPARTMENT

ITEM 164 of the Budget Bill

Budget page 665
Budget line No. 38

FOR SUPPORT OF MILITARY DEPARTMENT, EXCLUSIVE OF THE CALIFORNIA CADET CORPS, FROM THE GENERAL FUND

Amount requested	\$2,644,028
Estimated to be expended in 1956-57 Fiscal Year	2,460,463
Increase (7.5 percent)	\$183,565