

Department of Justice
OTHER CURRENT EXPENSES

ITEM 137 of the Budget Bill

Budget page 336

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	\$645,616
Estimated to be expended in 1957-58 Fiscal Year	647,147
Decrease (0.2 percent)	<u>\$1,531</u>

RECOMMENDED REDUCTIONS

None

ANALYSIS

This item of the Budget Bill is to support litigation and legal services rendered to the Colorado River Board. The purpose of these services is to resolve the conflict between Arizona and California as to division of water available to the lower basin of the Colorado River.

The amount of \$645,616 is requested for the next fiscal year and shows a \$1,531 decrease from the estimated expenditures in the current fiscal year. The 1957 Budget Act appropriation of \$751,188 is not to be fully expended, and there are estimated savings of \$103,941. This is due to hearings which were retained in San Francisco and not transferred to New York as previously announced. These hearings are being held before a special master appointed by the United States Supreme Court. Therefore, the request for the 1958-59 Fiscal Year is based on the retention of the hearings in San Francisco.

Approval of this item as submitted is recommended.

DEPARTMENT OF MENTAL HYGIENE

Budget page 337

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

Amount requested	\$103,545,647
Estimated to be expended in 1957-58 Fiscal Year	96,729,351
Increase (7.0 percent)	<u>\$6,816,296</u>

Summary of Increase

	Total increase	INCREASE DUE TO Workload or salary adjustments	New services	Budget Line page No.
Salaries and wages	\$5,257,622	\$5,077,244	\$180,378	337 64
Operating expense	1,213,161	1,213,161	--	337 65
Equipment	21,181	30,522	9,341	337 66
Reimbursements	16,999	16,999	--	337 67
Contributions to State Employees' Retirement Fund	349,695	349,695	--	337 69
Total increase	<u>\$6,816,296</u>	<u>\$6,626,577</u>	<u>\$189,719</u>	

Mental Hygiene

General Summary—Continued

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$1,078,133
Improved efficiency and policy reappraisal-----	1,792,945
Total reductions -----	\$2,871,078

GENERAL SUMMARY

Legal authority for the operation of the Department of Mental Hygiene is contained in various sections of the State Welfare and Institutions Code. The responsibilities of the department under these provisions are care and treatment, and, wherever possible, the rehabilitation of citizens suffering from the following disorders: mental illness, mental deficiency, alcoholism, epilepsy, narcotics addiction, and sexual psychopathy. Further responsibilities are to conduct research in the causes and treatment of mental disorders, conduct training in psychiatry and other fields, to conduct a program of public education seeking to prevent mental illness, and to license and inspect private institutions for mental patients.

The Department of Mental Hygiene has a headquarters section, 14 state hospitals, two neuropsychiatric institutes and seven outpatient clinics. A new community services program is getting under way which it is hoped will provide an alternative and more economical way of caring for mental patients on the local level. The outpatient clinics are already furnishing these type services so it appears that they should be integrated into the new community services program.

The major new program proposal in the 1958-59 budget is for staffing, equipment and expense items to support a program for the training of psychiatrists and other professional personnel in the hospitals. This is viewed as a long-range program by which the department hopes to alleviate the recurring shortages of highly trained personnel.

The new Fairview State Hospital is scheduled for opening during the 1958-59 Fiscal Year. A large portion of the requested new positions is for staffing this facility.

The Department of Mental Hygiene is one of the largest of the state departments. The proposed total expenditure during the 1958-59 Fiscal Year is \$106,061,697. This is an increase of \$7,577,228 or 7.7 percent over the amount estimated for the current fiscal year. A net total of 464.6 new positions are requested. Actually 963.6 new positions are requested and 499 existing positions are proposed to be deleted.

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Budget page 337

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Total increase -----	\$6,816,296	\$6,626,577	\$189,719	

Mental Hygiene

General Summary—Continued

The net increase in new positions would increase the department's total authorized personnel to 17,971.4. The average per capita annual patient cost in the hospitals is estimated to be \$2,094 for the 1958-59 Fiscal Year as compared to \$1,981 for 1957-58. These costs by individual hospital are shown in the following table:

	1957-58 <i>Per capita costs</i>	1958-59 <i>Per capita costs</i>	<i>Percentage change</i>
Agnews State Hospital	\$1,901	\$2,022	6.4
Atascadero State Hospital	2,235	2,389	6.9
Camarillo State Hospital	1,708	1,776	4.0
DeWitt State Hospital	1,737	1,880	13.8
Mendocino State Hospital	2,102	2,069	-1.6
Metropolitan State Hospital	2,495	2,302	-7.7
Modesto State Hospital	1,805	1,925	6.6
Napa State Hospital	1,814	1,885	3.9
Patton State Hospital	1,894	2,030	7.2
Stockton State Hospital	2,006	2,086	4.0
Fairview State Hospital	---	10,089	---
Pacific State Hospital	2,340	2,350	0.4
Porterville State Hospital	2,093	2,349	12.2
Sonoma State Hospital	2,361	2,416	2.3
Average population per capita costs	\$1,981	\$2,094	5.7

The department's position relative to vacancies has deteriorated considerably during the past year in most professional categories.

A comparison of December 1 vacancies for 1956 and 1957 is shown in the following table:

	December 1, 1957			December 1, 1956		
	<i>Number authorized</i>	<i>Number vacant</i>	<i>Percent</i>	<i>Number authorized</i>	<i>Number vacant</i>	<i>Percent</i>
Physician	404.7	61.7	15.2	322.7	36.5	11.3
RN Ward level ..	667	81.5	12.2	602	137	22.8
Social workers ---	238	75.6	31.8	175	34.5	19.7
Psychologists ---	122.6	25.5	20.5	93	11	11.8
Rehabilitation therapy	189	31	16.4	161	15	9.3
Physical therapy ..	31	6	19.4	34	13	38.2
Totals	1,652.3	281.3	17	1,387.7	247	17.8

The vacancy rate is higher than a year ago in most categories despite the fact that almost one-half the current fiscal year has passed and the department, together with the Personnel Board, has conducted several intensive nationwide special recruitment efforts for these types of personnel.

The vacancy factor is further complicated by the high rates of position turnover which increases the actual recruitment problem over that indicated by the number of vacancies alone. In order to maintain the hospitals at just the present levels of staffing, the department must be continually hiring new employees as others leave.

Mental Hygiene

General Summary—Continued

Summary of Recommended Reductions

Reduction in budgeted increases	
State hospitals	
128.4 positions	\$453,132
Training program (excluding positions)	255,446
Regular drugs	167,372
Tranquilizing drugs	111,659
Recruiting, moving, and traveling expenses	14,000
Departmental Administration	
1 position	3,456
Langley Porter Neuropsychiatric Institute	
10 positions	69,318
Neuropsychiatric Institute	
Reduction in amount for proposed position	3,750
Total reduction in budgeted increases	\$1,078,133
Reduction in improved efficiency and policy reappraisal	
State hospitals	
202 existing positions	\$805,508
Equipment	277,791
Departmental Administration	
2.5 existing positions	9,234
Equipment	2,446
Langley Porter Neuropsychiatric Institute	
Equipment	18,081
Neuropsychiatric Institute	
2 existing positions	10,764
Outpatient clinics	669,121
Total reduction in improved efficiency and policy reappraisal	\$1,792,945
Grand total	\$2,871,078

It should be noted that even with the recommended deletions of 139.4 new positions as set forth above, the agency will still receive the benefit of an augmentation of 824.2 new positions costing \$2,084,715. This represents 1.5 new positions for each patient increase in the hospitals. This excludes positions deleted by the agency as excess workload positions.

As part of the summary of recommended reductions we have included 40.5 positions which have been vacant six months or longer, and the department's requests for new equipment which would raise the level of service in this respect above that presently authorized. These items are discussed in the following two sections.

Appraisal of Equipment Requests

The concept of allowing no new services is sometimes difficult of application in the case of equipment requests. For this reason we have found it desirable to establish a set of criteria to apply to this determination in order that it may be made uniformly among all the agencies and provide a sound and understandable distinction between that which is necessary to maintain existing standards of service and that which would represent an increased level of service.

General Summary—Continued

Five criteria have been established, at least one of which would have to be met to qualify the equipment requests for inclusion in the budget under a strict application of a "no new services" concept. We have recommended against the budgeting of funds for equipment unless it meets the following standards of necessity:

1. Needed to replace an existing piece of equipment which is worn out beyond the point of economical repair or rehabilitation. This fact should be evidenced by agency figures on actual repair experience during the span of use of the equipment. This, coupled with bona fide estimates of the cost of repairs and added life expectancy of the equipment after repairs, should be compared to the average life and cost of the requested new piece of equipment on an amortized basis.
2. Needed to equip a proposed new position which has been completely justified on a workload basis only.
3. Needed to perform an existing function at an increased rate or capacity due to increases in population or other demonstrated workload factors.
4. Needed to perform or assist in performing an existing function at such an increased rate or capacity that there will be at least sufficient direct budgetary savings, evidenced by reduced appropriations and expenditures, to the extent that such savings will at least equal the amortization of the initial cost of the equipment during its normal life expectancy plus the annual cost of repairs and maintenance on the equipment during its normal expected span of use.
5. Needed to materially reduce any substantial risk or hazard which if allowed to continue would undoubtedly lead to annual losses or the equivalent thereof, in excess of the amortized acquisition costs plus the annual repair and maintenance costs, on the equipment during its normal expected life, or which would constitute an actual and avoidable physical hazard to persons.

It is noted that some agency budget requests contain supporting detail which makes a determination of necessity much more feasible than in other agencies. It is our observation that a more uniform and thorough review of equipment needs should be made at the grassroots level within the agencies. Some institutions appear to have little knowledge of the basis upon which equipment is being requested with the net result that substantial amounts of it are eliminated in the budget process.

Total departmental request for equipment (budget page 337, line 66)----- \$1,111,220

The agency's initial request for equipment totaled \$2,502,252. This has been modified by the Departments of Mental Hygiene and Finance to \$1,111,220, as shown in the budget, a reduction of \$1,391,032 or 55.6 percent.

In accordance with our interpretation of no new service in relation to equipment, we recommend a further deletion of \$298,318 from the equipment budget of the Department of Mental Hygiene. (The amount of reductions for each unit is shown in the individual summaries.)

Mental Hygiene

General Summary—Continued

The agency's reduction of \$1,391,032 is directly indicative of the lack of a careful review at the institutional level. Lack of substantiation and incompletely and poorly prepared justification are characteristic of the department's individual equipment requests, which makes it very difficult to determine the actual need for many items. Frequently lacking is any history of maintenance or repair costs for replacement equipment. For additional equipment, often little or no explanation is offered to justify its need. We have at times in the past investigated actual items only to find in some cases that the justification was irrelevant and the circumstances contradicted any need for the new equipment.

The individual institutions seem to take the position of submitting requests for anything desired by each unit within the institution. This brings a deluge of requests each year which are apparently not screened at the institutions. In addition to large differences in the number of items requested by the comparable units in the different hospitals, there are also large differences as to price and quality, which these individual agency units request.

These disparities are an indication of deficiencies in standards and in co-ordination within the department.

Policy Considerations

Positions Vacant Six Months or Longer. We have reviewed the department's list of 74.2 positions which have been vacant six months or longer as of November 1, 1957.

We believe 40.5 of the 74.2 positions which were vacant six months or longer should be considered for deletion and the remaining 33.7 positions should be continued.

The 40.5 positions for consideration, as indicated above, are shown by agency unit as follows:

Positions Vacant for Six Months or Longer Recommended for Deletion As of November 1, 1957

Number	Position	Location	Amount
2	Supervising psychiatric nurse	Metropolitan	\$10,464
		Sonoma	
3	Senior psychiatric nurse	Metropolitan (2)	14,220
		Porterville	
4	Psychiatric nurse	Metropolitan (3)	18,048
		Porterville	
0.5	Graduate nurse	Porterville	2,148
1	Surgical nurse II	Atascadero	4,740
1	Surgical nurse I	Atascadero	4,512
2	Supervising psychiatric technician	Mendocino	9,480
		Pacific	
1	Senior psychiatric technician II	Modesto	4,092
4	Senior psychiatric technician I	Porterville (3)	14,880
		Camarillo	
1	Physical therapist II	Stockton	5,232
2	Physical therapist I	Camarillo	9,480
		Napa	
2	Supervising psychiatric social worker II	Porterville	13,344
		NP Institute	
1	Supervising psychiatric social worker I	Porterville	6,060

Mental Hygiene

General Summary—Continued

Positions Vacant for Six Months or Longer Recommended for Deletion—Continued

As of November 1, 1957—Continued

<i>Number</i>	<i>Position</i>	<i>Location</i>	<i>Amount</i>
3.5	Senior psychiatric social worker-----	Camarillo (1.5)----- Porterville Sacramento Outpatient Clinic	19,236
3	Junior psychiatric social worker-----	Camarillo (2) Los Angeles outpatient clinic-----	14,220
1	Clinical psychologist II-----	Pacific-----	6,672
1	Senior stenographer-clerk-----	NP Institute-----	4,092
1	Senior clerk-----	Headquarters-----	4,092
0.5	Intermediate stenographer-clerk-----	Headquarters-----	1,770
1	Intermediate typist-clerk-----	Headquarters-----	3,372
1	Intermediate account clerk-----	Camarillo-----	3,372
1	Food service supervisor II-----	Atascadero-----	3,216
1	Food service assistant-----	Atascadero-----	2,916
2	Student professional assistant-----	Agnews----- Mendocino-----	6,120
40.5	Positions		\$185,778

STATE HOSPITAL SUMMARY

Proposed New Hospital Positions

The department is requesting a total of 439.6 new positions to augment the present staffs at the state hospitals. Because of shifts and net reductions in some hospital populations, there is a considerable reshuffling of positions presently authorized on a workload basis. These positions are tied directly to the hospital populations in many instances and move up and down as these populations change. Workload adjustments are made each year to allow the hospitals to continue service at the same level as previously authorized by the Legislature. This level can be raised or lowered each year by the Legislature. There is a total excess of workload positions numbering 487 in various categories in some of the hospitals at presently authorized levels of service. These are more than counter-balanced by 909.2 new workload positions requested in other categories or in the same categories at other hospitals to maintain presently authorized levels of service. In addition, the department is requesting 17.4 new positions (and seeks to reclassify 13 others to a higher class), to raise the level of service at the hospitals. As indicated above, this leaves a net of 439.6 new positions which would need to be recruited.

We have indicated these changes and the net numbers of new positions by category and the basis of the request, whether workload or new service. The estimated 1958-59 cost of the new positions is also indicated on the same basis. The cost figures, however, do not reflect a full year's cost of the new positions in many instances because a large portion of the new positions will be authorized late in the fiscal year. Full year costs for these same positions, beginning in the 1959-60 Fiscal Year, will be substantially higher.

These data are presented in Table 1 on pages 420 and 421.

Table 1—Proposed New Hospital Positions by Classification

	Total new positions	New workload positions	Excess workload positions	Increased level of service positions	Estimated cost of new positions	Cost of new workload positions	Cost of excess workload positions	Cost of in- creased level of service positions
Nursing								
Senior psychiatric nurse	10	10	--	--	\$26,310	\$26,310	--	--
Psychiatric nurse	36	36	--	--	79,044	79,044	--	--
Senior psychiatric technician II	13	13	--	--	18,414	18,414	--	--
Senior psychiatric technician I	23	23	--	--	26,350	26,350	--	--
Psychiatric technician trainee	32	455	—423	--	—317,774	946,150	—\$1,263,924	--
Subtotal	114	537	—423	--	—\$167,656	\$1,096,268	—\$1,263,924	--
Medical and laboratory								
Psychiatrist II	--	17	—17	--	—\$45,000	\$259,000	—\$304,000	--
Clinical psychologist II	4	8	—4	--	18,348	45,036	—26,688	--
Senior dentist	—3	2	—5	--	—37,105	17,195	—54,300	--
Dental assistant	—3	2	—5	--	—11,287	5,183	—16,470	--
Pharmacist	4.4	--	--	4.4	26,664	--	--	\$26,664
Assistant microbiologist	1	1	--	--	4,545	4,545	--	--
Clinical laboratory technician	--	2	—2	--	—2,490	7,230	—9,720	--
Subtotal	3.4	32	—33	4.4	—\$46,325	\$338,189	—\$411,178	\$26,664
Other treatment personnel								
Therapist	—1	10	—11	--	—\$9,366	\$41,520	—\$50,886	--
Supervising psychiatric social worker	—1	--	—1	--	—6,060	--	—6,060	--
Senior psychiatric social worker	3	13	—10	--	5,496	60,456	—54,960	--
Subtotal	1	23	—22	--	—\$9,930	\$101,976	—\$111,906	--
Training personnel								
Chief of professional education	--	--	--	--	\$31,200	--	--	\$31,200
(Reclassify 13 psychiatrist II positions)								
Senior stenographer-clerk	13	--	--	13	53,196	--	--	53,196
Subtotal	13	--	--	13	\$84,396	--	--	\$84,396
General clerical personnel								
Intermediate typist-clerk	22	30	—8	--	\$61,926	\$90,966	—\$29,040	--
Supervising clerk I	1	1	--	--	4,740	4,740	--	--
Senior clerk	1	1	--	--	4,092	4,092	--	--
Intermediate account-clerk	1	1	--	--	3,456	3,456	--	--
Subtotal	25	33	—8	--	\$74,214	\$103,254	—\$29,040	--

Table 1—Proposed New Hospital Positions by Classification—Continued

	Total new positions	New workload positions	Excess workload positions	Increased level of service positions	Estimated cost of new positions	Cost of new workload positions	Cost of excess workload positions	Cost of in- creased level of service positions
Food service personnel								
Food administrator I	1	1	--	--	\$830	\$830	--	--
Food service supervisor I	2	2	--	--	3,830	3,830	--	--
Supervising cook I	2	2	--	--	6,552	6,552	--	--
Cook	1	1	--	--	3,996	3,996	--	--
Assistant cook	2	2	--	--	6,588	6,588	--	--
Butcher-meat cutter II	1	1	--	--	2,503	2,503	--	--
Food service assistant FP	5	5	--	--	9,936	9,936	--	--
Food service assistant DR	147	147	--	--	347,853	347,853	--	--
Subtotal	161	161	--	--	\$382,088	\$382,088	--	--
Clothing, housekeeping and laundry personnel								
Laundryman-laundress	25	25	--	--	\$73,081	\$73,081	--	--
Janitor-housekeeper	7	7	--	--	17,157	17,157	--	--
Seamer-seamstress	5	5	--	--	11,286	11,286	--	--
Subtotal	37	37	--	--	\$101,524	\$101,524	--	--
Operating and maintenance personnel								
Service and supply supervisor	1	1	--	--	\$6,360	\$6,360	--	--
Telephone operator	1	1	--	--	3,456	3,456	--	--
Groundsman	5	5	--	--	14,175	14,175	--	--
Automotive equipment operator	8	8	--	--	20,730	20,730	--	--
Milker	2	2	--	--	7,992	7,992	--	--
Orchardman	—1	--	—1	--	—4,512	--	—\$4,512	--
Subtotal	16	17	—1	--	\$48,201	\$52,713	—\$4,512	--
Fairview State Hospital *								
Miscellaneous	69.2	69.2	--	--	\$216,929	\$216,929	--	--
Subtotal	69.2	69.2	--	--	\$216,929	\$216,929	--	--
Grand total	439.6	909.2	—487	17.4	\$683,441	\$2,392,941	—\$1,820,560	\$111,060

* The 69.2 miscellaneous positions plus the 462 positions included in the breakdowns by class in this table are itemized on budget pages 390 to 392.

State Hospital Summary—Continued

Mental Hygiene

Mental Hygiene

State Hospital Summary—Continued

In order to indicate the proposed effects on numbers of personnel at the different hospitals, the net number of new positions with comparisons between 1957-58 and 1958-59 are shown in Table 2:

Table 2—Proposed Changes in Number of Authorized Positions by State Hospital

<i>Hospital</i>	<i>Total authorized 1957-58</i>	<i>Net proposed new positions 1958-59</i>	<i>Total proposed for 1958-59</i>
Agnews -----	1,339.3	47.9	1,387.2
Atascadero -----	475.4	8.0	483.4
Camarillo -----	2,024.6	—106.0	1,918.6
DeWitt -----	813.4	24.0	837.4
Mendocino -----	830.7	—11.0	819.7
Metropolitan -----	1,225.1	46.8	1,271.9
Modesto -----	973.0	15.0	988.0
Napa -----	1,782.5	—124.0	1,658.5
Patton -----	1,427.5	—35.0	1,392.5
Stockton -----	1,567.7	—58.0	1,509.7
Subtotals—hospitals for mentally ill -----	12,459.2	—192.3	12,266.9
Fairview -----	198.8	531.2	730.0
Pacific -----	1,356.7	3.9	1,360.6
Porterville -----	1,027.9	95.9	1,123.8
Sonoma -----	1,614.1	0.9	1,615.0
Subtotals—hospitals for mentally deficient -----	4,197.5	631.9	4,829.4
Grand totals -----	16,656.7	439.6	17,096.3

It can be seen that the large majority of new positions are for the new Fairview State Hospital at Costa Mesa.

Generally, hospitals having a net reduction in number of positions will have fewer patients in 1958-59 and those in which the number of positions will increase will have more patients. Taking the hospitals for the mentally ill only, there is a net loss of 192.3 positions. In these same hospitals, the anticipated year-end number of patients at the hospitals is 36,371 for 1957-58 and 36,051 for 1958-59, a reduction of 320.

However, the department's estimate in presenting the 1957-58 Budget indicated a 1957-58 year-end population of 37,322 and the number of presently authorized positions is based on this figure which has been subsequently revised downward to 36,371, a decrease of 951. Adding the 320 and 951 gives a total reduction of 1,271 from the department's original estimate of the 1957-58 year-end population to the current estimate for the year-end population in 1958-59. This is the main factor accounting for a reduction in the total numbers of positions for these hospitals.

On the other hand, the presently estimated year-end population at the hospitals for the mentally deficient will be 10,771 (including this type of patient at Modesto and DeWitt), for 1958-59 as compared to 9,900 at the end of 1957-58, a gain of 871 patients as compared to the department's request for 631.9 new positions at these hospitals. This is approximately one new position per 1.4 increase in the number of

State Hospital Summary—Continued

patients expected at these institutions. The workload at the hospitals for the mentally deficient is directly controllable by the department because they have authority to limit admissions of this type of patient.

Workload Positions

The department proposes to delete 487 excess workload positions and requests 909.2 new workload positions or a net of 422.2 new workload positions to be recruited. The request for workload changes in personnel is based on the following factors:

1. Activation of new facilities.
 - (a) The new Fairview State Hospital at Costa Mesa is expected to open during 1958-59 for mentally deficient patients. This is the major factor influencing the number of workload positions the department is requesting.
 - (b) Opening of new wards at Metropolitan with a capacity for about 1,600 more mentally ill patients during 1958-59.
 - (c) Opening of new wards at Sonoma with a capacity of about 700 beds for mentally deficient patients during 1958-59.
2. Reduction in overcrowding at the hospitals for the mentally ill. This factor is anticipated to change from 7.1 percent on June 30, 1958, to 1.7 percent on June 30, 1959. It is expected to change from 9.0 percent to 5.5 percent at the hospitals for the mentally deficient during this same period.
3. Hospital ward reclassifications as the types of patients and treatment methods change.
4. Changes in the numbers of admissions and numbers by types of admissions, and in resident population figures.
5. Effects of augmented leave programs and increased family care activities together with community type treatment. The department as yet has done little to evaluate the effects of these factors on their hospital workloads but there undoubtedly is some general relationship.

We would emphasize that the department will actually obtain some improvement in the level of service above that presently authorized from these workload positions. Overcrowding will be reduced drastically. More intensive or better types of treatment should be available to the patients. There is a large element of new service in many of these positions.

The general feeling has been that when the department requests workload positions, the need is carefully defined in specific and measurable workload factors. This, however, is frequently not the case. Many times there are elements of both workload and increased service evident and the portion of each is not readily measurable. In some instances the department requests positions without offering any or very little justification on either a workload or new service basis. In other cases the department has developed some workload measurements such as ratios which are useful but not complete enough to serve as a satisfactory overall staffing guide. We feel that in these instances the intent of the budget process is thwarted because all the facts are not available for consideration.

Mental Hygiene

State Hospital Summary—Continued

We have carefully reviewed the department's justification for workload positions. We concur with the department except in some cases, as will be explained later, in which the department has not given sufficient justification for certain positions, and where, based on available evidence as indicated by hospital populations and other factors, these positions should be considered largely new service.

Recommendations—Positions Requested on Workload Basis

The department is requesting 422.2 new positions to continue service at the hospitals during 1958-59 at the currently authorized level. *We concur with the department and recommend approval of 311.2 of these positions. We recommend disapproval of 111 of these positions, reducing salaries and wages \$342,072.*

We feel that if the latter positions were approved they would raise the level of service above that presently authorized.

We present the following analysis in support of our recommendations indicating the specific positions which we feel should be disapproved.

1 Service and supply supervisor (budget page 344, line 25)----- \$6,360

This position is requested at Atascadero to supervise such activities as storekeeping, central distribution services, communications, house-keeping services, shoe shop, laundry, transportation services, and farming activities. The various positions in charge of these activities are presently supervised by the assistant superintendent—business services.

The following is the justification for this position given by the Department of Finance:

“A service and supply supervisor is requested for Atascadero State Hospital in order to provide relief to the assistant superintendent of business services in the area of hospital industry supervision. The assistant superintendent of business services is presently responsible for the direct supervision of 22 persons which represent 13 different activities. The personnel activity has been assigned to the assistant superintendent of business services within the current year. By the addition of the new position the number of persons reporting to the assistant superintendent of business services will be reduced to five, which should enable him to concentrate more on the major policy and program aspects of his administrative responsibilities. The service and supply supervisor position is a proposed new class recommended by the Organization and Cost Control Survey No. 744 to perform various duties including those now being performed by the hospital industries supervisor. The latter position has been authorized at every hospital in full operation, except Atascadero. The hospital industries supervisor position was established at seven hospitals in 1951-52, one in 1952-53, and at four in 1955-56. In 1954-55 the population of Atascadero was only 693. Due to this small size it was not deemed necessary to provide assistance in the supervision of business services activities. Since then, however, the population has increased to 1,180.

State Hospital Summary—Continued

"Because of the type of patient at Atascadero, the industrial program potential is higher in relation to the resident population as compared to the other hospitals for mentally ill. Another factor to consider is the farming operation at Atascadero, which several of the hospitals do not have."

Last year the position of hospital industries supervisor, which would have had approximately the same duties, was requested by the department on an increased level of service basis, but was denied by the Department of Finance. We question why the presently requested position is now considered workload in view of this and the fact that justification for the position on a workload basis is still lacking.

From the Finance Budget staff comments concerning the hospital industries supervisor position requested last year, we quote as follows:

"Atascadero State Hospital is the newest and smallest hospital in population with 1,150 patients now being operated by the department.

"The position of hospital industries supervisor has been authorized at other hospitals on the basis of providing relief to the assistant superintendent, business services in the area of hospital industry supervision because of their large size and complexity of operation. At the present population of this hospital we do not believe it has reached the size or the complexity to warrant the addition of the requested position.

"The problem of supervising the 700 industrial work assignments should be alleviated by the addition of an industrial therapist position to the staff which is being recommended for inclusion in the 1957-58 Governor's Budget.

"The position of hospital industries supervisor, therefore, is not recommended."

In view of these facts and also that an industrial therapist position was approved last year, the agency clearly cannot justify this new position.

The population at Atascadero was estimated at 1,150 for 1957-58 and the population for 1958-59 is now estimated at only 30 more, or 1,180. Therefore, we do not believe this nominal gain of only 30 patients or 2.6 percent warrants the addition of this new position. This is further corroborated in the Department of Finance Management Survey No. 744. The report recommends, regarding a service and supply supervisor, as follows:

"It is recommended that a new position be established to head the service and supply functions at hospitals with more than 4,500 resident patients and which operate farming enterprises.

With only 1,180 patients estimated for 1958-59, we concur that Atascadero does not qualify.

We therefore recommend that the requested position of service and supply supervisor be disapproved, reducing salaries and wages by \$6,360. (Budget page 344, line 25.)

Mental Hygiene

State Hospital Summary—Continued

1 *Automotive equipment operator (budget page 346, line 63)*— \$4,404

This position is requested for Stockton State Hospital to handle the waste disposal problem at that institution.

A recent study made by the Division of Architecture indicates that the disposition of waste is now being accomplished as follows:

1. Wet garbage is cooked and fed to hogs. Upon disposing of the farm, this material will be sold.

2. Shrubbery and tree trimmings as well as any unusual collection of boxes and cartons from the commissary at the farm are now burned in the open at the farm. Local authorities are opposed to this open burning.

3. Six to eight cans of refuse are collected at the farm twice weekly by the Stockton Scavenger Company for \$25 per month.

4. Dry refuse from the main institution is burned in a small incinerator which is of a type not approved for air pollution control.

This report presents three possible alternate ways of handling the problem indicating approximate costs of each.

1. *Incineration.* This would involve an investment of about \$75,000 for an incinerator of adequate capacity plus \$17,625 total yearly operational costs.

2. *Collection by waste removal agency.* This would involve a collection cost of about \$6,000 annually, but the collector would only agree to handle this from a central point so that intra-hospital collection would still be a problem. The institution would also be required to build an elevated ramp and bin of 10 cubic yards capacity so the scavenger company truck could drive under it and fill its truck quickly and without labor. Such a structure is estimated to cost about \$30,000. The continuing yearly cost by this method is estimated to be \$10,850.

3. *Removal by Institution.* Under this plan the institution would purchase a truck built for this purpose at a cost of about \$8,000. This would be used to haul the waste to the Stockton City Dump. The requested automotive equipment operator position would make the collection. This plan would involve an estimated annual cost of about \$7,905.

The report recommends the third alternative which we would agree is more feasible than the other two. However, the problem does not appear to be as drastic as indicated.

In reviewing the four procedures now used in disposing of this waste, as indicated above, it appears that the problem centers only around item number four, the disposal of dry waste at the main institution, which is now burned in a small incinerator. The method of disposing of wet garbage (item one) would not change and item three is concerned only with disposal of refuse at the farm, which we believe the department intends to discontinue.

Since the institution is already burning waste in their small incinerator and hauling shrubbery, tree trimmings, and other waste to the farm for burning, this indicates the availability of labor and equipment which could be utilized to haul this material to the city or county dump.

State Hospital Summary—Continued

It would seem that the purchasing of a 10 cubic yard capacity truck and the hiring of an additional employee is not warranted for this purpose.

We recommend that the requested position of automotive equipment operator and corresponding equipment be disapproved, reducing salaries and wages \$4,404 (budget page 346, line 63) and reducing equipment \$8,000.

In any event, we point out that even if it can be demonstrated that it would be more economical to utilize a 10 cubic yard dump truck for the purpose rather than the vehicles now used for collection and hauling of waste materials, the agency is apparently still without justification for the additional position of equipment operator.

The manpower to operate this vehicle should be available from the present personnel resources now utilized to accomplish hauling of waste.

Food Service Personnel

97 *Food service assistants (budget page 345, line 45)----- \$289,836*

These positions are requested for Metropolitan (77), Modesto (3), Napa (11), and Patton (6). The positions are requested for additional staffing in congregate dining rooms at Napa and Patton and as initial staffing for new congregate dining rooms at Metropolitan. The three positions at Modesto are wanted for food distribution. The positions are requested ostensibly on a workload basis of post assignments; however, there are a number of increased level of service factors which the department has not taken into account and these should be considered.

The department's justification for the positions is quoted as follows:

Metropolitan

"Two 800-bed ward buildings will be opened at this hospital.

"These two-story buildings have two congregate dining rooms, with a common serving pantry, on each floor or a total of four dining rooms and two pantries per building. The physical characteristics of these dining room units, such as a barrier wall in front of the serving counter which does not permit a counter worker to see into the dining room, a dishmachine divides the dishwashing area into two sections (dishes are returned from dining room by conveyor belt), the backbar divides the grilling and preparation area from the service counter, and the storage and receiving area is across a corridor from the dining room units, all of which tend to divide these units into functional areas which are not easily accessible one to another.

"Food service assistants (dining rooms) (48 posts): Six posts per shift will be required for each dining room unit, or a total of 12 posts per day in each unit. Each unit serves 400 patients per meal which requires two seatings in each dining room. The six posts will be assigned as follows: one to each serving counter (2), one to each dining room (2), one to each side of dishroom (2). The serving counter is 29' long and a minimum of seven items

Mental Hygiene

State Hospital Summary—Continued

must be served to each patient. The dining room post will have the dual responsibility of dining room supervision, including cleanup between seatings, as well as pantry service to supply the counter. Dish returns by conveyor belt demands that the wash operation be synchronized (sic) with the constant flow of dirty dishes being returned from the dining room and replacement of clean dishes to the serving counter."

Modesto

"The three food service assistants are requested to man three posts in the remodeled food preparation area. With the completion of the remodeling project, the hospital will be able to centralize their electrically heated food cart method of food distribution. Additional work will occur because food will have to be portioned into food carts for each ward, and the food carts will require cleaning and processing when they return from the wards. The food distribution is presently made by trucking the food in bulk to approximately five areas, then the food is further portioned out into food carts. The new centralized system will provide portion and sanitary controls in addition to improving food standards."

Napa

Increased workload in tubercular unit, 11 food service assistants:

"The tubercular unit, with a population of 727, has dining rooms on the first and second floors. The original staffing of this building was based on the premise that trays would be sent to the wards for the majority of the population. New trends in the treatment of tubercular patients have changed this pattern and presently about 600 patients are being fed in the dining rooms. The serving period in the first floor dining room takes two hours per meal and requires three seatings; second floor dining room period is 1½ hours with two seatings.

"No patients are assigned to these serving pantries, kitchen or dining room areas and the food service assistants are required to do premeal preparations, prepare food carts for ward tray service, serve seven or more items per meal on cafeteria lines, clean up tables, chairs and floors in the dining room between seatings, wash dishes during and after meal service, clean and sanitize food carts returned from the wards, plus those carts used on the service line which are returned to the main floor service building, in addition to floor mopping, window and wall washing and other work necessary to maintain sanitary standards in serving areas and dining rooms, plus preparation of nourishments for between-meal feedings.

"The 11 posts originally authorized were not sufficient to carry this increased workload and several studies were made both by central office personnel and the food administrator I assigned to this unit. In order to provide personnel for the 18 posts which were required for this workload, it was found necessary to 'short-staff'

State Hospital Summary—Continued

other dining rooms to prevent the accumulation of overtime, even though this 'short-staffing' has increased workloads in other areas and has reduced food standards.

"Food service assistants (dining rooms) (7 posts): These posts are requested to meet the increased workload and release personnel presently 'borrowed' from other units for this emergency contingency."

Patton

Unit 19—congregate dining room, 6 food service assistants:

"This congregate dining room serves two wards with a total population of 156. Population is geriatric and requires the service of many special (diabetic, salt-free, etc.) and modified diet trays.

"Food service assistants (dining room) (4 posts): Two posts are required for the morning and two posts for the afternoon shift. Two persons per shift are requested in light of maintaining counter service plus makeup of trays to be sent to bed patients."

We believe the post assignment system is useful in allocating employees for the hospitals but it should not be used in the first instance as a justification and the only justification for new employees. It is an easy matter to increase the number of posts in the food service setup with no regard to the actual patient workload. This would be the case if the new positions are authorized for Modesto, Napa and Patton. These hospitals are all expected to have fewer patients to serve in 1958-59 on the average than during 1957-58. The decreases in average patient population at these three institutions are Modesto 72, Napa 168, and Patton 227, for a total of 467 fewer patients. Yet the department is requesting 20 new food service assistants at these hospitals.

The opposite situation is illustrated in the the department's present request for new food service positions totaling 77 for Metropolitan to man new food facilities for 1,600 patients which will be opened there during 1958-59. Here, consideration is given to the number of patients to be served. However, it is not pointed out by the department that probably many of these new patients at Metropolitan will be transferred from other hospitals or that new admissions at other hospitals will be fewer as more patients are sent to Metropolitan. The overall decrease (134) in average number of patients for the 10 hospitals for mentally ill, which is expected to occur in 1958-59 as compared to the current year, does not substantiate a need for new positions on the basis of maintaining workload at presently authorized levels, especially for this type of position which is directly related to the number of patients served. It is true that in some areas within a hospital, there may develop needs for additional personnel which appears to be the case for the new units at Metropolitan—and may be the case to some limited extent at the other three hospitals. The staffing allocations to meet these situations can, however, be made by shifting personnel within the hospital or between hospitals as necessary. The department has adequate resources to do this, especially in view of the expected lowered hospital populations.

Mental Hygiene

State Hospital Summary—Continued

The department has never developed any precise workload data for these type positions with the result that some hospitals are staffed much richer than others as is indicated in the table on page 431.

Based on the totals for the 10 hospitals indicated in the table, there are at present 575 food service assistant positions authorized. There are on the average 63.2 patients per each food service assistant. With the slight drop in population anticipated for 1958-59, there would be 63 patients per food service assistant. If the 97 new food service assistant positions were authorized, there would be 53.9 patients per food service assistant—undoubtedly, a considerable increase in overall level of service. Even more striking are the differences in numbers of patients per food service assistant between hospitals. This ranges in the current year from 84 patients for each food service assistant at Atascadero and Camarillo—the largest and the smallest hospitals—to 47 patients per food service assistant at Stockton. It is interesting to note also that, should Metropolitan be authorized all the 77 new food service assistants, as requested, there would be a ratio of one food service assistant to 28 patients. This would be exactly three times as many food service assistants as at Atascadero relative to the number of patients at each hospital in 1958-59.

If all the hospitals were to be staffed on the same ratio of patients per food service assistant as Camarillo and Atascadero (84 per patient in 1957-58), each hospital would be authorized the number shown in the last column of the above table; and there could be an overall reduction of about 143 currently authorized positions besides the requested 97 new positions. This would give all 10 of these hospitals uniform staffing for this function at what is apparently considered an adequate level at these two hospitals.

The department should reallocate present positions to the extent required to obtain additional staff for the new facilities at Metropolitan and for the special needs to the extent that they exist at Modesto, Napa, and Patton.

We recommend that the 97 food service assistant positions requested for these hospitals be disapproved, reducing salaries and wages by \$289,836. (Budget page 345, line 45.)

We further recommend that the department immediately start developing realistic workload data as a basis for requesting these and other food handling positions.

Although we have recommended approval of the requested food handling positions at Fairview to initially staff the hospital, we feel that development of workload data should also include the hospitals for the mentally deficient.

The last column of the table on page 431 indicates the number of food service assistants that would be authorized if all the hospitals for the mentally ill were to be staffed at the same ratio as Camarillo and Atascadero (the largest and smallest hospitals) are in the current year. On this basis, the department would be authorized about 431 positions in this category.

Food Service Assistants—Hospitals for the Mentally III

<i>Hospital</i>	<i>Average patient population*</i>		<i>Number FSA presently authorized</i>	<i>Proposed new FSA 1958-59</i>	<i>Patients per FSA 1957-58</i>	<i>Patients per presently authorized FSA in 1958-59</i>	<i>Patients per present plus proposed FSA requested for 1958-59</i>	<i>Number positions at 84 patients per position 1958-59</i>
	<i>1957-58</i>	<i>1958-59</i>						
Agnews -----	4,204	4,128	79	--	53	52	52	49
Atascadero -----	1,180	1,180	14	--	84	84	84	14
Camarillo -----	6,639	6,462	79	--	84	82	82	77
DeWitt -----	2,427	2,326	36	--	67	64	64	28
Mendocino -----	2,298	2,370	49	--	47	48	48	28
Metropolitan -----	2,367	3,106	35	77	68	89	28	37
Modesto -----	3,017	2,968	50	3	60	59	56	35
Napa -----	5,436	5,268	76	11	72	69	61	63
Patton -----	4,313	4,086	62	6	70	66	60	49
Stockton -----	4,464	4,317	95	--	47	45	45	51
Totals -----	36,345	36,211	575	97	63.2	63	53.9	431.1

* Estimated.

Mental Hygiene

State Hospital Summary—Continued

The number of food service assistants, however, should also be related to the proportion of patients eating in congregate dining rooms. If in some hospitals, this is much higher than in others, then there would seem to be a reason for differing needs for dining room assistants because the nursing service provides the service for those patients fed on the wards.

The following table, which repeats some data from the previous table, indicates the relationship or lack of it between these two variables:

Proportion of Patients Eating on Ward and in Congregate Dining Rooms, and Patients per Presently Authorized Food Service Assistant

HOSPITALS FOR MENTALLY ILL

<i>Hospital</i>	<i>Percentage ward 1958-1959</i>	<i>Percentage congregate 1958-1959</i>	<i>Patients per FSA 1957-1958</i>
Agnews -----	8.0	92.0	53
Atascadero -----	19.1	80.9	84
Camarillo -----	20.1	79.9	84
DeWitt -----	65.4	34.6	67
Mendocino -----	25.7	74.3	47
Metropolitan -----	43.7	56.3	68
Modesto -----	22.2	77.8	60
Napa -----	29.5	70.5	72
Patton -----	36.0	64.0	70
Stockton -----	12.9	87.1	47

Only Agnews and Stockton have a higher proportion of patients eating in congregate dining rooms than Camarillo and Atascadero; yet these two latter hospitals have the lowest staffing of food service assistants in relation to the number of patients (84 patients per food service assistant). Even DeWitt, with only 34.6 percent of their patients eating in congregate dining rooms has one food service assistant per 67 patients.

The staffing for this function varies greatly between hospitals without any apparent reason for the variation. *We would, therefore, recommend that the excess of food service assistants' positions over the ratio of 1 to 84 patients be deleted from the presently authorized budget level for 1958-59. This would be a reduction of 143 presently authorized positions of food service assistant, reducing salaries and wages by about \$470,000.* (The individual amounts by hospital are not shown on the hospital summaries as the department should have preference in making the distribution.)

Laundry Workers

16 *Laundrymen* (budget page 346, line 23) ----- \$55,296

These positions are requested, eight for Metropolitan and eight for Sonoma, in a workload category. We have not as yet received justification for these positions either from Mental Hygiene or Finance. We feel that the agency has the primary obligation of furnishing supportive data for any new positions it requests in order that the Legislature might have facts available in judging whether to authorize or disapprove the positions.

State Hospital Summary—Continued

According to the department's published staffing standards for laundry workers, justifications for laundry staffing are on the basis of posts required in relation to poundage workloads. This would seem to be reasonable and would indicate logically that the amount of laundry is very closely related to the number of resident patients at a hospital.

In the absence of any specific supportive data from the department, the hospital population basis should offer the best means of developing evidence as to the need for these positions.

Both Sonoma and Metropolitan expect increases in their hospital populations in 1958-59 as compared to 1957-58. The increase for Sonoma is expected to be from an average of 3,237 to an average of 3,575, or 338 patients. For Metropolitan the population is expected to increase by an average of 739 patients from 2,367 to 3,106 patients.

Sonoma is presently authorized 37 laundry workers (excluding supervisors) or one laundry worker to 87 patients. If additional positions were to be granted on the basis of one position per 87 increase in patient population, about 4 new positions would be authorized to provide service at the presently authorized level for the 338 expected increase in patient population. This is a reasonable workload adjustment and the other four of the eight positions requested for Sonoma seem to definitely represent an improvement in the level of service for this activity.

Metropolitan is presently authorized 13 laundry workers, exclusive of supervision. This is at the rate of one laundry worker per 182 patients. If additional positions were to be granted on the basis of one per 182 patients, this would total 4 new positions for the 739 additional patients anticipated at the hospital in 1958-59, over the average number in residence in the current year. Similar to Sonoma, it is indicated, therefore, that four of the eight positions can be considered in a workload category and the remaining four would increase the level of service.

The increase at Metropolitan is, however, more than offset by declines in hospital populations at other hospitals for the mentally ill so that the four workload positions could be obtained by workload reductions in laundry positions at these other hospitals.

We would therefore suggest that Sonoma be authorized four new laundryman positions and that four excess laundryman positions be transferred from other hospitals for the mentally ill to Metropolitan if necessary. This apparently would enable the department to more than maintain its workload at the current level for this activity in view of the estimated overall decrease 134 patients, on the average, between 1957-58 and 1958-59, at the hospitals for the mentally ill.

We recommend that four laundryman positions be approved for Sonoma and that 12 laundryman positions be disapproved (4 for Sonoma, budget page 346, line 23; 8 for Metropolitan, budget page 346, line 23) reducing salaries and wages by \$41,472.

Mental Hygiene

RECOMMENDATION

Positions Requested to Increase Level of Service

We recommend that the request of the Department of Mental Hygiene for 17.4 new positions plus the reclassification of 13 others to increase the level of service in the state hospitals above that previously authorized by the Legislature be deferred until the next Regular Session of the Legislature, reducing salaries and wages \$111,060.

This recommendation is made in accord with the previously stated policy that new services should be considered only at regular sessions of the Legislature. The department's request for a training program and for additional pharmacists comprise the 17.4 positions plus the requested reclassifications.

The following are comments on these particular positions and programs requested by the department in this category.

4.4 Pharmacist (budget page 341, line 84) ----- \$26,664

The department is proposing an increase in staff at five hospitals amounting to 4.4 new pharmacist positions. The new positions would be distributed as indicated in the summary below which also shows present authorizations at all the hospitals:

Hospital	Now authorized	New positions requested	Total proposed positions
Agnews -----	1.1	0.9	2.0
Atascadero -----	1.1	--	1.1
Camarillo* -----	2.0	--	2.0
DeWitt -----	1.1	--	1.1
Mendocino -----	1.1	--	1.1
Metropolitan -----	1.2	0.8	2.0
Modesto -----	1.1	--	1.1
Napa -----	2.0	--	2.0
Patton -----	2.0	--	2.0
Stockton -----	2.0	--	2.0
Fairview -----	1.0	--	1.0
Pacific -----	1.1	0.9	2.0
Porterville -----	1.1	0.9	2.0
Sonoma -----	1.1	0.9	2.0
Total -----	19.0	4.4	23.4

* One laboratory helper position is also assigned.

The new positions for these five hospitals are justified by the department as follows:

"At Agnews State Hospital we are proposing an increase from 1.1 positions to two full positions for the reason that the patient population is in excess of 4,000 and the present workload is in excess of the capacity of one pharmacist. This increase of 0.9 position is required for workload. The increase to two full positions will permit six-day operation of the pharmacy in order that drugs can be dispensed and will provide for vacation, holiday and sick leave relief.

Recommendation—Continued

"At Metropolitan State Hospital we are proposing to increase pharmacy positions from 1.2 positions to two full positions. This increase of 0.8 position is required for workload. The hospital recently opened a 500-bed receiving and treatment unit and will open two large ward buildings consisting of 1,600 beds on July 1, 1958. This increase in pharmacy staff to two full positions will also permit a six-day operation and provide a vacation, holiday, sick leave relief.

"The three hospitals for the mentally retarded (Pacific, Porterville, Sonoma) have one pharmacist plus vacation relief. Upon further consideration and review it has been determined that the workload at these hospitals is heavier per patient than at a state mental hospital. The regular drug allotment is approximately 40 percent larger and in addition funds are provided for enteric disease control. We are, therefore, proposing to increase pharmacy staffing from 1.1 positions to two full positions. This increase will also provide vacation, holiday and sick leave relief and will permit six-day operation of the pharmacy."

There are apparently certain elements of workload involved, as claimed by the department, for some of these positions. However, they would in the main raise the level of service at all these hospitals.

There has been a rapid increase in the amount of drugs which the department has been using within the past few years. It indicated in its justification that drug allotments for mentally deficient patients are about 40 percent greater than for mentally ill patients. We do not question these differences in allotments, but we do question the department's inference that thereby the workload is necessarily 40 percent greater. Because drugs are ordered and dispensed in larger amounts, it does not automatically follow that workload increases in direct proportion.

There is also the question of use of laboratory help in this activity which the department has already shown can be done by the laboratory helper position used at Camarillo. This type position should be able to handle many aspects of the operation and relieve the presently authorized pharmacist for more responsible tasks.

We would further suggest that, if the mixing and preparation of drugs is taking an unduly large part of the pharmacist's time (the department has not indicated that it does), the individual hospital pharmacists co-operate at contiguous hospitals or possibly for all the hospitals, and prepare enough of a certain drug at one hospital for the others also. At the same time the other pharmacists could prepare requirements for other drugs for all these hospitals. This type of pooling should reduce the workload considerably on routine drug preparations where it is as easy to mix a large quantity as it is a small one. It is also a possibility that some of the drugs could be purchased more cheaply fully prepared if the added labor costs for this factor are too high.

All the hospitals have pharmacists in charge of dispensing their drugs so we do not believe there is any necessity of increasing the staff because of this factor.

Mental Hygiene

Recommendation—Continued

In view of the foregoing, we recommend that the 4.4 pharmacist positions be disallowed, reducing salaries and wages by \$26,664 (budget page 341, line 84).

Training program (budget page 341, line 11)----- \$339,842

In line with the policy of not considering new programs in the budget year, we recommend that this proposal be deferred for consideration next year, reducing salaries and wages, operating expenses and equipment a total of \$339,842.

The following is an analysis of the department's request.

The department is proposing to initiate a new program designed to provide basic professional training in psychiatry for physicians, and psychiatric orientation to a varying extent for the entire staff. The agency cites as a need for such a program that two out of every three physicians assigned to treat psychiatric patients in the state hospitals have had no psychiatric training.

In addition, the agency proposes to provide training in supervision and administration for their employees having these responsibilities, and training of all employees in the area of public relations.

The department has outlined these training needs in seven major areas as follows:

1. Training physicians in basic psychiatry.
2. Providing the entire professional staff with an orientation to psychiatry and to professional practice in a large state hospital.
3. Providing the treatment staff information and skill in using the latest treatment methods in the field of psychiatry.
4. Training the total professional and sub-professional staff in psychiatric team functioning and improved interdisciplinary relationships.
5. Providing all mental hospital personnel having patient contacts some understanding of mental illness and skill in working constructively with patients.
6. Training in supervision and administration for the 2,800 employees having supervisory and administrative responsibilities.
7. Training for all employees in the area of public relations, designed to provide a better mutual understanding by employees and the public of each other's role in relation to the mental hygiene program.

If such a program were to be started, the department would expect to obtain the following results:

More effective treatment:

Shorter patient stay—fewer returns;

Better overall administration;

Improved supervision;

More efficiency in all departments;

Higher morale—less turnover;

Improved public relations:

More public acceptance—earlier diagnosis and treatment;

Better family-patient relations;

Improved recruiting;

A more effective treatment and prevention program;

More economical operations.

Recommendation—Continued

These are fine goals and we agree with them wholeheartedly; however, the department has lacked aggressiveness in evaluating many of these factors heretofore as new programs have developed. In actual practice, the department has failed to evaluate fully the effect of a new program—as, for instance, determining how much more effective treatment results as the program develops and the effects it has on duration of hospitalization and on discharges and readmissions. As to such factors as more efficiency, better administration, and more economical operations, little initiative has been shown by the department in the past. This is exemplified by the department's lack of interest in the study which was made in 1956 of their procedures and paper forms usage. This clearly pointed up deficiencies which the department can correct and a means of improving their operations.

There is no reason to presume that for this new program the department will try to measure its accomplishments. No procedure is indicated in the proposal for measuring these factors. This is a proposal for a new program the justification for which is based on broad generalizations as to what it will accomplish. It is a program which possibly could be of great benefit to the patients, and could be guided along the best possible course if measurement procedures were to be developed, and utilized as the program was put into effect.

This is similar to the opportunity the department had when the tranquilizing drugs were introduced several years ago. The expenditure for this purpose is now approaching one-half million dollars annually and we still do not know with any degree of objectivity how effective these drugs are in getting patients out of the hospitals, or how many patients can benefit from this type of treatment.

The budget request for the initial program is comprised of the following positions and other items:

		<i>Budget</i>	
		<i>Page</i>	<i>Line</i>
13 Chief of professional education.....	\$31,200	341	34
(Reclassification of psychiatrist II)			
13 Stenographer-clerk	53,196	341	35
Consultant funds	217,816	341	36
Books and journals	14,430	341	37
Training aids and equipment.....	23,200	341	38
Total	\$339,842		

With regard to the 13 chiefs of professional education positions, the cost as indicated above of \$31,200 is not the true cost for these program positions. This is merely the reclassification difference between the salary for the chiefs of professional education and the salary for psychiatrist II. Actually, the proposed chiefs of professional education positions would cost \$13,800 each, or a total of \$179,400 annually for the 13 positions. If the additional \$148,200 as indicated is added to the \$31,200 which the department shows for these positions, this would reflect the department's total estimate of cost for this program, which would be raised from \$339,842 to \$488,042. We believe that if these resources were to be utilized in this manner that the true cost of the resources so utilized should be shown. This is a more realistic indication of what the new program will cost.

Mental Hygiene

Recommendation—Continued

We would raise the further question as to what effect the reassigning of these 13 positions would have upon the present treatment program. Thirteen vacant psychiatrist II positions could be reclassified. However, the personnel to fill these new positions would undoubtedly, for the major part, have to come from presently employed hospital physicians and psychiatrists. This would, of necessity, reduce the hospital's level of treatment at least for several years; and initially at least it would appear that the treatment aspects of the department's operating program would suffer. The department proposes to spend \$217,816 for consultant funds in the 1958-59 Fiscal Year. The department hopes to obtain these consultants from a number of different sources, including universities, research laboratories, and private practice. They hope to obtain experts in varying psychiatric subgroups, such as individual psychotherapy, group therapy, neurology, psychosomatic medicine. In addition, the department envisions obtaining consultants in sociology, anthropology, psychiatric social work, pharmacology, and diagnostic testing. These services would be sought mainly for two distinct categories of training—the basic in-service training program, and a career residency training program. With respect to these programs, we quote from the agency's justification as follows:

- “1. Each new physician will be given four hours a week of induction training including psychiatric orientation, ward and team functioning and other information he needs to function effectively in the unique environment of a large mental hospital.
- “2. The permanent treatment staff will participate in one 2-hour session each week designed to keep them up-to-date in their own fields and to improve their functioning together as members of the treatment team. This training is for those in direct patient treatment programs, physicians, psychologists, psychiatric social workers, rehabilitation therapists and the nursing service. Most of it will be done in seminars and in case discussion groups. Some will be in lectures.”

The department hopes also to use some of this fund to improve the administrative and supervisory functions at the hospitals. This would apparently be aimed toward picking out weaknesses in existing administrative functions and in developing a more co-ordinated hospital staff approach.

These are the essential points in the training program as proposed for the 1958-59 Fiscal Year. This basic training structure would be expanded after 1958-59. New positions, such as personnel analysts, clerks, medical librarians, and a mental health consultant, would be added. In addition, the consultant fund would be increased together with other segments of the program. Probably by about 1960, the full program would be put into effect. When the full program is in operation, the department estimates that about 122 positions would be required and that the total cost would be about \$1,468,397. Their present estimate includes 72 positions for the basic training structure at a presently estimated cost of \$947,585. In addition, 50 new positions

Recommendation—Continued

would be required for the career training program, at a cost of \$520,812. Thus it can be seen that the department envisions a program which would cost roughly $1\frac{1}{2}$ million dollars annually when it is in full operation. It is emphasized that these are merely preliminary departmental estimates.

Consideration should be given to the fact that the department may be spreading its resources too thin in setting up the program in each of the state hospitals. Would it not be better to limit such a program to five or six of the hospitals more favorably located with respect to universities and other training facilities? Several of the hospitals, such as Porterville, Modesto, and Mendocino, are at considerable distances from universities. There is also the possibility where hospitals are located within reasonable distance of each other that the program could be set up in one of the hospitals and personnel from the other hospitals be brought to this hospital for training. In this way, a richer and probably a better balanced program could be set up in a few of the hospitals which could conceivably result in a considerably lower cost to the State.

In any event, for setting up a new program such as this, it would seem wise if the department would set up the program in one hospital on a pilot basis. In this way, the difficulties in co-ordination encountered at this one hospital could be used as experience in setting up the program at the other hospitals.

We believe the program should be further developed, especially with regard to the participation and the part to be played by the university. The feasibility of such a program would depend, to a great extent, on the willingness of the university to support the program and how well university standards could be maintained with training at the hospital level.

Policy Reappraisal of Existing Programs

1 *Housekeeper—Modesto State Hospital (budget page 39, line 378)* ----- \$3,600

We recommend that one existing housekeeper position at Modesto State Hospital be discontinued, reducing salaries and wages by about \$3,600.

The department is requesting a new automatic scrub machine costing \$1,793 which has a cleaning capacity of 2,000 to 15,000 square feet per hour. As justification for the machine the department states as follows:

"Dirt and grease is ground into the waxed floors and this machine would scrub floors clean in 1/100 the time it takes to do by hand, thus releasing one employee and four patients for other work such as washing windows, etc. Estimated savings \$3,600 per year in salary alone.

"One employee and one patient, with this machine, would be able to scrub clean all the corridor floors twice weekly which would eliminate undesirable odors and improve appearance, sanitation and safety, particularly in the kitchen and feeding ward corridors where grease is ground into concrete and linoleum floors causing them to be very slick which endangers the safety of the patients and employees alike."

Mental Hygiene

Recommendation—Continued

The annual savings, if this machine is purchased, would total 47,820 hours and amount to \$72,000 annually, according to the department's estimate. We, therefore, recommend that the position as indicated above be discontinued and that the scrub machine be approved in spite of the fact that it is requested to augment the level of service at the hospital. This seems to be a much more efficient method for handling this problem and will also release patient help for other duties.

The department should, in addition, make a thorough study of the possibility of adding these machines at all the hospitals, indicating the additional savings and positions which can be discontinued, should these changes be made.

Policy Reappraisal of After-care Facilities

Last year 24 positions were approved for new so-called after-care facilities at Metropolitan, Pacific and Stockton. The estimated cost of these 24 positions is \$176,364 for the 1958-1959 Fiscal Year.

It was the department's stated aim to provide eventually one of these facilities at each of the 14 hospitals.

Although the department furnished very little actual data on how an after-care facility would operate and what would be its place in the treatment program, it apparently would be substantially an outpatient clinic at the hospitals which would care for the most part for former patients in the hospital.

Some of the questions which we raised last year which were never answered adequately by the agency are as follows:

1. How does an after-care facility differ from an outpatient clinic?
2. In what respects would its program parallel the present hospital and field social worker programs?
3. 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?
4. Would the program deal with patients on leave only or, in addition, patients who were previously discharged from the hospital or other hospitals?
5. To what extent and for how long would assistance be given to relatives and friends of the patients?
6. 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?
7. 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?
8. 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?

Another factor has entered the picture since these facilities were considered last year. This is the new community services legislation embodied in the Short-Doyle Act. This provides a means for treating

Recommendation—Continued

patients in their local communities so that a hospital after-care facility would apparently be for the most part an expensive duplication of services which could be provided within the community. In view of this new legislation, we believe the whole matter of after-care facilities at the hospitals should be reconsidered. Should these facilities be set up eventually in each hospital, it would probably cost the State between one and two million dollars annually at just the level of program now indicated by the department. This, in spite of the fact that these services at the actual community level should be available at about one-half the cost to the State.

The department has been very slow to act in getting the after-care facilities under way in the three hospitals for which they have already been authorized. We learned in December that only 12 of the 24 positions authorized had been filled. Therefore the program could be discontinued with probably only minor inconvenience to patients and little inconvenience to the department.

Because of these factors, we recommend that the after-care facilities authorized last year for Metropolitan, Pacific and Stockton be discontinued. This would reduce salaries and wages by \$176,364.

STATISTICAL ANALYSIS

The Department of Mental Hygiene anticipates that the resident population at the hospitals for the mentally ill will decrease by 320 patients between June 30, 1958, to June 30, 1959.

This slight decrease is a rather unusual occurrence in the Department of Mental Hygiene, and the question naturally arises as to what factors are involved. The department has a ready answer for this, quoting from their "Estimates of Population of California State Hospitals for Mentally Ill and Mentally Retarded Through 1965":

"Summary. During the last 10 years, and especially the last three years, some very encouraging changes have taken place in the pattern of population movement in state mental hospitals. The steady expansion of existing therapeutic programs through increases in staffing, the introduction of promising new methods of therapy, the recognition that mental disorder is an exceedingly fruitful field for research into methods of treatment and also of prevention, and the growth of local community responsibility and interest in mental hygiene—by these means we are entering a new era in departmental operations and budget requirements. For the hospitals for the mentally ill, admission rates may well be held constant and release rates may steadily increase."

Although the department credits therapeutic factors for a slightly decreasing rate of resident population per 100,000 civilian population, they are somewhat inconsistent in anticipating the adverse effect of economic conditions upon this trend. In this respect we quote from the same report with regard to projected future rates as follows:

Mental Hygiene

Statistical Analysis—Continued

“A second factor is the possibility of an economic depression in California before 1965. For various reasons the rate of admission and the hospitalization index tend to increase during a depression period; for example, the hospitalization index increased from 248 in 1924 to 331 in 1939, and has now dropped to 264 (i.e., 264 patients under treatment per 100,000 population). Our estimated index of 230 for 1965 will probably be found much too low if California's economy suffers any change for the worse during these next few years.”

Perhaps the level of economic activity which has been very high for a number of years, resulting in unprecedented prosperity, has tended to reduce the admission and resident population rates. This would seem to be the case if, as the department points out, an economic depression would raise the rates. It would seem reasonable that this has been a factor to some extent in the making of this presently optimistic picture—a factor external to the control and influence of the department.

We do not believe that the statistical procedures and evaluation of the department at present are at such a level that they are able to isolate, define and measure precisely the influence of their treatment program as it relates to admissions, resident population and releases. We have suggested such a program by which the department could develop a much better cause and effect analysis. The department is acting on this.

We have suggested that this answer will be forthcoming only if the department will thoroughly analyze a number of factors, including admissions, treatment, releases and readmissions. For example, first admissions should be analyzed carefully, especially to determine the extent or degree of mental illness and if it is changing from year to year on the average to any measurable extent. If the patients admitted are on the average less seriously mentally ill now as compared to 10 years ago, they are better risks as far as potentially being discharged and this would affect the release rates. We have suggested that the department develop rating scales to measure this factor. These could be refined and made more specific as more experience is gained. A similar objective analysis of these other factors is also recommended.

In the past and at present, the department seeks to justify its program on the basis of release rates and by claiming, when these increase, that it is a sign of therapeutic effectiveness. This release data was used in connection with state population figures by the department to develop a rate of resident patient population per 100,000 civilian population in the State. This is convenient and has the advantage that the related factor of rapid increase in state population is accounted for.

Statistical Analysis—Continued

From this data, we have prepared the following table which shows year end hospital population, the rates and an index of the rates with the Fiscal Year 1950-51 used as a base:

Hospitals for Mentally Ill—Hospital Population Rates per 100,000
State Civilian Population—1950-51 to 1958-59

Year	<i>Patients in hospital at year end</i>	<i>Rate per 100,000 state population</i>	<i>Index</i>
1950-51	32,268	302	100.0
1951-52	33,260	294	97.4
1952-53	34,845	297	98.3
1953-54	35,653	291	96.4
1954-55	36,403	287	95.0
1955-56	36,536 †	276 †	91.4
1956-57	36,521 †	264 †	87.4
1957-58 *	36,371	253	83.8
1958-59 *	36,051	243	80.5

* Estimated.

† In 1956 and 1957, June 30 fell on Saturday or Sunday. Patients absent on brief week-end visit on these dates are included in the adjusted resident population.

The index values from the table are shown graphically in the chart on the following page.

It can be seen that there has been a noticeable reduction in the hospital resident rates per 100,000 of civilian population in the State. This amounts to about 20 percent. Although the department has already indicated that it feels its treatment program was mainly responsible for this reduction, it has also given some support to the idea that the high level of economic activity has had considerable influence.

We would also point out several other factors which undoubtedly are having considerable influence on these rates. In the table below are shown similar rates for first admissions, releases and readmissions. These should also be considered in an analysis of the hospital resident populations because they have direct influences on this factor.

Hospitals for Mentally Ill—Admission and Release Rates per 100,000
State Civilian Population

Year	<i>Rate first admissions</i>	<i>Index</i>	<i>Rate net releases *</i>	<i>Index</i>	<i>Rate readmissions</i>	<i>Index</i>
1950-51	92.2	100	54.9	100	23.5	100
1951-52	98.2	106.5	58.5	106.6	25.7	109.4
1952-53	106.0	115.0	58.5	106.6	28.9	123.0
1953-54	100.1	108.6	60.6	110.4	28.6	121.7
1954-55	96.6	104.8	57.2	104.2	32.0	136.2
1955-56	95.3	103.4	59.4	108.2	33.5	142.6
1956-57	89.5	97.1	58.7	106.9	35.9	152.8
1957-58 *	89.5	97.1	--	--	36.8	156.6
1958-59 †	87.5	94.9	--	--	37.2	158.3

* Net releases: Direct discharges, discharges from visit, and net indefinite leaves minus readmissions.

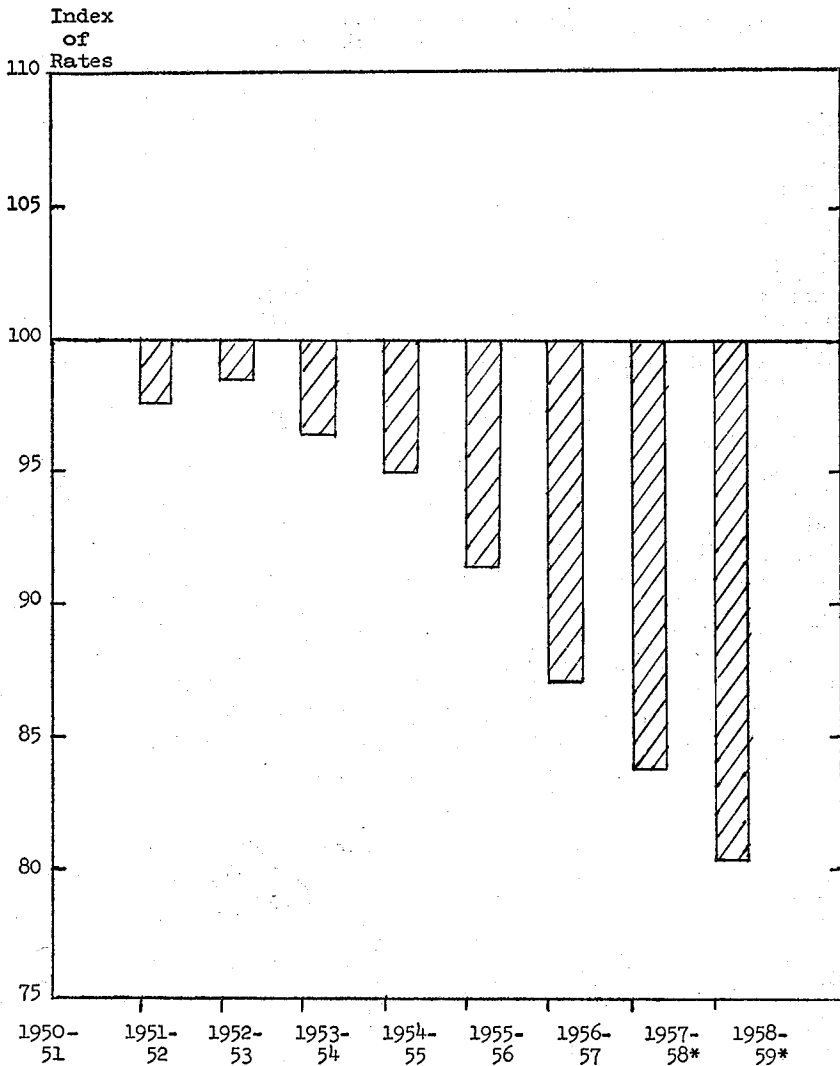
† Based on estimates.

1. The table indicates that the rates of first admissions have also been decreasing during this period. In fact, from 1952-53 to 1958-59, a drop of 18.5 points in the rate of first admissions is contemplated (from 106.0 to 87.5). If the rate of first admissions drops, the rate of hospital resident population should also tend to drop subsequently.

Mental Hygiene

Statistical Analysis—Continued

Index of Hospital Population Rates per 100,000 State Civilian
Population, Hospitals for the Mentally Ill
1950-51 = 100



* Based on estimate.

2. The rate of net releases has increased by about four points (from 54.9 to 58.7) in the period 1950-51 to 1956-57, the last date for which this material is available. This is a much more modest gain than is generally indicated in the department's release data. The reason for this is that we have subtracted from the total number of releases for each year the deaths in hospital, transfers to other facilities, and the

Statistical Analysis—Continued

readmissions. We do not believe the department should claim these as therapeutic cures when at best they have to come back for further hospitalization.

3. The number of readmissions has been increasing very rapidly. In 1950-51 these totaled 2,511 and it is estimated they will increase to 5,562 for the 1958-59 Fiscal Year, a gain of 121 percent. In the same period, first admissions are expected to gain only about 32 percent. The rates of readmission per 100,000 civilian population, as shown in the above table, also confirms this rapid increase in going from 23.5 in 1950-51 to 37.2 estimated for 1958-59.

It appears that the department is now releasing in greater numbers patients who are on the average less well mentally than those in former years. Such patients are poorer risks out in society and, therefore, have to come back in greater numbers. This practice may be likened to a revolving door which has been turning faster and faster as the patients are discharged and then return. As the tempo increases, it reflects in reduced hospital population, but if it slackens, the hospital populations would tend to increase. These releases are probably of some benefit to the State as expenses are less when a patient is out than when he is in a hospital. However, to what extent it benefits the patient is unknown. It is also emphasized that these patients have not been cured by the department and, therefore, this should be taken into account in judging the effectiveness of the therapeutic program.

We have indicated these trends in the index figures of the various components considered and these are shown graphically in the chart on the following page.

In view of the foregoing, it would appear that the department's care and treatment program has not been the only factor responsible for fewer patients in the hospitals for the mentally ill, despite the fact that this program has been drastically augmented. We still do not have sufficient evaluation from the department to determine the effectiveness of their treatment program. Until this is forthcoming we can only assume that the increased program level must necessarily have some beneficial effects on the patients.

Hospital Forms and Procedures

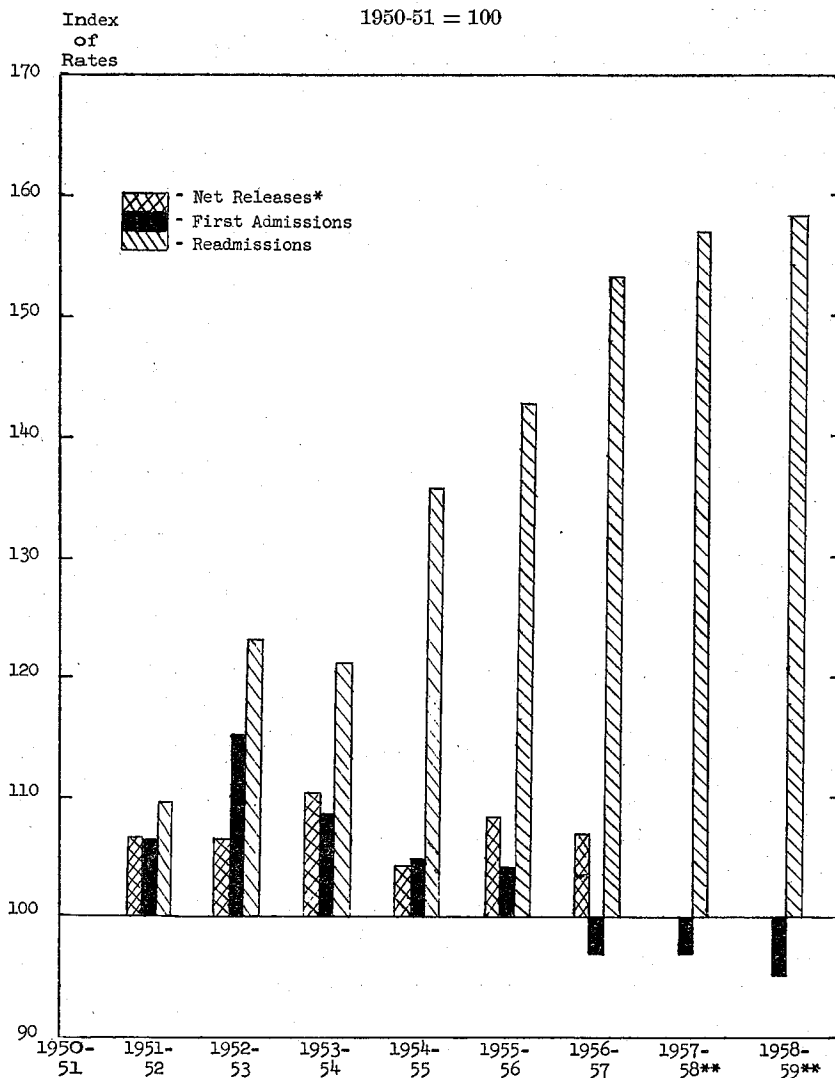
In December, 1956, we released a study of the department's use of medical, legal and administrative forms which the department uses in keeping its records on admissions, hospitalization, releases and other factors directly involving patients. It became evident in making the study that methods used were poor and out of date, that there was much duplication and wasted effort, and that there was a lack of uniformity of approach in the different hospitals.

Here is clearly a field in which the department has an opportunity to make a contribution in efficiency, lower costs, and improved services. We have, however, as yet seen little evidence that any definite and serious attempt is being made to get started on this problem, either by the Department of Mental Hygiene or the Department of Finance which we view as having joint responsibility in this respect.

Mental Hygiene

Statistical Analysis—Continued

Admission and Release Data, Hospitals for Mentally Ill—Index of Rates per 100,000 State Civilian Population



* Net releases: Direct discharges, discharges from visit, and net indefinite leaves minus readmissions.

** Based on estimates.

The following are some of the major findings of our survey:

a. Some of the hospitals use as many as 200 different types of forms to process each patient. If only one 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.

Statistical Analysis—Continued

b. Some hospitals require a number of different forms to record a function, yet other hospitals can cover the subject with one form. Some hospitals use a standard state prescribed form while others have developed their own form for the same purpose.

c. During a patient's stay essential information on patients is hand copied and typewritten instead of being duplicated to save time and reduce possibility for error.

d. 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.

We were frequently told by one hospital that a certain forms procedure could not possibly work. Yet, at another hospital, this procedure would be in very successful operation. This indicates that strong central co-ordination would be required in setting up a satisfactory program.

Administrative Services in the Department of Mental Hygiene

The department has become so large and complex that it needs specialists in the analysis of administrative operations. At present the department is not staffed to carry out this very necessary function of self-evaluation. Yet this is one of the largest state departments. Such a program has become a vital function in much smaller departments and this function is recognized as a need and there are programs in operation in most of the state departments.

We believe that such a program could result in substantial savings and a much better co-ordinated program in the Department of Mental Hygiene. The department claims that it does not have any trained personnel who could take charge of making such studies as, for instance, would be required to correct the administrative deficiencies as noted in our forms survey in the previous section.

If the department were to prepare an outline indicating the methods and procedures proposed for correcting the forms problem and other pressing administrative problems it seems likely that such a position would be approved.

Manpower Controls Within the State Hospitals

We have asked the department to indicate what procedures are utilized in the various hospitals in determining such factors as the following:

1. What procedures are available for keeping an accurate count on number of personnel actually on duty—
 - a. At any given time
 - b. At any certain location, such as on a ward, in a kitchen, etc.
2. What means they have for identifying these personnel and their assignment.
3. What procedures are used for determining time in and time out, sick leave, vacation, etc.

Mental Hygiene

Statistical Analysis—Continued

4. Where the controls on assignments are located. For instance, where could one go to find the whereabouts and assignment of a particular employee—the personnel office, reception desk, area offices, etc.

There have been indications that, in some of the hospitals, the systems are not as efficient and effective as should be expected.

We have received preliminary information on this subject from the various hospitals. On the basis of this material the following situations seem to characterize the program. (This is not a complete summary; it merely indicates some of the more obvious characteristics.)

1. The personnel accounting systems in effect vary greatly among the different hospitals.

2. Some hospitals seem to have much more effective controls than others. For instance, in determining the number of personnel actually on duty, some hospitals leave this to the supervisor who presumably reports the information by telephone. In others, they have sign-in sheets which are forwarded to, among others, the personnel office which actually verifies this fact for part of the cases.

3. Some of the hospitals apparently are keeping dual sets of records for control purposes. For instance, the nursing service may keep detailed and complete account of sick leave, vacation, and other factors instead of merely forwarding the information as it occurs on to the personnel section which should be the only section charged with this responsibility. This practice of maintaining two sets of files for the same purpose is laborious, wasteful, and unnecessary.

The limited data which we have received points clearly to the need for the department to make a thorough study of this problem. They should devise standardized, efficient and uniform procedures for all the hospitals to follow which will maintain adequate controls.

We therefore recommend that the departmental personnel office be charged with the responsibility for making such a study, to begin as soon as possible. The results and recommendations should be reported to the Legislature next year.

Control Over Patients' Personal Property

There appear to be some serious weaknesses in the methods used in accounting for patients' personal property at the hospitals. The Auditor General in a recent report indicates that the property such as jewelry, watches, rings and other items is recorded on individual record cards which provide sole control over these assets. The cards are maintained by the same employee who is responsible for the physical control of the assets.

The combining of these duties makes it possible for an employee to take a valuable item for personal gain by destroying any record of it.

Immediate steps should be taken to correct this situation so that such a possibility could not exist. A uniform system should be set up at all the hospitals which will securely safeguard all patients' personal property.

Statistical Analysis—Continued

Employee Safety in the Hospitals

There have been indications for several years that the number of accidents and the costs of accidents have been too high in the state hospitals. However, great difficulty has been encountered in developing any evaluation of this problem because of the lack of data or the lack of usable data on cost factors.

During the past year we have, together with the Department of Mental Hygiene, contacted officials at the State Compensation Insurance Fund and other agencies in the Department of Industrial Relations in trying to develop better accident cost figures for the department. They have been most helpful in developing information on compensation and medical costs for accidents which have heretofore been unavailable. These are in reality only a small part of the costs resulting to the State from the accidents; but the data does indicate some direct monetary costs and points up some important aspects of the problem.

Preliminary data on compensation and medical costs by hospital are shown in the following table:

Summary of Direct Accident Costs in the State Hospitals July 1, 1956 to June 30, 1957				Cost per capita of hospital population
<i>Hospital</i>	<i>Total</i>	<i>Compensation</i>	<i>Medical</i>	
Agnews -----	\$27,330	\$17,661	\$9,669	\$6.60
Atascadero -----	3,929	1,808	2,121	3.38
Camarillo -----	65,857	39,538	26,319	9.63
DeWitt -----	22,980	13,943	9,037	8.00
Mendocino -----	34,408	17,521	16,887	15.23
Modesto -----	20,207	11,462	8,745	6.03
Napa -----	26,635	14,962	11,673	4.93
Metropolitan -----	17,110	9,557	7,553	7.57
Patton -----	19,723	10,842	8,881	4.65
Stockton -----	23,504	12,518	10,986	5.07
<hr/>				
Total—Hospitals for Mentally Ill -----	\$261,683	\$149,812	\$111,871	\$7.04
Pacific -----	83,470	48,792	34,678	30.71
Porterville -----	56,562	33,414	23,148	24.11
Sonoma -----	50,388	27,141	23,247	15.68
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Total—Hospitals for Mentally Deficient -----	\$190,420	\$109,347	\$81,073	\$23.00
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Grand totals -----	\$452,103	\$259,159	\$192,944	\$9.95

It can be seen that it cost the State for accidents in the department almost one-half million dollars in 1956-57 in direct monetary costs alone. This does not consider time off and a great many other factors. This cost appears to be much higher than should be the case for the department. The data also indicates that, for the hospitals for the mentally deficient, the costs are a great deal higher than for the hospitals for the mentally ill. On a per capita basis, this cost was over three times (\$23 per capita) as high as for the hospitals for the mentally ill (\$7.04 per capita). If cost data can be developed by types of accident (as

Mental Hygiene

Statistical Analysis—Continued

appears probable), it should indicate some of the reasons why the cost is so much higher at these institutions than for those for the mentally ill.

This preliminary data which we have indicates that this field should be explored much more thoroughly to determine what is causing the high accident picture in the department and what can be done to bring these costs down to a more reasonable level. We believe the department has the main responsibility in this respect.

The accident rate for Mental Hygiene is one of the highest for any of the state departments. The latest information available (for the quarter July 1, 1957 to September 30, 1957) indicates that only the Highway Patrol had a disabling occupational injury frequency rate higher than Mental Hygiene. Comparative rates per million employee-hours worked are shown, with some other state agencies, below for this quarter (July 1, to September 30, 1957):

Agency	Rate	Number of injuries	Employee days of lost time
California Highway Patrol-----	58.97	86	2,242
Mental Hygiene -----	50.31	332	4,814
Veterans Home of California-----	47.10	15	222
Youth Authority -----	20.49	15	110
Corrections -----	11.73	21	212
Education -----	7.53	33	193

Operating expenses (budget page 337, line 65)----- \$20,692,907

The \$20,692,907 requested for this item in the 1958-59 Fiscal Year represents an increase of \$1,213,161 or 6.2 percent over the \$19,479,746 estimated to be expended during the current year.

The department is requesting funds to increase the level of service for regular drugs and supplies, tranquilizing drugs, and recruiting, moving, and traveling expenses. *We recommend that the amounts requested for these items be disallowed reducing operating expenses by \$293,031 for the 1958-59 Fiscal Year.* (We have not indicated proposed reductions by individual hospitals in the hospital summaries.) *We recommend that operating expenses be approved in the following amount:*

	Amount
1958-59 -----	\$20,398,876

Comments in support of our recommendations are contained in the three following sections:

Recruiting, moving, and traveling expenses (budget page 340, line 63) ----- \$14,000

Under provisions of Section 18007 of the Government Code added by Chapter 2321 in 1957, the Board of Control may authorize payment of all or part of the travel expenses of persons who are called for interview and all or part of the travel and moving expenses of persons who would be required to change their place of residence to accept employment with the State.

The department is requesting \$1,000 for each of the 14 hospitals during 1958-59 for this purpose. This represents an increase in the level of service.

Statistical Analysis—Continued

It would appear that use of such a fund could become highly discriminatory in recruiting personnel. Presumably the offer to pay all or part of these expenses would only be extended to those classes of personnel who are in short supply. This could lead to a great deal of confusion on the part of other personnel who would be deprived of this aid. We believe the problem of who would be eligible would become an important one.

If this type aid were to be extended to all prospective employees on the same basis it would require large annual sums of money. The amount requested this year (\$1,000) for each hospital is wholly inadequate to make any significant contribution to the recruitment picture even if this were to be limited to just one class of employees. The initiation of such a policy can produce more problems than it seeks to alleviate.

In accordance with the previously stated policy of no new service, we recommend that this request be deferred until next year, reducing operating expenses \$14,000 (budget page 340, line 63).

Regular drugs and supplies (budget page 341, line 65) ----- \$167,372

The department is requesting that the yearly per capita allotment of \$12.50 for mentally ill and \$17.50 for mentally deficient patients be each increased by \$3.50 per capita to \$16 for mentally ill and \$21 for the mentally deficient.

This allowance would increase the level of service for such items as the following:

Pharmaceuticals	Laboratory supplies
Drugs	Psychological supplies
Vitamins	Physical therapy supplies
Surgical supplies	E. E. G. supplies
Other hospital supplies	Electrocardiograph supplies
X-ray films and supplies	Eyeglasses and repairs
Dental supplies and dentures	Orthopedic appliances

It would appear that some of these items are much more essential to a patient's welfare than others. For some of the items, patient's relatives are requested by the department to defray part or all the cost for the patient. The department should indicate the amount of money that is being spent on these items individually and the amounts that are being defrayed by patient's relatives. This should be done for each hospital.

As to the need for the drugs, the department's justification is quoted as follows:

"Since the drug allowance was established, there has been a marked increase in the level of treatment services throughout all of the hospitals. These increases are reflected in staffing allowances as well as other tangible factors such as the construction and equipping of modern treatment facilities at our hospitals. Also the training of psychiatric technicians in nursing techniques has had a very material effect on usage of drugs and hospital supplies.

Mental Hygiene

Statistical Analysis—Continued

"Increases in the level of medical treatment must be accompanied by increases in allowances for drugs and hospital supplies. The present allowances are now working a considerable hardship on the hospitals in that they are unable to provide the drugs and medical supplies necessary to keep pace with the authorized increases in the over-all treatment and medical program.

"The Departmental Therapies Committee has been reviewing the requirements of drugs and hospital supplies allotments for the past several years. Based upon this careful review and consideration of operating needs, a minimum increase of \$3.50 per capita is proposed for inclusion in the 1958-59 Budget.

"It is our plan to institute certain additional administrative controls within the proposed allotments to insure maximum benefits from these increases."

We do not have any information from the Departmental Therapies Committee indicating how they arrived at the requested increase of \$3.50 per capita, which items they would increase and what therapeutic effects these changes would have on the patients. We would hope that the department is already using optimum administrative controls within present allotments for maximum benefits so that additional controls would not be necessary.

We feel that the department should thoroughly survey the needs and develop a justification indicating what benefits will accrue through the best possible allocation of these supplies.

We recommend that the department defer this request and develop the suggested material during the coming year for presentation to the Legislature next year for a policy decision.

Therefore, we recommend that this request be deferred, reducing operating expenses by \$167,372 (budget page 341, line 65).

Tranquilizing drugs (budget page 341, line 77)----- \$111,659

In the 1955-56 Fiscal Year, the department requested an emergency appropriation of \$48,300 with which to purchase tranquilizing drugs. We suggested at that time that this money should be given to the department but, since the drugs were still relatively unknown, the department should study carefully and report on the results of the use of these drugs.

For the 1956-57 Budget, the department requested \$206,688 for this purpose. The department still had not conducted any organized research into the problem of the effectiveness of these agents.

For the 1957-58 Fiscal Year Budget, the department requested \$379,454 for this purpose. In addition, the department requested that \$162,181 additional be added to the 1956-57 Budget for new drugs. It was the department's contention at that time that 10 percent of the patients in the hospitals for the mentally ill and 15 percent of the patients in the hospitals for the mentally deficient would be benefited by the use of these drugs. The basis for this estimate was never revealed. The augmentation, however, was necessary, according to the department, because the department was using the drugs faster than

Statistical Analysis—Continued

had been anticipated. The agency had still not made any unified approach to this problem of evaluating the drugs. A limited amount of research had been carried on; however, this was largely in the nature of subjective observations. These had been based on great differences in approach, method and objectives, and were extremely limited as findings.

The department is now asking for an additional \$111,659 for these drugs for the 1958-59 Fiscal Year. This is requested in order that participation by patients in hospitals for the mentally ill will be increased from 10 percent to 15 percent or at the same level as for the mentally retarded. The department has not indicated the basis on which they have developed this latest request for the 1958-59 Fiscal Year. Presumably, if this is the optimum level of treatment, we have lost some of the benefits which would have accrued if patients had previously been treated at this level. The following factors should also be explained: To what extent is the department now getting free drugs from supply houses and to what extent are patients' relatives still contributing drugs?

The situation has developed in which the department has requested constantly increasing sums of money for this purpose, and yet has not developed adequate program justification for the use of these drugs. An unusual opportunity was offered with the advent of these new drugs in which the department could have evaluated more precisely their place in the treatment program. We still do not know what is the optimum level of treatment for this medium; nor do we know the relative effect the drugs have had, if any, on the discharge rate in general or in any category of mental illness in particular. In spite of this, the department is now requesting an annual expenditure approaching one-half million dollars for this purpose. There, admittedly, have been a great many difficulties involved in this type of evaluation. However, we do not believe that these would have been insurmountable had the department developed a co-ordinated and objective type of approach to this problem.

We still do not know whether the State is spending too much or too little money for this purpose or what results are obtained from what is spent. A much more hopeful sign has developed within the last year with the advent of a new research section within the department. We are hopeful that new research will point more precisely to the optimum extent of use for the drugs and the contribution of the drugs to the treatment program.

Some minor research on the drugs has been under way at several of the hospitals, including Agnews, Metropolitan, Camarillo, Napa, Patton and Sonoma, which should provide some information on specific phases of treatment with the drugs. Especially interesting is a study at Patton which aims at evaluating the ataraxic (tranquilizing) drugs with psychotic patients.

It appears that a full scale evaluation of ataraxic drug treatment of chronic schizophrenics planned at Napa should possibly develop some very valuable findings. This project estimated to cost about \$200,000 is

Mental Hygiene

Statistical Analysis—Continued

the first real attempt by the department to evaluate this problem. The department states as follows regarding this study:

"From February to November, 1957, there was carried out an intensive review of the literature concerning the ataraxic drug treatment of chronic schizophrenic patients who comprise approximately 50 percent of our state hospital population. This was done with the aim to design a well-controlled project with this group which would include certain 'followup techniques.' A National Institute of Mental Health grant, to the extent of \$200,000, was requested for this study which is to be carried out at the Napa State Hospital. This grant was approved this month (December) and work should start on the project about February 1st and will continue for approximately 2½ years."

It is noteworthy that this money has been forthcoming from the National Institute of Mental Health because the department now has a research program which can conduct such studies. Undoubtedly, much more money from sources other than the State will be available as the department demonstrates its ability to do effective research with such funds. Drug evaluation should have one of the highest research priorities within the department.

We believe the department has had sufficient time to develop data which would indicate treatment benefits and optimum levels of usage, and should be able to make such presentation to the Legislature. In the absence of such data to support their request and because this represents increasing the level of service, *we recommend that treatment be held at the presently authorized level (10 percent of the patients at hospitals for the mentally ill and 15 percent at hospitals for mentally deficient), a reduction in operating expense of \$111,659 for the 1958-59 Fiscal Year (budget page 341, line 77).*

Program Reappraisal Requiring Legislative Action—Reimbursement for Care and Treatment of Patients

There are a great many differences in the rates charged by the State for different types of commitment. Likewise there are differences as to who is responsible and to what extent, to reimburse for care and treatment received by a patient.

One patient or his relatives may not have to pay anything even though they may be financially able to do so. Another patient or his relatives may be charged as much as \$156 per month for his care (starting January 1, 1958). Yet the first patients' care on a per-capita basis may cost the State more than it does for the other patient.

These inconsistencies have developed over the years as laws have been changed and added. Consequently, the philosophy behind the different charge procedures varies greatly. Some are based on old laws which have never been revised with changing conditions and price levels.

The different charge schedules which were in effect on January 1, 1958, are shown for the various types of patients and commitments to the hospitals together with the appropriate code sections under which this authority is given in the table below. These are charge schedules

Mental Hygiene

Statistical Analysis—Continued

actually in effect and for most of them the department has discretionary power to change the rates.

Reimbursement Rates in Effect for Department of Mental Hygiene Hospital Patients, January 1, 1958

Welfare and Institutions Code

<i>Charge</i>	<i>Type of commitment or class of patient</i>	<i>Agency or source of payment</i>
740.5 ____\$40 mo.	Juvenile observation	County of commitment
5050 ____\$5.13 day	Mentally ill observation	County of commitment
5050.3 ____up to \$156 mo.	Emergency observation	Patient, responsible relatives, or their estates
5100 ____up to \$156 mo	Mentally ill	Patient, responsible relatives, or their estates
5100 ____\$5.13 day	Service connected veteran	Veterans Administration
5100 ____\$5.13 day	Approved aliens	Immigration - Naturalization
5100 ____\$5.13 day	Merchant seamen	U. S. Public Health Service
5100 ____\$5.13 day	Mentally ill beneficiaries	Insurance agencies
5100 ____\$5.13 day	Female Navy personnel (Napa State Hosp. only)	U. S. Navy
5258 ____\$20 mo.	Mentally deficient	County of commitment
5300 ____up to \$156 mo.	Epileptics	Patient, responsible relatives, or their estates
5355 ____\$40 mo.	Narcotic addict	County of commitment
5404 ____up to \$156 mo.	Inebriate	Patient, responsible relatives, or their estates
5512 ____up to \$156 mo.	Sex psychopath	Patient, responsible relatives, or their estates
5518 ____up to \$156 mo.	Sex psychopath	Patient, responsible relatives, or their estates
5604 ____up to \$156 mo.	Abnormal sex offender	Patient, responsible relatives, or their estates
6602 ____up to \$156 mo.	Mentally ill - voluntary	Patient, responsible relatives, or their estates
6602 ____\$5.13 day	Voluntary	Department of Employment beneficiary
6605 ____up to \$156 mo.	Mentally ill - 90-day observation	Patient, responsible relatives, or their estates
6610.1 ____up to \$156 mo.	Health officer application	Patient, responsible relatives, or their estates
7007 ____\$40 mo.	Mentally deficient observation	County of commitment
7058 ____\$40 mo.	Psychopathic delinquent	County of commitment

Penal Code

1026 ____up to \$156 mo.	Mentally ill (criminal)	Patient, responsible relatives, or their estates
1368 ____up to \$156 mo.	Mentally ill (criminal)	Patient, responsible relatives, or their estates

As can readily be seen the care rates for the several types of patients for which the counties of commitment are responsible for payment are much lower than the others. These rates are set at \$20 and \$40 per month whereas the cost to the State for these patients is between \$150 and \$200 per month.

Mental Hygiene

Statistical Analysis—Continued

The rate of charge of \$20 per month for mentally deficient patients is particularly out of line based on present costs for these type patients which are higher than for the mentally ill.

The counties of commitment are responsible for the payment of this charge under Sections 7009 and 7010 of the Welfare and Institutions Code. Some counties, in turn, bill the responsible relatives; some apparently do not.

These sections cited 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 department last revised the rate for the counties for these patients in 1927, at which time a rate of \$20 per month was set. At that time, the per capita cost of care for these patients was \$20.35 per month. The per capita annual costs for these hospitals in 1957-58 are estimated at, Pacific \$2,340, Porterville \$2,093, and Sonoma \$2,361. There are estimated to be further increases in these costs for the 1958-59 Fiscal Year to: Pacific \$2,350, Porterville \$2,349, and Sonoma \$2,416.

We thus have the situation in which the State is reimbursed at the rate of \$240 per year and the costs to the State are in the neighborhood of nine to 10 times this high.

With reference to Section 7010 quoted above it is noted that the Department of Mental Hygiene has the authority to raise this rate to \$40 with the approval of the Department of Finance. Individual payors have actually expressed the desire to contribute more than this amount.

We recommend that the Legislature adopt a resolution indicating that it is the 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 as it is authorized under Sections 7009 and 7010 of the Welfare and Institutions Code.

Based on the approximately 10,000 patients anticipated for the hospitals for the mentally deficient in 1958-59, this charge would add about \$2,000,000 annually as reimbursement for the State.

There then would still be the further problem of the \$40 rates. These obviously still represent too small a participation by agencies or other sources of responsibility for the patients' care.

As noted in the above table the rates for care for most groups comprising the majority of mental patients and alcoholics are set at up to \$156 per month. This rate is set on the actual per capita cost of care and treatment for the past year. It is emphasized that the actual cost

Statistical Analysis—Continued

for mentally deficient patients is higher than this. These \$40 rates should be changed to a basis similar to that for mental patients and alcoholics.

The legislation setting up charges and treatment is inconsistent and inequitable and therefore should be revised on a basis of equality of obligation for the cost of care and treatment.

During the current fiscal year the department will spend almost 100 million dollars for the care and treatment of mental patients. At the same time reimbursements are anticipated to be only \$9,328,000. It is obvious that the State is assuming a disproportionately large share of this burden.

We recommend that a study be made by an appropriate legislative committee with the view toward the development of legislation which would place the charges for hospital care for the following types of commitments on an average per capita cost of services basis:

Juvenile observation;
Mentally deficient;
Narcotic addict;
Mentally deficient observation;
Psychopathic delinquent.

DEPARTMENT OF MENTAL HYGIENE

ITEM 138 of the Budget Bill

Budget page 347

FOR SUPPORT OF DEPARTMENTAL ADMINISTRATION FROM THE GENERAL FUND

Amount requested	\$3,368,160
Estimated to be expended in 1957-58 Fiscal Year	3,106,887
Increase (8.4 percent)	\$261,273

Summary of Increase

	Total increase	INCREASE DUE TO		Budget page	Line No.
		Workload or salary adjustments	New services		
Salaries and wages	\$211,645	\$211,645	--	350	77
Operating expense	49,774	49,774	--	350	79
Equipment	—1,050	—1,050	--		
Add decreased federal funds	904	904	--	350	81
Total increase	\$261,273	\$261,273			

RECOMMENDED REDUCTIONS

Reduction in budgeted increases	\$3,456
Improved efficiency and policy reappraisal	11,680
Total reductions	\$15,136

ANALYSIS

The departmental administration has the responsibilities for providing central direction and co-ordination of the mental hygiene program including the hospitals, institutes and clinics. Functional supervision is provided for the medical, nursing, business management, personnel, food, legal, maintenance, rehabilitation therapy and social work services for the institution programs.

Departmental Administration—Continued

Some of the major departmental programs centralized in the headquarters sections are as follows:

Community services;
 Research;
 Patients' accounts;
 Statistics;
 Deportation and transfer of patients;
 Accounting;
 Private institution inspection;
 Social service;
 Administration of guardianship estates;
 Personnel.

The requested expenditure for the 1958-59 Fiscal Year support of departmental administration totals \$3,542,829. This is an increase of \$260,369 or 7.9 percent more than the amount estimated for the 1957-58 Fiscal Year.

We recommend that 2.5 existing positions be deleted in accordance with our recommendation in the general summary that positions vacant six months or longer be deleted. The 2.5 positions are shown as follows:

1 Senior clerk	\$4,092
0.5 Intermediate stenographer-clerk	1,770
1 Intermediate typist-clerk	3,372
<hr/> 2.5 Positions	<hr/> \$9,234

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$2,446 from the equipment budget at this facility.

A total of 23 new positions are requested (eight in the administrative function and 15 for the Bureau of Social Service) at an estimated cost of \$107,710. These 23 positions are all requested on a workload basis as indicated in the following sections.

ADMINISTRATION**Accounting**

1 Intermediate account clerk (budget page 348, line 60)..... \$3,456

The department has furnished a detailed justification for this position citing specific increases in accounting workload as a result of expanded programs throughout the department such as research, out-of-state recruitment, family care accounting, private institution licensing, and others. The position appears to be justified on a workload basis.

Administration—Continued

Statistics

1 Accounting tabulation machine supervisor II (budget page 348, line 63)-----	\$6,285
1 Tabulating machine operator (budget page 348, line 64)-----	4,012
1 Key punch operator (budget page 348, line 65)-----	3,855
1 Intermediate typist-clerk (budget page 348, line 66)-----	3,456
4 Positions -----	\$17,608

These four positions are requested to meet increased workload resulting from a change in procedures from manual to machine accounting of patients' accounts. The accounts will be set up and maintained on punched cards. This new procedure will make it possible to discontinue 12 positions in the bureau of patients' accounts. We recommended this new procedure and it represents an opportunity on the part of the department to improve their program and at the same time to make a considerable savings to the State.

Nursing Services

1 Intermediate typist-clerk (budget page 348, line 68)-----	\$3,456
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At present there is one secretarial position for the departmental nursing services section. The section has three professional positions—the director and two nursing consultants. The department maintains that increased workload requirements make it necessary to add another clerical position. The workload is in connection with the proposed survey of staffing, continuous recruitment program, revision of the teaching guide, education workshops, and ward staffing budget preparation.

With the exception of the continuous recruitment program these appear to all be items which have been conducted for some time in the past. No indication is given as to the extent these workloads are increasing. It appears that there is a considerable element of increased service involved. We believe that a fuller justification should be required before approving the position.

We recommend deletion of the position.

Guardianships

1 Intermediate stenographer-clerk (budget page 348, line 70)---	\$3,630
1 Intermediate account clerk (budget page 348, line 71)-----	3,456
2 Positions -----	\$7,086

The intermediate stenographer-clerk position is requested for the Los Angeles guardianship office for which there is no clerical help presently authorized. The workload is indicated by the department to be about double that for the northern office in Oakland for which one-half clerical position is authorized. The position appears to be justified in order to bring the level of service up to that already authorized in the north and would seem to be needed to handle dictation and filing, and phone calls involving routine decisions when the agent is not in the office.

The intermediate account clerk position is requested for increased workload in guardianship accounting. The department indicates how

Administration—Continued

this has expanded in the following summary which also indicates the number of employees authorized for the unit.

	(2 employees) 1948-49	(3 employees) 1954-55	(3 employees) 1956-57
Real property -----	--	115 parcels	221 units
Rental units -----	--	98 units	194 units
Receipts issued -----	3,252	4,384	5,166
Checks drawn -----	2,025	3,748	5,498
Total cash postings-----	6,362	19,355	24,764

Because of these increases in workload and others as indicated by the department in their justification, there appears to be a need for an additional account clerk for this unit.

There are apparently considerable weaknesses in the guardianship program. In a recent report by the Auditor General, deficiencies of the following types were noted in the operation.

1. Operating statements were incomplete.
2. No operating manual is in use.
3. There is a lack of administration and supervision.
4. There is no adequate control over money received and disbursed.
5. Field agents assigned to collect patients' property exercise complete control over the assets found.
6. There is no written criteria for use as a guide in establishing guardianship fees.
7. The entire accounting record system needs to be revised.

The Department of Finance is making a study of these problems and should take the necessary steps to correct the situation as soon as possible.

We recommend that all these positions for administration be approved except the intermediate typist-clerk position for the nursing services unit. We recommend that this latter position be disapproved because of lack of justification for the position on a workload basis.

This involves a reduction in salaries and wages of \$3,456 (budget page 348, line 76).

Bureau of Patients Accounts

This unit is responsible for the setting and collection of reimbursement charges for care of patients in the state hospitals. As of January 1, 1958, the maximum charge was raised from \$134 to \$156 per month. The individual charges for patients and responsible relatives varies from no charge to the maximum rate.

The estimated support expenditure for the 1958-59 Fiscal Year is \$520,011, a decrease of \$7,384 compared to the estimated expenditure for 1957-58. This overall decrease is directly attributable to a reduction of 12 positions amounting to \$41,532 in the bureau as proposed for 1958-59. This reduction is being accomplished by use of a new punched-card accounting system—recommended in our analysis last year. It will involve the addition of four new positions in the statistical research bureau as previously mentioned and should greatly improve this accounting procedure.

Administration—Continued

We believe the department has further opportunities for improving certain aspects of the program in the bureau of patients accounts. One of these involves a reappraisal and strengthening of the rate setting program. There are serious deficiencies in the current procedures as indicated in the following section.

**Recommendations for Uniform Rate Setting Procedures in the
Bureau of Patients Accounts**

During the past year we have studied the methods used by the Bureau of Patients Accounts in setting rates of reimbursement to the State for hospital care of mentally ill, alcoholic and other groups of patients.

At the present time these individual rates may vary from nothing up to \$156 per month. They are set under authority contained in Section 6651 of the Welfare and Institutions Code. The actual amount of reimbursement varies and is set for each individual case by the agents in the Bureau of Patients Accounts.

The agents ostensibly consider a number of factors such as the patient's age, his diagnosis, fixed obligations, number of dependents, income and assets of the responsible relatives, and others. The interrelationship of these factors in determining a rate is not carefully defined by the bureau.

There is a serious lack of uniformity of interpretation by the individual agents of the factors they are to weigh in setting a rate. In fact, the relationship to rate of some of these, such as a patient's diagnosis, would seem to be beyond the capacity of an agent, who has had no medical training, to determine.

The consequent rates also lack uniformity which results in some widely different rates being set for payors with about the same ability to pay reimbursement charges.

Some of the specific findings relative to the rate setting program are as follows:

1. There are no well-defined uniform rate setting procedures. Instead, agents are left largely to their own discretion.
2. There is no adequate review procedure by the management of the bureau to keep rates on a uniform basis.
3. The rates set frequently result in the State, in effect, subsidizing payors who have run large bills, even though these may be for luxury items.
4. Most rates are reviewed only at infrequent intervals so that changes in circumstances of payors frequently are not taken into consideration as soon as they should be.
5. Frequently the responsible relatives are slow in returning the information requested in order to rate a case. This results sometimes in a large balance being built up before billing is started.
6. Some of the statements used by the bureau, such as the Income and Expense Statement, appear to confuse the responsible relatives who prepare the data. This also frequently results in the forms not being fully completed so that rates are set using incomplete data.

Administration—Continued

7. The bureau does not require sufficient substantiation of data submitted by many of the payors. (Other states in their reimbursement programs may require supportive data such as payroll vouchers or income tax forms to verify income).

8. The rating agent loses contact with a case within a short time after it is rated and other agents may, without notice, change or defer a rate.

We believe the agency should develop an approach to this problem which will result in more uniform rates for payors based on their ability to pay. Other states and other agencies in California State Government are using a basic uniform approach and these examples should be studied for application to this program. Particular reference is made to the State of Illinois where a fee schedule is clearly defined and administered with apparently very successful results. The Department of Social Welfare in California uses a basic rate table for determining needs and the principles contained in this schedule and procedure should also be studied.

The application of such a rating schedule should enable the department to increase revenue to the State, to provide more nearly uniform and equitable treatment and at the same time should cost less to administer.

We, therefore, recommend that the department appoint a high level committee as soon as possible to develop a more uniform basis for setting rates of reimbursement. We also recommend that this committee report its proposals and accomplishments to the Legislature next year.

Bureau of Social Service

This headquarters section provides the administrative leadership for the extramural or field social worker staff which is located throughout the State. These social workers provide care and guidance for patients on leave from the state hospitals and act as liaison between patients in hospitals and their families. They are also concerned with arranging for family care facilities, making work placements, and handling other contacts for the patients.

A total of \$1,574,614 is requested for this unit for the 1958-59 Fiscal Year. This is an increase of \$151,442 or 10.6 percent over the amount authorized for 1957-58. A total of 218 positions are currently authorized in the bureau. The increase in amount requested for this unit is mainly a reflection of the 15 new positions requested for 1958-59. These are as follows:

2 Supervising psychiatric social workers (budget page 350, line 43) -----	\$12,120
9 Senior psychiatric social workers (budget page 350, line 44) -----	49,464
4 Intermediate typist-clerks (budget page 350, line 45) -----	14,520
15 Positions -----	<u>\$76,104</u>

Administration—Continued

The presently authorized level of service for this group is 70.5 cases per case worker. Last year the department estimated that there would be 9,100 leave cases during the 1957-58 Fiscal Year. This estimate is proving to be somewhat low. The department estimates that for the 1958-59 Fiscal Year there will be 9,700 leave cases. The nine senior psychiatric social worker positions are requested in relation to the increase of 600 leave cases, to maintain service at the presently authorized level. The two supervising psychiatric social worker and the four intermediate typist-clerk positions are requested as authorized workload complements for the nine new senior psychiatric social worker positions. The increase seems justified on a workload basis.

Part of the increase in number of leave cases has resulted from increased family care placements for which the State now pays up to \$100 per month support for care of patients who would otherwise have to remain in the hospitals at a higher cost to the State. The remaining leave cases have other support which results in higher savings to the State.

We recommend that the 15 positions be approved as requested.

The leave program has been steadily becoming more important in the department's treatment program. It has apparently enabled the department to get many patients out of the hospitals much sooner because of the continued care of these patients when they are on a leave status. The size and importance of the program is indicated by the department's estimates that during the 1958-59 Fiscal Year there will be 10,937 indefinite leaves granted. This compares to an estimated average resident population at the hospitals for the mentally ill of 36,211 patients. These are the hospitals from which most leaves are granted.

We believe the department should make an evaluation of the leave program indicating to what extent it is aiding the patients, the extent to which patients benefit from the program as compared to those patients who are discharged directly from the hospitals, the extent of treatment given and the potential benefits that might accrue from more emphasis on this type of care. We have outlined some specific areas of inquiry in our summary of the family care program. This is part of the department's over-all leave program.

DEPARTMENT OF MENTAL HYGIENE

ITEM 139 of the Budget Bill

Budget page 351

**FOR SUPPORT OF TRANSPORTATION OF PATIENTS FROM THE
GENERAL FUND**

Amount requested	\$67,230
Estimated to be expended in 1957-58 Fiscal Year	62,650
Increase (7.3 percent)	\$4,580

RECOMMENDED REDUCTIONS----- None

ANALYSIS

This item covers transportation expenses and sheriff's fees incidental to the delivery of patients from the counties to the hospitals. The amount is based on the estimated number of admissions, excluding

Transportation of Patients—Continued

observation and voluntary, to the state hospitals. The State recovers about one-half of this expense from responsible relatives and the \$67,230 estimated cost for 1958-1959 is for that part not recovered by the State. The agency estimates that the average cost for this service is \$7.54 per case and that these type commitments will total about 17,830 for 1958-1959, at a total cost of about \$134,400.

The amount originally authorized for this function in the current year was \$75,530. Revised estimates for the current year reduced this to \$62,650 so that the increase of \$4,580 for 1958-1959 is in relation to the reduced figure. The cost for this service is based on workload and we recommend approval of the \$67,230 as requested.

DEPARTMENT OF MENTAL HYGIENE

ITEM 140 of the Budget Bill

Budget page 351

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

Amount requested	\$156,320
Estimated to be expended in 1957-58 Fiscal Year	131,069
Increase (19.3 percent)	\$25,251

RECOMMENDED REDUCTIONS..... None**ANALYSIS**

The total amount requested for this function is \$156,320, an increase of \$25,251 or 19.3 percent over the revised estimate for the current year. The request for increased funds is based mainly on two factors, first an increase in the number of patients to be deported from 560 in the current year to 575 in 1958-1959. This is estimated to entail an increase of \$3,525. The second and major part of the increase is for transfers between hospitals. This is estimated to total 1,800 as compared to 500 for 1957-1958 and involves an added expenditure of \$21,475. This is necessary to provide for the transferring of patients to new facilities at Metropolitan (1,600 new beds), Sonoma (700 new beds), and Fairview (600 new beds).

In view of the above, we recommend approval of the amount requested on a workload basis.

DEPARTMENT OF MENTAL HYGIENE

ITEM 141 of the Budget Bill

Budget page 351

FOR SUPPORT OF FAMILY CARE FROM THE GENERAL FUND

Amount requested	\$1,478,400
Estimated to be expended in 1957-58 Fiscal Year	1,127,299
Increase (31.1 percent)	\$351,101

RECOMMENDED REDUCTIONS..... None**ANALYSIS**

This program provides for a more gradual transition from the hospital to society through departmental approved and supported family care homes. The department estimates that the number of patients in

Family Care—Continued

their fully financed caseload will increase from 1,130 in the current year to 1,330 in 1958-59. The number of partially financed patients is expected to remain at 70 for both years. This increase of 200 in the number of fully financed patients would involve an increased cost of \$351,101 and a total program cost of \$1,478,400.

To the extent that this program enables patients to be cared for in family care homes instead of in the State's hospitals, it represents a possible savings of the difference between these support costs plus capital outlay costs to the State.

There is, however, the question: Could any of these patients be successfully discharged directly without going through the family care program? We believe that the department should evaluate this program in terms of what it is accomplishing therapeutically. This would involve answers to such additional questions as, for instance: (1) Is there a larger proportion of patients returning as readmissions who were on a family care status as compared to patients discharged directly? (2) Do patients who were on the family care status and subsequently readmitted after discharge stay out on the average longer than patients who are readmitted after being discharged directly from the hospitals? (3) How many patients in the hospitals could be successfully given this type leave? (4) What specific treatment is given the family care patients? This should be a part of an evaluation of the department's overall leave program.

These questions form only an indication of what should be determined by such an evaluation. Perhaps this type of program should be greatly enlarged to accommodate additional patients, or restricted. In any event, we believe the department has the obligation of determining what it is accomplishing.

We recommend approval of the amount requested for this item. We also recommend that the department begin an evaluation of this program as indicated. This could be accomplished as a part of an overall evaluation of the department's leave program.

DEPARTMENT OF MENTAL HYGIENE

ITEM 142 of the Budget Bill

Budget page 351

FOR SUPPORT OF RESEARCH PROGRAM FROM THE GENERAL FUND

Amount requested	\$500,000
Estimated to be expended in 1957-58 Fiscal Year	160,000
Increase (212.5 percent)	\$340,000

RECOMMENDED REDUCTIONS None

ANALYSIS

A medical research program in the department was started in the 1957-1958 Fiscal Year with an appropriation of \$200,000. This is being used (about \$100,000) to support research investigations undertaken by departmental, hospital, and clinic staff personnel, to set up research teams at Napa and Pacific State Hospitals, and Langley Porter Neuropsychiatric Institute during part of 1957-1958 at a cost of about

Research Program—Continued

\$60,000 for the partial year. The remaining \$40,000 of the \$200,000 appropriated would be carried over for expenditure in 1958-1959.

The following table indicates specifically how the program is expected to develop during the 1957-58 and 1958-59 Fiscal Years.

Departmental Research Program—Summary of Expenditure Estimates

	1957-58	1958-59
A. Research teams (3)-----	\$60,000	\$120,000
B. Research teams (2)-----	--	80,000
C. Chief research psychologist (1) Editorial research assistants (2)-----	12,000	24,000
D. Pilot projects-----	35,000	60,000
E. Projects—6-18 months' duration-----	53,000	90,000
F. Projects—over 18 months' duration-----	--	166,000
Totals-----	\$160,000	\$540,000

The research teams would have one research team director who would be a qualified psychiatrist, board certified or eligible, with research and administrative experience or a physician with additional formal training and research experience in a basic science field. The research team would consist, in addition to the team director, of one professional assistant from such a field as psychology, biochemistry, sociology, medicine, or others, depending upon the nature of the hospital and its program emphasis. There would also be a clerical staff of three including at least one statistical clerk. The three teams to be set up during the current fiscal year will each initially consist of a psychiatrist, a psychologist, and two stenographer-clerks (four personnel instead of five as indicated above); but will be expanded as the needs develop. The department hopes eventually to have one research team at each of the major institutions.

Item C in the above table is for a research psychologist position to assist the chief of research in departmental research functions and for two editorial research assistants, one to be stationed at each major university library. They would provide reviews of scientific literature and resource materials for all the hospitals and assist with manuscripts and other needs.

With regard to expenditures for the actual projects, it is not possible to precisely indicate the amounts to be spent on specific studies. There should be some flexibility so that the more fruitful projects may be further explored and less fruitful ones dropped as the findings are developed. The department contemplates actively pursuing both basic and applied research.

The department is building a base so that major research projects can be conducted successfully. Money from other sources is already being made available for specific research projects; for example, the \$200,000 grant for research on tranquilizing drugs, and more should become available as the research facilities are developed.

When the research program was set up in the 1956-57 Fiscal Year and augmented to conduct actual research in the 1957-58 Fiscal Year, it was recognized that a long-range program was being authorized and that these appropriations were for developing the program on the most

Item 143

Mental Hygiene

Research Program—Continued

efficient basis. We believe this is being accomplished so far and that there are great potential benefits from such a program.

We recommend that the amount requested for this program be approved.

DEPARTMENT OF MENTAL HYGIENE

ITEM 143 of the Budget Bill

Budget page 352

FOR SUPPORT OF OUTPATIENT MENTAL HYGIENE CLINICS FROM THE GENERAL FUND

Amount requested	\$669,121
Estimated to be expended in 1957-58 Fiscal Year	651,297
Increase (2.7 percent)	\$17,824

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages	\$26,137	\$26,137	--	355 53
Operating expense	60	60	--	355 55
Equipment	—7,469	—7,469	--	355 57
Less increased federal funds	—904	—904	--	
Total increase	\$17,824	\$17,824		

RECOMMENDED REDUCTIONS

Reduction in budgeted increases	None
Improved efficiency and policy reappraisal	\$669,121
Total reductions	\$669,121

ANALYSIS

The department's authority for establishing the mental hygiene clinics and the treatment objectives of the clinics are indicated in Section 7500.5 of the Welfare and Institutions Code as follows:

"The department may organize, establish and maintain community mental hygiene clinics for the prevention, early diagnosis and treatment of mental illness, deficiency or disorder. Such clinics may be maintained only for persons not requiring institutional care, who voluntarily seek the aid of such clinics. Such clinics may be maintained at the locations in the communities of the State, designated by the director, or at any institution under the jurisdiction of the department designated by the director."

The department is requesting \$669,121 for the operation of the clinics in 1958-59. This is an increase of \$17,824 or 2.7 percent. No increase in personnel in the clinic program is contemplated by the department for 1958-59.

We recommend that two existing positions be deleted in accordance with our recommendation in the general summary that positions vacant six months or longer be deleted. These are shown below:

1 Senior psychiatric social worker	\$5,496
1 Junior psychiatric social worker	4,740
2 Positions	\$10,236

Outpatient Mental Hygiene Clinic—Continued

There is a policy problem of duplication of programs and facilities, and of unnecessary state expenditures if the outpatient clinic program is continued in its present form, as illustrated in the following section.

Status of the State Outpatient Clinics

A policy question arises as to what will be the status of the State's presently operating outpatient mental hygiene clinics in view of the Short-Doyle Act. These clinics are already providing services in the communities of the kind contemplated in the act. If local community mental health programs were to be set up in these communities where state clinics already exist, it would provide unnecessary duplication at increased cost. If these communities already having state clinics do not set up local mental health programs, the State would be left in the position of continuing to pay the full costs of the local services—a position unfair to the State and to the other local jurisdictions which would finance one-half the costs themselves under the Short-Doyle Act.

The department is requesting an appropriation sufficient to operate the clinics in 1958-59 at about the same level of service as in 1957-58. No new positions are requested and the State is being asked to continue to support the full costs of these clinics for another year.

We have not received any information from the Department of Mental Hygiene as to how it proposes to resolve this problem of operating state clinics alongside local community facilities. Although the department should have proposals with regard to the status of the clinics, this may involve legislative action.

We believe that the department should take immediate steps to resolve this problem by initiating procedures for integrating the clinics into the community services program.

We recommend that the amount requested for the clinics for 1958-59 be disapproved, reducing salaries and wages, operating expense, and equipment items by \$669,121.

DEPARTMENT OF MENTAL HYGIENE

ITEM 144 of the Budget Bill

Budget page 356

FOR SUPPORT OF LANGLEY PORTER NEUROPSYCHIATRIC
INSTITUTE FROM THE GENERAL FUND

Amount requested	\$1,547,286
Estimated to be expended in 1957-58 Fiscal Year	1,419,581
Increase (9.0 percent)	\$127,705

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages	\$108,345	\$39,027	\$69,318	357 83
Operating expense	—11,535	—11,535	—	358 28
Equipment	7,111	4,036	3,075	358 36
Plus decreased reimbursement	23,784	23,784	—	358 45
Total increase	\$127,705	\$55,312	\$72,393	

Langley Porter Neuropsychiatric Institute—Continued

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$69,318
Improved efficiency and policy reappraisal-----	18,081
Total reductions -----	\$87,399

ANALYSIS

The legal authority for the Langley Porter Neuropsychiatric Institute is contained in Chapter 7 (Sections 7300 to 7310) of the Welfare and Institutions Code. The institute has the responsibility to act as a hospital for the treatment of early curable types of mental disorders, both on an inpatient and outpatient basis. It is a center for teaching, training and research, and operates in connection with the University of California School of Medicine.

The department is requesting 10 new positions for the institute which would augment the presently authorized level of service. These are as follows:

1 Chief of Clinical Services (budget page 357, line 74)-----	\$15,000
2 Psychiatrist II (budget page 357, line 75)-----	24,000
1 Clinical psychologist II (budget page 357, line 76)-----	6,672
1 Senior psychiatric social worker (budget page 357, line 78)	5,496
5 Intermediate stenographer-clerk (budget page 357, line 72)-----	18,150
10 Positions -----	\$69,318

In accordance with the previously stated policy of "no new service," we recommend that the request for these new positions be deferred until the next regular session of the Legislature, reducing salaries and wages by \$69,318.

The chief of clinical services position is requested in order to center the responsibility for care and treatment at the institute. At present, the assistant medical superintendent has 14 administrative heads of units plus three university personnel responsible for contract services reporting to him. This number would be materially reduced by having the heads of the following sections report to the Chief of Clinical Services: Social Work, Inpatient Service, Outpatient Service, Psychology Service, and Contract Services. The new Chief of Service would report to the Assistant Medical Superintendent.

The department is requesting the two psychiatrist II positions to replace two psychiatric residents III which have been utilized as staff jobs with administrative and resident supervisory responsibilities. The two psychiatric residents would be trained in the advanced skills of teaching and research. The exact duties, time and programs involved are not explained in department's justification.

The clinical psychologist II position is requested to augment the present staff of two positions, authorized in the budget, for improving intake and evaluation procedures. The institute has in the past had 40 percent of a national institute of mental health supported position of this type which has been withdrawn. The new state position would, therefore, in effect replace this partial position and, in addition, add

Langley Porter Neuropsychiatric Institute—Continued

new services. This appears to be another case of asking the State to assume the bill for a position set up and then dropped by another agency.

The senior psychiatric social worker position is requested to replace a position which was reclassified by Department of Finance and Mental Hygiene in the current year to chief social worker to head up the social service unit. This reclassification was apparently done without legislative review of the action.

Two of the five intermediate stenographer-clerk positions are requested for the five new professional positions indicated above. Three of the clerks would provide services for approximately 20 psychiatric resident positions. The five professional positions are requested mainly for strengthening the administrative organization of the institute and to more finely divide the administrative responsibilities. This would appear to be necessary if the institute was larger. There are estimated to be an average of only 100 inpatients at the institute during the 1958-59 Fiscal Year. The outpatient caseload was 505 on November 30, 1957, compared to 391 on this date for the Los Angeles outpatient clinic. The total number of positions presently authorized for the institute is 233.3. This would appear to be a much richer staffing ratio to patients (100 inpatients plus 505 outpatient caseload) than exists in the state hospitals (Stockton will have three patients per employee in 1958-59) or the outpatient clinics (Los Angeles with a caseload of 391 has 31 positions or about one position per 13 of patient caseload excluding the branch clinics). This richer staffing is apparent even considering the other functions of the institute such as teaching and training; and research to the extent that it is presently being accomplished.

We believe that the strengthening of these services could be accomplished within present personnel allowances. It is true that there are, in some cases, a large number of functions reporting to one administrative head but, for the most part, these are very small subdivisions in some cases representing only one or two personnel in the unit. We therefore recommend that these 10 new positions be disapproved.

A total of \$41,281 is requested for equipment for the institute. This is \$7,111 or 20.8 percent more than was requested in the 1957-58 Budget which also included equipment for 22.2 new positions, as compared to 10 for 1958-59. In view of these factors, the equipment request appears to be somewhat out of line.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$18,081 from the equipment budget at this facility.

DEPARTMENT OF MENTAL HYGIENE

ITEM 145 of the Budget Bill

Budget page 359

FOR SUPPORT OF NEUROPSYCHIATRIC INSTITUTE FROM THE
GENERAL FUND

Amount requested	\$351,986
Estimated to be expended in 1957-58 Fiscal Year	298,087
Increase (18.1 percent)	\$53,899

Neuropsychiatric Institute—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages -----	\$70,706	\$70,706	--	359 69
Operating expense -----	1,824	1,824	--	360 15
Equipment -----	-18,631	-18,631	--	360 21
Total increase -----	\$53,899	\$53,899	--	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases -----	\$3,750
Improved efficiency and policy reappraisal -----	10,764
Total reductions -----	\$14,514

ANALYSIS

The neuropsychiatric institute operates under authority contained in Chapter 8 (Sections 7350 to 7409) of the Welfare and Institutions Code. The functions of this institute are similar to those of Langley Porter Neuropsychiatric Institute; however, the program is not fully set up as yet. The inpatient services and expansion of the other services now in existence, such as teaching, research, and the outpatient clinic, will be accomplished when permanent building facilities are completed, probably during 1960.

The department is requesting four new positions for the neuropsychiatric institute staff. These are shown as follows: (budget page 359, lines 61 to 64.)

1 Assistant medical superintendent -----	\$15,000
2 Psychiatric resident II -----	14,712
1 Intermediate stenographer-clerk -----	3,630
4 Positions -----	\$33,342

The assistant medical superintendent position is requested to assist in the development of the training and research program, to have leadership available with sufficient time to help direct the teaching and treatment program. The position would be responsible for helping to organize training sessions for mental hygiene medical personnel sent to the neuropsychiatric institute for training. In addition, the individual would work on a day-to-day basis with the architects in coordinating the medical program with the planning and equipping of the new building.

The requested position of intermediate stenographer-clerk would be assigned to the assistant medical superintendent.

The two proposed psychiatric resident II positions would be part of the plan for the orderly expansion of the resident staff so that there will be available an adequate number of residency staff when the permanent institute building opens.

These positions appear to be required for the orderly expansion of the institute program. This would help provide the institute with a good base for making the transition from the present temporary facility

Neuropsychiatric Institute—Continued

to the permanent facility when there will probably be a significant increase in the number of personnel during the 1959-60 Fiscal Year.

Because of the dual role of the two institutes with the Department of Mental Hygiene and the University of California, the Department of Mental Hygiene pays three-fourths of the salary of the medical superintendent and the assistant medical superintendent at Langley Porter Institute and of the medical superintendent at the neuropsychiatric institute. The amount requested for the new assistant medical superintendent position (\$15,000) is at the full salary level instead of the usual three-fourths.

The department should obtain approval from the University of California also to support this position before it is approved in the department's budget. If this approval is not forthcoming from the University of California, we believe the position should be deleted in the Mental Hygiene budget. If the position is approved by the University of California, the amount for the position in Mental Hygiene's budget should be limited to three-fourths as stated above, \$11,250 instead of \$15,000.

In making this recommendation, we do not mean to imply that we concur with the present practice of paying these positions considerably more than one-half salary by both the Department of Mental Hygiene and the University of California.

We therefore recommend that the amount authorized for the assistant superintendent medical be limited to \$11,250; and that this position be approved only if the University of California also agrees to support the position. This involves a reduction of \$3,750 in salaries and wages. We further recommend that a policy reappraisal study be made of the salary participation of Mental Hygiene and the University of California for these positions.

We recommend that the remaining three positions (2 psychiatric resident II, 1 intermediate stenographer-clerk) be approved.

We recommend that two existing positions be deleted in accordance with our recommendation in the general summary that positions vacant six months or longer be deleted. The two positions are shown as follows:

1 Supervising psychiatric social worker-----	\$6,672
1 Senior stenographer-clerk -----	4,092
-----	-----
2 Positions -----	\$10,764

DEPARTMENT OF MENTAL HYGIENE

ITEM 146 of the Budget Bill

Budget page 360

FOR SUPPORT OF AGNEWS STATE HOSPITAL FROM THE GENERAL FUND

Amount requested -----	\$7,832,569
Estimated to be expended in 1957-58 Fiscal Year-----	7,503,634
-----	-----
Increase (4.4 percent)-----	\$328,935

Agnews State Hospital—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages-----	\$310,813	\$298,867	\$11,946	362 11
Operating expense-----	39,685	39,685	---	362 63
Equipment-----	—13,913	—14,395	482	362 70
Less increased reimbursements---	—7,650	—7,650	---	362 81
Total increase-----	\$328,935	\$316,507	\$12,428	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$11,946
Improved efficiency and policy reappraisal-----	36,364
Total reductions-----	\$48,110

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 4,128 is anticipated for the 1958-59 Fiscal Year. The estimated average population for the 1957-58 Fiscal Year is 4,204.

The recommended reduction of \$48,110 consists of the following amounts in the categories indicated.

Salaries and wages	Amount	Budget Page	Line
Existing position			
1 Student professional assistant-----	\$3,060		
New positions			
0.9 Pharmacist-----	5,454	362	4
Reclassify one psychiatrist II to chief of professional education-----	2,400	361	78
1 Senior stenographer-clerk-----	4,092	361	79
2.9 Positions-----	\$15,006		

A total of \$73,028 is requested for equipment, of this amount \$44,709 is for replacement and \$28,319 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$33,104 from the equipment budget at this facility.

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

DEPARTMENT OF MENTAL HYGIENE

ITEM 147 of the Budget Bill

Budget page 363

FOR SUPPORT OF ATASCADERO STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested-----	\$2,648,942
Estimated to be expended in 1957-58 Fiscal Year-----	2,479,142
Increase (6.8 percent)-----	\$169,800

Atascadero State Hospital—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget page	Line No.
		Workload or salary adjustments	New services		
Salaries and wages-----	\$145,295	\$138,803	\$6,492	364	68
Operating expense-----	27,988	27,988	--	365	23
Equipment-----	—3,273	—3,755	482	365	33
Less increased reimbursements---	—210	—210	--	365	42
Total increase-----	\$169,800	\$162,826	\$6,974		

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$12,852
Improved efficiency and policy reappraisal-----	25,250
Total reductions-----	\$38,102

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 is anticipated to average 1,180 patients during the 1958-59 Fiscal Year. The estimated average population for 1957-58 is also 1,180 patients.

The recommended reduction of \$38,102 consists of the following amounts in the categories indicated.

Salaries and wages	Budget		
	Amount	Page	Line
Existing positions			
1 Surgical nurse II-----	\$4,740	364	19
1 Surgical nurse I-----	4,512	364	19
1 Food service supervisor II-----	3,216	364	30
1 Food service assistant-----	2,916	364	30
New positions			
1 Service and supply supervisor-----	6,360	364	61
Reclassify one psychiatrist II to chief of professional education-----	2,400	364	58
1 Senior stenographer-clerk-----	4,092	364	59
6 Positions-----	\$28,236		

A total of \$25,133 is requested for equipment, of this amount \$9,361 is for replacement and \$15,772 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$9,866 from the equipment budget at this facility.

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

DEPARTMENT OF MENTAL HYGIENE

ITEM 148 of the Budget Bill

Budget page 366

FOR SUPPORT OF CAMARILLO STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested-----	\$10,797,668
Estimated to be expended in 1957-58 Fiscal Year-----	10,675,255
Increase (1.1 percent)-----	\$122,413

Item 149

Mental Hygiene

Camarillo State Hospital—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages-----	\$123,003	\$116,511	\$6,492	367 56
Operating expense -----	10,624	10,624	---	368 35
Equipment -----	—1,314	—1,796	482	368 44
Less increased reimbursements----	—9,900	—9,900	---	368 53
Total increases -----	\$122,413	\$115,439	\$6,974	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$6,492
Improved efficiency and policy reappraisal-----	42,404
Total reductions -----	\$48,896

Camarillo State Hospital is an institution for the mentally ill located near Camarillo, Ventura County. The anticipated average population for the 1958-59 Fiscal Year is 6,462. The estimated average population for the 1957-58 Fiscal Year is 6,639 patients.

The recommended reduction of \$48,896 consists of the following amounts in the categories indicated.

Salaries and wages		Budget		
Existing positions		Amount	Page	Line
1	Senior psychiatric technician I-----	\$3,720	366	75
1	Physical therapist I-----	4,740	367	4
1.5	Senior psychiatric social worker-----	8,244	367	8
2	Junior psychiatric social worker-----	9,480	367	8
1	Intermediate account clerk-----	3,372	366	66
New positions				
—	Reclassify one Psychiatrist II to chief of professional education-----	2,400	367	47
1	Senior stenographer-clerk-----	4,092	367	48
7.5 positions		\$36,048		

A total of \$96,429 is requested for equipment, of this amount \$76,741 is for replacement and \$19,688 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$12,848 from the equipment budget at this facility.

The deletions conform to the specific recommendations made in the Hospital Summary.

DEPARTMENT OF MENTAL HYGIENE

ITEM 149 of the Budget Bill

Budget page 369

FOR SUPPORT OF DeWITT STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested-----	\$5,121,786
Estimated to be expended in 1957-58 Fiscal Year-----	4,929,165
Increase (3.9 percent) -----	\$192,621

DeWitt State Hospital—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages -----	\$177,408	\$170,916	\$6,492	370 45
Operating expense -----	24,505	24,505		370 88
Equipment -----	9,292	9,774	482	371 8
Total increase -----	\$192,621	\$185,647	\$6,974	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases -----	\$6,492
Improved efficiency and policy reappraisal -----	33,179
Total reductions -----	\$39,671

De Witt State Hospital is an institution for mentally ill and mentally deficient patients located near Auburn, Placer County. Average population for the 1958-59 Fiscal Year is anticipated to be 2,890 patients. The estimated average population for the 1957-58 Fiscal Year is 3,009 patients.

The recommended reduction of \$39,671 consists of the following amounts in the categories indicated.

Salaries and wages		Budget	
New positions	Amount	Page	Line
— Reclassify one psychiatrist II to chief of professional education -----	\$2,400	370	37
1 Senior stenographer-clerk -----	4,092	370	38
1 position -----	\$6,492		

A total of \$90,243 is requested for equipment, of this amount \$60,542 is for replacement and \$29,701 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$33,179 from the equipment budget at this facility.

This deletion is in conformity with the recommendation and analysis made in the Hospital Summary.

DEPARTMENT OF MENTAL HYGIENE

ITEM 150 of the Budget Bill

Budget page 371

FOR SUPPORT OF MENDOCINO STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested -----	\$4,605,783
Estimated to be expended in 1957-58 Fiscal Year -----	4,535,873
Increase (1.5 percent) -----	\$69,910

Mendocino State Hospital—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages-----	\$52,209	\$45,717	\$6,492	372 73
Operating expense-----	60,067	60,067		373 52
Equipment-----	42,516	42,998	482	373 61
Plus decreased reimbursement---	150	150	--	373 70
Total increase-----	\$69,910	\$62,936	\$6,974	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$6,492
Improved efficiency and policy reappraisal-----	16,330
Total reductions-----	\$22,822

Mendocino State Hospital is an institution for the mentally ill. It is located in Talmage, Mendocino County. The average patient population is anticipated to be 2,370 during the 1958-59 Fiscal Year. The estimated average patient population for the 1957-58 Fiscal Year is 2,298.

The recommended reduction of \$22,822 consists of the following amounts in the categories indicated.

Salaries and wages	Amount	Budget	
Existing positions		Page	Line
1 Supervising psychiatric technician-----	\$4,740	372	27
1 Student professional assistant-----	3,060		
New positions			
- Reclassify one psychiatrist II to chief of professional education-----	2,400	372	67
1 Senior stenographer-clerk-----	4,092	372	68
3 Positions-----	\$14,292		

A total of \$42,981 is requested for equipment; of this amount \$27,671 is for replacement and \$15,310 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$8,530 from the equipment budget at this facility.

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

DEPARTMENT OF MENTAL HYGIENE

ITEM 151 of the Budget Bill

Budget page 374

FOR SUPPORT OF METROPOLITAN STATE HOSPITAL FROM THE GENERAL FUND

Amount requested-----	\$6,725,369
Estimated to be expended in 1957-58 Fiscal Year-----	5,541,404
Increase (21.4 percent)-----	\$1,183,965

Metropolitan State Hospital—Continued
Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages -----	\$766,079	\$754,739	\$11,340	376 17
Operating expense -----	372,354	372,354	---	376 62
Equipment -----	25,932	25,450	482	376 71
Plus decreased reimbursement --	19,600	19,600	---	376 80
Total increase -----	\$1,183,965	\$1,172,143	\$11,822	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$269,064
Improved efficiency and policy reappraisal-----	119,243

Total reductions ----- \$388,307

Metropolitan State Hospital is an institution for the mentally ill. It is located at Norwalk, Los Angeles County. The average patient population for the 1958-59 Fiscal Year is anticipated to total 3,106. The average population for the 1957-58 Fiscal Year is estimated to total 2,367 patients.

The recommended reduction of \$388,307 consists of the following amounts in the categories indicated:

		Amount	Budget	
			Page	Line
Salaries and wages				
Existing positions				
1	Supervising psychiatric nurse-----	\$5,232	375	28
2	Senior psychiatric nurse-----	9,480	375	28
3	Psychiatric nurse -----	13,536	375	28
1	Psychiatrist III -----	13,200	375	22
2	Psychiatrist II -----	22,800	375	22
1	Clinical psychologist II -----	6,672	375	23
1	Senior psychiatric social worker-----	5,496	375	34
3	Intermediate stenographer-clerk -----	10,620	375	10
New positions				
77	Food service assistant-----	230,076	376	7
0.8	Pharmacist -----	4,848	375	80
-	Reclassify one Psychiatrist II to chief of professional education -----	2,400	375	66
1	Senior stenographer-clerk -----	4,092	375	67
8	Laundryman -----	27,648	376	10
100.8 Positions -----		\$356,100		

A total of \$79,675 is requested for equipment; of this amount \$34,163 is for replacement and \$45,512 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$32,207 from the equipment budget at this facility.

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

DEPARTMENT OF MENTAL HYGIENE

ITEM 152 of the Budget Bill

Budget page 377

FOR SUPPORT OF MODESTO STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested	\$5,916,942
Estimated to be expended in 1957-58 Fiscal Year	5,671,453
Increase (4.3 percent)	\$245,489

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages	\$215,699	\$209,207	\$6,492	378 70
Operating expense	20,503	20,503	--	379 37
Equipment	9,287	8,805	482	379 47
Total increase	\$245,489	\$238,515	\$6,974	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases	\$15,456
Improved efficiency and policy reappraisal	33,567
Total reductions	\$49,023

Modesto State Hospital is an institution for the care and treatment of the mentally ill and mentally deficient patients. The population during the 1958-59 Fiscal Year is anticipated to average 3,264 patients. The average population for the 1957-58 Fiscal Year is estimated at 3,336 patients.

The recommended reduction of \$49,023 consists of the following amounts in the categories indicated.

Salaries and wages	Amount	Budget	
Existing positions		Page	Line
1 Senior psychiatric technician II	\$4,092	378	27
1 Housekeeper	3,600	378	40
New Positions			
3 Food service assistant	8,964	378	65
- Reclassify one Psychiatrist II to chief of professional education	2,400	378	55
1 senior stenographer-clerk	4,092	378	56
6 Positions	\$23,148		

A total of \$85,309 is requested for equipment, of this amount \$46,952 is for replacement and \$38,357 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$25,875 from the equipment budget at this facility.

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

DEPARTMENT OF MENTAL HYGIENE

ITEM 153 of the Budget Bill

Budget page 380

FOR SUPPORT OF NAPA STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested	\$9,341,284
Estimated to be expended in 1957-58 Fiscal Year	9,277,826
Increase (0.7 percent)	\$63,458

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages	\$68,697	\$62,205	\$6,492	381 57
Operating expense	2,119	2,119	--	382 28
Equipment	—7,358	—7,840	482	382 37
Total increase	\$63,458	\$56,484	\$6,974	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases	\$39,360
Improved efficiency and policy reappraisal	37,388
Total reductions	\$76,748

Napa State Hospital is located at Imola, Napa County. It is an institution for the mentally ill. The anticipated average population for the 1958-59 Fiscal Year is 5,268 patients. The average population for the 1957-58 Fiscal Year is 5,436 patients.

The recommended reduction of \$76,748 consists of the following amounts in the categories indicated.

Salaries and wages	Amount	Budget	
Existing positions		Page	Line
1 Physical therapist I	\$4,740	381	5
New positions			
11 Food service assistant	32,868	381	52
- Reclassify one psychiatrist II to chief of professional education	2,400	381	40
1 Senior stenographer-clerk	4,092	381	41
13 Positions	\$44,100		

A total of \$97,518 is requested for equipment, of this amount \$53,800 is for replacement and \$43,718 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$32,648 from the equipment budget at this facility.

The deletions are in accordance with the recommendations made in the Hospital Summary.

DEPARTMENT OF MENTAL HYGIENE

ITEM 154 of the Budget Bill

Budget page 383

FOR SUPPORT OF PATTON STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested	\$7,796,785
Estimated to be expended in 1957-58 Fiscal Year	7,679,944
Increase (1.5 percent)	\$116,841

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages	\$121,472	\$114,980	\$6,492	384 61
Operating expense	—3,036	—3,036	—	385 33
Equipment	—1,595	—2,077	482	385 42
Total increase	\$116,841	\$109,867	\$6,974	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases	\$24,420
Improved efficiency and policy reappraisal	15,332
Total reductions	\$39,752

Patton State Hospital is located at Patton, near the City of San Bernardino. It is an institution for mentally ill patients. The population for the 1958-59 Fiscal Year is anticipated to average 4,086 patients. The estimated population for the 1957-58 Fiscal Year is estimated to be 4,313 patients.

The recommended reduction of \$39,752 consists of the following amounts in the categories indicated.

Salaries and wages	Amount	Budget Page	Line
New positions			
6 Food service assistant	\$17,928	384	52
Reclassifying one psychiatrist II to chief of professional education	2,400	384	39
1 Senior stenographer clerk	4,092	384	40
7 positions	\$24,420		

A total of \$88,436 is requested for equipment, of this amount \$57,886 is for replacement and \$30,550 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$15,332 from the equipment budget at this facility.

The above deletions are in accordance with the Hospital Summary.

DEPARTMENT OF MENTAL HYGIENE

ITEM 155 of the Budget Bill

Budget page 386

FOR SUPPORT OF STOCKTON STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested	\$8,452,505
Estimated to be expended in 1957-58 Fiscal Year	8,395,578
Increase (0.7 percent)	\$56,927

Stockton State Hospital—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages -----	—90,553	—97,045	6,492	387 55
Operating expense -----	115,077	115,077	—	388 37
Equipment -----	17,603	17,121	482	388 46
Plus decreased reimbursement ---	14,800	14,800	—	388 55
Total increase -----	\$56,927	\$49,953	\$6,974	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$10,896
Improved efficiency and policy reappraisal-----	86,341
Total reductions -----	\$97,237

Stockton State Hospital is an institution for the care and treatment of mentally ill patients. The average population for the 1958-59 Fiscal Year is estimated to be 4,317 patients. The patient population is estimated to be 4,464 on the average during the 1957-58 Fiscal Year.

The recommended deduction of \$97,237 consists of the following amounts in the categories indicated.

Salaries and wages	Amount	Budget	
Existing positions		Page	Line
1 Physical therapist II-----	\$5,232	386	77
1 Psychiatrist III -----	13,200	386	68
2 Psychiatrist II -----	22,800	386	68
1 Clinical psychologist II-----	6,672	386	69
1 Senior psychiatric social worker-----	5,496	386	80
3 Intermediate stenographer-clerk -----	10,620	386	56
New positions			
1 Automotive equipment operator-----	4,404	387	50
Reclassify one psychiatrist II to chief of professional education -----	2,400	387	45
1 Senior stenographer-clerk -----	4,092	387	46
12 positions -----	\$74,916		

A total of \$120,914 is requested for equipment, of this amount \$78,765 is for replacement and \$42,149 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$22,321 from the equipment budget at this facility.

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

DEPARTMENT OF MENTAL HYGIENE

ITEM 156 of the Budget Bill

Budget page 389

FOR SUPPORT OF FAIRVIEW STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested -----	\$1,727,254
Estimated to be expended in 1957-58 Fiscal Year-----	253,993
Increase (580.0 percent)-----	\$1,473,261

Item 157

Mental Hygiene

Fairview State Hospital—Continued

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages-----	\$1,298,420	\$1,298,420	---	392 74
Operating expense-----	194,831	194,831	---	393 19
Less increased reimbursements---	-19,990	-19,990	---	393 21
Total increase-----	\$1,473,261	\$1,473,261	---	

RECOMMENDED REDUCTIONS----- None

Fairview State Hospital to be located near Costa Mesa, Orange County, is still under construction. It is expected to receive the first mentally deficient patients starting about January, 1959. This new facility should relieve to some extent the waiting list at other hospitals through its receiving transfers from these hospitals and through new admissions. The average patient population for the 1958-59 Fiscal Year is estimated to be 175 patients.

We recommend approval of all the new positions proposed for this institution on a workload basis. This is in conformity with our recommendations in our analyses as contained in the Hospital Summary.

DEPARTMENT OF MENTAL HYGIENE

ITEM 157 of the Budget Bill

Budget page 393

FOR SUPPORT OF PACIFIC STATE HOSPITAL FROM THE
GENERAL FUND

Amount requested-----	\$6,852,451
Estimated to be expended in 1957-58 Fiscal Year-----	6,459,047
Increase (6.1 percent)-----	\$393,404

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages-----	\$300,505	\$288,559	\$11,946	395 16
Operating expense-----	99,888	99,888	---	395 53
Equipment-----	-6,989	-7,471	482	395 61
Total increase-----	\$393,404	\$380,976	\$12,428	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$11,946
Improved efficiency and policy reappraisal-----	80,404
Total reductions-----	\$92,350

Pacific State Hospital is an institution for the mentally deficient. It is located near Pomona. The anticipated average population at the institution for the 1958-59 Fiscal Year is 3,100 patients. An average of 2,936 patients is estimated for the 1957-58 Fiscal Year.

Pacific State Hospital—Continued

The recommended reduction of \$92,350 is comprised of the following amounts in the categories indicated.

Salaries and Wages		Budget		
Existing Positions		Amount	Page	Line
1	Supervising psychiatric technician-----	\$4,740	394	28
1	Clinical psychologist II-----	6,672	394	22
1	Psychiatrist III-----	13,200	394	21
2	Psychiatrist II-----	22,800	394	21
1	Clinical psychologist II-----	6,672	394	22
1	Senior psychiatric social worker-----	5,496	394	34
3	Intermediate stenographer-clerk-----	10,620	394	10
New Positions				
0.9	Pharmacist-----	5,454	395	9
	Reclassify one psychiatrist II to chief of professional education-----	2,400	395	6
1	Senior stenographer-clerk-----	4,092	395	7
11.9 Positions-----		\$82,146		

A total of \$70,524 is requested for equipment; of this amount \$47,446 is for replacement and \$23,078 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$10,204 from the equipment budget at this facility.

The foregoing reductions are in accord with the analyses as contained in the Hospital Summary.

DEPARTMENT OF MENTAL HYGIENE

ITEM 158 of the Budget Bill

Budget page 396

FOR SUPPORT OF PORTERVILLE STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	\$5,521,148
Estimated to be expended in 1957-58 Fiscal Year	4,867,203
Increase (13.4 percent)	\$653,945

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages	\$604,122	\$592,176	\$11,946	397 65
Operating expense	52,973	52,973		398 21
Equipment	270	—212	482	398 29
Less increased reimbursement	—3,420	—3,420		398 38
Total increase	\$653,945	\$641,517	\$12,428	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases	\$11,946
Improved efficiency and policy reappraisal	57,513
Total reductions	\$69,459

Porterville State Hospital is located in the City of Porterville, Tulare County. It is an institution for the care of mentally deficient patients. An average population of 2,500 patients is estimated for the 1958-59 Fiscal Year. The estimated population for 1957-58 is 2,470 patients.

Item 159

Mental Hygiene

Porterville State Hospital—Continued

The recommended reduction of \$69,459 is composed of the following amounts in the categories indicated:

Salaries and wages	Existing positions	Amount	Budget	
			Page	Line
1	Senior psychiatric nurse	\$4,740	397	19
1	Psychiatric nurse	4,512	397	19
0.5	Graduate nurse	2,148	397	19
3	Senior psychiatric technician I	11,160	397	20
1	Supervising psychiatric social worker II	6,672	397	26
1	Supervising psychiatric social worker I	6,060	397	26
1	Senior psychiatric social worker	5,496	397	26
New positions				
0.9	Pharmacist	5,454	397	56
-	Reclassify one psychiatrist II to chief of professional education	2,400	397	52
1	Senior stenographer-clerk	4,092	397	53
10.4 Positions		\$52,734		

A total of \$33,448 is requested for equipment; of this amount \$11,530 is for replacement and \$21,918 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$16,725 from the equipment budget at this facility.

The above reductions are in conformance with the recommendations as contained in the hospital summary.

DEPARTMENT OF MENTAL HYGIENE

ITEM 159 of the Budget Bill

Budget page 399

FOR SUPPORT OF SONOMA STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	\$8,095,153
Estimated to be expended in 1957-58 Fiscal Year	7,160,222
Increase (13.1 percent)	\$934,931

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page	No.
		Workload or salary adjustments	New services		
Salaries and wages	\$747,620	\$735,674	\$11,946	400	60
Operating expense	155,460	155,460	--	401	30
Equipment	32,016	31,534	482	401	39
Less increased reimbursement	-165	-165	--	401	49
Total increase	\$934,931	\$922,503	\$12,428		

RECOMMENDED REDUCTIONS

Reduction in budgeted increases	\$25,770
Improved efficiency and policy reappraisal	30,184
Total reductions	\$55,954

Sonoma State Hospital is located at Eldridge, Sonoma County. It is an institution for the care of mentally deficient patients. The anticipated average patient population during the 1958-59 Fiscal Year totals 3,575. During the 1957-58 Fiscal Year an average of 3,237 patients is anticipated.

Sonoma State Hospital—Continued

The recommended reduction of \$55,954 is indicated in the following categories:

	Amount	Budget	
		Page	Line
Salaries and wages			
Existing position			
1 Supervising psychiatric nurse-----	\$5,232	399	71
New positions			
0.9 Pharmacist -----	5,454	400	48
Reclassify one psychiatrist II to chief of professional education -----	2,400	400	39
1 Senior stenographer-clerk -----	4,092	400	40
4 Laundryman -----	13,824	400	53
6.9 Positions -----	\$31,002		

A total of \$88,490 is requested for equipment, of this \$45,301 is for replacement and \$43,189 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$24,952 from the equipment budget at this facility.

The above deletions conform to the recommendations contained in the Hospital Summary.

MILITARY DEPARTMENT

ITEM 160 of the Budget Bill

Budget page 402

FOR SUPPORT OF THE ADJUTANT GENERAL, NATIONAL GUARD, AND NATIONAL GUARD RESERVE, FROM THE GENERAL FUND

Amount requested -----	\$2,679,113
Estimated to be expended in 1957-58 Fiscal Year -----	2,639,028
Increase (1.5 percent) -----	\$40,085

Summary of Increase

	Total increase	INCREASE DUE TO		Budget page	Line No.
		Workload or salary adjustments	New services		
Salaries and wages-----	\$84,998	\$84,998	--	406	24
Operating expense -----	—3,380	—3,380	--	406	26
Equipment -----	—2,262	—2,262	--	406	28
Reimbursements -----	—8,872	—8,872	--	406	38
Unexpended balance, 1957-58-----	—30,399	—30,399	--	407	55
Total increase -----	\$40,085	\$40,085	--		

RECOMMENDED REDUCTIONS

Reduction in budgeted increases-----	\$1,980
Improved and efficiency and policy reappraisal-----	None
Total reductions -----	\$1,980

Summary of Reductions

	Amount	Budget	
		Page	Line
Headquarters staff:			
Shelving, records storage -----	\$1,980	404	16

GENERAL SUMMARY

The Constitution of California states that "the Legislature shall provide, by law, for organizing and disciplining the militia, in such manner as it may deem expedient. * * *The Governor shall have power

Sonoma State Hospital—Continued

The recommended reduction of \$55,954 is indicated in the following categories:

	Amount	Budget	
		Page	Line
Salaries and wages			
Existing position			
1 Supervising psychiatric nurse	\$5,232	399	71
New positions			
0.9 Pharmacist	5,454	400	48
- Reclassify one psychiatrist II to chief of professional education	2,400	400	39
1 Senior stenographer-clerk	4,092	400	40
4 Laundryman	13,824	400	53
6.9 Positions	\$31,002		

A total of \$88,490 is requested for equipment, of this \$45,301 is for replacement and \$43,189 is for additional equipment.

In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$24,952 from the equipment budget at this facility.

The above deletions conform to the recommendations contained in the Hospital Summary.

MILITARY DEPARTMENT

ITEM 160 of the Budget Bill

Budget page 402

FOR SUPPORT OF THE ADJUTANT GENERAL, NATIONAL GUARD, AND NATIONAL GUARD RESERVE, FROM THE GENERAL FUND

Amount requested	\$2,679,113
Estimated to be expended in 1957-58 Fiscal Year	2,639,028
Increase (1.5 percent)	\$40,085

Summary of Increase

	Total increase	INCREASE DUE TO		Budget Line page No.
		Workload or salary adjustments	New services	
Salaries and wages	\$84,998	\$84,998	--	406 24
Operating expense	3,380	3,380	--	406 26
Equipment	2,262	2,262	--	406 28
Reimbursements	8,872	8,872	--	406 38
Unexpended balance, 1957-58	30,399	30,399	--	407 55
Total increase	\$40,085	\$40,085	--	

RECOMMENDED REDUCTIONS

Reduction in budgeted increases	\$1,980
Improved and efficiency and policy reappraisal	None
Total reductions	\$1,980

Summary of Reductions

	Amount	Budget Page	Line
Headquarters staff:			
Shelving, records storage	\$1,980	404	16

GENERAL SUMMARY

The Constitution of California states that "the Legislature shall provide, by law, for organizing and disciplining the militia, in such manner as it may deem expedient. * * *The Governor shall have power