

## Department of Justice—Continued

the department support appropriation, any savings revert to the General Fund.

We recommend approval.

Department of Justice OTHER CURRENT EXPENSES		
ITEM 142 of the Budget Bill		Budget page 327
FOR CONSULTANTS AND RELATED EXPENSES TO PARTICIPATE IN FEDERAL POWER COMMISSION PROCEEDINGS FROM THE GEN- ERAL FUND		
Amount requested		\$25,000
Estimated to be expended in 1958-59 Fiscal Year		25,000
Increase		None
TOTAL RECOMMENDED REDUCTION		\$25,000

## ANALYSIS

The Attorney General's Office has been actively participating in a number of proceedings before the Federal Power Commission on the basis that it is necessary in order to protect California gas consumers. This budget item has been requested for use in securing consultants to aid in the presentation of evidence.

The Public Utilities Commission also intervenes in these matters, including the preparation and presentation of technical testimony and exhibits and the submission of legal briefs, motions, etc.

We do not believe it either necessary or desirable for two state agencies, in the same matter, to prepare and present evidence for an identical purpose. Accordingly, as the commission has competent and experienced staff to prepare and present technical material, and is by both law and tradition charged with utility rate regulation, we recommend disapproval.

## DEPARTMENT OF MENTAL HYGIENE

Budget page 328

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

Total amount requested	\$113,350,369
Total estimated to be expended in 1958-59 Fiscal Year	103,129,953
Increase (9.9 percent)	\$10,220,416
TOTAL RECOMMENDED REDUCTIONS, ALL ITEMS	\$2,804,752

## GENERAL SUMMARY

The Department of Mental Hygiene has responsibility for the care and treatment of citizens suffering from mental illness, mental deficiency, alcoholism, epilepsy, narcotics addiction, and sexual psychopathy. Additional responsibilities include research into the causes and treatment of all types of mental disorders, the regulation of private mental institutions, and prevention of mental illness through an active program to foster mental health.

Within the department there are 14 mental hospitals. These may be classified in three categories: (1) the nine hospitals which treat men-

General Summary—Continued

tally ill, mentally disturbed, alcoholic, narcotic addicts and epileptic patients, (2) the four hospitals which treat mentally deficient patients and (3) the one hospital which treats sexual psychopaths and criminally insane patients requiring maximum security.

Additional major program components of the department include two neuropsychiatric institutes, seven outpatient clinics and the new state-local sharing community services program under which at present 12 separate jurisdictions are providing services at the local level.

The Department of Mental Hygiene is one of the largest and most complex of the state departments. The total proposed expenditure for 1959-60 for the department is \$116,080,702. This is an increase of \$10,545,383 or 10 percent over the total expenditure of \$105,535,319 estimated for the 1958-59 Fiscal Year.

The major categories of increase in expenditures in the 1959-60 Budget are for salaries and wages, as reflected in the department's request for 1,466 new positions costing \$5,085,738, and for \$1,600,285 in additional operating expense funds, reflecting requests for new programs and augmentations of present ones.

There are no major new programs proposed in the 1959-60 Budget. However, new facilities will be activated at several hospitals during the 1959-60 Fiscal Year. These include a new receiving and treatment and other buildings at Agnews, a new ward building at Atascadero and two new wards at Patton. Fairview State Hospital was activated in January, 1959, and the new four-story addition at Langley Porter Neuropsychiatric Institute should be in operation by April, 1959. New positions are requested for these facilities in the 1959-60 Budget.

There is a considerable increase in the level of service proposed in the department's budget. This increase in the level of service has, for the most part, been hidden into an ostensibly hard core budget proposal. We discuss these programs in our analysis.

The department's request for a net increase of 1,324 new positions would increase the number of personnel authorized to 19,286. Included in this total are a great many different types of workers reflecting the variety and complexity of the program which is attempting to provide for all the physical, medical, mental and spiritual needs of the patients in the hospital communities in addition to other services for the public.

The average per capita annual patient cost in the state hospitals is estimated to be \$2,227 for the 1959-60 Fiscal Year. This represents an increase of \$144 or 6.9 percent over the \$2,083 estimated for 1958-59.

These costs for the individual hospitals are shown in the following table:

Per Capita Cost Table

<i>Hospital</i>	<i>1958-59 per capita costs</i>	<i>1959-60 per capita costs</i>	<i>Percentage change</i>
1. Agnews -----	\$2,083	\$2,282	9.5
2. Atascadero -----	2,367	2,424	2.4
3. Camarillo -----	1,775	1,881	6.0
4. DeWitt -----	1,809	1,974	9.1
5. Mendocino -----	2,018	2,178	7.9
6. Metropolitan -----	1,938	2,078	7.2

# Mental Hygiene

## General Summary—Continued

### Per Capita Cost Table

<i>Hospital</i>	<i>1958-59 per capita costs</i>	<i>1959-60 per capita costs</i>	<i>Percentage change</i>
7. Modesto -----	2,075	2,201	6.1
8. Napa -----	1,867	2,008	7.5
9. Patton -----	1,999	2,165	8.3
10. Stockton -----	2,287	2,357	3.1
11. Fairview -----	9,579	3,577	-62.7
12. Pacific -----	2,425	2,601	7.3
13. Porterville -----	2,333	2,555	9.5
14. Sonoma -----	2,393	2,419	1.1
Average population per capita costs ----	2,083	2,227	6.9

The department's vacancy rate remains high for highly trained key position classifications. There has, however, been some improvement in the vacancy factor in the last year reflecting the fact that the number of new positions created in the 1958-59 Budget was not nearly so great as in the 1957-58 Budget. Therefore, the department has had 18 months to absorb the large number of new positions created in the 1957-58 Budget.

Some of the specific categories of positions in which the high vacancy rates should cause concern for the department are shown for the state hospitals as of December 1, 1958, in the following table:

	<i>December 1, 1958</i>		
	<i>Number authorized</i>	<i>Number vacant</i>	<i>Percent</i>
Physicians -----	376.9	39.9	10.6
R.N. ward level -----	751	79	10.5
Social Service -----	241.8	47	19.4
Psychology -----	126.2	14	11.1
Rehabilitation therapy -----	187	19	10.2
Clinical laboratory -----	64	8	12.5

The continued high vacancy rate for social workers should be of special concern to the department, especially since a large number of new social worker positions are requested for the hospitals in the 1959-60 Budget.

In the department's monthly report of hospital vacancies for December 1, 1957, the vacancy rate for psychiatric technician trainees was 1.7 percent. The similar data for December 1, 1958, shows a vacancy rate of 3.4 percent in this category. These comparisons are indicated in the following table:

	<i>Number authorized</i>	<i>Number vacant</i>	<i>Percent vacant</i>
December 1, 1957 -----	7,966	134	1.7
December 1, 1958 -----	8,188	275	3.4

This appears to represent a reversal of the trend toward a lower vacancy rate which has been apparent the last several years for these positions.

Another larger problem in connection with vacancies is position turnover. In order to maintain service at a constant level, the same positions

**General Summary—Continued**

in some cases must be filled many times during a year. This is also wasteful in the time and talent which is expended for training, especially at the psychiatric technician level at which turnover is probably highest.

With the opening of new wards in the 1958-59 and 1959-60 Fiscal Years, overcrowding in relation to bed capacity at the hospitals for the mentally ill should be completely eliminated. This is a major capital outlay accomplishment. The overcrowding percentage in relation to hospital capacities was 6.2 on June 30, 1957, and 7.7 on June 30, 1958. The department estimates that there will be a patient population of 36,238 on June 30, 1960, and a patient capacity at these 10 institutions of 36,287.

With the opening of the new Fairview State Hospital in January 1959, there will be a temporary excess bed capacity for mentally deficient patients and by the end of the budget year the department estimates the population will exceed the bed capacity by only 96 patients. The department can control admissions of these patients, however, as contrasted to the mentally ill population for which the department must receive all that are committed.

**ANALYSIS OF RECOMMENDED REDUCTIONS**

	Summary of Reductions	Amount
State Hospitals		
Existing positions		
26.5 Positions -----		\$142,164
New positions		
488 Positions -----		1,707,944
Equipment -----		149,281
Operating expense		
Training services and supplies -----		141,241
Special (tranquilizing) drugs -----		287,069
Total reduction for state hospitals -----		\$2,427,699
Departmental Administration		
New positions		
2 Positions -----		\$7,260
Operating expenses		
Training services and supplies -----		1,755
Outpatient Mental Hygiene Clinics		
Budget reduction -----		338,611
Langley Porter Neuropsychiatric Institute		
New positions		
9 Positions -----		46,014
Neuropsychiatric Institute at University of California, Los Angeles		
Existing positions		
2 Positions -----		10,476
New positions		
10 Positions -----		10,901
Equipment other than state hospitals -----		14,144
Total recommended reduction -----		\$2,856,860
Budget augmentation to restore 11 positions for Statistical Evaluation --		\$52,108
Net total recommended reduction -----		\$2,804,752

## Mental Hygiene

### General Summary—Continued

It should be noted that even with the recommended deletions of 509 new positions as set forth above, the agency will still receive the benefit of an augmentation of 957 new positions costing \$3,313,619.

### Policy Consideration on Vacant Positions

In accordance with the Budget Act, the Department of Finance regularly compiles a "Report of Authorized State Positions Continuously Unfilled." The report covering the period October 1, 1957, to July 1, 1958, lists 38½ positions as being continuously unfilled during this nine-month period in the Department of Mental Hygiene. We have reviewed this list and it appears that 28½ of the positions should be considered for deletion to the extent that the department has not filled them since July 1, 1958. The positions are listed as follows by agency unit:

Number	Agency and position title	Amount
	Neuropsychiatric Institute U C. L. A.	
1	Medical records librarian.....	\$4,980
1	Senior psychiatric social worker.....	5,496
	Atascadero State Hospital	
3	Senior psychiatric social worker.....	16,488
	Camarillo State Hospital	
1	Supervising psychiatric nurse.....	5,232
2	Supervising psychiatric technician.....	9,480
1	Supervising psychiatric social worker I.....	6,060
4	Senior psychiatric social worker.....	21,984
	DeWitt State Hospital	
1	Clinical psychologist II.....	6,672
3	Senior psychiatric social worker.....	16,488
	Mendocino State Hospital	
1	Industrial therapist.....	4,512
	Napa State Hospital	
1	Clinical psychologist II.....	6,672
3	Senior psychiatric social worker.....	16,488
1	Nurse anesthetist.....	5,496
	Stockton State Hospital	
1	Senior psychiatric social worker.....	5,496
1	Junior psychiatric social worker.....	4,740
	Porterville State Hospital	
1	Public health nurse II.....	5,232
1	Nurse anesthetist.....	5,496
	Sonoma State Hospital	
½	Psychiatric nurse.....	2,256
1	Telephone operator, NMB.....	3,372
28½ Positions.....		\$152,640

### Appraisal of Equipment Requests

In our last year's analysis of the equipment budget, a group of five criteria were suggested. This was believed desirable so that specific judgment factors could be applied to each item on a firm and equal basis. These are as follows:

1. Needed to replace an existing piece of equipment which is worn out beyond the point of economical repair or rehabilitation. This fact

General Summary—Continued

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.

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.

Unless one or more of the above requirements are satisfied, we have recommended disapproval of the requests on the concept that the urgent need for economy makes it paramount that no new services can be contemplated in this budget.

It is appropriate to again point out that the justification for many items sought in the agency's budget requests is either missing or so meager that a determination based upon the above criteria is nearly impossible.

Once more it is urged that careful review at the subfunction, within-hospital level be made and full detail be forwarded with respect to each desired item. Many requests involving substantial amounts are eliminated in the budget process because of lack of sufficient data to justify the request.

*Total departmental request for equipment (budget page 328, line 66) ----- \$861,829*

*In accordance with our application of the criteria enumerated to the equipment requests, item by item, it is recommended that an additional reduction of \$163,425 be made from the Department of Mental Hygiene's budget in this category. (The amount of reduction for each unit is shown in the individual summaries.)*

It appears there is inadequate screening of equipment requests by the administration at the hospitals with the result that our personal investigation of individual institutions from time to time has revealed no need for the equipment.

## Mental Hygiene

### General Summary—Continued

One large item in each budget common to all hospitals is automotive equipment. This is continually submitted for the various new and replacement vehicles on the basis of current open market costs for either new or used units.

We fail to understand why more hospitals do not avail themselves of the surplus facilities of the State, thereby effecting major savings before their budgets are submitted.

We would suggest that the administration of the Department of Mental Hygiene undertake to systematize the procurement of equipment items common to all hospitals, taking advantage of state surplus and discounts available when purchases are made in an aggregate amount for all hospitals. The present method of permitting the hospitals to obtain many standard items on an individual hospital basis is unnecessarily costly.

### STATE HOSPITAL SUMMARY

#### Proposed New Hospital Positions

The agency is requesting a net total of 1,224 new positions for the state hospitals. For the 1958-59 budget, 439.6 new positions were requested.

Positions are authorized by the Legislature each year under a workload or increased service category. Workload positions are those which allow the agency 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. Workload adjustments are made each year by the agency according to variations in hospital populations and other factors. This accounts for the phenomena shown in Table 1, in which new workload positions are requested but, at the same time, there are excess workload positions being deleted—some hospitals have excess positions in a particular category, other hospitals need new ones. The element of workload is, however, frequently not precisely delineated by the agency for many positions requested on this basis. Table 1 includes in the nursing category, for which a workload request is made for 865 new positions, 398 new positions for ward reclassification upgrading. This we believe clearly represents increased service. We have included these positions in the table under the workload category merely because the department made its request on that basis. We discuss these 398 positions in a separate section of the hospital summary. We believe the total new hospital positions that should actually be included in workload is 1,140 minus 398, or a net of 742 positions.

We would therefore add these 398 positions to the increased level of service category (increasing it from 217 to 615 positions).

We have indicated by footnotes all the categories in Table 1 in which our calculations differ from the agency's as to workload or new service.

Table 1 indicates the position classifications, costs and adjustments for the 1,224 new positions requested for the hospitals.

Table 1—Proposed New Hospital Positions by Classification

	<i>Net total new positions</i>	<i>New workload positions</i>	<i>Excess workload positions</i>	<i>Increased level of service positions</i>	<i>Estimated net cost of new positions</i>	<i>Cost of new workload positions</i>	<i>Cost of excess workload positions</i>	<i>Cost of increased level of service positions</i>
<b>Nursing</b>								
Senior psychiatric nurse .....	18	18	--	--	\$83,745	\$83,745	--	--
Psychiatric nurse .....	81	81	--	--	347,056	347,056	--	--
Senior psychiatric technician II .....	18	18	--	--	71,610	71,610	--	--
Senior psychiatric technician I .....	36	36	--	--	124,620	124,620	--	--
Psychiatric technician trainee .....	746	712	—50	84	1,907,493	1,844,151	—\$149,400	\$212,742
Subtotals .....	899	865**	—50	84	\$2,534,524	\$2,471,182	—\$149,400	\$212,742
<b>Medical and laboratory</b>								
Public health nurse I .....	1	1	--	--	\$5,364	\$5,364	--	--
Staff psychiatrist .....	34	26	—9	17	428,400	327,600	—\$113,400	\$214,200
Clinical psychologist II .....	25	11	—1	15	166,800	73,392	—6,672	100,080
Psychiatric resident II .....	14	--	--	14	8,582	--	--	8,582
Dentist II .....	--	1	—1	--	--	10,860	—10,860	--
Dental assistant .....	--	1	—1	--	--	3,294	—3,294	--
Clinical laboratory technologist .....	4	4	--	--	19,440	19,440	--	--
Senior clinical laboratory technologist .....	—1	--	—1	--	—4,980	--	—4,980	--
Neuropathology technologist .....	8	--	--	8	39,840	--	--	39,840
Surgical nurse II .....	1	1	--	--	4,740	4,740	--	--
Nurse anesthetist .....	1	--	--	1	5,496	--	--	5,496
Subtotals .....	87	45	—13	55	\$673,682	\$444,690	—\$139,206	\$368,198
<b>Other treatment personnel</b>								
Rehabilitation therapists								
Industrial therapist .....	1	1	--	--	\$4,626	\$4,626	--	--
Occupational therapist .....	1	4	—3	--	4,626	18,504	—\$13,878	--
Recreational therapist .....	2	3	—1	--	9,252	13,878	—4,626	--
Supervising psychiatric social worker I .....	3	--	--	3	18,180	--	--	\$18,180
Senior psychiatric social worker .....	32	18	—3	17	175,872	98,928	—16,488	93,432
Chiropodist .....	1	1	--	--	6,360	6,360	--	--
Psychiatric technician (chiropodist assistant) .....	1	1	--	--	3,456	3,456	--	--
Chaplain .....	2	2	--	--	12,120	12,120	--	--
Subtotals .....	43	30	—7	20	\$234,492	\$157,872	—\$34,992	\$111,612



Table 1—Proposed New Hospital Positions by Classification—Continued

	<i>Net total new positions</i>	<i>New workload positions</i>	<i>Excess workload positions</i>	<i>Increased level of service positions</i>	<i>Estimated net cost of new positions</i>	<i>Cost of new workload positions</i>	<i>Cost of excess workload positions</i>	<i>Cost of increased level of service positions</i>
<b>Nursing education</b>								
Psychiatric nursing education director	1	1	—	—	\$5,772	\$5,772	—	—
Supervising psychiatric nurse	9	6	—	3	47,088	31,392	—	\$15,696
Supervising psychiatric technician	1	1	—	—	4,740	4,740	—	—
Subtotals	11	8	—	3	\$57,600	\$41,904	—	\$15,696
<b>Diagnostic and preadmission service</b>								
Senior psychiatric social worker	1	1	—	—	\$5,496	\$5,496	—	—
Graduate nurse	1	1	—	—	4,404	4,404	—	—
Intermediate typist-clerk	1	1	—	—	3,456	3,456	—	—
Subtotals	3	3	—	—	\$13,356	\$13,356	—	—
<b>General administrative and clerical personnel</b>								
Administrative assistant I	1	1	—	—	\$6,060	\$6,060	—	—
Intermediate typist-clerk A	8	8	—	—	27,648	27,648	—	—
Intermediate typist-clerk B	36	20	—1	17	130,680	72,600	—\$3,630	\$61,710
Intermediate stenographer-clerk	1	1	—	—	3,630	3,630	—	—
Senior clerk	—2	—	—2	—	—8,888	—	—8,888	—
Subtotals	44	30	—3	17	\$159,630	\$109,938	—\$12,018	\$61,710
<b>Food service personnel</b>								
Food administrator I	1	1	—	—	\$4,980	\$4,980	—	—
Cook	15	15	—	—	59,940	59,940	—	—
Assistant cook	4	4	—	—	13,176	13,176	—	—
Food service assistant *	123	92	—5	36*	329,418	236,790	—\$14,940	\$107,568
Food service assistant	—46	—	—46	—	—137,448	—	—137,448	—
Baker I	6	6	—	—	23,976	23,976	—	—
Butcher meatcutter I	2	2	—	—	7,992	7,992	—	—
Food service supervisor I	1	1	—	—	3,630	3,630	—	—
Supervising cook I	1	1	—	—	4,404	4,404	—	—
Subtotals	107	122	—51	36	\$310,068	\$354,888	—\$152,388	\$107,568

Table 1—Proposed New Hospital Positions by Classification—Continued

	<i>Net total new positions</i>	<i>New workload positions</i>	<i>Excess workload positions</i>	<i>Increased level of service positions</i>	<i>Estimated net cost of new positions</i>	<i>Cost of new workload positions</i>	<i>Cost of excess workload positions</i>	<i>Cost of increased level of service positions</i>
Clothing, housekeeping and laundry personnel								
Laundry supervisor I.....	1	1	—	—	\$3,900	\$3,900	—	—
Laundry assistant .....	—2	2	—4	—	—5,976	5,976	—\$11,952	—
Laundress .....	4	4	—	—	13,176	13,176	—	—
Janitor .....	2	7	—5	—	4,941	21,411	—16,470	—
Subtotals .....	5	14	—9	—	\$16,041	\$44,463	—\$28,422	—
Operating and maintenance personnel								
Service and supply officer II*.....	2	—	—	2*	\$13,344	—	—	\$13,344
Automotive equipment operator I.....	11	11	—	—	48,444	\$48,444	—	—
Carpenter .....	3	3	—	—	15,696	15,696	—	—
Electrician .....	3	3	—	—	15,696	15,696	—	—
Plumber .....	2	2	—	—	10,464	10,464	—	—
Building maintenance man.....	2	2	—	—	8,808	8,808	—	—
Groundsman .....	2	2	—	—	7,620	7,620	—	—
Subtotals .....	25	23	—	2	\$120,072	\$106,728	—	\$13,344
Grand totals .....	1,224	1,140	—83	217	\$4,119,465	\$3,745,021	—\$516,426	\$890,870

\* Requested by agency on a workload basis.

\*\* We would include 398 of these under the increased service category.

## Mental Hygiene

### State Hospital Summary—Continued

Table 2 indicates the proposed numbers of new personnel at the different hospitals which would be authorized under the 1959-60 Budget proposal. These figures are compared with the 1958-59 Fiscal Year level to indicate the individual hospital and overall magnitude of the change contemplated by the agency.

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

<i>Hospital</i>	<i>Total authorized 1958-59</i>	<i>Net proposed new positions 1959-60</i>	<i>Total proposed for 1959-60</i>
Agnews -----	1,388.2	167	1,555.2
Atascadero -----	481.4	108	589.4
Camarillo -----	1,921.1	30	1,951.1
De Witt -----	841.0	36	877.0
Mendocino -----	819.0	53	872.0
Metropolitan -----	1,278.2	24	1,302.2
Modesto -----	989.0	—26	963.0
Napa -----	1,655.3	75	1,730.3
Patton -----	1,392.9	346	1,738.9
Stockton -----	1,509.9	—37	1,472.9
Subtotals— hospitals for mentally ill --	12,276.0	776	13,052.0
Fairview -----	730	281	1,011
Pacific -----	1,358.8	51	1,409.8
Porterville -----	1,120.9	27	1,147.9
Sonoma -----	1,616.7	89	1,705.7
Subtotals— hospitals for mentally deficient -----	4,826.4	448	5,274.4
Grand totals -----	17,102.4	1,224	18,326.4

The large increases in positions requested for Patton and Fairview are mainly to staff new wards and other facilities at these institutions which will have sizeable increases in patient populations.

The estimated average increase in patient populations of 1,258 at these 14 hospitals should be considered in relation to these 1,224 new positions requested. It is noted that the agency is requesting one new position per 1.03 average increase in patient population.

The above estimated increase in population is entirely in the hospitals for the mentally retarded in which the population is expected to increase from an average of 10,110 to 11,385, or by 1,275 patients. The hospitals for the mentally ill are anticipated to have on the average 25 fewer patients in 1959-60 than in 1958-59.

The average population for these 10 hospitals for the mentally ill is estimated at 36,319 for 1958-59 and 36,294 for 1959-60.

In contrast to this estimated drop of 25 in patient numbers, 776 new positions are requested for these hospitals. This indicates that a large increase in level of service is proposed by the agency for these hospitals.

**State Hospital Summary—Continued**

**Workload Positions**

The department proposes to delete 133 workload positions, and requests 1,178 new positions ostensibly on a workload basis. We have reviewed these requests and would place 436 of these 1,178 positions in the increased level of service category, leaving 742 as representing workload.

These 436 positions are in the following three categories:

- 398 Ward nursing staffing reclassification positions
- 36 Food service assistants
- 2 Service and supply officer II

**436 Positions**

The request for workload changes by the department is based on the following factors:

1. Activation of New Facilities
  - a. New Receiving and Treatment Building at Agnews—512 beds to be available for occupancy in July, 1959.
  - b. New ward building addition at Atascadero—432 beds to be available in September, 1959.
  - c. Deactivation of "D" row wards at Modesto—276 beds in January, 1960.
  - d. Two new ward buildings at Patton—1,072 new beds available in July, 1959.
  - e. New ward buildings at Fairview — 280 beds available in January, 1960.
2. Reduction in Overcrowding

Overcrowding should be almost completely eliminated at the hospitals.
3. Hospital ward reclassifications as the types of patients change and treatment levels are increased.
4. Changes in numbers of admissions and in resident population figures.
5. The effects of increased hospital leave, community services and other programs, which undoubtedly have an effect on such factors as admissions and hospital populations.

We would again emphasize that the department would actually obtain a large increase in level of service should all these so-called workload positions be approved. This is especially the case for the 398 positions requested under category 3 above. This number represents an unusually large request for reclassification positions as we point out in our analysis relative to this request.

We have indicated in the hospital analysis our reasons for recommending against part of these positions requested on this basis, and why we feel they clearly should be classified as increased service.

For other so-called workload positions, 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 increased service basis. In other cases the department has

## Mental Hygiene

### State Hospital Summary—Continued

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.

#### Recommendations—Workload Positions

We have determined that 742 positions should be considered in this category. After a careful review of workload factors, we recommend that 721 workload positions be approved. *We recommend that 21 workload positions consisting of three supervising psychiatric nurse and 18 senior psychiatric social worker be disapproved, reducing salaries and wages by \$114,624 (budget page 334, line 68, and page 333, line 74).*

We have discussed these positions together with the increased level of service positions requested in these categories. (These are under sections entitled "Supervising Psychiatric Nurses" and "Intramural Social Workers.")

#### Increased Level of Service Positions

We have determined that 615 positions should be considered in this category.

#### Recommendations—Increased Level of Service Positions

We recommend that 148 positions be approved although they will increase the level of service at the hospitals.

*We recommend that 467 increased level of service positions be disapproved, reducing salaries and wages by \$1,593,320.*

The following are comments and recommendations on these particular increased level of service positions and programs requested by the department.

#### Ward Staffing Personnel

The department is requesting 398 new nursing positions to be used for ward classification changes. The staffing for ward nursing personnel is not based on a single standard but on a number of separate standards depending on the type of patient. The standards are based on ratios of patients per employee. The following are the standards currently in effect, shown separately by mentally ill and mentally deficient categories:

Classification		Patients per employee
Mentally ill:		
1, 2	Receiving and acute treatment	4.4
3, 4, 5	Continued treatment	11.3
6	Senile	9.7
7	Medical and surgical	4.5
8	Juvenile	3.6
9	Alcoholic	13.9
10	Tuberculosis	5.9
11	Criminal	7.8

## Mental Hygiene

### State Hospital Summary—Continued

<i>Classification</i>	<i>Patients per employee</i>
Mentally deficient:	
I Nursery -----	5.3
II School -----	8.8
III Vocational -----	13.9
IVA Bedridden -----	4.0
IVB Wheelchair -----	8.9
V Habit training -----	7.8
VIIA Medical and surgical—pediatric -----	2.9
VIIB Medical and surgical—adult -----	2.9
VIII Tuberculosis -----	5.6
IX Behavior problems -----	5.5

These standards are based on rated capacity and do not include relief. Additional positions are authorized for overcrowding and relief.

It is noted that the lowest staffing standard in the hospitals for the mentally ill is for alcoholic patients in which the ratio is 13.9 patients per employee. Continued treatment is next to the lowest with 11.3 patients per employee. In contrast to these low staffing ratios, receiving and acute treatment patients have a standard of one employee to 4.4 patients and, for the juvenile category, it is one employee per 3.6 patients.

In the hospitals for the mentally deficient, the standards range between one employee to 13.9 patients for vocational patients to one employee per 2.9 patients in medical and surgical patients.

For the hospitals for the mentally ill, juvenile patients are staffed at a level which is 286 percent above the level for alcoholics. In the hospitals for the mentally deficient, the medical and surgical patients are staffed at a level which is 379 percent above the level for vocational patients. There are many staffing levels between these extremes.

At the current time, the department's nursing service is staffed at 90 percent of each standard classification. In addition, 104 positions were authorized by the 1957 Legislature for assignment to disturbed wards. These are not included in the above staffing ratios and represent a separate staffing enrichment factor for which consideration should be given.

It has been the practice of the department in the past to reclassify some of its wards each year to higher levels. For example, continued treatment wards are frequently classified to acute treatment wards. When this is done, new personnel are requested to supply the enriched staff called for on the new acute treatment wards.

All of these various standards are formulated on a workload basis and the department claims it is merely requesting new positions on a workload basis to maintain staffing at a current level. We have never agreed with this position and have pointed out to the Legislature in past years that there is actually an increase in level of service element contained in the department's workload requests for ward nursing staffing. This accrues because of the changes in composition of patient populations as a result of reclassification of wards to the more intensive types of treatment programs.

The range within which this improvement in the level of service can occur is enormous. As we pointed out above, the level of service could be

## Mental Hygiene

### State Hospital Summary—Continued

increased at the maximum to the extent of 286 percent in the hospitals for the mentally ill and 379 percent in the hospitals for the mentally deficient. All of this can be accomplished within a so-called workload formula by merely reclassifying patients to higher treatment levels.

We have concurred with the department's desire to upgrade its treatment program each year and have recommended that positions be approved which were in this category. There were 112 nursing positions requested and approved for ward reclassification changes in the 1958-59 Budget. In the 1957-58 Budget, 190 positions were requested and approved for this purpose.

The department is requesting 398 new ward nursing positions in the 1959-60 Budget for ward reclassification changes. We believe this is out of proportion to any reasonable request for such purposes and we are in complete disagreement with any intimation on the part of the Department of Mental Hygiene or Finance that the positions should be considered workload. In all cases they are requested to provide a higher level of treatment for the patients.

This situation is again illustrative of the weaknesses in the department's workload standards and show that a considerable improvement in level of service is frequently contained in what the department seeks to call workload in order to obtain budgetary approval.

The table below shows the relative stability in numbers of the various types of patients. This would indicate that the need for reclassifying additional wards is not justified on the basis of changes in the type of patients to be treated.

Resident Population, State Mental Hospitals, by Selected Legal Classifications  
Years Ending June 30, 1953-1957

Legal Classification	Percent distri- bution		1956	1955	1954	1953	Percent distri- bution	
	1957	1956						
Total, all mentally ill <sup>1</sup> -----	37,076	94.3	37,091	36,403	35,653	35,276	94.1	
Alcoholic -----	1,008	2.6	1,078	975	985	1,231	3.3	
Drug addict <sup>2</sup> -----	96	.2	126	114	114	116	.3	
Sexual psychopath <sup>3</sup> -----	547	1.4	612	656	536	464	1.2	
All commitments under penal code -----	542	1.4	502	532	454	399	1.1	
Epileptic -----	46	0.1	49	42	33	20	.05	
Total -----	39,315	100.0				37,506	100.0	
Total, all mentally deficient <sup>1</sup>	9,559		9,145	8,377	7,363	6,838		

<sup>1</sup> Includes patients in hospitals and those on brief visit.

<sup>2</sup> Includes both narcotic and other habit-forming drug addicts.

<sup>3</sup> Includes sexual psychopath commitments and recommitments and mentally abnormal sex offender commitments.

We recognize the need for some positions to provide ward reclassifications in line with the changing requirements of hospital wards. We do, however, believe that these requests should be presented on the basis of new service, which they actually are, and not workload. In line with authorizations made in previous years for this purpose, we believe the department's request is greatly in excess of any reasonable requirements.

**State Hospital Summary—Continued**

We, therefore, recommend that 148 of the new positions requested for ward staffing reclassifications be approved and that 250 of the positions be disapproved, reducing salaries and wages by approximately \$705,000. (Budget page 334, line 32.) We have not made a distribution of this recommended reduction to the individual hospital summaries because we believe the department should be given its preference in making such a distribution.

84 Psychiatric technician-trainee (budget page 334, line 32) \$212,742

These 84 positions are requested by the department to raise the level of service for ward nursing staffing. The number of positions requested by each hospital is shown below:

Agnews -----	6	Patton -----	12
Atascadero -----	3	Stockton -----	5
Camarillo -----	5	Fairview -----	10
DeWitt -----	3	Pacific -----	10
Mendocino -----	3	Porterville -----	6
Metropolitan -----	4	Sonoma -----	11
Modesto -----	3		
Napa -----	3	Total -----	84

In contrast to the department's position on its request for 398 new ward nursing personnel, these 84 positions are requested specifically on an increased service basis and would raise the level of the staffing standard above the presently authorized 90 percent of goal.

We have recommended that the department be authorized 148 new nursing positions for ward reclassifications. The addition of these 148 positions will materially aid the department in providing a better treatment program. An additional 467 new nursing positions for workload are also recommended so that, considering our recommended reductions, a total of 615 new positions for ward nursing staffing would still be authorized. In relation to these 615 new positions, the over-all hospital average population increase between the 1958-59 Fiscal Year and the 1959-60 Fiscal Year is estimated to be 1,258 patients. This is a ratio of one new nursing position for each 2.0 increase in patient population. The department seeks to add a total of 949 new nursing personnel. This would represent a ratio of one new position for each 1.3 patient increase if all the positions were approved. We believe the increase in these new positions at the rate of one position per each 2.0 patients, as we recommend, represents a very substantial program augmentation.

We, therefore, recommend that these 84 ward nursing positions, as requested by the department, be deleted reducing salaries and wages by \$212,742. (Budget page 334, line 32.)

**Medical Administrative Reclassifications**

In the 1957-58 budget the department requested 13 new hospital medical administrative positions to raise the level of service as part of a program to reorganize the medical administrative setup in the hospitals. We questioned these positions on the basis that the department was excessively augmenting this function and was, in addition, partly creating duplicate or parallel positions to those already set up for



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### State Hospital Summary—Continued

These 17 requested positions represent an increase in level of service. We believe the authorized level of service can better be restored by returning the 41 positions reclassified to their proper level. This can be done by administrative action on the part of the agency.

*We, therefore, recommend that these 17 staff psychiatrist positions requested to raise the level of service at the hospitals be deleted, reducing salaries and wages by \$214,200 (budget page 333, line 27).*

#### Other Medical and Laboratory Personnel

15 Clinical psychologist II (budget page 333, line 28)-----	\$100,080
8 Neuropathology technologist (budget page 333, line 31)---	39,840
1 Nurse anesthetist (budget page 333, line 76)-----	5,496

These 24 new positions are requested on an increased level of service basis to provide added treatment in these fields.

The distribution of these positions is shown as follows by requesting hospitals:

Hospital	Clinical psychologist	Neuropathology technologist	Nurse anesthetist
Agnews -----	2	1	---
Atascadero -----	---	---	---
Camarillo -----	2	---	---
De Witt -----	---	1	---
Mendocino -----	---	1	---
Metropolitan -----	1	---	---
Modesto -----	1	1	1
Napa -----	1	---	---
Patton -----	2	---	---
Stockton -----	1	---	---
Fairview -----	1	1	---
Pacific -----	2	1	---
Porterville -----	1	1	---
Sonoma -----	1	1	---
Totals -----	15	8	1

Clinical psychologists are staffed according to the following standards:

#### Mentally ill

- 1 per 300 adjusted annual admissions; plus
- 1 per 1,000 year-end resident population

#### Mentally deficient

- 1 per 300 year-end resident population

At the present time, staffing for hospitals for the mentally ill is authorized at 80 percent of this standard. The hospitals for the mentally deficient are authorized at 95 percent of the standard. The 15 proposed new positions would raise these figures to 96.5 percent for mentally ill and 118 percent for the mentally deficient. These figures indicate the magnitude of this proposed increase and, for the hospitals for the mentally deficient, it raises the figure 18 percent in excess of their own staffing goal.

We have received no justification data from the agency to support their request for these positions. We believe it is the agency's responsibility to supply such data for consideration by the Legislature.

State Hospital Summary—Continued

The department is requesting an additional 11 clinical psychologist II positions on a workload basis to maintain their staffing at the currently authorized level.

We cannot justify an increase in this staffing level as represented in this request for 15 new positions. The whole hard core budget philosophy this year indicates that the positions should not have been requested. This is especially the case when the agency has failed to indicate what it can accomplish in the way of treatment results which would accrue from the addition of these positions.

The eight neuropathology technologist positions requested are to complete the staffing of one such position for each of the hospitals with the exception of Atascadero. At the present time these positions are limited to those hospitals having new receiving and treatment units.

The agency states as justification for some of the positions as follows:

“Two such new receiving and treatment units will be activated at Agnews and Fairview and one position each will be required in the 1959-60 Fiscal Year to operate the pathology laboratory. Such a unit was included in the initial construction at Porterville and has been in operation since the opening of the hospital. Additional receiving and treatment units have been completed through alteration programs and the construction of additions in lieu of completely new units at Mendocino, Pacific and Sonoma.”

The agency indicates that a pathology laboratory has been in operation since the opening of Porterville. We would question how this is staffed because there is neither a pathologist nor a neuropathology technician position listed for the institution.

Although all the hospitals are authorized a pathologist position, we note that only Agnew, Camarillo, Napa, Patton and Sonoma have established them as such. Other hospitals have apparently filled the positions with psychiatrists or other medical personnel.

There is substantial staffing of clinical laboratory technicians in most of the hospitals. We would raise the question of the need for an additional neuropathology technician in view of this staffing.

There apparently is considerable disparity between the different hospitals as to staffing levels for their laboratories. In addition, the hospitals for the mentally deficient are heavily staffed with special laboratory technician positions for the control of diarrheal and enteric diseases.

In view of these circumstances, it is questionable whether the department could justify its present neuropathology technologist positions on a rigorous workload basis. We believe there should be some study of the laboratories in the hospitals to determine how they are operated.

The nurse anesthetist position is requested for Modesto. The department indicates that their surgical program at Modesto has become more active and is now at the level that a nurse anesthetist position is required to administer anesthesia in surgical operations.

Nurse anesthetist positions were authorized for the 1957-58 Fiscal Year for 10 of the hospitals. Some of these positions have remained

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### State Hospital Summary—Continued

vacant over long periods of time raising the question as to whether the position could be utilized if it was authorized.

Because the population at Modesto is gradually declining and money is included in operating expenses for consultant services which can be used for this purpose, we raise a question as to the need for such a position at this hospital.

These 24 positions requested in the Other Medical and Laboratory Category on a new service basis appear not to be justified for consideration in view of present budget stringencies.

*We recommend that this increased service request which is comprised of 15 clinical psychologist positions, eight neuropathology technologist positions, and one nurse anesthetist position, be deleted, a reduction in salaries and wages of \$145,416 (budget page 333, lines 28, 31 and 76).*

### Supervising Psychiatric Nurses

9 Supervising psychiatric nurse (budget page 334, line 67)--- \$47,088

Five of these positions are requested to establish a new area nursing office at Porterville. One new position is requested to replace a position at Sonoma which was abolished last year because of an extended vacancy period. This is definitely a workload position and should be authorized if the department can fill it. Three other positions are requested for Sonoma on an increased level of service basis.

The requested five positions for Porterville are for the purpose of establishing a new acute area office. The following population data has been submitted to indicate this need:

Hospital	Population (Ave. 59-60 Est.)	Areas (Auth. 58-59)		
		Acute	Nonacute	Total
Atascadero -----	1,378	1	1	2
Mendocino -----	2,413	1	3	4
Porterville -----	2,500	1	2	3
Modesto -----	2,776	1	3	4
DeWitt -----	2,874	1	3	4
Pacific -----	3,000	1	4	5
Sonoma -----	3,850	1	4	5

The above justification would seem to indicate that an additional nonacute area office should be established at Porterville. The agency does not want this but wants another acute area office which the data shows to be out of line with all other hospitals.

It is noted that all the hospitals, both large and small, are authorized to have only one acute area office.

The workload standards for staffing an acute area office is five supervising psychiatric nurses. For a nonacute area office, the standard is five supervising psychiatric technicians.

As justification for establishing an additional acute area office at the hospital, the following was submitted:

“Further justification for an additional acute area is evidenced by the large number of patients at Porterville which fall into the acute classification. These patients require more nursing care than those in the nonacute areas resulting in fewer patients per acute

State Hospital Summary—Continued

area than for nonacute areas. The number of patients in the one acute area has increased to the point where it is almost mandatory that this service be split into two areas."

No indication is given as to how many of the 2,500 patients at Porterville fall into the acute classification? How many patients are in this classification at Pacific (Sonoma claims to have 2,000)? These are both similar but much larger hospitals—population-wise—than Porterville but they have only one acute area office.

On a workload basis we, therefore, cannot support the department's request for these five new positions. It would appear much more reasonable if Porterville were to add one or two (depending on the population of the acute area) new positions to its present acute area nursing office. That such a proposal is feasible is demonstrated in Sonoma's request for three new positions for added staffing in their present acute area instead of proposing that another acute area office be established.

The three new positions of supervising psychiatric nurse for Sonoma are requested on an increased level of service basis. The department wants additional supervisory coverage in the acute treatment area. The following justification is submitted:

"With the activation of new wards with a bed capacity of 700, the acute treatment area at this hospital includes nearly 2,000 patients. This area is too large for adequate supervision within the current authorization of only one supervising psychiatric nurse position on each shift.

"Instead of dividing the acute area into two nursing areas which would require a full complement of five additional positions, it is planned to continue operating this unit as one area and to meet the problem of the additional coverage necessary by providing a second supervisory position on each of the two daytime shifts. These two posts plus relief will require three additional supervising psychiatric nurse positions as opposed to the five additional positions which would be required for the establishment of a second acute nursing area."

The department's data indicates that the acute area includes nearly 2,000 patients. The entire average population for the hospital during 1959-60 is anticipated to be 3,850 patients. This indicates that the nursing service has one area office for 2,000 patients and four area offices to care for 1,850 patients. For the latter group, this is about 463 patients per each of the four area offices. These figures indicate a large workload discrepancy between areas. While there are various considerations which would justify substantial variations in ratios of area office staffing to the number of patients in an area, a variation of this magnitude does not appear reasonable.

Instead of hiring additional new positions, the hospital should straighten out this present situation. An enlarged staff for the acute area office can be drawn from the other four area offices, or one of these could be abolished and the personnel be transferred to the acute area office. This would leave the hospital with three nonacute area offices at

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### State Hospital Summary—Continued

a ratio of one per slightly over 600 patients. This is well within the size range at other hospitals. Camarillo has six area offices to serve over 6,282 patients on the average in 1959-60.

We, therefore, recommend that Sonoma handle this staffing discrepancy within the present workload authorizations by transferring staff from the nonacute areas to the acute area. We also recommend that Porterville enlarge its acute area staff by adding two new positions instead of establishing a new area. We recommend that the one position of supervising psychiatric nurse, requested for Sonoma to replace a position previously deleted because of being vacant over a long period of time, be approved.

*We recommend that three supervising psychiatric nurse positions at Porterville and three at Sonoma be deleted, reducing salaries and wages by \$31,392 (budget page 334, line 67).*

### Intramural Social Workers

3 Supervising psychiatric social worker (budget page 333, line 73) ----- \$18,180  
35 Senior psychiatric social worker (budget page 333, line 74) 192,360

Eighteen of the senior positions are requested on a workload basis. There are three present senior positions which the department proposes to abolish on a workload basis.

The staffing standard for social workers is:

- 1 per 100 adjusted annual admissions; plus
- 1 per 500 year-end resident population.

The currently authorized level of service is at 62 percent of this standard at hospitals for the mentally ill and 96 percent at hospitals for the mentally retarded.

The remaining 17 senior positions and the three supervising positions are requested on an increased level of service basis.

These 41 positions (including the three to be deleted) are shown by requesting hospital as follows:

Hospital	Excess Workload	Workload	New Service
Agnews -----	----	2	2
Atascadero -----	----	2	--
Camarillo -----	----	4	4
DeWitt -----	----	1	1
Mendocino -----	----	1	--
Metropolitan -----	----	1	2
Modesto -----	-2	--	1
Napa -----	----	--	4
Patton -----	----	2	4
Stockton -----	-1	--	2
Fairview -----	----	3	--
Pacific -----	----	2	--
Totals -----	-3	18	20

In view of the department's recruitment status for social workers, it would appear to be rather useless to add to an already overwhelming burden. As of December 1, 1958, there were 241.8 social worker positions authorized for the hospitals. Of this total, 47 positions or 19.4 percent

## State Hospital Summary—Continued

were vacant. This is a ratio approaching one vacant position for each five authorized. The department could actually increase its level of service more by filling the vacant positions than is represented by the request for new positions.

By specific hospitals, we note that Camarillo is requesting eight new positions and had nine vacancies as of December 1, 1958. Metropolitan requests three new positions and had four vacancies. Many of the vacancies in the hospitals have continued for long periods of time.

We have recommended that a social worker position be approved as part of a diagnostic and preadmission service team at Sonoma. We have also recommended that the request of the Bureau of Social Service for 22 new social workers be approved. If these positions are approved, by the Legislature, it will greatly increase this critical recruitment problem the department faces.

It would appear that the department will be unable even to recruit the 18 new positions requested on a workload basis. The request for the new service positions should not even be considered under these circumstances.

*We therefore recommend that the 38 new social worker positions requested by the department be deleted, reducing salaries and wages by \$210,540 (budget page 333, line 76).*

128 Food service assistant (budget page 335, line 26)----- \$344,358

Of these positions 72 are requested for the hospital's for the mentally ill. The requesting hospital and number of positions proposed are shown below:

Hospital	Food preparation	Dining room	Total
Agnews -----	5	18	23
Atascadero -----	-	5	5
Camarillo -----	-	3	3
DeWitt -----	-	1	1
Patton -----	5	35	40
Totals -----	10	62	72

In addition, five presently authorized food service assistant positions at Modesto, 26 at Agnews, one at Metropolitan, nine at Patton and 10 at Stockton are proposed to be abolished.

An additional 56 positions requested are for the hospitals for the mentally deficient. Of these 54 are for staffing the new Fairview State Hospital which is getting underway.

The department claims that the new positions requested are based on either workload adjustments or population factors or activation of new facilities. We cannot justify all the positions on a workload basis for the hospitals for the mentally ill.

At Agnews the 23 requested positions are based on the activation of a new central food service building which will replace three small kitchens. This unit will also provide food for the new receiving and

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### State Hospital Summary—Continued

treatment and other buildings when completed. Regarding the 23 positions requested for Agnews, we quote the agency's justification as follows:

"Food service assistants (food preparation) (three posts, two relief): At the present time there are no food service assistants assigned to this area. One post is required for the vegetable preparation area and two posts for sanitation. Vegetable preparation area in this building covers 2,496 square feet, and mechanical food washers, peeling machines, vegetable dicers and other equipment must be operated and cleaned daily. Approximately 2,500 pounds of vegetables are processed daily. Food service assistants in the sanitation area are required to wash pots and utensils from the electric food carts in which food will be distributed to the ward buildings in this area, plus miscellaneous mopping, wall washing, sterilization of garbage cans, hood cleaning, and general sanitation required in 27,440 square feet.

"Food service assistants (dining rooms) (11 posts, seven relief): One post is presently authorized for two meals daily in the employee dining room. One post is required to provide for two daily shifts. Two posts are required to staff the industrial patients' dining room in the new food service building with one morning and one afternoon shift; this is a new facility in the east area. Eight posts are required to staff four dining rooms and connecting serving pantries in the new receiving and treatment building; this will provide one morning and one afternoon shift in each dining room. Two of these dining rooms will serve 94 patients each, two of them 127 each. Third floor has no dining room facilities and will be serviced from second floor pantries."

We note that the positions at Agnews are requested for new facilities being set up. The agency's justifications would seem to intimate that they are making preparations for a large number of new patients; however, the population figures indicate that the population is expected to remain quite stable for the hospital. For the 1958-59 year, the average population is estimated to be 4,044 patients and, for 1959-60, 4,112 patients or an increase of 68. The 1957-58 average population at this facility was 4,155.

Thus the hospital apparently is adding new facilities to care for patients who are already in the hospital. It would seem that, with the reduction of the workload on present facilities in the west area, that some positions could be transferred to the new facilities in the east area.

The five food service assistant positions at Atascadero are proposed to staff two congregate dining rooms—C and D—which are not presently staffed. The agency anticipates that Dining Room C will be serving 322 patients while Dining Room D will be serving 366 patients. As of July 1, 1958, Unit C served 190 and D served 209 patients.

It is noted that the estimated increase in the number of patients to be served in Dining Rooms C and D total 289 patients. The increase in the average population at Atascadero is expected to increase by only 178 patients in the 1959-60 Fiscal Year as compared to the 1958-59

State Hospital Summary—Continued

Fiscal Year. This indicates that patients will be transferred from other congregate dining areas to make up part of the above increase.

Three food service assistant positions are requested for Camarillo to staff the male parole dining room which is presently authorized one morning and one afternoon post. As justification for the three requested positions, the agency has submitted the following:

“Since the original staffing of this dining room the load has increased and approximately 675 patients are fed per meal. The name, parole, is a misnomer for this dining room since patients fed in this area are not parole type patients but senile, disturbed and untidy, requiring extra time and effort in service and extensive cleanup between seatings. The serving counter is at one end of a rectangular room and the dishwashing area opens off the opposite end of the room which provides additional problems of coverage with only one person per shift. The dining room is overcrowded for its capacity which increases workload by lengthening serving, cleanup and dishwashing times at each meal period. The two posts are required to provide additional coverage for each shift or a total of two morning and two afternoon shifts daily.”

It is difficult to reconcile a request for three new food service positions at Camarillo strictly on the basis of the department's workload data at a time when the population is decreasing. The average patient population for 1957-58 was 6,673, the estimated average for 1958-59 is 6,350 and for 1959-60 is 6,282. In spite of this, the agency indicates that “since the original staffing of this dining room, the load has increased and approximately 675 patients are fed per meal.” We cannot reconcile this statement with that of the Department of Finance in their analysis that “In the 1955-56 Fiscal Year, 840 patients were listed as being served in the Male Parole Dining Room.”

The one food service assistant position for DeWitt is requested on the basis of correcting the relief factor. Post positions currently authorized total 11 and there are six relief positions instead of the seven authorized. The agency states that this makes it necessary to borrow personnel from other areas, thus reducing the effective coverage in several areas.

The 40 requested food service assistant positions for Patton consist of five for food preparation and 35 to staff new dining rooms. The agency's justification is quoted as follows:

“*Food Service Assistants (Preparation)*: (3 posts, 2 relief) One post is required to assist cooks in the pre-paration of general patient's food in the main food service building to meet the increased workload. This employee assists cooks in such tasks as weighing and measuring of ingredients for standardization of recipes, fetching supplies from storerooms, panning of casserole type dishes, loading and unloading ovens, operating meat slicers, making salad dressings, mashing potatoes, portioning foods for ward distribution, grilling foods, loading steamers, and similar duties. Two posts are required for sanitation for operation of the potwashing machine which is a complicated mechanism which cannot be



## Mental Hygiene

### State Hospital Summary—Continued

operated by patients. This new machine is in almost continuous operation for 12 hours daily. The gradual switchover to electric food carts has increased the number of utensils required to effect portion control in the distribution of food to wards. The sterilization of utensils in this type of machine is also required in order to prevent and eliminate food contamination. The employees assigned to sanitation are also responsible for cleaning food carts returned from wards and for all general housekeeping in the kitchen (40,000 sq. ft.). Even with this staffing, patient help is required to maintain acceptable standards and if sufficient patient help is not available, this employee staffing is not adequate.

*“Food Service Assistants (Dining Room):* (22 posts, 13 relief) These positions are required to staff six congregate dining rooms in the two new geriatric buildings. Five post daily are required in each building for the first floor dining room, serving pantry and dishwashing area. Six posts daily are required in each building for the second floor's two dining rooms, serving pantry and dishwashing area. This is a total of 11 posts for each building or a total of 22 posts for the two buildings.”

The patient population at Patton is expected to increase from an average of 4,200 for 1958-59 to 4,495 in 1959-60, an average increase of 295 patients. In relation to the 40 food service positions requested, this indicates that approximately one additional food service assistant is being requested for each increase of seven patients. This compares to a current authorization of one food service assistant to about 54 patients in the 10 hospitals for the mentally ill.

The 35 positions (of the 40 shown above) requested for staffing the six congregate dining rooms in the two new geriatric buildings indicate a specific need. The 16 wards which will comprise this unit will have a capacity of 1,072 patients. However, staffing at the level requested would result in approximately one new position per 31 patients which again is considerably above the average staffing pattern for this function.

A further point arises: The hospital is expecting an average increase of 295 patients in 1959-60 over the 1958-59 figure. Staffing for 1,972 patients at these new wards would indicate that a significant number of patients to be placed on the new wards are already in other wards at Patton or will be admitted directly to the new wards. When workload is reduced at one part of an institution, it would seem reasonable to expect that some adjustment could be made to meet new needs at another part instead of requesting a full complement of new positions for this purpose.

In requesting new food service assistant positions, the agency uses a post assignment system. This is perhaps useful in allocating employees in the hospitals to meet special situations but to use this system alone as the sole justification for new employees falls far short as an acceptable measurement. It is an easy matter to increase the number of posts in the food service operation without any regard for the actual number of patients to be served. We believe that the number of patients to be

### State Hospital Summary—Continued

served is also a criterion of need for these positions. The same type food, prepared in similar manner, served in similar manner indicates that standardized procedures will in the main accomplish this common task.

The 10 hospitals for the mentally ill are estimated to have an average of 36,294 patients for the 1959-60 Fiscal Year or a decrease of 25 patients on the average from the 36,319 estimated for the 1958-59 Fiscal Year. The staffing ratios for this function, as compared to the number of patients to be served, vary greatly among the individual hospitals for the mentally ill. The following table indicates this variation:

## Food Service Assistants—Hospitals for the Mentally Ill

<i>Hospital</i>	<i>Average patient population</i>		<i>Number FSA presently authorized</i>	<i>Number proposed to delete</i>	<i>Proposed new FSA 1959-60</i>	<i>Patients per presently authorized FSA 1958-59</i>	<i>Patients per presently authorized* FSA 1959-60</i>	<i>Patients per present plus proposed* FSA 1959-60</i>	<i>Number of positions at 58 patients per position 1959-60</i>
	<i>1958-59</i>	<i>1959-60</i>							
Agnews -----	4,044	4,112	79	26	23	51	78	54	71
Atascadero -----	1,200	1,378	14	--	5	86	98	73	24
Camerillo -----	6,350	6,282	79	--	3	80	80	77	108
DeWitt -----	2,400	2,324	36	--	1	67	65	63	40
Mendocino -----	2,450	2,413	49	--	--	50	49	49	42
Metropolitan -----	3,750	3,753	112	1	--	33	34	34	65
Modesto -----	2,650	2,505	53	5	--	50	52	52	43
Napa -----	5,350	5,242	87	--	--	61	60	60	90
Patton -----	4,200	4,495	68	9	40	62	76	45	78
Stockton -----	3,925	3,790	95	10	--	41	45	45	65
Totals -----	36,319	36,294	672	51	72	54	58	52	626

\* The 51 positions proposed to be deleted by the agency have been subtracted.

State Hospital Summary—Continued

The individual hospitals at present show a variation of between 33 (at Metropolitan) and 86 patients (at Atascadero) per food service assistant for 1958-59.

The lack of any real workload consideration in the past is emphasized by the number of food service assistants at Metropolitan (112) and Camarillo (79) for 1958-59. The average population at Metropolitan is estimated at 3,750 and 6,350 at Camarillo. In spite of the fact that Camarillo has 2,600 more patients, Metropolitan is authorized 33 more food service assistant positions. These figures indicate a wide discrepancy in allocation between the hospitals and a disregard for population factors.

These wide variations in staffing complements for this function indicate that some of the operations are much more efficiently run than others. It is true there should be some variations because of factors other than population, but the magnitude of these variations in ratios indicates the population factor is not given due credence in developing workload formulas. It is noted in the table (next to last column) that if all 72 positions were to be authorized as requested, the ratio of food service personnel to patients would vary from one worker per 34 patients at Metropolitan to one worker per 77 patients at Camarillo.

We recommended in our analysis last year that more weight be given to patient population as a workload basis in staffing for the food service function. The proposed deletion of 51 presently authorized positions indicates that the Department of Finance and the agency are now recognizing population to some extent as a workload factor.

However, we believe that further consideration should be given this factor. The overall population in the 10 hospitals for the mentally ill is expected to decrease by 25 patients on the average between 1958-59 and 1959-60. Yet the agency is requesting 72 new food service assistants.

In view of a static population factor, it appears that should the agency be authorized 36 of the 72 positions, this should be very adequate in meeting the workload requirements for this function. Should there be any further requirements, such as for additional staffing for new facilities to be opened, some arrangement should be made within the department to transfer food service workload together with the patients.

There remain considerable variations between hospitals in ratios of patients per food service assistant. The agency and the Department of Finance should continue their efforts to correct this situation.

*We recommend that 36 of these 72 food service positions be approved and that 36 positions be deleted, reducing salaries and wages by \$105,018 (budget page 335, line 26).* (The individual reductions by hospital are not shown in the hospital summaries as the department should have preference in making the distribution.)

1 Intermediate stenographer-clerk (budget page 334, line 57) -----	\$3,630
45 Intermediate typist-clerk (budget page 334, lines 62 and 77) -----	161,958

## Mental Hygiene

### State Hospital Summary—Continued

The 29 positions requested for increased workload appear to be within workload requirements, although these are vague. There is, however, a large degree of inefficiency prevalent in the clerical functions as to procedures followed and types of records; and we only recommend these positions with the understanding of the agency that it intends to do something about this problem within the next year.

It should be pointed out that there is great and unnecessary variance in the numbers and types of forms used and in the record-keeping methods in the different hospitals. This leads to inconsistency and inefficiency in these operations. By developing a more consistent and standardized approach, the agency can actually greatly increase the level of service in this function without adding any new positions. The department is well aware of this problem but, so far, has not corrected the situation. We believe that, if the department has not developed an active attack on this problem by next year, the Legislature should refuse to authorize any more clerical positions in the hospitals until such action is taken.

*We recommend that the agency prepare and submit to the Legislature next year a special written report outlining what has been accomplished in correcting this situation.*

Seventeen of the 45 intermediate typist-clerk positions are requested on a new service basis in connection with the request for the new professional positions also requested on a new service basis. We believe that the majority of these new positions are for the professional clerical pools in the hospitals. The staffing standard for this function is as follows:

1 intermediate stenographer-clerk or intermediate typist for each three positions drawing service from the pool.

The positions obtaining service from the pool are psychiatrists, physicians and surgeons, psychiatric residents, psychologists, social workers and chaplains.

The request for these 17 positions is contingent upon the request for professional personnel and positions are granted for this function according to the number of new service professional personnel which are approved.

We have recommended that these new professional personnel positions be denied.

*Therefore, we also recommend that these 17 intermediate typist-clerk positions be deleted, reducing salaries and wages by \$61,710 (budget page 334, line 62).*

These positions are not distributed and shown in the individual hospital summaries.

In accordance with our recommendations in the Departmental Administration section of our analysis, we recommend that two senior clerk positions for statistical evaluation at Napa and Stockton not be deleted (budget page 334, line 72).

State Hospital Summary—Continued

2 Service and supply officer II (budget page 334, line 42)----- \$13,344

One of these positions is requested for Atascadero, the other for Fairview. This is an initial request for Fairview; however, the position was requested in the 1958-59 budget for Atascadero but denied by the Legislature because of the small size of the hospital in relation to the other institutions.

For the 1958-59 Fiscal Year, Atascadero is estimated to have an average population of only 1,200 patients. This is anticipated to increase by 178 patients or 14.8 percent to an average population of 1,378 for the 1959-60 Fiscal Year for which the position is requested.

Fairview is anticipated to have an average patient population of 1,214 patients in the 1959-60 Fiscal Year and an average of only 175 patients in the 1958-59 Fiscal Year. We believe that the service and supply functions at these hospitals have not reached the size or complexity to warrant the provision of such services.

The Department of Finance opposed this position when requested in the 1957-58 Fiscal Year when the average population at Atascadero was 1,167. They also recognized this factor in their study setting up this class of positions (Management Survey No. 744) and recommended in that document 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."*

Neither hospital yet qualifies on a population basis and Fairview in addition does not contemplate operating a farming enterprise.

The addition of such positions at these hospitals would raise the level of service at the present patient population size of these hospitals, and we cannot therefore consider the positions as being in the category of workload.

*We, therefore, recommend that the two positions of service and supply officer II be disapproved, reducing salaries and wages by \$13,344 (budget page 334, line 42).*

Professional Training Program

This program represents the department's effort to meet the shortages that exist in professional treatment personnel. Under this program, the State is assuming the responsibility for providing at full state expense for the further professional education of medical and other personnel. For the program there is at least initially a draining away of scarce resources available for the treatment of patients as training is being given. Although there is a period of service requirement after the candidate completes the course, the extent to which such a program will alleviate present shortages is largely unknown. It is designed primarily to serve personnel already employed by the department. It would seem much more desirable to place primary emphasis in any training program not on existing staff but in attracting new staff.

## Mental Hygiene

### State Hospital Summary—Continued

The department presently contemplates an ultimate expenditure of about \$1½ million annually for this type of training. This is merely a preliminary estimate and would entail training not only in the purely medical and psychiatric fields but would include administrative and other personnel. In the 1959-60 Fiscal Year, the total cost for this program will probably considerably exceed \$650,000 if all the requested additional and new services are approved in the Budget. We have outlined these requests in the following two sections of our analysis.

We disagree also with a fundamental concept of the program on the basis that it is not the State's responsibility to supply this type training at full state expense to present employees because there are shortages in particular lines of personnel. If such should be defined as the State's primary responsibility, then other departments should set up similar programs as shortages of personnel appear so that attorneys, engineers, accountants, personnel analysts and other groups would be trained professionally within the departments in which they are employed. We believe the basic responsibility for education remains within the educational system of the State and that the basic functions of the departments can better be served if they do not undertake these responsibilities. In cases in which it is desirable to give added impetus to the professional training of certain groups of personnel, this should be done under the primary direction of the educational system.

While undoubtedly benefits can be obtained by upgrading present staff, as is envisioned in the present program, the real problem is to broaden the base—not confine it merely to what we already have.

Probably the best means for this would be through offering more residency scholarships or fellowships mainly through the joint facilities of the University of California medical schools and the neuro-psychiatric institutes. Such a program would undoubtedly necessitate the expansion of these facilities but when this is compared to the department's present concept of setting up a separate full program in every accredited hospital with all the duplication of staff and facilities, it seems much the more efficient approach and could offer a much more adequate course of study toward advanced degrees. Such a program would continue as is done now to require a period of residency in the state hospitals. It would seek to select the best qualified candidates, whether presently employed by the department or on the outside. A special effort should be made to attract out-of-state residents as shortages occur within the State. There should be much better recruitment prospects out-of-state at the residency level than under the present program of merely recruiting trained staffs in other state departments of mental hygiene only to subsequently have the other states in turn do the same thing.

The specific requests totaling \$319,087 relative to the training program are explained in the two following sections.

#### *14 Psychiatric resident II (budget page 333, line 57)----- \$8,582*

These 14 new positions are proposed to initiate the career residency program within the training program. The positions are proposed to be made effective June 1, 1960, but will not be filled until the 1960-61

State Hospital Summary—Continued

Fiscal Year. The department requests that this be done so that they can make commitments in the fall of 1959. This seems to be an inefficient method for accomplishing this purpose. We would also question why such a long lead time is necessary in making these commitments when the candidate must be on the mental hygiene staff at least two years before they are eligible.

A full first year's cost in salary for one psychiatric resident at the level proposed by the agency is \$7,356. Fourteen positions would cost \$102,984 for a full year at this salary level. This indicates roughly the magnitude of the added program commitment which would be in effect beginning in the 1960-61 Fiscal Year if these positions are approved.

These 14 positions would represent merely the first-year class in the three-year course so that, in effect, if these positions are approved a new set of 14 positions will be requested in the 1960-61 Budget for a new first-year class. An additional 14 will be requested in the 1961-62 Budget, or a total of 42 positions to fill each of the three classes.

This would expand the cost of this individual program to over \$300,000 per year. This is merely on the basis of this initial request and represents staffing at only five of the 14 hospitals at what the agency considers a very minimal beginning level.

One of the standards for admission to the career residency program is as follows:

"1. That the prospective trainee shall have been a member of the staff of the Department of Mental Hygiene for at least two years prior to becoming eligible for such training."

As we have pointed out before, it would appear that the primary emphasis in such a training program should be on attracting additional staff to fill the department's vacancies, not to confine the program to present staff. The above standard very effectively limits training to present staff.

The level of treatment actually given patients is also likely to be reduced over long periods of time as current staff is depleted for training.

*We recommend that these 14 psychiatric resident II positions requested to increase the level of service in the department's training program be deleted, reducing salaries and wages by \$8,582 (budget page 333, line 57).*

*Operating expenses for departmental training program*

*(budget page 332, line 13)----- \$310,505*

The professional training program was initiated in the current year and is rapidly expanding. This request is for greatly increasing the consultant fund by \$116,580, the funds for books and journals, \$6,570, training aids and equipment by \$12,275, and specialized training by \$2,250. These specific increases total \$137,675. However, we note that the actual requested increase totals \$142,996 when the individual hospital and departmental administration requests for 1959-60 are compared with the estimated expenditures for 1958-59. We believe these differences should be explained.



## Mental Hygiene

### State Hospital Summary—Continued

These individual institution requests are shown, together with the percentage changes, in the following table:

	1958-59	1959-60	Percentage Increase
Agnews -----	\$14,220	\$22,220	56
Atascadero -----	10,939	24,410	123
Camarillo -----	16,260	30,080	85
DeWitt -----	11,900	18,960	59
Mendocino -----	11,900	22,890	92
Metropolitan -----	13,250	15,900	20
Modesto -----	12,050	18,810	56
Napa -----	15,240	26,150	72
Patton -----	14,340	38,100	166
Stockton -----	11,990	25,310	111
Fairview -----	--	10,810	--
Pacific -----	11,900	14,610	23
Porterville -----	11,050	25,320	129
Sonoma -----	11,900	14,610	23
Departmental administration -----	570	2,325	308
Totals -----	\$167,509	\$310,505	85

This indicates that the department is requesting an increased expenditure of \$142,996 or 85 percent more for these purposes than is estimated to be expended in the current year. We are unable to account for such a large increase in the level of service in just one year for this program. Questions can also be raised regarding increases in individual items, such as the increase of 308 percent in the request for training for departmental administration.

Probably the major category of expenditure in this program is for consultant funds. A total of \$135,200 was authorized for this purpose in the 1958-59 Budget. An increase of \$116,580 is proposed for the 1959-60 Fiscal Year. This would raise the total expenditure for consultant funds to \$241,780. This represents an 86 percent increase for 1959-60 over 1958-59. We cannot reconcile such increases requested in these programs on the basis of a strict economy budget.

*We therefore recommend that this program be held to the present level of operations, reducing operating expense by \$141,241 (budget page 332, line 13). (The total recommended reduction in operating expense for this program is \$142,996. This is comprised of the above \$141,241 for the state hospitals and \$1,755 for departmental administration, which is shown separately in that analysis, but which should be considered a part of the overall training program.)*

#### Operating Expenses

*Operating expenses (budget page 328, line 65) ----- \$23,678,634*

The requested amount for operating expenses represents an increase of \$1,600,285 over the \$22,078,349 estimated to be expended in the 1958-59 Fiscal Year.

The department is requesting funds to increase the level of service with respect to the training program and special drugs. These represent the major items of increase.

State Hospital Summary—Continued

*We recommend that the amount requested to increase the level of service in the training program, \$142,996, and the amount requested to increase the level of service for special drugs, \$287,069, be disallowed, reducing operating expenses by \$430,065 (budget page 328, line 65).*

We recommend approval of operating expenses in the amount of \$23,248,569. Comments in support of our recommendations are contained in the previous and the following sections.

*Increase in special drugs (budget page 332, line 27)----- \$287,069*

The department was first budgeted for tranquilizing drugs in the 1955-56 Fiscal Year for which the Legislature provided an emergency appropriations of \$48,300. In the 1956-57 Budget, \$206,688 was requested for this purpose. Additional amounts were requested in the 1957-58 and 1958-59 Budgets. These requests were all approved and the department's total estimated expenditure for this purpose in the 1958-59 Budget is \$419,394. The total amount that would be budgeted for this purpose in 1959-60, if the department's request for \$287,069 is granted, is \$706,463.

At the time the first emergency request for funds for this purpose was made for the 1955-56 Budget, we suggested that because the merits of the drugs were relatively unknown, the department should study their effectiveness and report the results.

We have repeated this request each year since that time but no effort was made in the department other than routine reporting of treatments to develop this material until about a year ago.

In February, 1958, the department initiated a special research project at Napa to study these drugs in the treatment of mental patients. This study was largely financed by federal funds and is currently underway. No results have been reported as yet.

Therefore, this is the fifth successive year that the Legislature has been requested to appropriate funds for this purpose without having more than subjective observations on the part of the agency as justification. We have felt and continue to urge that for agents, such as those about which relatively little is still known, but which may have great promise, there is an obligation on the part of the agency to determine their effectiveness in treating mental patients.

The department does not know for instance, whether we are spending too much or too little for this purpose or specifically what results are being obtained from what is being expended.

The drugs are being provided for the patients currently at a level of treatment which on the average covers about 15 percent of the patients in the hospitals. The agency is proposing that this level be increased to 25 percent of the patients. This represents an increase of 67 percent in the treatment level (there is a 68 percent increase in funds requested) to be effected through the use of these special drugs. To accomplish this, an increased expenditure of \$287,069 is requested. It is emphasized that this amount wholly represents an increase in level of service for these patients.

## Mental Hygiene

### State Hospital Summary—Continued

Because the effectiveness of these drugs is still unproved, we cannot support this very substantial increase in the level of service representing 67 percent.

We believe that in view of the current research at Napa, which has been in process for about a year, there should be no further increases in special drugs until the agency can justify additional expenditures on the basis of their effectiveness in treatment. Such data as yet has not been forthcoming from the agency.

*We, therefore, recommend that this increase be denied, reducing operating expenses by \$287,069 (budget page 332, line 27).*

#### Equipment Request for Garbage Disposal Trucks at Agnews, Stockton and Porterville

These three institutions are all requesting equipment for the purpose of removing refuse including tree limbs and brush from the hospital grounds to dumping facilities.

The equipment requested for this purpose for each hospital is shown below:

##### Agnews

- |  |         |
|--|---------|
| 1 New Chevrolet, 2-ton truck chassis and cab,<br>with Garwood, load packer 13 yds. capacity----- | \$7,250 |
|--|---------|

##### Stockton

- |   |        |
|---|--------|
| 1 New truck, garbage, load packer type, Garwood or equal-----                       |        |
| 1 Chipper, wood, Fitchburg 90 h.p., with Rockford<br>clutch or equal (2 items)----- | 12,650 |

##### Porterville

- |   |     |
|---|-----|
| 1 Truck, dump, 1½-ton—from surplus----- | 300 |
|---|-----|

These three trucks are each requested to handle a similar problem, yet the amount of the requests vary from \$300 to \$12,650. These three requests have all been approved by the Departments of Mental Hygiene and Finance, yet they indicate a complete lack of any central co-ordination or direction in providing a common basis for requesting equipment for the individual hospitals.

Last year the department requested \$8,000 for a 10-cubic-yard capacity special dump truck for Stockton to handle this same problem. This request was denied by the Legislature on the grounds that the hospital should utilize the equipment that it already had.

The apparent problem at Stockton is the removal of dry waste from the main institution which has been burned in a small incinerator (and which is apparently still being done) at the objection of the city.

The Legislature recommended that the material be hauled to the city dump, utilizing one of the 27 trucks authorized for the hospital and, if necessary, providing a cover to protect the load from blowing. Apparently the hospital does not see fit to follow this procedure and so is continuing to burn at least part of the material.

The department's request indicates that it would be necessary for the vehicle to travel about 30 miles per day five days per week or 150 miles per week and 7,800 miles annually on the average. An \$8,000 commercial unit of this type will depreciate at least \$2,500 during the

State Hospital Summary—Continued

initial year's use. With the minimum usage being afforded the equipment of about 600 miles per month, it is obvious that a cost of over \$200 per month for depreciation alone for the limited mileage factor is not economical.

This is an expensive and elaborate item of equipment to be requested for this purpose and it is out of line with the indicated need at the hospital, a need for which the hospital already has an abundance of trucks and a need which is decreasing each year as the patient population declines.

We are entirely without any justification as to why Stockton would need an elaborate mechanical wood chipper in conjunction with their request. It is possible, however, that tree limbs might damage the loading and compacting mechanism on the special truck requested. This is even more reason to deny both pieces of equipment and to saw the limbs if necessary into lengths that will fit into a regular truck body for hauling. The request for the new equipment at Agnews seems to indicate that they are getting along with present equipment. We quote the agency's justification for a new truck and body costing \$7,250:

*Reason for replacement:*

"Present mileage 83,386. This truck has a 6-cylinder 1947 motor purchased from surplus, installed 9-22-56 and has operated approximately 20,000 miles with no repairs. Present motor is not large enough for this truck which at times hauls seven tons, travels daily to and from San Jose Dump, with trash from East and West Areas. Present condition is good. This truck travels approximately 1,000 miles per month and by March, 1959, will have traveled over 100,000 miles. Approximately \$650 will be required for repairs, complete rebuild job motor, transmission."

The agency also estimates that no money has been spent on this equipment for repairs in the current fiscal year. In the prior fiscal year \$450 was spent and it is estimated that "By September, 1959, this truck will have to be completely rebuilt. Approximately \$650 will be needed for repairs." The agency also estimates that these repairs would add two years to the life of the equipment. This would amount to \$325 per year prorating the cost over the two years of extended life expectancy.

We should like to compare these estimates of keeping the present equipment in operation with the depreciation costs for a new vehicle. The agency estimates that such a vehicle would be run about 12,000 miles per year. Thus, the vehicle would probably last about eight to nine years. On the basis of an eight-year life expectancy, the average depreciation would be about \$906 per year. However, initial annual depreciation would approximate \$2,400. For the present equipment, a total of \$1,100 is indicated as being required to keep this unit in operation from 1957-58 to 1961-62. This is an average yearly cost of \$220. The agency's estimate that \$650 will put the equipment in operating condition for two more years would seem to be a more reasonable expenditure than \$906 per year or \$2,400 for the first year as stated above.

## Mental Hygiene

### State Hospital Summary—Continued

Agnews is authorized 29 trucks. This indicates an excess capacity even if the present unit for garbage disposal should break down. Surplus equipment should also be available.

The request for equipment for garbage disposal for Porterville is justified as follows:

“Presently we have one dump truck which operates seven days weekly in disposal of trash from the entire institution. Considerable loss of time is encountered when this truck is laid up for repair and another is used as additional handwork is required in both loading and unloading. Additional justification is presented in the matter of hauling materials for road repair which is an increasing workload each year.

“It is anticipated this item can be secured from the Department of Education Surplus Agency.”

This justification indicates as great or a greater need for such a vehicle at Porterville than at either Agnews or Stockton.

The important point about Porterville's request is that they propose expending \$300 to do the task as compared to \$7,250 for Agnews and \$12,650 for Stockton. Another important comparison is pertinent; Porterville is authorized seven trucks, Agnews 29 trucks, and Stockton 27 trucks.

These comparisons indicate the lack of any co-ordination, standardization of policies, or interest in determining equipment requirements on an economical basis. The approval by Mental Hygiene central office and the Department of Finance of all three of these requests at very different levels of expenditure clearly illustrates this lack of central direction or of co-ordinating hospital requests with available surplus property.

*In view of the above analysis, we recommend that the equipment requested by Porterville in the amount of \$300 be approved. We recommend that the equipment requested for this purpose for Stockton totaling \$12,650 and for Agnews totaling \$7,250 be disapproved, reducing equipment itmes \$19,900.*

We also recommend that the agency central office begin co-ordinating equipment requests with available surplus property whenever such equipment can be obtained from this source at very reasonable rates to the agency.

### Readmissions of Hospital Patients

Readmissions of former hospital patients continue to increase each year. This is a problem the department has not been able to solve and it indicates that the department is releasing more patients each year who are not as completely recovered as in former years. To a considerable extent the department is holding the patient populations at the 10 hospitals for the mentally ill at about the same level by releasing more patients who are poorer risks to remain out of the hospitals. This practice also indicates that the proportion of readmitted patients is growing as a percentage of the total resident populations in the hospitals.

State Hospital Summary—Continued

This factor is especially apparent if a comparison of the trend in first admissions and readmissions is made. This is shown as follows:

	<i>First admissions</i>	<i>Readmissions</i>	<i>Readmissions as percentages of first admissions</i>
1952-53 -----	12,457	3,399	27.3
1953-54 -----	12,269	3,500	28.5
1954-55 -----	12,254	4,068	33.2
1955-56 -----	12,632	4,443	35.2
1956-57 -----	12,378	4,970	40.2
1957-58 -----	13,706	5,654	41.3
1958-59* -----	13,685	6,082	44.4
1959-60* -----	13,780	6,409	46.5

\* Estimated.

Readmissions are expected to increase from 3,399 annually in 1952-53 to 6,409 annually in 1959-60. This represents an 88.6 percent increase, and an increase in numbers of 3,010. In contrast, during this same period, first admissions are expected to increase by 1,323 or 10.6 percent. This small increase in first admissions in eight years emphasizes that there has not been a rapidly increasing pressure from this source on the department during this period.

The rate of first admissions also has not increased to any comparable extent with the state population which increased from 11,748,000 in 1952-53 to an estimated 15,530,000 in 1959-60, an increase of 32.2 percent.

It would be reasonable therefore to assume that the department should at least be able to hold its resident population about level in the hospitals for the mentally ill, as has been the case the last several years. The more rapidly increasing pressure for care and treatment is coming from the readmission segment of total admissions. The department then is to an ever-increasing extent refacing the same problem it supposedly solved when these patients were discharged. The increase in readmissions from 27.3 percent of first admissions in 1952-53 to 46.5 percent in 1959-60 indicates the rapidly increasing importance of this factor.

To the extent that these patients can be maintained in society safely, there is some reduction in mental hygiene expenditures. However, it is not known to what degree this readmission patient is benefited while out of the hospital, nor how many more patients who were not fully recovered are never readmitted.

The department includes these readmission patients in their release figures taking credit as a therapeutic release when they are discharged. These same patients swell the admission figures when they return and the hospitals are thus back at the same task of treating and caring for them.

It is true that a more or less static hospital population has been maintained the last few years. The increases in the number of patients not fully cured at time of release has more than accounted for this.

The Department of Mental Hygiene has never taken full cognizance of the readmission factor in their program. This is a factor which should

## Mental Hygiene

### State Hospital Summary—Continued

be taken into account in any evaluation of overall program accomplishments.

The Department of Mental Hygiene or any other agency still does not have sufficient program evaluation to determine to any accurate degree the effectiveness of their treatment program. Until such data is forthcoming, we can only point out that their program conclusions are not based on sufficient evidence to justify the conclusions they make. We would question whether the agency really believes in the effectiveness of its program in view of the lack of aggressiveness which has been evident in developing an evaluation program.

Until better evaluation is forthcoming, we can only assume that the greatly increased program level is simply by virtue of its magnitude having some beneficial effects on the patients.

For an operation costing well over one hundred million dollars annually, it is entirely inadequate to not know what results such a program as this is producing.

### Employee Safety in the Hospitals

The Department of Mental Hygiene has had an excessively high employee work injury rate for a number of years. This has resulted in unnecessarily high direct accident costs.

A comparison with other agencies of the State shows Mental Hygiene to consistently have one of the highest work injury rates. Comparative rates per million employee hours worked are shown below with several other state agencies for the calendar year 1957.

<i>Agency</i>	<i>Rate</i>	<i>Number of injuries</i>	<i>Employee days of lost time</i>
California Highway Patrol-----	49.40	282	7,511
Mental Hygiene-----	48.00	1,348	20,950
Veterans Home of California-----	32.32	43	611
Youth Authority-----	19.31	56	463
Corrections-----	6.71	69	910
Education-----	6.20	111	1,093

It is noted that the rate for Mental Hygiene is very much higher than for other custodial and treatment state institutions. Only the Highway Patrol has a higher accident rate than Mental Hygiene. It is true the employees of Mental Hygiene are exposed to accident risks in caring for mental patients who frequently have no control over their actions, and in being in close proximity to patients who may have infectious diseases. These special conditions, however, do not account wholly for the extremely high accident rate which has been characteristic in the hospitals.

We developed special material in our budget analysis last year in order to emphasize the seriousness of this situation. Since that time the picture has worsened to a significant extent and it is even more urgent that the department begin recognizing the magnitude of the situation and start doing something about it.

Data has recently become available showing direct monetary accident costs of injuries sustained in each hospital. We emphasize that this material shows only a small part of the costs resulting to the State

## Mental Hygiene

### State Hospital Summary—Continued

from accidents. (For instance, another large category of costs to the State is incurred through sick leave for which the rates for Mental Hygiene are also comparatively high.) The data on direct monetary accident costs is presented in the following table.

**Comparison of Direct Accident Costs Between the  
1956-57 and the 1957-58 Fiscal Years**

<i>Hospital</i>	<i>Expense incurred as state liability</i>		<i>Percentage change</i>
	<i>1956-57</i>	<i>1957-58</i>	
Agnews -----	\$27,330	\$63,956	134.0
Atascadero -----	3,929	5,201	32.4
Camarillo -----	65,857	60,393	-8.3
DeWitt -----	22,980	17,165	-25.3
Mendocino -----	34,408	65,653	90.8
Metropolitan -----	17,110	60,647	254.5
Modesto -----	20,207	54,005	167.3
Napa -----	26,635	41,517	55.9
Patton -----	19,723	42,500	115.5
Stockton -----	23,504	14,128	-39.9
Total hospitals for mentally ill -----	\$261,633	\$405,165	54.8
Pacific -----	83,470	114,098	36.7
Porterville -----	56,562	227,085	301.5
Sonoma -----	50,388	49,150	-2.5
Total hospitals for mentally deficient -----	\$190,420	\$390,333	105.0
Grand totals -----	\$452,103	\$795,498	76.0

The enormous increase in costs of 54.8 percent for hospitals for the mentally ill, 105 percent for hospitals for the mentally deficient and an overall increase of 76 percent emphasize the seriousness of the accident problem. The expenditure of almost \$800,000 in just one year for these accidents indicates that the situation is out of control in some hospitals and that a large potential savings is possible to the State should the department be able to reduce the accident rate. We would also assume that because of the close employee-patient association that these figures intimate a high patient accident level also. This is a much larger problem but the department should make some effort to see what is involved and how it can be corrected.

A wide range in accident costs is evident among the individual hospitals. We have grouped the hospitals in order of ascending costs as related to the average number of patients and to the number of filled positions for the 1957-58 Fiscal Year. The data is separated by type of hospital (mentally ill and mentally deficient).



## Mental Hygiene

### State Hospital Summary—Continued

#### Direct Accident Costs as Related to Patient Population and Number of Employees

<i>Hospital</i>	<i>Cost per capita of hospital population 1957-58</i>	<i>Hospital</i>	<i>Average cost per employee 1957-1958</i>
Mendocino -----	\$28.90	Mendocino -----	\$89.12
Metropolitan -----	24.02	Modesto -----	57.60
Modesto -----	16.54	Metropolitan -----	48.99
Agnews -----	15.39	Agnews -----	48.57
Patton -----	9.83	Patton -----	31.04
Camarillo -----	9.05	Camarillo -----	29.86
Napa -----	7.46	Napa -----	27.77
DeWitt -----	5.70	DeWitt -----	22.27
Atascadero -----	4.46	Atascadero -----	12.13
Stockton -----	3.29	Stockton -----	9.53
Average cost per capita__ \$10.88		Average cost per employee_ \$34.34	
Porterville -----	\$92.76	Porterville -----	\$244.65
Pacific -----	39.95	Pacific -----	90.65
Sonoma -----	15.35	Sonoma -----	30.76
Average cost per capita__ \$45.89		Average cost per employee_ \$103.13	

For the hospitals for the mentally ill the annual accident costs per employee range from \$9.53 for Stockton to \$89.12 for Mendocino. If all the hospitals for the mentally ill could bring their costs down to a comparable level with Stockton a savings of \$292,739 could be made in direct accident costs on the basis of 1957-58 data. The department should immediately seek the answer to the question—How did Stockton obtain a 39.9 percent decrease and DeWitt a 25.3 percent decrease in costs between the two years, while the costs at most of the other hospitals increased? We believe that Stockton and DeWitt officially have the same type safety program as the other hospitals. But what the department should seek to find out is how is safety actually approached at Stockton and DeWitt. Is the staff there more safety-conscious than at other hospitals? Safety is probably more a state of mind than an official assignment.

Comparisons between the hospitals for the mentally deficient are even more striking, with Porterville showing an increase in direct costs of 301.5 percent for 1957-58 as compared to 1956-57 and an average cost per employee of \$244.65. This is about eight times as high as the \$30.76 shown for Sonoma and the department should explain this difference. The department should, here again, seek answers to the same type questions as in the hospitals for the mentally ill. If the accident costs at Porterville and Pacific could be reduced to the level at Sonoma (using the 1957-58 data), it would result in a saving to the State of \$273,913. The combined savings for the two different types of hospitals based on the Stockton and Sonoma figures amount to \$566,652.

There is a situation somewhat peculiar to the hospitals for the mentally deficient which reflects in the accident rates for these hospitals. This is a special problem in the control of communicable diseases to which these patients are very susceptible and through them the employees can become infected, thus showing as compensable accidents.

## Mental Hygiene

### State Hospital Summary—Continued

These diseases undoubtedly account for a large part of direct accident costs at these hospitals.

The department for several years requested special budget consideration for the hospitals for the mentally deficient. A large number of new positions were added to detect, treat and prevent these diseases. Kitchens and laundries were more richly staffed with employees to reduce the patient workload and the likelihood of contamination. Porterville was probably more richly staffed than the others in some functions. In spite of this, the accident costs have been constantly mounting.

There has been a great dearth of material available which would indicate what the accident rates are in other state mental hospital systems. Is California high or low as compared to other states? Such information could give a valuable insight into the potentials in preventing accidents in the mental hospitals.

The United States Department of Labor has published a comparative report (February, 1958) entitled "Work Injuries and Work-Injury Rates in Hospitals." The material relates to the year 1953 for mental hospitals and shows only two states, Colorado and Connecticut, having higher rates than California which had an injury frequency rate of 26.5, just half the frequency rate of 48.0 for California in 1957. The following table shows the 1953 rate for comparison purposes:

	Rate *
Colorado -----	31.4
Connecticut -----	27.2
California -----	26.5
New York -----	25.5
Massachusetts -----	20.2
Oregon -----	13.6
Pennsylvania -----	11.7
Illinois -----	13.0
Ohio -----	7.2
Michigan -----	10.0
Kansas -----	9.5
Washington -----	4.8

\* Injury frequency rate represents the number of disabling work injuries occurring in each million employee hours worked.

It can be seen that some other states had drastically lower rates than California in 1953. Since that time California's rates have almost doubled. We requested information from a number of states last summer to determine whether those having low injury rates were more likely to have a formal (full-time employees on safety work) safety program than those having high injury rates. Information received indicates that there was no definite relationship between these factors. It would appear, however, that those states which actively sought to implant a safety consciousness in their staffs as a line function and responsibility did tend to have lower rates.

We believe that the Department of Mental Hygiene should take an active interest in this situation and seek to develop causal factors from which this serious problem may be appraised and remedial action initiated. There appears to be an urgent need in making the Department of Mental Hygiene more safety-conscious.

# Mental Hygiene

## State Hospital Summary—Continued

### Hospital Treatment Methods and Aftercare Followup

An interesting experimental study, using a wide range of treatment techniques, was conducted at Metropolitan State Hospital between September, 1956, and July 1, 1958.

The purpose of the study was to collectively assess various media in the rehabilitation of chronic schizophrenic adult female patients who had been ill for at least one year and who were so chronically and severely disturbed as to require the maximum security ward.

In order to measure the treatment results against a basic benchmark, there was a control period from September 15, 1956, to July 1, 1957. The treatment period ran from September 15, 1957, to July 1, 1958. The average ward patient population was 70 on a ward constructed for occupancy by 55. The type of patients involved was the same during both periods.

Usual hospital procedures and staffing for this type ward were in effect during the control period. During the treatment period, a great many activities were instituted which apparently were well co-ordinated. There was also an increase in staff, consisting of two technicians,  $\frac{1}{2}$  psychologist and  $\frac{1}{4}$  social worker, beyond the staffing pattern existing on the ward prior to the initiating of the project.

The treatment program during the treatment period consisted of various activities centered around the therapeutic community aspect and included in addition the various therapies such as music, occupational and industrial. Patients were also on work assignments. Relatives were brought into the treatment through the social worker who met with groups to bring them to participate.

One notable aspect of the program was that the treatment did not stop when a patient was sent on leave status during the treatment period. A separate aftercare program was instituted through the aftercare clinic and two hours each week were allocated to see patients on leave on a once-a-month basis; 64 of the 88 patients who left the ward were enrolled in the aftercare program. A definite goal seems to have characterized the whole plan of the treatment period. The approach was well organized, apparently taking the patients' full time in the various activities. Some aspects of the differences between the two periods, as to comparability of general treatment levels, and the patients' groups in each period may not be fully comparable statistically, and there may be some question on certain phases of the claimed savings to the State; but we believe there was, however, a significantly improved result obtained during the treatment period.

Results of the study were shown by the hospital staff in charge as follows:

Table I—Aftercare

Total cases—	
September 15, 1957 to July 1, 1958.....	64
July 1, 1958 closed .....	19
July 1, 1958 still open.....	45
Cases—	
Psychiatrist .....	17
Psychologist .....	14
Social worker .....	18
Psychiatric technician .....	15

State Hospital Summary—Continued

Table II—Control Period for MSH Project, September 15, 1956, to July 1, 1957

Patients who left hospital	34
Patients who returned within year	20
Patients remaining out of hospital	14

Table III—Treatment Period for MSH Project,  
September 15, 1957 to July 1, 1958

Patients who left hospital	88
Patients who returned within year	12
Patients remaining out of hospital	76

Table IV—Percentage Differential in Treatment Program as  
Opposed to Control Period

Percent increase in patients leaving hospital	159%
Percent decline in return rate	40%
Percent net gain in patients remaining out of hospital after one year	542%

Table V—Financial Saving to State

Cost per patient per month	\$200
Salary of psychiatric technician	300
Salary of psychologist	600
Salary of social worker	500
Savings to State each month as a result of program which inventories the extra 62 patients out of the hospital	12,400
Cost of program in extra salary	1,025
Net saving per month	\$11,375

It is noted from Table IV that there was a large increase in the number of patients leaving the hospital during the treatment period (159 percent) as compared to the control period. Usually, when release rates increase, the readmission rates go up as much or even more, indicating that the department is merely releasing patients who are not as fully recovered as previously. This may have been true to some extent also during the treatment period cited, but it appears especially significant that the patients were maintained out of the hospital (instead of returning) mainly through the facilities of the aftercare program—an increase of 542 percent in those staying out as compared to the control period and a decline of 40 percent in returns as compared to the control period. It appears that the hospital staff who directed and participated in the study should be commended.

We believe further studies could be of real merit in testing the hypothesis posed by the above study (that many chronic schizophrenic patients, who are now in the hospitals, can be returned to their homes) and that the department has a real obligation in this respect. There are approximately 16,000 schizophrenics who have been in the hospitals one year or longer. Should the department be able to effect an approach through which even one-fourth of these patients could be released and maintained as necessary through aftercare or other facilities, it would make possible an enormous savings to the State. At the per capita rate of \$200 per month, it costs the State about \$9,600,000 to maintain 4,000 patients (one-fourth of total estimated schizophrenics of this category) each year. This does not include capital outlay costs.

## **Mental Hygiene**

### **State Hospital Summary—Continued**

#### **Preliminary Analysis of Utilization of Vehicles at Mental Hospitals**

One general measure of the effective use of automobile equipment may be found in determining and comparing the number of vehicles required to serve given populations in generally similar over-all institutional operation. This is best illustrated in the use of ratios which exemplify the number of patients per vehicle as a statistical measure. The same concept may be employed in examining the ratio of employees per vehicle.

Using the factors of total patient population, total employees and the automotive inventory being utilized, tables have been prepared showing the ratios prevailing at each hospital in terms both of the number of patients per vehicle and the number of employees per vehicle. Table I which follows illustrates this comparison based on passenger vehicles:

Table I—Hospitals in Order of Population and Passenger Vehicle Usage Ratios

<i>Hospital</i>	<i>Total population**</i>	<i>Total employees</i>	<i>No. patients per vehicle</i>	<i>No. employees Per vehicle</i>	<i>Rating in vehicle use</i>		<i>*Excess vehicles</i>	
					<i>Per patient</i>	<i>Per employees</i>	<i>Patient</i>	<i>Employee</i>
Atascadero -----	1,180	485	197	81	2	2	4	4
Mendocino -----	2,298	833	209	76	3	1	8	7
Metropolitan -----	2,367	1,151	263	128	4	6	5	3
Porterville -----	2,470	1,018	412	170	9	10	2	1
Pacific -----	2,936	1,358	367	130	7	9	4	1
DeWitt -----	3,009	816	502	175	11	8	1	2
511 Sonoma -----	3,237	1,617	190	95	1	3	12	9
Modesto -----	3,336	973	*667	195	13	12	0	0
Agnews -----	4,204	1,343	350	112	6	5	6	5
Patton -----	4,313	1,429	392	130	8	7	5	4
Stockton -----	4,464	1,575	496	175	10	11	2	7
Napa -----	5,436	1,774	604	*197	12	13	1	0
Camarillo -----	6,639	2,027	349	107	5	4	9	9
Totals -----	45,989	16,399					59	52

\* Based upon best performance in each category using Modesto and Napa respectively.

\*\* Estimated.

Table III—Hospitals in Order of Population and All Motive Power Usage

Hospital	Total	Total	No. patients	No. employees	Rating in vehicle use		*Excess vehicles	
	population **	employees	per vehicle	Per vehicle	Per patient	Per employee	Patient	Employee
Atascadero -----	1,180	485	69	29	7	7	7	5
Mendocino -----	2,298	833	47	17	2	1	28	29
Metropolitan -----	2,367	1,151	43	21	1	3	34	27
Porterville -----	2,470	1,018	99	32	11	13	3	0
Pacific -----	2,936	1,358	68	41	6	11	17	10
DeWitt -----	3,009	816	111	30	13	8	0	7
Sonoma -----	3,237	1,617	65	32	5	12	21	11
Modesto -----	3,336	973	108	31	12	9	1	7
Agnews -----	4,204	1,343	64	20	4	2	28	33
Patton -----	4,313	1,429	77	26	8	5	17	21
Stockton -----	4,464	1,575	63	22	3	4	31	33
Napa -----	5,436	1,774	94	31	10	10	9	15
Camarillo -----	6,639	2,027	87	27	9	6	16	27
Totals -----	45,989	16,399					212	225

\* Based upon best performance in each category using DeWitt and Porterville respectively.

\*\* Estimated

## State Hospital Summary—Continued

For comparative purposes, each hospital has been rated in terms of its computed ratio in relationship to the ratios existing at the other hospitals. The lowest rating number 1 indicates the most costly utilization of vehicles, the highest number 13 indicating just the reverse, with intermediate numbers adjusted correspondingly.

By using the apparent best performance figures indicated by the ratios in Table I, we have mathematically computed the number of passenger vehicles that each of the other hospitals would utilize if they were to operate on a comparable basis. The difference between the number of passenger vehicles thus computed and the actual number of vehicles being used is shown as a potential excess number of passenger vehicles. On a patient basis, the excess figure developed is 59 while, on an employee basis, it is 52.

Based on the current budgeted cost to the State of \$1,926 for light passenger vehicles, the value of this potential excess inventory of 59 vehicles amounts to a total of \$113,634.

Similar computations for commercial vehicles, as shown in Table II, develop a potential excess inventory of 120 commercial units. Current cost factors on a conservative basis, using the pickup as the base, indicate the replacement value of this potential excess inventory of 120 units to be a total of \$212,160.

These and other comparisons ascertainable from the tables indicate the desirability of two courses of action:

1. *We recommend that the Department of Mental Hygiene, in conjunction with the Automotive Management Section of the Department of Finance, make a careful survey of the present allocation and actual uses of all automotive units at all of the hospitals with a view toward reducing the gross number of vehicles now being utilized and affording a level of service throughout commensurate with the most conservative performance found to currently exist. A report of the survey and the results thereof to be submitted to the Legislative Budget Committee.*
2. *In view of the foregoing recommendation, we further recommend that any new automotive acquisitions provided for in the 1959-60 Budget be deferred until such survey and report is concluded as it would appear that some excess vehicles may become available in lieu of some contemplated acquisitions.*

### Elimination of Review of Claim Schedules

The Auditor General's office in its review of the system of internal control in the Department of Mental Hygiene recommended that the department eliminate its review of claim schedules at department headquarters, and instead to permit such schedules to be forwarded by each agency directly to the State Controller for payment.

The fiscal and control section has discontinued this review and the schedules are forwarded directly to the State Controller for payment.

This represents a more efficient approach and in view of detailed processing at the individual agency level the review at department headquarters accomplished little but to delay the payment of agency claims.



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DEPARTMENT OF MENTAL HYGIENE  
ITEM 143 of the Budget Bill

Budget page 337

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

Amount requested .....	\$3,682,703
Estimated to be expended in 1958-59 Fiscal Year .....	3,374,660
<b>Increase (9.1 percent) .....</b>	<b>\$308,043</b>
<b>TOTAL RECOMMENDED REDUCTION .....</b>	<b>\$17,520</b>
<b>TOTAL RECOMMENDED AUGMENTATION .....</b>	<b>\$43,720</b>

**GENERAL SUMMARY**

The Central Office of the Department of Mental Hygiene has departmental jurisdiction and is responsible for policy formulation and co-ordination and overall administration of the mental hygiene program.

Some of the major operating units within departmental administration are as follows:

Community Services	Social Service and Family Care
Personnel	Deportation and Transfer of Patients
Statistics	Research
Nursing Services	Accounting
Guardianship	Food Administration
Patients' Accounts	Maintenance

**ANALYSIS OF RECOMMENDED REDUCTIONS**

		Salaries and Wages		
		Amount	Budget Page	Line
Community Services				
1	Intermediate stenographer-clerk .....	\$3,630	338	61
Nursing Services				
1	Intermediate stenographer-clerk .....	3,630	338	68
2	Positions, reducing salaries and wages by .....	\$7,260		

It should be noted that, even with the recommended deletion of the above two positions, the agency will still receive the benefit of a total of 48 new positions involving a cost of \$227,700 in salaries and wages.

		Operating Expense		
		Amount	Budget Page	Line
Training Services and Supplies .....		\$1,755	339	31
Reduction in operating expenses .....		\$1,755		

**ANALYSIS**

A total of \$3,682,703 is requested for support of Departmental Administration for the 1959-60 Fiscal Year. This represents a 9.1 percent-age increase over estimated expenditures for the 1958-59 Fiscal Year.

A total of 50 new positions are requested for Departmental Administration for 1959-60 at a cost of \$234,960. Nine presently authorized positions are proposed to be deleted. The specific proposals are analyzed in the following sections.

## General Summary—Continued

## Administration

## Community Services

1 *Intermediate stenographer-clerk (budget page 338, line 61)*— \$3,630

This position is requested on a workload basis to provide secretarial assistance to each of three consultant positions which are headquartered in the southern, central and northern parts of the State. Originally, three clerical positions were authorized for the chief of the program and the three consultants. However, the department indicates that without the additional position, one of the consultants is without clerical and reception assistance.

The department has not indicated as yet where they intend to locate these consultant offices. It would seem appropriate to utilize the facilities of three state hospitals for these offices. The consultants probably will do a great deal of traveling and therefore reception assistance could be provided through the regular hospital reception office. Clerical assistance could be provided through the regular clerical pool of the hospital. It would seem that under this arrangement, the transfer of two-thirds of a position already authorized for clerical assistance for each consultant should be made to three hospitals or other department facilities for provision of these services. This would provide a much better setup also in handling the relief factors such as vacation and sick leave. In a separate setup the office would probably have to be closed during vacations and at other times unless additional relief is provided.

*We therefore recommend that the department utilize present facilities to house these offices and that presently authorized staffing for secretarial assistance (two positions) be integrated with staffing at the institutions. Under these circumstances, we recommend that the intermediate stenographer-clerk position requested be deleted reducing salaries and wages \$3,630.*

## Personnel

1 *Intermediate stenographer-clerk (budget page 338, line 63)*— \$3,630

1 *Intermediate typist-clerk (budget page 338, line 64)*----- 3,456

These two positions are requested on a workload basis. The intermediate stenographer-clerk is requested for a training officer and a personnel analyst, positions which were authorized last year and for which no secretarial help was included.

The intermediate typist-clerk position is requested to handle the special clerical problems which have arisen owing to the department's new medical research program. In many cases staff for special research projects require various special classifications, pay schedules and recruitment procedures. These two positions appear to be justified on a workload basis.

## Statistics

2 *Tabulating machine operators (budget page 338, line 66)*----- \$7,992

These two positions are requested on a workload basis to maintain the presently authorized level of service in the reporting unit. The workload data is based on numbers of documents processed and appears adequate to justify the two new positions.

## Nursing Services

This position is requested on a workload basis. The position was requested last year but deleted by the Legislature because of inadequate justification on a workload basis. We again have only general statements such as the following to support the request. "In the past year, it has been necessary to frequently borrow clerical assistance from other sections in order to get the work done." No indication is given of the amount of clerical assistance it was necessary to borrow, from what section, and the amount of overtime, if any, that has been required of the clerical position already authorized within this section. We believe that it should be incumbent upon the department to submit a fuller justification before approving the position.

## Guardianship

These three positions are requested on the basis of increased workload. The agency has supplied detailed workload figures relating to documents, assets, rentals, and other data relating to accounts and estates to be processed. This material indicates a definite increase in the workload of the guardianship section, therefore, the positions appear to be justified.

These positions are shown below:

All the positions except the last two senior clerk positions are located in the Statistics unit in Departmental Headquarters. One senior clerk position is authorized for Napa, the other for Stockton. All 11 positions are part of the same evaluation program. We have no data from Mental Hygiene or Finance as to their reasons for abolishing the program.

## General Summary—Continued

The program was established in the 1957-58 Fiscal Year by the Legislature as a *special budget augmentation* for the purpose of providing a continuing evaluation by statistical methods of the effectiveness of the mental hygiene program. This type knowledge has not been available for the proper planning, budgeting and administration of the program.

It is felt that for a program costing over 100 million dollars annually and increasing rapidly that the Legislature should be provided with program measurement data which would serve as a basis for making administrative, budgetary, planning and other decisions. It was also felt that the data would be especially useful to the department itself in assessing its various treatment approaches and in effectuating better ones, and in improving the administrative effectiveness of the department as a whole.

The departments of Mental Hygiene and Finance were in accord with these aims at the time the Legislature approved the program.

We would, therefore, raise questions to be answered by both Finance and Mental Hygiene in view of this action.

1. What specific method is now proposed to develop and provide this evaluation material which was requested by the Legislature and for which funds were provided by the Legislature?

2. What is the specific time schedule in developing and in reporting the data on a regular basis?

3. Is it believed that it is worthwhile to evaluate the program of a department so large and complex as the Department of Mental Hygiene?

4. In a program costing well over 100 million dollars annually, is it reasonable to expend funds for statistical evaluation?

5. Is it possible that such expenditures could effectuate larger savings through a more efficient program?

6. Similar programs were established in Corrections and Youth Authority. Why are these being retained while Mental Hygiene is being dropped?

One of the prime objectives of the program was to provide the basis for an accurate reporting and evaluation technique on a continuing level that would measure the relative effectiveness of the individual hospitals and the combined impact of the total treatment program, with respect to each category of patient under treatment.

The ultimate test of the efficacy of any treatment process in any individual medical situation is how long a time elapses between any given measurable improvement and the point of regression to a status that the patient requires further treatment.

The extent to which we can extend these time factors for each category of mental illness, then, is a direct measure of the progress or the lack of it within the operating program of each hospital, which, in turn, measures the cumulative effect of the entire departmental approach to the problem.

The positions here under discussion were budgeted to produce this information and evaluate it for the benefit of both the Legislature and management.

## General Summary—Continued

We refer to pages 501 and 502 of the Analysis of the Budget Bill for 1957-58 and list again the specific kind of data contemplated to be included in the evaluative reports to be produced.

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

## General Summary—Continued

15. Numerical distribution of item 11 with reference to each of the six frequency classes of readmissions in item 5 above.
16. Percentage distribution of item 11 with reference to each of the six frequency classes of readmissions in item 5 above.

The proposal to abolish this program may be construed as indicative that the Department of Finance or the Department of Mental Hygiene or both, really do not believe in the program to the extent that it is felt that the Legislature should have this data. We believe any and all of the departmental programs should be available for appraisal by the Legislature.

*We, therefore, recommend that the Legislature restore these funds at least for another year unless it can be shown that a program satisfactory to the Legislature can be secured with the reduced staff.*

*Administrative analyst services (budget page 339, line 34) — \$20,000*

Administrative analysis has become a vital function in most of the state departments. However, the Department of Mental Hygiene, which is one of the largest and most complex operations in state government, has never requested that such a unit be established within the department. This lack of interest in analyzing and controlling the administrative operations and procedures has led to a great many different ways of trying to accomplish the same purpose within the department. We thus have one hospital with staffing for a certain function greatly in excess of that existing in another hospital. One hospital uses one kind of paper forms, another one a different kind. When a patient is transferred from one hospital to another frequently his whole case file is redone because it was not set up according to the procedure in effect at the hospital to which the patient is received.

The hospitals expend a great deal of unnecessary personnel time and paper forms in the preparation of admission forms and other documents. The procedures and forms again vary greatly at different hospitals.

This general inefficiency has resulted because of a lack of an aggressive policy of central administration and co-ordination of the whole mental hygiene program from the central office. Because of this, the hospitals proceed administratively as semi-autonomous subdivisions which have developed their own approach to many programs of the department.

In 1956 we conducted a survey of the legal, medical and administrative forms which the department was using in keeping its records on admission, hospitalization, releases and other factors directly involving the patients. The following are some of the findings of this survey:

1. Some of the hospitals use as many as 200 different types of forms to process each patient. If only one of each of these forms were used per patient per year, a hospital with 5,000 patients could use a million forms per year just in processing patients. Actually, many patient processing forms, such as patient movement forms, are used much more than once a year.

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

## General Summary—Continued

hospitals use a standard state prescribed form while others have developed their own form for the same purpose.

3. 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.

4. When a patient is transferred from one hospital to another, the lack of standardization of forms and the lack of a standard indexing method within the folder makes it necessary for the many documents in the patient's folder to be completely reorganized when received by the new hospital. Often, the same old data is recopied on forms used by the new hospitals. The magnitude of this problem is great as there are approximately 1,400 or more 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 is only one of many areas in which administrative analysis could result in significant savings to the department at the same time greatly strengthening the program.

The department's request for \$20,000 in the 1959-60 Fiscal Year indicates some recognition of these administrative deficiencies. The department is requesting the funds for the purchase of specialized services in this respect. This probably would be contracted through the Organization and Cost Control Unit of the Department of Finance.

We recommend against this procedure on two counts: (1) The Department of Finance already has responsibility for this type analysis and we do not believe that there should be an additional obligation of contracting and paying for these services. This appears to be more a matter of setting up priorities within the Administrative Unit of the Department of Finance. If there are shortages of personnel in this unit, additional personnel should be requested directly through the budget process. (2) Mental Hygiene has primary responsibility for its own program. The actual attack on such a problem should come from within the agency which will have to live with the solution.

The agency is choosing not to fully face this responsibility in its proposal to contract for the services. If the agency disagrees with the recommendations under a contract study, there is an area of conflicting responsibility. This can be used as an excuse for not correcting the situation.

We believe a program for which the department is fully responsible for conducting and for which the Department of Finance furnishes specific guidance is the best approach to this problem. Finance has the responsibility within present budget authorizations to furnish this type of assistance to all agencies.

*We recommend that the \$20,000 be approved by the Legislature for this program only if the agency agrees to primary responsibility in establishing and pursuing the studies; and that finance agree to provide their services within present budgetary allocations.*

We note that the department is requesting \$2,325 for training services and supplies in the 1959-60 Budget. This is an increase of 308

## General Summary—Continued

percent or \$1,755 over the \$570 requested for this purpose in the 1958-59 Budget. In line with our analysis and recommendation in the hospital summary that this program be held to its present level, *we recommend that operating expense for Departmental administration be reduced by \$1,755. (Budget page 339, line 31.)*

We note that the department is requesting \$88,005 for equipment items for Departmental Administration. This is \$15,363 or 21.1 percent above the total for 1958-59. This includes requests for equipment for the Bureau of Patients' Accounts and Bureau of Social Service.

*We have reviewed these requests and, in accordance with our interpretation of no new service, we recommend that \$8,505 of equipment items be deleted. (Budget page 341, line 14.)*

## Bureau of Patients Accounts

The Bureau of Patients Accounts is charged with the responsibility for determining ability to pay, assessing and collecting funds from patients or their responsible relatives, and for reviewing legal, insurance and other documents to determine patient eligibility for benefits.

The department estimates that collections for care and treatment will total \$11,569,300 in the 1959-60 Fiscal Year. This represents an increase of 10.8 percent over the \$10,432,600 estimated to be collected during 1958-59.

The following new positions are requested by the bureau for the 1959-60 Fiscal Year:

3 Patients estates and accounts specialist (budget page 339, line 74)	\$16,488
7 Intermediate typist-clerk (budget page 339, line 75)	25,062

The department has never demonstrated to what extent additional revenue accrues automatically through rate changes, liberalization of government laws such as social security, increased payments from the counties because of increases in numbers of patients for which they are responsible, and collections by the hospital agents.

Increases in revenues from these sources will accrue to large extent through only routine action in the Bureau such as changing the amounts on monthly bills after the account is set up. These sources should provide well over one-half the expected increase in revenues and the figure may be as much as three-fourths of the increase.

In the 1958-59 Fiscal Year, revenues also increased by almost a million dollars over 1957-58. The bureau, however, was not authorized any new positions in 1958-59. We, therefore, cannot justify the department's claim that the 10 requested new positions would add \$524,700. How much would revenue increase if none of these new positions were authorized? If any part of them were authorized?

We have studied various operations in the bureau and it has become evident that, because of the haphazard and inconsistent procedures followed in many cases, a good deal more reimbursement could be obtained for the State. This could be done at current staffing levels.

An especially obvious deficiency is in the ratesetting function. We studied this problem last year and suggested to the agency that they



## General Summary—Continued

should develop a more uniform method in setting rates, one that will consider every case on the same uniform basis. This can not only result in much better acceptance of the program on the part of patients and their responsible relatives; it can also result in increased revenue to the State.

We have suggested that the agency study this particular problem and recommend a specific plan of approach in correcting the deficiencies. The agency has agreed to do this and present the findings. We shall also continue to actively pursue this problem until corrective action is taken.

Some of our specific findings relative to the ratesetting program are as follows:

1. There are no well-defined uniform ratesetting 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 payers 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 payers 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.
7. The bureau does not require sufficient substantiation of data submitted by many of the payers. (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.

There are other areas within the Bureau of Patients' Accounts in which the operating procedures could be greatly improved. The Field Operations Section is one of these. Another is the Insurance Section in which they are apparently continuing to follow a separate invoice and billing operation which is accomplished largely through time-consuming hand operations.

With reference to the present deficiencies in the bureau and under the assumption that the department will make an effort to correct these deficiencies, we believe the department can utilize the 10 requested positions in strengthening specific phases of the operation.

On this basis, we therefore recommend that the 10 positions as requested for the bureau be approved.

## General Summary—Continued

## Bureau of Social Service

This unit is in charge of the statewide leave program. Social workers of the unit help re-establish the patient with society. This begins with preleave investigations and continues through placements and regular contact with the patient during his leave.

The leave program represents an alternative approach to long hospitalization of patients. Through leave supervision, patients can leave the hospital earlier than otherwise at a savings to the State.

A total of \$1,804,239 is requested to support the Bureau of Social Service. This is an increase of \$246,566 or 15.8 percent over the estimated expenditure of \$1,557,673 in the current year. The increase is largely reflected in the department's request for new positions in the bureau.

The department anticipates an increase from 9,700 leave cases in 1958-59 to 11,067 cases for the 1959-60 Fiscal Year. This is an increase of 1,367 cases.

To meet this additional workload, 31 new positions are requested. These are shown as follows:

3 Supervising psychiatric social worker (budget page 340, line 62)	\$18,180
19 Senior psychiatric social worker (budget page 340, line 63)	104,424
9 Intermediate typist-clerk (budget page 340, line 64)	32,670
31 Positions	\$155,274

The currently authorized level of service for social workers is one caseworker to 70.5 cases. The 19 senior psychiatric social workers are, therefore, requested on the basis of the 1,367 increase in cases for 1959-60. The three supervising positions and the nine clerical positions are within authorized staffing ratios on a workload basis.

We therefore recommend that these 31 positions be approved as requested.

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## DEPARTMENT OF MENTAL HYGIENE

ITEM 144 of the Budget Bill

Budget page 341

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

Amount requested	\$76,653
Estimated to be expended in 1958-59 Fiscal Year	76,288
Increase (0.5 percent)	\$365

TOTAL RECOMMENDED REDUCTION None

## ANALYSIS

This request is to provide funds for paying transportation costs, sheriff's fees and traveling expenses in the delivering of patients from counties of residence to the hospitals. The cost is estimated on the basis of the anticipated number of admissions to the state hospitals, excluding observation and voluntary admissions.

## Transportation of Patients—Continued

The estimate of \$76,653 will actually only cover part of these expenses. The total estimated cost for these services is \$127,755 for 1959-60 and \$127,146 for 1958-59. The difference between these figures and the state support request (\$50,858 for 1958-59 and \$51,102 for 1959-60) is recovered from responsible relatives.

The following table covering a six-year period indicates the difference between the agency's proposed original appropriation as evidenced in the budget and the actual amount expended.

For transportation of patients and other persons committed to state hospitals, the actual expenditure varied from the original figure in five of the six years from 20.9 percent to a high of 39.3 percent, indicating that the agency should attempt to develop more meaningful accurate original proposals.

<i>Fiscal year</i>	<i>Proposed original appropriation</i>	<i>Revised estimated expenditures</i>	<i>Actual expenditures</i>	<i>Change from original appropriation</i>	
				<i>Amount</i>	<i>Percent</i>
1952-53 ----	\$109,136	\$118,050	\$118,050	\$8,914	8.2
1953-54 ----	121,288	114,543	74,430	—46,858	—38.6
1954-55 ----	122,164	79,304	77,322	—44,842	—36.7
1955-56 ----	84,465	81,149	66,773	—17,692	—20.9
1956-57 ----	85,776	72,571	52,043	—33,733	—39.3
1957-58 ----	75,530	62,500	75,530	--	--

We recommend approval of this item as budgeted.

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DEPARTMENT OF MENTAL HYGIENE  
ITEM 145 of the Budget Bill

Budget page 341

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

Amount requested -----	\$156,320
Estimated to be expended in 1958-59 Fiscal Year -----	156,320

TOTAL RECOMMENDED REDUCTION ----- None

## ANALYSIS

The department anticipates that no increase will be necessary for this operation. The 1959-60 workload estimate involves the deportation of 575 patients to their own states of legal residence and for the transfer of approximately 1,800 patients between hospitals. This is at the same level as in 1958-59.

The figure of 1,800 interhospital transfers, although the same for these two years, actually represents greatly increased numbers over previous years. For instance, the number of 1957-58 was 500. This increase has been necessary to move patients to other institutions as greatly increased bed capacity has been opened up. This type movement will continue as new wards are opened in 1959-60.

The six-year period covered in the table shown herein indicates that the agency needs to reappraise its basis of estimate with reference to developing original estimates, since the range of difference is from 2.3 percent to 25.3 percent when related to the actual expenditures.

## Out-of-State Deportation—Continued

Fiscal year	Proposed original appropriation	Revised estimated expenditure	Actual expenditure	Change from original appropriation	
				Amount	Percent
1952-53	\$72,400	\$83,325	\$88,341	\$15,941	22.0
1953-54	113,625	89,250	84,850	—28,775	—25.3
1954-55	87,350	101,872	106,927	19,577	22.4
1955-56	95,500	95,500	93,266	—2,234	—2.3
1956-57	105,275	105,275	123,661	18,386	17.5
1957-58	114,200	131,069	90,047	—24,153	—21.1

We recommend approval of this item as budgeted.

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## DEPARTMENT OF MENTAL HYGIENE

ITEM 146 of the Budget Bill

Budget page 341

## FOR SUPPORT OF FAMILY CARE FROM THE GENERAL FUND

Amount requested ----- \$1,695,360  
 Estimated to be expended in 1958-59 Fiscal Year ----- 1,478,400

Increase (14.7 percent) ----- \$216,960

TOTAL RECOMMENDED REDUCTION ----- None

## GENERAL SUMMARY

The Family Care Program provides funds to support patients out in the community who would otherwise have to remain in the hospitals until they are sufficiently recovered to be given a direct discharge. The department feels that this provides the patient a gradual transition period between the hospital and society. This is a benefit to the patient who thus can leave the hospital earlier than otherwise. It is also a possible savings benefit to the State to the extent that the cost of care in homes is lower than the cost of further hospital care plus capital outlay costs.

## ANALYSIS

The department has indicated that it would be possible to provide this type care for additional patients in the hospitals if the leave program could be expanded to accommodate them.

In this respect the department proposes to provide for an average of 1,520 fully financed cases and 80 partially financed cases to be placed on leave during the 1959-60 Fiscal Year. This would represent an increase over 1958-59 of 190 fully financed cases and 10 partly financed cases.

Also included in the budget request is a provision for increasing the personal allowances of these patients, in line with increased living costs. The total amount requested for this purpose is \$45,000.

Fiscal year	Proposed original appropriation	Revised estimated expenditure	Actual expenditure	Change from original expenditure	
				Amount	Percent
1952-53	\$348,480	\$411,060	\$400,453	\$51,973	14.9
1953-54	493,400	493,400	462,782	—30,618	—6.2
1954-55	547,200	547,200	575,877	28,677	5.2
1955-56	628,185	685,927	676,372	48,187	7.7
1956-57	789,420	819,809	750,705	—38,715	—4.9
1957-58	937,125	1,127,299	1,056,853	119,728	12.8

## General Summary—Continued

The table above shows that the agency was able to much more closely approximate actual expenditures for this function than for both the in- and out-of-state transportation of patients. Here we find the differences running from a low of only 4.9 percent to a variance of 14.9 percent. However, we believe the agency should be able to more closely estimate these expenditures.

We recommend approval of the amount budgeted for this item.

140

DEPARTMENT OF MENTAL HYGIENE		Budget page 341
ITEM 147 of the Budget Bill		
FOR SUPPORT OF RESEARCH PROGRAM FROM THE GENERAL FUND		
Amount requested .....		\$802,000
Estimated to be expended in 1958-59 Fiscal Year .....		694,358
Increase (15.5 percent) .....		\$107,642
TOTAL RECOMMENDED REDUCTION .....		None

## GENERAL SUMMARY

The 1956 Legislature provided for a medical research program in the department through a special budget augmentation. The program has expanded rapidly since that time and is developing into a comprehensive attack on the causes, effects and prevention of mental and associated illnesses through both basic and applied research.

## ANALYSIS

The major portion of the requested increase of \$107,642 for the 1959-60 Fiscal Year would provide for two additional research teams. Five teams are presently authorized.

The department's justification for the requested budget increase and a comparison of 1958-59 and 1959-60 programs is shown below:

"An orderly expansion in the Departmental Research Program as previously authorized is considered very important for inclusion in the 1959-60 Budget. The following schedule details the anticipated expenditures by type for both the current and budget year, and indicates the normal and necessary development which is programed during this two-year period:

	1958-59	1959-60
"Research teams (5) .....	\$200,000	\$200,000
Research teams (2) .....	---	80,000
Research psychologist (1) .....	10,000	10,000
Editorial assistants (2) .....	12,000	12,000
Pilot program .....	120,000	150,000
Program 6-18 months .....	186,358	200,000
Program over 18 months .....	166,000	150,000
Totals .....	\$694,358	\$802,000"

We have emphasized in the past that, if the department would establish an aggressive program of medical research, special research funds would be forthcoming for such a program from various public and private agencies.

# 141 Day Case Treatment Centers

Item 148

Mental Hygiene

## General Summary—Continued

At this time there is supplemental support committed for this program, mainly from the National Institute of Mental Health, totaling about \$1,600,000, or about double the amount requested in state support in the 1959-60 Budget.

The medical research program should represent a great challenge to the department in developing a more positive and efficient approach to the treatment of mental patients. The present lack of knowledge puts the choice among many treatment alternatives on a highly speculative basis.

*We recommend approval of the amount requested for this item.*

142

DEPARTMENT OF MENTAL HYGIENE	
ITEM 148 of the Budget Bill	Budget page 343
FOR SUPPORT OF OUTPATIENT MENTAL HYGIENE CLINICS FROM THE GENERAL FUND	
Amount requested .....	\$677,222
Estimated to be expended in 1958-59 Fiscal Year .....	658,747
Increase (2.8 percent) .....	\$18,475
<b>TOTAL RECOMMENDED REDUCTION</b> .....	<b>\$338,611</b>

## GENERAL SUMMARY

The seven outpatient mental hygiene clinics were established for the prevention, early diagnosis and treatment of mental illness, deficiency or disorder. Their purpose is mainly to assist persons not requiring hospitalization.

The clinics are located in both urban and rural areas of the State.

## ANALYSIS

Six of the seven clinics are supported entirely by state funds. The amount requested for these clinics in the 1959-60 Fiscal Year is \$677,222. This is \$18,475 or 2.8 percent above the amount requested for 1958-59. The largest single portion of the figure is for the Los Angeles Clinic for which the 1959-60 request totals \$252,713.

The Berkeley Clinic is fully supported by federal funds. The estimated support budget for this facility is \$84,900 in the current year and a budget of \$89,452 is proposed for the 1959-60 Fiscal Year.

The department is requesting two positions for the outpatient clinics in the 1959-60 Fiscal Year. These are shown below:

### Los Angeles Clinic

1 Senior psychiatric social worker (budget page 345, line 14) \$5,496

### Sacramento Clinic

1 Senior psychiatric social worker (budget page 345, line 79) 5,496

2 Positions ..... \$10,992

The request for these two positions is on the basis that they are proposed to restore the level of service at the two clinics. We presume the two positions are to restore two positions which the Legislature deleted last year because the department had been unable to fill them for

## General Summary—Continued

periods of six months or longer. If this is the case, however, the position at the Los Angeles Clinic should be requested at the level of junior psychiatric social worker which is equivalent to the position deleted.

It appears that it would serve little purpose to reauthorize these two positions in view of the continued scarcity of social workers. The department has many more of these positions which continue to be vacant. In the December 1, 1958, report of vacancies, the department shows 47 social service positions as being vacant. This was 19.4 percent of all the positions authorized in this category at the state hospitals. The report also shows a social worker position vacant at the Fresno Clinic and at the Los Angeles Neuropsychiatric Institute. In addition there were also 13 social worker positions at various levels vacant in the Bureau of Social Service as of December 1, 1958.

It would seem that the department would concentrate on filling these existing vacant positions before adding to the problem it faces in this respect.

*We recommend that the requested senior social worker positions for Sacramento and Los Angeles Clinics be deferred, reducing salaries and wages \$10,992 (budget page 345, lines 19 and 82).*

## Policy Appraisal of the Status of State Outpatient Clinics

The State now has two separate clinic systems providing similar services at the local community level. The six state outpatient clinics (except Berkeley) are fully state-supported. The new community service facilities are supported one-half by the State and one-half by the local jurisdictions which operate them.

We, thus, may have any of the three following situations: (1) a community already having state clinics sets up a community services facility. This leads to duplicate operations at increased costs; (2) some communities already having state clinics may not be inclined to set up a community service facility. The State, thus, pays for the entire local clinic treatment program; (3) a community not having a state clinic may establish a community service clinic, in this case sharing one-half the operating costs with the State.

This variation from full state support to one-half state support results in an inconsistent and inefficient approach to this whole problem. It entails two administrative establishments for the two programs within the Department of Mental Hygiene and there is an unequal sharing of the costs for providing these services within the local jurisdictions.

It would seem that there should be a best method for providing these services, a method which would treat all the communities of the State on an equal basis. The community service program appears more nearly to offer this approach. The facilities can be established or not according to local desire. The local jurisdictions control their operation and the State shares in the cost of their operation on a uniform basis.

## General Summary—Continued

We recommended in our analysis last year that the Legislature consider integrating the state outpatient clinics into the Short-Doyle community services program as the most feasible approach to this problem. We feel that this is still a matter which should be resolved at the earliest date.

We would, therefore, present this problem again for legislative decision. We feel that action should be taken mainly to set state policy relative to integrating the clinics into the Short-Doyle program within a specified time period and to set up a procedure to gradually accomplish this.

If the State were to withhold one-half the support requested for these clinics in the 1959-60 Fiscal Year, the clinics could be continued at one-half state expense during the full 1959-60 Fiscal Year with the counties providing one-half the expenditures as is done under Short-Doyle; or the State could support the clinics at full expense the first six months of the fiscal year and the counties the last six months. This latter proposal would give the counties about a year in which to make the necessary decisions and financial arrangements. After July 1, 1960, the clinics could be fully integrated into Short-Doyle thereby providing a single uniform approach to this problem.

The rapid acceleration of the Short-Doyle program for which the State's participation is estimated to increase from \$1,230,000 in 1958-59 to \$3,024,700 in 1959-60 indicates that these outpatient services can be provided on the state-local sharing basis.

*We therefore recommend that the amount requested for the six clinics for 1959-60 be reduced by one-half, reducing salaries and wages, operating expense, and equipment items by \$338,611.*

143

DEPARTMENT OF MENTAL HYGIENE	
ITEM 149 of the Budget Bill	Budget page 348
<b>FOR SUPPORT OF LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE FROM THE GENERAL FUND</b>	
Amount requested .....	\$1,747,105
Estimated to be expended in 1958-59 Fiscal Year .....	1,510,283
Increase (15.7 percent) .....	\$236,822
<b>TOTAL RECOMMENDED REDUCTION .....</b>	<b>\$51,653</b>

## GENERAL SUMMARY

The Langley Porter Neuropsychiatric Institute provides a teaching, training and research program for the mentally ill. Legal authority is contained in Chapter 7 (Sections 7300 to 7310) of the Welfare and Institutions Code. The treatment program is confined mainly to early curable types of mental disorders and this function is carried on as part of the program of teaching and research. The institute has initiated a new day/night program of 15 beds. The new four-story addition or wing is nearing completion and a greatly expanded research and teaching program will thus be possible.

The department is requesting 36 new positions at a cost of \$175,686 for the institute. Some of these are justifiable on a workload basis in



## General Summary—Continued

the existing program or through the expansion into the new facilities. Other positions would considerably increase the level of service in certain functions.

## ANALYSIS

## Summary of Reductions

## Salaries and wages

## Proposed new positions:

	Amount	Page	Budget Line
Reduce senior psychiatrist to level of staff psychiatrist	\$1,800	349	65
1 Chief clinical psychologist	8,112	349	42
1 Supervising psychiatric social worker	6,060	349	55
5 Psychiatric nurse	23,130	349	48
2 Psychiatric technician	6,912	349	49
9 Positions, reducing salaries and wages by	\$46,014		

It should be noted that, even with the recommended deletion of the above nine positions, the agency will still receive the benefit of a total of 27 new positions involving a cost of \$129,672 in salaries and wages.

The 36 proposed new positions are shown by function as follows:

Functions and positions	Amount	Page	Budget Line
Medical records and clerical:			
1 Librarian II	\$4,740	349	35
2 Intermediate stenographer-clerk	7,260	349	36
Business services			
1 Senior clerk	4,092	349	38
Medical care			
*1 Senior psychiatrist	13,200	349	40
1 Staff psychiatrist	11,400	349	41
*1 Chief clinical psychologist	8,112	349	42
2 Clinical psychologist II	13,344	349	43
2 Senior clinical laboratory technologist	9,960	349	44
2 Laboratory helper	6,276	349	46
Nursing and personal care			
*10 Psychiatric nurse	46,260	349	48
*5 Psychiatric technician	17,280	349	49
Rehabilitation therapy and education			
1 Occupational therapist	4,626	349	52
Social service			
*1 Supervising psychiatric social worker	6,060	349	54
1 Senior psychiatric social worker	5,496	349	56
Housekeeping			
4 Janitor	13,176	349	58
Plant operation			
1 Building maintenance man	4,404	349	60
36 Totals	\$175,686		

\* Recommend all or part of positions be deleted or reduced in level.

We have separated these positions into three program classifications so that they can be discussed as functional groups. These are as follows in the analysis:

## New Ward Staffing

The institute is opening a new ward for neuropsychiatry in addition to the one already in existence. The present ward has a patient population of about 16. The new ward will add 10 beds, bringing the capacity for this service to 26 beds. These will be distributed 14 in one ward and

## General Summary—Continued

12 in the other. The net effect or net additional workload which would result is, therefore, in relation to the estimated increase in population of 10 patients. The department is requesting 19 new positions. These consist of the following:

		Budget	
		Page	Line
1 Staff psychiatrist .....	\$11,400	349	41
1 Clinical psychologist II .....	6,672	349	43
1 Senior psychiatric social worker .....	5,496	349	56
1 Occupational therapist .....	4,626	349	52
10 Psychiatric nurse .....	46,260	349	48
5 Psychiatric technician .....	17,280	349	49
19 Positions .....	\$91,734		

Should staffing at this level be authorized, it would result in 1.9 new employees for each new patient. This is a very much higher level of staffing than exists in state hospitals. Because some of the professional staff would probably be engaged largely in research and teaching, some degree of enriched staffing may be necessary. However, 10 psychiatric nurses and 5 psychiatric technicians to care for 10 new patients seems wholly out of line. These positions would probably be involved in some routine aspects of research such as collecting specimens and administering special diets; however, staffing is not justified at this enriched level. Because of the special activities and other functions of the institute, a staffing pattern which is richer than that in the state hospitals should be authorized. Should the department be authorized 5 of the 10 psychiatric nurse positions and 3 of the 5 psychiatric technician positions, this would result in a staffing ratio of one new employee to 1.25 increase in new patients for the specific care and nursing function. This is still much higher than the level authorized in the state hospitals. On the basis of available data, we cannot support the department in its request for richer staffing than this.

*We recommend therefore that five psychiatric nurse positions and two psychiatric technician positions be deleted, reducing salaries and wages by \$30,042 (budget page 349, line 65).*

## New Medical Administrative Staffing

The department is requesting a senior psychiatrist position to head up the children's service, a chief psychologist to assume administrative responsibility for the clinical psychology program, and a supervising psychiatric social worker to supervise the social service of the inpatient department. Position titles together with amounts requested are shown below:

		Budget	
		Page	Line
1 Senior psychiatrist .....	\$13,200	349	40
1 Chief clinical psychologist .....	8,112	349	42
1 Supervising psychiatric social worker .....	6,060	349	55
3 Positions .....	\$27,372		

## General Summary—Continued

These three new positions are requested to comply with the recommended reorganization plan outlined in Department of Finance Management Survey No. 868. This reorganization plan proposes minute stratification of administrative functions approaching the level at the state hospitals which are many times larger in size. Even recognizing the research and training functions of the institute, the administrative setup is becoming very top heavy. For instance, the new supervising psychiatric social worker position is requested to supervise the social service of the inpatient department. There are expected to be an average of 105 inpatients in the institute during 1959-60. The outpatient clinic caseload at Langley Porter was 424 for November, 1958. For these functions, the institute is now authorized the following positions in the social worker category:

- 1—Chief social worker;
- 2—Supervising psychiatric social workers;
- 9—Senior psychiatric social workers.

The institute thus already has two supervising psychiatric social workers plus a chief to supervise nine positions at the senior level. This is well within a workable span of control for supervision.

We believe the senior psychiatrist position requested for the children's service is possibly justified at a lower level on teaching and research grounds but, administratively, it does not appear at all necessary to further stratify such functions as the inpatient service which is expected to have only 105 patients on the average during 1959-60. This is not as large as many wards in the state hospitals; yet there is already a chief psychiatrist inpatient services for this function. We would, therefore, recommend that this position be approved for teaching and research at the staff psychiatrist level.

The institute is presently authorized two clinical psychologist positions. Two more are requested (one in new ward staffing category and one in clerical, treatment, laboratory and maintenance category) plus a chief clinical psychologist. The chief clinical psychologist position would add a new strata to the administrative level for this function. The clinical psychologist II positions receive functional supervision in their specific areas of work and it would, therefore, appear that because they are professional level positions, it is not necessary to add a new level of supervision and administration at this time. This position is not justified as yet even on numbers of psychologists to be supervised.

*We therefore recommend on the basis of lack of workload justification that the requested supervising social worker and the chief clinical psychologist positions be deleted; and that the senior psychiatrist position for the children's service be reduced to the staff psychiatrist level at \$11,400, a savings in salaries and wages of \$15,972 (budget page 349, line 65).*

## General Summary—Continued

## New Clerical, Treatment, Laboratory, and Maintenance Staffing

The remaining 14 miscellaneous positions appear to be justified on a workload basis. These are shown as follows:

		Budget	
		Page	Line
1 Clinical psychologist II -----	\$6,672	349	43
1 Senior clerk -----	4,092	349	38
2 Intermediate stenographer clerk -----	7,260	349	36
1 Librarian II -----	4,740	349	35
2 Senior clinical laboratory technologist -----	9,960	349	45
2 Laboratory helper -----	6,276	349	46
4 Janitor -----	13,176	349	58
1 Building maintenance man -----	4,404	349	60
14 Positions -----	\$56,580		

The clinical psychologist II position is requested to make evaluations of patients coming to and leaving the new day/night program. This will have 15 beds which will accommodate 30 patients. This program is now being developed and will be in full operation in 1959-60.

With the expansion of the institute's program to the new wing, it appears necessary to add the four new janitor positions, a new building maintenance man position, and the laboratory positions. The clerical positions seem to be justified on the basis of present plus the expanded workload which will result from the new wing.

*We, therefore, recommend that these 14 positions be approved on a workload basis.*

*In accordance with our interpretation of no new service in relation to equipment requests, we recommend deletion of \$5,639 from the equipment budget at this facility.*

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## DEPARTMENT OF MENTAL HYGIENE

ITEM 150 of the Budget Bill

Budget page 351

## FOR SUPPORT OF NEUROPSYCHIATRIC INSTITUTE AT UNIVERSITY OF CALIFORNIA, LOS ANGELES, FROM THE GENERAL FUND

Amount requested -----	\$390,964
Estimated to be expended in 1958-59 Fiscal Year -----	339,699
Increase (15.1 percent) -----	\$51,265
TOTAL RECOMMENDED REDUCTION -----	\$21,377

## GENERAL SUMMARY

The Neuropsychiatric Institute is to be set up as a teaching and research center with treatment being offered to patients with early curable types of mental disorders. The program is expected to be similar to that now offered by the Langley Porter Neuropsychiatric Institute. The present program is, however, severely limited until permanent facilities are completed. The institute operates under authority contained in Chapter 8 (Sections 7350-7409) of the Welfare and Institutions Code.

## Neuropsychiatric Institute—Continued

Current estimates as to the completion of the permanent facility are projected for October, 1960, with the opening not expected to be prior to December, 1960.

## ANALYSIS

		Summary of Reductions		Budget	
Salaries and wages		Amount	Page	Line	
Existing positions					
1	Medical records librarian	\$4,980	351	60	
1	Senior psychiatric social worker	5,496	351	73	
New positions					
1	Supervising clerk I	1,185	351	79	
1	Accounting officer	1,668	351	82	
1	Accounting technician III	1,185	351	84	
1	Intermediate stenographer clerk	885	351	86	
1	Chief of clinical services	1,250	352	5	
1	Chief psychiatrist	1,200	352	8	
2	Senior psychiatrist	2,300	352	10	
1	Superintendent of nursing services	584	352	18	
1	Chief of institution maintenance	644	352	21	

12 Positions, reducing salaries and wages by ----- \$21,377

It should be noted that, even with the recommended deletion of the above 10 positions, the agency will still receive the benefit of a total of 11 new positions involving a cost of \$20,292 in salaries and wages.

The department is requesting 21 new positions for the institute. These are requested under two categories: (1) *early establishment of personnel for the new facility*—10 positions; and (2) *personnel for increased workload*—11 positions.

The 10 positions requested for the early establishment of personnel for the new facility together with the date the positions would be effective is shown below: (budget page 351, lines 79 to 86)  
(budget page 352, lines 6 to 21)

		Effective	Budget	
Number	Position	date	Amount	Page Line
1	Supervising clerk I	4-1-60	\$1,185	351 78
1	Accounting officer	4-1-60	1,668	351 81
1	Accounting technician III	4-1-60	1,185	351 83
1	Intermediate stenographer clerk	4-1-60	885	351 85
1	Chief of clinical services	6-1-60	1,250	352 5
1	Chief psychiatrist	6-1-60	1,200	352 7
2	Senior psychiatrist	6-1-60	2,300	352 9
1	Superintendent of nursing services	6-1-60	584	352 17
1	Chief of institution maintenance	6-1-60	644	352 20
10	positions		\$10,901	

The supervising clerk position is requested in the personnel section to handle applications and documents which will be caused by the "heavy" hiring in early 1960-61. We would question the department's meaning as to "heavy" hiring. The Langley Porter Neuropsychiatric Institute is substantially in full operation and would be authorized a total of 266.5 positions if their 1959-60 request were to be granted in full.

The accounting officer, accounting technician, and stenographer positions are proposed in order to establish accounting operations prior to

## Neuropsychiatric Institute—Continued

the opening of the institute. It is doubtful whether more than five months' lead time would be necessary to set up this operation and it would seem more reasonable to defer the request until the 1960-61 Fiscal Year Budget.

The medical positions are requested for planning and setting up the various medical care functions, prior to the initial influx of patients. The Chief of Institution Maintenance is requested on 6-1-60 in order that he may become acquainted with the plant and assure that it is in proper functioning order. We believe the lead time between the proposed effective date of the positions and the completion of the facility is also excessive. We also oppose the position on the basis that it is outside the staffing pattern for this type facility. Langley Porter Neuropsychiatric Institute does not have such a position, the plant operation being cared for by two tradesman positions. A maintenance operation of such limited scope as at the Neuropsychiatric Institute represents does not justify a chief of maintenance such as the state hospitals have. In fact, there is the possibility that U.C.L.A. could handle the entire maintenance of this new "wing" more economically than the institute can set up a separate staff. This should be explored by the agency.

These 10 positions are all requested late in the 1959-60 Fiscal Year for the permanent facility which at the earliest is not expected to be opened until December, 1960. This appears to be excessive lead time even if the facility is opened on schedule. As to schedules being met, we cite the case of Fairview State Hospital which will be opened several years behind schedule. Also, the Neuropsychiatric Institute Building itself is now considerably behind original schedules. By deferring its request for these positions until the 1960-61 Budget, the department would only delay them one to three months and would be in a better position to accurately determine needs. Should the building be completed ahead of schedule, the department could request a deficiency appropriation next year to authorize them.

*We recommend that the department defer its request for the nine positions, excepting the chief of institution maintenance, until the 1960-61 Fiscal Year; and that the position of chief of institution maintenance be disapproved, a total reduction in salaries and wages of \$10,901 (budget page 351, lines 79 to 86) (budget page 352, lines 6 to 21).*

The request for the remaining 11 positions under the category of increased workload is not so closely tied in with the estimated opening dates for the new building. The 11 requested positions are indicated as follows (Budget page 351, lines 79 to 86, and Budget page 352, lines 6 to 21):

1 Psychiatric resident III (effective June 1, 1960)_____	\$676
10 Psychiatric resident II (2 effective July 1, 1959; 8 effective June 1, 1960)_____	19,616

## Neuropsychiatric Institute—Continued

The 10 psychiatric resident II positions are requested in order to provide an orderly buildup of the resident training program to insure the training of the maximum number of psychiatrists. The department states that eight of the positions will not be needed until July, 1960 (1960-61 Fiscal Year) but that an effective date of June 1, 1960 is proposed in order that commitments can be made to candidates in the fall of 1959.

The psychiatric resident III position is proposed for advanced students specializing in specific fields of psychiatry.

The proposal for these 11 positions appears to represent an orderly buildup of this function at the institute. It is in accordance with the staffing pattern developed at Langley Porter Neuropsychiatric Institute. This program represents the actual training of psychiatric personnel at a high level at which shortages are greatest.

*We recommend that these 11 positions be approved. It would seem, however, that a more efficient way could be found to make eight of the positions effective for earlier recruitment than to freeze one month's salary for each of them in the budget for 1959-60.*

*We recommend that two existing positions be deleted in accordance with our recommendation in the general summary that positions vacant between October 1, 1957, and July 1, 1958, be deleted. The two positions are shown as follows:*

1	Medical records librarian.....	\$4,980
1	Senior psychiatric social worker.....	5,496
—		—
2	Positions .....	\$10,476

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ITEM 151 of the Budget Bill

Budget page 353

DEPARTMENT OF MENTAL HYGIENE  
FOR SUPPORT OF AGNEWS STATE HOSPITAL  
FROM THE GENERAL FUND

Amount requested .....	\$8,804,400
Estimated to be expended in 1958-59 Fiscal Year.....	7,932,864
—	—
Increase (11.0 percent) .....	\$871,536

TOTAL RECOMMENDED REDUCTION..... \$84,158

## GENERAL SUMMARY

Agnews State Hospital, located near San Jose, is an institution for the care and treatment of mentally ill patients.

An average patient population of 4,112 is anticipated for the 1959-60 Fiscal Year. The estimated average population for the 1958-59 Fiscal Year is 4,044.

Expanded capacity is being made available through a new receiving and treatment building which is expected to be activated during July, 1959.

## Agnews State Hospital—Continued

## ANALYSIS

The recommended reduction of \$84,158 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget	
	Amount	Page	Line
1 Staff psychiatrist -----	\$12,600	354	24
2 Clinical psychologist II -----	13,344	354	25
1 Neuropathology technologist -----	4,980	354	26
4 Senior psychiatric social worker -----	21,984	354	42
8 Positions, reducing salaries and wages by -----	\$52,908		

*In accordance with our recommendation in the hospital summary, we recommend that \$8,000 be deleted from operating expenses for the 1959-60 training program for this institution.*

*In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$23,250 from the equipment budget of this facility.*

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above recommended deletions are in conformity with the discussion and analysis in the hospital summary.

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**DEPARTMENT OF MENTAL HYGIENE**

ITEM 152 of the Budget Bill Budget page 356

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

Amount requested -----	\$3,138,828
Estimated to be expended in 1958-59 Fiscal Year -----	2,678,193
Increase (17.2 percent) -----	\$460,635
<b>TOTAL RECOMMENDED REDUCTION -----</b>	<b>\$65,896</b>

**GENERAL SUMMARY**

Atascadero State Hospital, located near the city of that name, is a maximum security institution for the care of male patients for which the community needs more protection than that accomplished in the ordinary mental hospital. Types of patients include mentally ill, sex psychopaths, criminally insane, and psychopathic delinquents.

The hospital serves all counties of the State for these categories of patients. The department estimates an average patient population of 1,378 for the 1959-60 Fiscal Year, an increase of 178 patients over the estimated average of 1,200 patients for the 1958-59 Fiscal Year.



Atascadero State Hospital—Continued  
ANALYSIS

The recommended reduction of \$65,896 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget		
	Amount	Page	Line	
Existing position				
3 Senior psychiatric social worker.....	\$16,488	356	77	
New positions				
1 Staff psychiatrist .....	12,600	357	26	
1 Service and supply officer II.....	6,672	357	23	
2 Senior psychiatric social worker.....	10,992	357	41	
7 Positions, reducing salaries and wages by.....	\$46,752			

*In accordance with our recommendation in the hospital summary, we recommend that \$13,471 be deleted from operating expenses for the 1959-60 training program for this institution.*

*In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$5,673 from the equipment budget of this facility.*

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above-recommended deletions are in conformity with the discussion and analysis in the hospital summary.

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DEPARTMENT OF MENTAL HYGIENE  
ITEM 153 of the Budget Bill

Budget page 359

FOR SUPPORT OF CAMARILLO STATE HOSPITAL  
FROM THE GENERAL FUND

Amount requested .....	\$11,118,997
Estimated to be expended in 1958-59 Fiscal Year .....	10,907,685
Increase (1.9 percent) .....	\$211,312
<b>TOTAL RECOMMENDED REDUCTION.....</b>	<b>\$158,596</b>

GENERAL SUMMARY

Camarillo State Hospital is an institution for the treatment of mentally ill patients. The hospital also has a juvenile unit which specializes in the separate care and treatment of mentally ill minors.

The hospital is located near Camarillo, Ventura County. It is the largest state hospital in number of patients cared for but there has been a trend evident during the last few years reducing the number of patients cared for.

The anticipated average patient population for the 1959-60 Fiscal Year is 6,282. The average patient population estimated for the 1958-59 Fiscal Year is 6,350. During the 1955-56 Fiscal Year, the actual average patient population was 6,939.

## Camarillo State Hospital—Continued

## ANALYSIS

The recommended reduction of \$158,596 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget	
	Amount	Page	Line
Existing positions			
1 Supervising psychiatric nurse -----	\$5,232	359	75
2 Supervising psychiatric technician -----	9,480	359	76
1 Supervising psychiatric social worker I -----	6,060	360	4
4 Senior psychiatric social worker -----	21,984	360	4
New Positions			
3 Staff psychiatrist -----	37,800	360	30
2 Clinical psychologist II -----	13,344	360	31
1 Supervising psychiatric social worker I -----	6,060	360	36
7 Senior psychiatric social worker -----	38,472	360	38
21 Positions, reducing salaries and wages by -----	\$138,432		

In accordance with our recommendation in the hospital summary, we recommend that \$13,820 be deleted from operating expenses for the 1959-60 training program for this institution.

In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$6,344 from the equipment budget of this facility.

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above recommended deletions are in conformity with the discussion and analysis in the hospital summary.

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DEPARTMENT OF MENTAL HYGIENE

ITEM 154 of the Budget Bill

Budget page 362

FOR SUPPORT OF DeWITT STATE HOSPITAL  
FROM THE GENERAL FUND

Amount requested -----	\$5,847,798
Estimated to be expended in 1958-59 Fiscal Year -----	5,182,396
Increase (3.2 percent) -----	\$165,402

TOTAL RECOMMENDED REDUCTION ----- \$50,798

## GENERAL SUMMARY

DeWitt State Hospital located near Auburn, Placer County, cares for both mentally ill and mentally deficient patients.

The anticipated average patient population for the 1959-60 Fiscal Year is 2,874, a decrease from the estimated average of 2,971 patients for the 1958-59 Fiscal Year.

DeWitt State Hospital—Continued  
ANALYSIS

The recommended reduction of \$50,798 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget	
	Amount	Page	Line
Existing positions			
1 Clinical psychologist II-----	\$6,672	362	70
3 Senior psychiatric social worker-----	16,488	362	79
New positions			
1 Neuropathology technologist-----	4,980	363	26
2 Senior psychiatric social worker-----	10,992	363	30
7 positions, reducing salaries and wages by-----	\$39,132		

*In accordance with our recommendation in the hospital summary, we recommend that \$7,060 be deleted from operating expenses for the 1959-60 training program for this institution.*

*In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$4,606 from the equipment budget of this facility.*

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above recommended deletions are in conformity with the discussion and analysis in the hospital summary.

149 DEPARTMENT OF MENTAL HYGIENE		
ITEM 155 of the Budget Bill		Budget page 364
FOR SUPPORT OF MENDOCINO STATE HOSPITAL FROM THE GENERAL FUND		
Amount requested-----		\$4,935,347
Estimated to be expended in 1958-59 Fiscal Year-----		4,647,726
Increase (6.2 percent)-----		\$287,621
TOTAL RECOMMENDED REDUCTION-----		\$44,690

GENERAL SUMMARY

Mendocino State Hospital is an institution for the care and treatment of mentally ill.

It is located at Talmage near Ukiah in Mendocino County.

An average population of 2,413 patients is anticipated for the 1959-60 Fiscal Year. The estimated average for the 1958-59 Fiscal Year is 2,450 patients.

## Mendocino State Hospital—Continued

## ANALYSIS

The recommended reduction of \$44,690 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget	
	Amount	Page	Line
Existing position			
1 Industrial therapist -----	\$4,512	365	33
New positions			
1 Staff psychiatrist -----	12,600	365	61
1 Neuropathology technologist -----	4,980	365	65
1 Senior psychiatric social worker -----	5,496	365	71
3 Psychiatric resident II -----	1,839	365	63
7 positions, reducing salaries and wages by -----	\$29,427		

In accordance with our recommendation in the hospital summary, we recommend that \$10,990 be deleted from operating expenses for the 1959-60 training program for this institution.

In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$4,273 from the equipment budget of this facility.

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above-recommended deletions are in conformity with the discussion and analysis in the hospital summary.

150		DEPARTMENT OF MENTAL HYGIENE	
ITEM 156	of the Budget Bill		Budget page 367
FOR SUPPORT OF METROPOLITAN STATE HOSPITAL FROM THE GENERAL FUND			
Amount requested -----		\$7,337,039	
Estimated to be expended in 1958-59 Fiscal Year -----		7,049,343	
Increase (4.1 percent) -----		\$287,696	
TOTAL RECOMMENDED REDUCTION -----		\$45,958	

## GENERAL SUMMARY

Metropolitan State Hospital is located at Norwalk. It provides care and treatment for mentally ill patients. The average population for the 1959-60 Fiscal Year is estimated at 3,753 patients. The similar figure for the 1958-59 Fiscal Year is 3,750 patients.

## Napa State Hospital—Continued

## ANALYSIS

The recommended net reduction of \$112,717 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget		
	Amount	Page	Line	
Existing positions				
1 Clinical psychologist II-----	\$6,672	374	31	
3 Senior psychiatric social worker-----	16,488	374	42	
1 Nurse anesthetist-----	5,496	374	35	
New positions				
3 Staff psychiatrist-----	37,800	374	67	
1 Clinical psychologist II-----	6,672	374	68	
1 Supervising psychiatric social worker I-----	6,060	374	74	
3 Senior psychiatric social worker-----	16,488	374	76	
13 Positions, reducing salaries and wages by-----	\$95,676			

*In accordance with our recommendation in the hospital summary, we recommend that \$10,910 be deleted from operating expenses for the 1959-60 training program for this institution.*

*In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$10,325 from the equipment budget of this facility.*

In accordance with our recommendation in the hospital analysis and in the departmental analysis, we recommend that one senior clerk position, deleted in the Governor's Budget, be restored for the statistical evaluation program, augmenting the budget by \$4,194. (Budget page 375, line 5.)

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above-recommended deletions are in conformity with the discussion and analysis in the hospital summary.

## DEPARTMENT OF MENTAL HYGIENE

ITEM 159 of the Budget Bill

Budget page 376

FOR SUPPORT OF PATTON STATE HOSPITAL  
FROM THE GENERAL FUND

Amount requested-----	\$9,131,530
Estimated to be expended in 1958-59 Fiscal Year-----	7,933,043
Increase (15.1 percent)-----	\$1,197,887

**TOTAL RECOMMENDED REDUCTION-----** \$117,125

## GENERAL SUMMARY

Patton State Hospital is located near San Bernardino. It is an institution for the care and treatment of mentally ill patients and contains the southern center for the treatment of mentally ill tubercular patients.

New wards are scheduled to be activated during the 1959-60 Fiscal Year and the average population is anticipated to be 4,495 patients.

## Patton State Hospital—Continued

The estimated average for 1958-59 is 4,200 patients.

## ANALYSIS

The recommended reduction of \$117,125 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget	
	Amount	Page	Line
2 Staff psychiatrist .....	\$25,200	377	66
2 Clinical psychologist II .....	13,344	377	68
1 Supervising psychiatric social worker I .....	6,060	378	20
5 Senior psychiatric social worker .....	27,480	378	22
<hr/>			
10 Positions, reducing salaries and wages by .....	\$72,084		

*In accordance with our recommendation in the hospital summary, we recommend that \$23,760 be deleted from operating expenses for the 1959-60 training program for this institution.*

*In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$21,281 from the equipment budget of this facility.*

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above recommended deletions are in conformity with the discussion and analysis in the hospital summary.

## DEPARTMENT OF MENTAL HYGIENE

ITEM 160 of the Budget Bill

Budget page 379

FOR SUPPORT OF STOCKTON STATE HOSPITAL  
FROM THE GENERAL FUND

Amount requested .....	\$8,383,115
Estimated to be expended in 1958-59 Fiscal Year .....	8,423,213

Decrease (0.5 percent) .....	\$40,098
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TOTAL RECOMMENDED REDUCTION .....	\$82,558
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## GENERAL SUMMARY

Stockton State Hospital is an institution for the care and treatment of mentally ill patients.

An average patient population of 3,790 is anticipated for the 1959-60 Fiscal Year. The similar estimate for the 1958-59 Fiscal Year is 3,925 patients.

## Stockton State Hospital—Continued

## ANALYSIS

The recommended reduction of \$82,558 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget		
	Amount	Page	Line	
Existing positions				
1 Senior psychiatric social worker-----	\$5,496	380	63	
1 Junior psychiatric social worker-----	4,740	380	63	
New positions				
1 Staff psychiatrist-----	12,600	381	26	
1 Clinical psychologist II-----	6,672	381	27	
2 Senior psychiatric social worker-----	10,992	381	33	
3 Psychiatric resident-----	1,839	381	28	
9 Positions, reducing salaries and wages by-----	\$42,339			

*In accordance with our recommendation in the hospital summary, we recommend that \$13,320 be deleted from operating expenses for the 1959-60 training program for this institution.*

*In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$31,093 from the equipment budget of this facility.*

In accordance with our recommendation in the hospital analysis and in the departmental analysis, we recommend that one senior clerk position, deleted in the Governor's Budget, be restored for the statistical evaluation program, augmenting the budget by \$4,194. (Budget page 381, line 38.)

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above recommended deletions are in conformity with the discussion and analysis in the hospital summary.

## DEPARTMENT OF MENTAL HYGIENE

ITEM 161 of the Budget Bill

Budget page 383

FOR SUPPORT OF FAIRVIEW STATE HOSPITAL  
FROM THE GENERAL FUND

Amount requested-----	\$4,136,297
Estimated to be expended in 1958-59 Fiscal Year-----	1,687,963
Increase (145 percent)-----	\$2,448,334
<b>TOTAL RECOMMENDED REDUCTION-----</b>	<b>\$58,222</b>

## GENERAL SUMMARY

Fairview State Hospital is the newest institution for the treatment of mentally deficient patients. The facility is located near Costa Mesa in Orange County and was scheduled for initial patient admissions in January, 1959.

The average patient population for the 1959-60 Fiscal Year is 1,214. An average of 175 patients is estimated for the 1958-59 Fiscal Year.

## Fairview State Hospital—Continued

## ANALYSIS

The recommended reduction of \$58,222 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget	
	Amount	Page	Line
1 Staff psychiatrist -----	\$12,600	384	26
1 Clinical psychologist II -----	6,672	384	27
1 Neuropathology technologist -----	4,980	384	32
3 Senior psychiatric social worker -----	16,488	384	53
1 Services and supply officer II -----	6,672	384	24
7 Positions, reducing salaries and wages by -----	\$47,412		

*In accordance with our recommendation in the hospital summary, we recommend that \$10,810 be deleted from operating expenses for the 1959-60 training program for this institution.*

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above recommended deletions are in conformity with the discussion and analysis in the hospital summary.

## DEPARTMENT OF MENTAL HYGIENE

ITEM 162 of the Budget Bill

Budget page 385

FOR SUPPORT OF PACIFIC STATE HOSPITAL  
FROM THE GENERAL FUND

Amount requested -----	\$7,319,341
Estimated to be expended in 1958-59 Fiscal Year -----	6,913,840
Increase (5.9 percent) -----	\$405,501
<b>TOTAL RECOMMENDED REDUCTION -----</b>	<b>\$54,318</b>

## GENERAL SUMMARY

Pacific State Hospital, located near Pomona, is an institution for the care and treatment of mentally deficient patients.

The anticipated average patient population is 3,000 for both the 1958-59 and 1959-60 Fiscal Years.

## ANALYSIS

The recommended reduction of \$54,318 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget	
	Amount	Page	Line
1 Staff psychiatrist -----	\$12,600	387	18
2 Clinical psychologist -----	13,344	387	19
1 Neuropathology technologist -----	4,980	387	22
2 Senior psychiatric social worker -----	10,992	387	26
3 Psychiatric resident II -----	1,839	387	20
9 Positions, reducing salaries and wages by -----	\$43,755		



## Pacific State Hospital—Continued

*In accordance with our recommendation in the hospital summary, we recommend that \$2,710 be deleted from operating expenses for the 1959-60 training program for this institution.*

*In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$7,853 from the equipment budget of this facility.*

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above-recommended deletions are in conformity with the discussion and analysis in the hospital summary.

## DEPARTMENT OF MENTAL HYGIENE

ITEM 163 of the Budget Bill

Budget page 388

FOR SUPPORT OF PORTERVILLE STATE HOSPITAL  
FROM THE GENERAL FUND

Amount requested .....	\$5,993,772
Estimated to be expended in 1958-59 Fiscal Year .....	5,567,603
Increase (7.7 percent) .....	\$426,169
<b>TOTAL RECOMMENDED REDUCTION .....</b>	<b>\$76,341</b>

## GENERAL SUMMARY

Porterville State Hospital, located near Porterville, Tulare County, is an institution for the care and treatment of mentally deficient patients.

The average patient population is anticipated to be 2,500 during both the 1958-59 and 1959-60 Fiscal Years.

## ANALYSIS

The recommended reduction of \$76,341 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget	
	Amount	Page	Line
Existing positions			
1 Public health nurse II .....	\$5,232	389	49
1 Nurse anesthetist .....	5,496	389	49
New positions			
1 Staff psychiatrist .....	12,600	390	5
1 Clinical psychologist II .....	6,672	390	6
1 Neuropathology technologist .....	4,980	390	8
3 Supervising psychiatric nurse .....	15,696	390	10
2 Psychiatric resident II .....	1,226	390	7
10 Positions, reducing salaries and wages by .....	\$51,902		

*In accordance with our recommendation in the hospital summary, we recommend that \$14,270 be deleted from operating expenses for the 1959-60 training program for this institution.*

*In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$10,169 from the equipment budget of this facility.*

## Porterville State Hospital—Continued

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above recommended deletions are in conformity with the discussion and analysis in the hospital summary.

## DEPARTMENT OF MENTAL HYGIENE

ITEM 164 of the Budget Bill

Budget page 391

FOR SUPPORT OF SONOMA STATE HOSPITAL  
FROM THE GENERAL FUND

Amount requested .....	\$8,731,251
Estimated to be expended in 1958-59 Fiscal Year .....	8,125,679
Increase (7.5 percent) .....	\$605,572
<b>TOTAL RECOMMENDED REDUCTION .....</b>	<b>\$57,021</b>

## GENERAL SUMMARY

Sonoma State Hospital is located at Eldridge, Sonoma County. The institution provides care and treatment for mentally deficient patients.

An average population of 3,850 patients is anticipated for the 1959-60 Fiscal Year. This is an increase of 275 patients over the average of 3,575 estimated for the 1958-59 Fiscal Year.

## ANALYSIS

The recommended reduction of \$57,021 consists of the following amounts in the categories indicated:

Summary of Reductions		Budget	
	Amount	Page	Line
Existing positions			
0.5 Psychiatric nurse .....	\$2,256	392	31
1 Telephone operator .....	3,372	392	16
New positions			
1 Staff psychiatrist .....	12,600	392	69
1 Clinical psychologist II .....	6,672	392	70
1 Neuropathology technologist .....	4,980	392	71
3 Supervising psychiatric nurse .....	15,696	392	73
7.5 Positions, reducing salaries and wages by .....	\$45,576		

*In accordance with our recommendation in the hospital summary, we recommend that \$2,710 be deleted from operating expenses for the 1959-60 training program for this institution.*

*In accordance with our interpretation of no increased service in relation to equipment requests, we recommend deletion of \$8,735 from the equipment budget of this facility.*

The above summary of reductions does not include all positions and operating expense items which we have recommended to be deleted. We have not included items for which the agency should be given its preference in making the distribution to the individual hospitals.

The above-recommended deletions are in conformity with the discussion and analysis in the hospital summary.