Department of Justice

FEES TO SPECIAL COUNSEL

ITEM 135 of the Budget Bill Budget page 365

FOR FEES TO SPECIAL COUNSEL EMPLOYED PURSUANT TO SECTION 12520 OF THE GOVERNMENT CODE FROM THE GENERAL FUND

Amount requested	$8,500
Estimated to be expended in 1959-60 fiscal year	8,500
Increase	None
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

Under the provisions of Section 12520 of the Government Code the Attorney General may employ special counsel in the event that any district attorney is disqualified from conducting a criminal prosecution or when the Attorney General is making an investigation for the discovery and recovery of property to which the State may be entitled by escheat.

This item is budgeted at the same level as last year. While expenditures have not reached budgeted levels from year to year, there must be a margin provided for unanticipated proceedings. This is not a department support item and any savings revert to the General Fund.

We recommend approval.

DEPARTMENT OF MENTAL HYGIENE

Budget page 368

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

Amount requested	$123,750,551
Estimated to be expended in 1959-60 fiscal year	114,347,777
Increase (8.2 percent)	$9,402,774
TOTAL RECOMMENDED REDUCTION	$2,437,455

Summary of Recommended Reductions

Salaries and wages:	
State hospitals	
194 positions	$1,116,036
Departmental administration	
51.5 positions	286,863
Langley Porter Neuropsychiatric Institute	
9 positions	56,312
Neuropsychiatric Institute, UCLA	
8 positions	24,208
262.5 positions	$1,483,419
Operating expenses, equipment:	
State hospitals	
Regular drugs and supplies	$201,492
Special (tranquilizing) drugs	38,056
Training program, convalescent leave, and after-care clinics	69,893
Day care treatment centers	
Delete two centers	300,000
Outpatient mental hygiene clinics	
Reduce support budget by one-half	344,595
Grand total	$2,437,455

Department of Mental Hygiene—Continued

ANALYSIS

Responsibility is placed in the Department of Mental Hygiene for the care and treatment of persons suffering from a wide range of mental and associated disorders. These include the various types of mental illness, mental deficiency, alcoholism, epilepsy, narcotics addiction and sexual psychopathy. The department is also engaged in research into causes, effects and treatment of mental ills. Additional duties include regulation of private mental institutions and an active public program to foster mental health in the communities of the State.

Within the department's jurisdiction, there are 14 mental hospitals; nine for treating mentally ill patients, four for treating mentally deficient patients, and one hospital which treats sexual psychopaths and criminally insane requiring maximum security.

There are also two neuropsychiatric institutes and seven state outpatient clinics under full state administration. The State shares the cost for 13 local community mental health facilities which programs are administered locally.

Total expenditures of $127,376,124 are proposed for 1960-61. This is an increase of $9,530,829 or 8.1 percent over 1959-60 and represents a very substantial increment to the program.

The department is requesting 1,026.2 new positions in the 1960-61 budget at a cost of $3,835,800. There are now authorized 19,217.1 positions and this proposed increase would bring the total to 20,243.3 for 1960-61.

Major proposals in the 1960-61 Budget include a day hospital program and a convalescent leave program. Other operations such as the Neuropsychiatric Institute at Los Angeles, after-care clinics and the training program would be considerably expanded. The Neuropsychiatric Institute at Los Angeles will open on a full-time basis during 1960-61 and a large number of new positions (459.4) are requested to staff the facility. Major new program emphasis seems directed toward the community-centered methods in treatment. This is an area for which the department needs to reappraise the utilization of its present resources and to develop a more unified and co-ordinated approach.

Vacant Positions

A high vacancy rate continues in several professional categories of personnel indicating that the department is falling considerably short of its potential by failing to fill already authorized positions.

Some of the important professional categories in which the vacancy rates should be of serious concern are shown as follows:

	December 1, 1958			*December 1, 1959*		
	Number authorized	*Number vacant*	*Percent*	*Number authorized*	*Number vacant*	*Percent*
Physician	376.9	39.9	10.6	400.8	49.7	12.2
R.N. Ward Level	751	79	10.5	911	155.5	17.1
Social Service	241.8	47	19.4	245	18.7	7.6
Psychology	126.2	14	11.1	148.6	27	18.2

It is noted that the vacancy rates have increased considerably in all above categories except social service. The department's request for

Department of Mental Hygiene—Continued

increased numbers of social workers for the hospitals was denied by the Legislature last year. The department has thus been enabled to work down its backlog of vacancies instead of having it increased as appears to have been the result for these other categories of personnel in which substantial personnel increases were approved last year. We believe this practice of maintaining a backlog of vacant positions of this size is unrealistic and makes difficult a sound comparison between work performed and manpower actually employed.

It is pertinent to indicate the trend in vacancies for the large class of psychiatric technician-trainees. A comparison showing the trend during the last three years is presented as follows:

	Number authorized	*Number vacant*	*Percent vacant*
December 1, 1957	7,966	134	1.7
December 1, 1958	8,188	275	3.4
December 1, 1959	9,148	432	4.7

These figures emphasize the rapid increases in the number of authorized positions in this class and show a steadily increasing backlog of vacant positions with the number and rate of vacancies now rising to serious proportions. The department could obtain more benefit by merely concentrating its efforts on filling these vacancies than is represented by the 130 new psychiatric technician positions requested in the 1960-61 Budget.

An additional serious problem is in connection with the high rates of position turnover in this class. Many positions have to be filled a number of times during the year, wasting training time and providing a low efficiency factor.

Changes in Capacity and Overcrowding

The following facilities will be added during 1960-61 at the state hospitals:

1. Metropolitan—New ward building adding 200 beds—July 1, 1960.
2. Napa—Juvenile unit adding 216 beds—October 1, 1960.

The overcrowding percentage in hospitals for mentally ill is estimated to decrease from 1.3 percent on June 30, 1960, to zero on June 30, 1961.

Overcrowding is expected to increase from 1.6 percent on June 30, 1960, to 4.5 percent on June 30, 1961, in the hospitals for the mentally retarded. In these hospitals, however, the department can control admissions as contrasted to the hospitals for the mentally ill for which the department must receive all that are committed.

Per Capita Costs

The average annual per capita patient cost in the hospitals is estimated to be $2,388 for the 1960-61 fiscal year. This is an increase of $123 or 5.4 percent over the similar figure of $2,265 for 1959-60.

Department of Mental Hygiene—Continued

Per capita costs for each hospital are shown with two-year comparisons as follows:

Hospital Per Capita Costs

Hospital	*1959-60 per capita costs*	*1960-61 per capita costs*	*Percentage change*
Agnews	$2,259	$2,373	5.0
Atascadero	2,368	2,361	*—0.3*
Camarillo	1,906	2,006	5.2
DeWitt	1,990	2,098	5.4
Mendocino	2,250	2,347	4.3
Metropolitan	1,982	2,177	9.8
Modesto	2,261	2,449	8.3
Napa	2,003	2,189	9.3
Patton	2,225	2,260	1.6
Stockton	2,316	2,529	9.2
Hospitals for mentally ill	$2,115	$2,248	6.3
Fairview	3,546	2,875	*—18.9*
Pacific	2,618	2,781	6.2
Porterville	2,525	2,650	4.9
Sonoma	2,422	2,568	6.0
Hospitals for mentally retarded	$2,631	$2,694	2.4
Average—all hospitals	2,265	2,388	5.4

Request for Equipment

We have not fully completed our review of equipment items requested by the department. If after the review is completed, there are items which do not appear to be justified, we shall present them in the budget hearings.

State Hospital Summary

A total of 481.3 new positions are requested for the state hospitals in 1960-61.

The basic categories of request are workload and increased service. Workload positions are those which will 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. Changes in the numbers of workload positions accrue as patient populations change, admissions and discharges, etc., increase or decrease. Excess workload positions may result at one hospital and another hospital may need additional ones in the same categories, thus the same type positions are often deleted and added in the same year. Frequently, the element of workload is not precisely delineated for many positions requested on this basis. In other cases, the department has not developed any real workload measurements and large elements of increased service are contained in so-called workload requests. In other cases, no workload measurements may exist or they are inapplicable and the positions in reality represent increased services, yet are requested ostensibly as workload.

State Hospital Summary—Continued

The department's concepts as to what is workload need to be re-evaluated. The criteria needed to establish appropriate and relevant standards often needs to be greatly strengthened.

Subject to these above qualifications, the requested positions for 1960-61 are shown in the table (page 269) on workload and increased level of service bases. Also indicated are the excess workload positions and the net augmentation (463.8 positions) in personnel proposed for the hospitals:

Proposed New Hospital Positions by Classification

	Net total new positions	*New workload positions*	*Excess workload positions*	*Increased level of service positions*	*Estimated net cost of new positions*	*Cost of new workload positions*	*Cost of excess workload positions*	*Cost of increased level of service positions*
Nursing								
Senior psychiatric nurse	5	5	–	–	$25,530	$25,530	–	–
Psychiatric nurse	24	24	–	–	116,640	116,640	–	–
Senior psychiatric technician II	4	4	–	–	17,616	17,616	–	–
Senior psychiatric technician I	8	8	–	–	31,968	31,968	–	–
Psychiatric technician—trainee	118	118	–	–	360,100	360,100	–	–
Subtotals	159	159	–	–	$551,854	$551,854	–	–
Medical and Laboratory								
Senior psychiatrist (Reclassify 47 staff psychiatrist)	–	–	–	–	$28,200	–	–	$28,200
Staff psychiatrist	37	12	—4	29	488,400	$158,400	—$52,800	382,800
Dentist	1	1	–	–	10,860	10,860	–	–
Dental assistant	1	1	–	–	3,456	3,456	–	–
Clinical laboratory technologist	8	2	–	6	42,912	10,728	–	32,184
Electroencephalographic technician	1	1	–	–	4,404	4,404	–	–
Subtotals	48	17	—4	35	$578,232	$187,848	—$52,800	$443,184
Medical Administration								
Assistant superintendent	1	1	–	–	$15,000	$15,000	–	–
Other Treatment Personnel								
Recreational therapist	1	1	–	–	$5,106	$5,106	–	–
Occupational therapist	2	2	–	–	10,212	10,212	–	–
Supervising psychiatric social worker I	1	–	–	1	6,360	–	–	$6,360
Senior psychiatric social worker	17	11	—4	10	98,124	63,492	—$23,088	57,720
Elementary school teacher	11	11	–	–	60,456	60,456	–	–
Subtotals	32	25	—4	11	$180,258	$139,266	—$23,088	$64,080

Proposed New Hospital Positions by Classification—Continued

	Net total new positions	*New workload positions*	*Excess workload positions*	*Increased level of service positions*	*Estimated net cost of new positions*	*Cost of new workload positions*	*Cost of excess workload positions*	*Cost of increased level of service positions*
Aftercare Facilities								
Senior psychiatrist	3	–	–	3	$41,400	–	–	$41,400
Staff psychiatrist	6	–	–	6	79,200	–	–	79,200
Clinical psychologist II	3	–	–	3	21,024	–	–	21,024
Senior psychiatric social worker	3	–	–	3	17,316	–	–	17,316
Intermediate stenographer-clerk	9	–	–	9	34,290	–	–	34,290
Subtotals	24	–	–	24	$193,230	–	–	$193,230
General Medical Records and Clerical								
Intermediate stenographer-clerk	36	–	–	36	$137,160	–	–	$137,160
Intermediate typist-clerk	44	46	—2	–	163,500	$171,120	—$7,620	–
Supervising medical records clerk (Reclassify 14 intermediate stenographer-clerk)	–	–	–	–	16,380	–	–	16,380
Senior stenographer-clerk (Reclassify 32 intermediate stenographer-clerk)	–	–	–	–	15,552	–	–	15,552
Senior file clerk (Reclassify 14 intermediate clerk)	–	–	–	–	9,324	–	–	9,324
Subtotals	80	46	—2	36	$341,916	$171,120	—$7,620	$178,416
Professional Training Program								
Training assistant I	8	–	–	8	$50,880	–	–	$50,880
Librarian III	14	–	–	14	76,944	–	–	76,944
Psychiatric resident II	24	–	–	24	15,456	–	–	15,456
Student professional assistant	14	–	–	14	46,116	–	–	46,116
Subtotals	60	–	–	60	$189,396	–	–	$189,396

Proposed New Hospital Positions by Classification—Continued

	Net total new positions	*New workload positions*	*Excess workload positions*	*Increased level of service positions*	*Estimated net cost of new positions*	*Cost of new workload positions*	*Cost of excess workload positions*	*Cost of increased level of service positions*
Food Service Personnel								
Food administrator	1	1	–	–	$5,232	$5,232	–	–
Food service assistant	13	–	–	13	39,186	–	–	$39,186
Subtotals	14	1	–	13	$44,418	$5,232	–	$39,186
Laundry, Housekeeping and Clothing								
Laundryman	30	15	–	15	$104,250	$54,450	–	$49,800
Janitor	4	4	–	–	13,824	13,824	–	–
Assistant seamstress	4	4	–	–	13,176	13,176	–	–
Subtotals	38	23	–	15	$131,250	$81,450	–	$49,800
Plant Operation Personnel								
Carpenter I	2	2	–	–	$11,544	$11,544	–	–
Electrician I	1	1	–	–	5,772	5,772	–	–
Plumber I	1	1	–	–	5,772	5,772	–	–
Stationary engineer	2	2	–	–	11,544	11,544	–	–
Groundsman (2 part-time seasonal help)	1	1	–	–	3,996	3,996	–	–
Institution fireman	2.3	2.3	–	–	10,998	10,998	–	–
Subtotals	9.3	9.3	–	–	$49,626	$49,626	–	–
Farming Personnel								
Milker	1	1	–	–	$4,194	$4,194	–	–
Farmhand	—1	2	—3	–	—3,270	7,620	—$10,890	–
Cannery supervisor	—1	–	—1	–	—6,952	–	—6,952	–
Seasonal help	—3.5	–	—3.5	–	—13,290	–	—13,290	–
Subtotals	—4.5	3	—7.5	–	—$19,318	$11,814	—$31,132	–
Other Personnel								
Telephone operator	3	3	–	–	$10,890	$10,890	–	–
GRAND TOTALS	463.8	287.3	—17.5	194	$2,266,752	$1,224,100	—$114,640	$1,157,292

State Hospital Summary—Continued

The previous table shows a total of 287.3 proposed new workload positions and 194 proposed new increased level of service positions.

We recommend that the 287.3 proposed workload positions at a cost of $1,221,775 be approved and that the 194 positions at a cost of $1,116,036 requested to increase the level of service, be disallowed.

We point out that if the 287.3 workload positions are authorized, there will actually be a significant improvement in the level of service through reclassifications of treatment wards to higher levels and other factors. In this respect, the department's request for 159 nursing positions for workload staffing for new wards at Metropolitan and Napa clearly results in increasing the level of service, overall, in the 10 hospitals for the mentally ill. The total population is not expected to increase in these 10 hospitals and no equivalent nursing positions are being deleted in the other eight hospitals to provide offsets to these increases in staffing at Napa and Camarillo.

A considerable element of new service would also result from the approval of the 46 intermediate typist-clerk positions. This is another area in which there should be further strengthening of workload criteria.

An overall picture of changes in hospital populations, as related to total proposed new positions, is shown in the following table. Also, a comparison is shown for budgeted and equivalent full year costs of new positions. These differences accrue because some of the positions proposed would not be authorized until after July 1, 1960. Subsequent to the 1960-61 fiscal year, however, these positions would be full year positions and at the increased cost level:

Changes in Average Patient Population Between 1959-60 and 1960-61 Fiscal Years in Relation to Proposed New Positions 1960-61 by Hospital

Hospital	*Change in average population*	*Proposed new positions*	*Budgeted cost*	*Full year cost*
Agnews	35	23	$121,570	$156,990
Atascadero	140	16	84,096	105,348
Camarillo	—76	37	214,520	242,856
DeWitt	—91	10	63,774	63,774
Mendocino	—15	12	60,114	81,366
Metropolitan	50	103	469,260	470,790
Modesto	—118	16	120,924	120,924
Napa	—75	138	535,202	559,060
Patton	350	30	196,714	210,882
Stockton	—200	18	101,244	122,496
Totals—hospitals for mentally ill	--	403	$1,967,418	$2,134,486
Fairview	618	34.3	173,682	173,682
Pacific	--	14	81,510	81,510
Porterville	--	8	57,114	57,114
Sonoma	--	22	101,308	115,476
Totals—hospitals for mentally deficient	618	78.3	$413,614	$427,782
Grand totals	618	481.3	$2,381,032	$2,562,268

State Hospital Summary—Continued

It is noted from the above table that six of the 10 hospitals for the mentally ill will have declines in patient population. In all cases, however, new positions are requested. The data in the table are indicative of a lack of direct relationship in proposed new positions and changes in population. This is emphasized in comparing the total of 403 requested positions for the 10 hospitals for the mentally ill with the fact that no change is anticipated in population.

The following table shows the net numbers of new positions and the total number which would be authorized under the 1960-61 budget proposal. The year-to-year totals show overall levels and staffing trends proposed by the budget:

Proposed Changes in Number of Authorized Positions by State Hospital

Hospital	*Total authorized 1959-60*	*Net proposed new positions 1960-61* †	*Total proposed for 1960-61* *
Agnews	1,549.2	23	1,570.2
Atascadero	587.4	16	603.4
Camarillo	1,942.2	36	1,978.6
DeWitt	872.0	10	879.7
Mendocino	870.5	12	881.7
Metropolitan	1,296.3	103	1,400.9
Modesto	961.2	13	972.3
Napa	1,729.5	137	1,869.1
Patton	1,731.2	28	1,757.5
Stockton	1,437.0	18	1,457.2
Subtotals—hospitals for mentally ill	12,976.5	396	13,370.6
Fairview	1,006.2	34.3	1,037.7
Pacific	1,406.6	13.0	1,423.0
Porterville	1,145.9	6.0	1,151.5
Sonoma	1,701.9	14.5	1,714.5
Subtotals—hospitals for mentally retarded	5,260.6	67.8	5,326.7
Grand totals	18,237.1	463.8	18,697.3

* Sum of total authorized 1959-60 plus net proposed new positions does not equal total proposed for 1960-61 for some hospitals mainly because of adjustments made for temporary help or special research positions.
† Equals new positions proposed minus positions deleted.

22 Staff psychiatrist (budget page 374, line 29) *$290,400*

Staff psychiatrist positions are requested both on a workload and an increased level of service basis. The requests by hospital are shown as follows:

Hospital	*Total requested*	*Number workload*	*Number increased service*
Agnews	2	2	-
Atascadero	2	-	2
Camarillo	1	-	1
DeWitt	1	1	-
Mendocino	1	-	1
Metropolitan	5	5	-
Modesto	1	-	1
Napa	2	1	1

State Hospital Summary—Continued

Hospital	Total requested	Number workload	Number increased service
Patton	1	1	-
Stockton	1	1	-
Fairview	2	1	1
Pacific	1	-	1
Porterville	1	-	1
Sonoma	1	-	1
Totals	22	12	10

We recommend that the 12 workload positions be approved and that the 10 positions requested to increase the level of service be disapproved, reducing salaries and wages $132,000 (budget page 374, line 29).

The workload standard for physicians and psychiatrists is:

1 per 100 adjusted annual admissions, plus
1 per 200 year-end resident population

Under this formula, four presently authorized positions are proposed for deletion by the agency—one each at Camarillo, Modesto, Pacific and Porterville.

Presently authorized staffing is at 87 percent of the above standard. The 10 increased level of service positions would raise this to 89 percent of standard. Actually, the authorized standard was 92.5 percent in 1958-59. However, the department arbitrarily reclassified 41 psychiatrist positions to medical administrative level during 1958 and thus reduced the standard to 84 percent. This was increased to 87 percent in the 1959-60 Budget with the granting of new positions requesting to begin refilling this gap. This new request, therefore, also represents mainly a filling of this gap created by the department. We questioned the department's action in this respect with regard to the urgent need for the treatment of patients. The department, however, has appeared to be little concerned in creating such a deficiency in their treatment program.

If the 41 positions had remained at treatment level, the actual current authorized staffing level would have been about 95 percent at present instead of 87 percent as indicated above. The available resources for treatment have therefore been larger than the agency has utilized.

Another consideration is the number of vacancies in this class which totaled 49.7 positions or 12.2 percent as of December 1, 1959. This compares to 39.9 vacancies and a rate of 10.6 percent on the similar date in 1958.

Little benefit can be obtained by authorizing positions only to have them remain vacant. We believe the department is being unrealistic in maintaining such a backlog year after year.

If the 12 workload positions are granted as we recommend, the total would increase to 61.7 positions on the basis of the December 1, 1959 vacancies. The department should be able to reduce the number of vacancies somewhat by the end of the 1959-60 fiscal year, although this is not by any means certain.

State Hospital Summary—Continued

Assuming a conservative vacancy total of 35 now authorized positions on June 30, 1960, the added recruitment burden in this category with regard to the requested new positions and programs in the hospitals would be as follows in 1960-61 if all were authorized:

35 carryover positions
12 new workload positions
10 new increased level of service positions for hospital staffing
19 new increased level of service positions for convalescent leave program
9 new increased level of service positions for new after-care clinics

85 positions to be recruited in 1960-61 plus accruing vacancies from turnover, etc.

The department should also indicate the extent to which these positions would be utilized to improve treatment as an end means in itself and the extent that such an increase would be reflected in increases in the release rates at the hospitals.

Convalescent Leave Program (Budget page 371, line 68)

This is another requested program in the area of Community Mental Health Services. The department proposes the establishment of 19 staff psychiatrist positions at the hospitals at a cost of $250,800 to initiate the services for patients who are on leave status from the hospitals. The proposed staffing basis is one position per 500 patients on leave.

The 19 positions of staff psychiatrist would be distributed as follows by hospital.

Agnews	2	Napa	2
Camarillo	3	Patton	2
DeWitt	1	Stockton	2
Mendocino	1	Pacific	1
Metropolitan	2	Porterville	1
Modesto	1	Sonoma	1
		Total	19

Some of the primary functions to be involved in such services to leave patients as indicated by the agency are:

1. Patient treatment, including prescribing drugs and medical examinations.
2. Psychiatric evaluation.
3. Progress reviews, the prescription of any necessary changes in the rehabilitation program, and decisions on dispositions of leave cases.
4. Consultations on special problems.

State Hospital Summary—Continued

The proposed program would operate in the rapidly expanding area of community mental health in which there are already a number of major programs and additional new ones are proposed. Already operating or proposed in this field are programs such as the following:

State outpatient clinics
Short-Doyle community services
Hospital aftercare clinics
Bureau of Social Work
Half-way houses
Day-night hospitals
Day care hospitals
Federal grants-in-aid

These proposed new positions would be assigned to the individual hospitals and would possibly work to some extent with the field psychiatric social worker program administered by the Bureau of Social Work with headquarters in Sacramento. This is the program in charge of the statewide leave program. This could create administrative confusion and problems of responsibility and co-ordination.

It is also not clear from the general data submitted by the department what relationship this proposal would bear to the presently operating aftercare clinics which have functions similar to those outlined above and which have similar goals in treating patients on leave status toward the end that these patients will not return to full hospital care. The department indicates as follows: "Each hospital except Atascadero should have one or more psychiatrists to work with the field staff in treating those patients on leave who are not served by aftercare clinic." Whether this would take place at the hospital or out in the community is not indicated. The proposed location for treatment and the methods to be utilized are important considerations in analyzing this proposal. It is the agency's responsibility to furnish such data which has a direct bearing on costs and program effectiveness.

The possibility is raised that aftercare personnel are either performing this function at present or that they could be utilized more efficiently in this apparently only slightly different setting.

An even more compelling question relates to the whole area of community services in which there are already so many different programs. This has created considerable duplication of types of services and of administrative structures. The areas of responsibility are not clearly defined in many cases. It thus appears that the department should appraise its position in this field and develop a co-ordinated and systematic approach for this area of operations.

The addition of a convalescent leave medical service without first developing an overall plan of attack or unified program approach will result, as has been the case in the past, in additional requests for a whole new administrative structure embracing other professional and clerical positions. Experience indicates that these programs reach the multimillion dollar stage within a relatively few years and that unnecessary duplication, improper co-ordination and lack of proper valua-

State Hospital Summary—Continued

tion of program potentials in the first place does not lead to the full realization of the benefits possible.

The program should not be considered until the department has carefully outlined its proposed plan for evaluation showing the specific methods and procedures to be involved. This is a basic requirement for providing administrative direction and in focusing attention on the areas of greatest potential.

We recommend therefore that the department defer its request for this program until next year, reducing salaries and wages and operating expenses by $285,950 (budget page 371, line 68).

We also recommend that the department utilize this time to prepare a study to be presented to the Legislature next year, outlining a procedure which will clearly define the areas of responsibility, provide a single and clear line of administration, explain the method to be used for evaluation, and show the needs, available resources, and program potentials in this area of community mental health services.

Aftercare Facilities

Three additional aftercare facilities are requested, one each for Camarillo, Modesto and Patton at a total cost of $220,313. The department now has these facilities in operation at Metropolitan, Stockton and Pacific.

The staffing and operating expense for an aftercare clinic is on the following basis: (budget page 374, lines 32 to 36)

1	Senior psychiatrist	$13,800
2	Staff psychiatrist	26,400
1	Clinical psychologist II	7,008
1	Senior psychiatric social worker	5,772
3	Intermediate stenographer-clerk	11,430
8	Positions	$64,410
	Operating expense, equipment, etc.	9,028
	Total	$73,438

The goal of the aftercare clinic is to provide psychiatric, medical and therapy treatment during the day, using hospital facilties, with the patient returning home at night. It is readily evident that this concept is very similar in nature to that of others in this field such as the day hospital and Short-Doyle clinics.

Through aftercare clinics, the department seeks to reduce the number of patients who would otherwise need to be readmitted to full hospital care. To the extent that an aftercare clinic can maintain these patients in their communities as against further hospitalization and do this more cheaply, it appears to provide both a more economical and better treatment approach to this problem. However, an aftercare clinic at the hospital may not be very accessible to a former patient living some distance from the hospital and the numbers of patients who are able thus to take full advantage of such a program are limited to those living in the vicinity of the hospitals. This would seem to severely restrict the usefulness of such clinics at the more isolated hospitals

State Hospital Summary—Continued

such as Camarillo. There are also serious doubts as to the effectiveness of such clinics at the hospitals for the mentally deficient (e.g., the one at Pacific) for which the leave program is much more restricted than that of the hospitals for the mentally ill. Probably some consideration should be given to transferring this clinic to one of the hospitals for the mentally ill or to one of the other community services' programs. There is also the possibility that hospital staffing is already available at some of the hospitals which could be utilized for an aftercare clinic. The whole purpose of aftercare is to lessen the burden for the hospitals so it would seem reasonable that, to the extent these clinics are successful, staffing should become available. Savings to the State are not very evident if such a practice is not followed.

Another factor to be considered is the serious shortages of key personnel for this type program. On December 1, 1959, 49.7 physician and psychiatrist positions or 12.2 percent of the 400.8 authorized were vacant. Nine of these positions would be authorized in this new expansion. For psychologists, 27 positions or 18.2 percent of the 148.6 authorized were vacant on the same date. Both these rates represent significant increases above the rates in effect a year earlier.

The first three aftercare clinics were requested in the 1957-58 Budget. We recommended that the department develop a method for evaluating the program and that the value of the program be demonstrated. The department agreed in budegt hearings before the Legislature to make such an evaluation.

Although we feel that there is possibly some merit in this program as an alternative means of treating some patients, we believe that a thorough demonstration of the value of such a program should be made as requested by the Legislature and agreed to by the agency before any expansion is contemplated.

Lacking such information, we recommend that this proposal be deferred for consideration until such documentation is forthcoming, reducing salaries and wages, operating expense and equipment $220,313 (budget page 372, line 60).

We believe that this proposal should also be considered in relation to the department's whole program in community services as discussed in our sections on the day hospitals and the convalescent leave program.

1 Supervising psychiatric social worker (budget page 374, line 70) *$6,360*

21 Senior psychiatric social worker (budget page 374, line 71) *121,212*

Of these 21 proposed senior positions, 11 are based on workload. The remaining 10 would raise the level of service for this function in the hospitals. The supervising position is also included in the increased level of service request.

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The distribution of these 22 positions by requesting hospital is shown below.

	Workload	*Increased Service*
Atascadero	2	1
Camarillo	1	1
DeWitt	1	-
Metropolitan	2	1
Modesto	-	1
Napa	-	3 *
Patton	1	1
Stockton	-	1
Fairview	3	-
Pacific	1	-
Porterville	-	1
Sonoma	-	1
Totals	11	11

* Includes one supervising psychiatric social worker position.

The staffing standard for the senior social workers is:

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

The staffing standard for supervising social workers is one to each six caseworkers.

For senior psychiatric social workers, the department is now at 57 percent of their standard in the hospitals for the mentally ill and 88 percent of their standard in the hospitals for the mentally retarded.

The department's request for 38 social worker positions was denied by the Legislature last year. The vacancy rate had reached about 20 percent with a total of 47 positions being vacant. This permitted the department to work down this large backlog, which had been maintained each year, in an orderly fashion during the last year without adding to the burden. By December 1, 1959, the vacancy rate had been reduced to 7.6 percent with a total of 18.7 positions vacant out of 245 authorized.

The department thus has still been able to raise its actual level of service by filling these vacant positions and further recruitment is necessary to completely reach the goal by eliminating them. In effect, the department has probably received substantially the real benefits that would have accrued had the 38 positons been authorized.

With the addition of the 11 workload positions which we recommend be approved, the backlog would be raised to 29.7 vacancies. If the other 11 increased level of service positions were to be also authorized, the backlog would rise to 40.7 and to 43.7 if the three social worker positions requested for the after-care facilities were also included. We presume that the department will be able to somewhat reduce the December 1, 1959 backlog of 18.7 vacant positions by June 30, 1960; however, position turnover could adversely affect this.

The request for 11 increased service positions, therefore, represents a policy determination to be made in view of the above circumstances and in consideration of the extent to which the treatment program might be

State Hospital Summary—Continued

benefited if the department could fill all these positions, which is improbable. The actual benefits accruing from increased staffing as related to discharge rates and other factors are still largely unknown because of lack of program evaluation in the agency.

In consideration of these factors and the policy of not increasing the level of service at this time, except through reduction in unfilled positions, we recommend that the 10 senior psychiatric social worker positions and the one supervising psychiatric social worker position be disallowed, reducing salaries and wages $64,080.

Medical administrative reclassification proposal (budget page 374, line 27) *$28,200*

The agency proposes the reclassification of 47 staff psychiatrist positions to senior psychiatrists. This would complete the department's program of strengthening the medical administration in the hospitals.

On the basis of the agency's request, senior psychiatrists would be authorized on a ratio of one to each 750 patients in the hospital and would supervise from eight to 15 ward psychiatrists. The assistant superintendents—psychiatric, are authorized at a ratio of one per each 1,500 patients and would each supervise only two of these senior psychiatrists.

Presently authorized and proposed staffing of senior psychiatrist positions together with the percentage increase is shown in the following table by hospital:

Hospital	*Total*	*Senior psychiatrists now authorized*	*Additional proposed by reclassification*	*Percentage increase*
Agnews	6	2	4	200%
Atascadero	2	1	1	100
Camarillo	8	3	5	167
DeWitt	4	1	3	300
Mendocino	4	1	3	300
Metropolitan	6	2	4	200
Modesto	4	1	3	300
Napa	6	3	3	100
Patton	6	3	3	100
Stockton	6	2	4	200
Fairview	2	-	2	---
Pacific	4	1	3	300
Porterville	4	-	4	---
Sonoma	6	1	5	500
Totals	68	21	47	

We recommend that this reclassification be deferred until the agency can demonstrate the effectiveness of such a program approach as it relates to discharge rates and other program evaluation factors. This is a reduction in salaries and wages of $28,200 (budget page 374, line 27).

The distribution of positions at present, as shown in the above table, indicates a lack of any uniform workload or organizational basis. The department's proposal would provide the staffing on a uniform basis in relation to population but we would question the ratio of one position to 750 patients as having any prime significance. Uniform staffing can

State Hospital Summary—Continued

be provided at the present level if this is the consideration. We also question the supervisory ratio of one senior psychiatrist to eight to 15 ward psychiatrists. The senior psychiatrist would carry a direct workload of patients, in addition to the supervisory duties which would appear to be very minimal, because the staff psychiatrists are highly trained to perform these functions without direct supervision being necessary. Therefore, the usual span of control would not apply as it does for the supervision of routine clerical or other employees.

Under the department's philosophy of increased treatment, resulting in improved release showings of patients, the agency should be able to demonstrate a consistent relationship between the positions already authorized and releases from the various hospitals. With new positions, releases should be measurably increased. If, on the other hand, the reclassifications will largely result only in better care, this should be made known to the Legislature. With the extremely low rate of discharges from the hospitals for the mentally retarded, the latter consideration would appear to be paramount at these institutions. The extent to which such increases as this request and others are expected to result in improved release rates or merely providing better care should be indicated.

Training Program

An increase in training funds totaling $197,046 is proposed by the department. A total of 60 new positions would be added in the hospitals at a cost of $189,396. Consultant funds and other expenditures would be increased by $7,650.

The following new positions are requested:

		Amount	Budget Page	Budget Line
8	Training assistant I	$50,880	375	70
14	Librarian III	76,944	375	80
24	Psychiatric resident II (effective June 1, 1960)	15,456	376	8
14	Student professional assistant	46,116	376	22
60	positions	$189,386		

The 8 training assistant I positions would provide additional technical assistance in developing the personnel-training function in the hospitals.

The 14 librarian III positions would take charge of the professional libraries at each hospital.

The 24 psychiatric resident II positions would become effective June 1, 1961, and would provide for a continuation of the psychiatric residency program. The positions would not become effective until 1962 but the department feels it is necessary to make these commitments nearly a year in advance, thus freezing one month's salary into the budget which will not be utilized. We believe a better way should be found to accomplish this purpose. Full-year salaries for these 24 positions would amount to about $185,000 annually after 1960-61 at present levels.

The 14 student professional assistant positions would be available to provide opportunities for paid field experience in the hospitals in such

State Hospital Summary—Continued

areas as psychology, social sciences, nursing services, and food service. One position would be authorized for each hospital. These would apparently be somewhat on the basis of scholarships and this is only the initial phase of the department's contemplated program in this field.

It is evident from the department's request that expansion in training would be made in several new directions.

The Department of Finance has estimated that the direct costs at the presently authorized level of the training program are $1,585,919. This does not include such items as travel expenses and office supplies. Another cost not shown is the time lost from regular duties by the employee undergoing training. If all these costs were added together and the above requested increase granted, the training costs would probably total over $3,000,000 in 1960-61.

One of the major goals of the training program, as stated by the department, was to reduce the high vacancy rates for professional personnel. We would question the economics of expending $3,000,000 or more each year for training plus other sums for direct recruiting unless a definite improvement can be shown in the department's vacancy rates. In spite of these expanded programs, vacancy rates for the hospitals have increased in the last year to December 1, 1959, instead of declining for such professional categories as physicians, registered nurses and psychologists.

We, therefore, recommend that the training program be held at the present level and that the 60 positions and increase in consultant funds and other items requested for the training program be disallowed, reducing salaries and wages and operating expenses $197,046.

We believe that possibly some further consideration is merited relative to a portion of the department's request for librarian III positions in the hospitals which also have research teams and which have large enough libraries to amply justify such positions.

14 Librarian III (medical) (budget page 375, line 80)_____ $76,944

As part of the department's training program, money was included for books and journals, and professional libraries have been instituted at each of the 14 hospitals.

The department indicates that volumes now number in the thousands in some of these libraries.

To take charge of such libraries, 14 Librarian III (medical) positions are requested, one for each hospital, at a cost of $5,496 for each position or $76,944 for all 14 positions. According to the agency there are at present no positions in hospital staffing for professional library supervision.

Duties would involve supervision, ordering, cataloguing, circulating, and preservation of the books and journals.

We recommend that a position of Librarian III be authorized only for those hospitals having sufficiently large libraries and which will also have authorized research teams in 1960-61. Pending this information from the department, we recommend (as part of the previous recommendation) that the 14 positions be denied, reducing salaries and wages

State Hospital Summary—Continued

$76,944. The department does not indicate how many of these 14 libraries have volumes numbering in the thousands. It would seem pertinent therefore that the department should make known the number of volumes in each library in order to properly consider this request.

It would appear to us that the research teams would have the major need for such library facilities and that such librarian positions could be justified only on the basis of serving both research and training where these are fully organized and where the facilities are also of sufficient size in numbers of volumes to warrant a full-time professional librarian position.

We feel that the department should have or should develop adequate material so that consideration can be given as to appropriate size and to services to be rendered by such libraries on a justifiable workload basis.

8 *Clinical laboratory technologist (budget page 373, line 32)*__ *$42,912*

One position is requested for Agnews, Atascadero, Camarillo, Metropolitan, Napa and Stockton and two for Patton.

Clinical laboratory technologists set up laboratory apparatus and perform routine laboratory procedures and analysis in making bacteriological, biochemical and other types of tests.

Two of the positions are requested on a workload basis and the remaining six are proposed to improve the level of service in the hospitals for the mentally ill by about 10 percent to 100 percent of the department's staffing standard. The hospitals for the mentally retarded are already authorized at 100 percent of the staffing standard.

The standard is one position for 750 adjusted annual admissions plus one position per 1,500 year-end resident population.

In addition, Napa has three and Patton two of these positions for their tuberculosis units. These are in addition to those authorized under the above workload formula.

In view of the need for better workload measurements, we recommend that the six increased level of service positions be deferred for consideration next year. A reduction in salaries and wages of $32,184 (budget page 373, line 32).

We believe the department could considerably improve the workload standards used for the laboratory classes of personnel. Actually, the real measure of workload should be based on the number of laboratory tests of the various kinds which are performed. The differences in hospital patient populations would seem to require a more flexible staffing guide. Some types of patients require much more laboratory analysis work than others. The types of patients vary considerably in the different hospitals. The present practice of using admissions and year-end resident population would seem to offer only a very rough approximation of the real requirements. Merely having the same overall ratios of number of positions to patients does not assure the same level of care. Some of the hospitals also have better laboratory facilities than others. We believe the department should refine its workload standards for laboratory technicians and base them to greater extent on the actual tasks to be accomplished.

State Hospital Summary—Continued

We suggest that the department compile better workload data during the coming year for various types of laboratory tests made, together with comparisons of these to available staffing for each of the hospitals for the mentally ill and mentally retarded.

There is some question as to how the department can justify two additional workload positions for these hospitals for 1960-61 with first admissions increasing only by 329 above the figure for 1959-60 and the year-end population remaining the same (36,771) for both 1959-60 and 1960-61 fiscal years.

Clerical Staffing

The department is requesting a total of 82 new clerical positions; 46 of these are on a workload basis although there are elements of increased service and lack of workload formula involved to a varying extent.

We have recommended that these 46 positions be approved.

However, 21 of these are for the clerical pools and will be approved or denied according to the action taken on the related professional positions. The remaining 36 positions of 82 indicated above are wholly in the category of increased service. These are discussed in the following section.

In addition, the agency proposes the reclassification of 60 clerical positions to higher levels. We believe the Personnel Board should carefully review this request before authorizing these actions, especially for the 14 positions which would be reclassified from the intermediate level to the supervising level, a two-class jump. In all cases, these positions should remain within the workload formulas.

The whole recordkeeping and forms procedures in the hospitals involve inefficient processes, duplications, and general lack of consistency and co-ordination. We are aware that actually some increase in the level of service would be obtained and we are only recommending approval of the 46 clerical positions requested on a workload basis with the understanding that the new Administrative Analysis Section will proceed to give this problem its full attention. The unit was authorized July 1, 1959, and, belatedly, began studying forms usage and procedures during November, 1959. This has continued since. In authorizing the Administrative Analysis Section, a specific mandate was given it by the Legislature to develop a better system of recordkeeping in the hospitals. We shall carefully follow the development of these procedures and report the progress to the Legislature.

36 Intermediate stenographer-clerk (budget page 375, lines 23 and 55) *$137,160*

These positions are requested to provide an increased level of service in providing assistance to the administrative assistant in each hospital (14 positions) and to give full-time clerical aid to assistant superintendents at the various hospitals (22 positions).

No specific clerical assistance was provided for these positions at the time they were established. They are now obtaining part-time services from the central clerical pool.

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We recommend that these 36 intermediate stenographer-clerk positions be disallowed, reducing salaries and wages $137,160 (budget page 375, lines 23 and 55).

The 46 clerical positions requested on a workload basis and previously recommended for approval will provide considerable additional staffing at the hospitals. With populations remaining for the most part at an even level, there should be some strengthening of services provided by the central clerical pools.

We cannot resolve a need for one intermediate stenographer for each administrative assistant position. This would indicate a large amount of dictation or repetitive operational tasks which would not appear to come under the purview of the administrative assistant.

The assistant superintendents are authorized to receive service from the clerical pool. The workload staffing is on the basis of one clerical position to each three positions drawing service from the pool. Therefore, if the assistant superintendents were withdrawn from this service, a reduction in positions due to workload would result.

In view of the need for corrective measures and the progress expected to be made in surveying the forms and procedures in recordkeeping functions, the request should not be approved at this time. This corrective program offers so much potential in increasing the effective level of service that these positions should be deferred until the real areas of need become evident.

13 Food service assistant (budget page 376, line 40)_____ $39,186

We recommend that surplus positions be transferred from other dining rooms at this hospital to provide the services requested and that these requested positions be denied, reducing salaries and wages $39,186 (budget page 376, line 40).

These new positions are requested for Metropolitan to provide dining room service in two new facilities to be opened during the 1960-61 fiscal year. The average population at the hospital is anticipated to increase from (4,000 to 4,050) or by only 50 patients over 1959-60.

Ten positions are requested for the new 200-bed geriatric ward to be activated during July 1960. This ward will have two dining areas to be serviced by two serving counters and a common kitchen and dishwashing area. The department requests one food service assistant post in each of the two dining areas and one post in the kitchen on a two-shift basis—a total of six posts plus relief which totals four positions. The department does not indicate the capacity per setting for each dining area nor the number of feeding cycles. These are pertinent considerations.

The additional three food service positions are requested for Wards 28 and 30 which are being remodeled and are scheduled for reopening September 1, 1960 when the positions would become effective. These two wards were previously served individually as ward dining rooms by the Nursing Service. According to the department's definition, the provision of a common dining room classifies the operation as a congregate dining room and food service personnel are requested to handle

State Hospital Summary—Continued

the service. About 150 patients will be fed in this new dining room. Again, no data is provided on capacity per setting and number of feeding cycles. The proposed staffing would provide two posts plus one relief position.

We have never accepted the department's post assignment method as providing a valid workload measurement in this area of operations. The significant weakness in the system appears from the apparent lack of a consistent relationship between numbers of patients served or meals served and numbers of food service assistants. We explored this problem during the past year and findings are indicated in our report "Survey of Workload Criteria in Food Service Activities" dated December 10, 1959.

Although this study is concerned only with the staffing for congregate dining room service in the 10 hospitals for the mentally ill, it has further ramifications in relation to the other food service assistant positions in the depratment and to other nonmedical groups of positions also for which little or no valid workload criterion exists. A similar survey is especially needed for the preparation and food serving functions at the four hospitals for the mentally deficient.

As the study shows, the differences in staffing existing between the hospitals is not a result of differences in the actual work to be done but represents different levels of staffing or service in the different hospitals. This is in direct contradiction to the department's stated policy of providing equal staffing for the same functions at each of the hospitals. The level at Metropolitan is in fact over three times as high as that at Camarillo.

In numbers of employees, the class of food service assistant now is probably second only to the psychiatric technician classes in the Department of Mental Hygiene. The majority of food service assistant positions are responsible for providing the congregate dining room service at mealtime for a large proportion of the patients in the nine hospitals for the mentally ill and Atascadero.

To indicate the growth in number which has taken place in this class in the last few years to staff congregate dining rooms, a comparison of positions authorized in the 1956-57 fiscal year with the numbers authorized in the 1959-60 fiscal year is made by hospital as follows:

TABLE 1

Staffing of Food Service Assistant Positions for Congregate Dining Rooms

Hospital	*1956-57*	*1959-60*	*Percentage change*
Agnews	46	64	39
Atascadero	11	16	45
Camarillo	48	67	40
DeWitt	17	18	6
Mendocino	10	42	320
Metropolitan	14	100	614
Modesto	34	34	0
Napa	68	80	18
Patton	48	89	85
Stockton	55	73	33
Total	351	583	66

State Hospital Summary—Continued

If the percentage changes in the above table are compared to the percentage comparisons in staffing, it is readily apparent that again there is no consistent relationship. Sizeable increases in staffing have accompanied decreases in number of patients served. Yet all these increases in staffing were requested on a "workload basis" to fill the new posts created.

To show the interhospital differences in staffing for this function and the general improvement in level of service, it is necessary to compare the number of congregate dining room assistant positions with the number of patients served. The results expressed as a ratio of number of patients served per employee are shown as follows:

TABLE 4

Number of Patients Served per Congregate Dining Room Food Service Assistant Position

Hospital	*1956-57*	*1958-59*
Agnews	77	48
Atascadero	94	85
Camarillo	117	80
DeWitt	80	80
Mendocino	163	44
Metropolitan	57	26
Modesto	68	65
Napa	50	46
Patton	49	40
Stockton	71	46

While there has been a reduction since 1956-57 in the number of patients served per congregate dining room assistant in all hospitals except DeWitt, the staffing differences between the hospitals are still very sizeable. It is noted that by 1958-59 Metropolitan was feeding only 26 patients per dining room assistant position; while Camarillo was feeding 80 per equivalent position. This would indicate a staffing level at Metropolitan over three times as high as that at Camarillo.

Because of the lack of any definite relationship between the department's requests for new positions and the number of patients to be served, it was thought that perhaps other factors were having an undue influence on staffing requirements. These factors are the number of patient help also available in the different hospitals; the differences in capacity of dining rooms in the separate hospitals (possibly smaller dining rooms being less efficient than the larger ones); the comparative condition and abundance of labor-saving equipment; the differences in operations performed and in methods of accomplishing them.

Our survey of these two hospitals indicates that there is no evidence to support, on a workload basis, these wide discrepancies between Camarillo and Metropolitan. The same functions were being performed at both hospitals in generally the same manner but with a much higher level of staffing at Metropolitan. The patient staffing was also at a higher level at Metropolitan.

In our opinion, the comparable analysis of the feeding operations at the two facilities utilized in the study has demonstrated two pertinent factors that should be given recognition in future budgeting for the functions performed by food service assistants at the mental hospitals.

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First, the post assignment method of staffing for this type of an operation is not an adequate workload basis in that it does not consider the basic workload factor, which in this case is the number of meals served.

Secondly, it follows that in recognizing the basic workload factor as being the number of meals served, coupled with the successful accomplishment of that workload at an old established facility like Camarillo, the standards of staffing for food service assistants on a per-meal-served basis should be accordingly adjusted to the current Camarillo level throughout the agency. Any special conditions appearing to warrant deviations should be fully justified on a special time study workload basis.

The net impact of the adjustment would be to make unnecessary any new positions in this category until realignment of staffs between the hospitals had been accomplished and any excess positions ultimately eliminated by attrition.

If staffing for the function were to be provided at all 10 hospitals at the level now existing at Camarillo (which appears to adequately perform the task), there is a possible saving of between 100 and 150 positions of food service assistant at a dollar savings of probably approaching $500,000 annually.

As a very minimum, no further positions for this function should be allowed and those presently authorized should be reduced by attrition in vacancies and the remainder reallocated among the different hospitals on a population basis (numbers of patients served) with no more than about a 10 percent differential factor used to provide for special problems. Such special problems should be adequately supported by sample time logs to support any excess differential in staffing.

We, therefore recommend that the 13 positions of food service assistant requested for this hospital be disallowed, reducing salaries and wages by $39,186 (budget page 376, line 40).

*15 Laundryman (budget page 376, line 52)*_____ *$52,125*

Five positions are requested for Pacific and 10 for Sonoma. Neither hospital is anticipating an increase in population; therefore, all 15 positions would increase the level of service at these hospitals to a ratio of one position to 68 patients.

The department claims that this level of service is necessary because of the critical enteric disease cross-contamination factor in the laundries of the hospitals for the mentally retarded. Another factor cited as justification for these positions is that Porterville now has a ratio of one laundry position to 68 patients, thereby justifying this level at these other hospitals.

We recommend that these 15 laundryman positions, five for Pacific and 10 for Sonoma, be denied reducing salaries and wages $52,125 (budget page 376, line 52).

The hospitals for the mentally retarded were granted large increases in special diagnostic, laboratory treatment, and other personnel such as food handling and laundry on an emergency basis in order to cure and

State Hospital Summary—Continued

prevent the spread of enteric diseases. Probably Porterville was staffed better than the other hospitals in these categories. No indication is given in the agency's request for these positions as to the incidence and prevalence of these diseases in the various hospitals for the mentally retarded. If there is a relationship between staffing augmentations and incidence and prevalence of these diseases, Porterville would be expected to have made the best record. At any rate, the magnitude of the problem is not indicated until the department shows the figures for the various hospitals.

Another factor to be considered in this respect is infections of employees in these institutions. The accident rate from this factor has skyrocketed in the past at Porterville, costing the State many thousands of dollars in compensation costs in spite of the large preventive program there. These rates have not reached such drastic proportions at the other hospitals but they have risen enough to indicate a lack of success in meeting this problem in spite of large personnel augmentations.

It, therefore, appears that the agency should be required to justify and explain results secured from these previous requests before new ones are made.

Operating expenses (budget page 368, line 66)---------- *$24,680,359*

This request represents an increase of $1,105,892 or 4.7 percent over the amount budgeted for departmental operation in this category in 1959-60.

Regular Drugs and Supplies

The major item of increase requested for the state hospitals is for $201,492 in additional funds for the purchase of regular drugs and hospital supplies.

At present the annual authorized allotment at the hospitals for mentally ill is $16 per patient. This figure is $21 per patient at the hospitals for the mentally retarded. This level was authorized in the 1958-59 Budget.

The agency proposes increasing the allotments for each type hospital by $4 per capita to $20 (mentally ill) and $25 (mentally retarded).

Items purchased by the hospitals under this allotment are indicated by the agency as follows:

Pharmaceutical	Laboratory supplies
Drugs	Psychological supplies
Vitamins	Physical therapy supplies
Surgical supplies	EEG supplies
Other hospital supplies	Electrocardiograph supplies
X-ray films and supplies	Eyeglasses and repairs
Dental supplies and dentures	Orthopedic supplies

Not included are special drugs such as tranquilizing drugs for which the current level of expenditure is about $700,000 annually.

This request represents a policy question as to the level of expenditure to be made for such items.

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In view of the recent and substantial increase ($167,372) granted for this item in the 1958-59 Budget, we recommend that the request be deferred for consideration next year, and a reduction in operating expense of $201,492 be effected (budget page 372, line 9).

The department has stated that serious need exists for increasing this allotment. The agency has not furnished us with data which would indicate in which of the above items shortages exist, nor the extent to which relatives provide for the cost of eyeglasses and other supplies. Other questions relate to the effectiveness and the ability of the agency to purchase these supplies at the lowest possible cost and the extent to which supplies may be available from other agencies.

Special Drugs

An increase of $38,056 is requested for the purchase of tranquilizing or special drugs. These funds would be utilized for purchasing such drugs to be made available through the department's newly proposed convalescent leave program. The department estimates that 25 percent of the leave patients require special drugs and that of these about 25 percent are indigent patients who would be supplied under this program.

We have requested that the department justify their requests each year for these new drugs on the basis of their effectiveness as a treatment media. The department has been unable to do this.

In view of these factors and our recommendation that the convalescent leave program be disallowed, we recommend that this request for $38,056 for special drugs be denied (budget page 372, line 24).

Statistical Analysis

The Department of Mental Hygiene has greatly increased the level of service available for patients in the hospitals in the last few years. This factor is illustrated for the 10 hospitals for the mentally ill for which the number of personnel authorized in 1950-51 totaled 7,636 employees. The number had increased by 5,338 to 12,974 or 70 percent by 1959-60. In contrast, the average patient population in these 10 hospitals had increased from 31,751 in 1950-51 to 36,771 for 1959-60, an increase of 5,020 patients or 16 percent.

The goals of the department are to successfully treat the patients in the hospitals so that they might again resume a useful life in society. We have thus attempted to roughly measure the effect made by these employees added since 1950-51 on the department's releases since that same year.

It was necessary first to subtract from the number of new positions authorized each year the number required in relation to the yearly increases in patient population to maintain the 1950-51 level of service. The net increase in positions above added patient requirements is assumed to increase the level of service and thereby to have a beneficial effect on the release rates. Yearly net releases are total releases from which deaths, readmissions and transfers have been subtracted. It is assumed that for these latter reasons releases do not constitute thera-

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peutic success in the department's treatment program when, at best, the patients must return for further care.

The accumulated yearly increments of new positions, patient population, and net releases are shown in the table below:

Releases of Patients as Related to New Positions, Authorized Hospitals for Mentally Ill, Since 1950-51 Fiscal Year

		Accumulative total increases since 1950-51				
Fiscal year	*Number new positions authorized*	*New positions*	*Average patient population*	*Excess positions above 1950-51 level of service*	*Net releases* †	*Net releases per excess position*
1950-51 *	--	--	--	--	--	--
1951-52	727.3	727.3	1,057	473.3	978	2.1
1952-53	274.0	1,001.3	2,205	471.3	1,954	4.1
1953-54	774.7	1,776.0	3,337	974.0	3,041	3.1
1954-55	267.1	2,043.1	4,127	1,051.1	3,194	3.0
1955-56	951.1	2,994.2	4,681	1,869.2	4,847	2.6
1956-57	574.3	3,568.5	4,518	2,482.5	4,599	1.9
1957-58	1,303.3	4,871.8	4,596	3,766.8	3,869	1.0
1958-59	—232.2	4,639.6	4,469	3,564.6	5,703	1.6
1959-60 ‡	698.6	5,338.2	5,020	4,130.2	6,894	1.7

* In 1950-51 there were 7,636 positions authorized and an average patient population of 31,751. This was a ratio of 4.158 patients per each position. The yearly increases in patient populatiton were divided by 4.158 and this resulting number of positions was subtracted from the number of new positions authorized each year. This shows the excess positions above those required to maintain service at the 1950-51 level. It is assumed that these excess positions raised the level of service and are thus related to the increases in net releases.

† Includes direct discharges, net visits, and net leaves minus readmissions. Does not include deaths, transfers, etc. Net releases in 1950-51 total 7,646, by 1959-60 an additional 6,894 net releases were being made yearly, thus the total net releases for 1959-60 is 14,540.

‡ Estimated.

The above table indicates that by 1959-60, a total of 5,338.2 new positions have been authorized for these 10 hospitals for the mentally ill since 1950-51 and that, of this total, 4,130.2 positions were available for raising the level of service to patients. (The totals for each year are the sum of new positions, increased patient population or increased net releases accrued from 1950-51 to that year.)

In this same period (1950-51 to 1959-60), net releases have totaled 6,894 patients.

The last column in the above table shows the accumulative marginal relationship between new positions authorized each year to raise the level of service above that existing in 1950-51 and net releases. Presumably, the more net releases per added position, the more efficient and therapeutically beneficial the program is shown to be.

It is noted that the ratio of net releases to increased level of service positions increased dramatically in 1952-53 to 4.1 releases per position. The ratio, however, declines steadily between 1952-53 and 1957-58 from 4.1 net releases to only 1.0 net release per position. The ratio has increased somewhat to 1.7 net releases per position by 1959-60 but this is less than one-half the ratio in effect in 1952-53.

Another approach to the evaluation of this problem is by comparing the total employee hours available per patient in the hospitals for each year from 1950-51. This index or level of service available each year per

State Hospital Summary—Continued

patient is then compared to a similar yearly series showing the average employee-hours expended per each net release.

These two series are shown in the table below and relate to all patients in the hospitals and all employees authorized each year in contrast to those added since 1950-51 as was the case in the previous analysis:

Hospitals for the Mentally Ill—Employee Hours Available per Patient in the Hospitals and per Net Release From the Hospitals

Fiscal year	*Employee-hours per patient*	*Average employee-hours per net release*
1950-51	427.1	1,774
1951-52	452.7	1,722
1952-53	451.8	1,598
1953-54	476.4	1,564
1954-55	479.1	1,586
1955-56	518.2	1,511
1956-57	548.7	1,625
1957-58	611.2	1,930
1958-59	601.9	1,633
1959-60	626.7	1,585

It is noteworthy that the level of care, as indicated by employee-hours available per patient, had increased 47 percent by 1959-60 as compared to 1950-51. The average employee-hours expended per net release has declined from 1,774 in 1950-51 to 1,585 in 1959-60, an 11 percent decrease. However, there is no consistent pattern of a decreasing number of hours. In 1953-54, fewer hours of personnel time were required per net release than was the case in 1959-60 in spite of the fact that large increases in personnel have been made since 1953-54.

It would seem logical that, if an increased level of care represents a savings to the taxpayer as claimed by the Department of Mental Hygiene, there would be a closer inverse relationship between increased levels of care for all the patients and decreased hours of personnel time necessary per net release unless doubling and tripling of the expenditures for hospital care can be justified on the grounds that the patients in the hospitals be given better care as the major consideration, as against the goal that these increases will correspondingly accelerate net releases.

The department's approach in raising the level of service across the board, or for all the patients at large increases in costs in order to effect apparently only moderate increases in rates of net releases, raises doubts as to any overall savings being made in the program. There is also some question as to the appropriativeness of such a treatment approach for patients who do not respond sufficiently to be released. Perhaps some other approach would be more beneficial for these patients. The department does try somewhat to separate and provide better treatment for those patients more likely to be released. It is apparent, however, that much more precise and accurate means of detecting these better risks is needed.

We raise these points as questions for which the department should be seeking answers. The program of the department is now reaching such magnitude that it should be mandatory that the department

State Hospital Summary—Continued

demonstrate savings they are making, if any, through increasing the overall level of service above the level of service or expenditure which is justified purely on the basis of providing good care.

Employee Safety in the Hospitals

The Department of Mental Hygiene has one of the highest employee work injury rates of any of the state agencies. We presented and indicated the seriousness of this problem in our analysis of the 1959-60 Budget, pages 504-507. The department has apparently made no added effort in the last year to correct this situation.

The latest information available on disabling occupational injuries to California state employees is for the quarter July to September 1959. This data shows the injury frequency rate for the Department of Mental Hygiene and other comparable departments:

	Frequency rate *	
State agency	*July-September 1959*	*Average of same quarter 1957-58 and 1958-59 fiscal year*
Mental Hygiene	47.50	46.66
Youth Authority	9.27	2.60
Corrections	7.12	10.73
Veterans Home	8.53	31.27

* Frequency rate is the number of disabling occupational injuries per million employee-hours worked.

In number of disabling injuries, the total for all state employees was 831 in the quarter July-September 1959. Of this total, Mental Hygiene accounted for 383 or 46 percent. The average number of disabling injuries for the two July-September quarters for 1957-58 and 1958-59 was 166 disabling injuries for Mental Hygiene out of a total of 824 for all state employees.

The seriousness of this situation in the Department of Mental Hygiene is further emphasized in the totals of Workmen's Compensation benefits for state employees. The latest data available detailing the amounts by individual hospitals is for the year 1958-59. See page 672, lines 13 to 32 of 1960-61 Governor's Budget. This data shows the total cost in claims for the Department of Mental Hygiene to be $814,535 or 60 percent of the total of $1,367,023 for all state employees in the 1958-59 fiscal year.

We believe that it is urgent that the department begin recognizing the magnitude of the situation and start taking corrective measures.

Department of Mental Hygiene
DEPARTMENTAL ADMINISTRATION

ITEM 136 of the Budget Bill Budget page 377

FOR SUPPORT OF DEPARTMENTAL ADMINISTRATION FROM THE GENERAL FUND

Amount requested	$4,366,163
Estimated to be expended in 1959-60 fiscal year	3,855,976
Increase (13.2 percent)	$510,187
TOTAL RECOMMENDED REDUCTION	$286,863

Departmental Administration—Continued

Summary of Recommended Reductions	Amount
51.5 positions	$286,863

ANALYSIS

This office has departmental jurisdiction and is responsible for the formulation, co-ordination, and central direction of the overall mental health program.

A total of 64.5 new positions are requested for 1960-61 and 16 positions are proposed to be abolished on a workload basis.

The position proposals involving policy determinations and increased level of service are analyzed in the following sections.

Administration

A total of 18.5 new positions are proposed for the various administrative sections. Two positions, a calculating machine operator and an intermediate clerk, would be abolished on a workload basis in the Statistics Section.

The 18.5 new positions requested are indicated and discussed by requesting units as follows:

		Budget	
Executive	Amount	Page	Line
1 Departmental industrial hygiene specialist	$8,940	378	76
1 Intermediate stenographer-clerk	3,810	378	78
0.5 Intermediate typist-clerk	1,815	378	79

The 0.5 intermediate typist-clerk position is requested on a workload basis for the Management Analysis Section. At present, 0.5 position is authorized for the two professional positions in the section. Thus, a full clerical position would be authorized with this proposed increase.

The position of departmental industrial hygiene specialist is requested in order to initiate a program of employee-accident prevention and safety education. We pointed out the seriousness of this problem in our analysis last year. Apparently little if any improvement has been made since that time and direct accident compensations costs have been running over $800,000 per year. This whole problem as it relates to the state hospitals is discussed in the state hospital summary beginning on page 296.

We are firmly convinced that something must be done about this serious situation. However, we question the effectiveness of adding this position. The hospitals already have safety committees and the personnel officers or the administrative assistants in most cases are ostensibly in charge of safety programs. While real effort appears to be made at one or two of the hospitals, such as DeWitt, by and large the assumption of these responsibilities on an effective basis seems to be marginal. This indicates an apparent lack of safety consciousness at the hospital level as being an important cause of the present situation.

The department should indicate, therefore, how these hospital forces are to be organized for an effective attack on this problem. If we are merely going to add a new position at headquarters and leave the hospitals to continue as at present, very little will be accomplished. We

Departmental Administration—Continued

believe direct line responsibility should be placed for the safety program with the safety coordinator and committee reporting directly to the hospital superintendent.

The department's plan of approach to this problem at the hospital level is of such overwhelming importance that we do not believe the departmental position should be considered before the development of such a plan for strengthening this phase of the program.

We also suggest that the Department of Mental Hygiene request that the Department of Industrial Relations make a complete safety survey of the hospitals and prepare recommendations for improving the safety program. The Department of Industrial Relations makes such surveys for private firms and we therefore cannot see why this would not be possible also for a state agency.

We therefore recommend that the agency develop a proposal for a unified program structure at the hospital level and that services of the Department of Industrial Relations also be sought as outlined above.

We recommend that the position of departmental industrial hygiene specialist and intermediate typist-clerk also requested for this program be deferred pending such program planning, permitting a reduction in salaries and wages of $12,750 (budget page 378, lines 76 and 78).

Community Services

This unit handles the administration of the State's responsibilities in the Short-Doyle program. The following new positions are requested:

		Amount	Budget Page	Budget Line
3	Community organization specialist	$28,800	379	5
1	Administrative assistant I	6,360	379	6
1	Intermediate stenographer-clerk	3,810	379	7
5	positions	$38,970		

The agency cites as justification for these positions their anticipated expansion of the Short-Doyle program during 1960-61. It is estimated that 28 local jurisdictions will qualify as compared to 13 in 1959-60 and 12 in 1958-59.

Our analysis relative to this program shows that the department has widely missed the mark in their yearly estimates when compared to the number of programs which have actually qualified. The number of potential entries appears to be greatly over-estimated in budgeting each year.

The latest information we have available shows only 13 programs in operation so far in 1959-60. This is only one new program as 12 were in operation in 1958-59.

In line with the lack of evidence to support such a program augmentation at this time on a workload basis, the proposal should be considered on a policy basis as to whether additional personnel should be authorized to raise the level of service.

We recommend that the request for these five positions be deferred for consideration at the next regular session of the Legislature, reducing salaries and wages $38,970.

Departmental Administration—Continued

Personnel

Six new positions are requested for the Personnel Section. These are shown as follows:

		Amount	Budget Page	Budget Line
1	Personnel officer I	$8,112	379	11
1	Associate personnel analyst	7,728	379	12
1	Training officer I	7,728	379	13
3	Intermediate stenographer-clerk	11,430	379	14
6	positions	$34,998		

The personnel officer I, the associate personnel analyst and two of the three clerical positions are requested to meet workload requirements. Only two new professional positions have been authorized in the section since 1950-51 although the number of employees in the department has more than doubled.

We recommend that these four positions be authorized on a workload basis.

The training officer I position and the remaining clerical position are requested in connection with the department's proposal for a large expansion in the hospital training program. One training officer II is already authorized at the departmental headquarters and this new position would provide increased service for departmental direction and co-ordination in every aspect of the program. The following are a few examples of present and contemplated training scope that would be covered:

(1) Planning and co-ordination of the residency programs.

(2) Implementation and administration of an extensive internship and scholarship program.

(3) Consultation on training needs in the community mental health field.

(4) Training and consultation assistance to Sacramento office sections and divisions.

(5) Evaluation of training needs and the planning of ways to meet such needs.

The hospitals have positions of chief of professional education and we would, therefore, question the real merit to be obtained from these headquarters nonmedical positions in relation to the professional residency, internship and scholarship programs. It would appear that only routine administrative detail would be required in setting up the procedures.

We believe the accomplishments that have been made by this training program should be clearly defined by the agency before expansion is allowed to continue.

In line with our recommendation relative to the training program, in the hospital summary, we recommend that these two positions (1 training officer I and 1 intermediate stenographer-clerk) be disallowed, reducing salaries and wages $11,538 (budget page 379, lines 13 and 14).

Departmental Administration—Continued

Rehabilitation Therapy Services

Two new positions are requested to strengthen central office administration in this program. These positions are as follows:

		Amount	Budget Page	Budget Line
1	Assistant chief of rehabilitation services	$7,008	379	16
1	Intermediate stenographer-clerk	3,810	379	18

The department indicates a need for an assistant chief in this unit to meet heavier demands for consultation and guidance for ward services programs involving nursing personnel and volunteers. These programs have resulted in increased patient participation according to the agency, but no indication is given as to how much increase is involved.

We would question a justification for a central office position based on a direct patient workload handled by staffing in the hospitals.

Fully operational programs of rehabilitative services are under way in the hospitals so it would appear that direct patient participation would more properly be a workload function of the hospital staffing. These hospital programs are headed by a position of supervisor of rehabilitation services which appears to be at an adequate level to administer the individual hospital programs. Regular increases in staffing have been granted as the workload has increased in these various units.

We see no reason to assume a corresponding direct increase in workload at central office which, it would seem, would be concerned with broad policy and overall guidance of the program.

We recommend that the proposed assistant chief of rehabilitation services and the intermediate stenographer-clerk position proposed therewith be disallowed, reducing salaries and wages $10,818 (budget page 379, lines 16 and 18).

The following positions appear to be justified on a workload basis. *We recommend that they be approved as requested by the agency.*

		Amount	Budget Page	Budget Line
	Accounting			
1	Intermediate typist-clerk	$3,630	379	9
	Private Institution Inspection			
1	Supervising field representative	7,008	379	20
1	Intermediate stenographer-clerk	3,810	379	21

Bureau of Patients Accounts

This unit has the responsibility for assessing and collecting charges for the care and treatment of mentally ill patients.

A total of 8.5 new positions are requested as follows:

		Amount	Budget Page	Budget Line
4	Patients' estates and accounts specialist	$23,088	380	15
2	Intermediate typist-clerk	7,620	380	17
1	Intermediate clerk	3,630	380	18
1.5	Temporary help	5,445	380	19

We find no workload justification for these requested positions except the 1.5 positions of temporary help which we recommend be approved.

The four patients' estates and accounts specialist positions are re-

Departmental Administration—Continued

quested in order to reduce the field caseload from an average of 214 cases per position to 160. Two positions are proposed for the Los Angeles regional office and one each for the San Francisco and Oakland offices. In addition, the agency proposes adding one intermediate typist-clerk for Los Angeles on a workload basis if the above two positions are approved.

The figure of 160 cases per agent is a goal set by the department, and increases in staffing toward that goal should be considered increased service the same as under hospital staffing goals.

Two agent positions were authorized in the 1957-58 Budget. This reduced the cases per worker from over 300 in some field offices, such as Sacramento and San Francisco, to an estimated overall average of about 218 cases per position.

The fact that this has been reduced since 1957-58 to an estimated 214 cases projected for July 1, 1960, indicates that there has been no extraordinary workload increase and that the agency should even be able to gradually improve its position under present staffing. This appears thus to be very adequate on the authorized workload basis of 218 cases per worker.

The present caseload for the regional offices is only 195 (expected to increase to 214 by July 1, 1960) per field position, indicating that the agency is already in effect staffed above the authorized level for this function. The number of cases actually referred to the field staff, the number closed over a period of time during several years, are important considerations for which the agency has not furnished data.

Two clerical positions are requested for the central office of the bureau. The department indicates that these positions would meet increased workload of correspondence and filing. No indication is given as to the actual extent of these increases. The bureau was authorized seven new clerical positions last year and we cannot thus resolve further need for two more positions this year without specific workload increase substantiation.

We believe that no additional permanent staffing should be considered for the bureau until means are presented for correcting existing weaknesses and deficiencies in the program.

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 if these procedures are improved. This could be done at current staffing levels.

An especially obvious deficiency is in the rate-setting function. We have studied this problem and suggested to the agency that they should develop a more uniform method in setting rates, one that will consider every case on the same uniform basis. This would 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. The excessively high delinquent account balance of the bureau is further indication of the rate-setting deficiencies. The balance of accounts receivable due 90 days or over currently totals over $4,000,000 of which over $2,000,000 is controllable.

Departmental Administration—Continued

We have suggested that the agency study this particular problem and recommend a specific plan of approach in correcting these rate-setting deficiencies. The agency has agreed to do this and the Organization and Cost Control Division of the Department of Finance has been assigned to make a study of these factors to be presented to the Legislature for consideration as to methods for providing more uniform board charges.

Since this study was authorized more than a year ago, the data should be made available for consideration relative to the 1960-61 budget request of the bureau. We believe no further expansion should be authorized in the bureau until this data is available for consideration.

We therefore recommend that the four patients' estates and accounts specialist, two intermediate typist-clerk, and one intermediate clerk positions be deferred, reducing salaries and wages $34,338 (budget page 380, lines 15, 17 and 18).

Bureau of Social Work

The Bureau of Social Work is in charge of the statewide leave program of the department. The unit conducts preleave investigations, arranges placements of patients to leave status and seeks to aid the patient in adjusting to home situations and in finding employment opportunities.

The types of leave may be classified into three different categories: home leaves, family care home leaves (in which the State provides support for the patient in approved homes), and industrial leaves.

The authorized level of social worker staffing is one caseworker per 70.5 cases. The department proposes to reduce this to one caseworker per 65 cases.

A total of 37.5 new positions are requested for 1960-61. It should be noted that 14 presently authorized positions are proposed to be abolished because the workload for which they were authorized failed to materialize.

The requested new positions are shown as follows:

		Amount	Budget Page	Budget Line
General office				
1	Assistant to chief of social service	$7,008	381	18
1	Intermediate stenographer-clerk	3,810	381	19
Social service				
2	Assistant to regional supervisor	14,016	381	21
3	Supervising psychiatric social worker I	19,080	381	22
22	Senior psychiatric social worker	126,984	381	24
8.5	Intermediate stenographer-clerk	32,385	381	25
37.5	positions	$203,283		

The requested three supervising psychiatric social workers and 22 senior psychiatric social workers are proposed to increase the level of service by augmenting the present program and by removing part of the duties of the present program over to a proposed new program to accelerate the location of family care facilities.

Thus, the caseload ratio of 70.5 now authorized would be reduced to 65 per caseworker, but in addition the duties of location of family care facilities would be taken away and placed in a new family care home

Departmental Administration—Continued

finding unit. The actual increase in level of service would, therefore, be larger than indicated by the proposed reduction to 65 cases per caseworker because existing duties are also decreased.

One supervising and 10 senior psychiatric social worker positions plus 2.5 intermediate stenographer-clerk positions are proposed for this new social worker home finding unit. The proposed section would have responsibility for searching out homes willing to accept family care patients. We would raise a policy question of the appropriateness of such a unit and of social workers spending full time in this type of function.

These two programs involve policy considerations as to how far it is desirable to augment this program and in what directions. The program should also be considered in relation to the large numbers of other proposals by the department for expanding community services. We believe that the department should define its goals in this field and determine where all these different approaches can or should be fitted into a unified program.

The Bureau of Social Work has been greatly expanded in the last few years. In 1956-57 there were 185 positions authorized. This increased to 264 for 1959-60. Reducing this to 250 to compensate for the 14 positions proposed to be abolished, the total of 250 would represent a 35 percent increase in staffing. In contrast, the year-end number of active assigned leave of absence cases was 9,116 for 1956-57 and will have increased only to an estimated 10,000 or by 10 percent by the end of 1959-60. A further increase of only 400 is anticipated for 1960-61. It appears that staffing has considerably outpaced patient demand during this period.

We also note that, with the rapid buildup in costs for this service, the estimated cost per active assigned case of $198.58 per month for 1960-61 is about even or higher than per capita support costs in the hospitals. One of the major benefits claimed for this program was that it would save the State money. The department should therefore make every effort to control such costs and this should be viewed as a serious development in the program.

We, therefore, present this request on a policy basis and recommend that these three supervising psychiatric social worker, 22 senior psychiatric social worker and 8.5 intermediate stenographer-clerk positions be disallowed, reducing salaries and wages $178,449 (budget page 381, lines 22, 24 and 25).

The assistant to chief of social service position and the two assistant to regional supervisor plus the intermediate stenographer-clerk position appear to have substantial workload justification in reducing the present span of control to more reasonable levels and in performing administrative detail within the unit.

We, therefore, recommend that these four positions be approved as budgeted.

Department of Mental Hygiene

TRANSPORTATION OF PATIENTS AND OTHER PERSONS COMMITTED TO STATE HOSPITALS

ITEM 137 of the Budget Bill Budget page 382

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

Amount requested	$76,137
Estimated to be expended in 1959-60 fiscal year	75,453
Increase (0.9 percent)	$684
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

The requested funds provide for transportation costs, sheriffs' fees and traveling expenses incident in the delivery of patients from their counties of residence to the hospitals. The basis used for estimating the cost for providing this service is the anticipated number of admissions (excepting observation and voluntary admissions) to the state hospitals.

The actual cost of this service is estimated to total $126,895 for the 1960-61 fiscal year. The difference between this total and the proposed expenditure of $76,137 is expected to be recovered from patients or their responsible relatives.

We recommend that the amount budgeted for this item be approved.

Department of Mental Hygiene

OUT-OF-STATE DEPORTATION AND INSTITUTION TRANSFERS

ITEM 138 of the Budget Bill Budget page 382

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

Amount requested	$156,320
Estimated to be expended in 1959-60 fiscal year	156,320
Increase	None
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

The department anticipates that it will be necessary to deport approximately 575 patients to their own states of legal residence, and that approximately 1,800 patients will be transferred between hospitals. Transfers between hospitals generally result from the opening of new wards at hospitals to which patients are sent to relieve over-crowding at other hospitals. There has been considerable shifting of patients for this purpose in recent years. Service and expenditures would be at the same level as for 1959-60.

We recommend approval of the requested amount for this program.

Department of Mental Hygiene
FAMILY CARE

ITEM 139 of the Budget Bill Budget page 382

FOR SUPPORT OF FAMILY CARE FROM THE GENERAL FUND

Amount requested	$1,870,800
Estimated to be expended in 1959-60 fiscal year	1,634,800
Increase (14.4 percent)	$236,000
TOTAL RECOMMENDED REDUCTION	None

Funds are provided under this program to fully or partially support patients out in the community who would otherwise have to remain in the hospitals even though they might be well enough to be placed on leave.

ANALYSIS

The department feels that this program provides a gradual transition period for readjustment from hospital back to society and efforts are made to gradually place these patients in jobs so that they become self-supporting.

A savings is claimed by the department under this program to the extent that the cost of care in the homes is lower than the cost of further hospital care plus capital outlay costs.

The requested $1,870,800 for 1960-61 would provide for an average of 1,500 cases fully financed by the State and 150 cases partially financed by the State. This represents an increase of 200 fully financed cases over the 1959-60 level and a continuation of the partly financed cases at the same level.

In line with our discussion relative to the Bureau of Social Work, we believe a further effort should be made by the agency to determine actual economies resulting from this program and what the full potential might be. The department has been very lax in not developing an adequate statistical reporting of the various program considerations.

We recommend that this item be approved as budgeted.

Department of Mental Hygiene
RESEARCH

ITEM 140 of the Budget Bill Budget page 382

FOR SUPPORT OF RESEARCH FROM THE GENERAL FUND

Amount requested	$1,002,000
Estimated to be expended in 1959-60 fiscal year	1,292,845
Decrease (22.5 percent)	*$290,845*
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

The departmental research program has expanded at a steady rate since it was authorized by the 1956 Legislature. The program seeks to determine causes, effects, and remedies for mental ills and to develop preventive measures through basic and applied research.

Research—Continued

Funds are allocated to the agency with the approval of the Department of Finance. All funds appropriated are available for a three-year period. The appropriations and expenditures for the three-year period 1957-58 to 1959-60 both total $1,502,000.

The following summary shows the development of the program and the categories of increase and decrease proposed for 1960-61 as compared to 1959-60.

	1957–58	*1958–59*	*1959–60*	*1960–61*
Research units—hospitals	—	$32,946	$238,546	$320,000
Teams	—	(5)	(7)	(9)
Research units—departmental	—	19,077	40,130	68,130
Research projects	$5,642	151,490	1,014,169	583,870
Research journal	—	—	—	30,000
Totals, Expenditures	$5,642	$203,513	$1,292,845	$1,002,000
Appropriations	$200,000	$500,000	$802,000	$1,002,000

Two additional research teams and a research journal would be authorized. The expenditure for research projects would decrease from $1,014,169 in 1959-60 to $583,870 in 1960-61. This does not necessarily indicate that the level of the program is being reduced. The reason for this is that more than $1,000,000 in additional funds has been made available in grants from federal and private agencies to further this type research.

This support would not have become available without an operating program within the department.

The lack of knowledge in this field at present places the choice of treatment alternatives or approaches on a highly speculative basis and emphasizes the need for research.

In line with the policy and need to seek more knowledge in mental health, we recommend approval of the amount requested for this program.

Department of Mental Hygiene
DAY CARE TREATMENT CENTERS

ITEM 141 of the Budget Bill **Budget page 383**

FOR SUPPORT OF DAY CARE TREATMENT CENTERS FROM THE GENERAL FUND

Amount requested	$450,000
Estimated to be expended in 1959-60 fiscal year	None
TOTAL RECOMMENDED REDUCTION	$300,000

Summary of Recommended Reductions

	Amount
2 Day Care Treatment Centers	$300,000

The department is requesting $450,000 for three day-hospital program units. These three units at a package cost of $150,000 each would be assigned directly to the Sacramento office of the department and then established in selected parts of the State.

We recommend that two centers be disallowed at this time, reducing the amount budgeted for this program $300,000.

Day Care Treatment Centers—Continued

We recommend that one of the facilities, at a cost of $150,000, be authorized on a pilot basis to measure and prove the potential of such an undertaking. We recommend that before the expenditure of any of this money is authorized that the department submit data covering the two following items to be approved by the Department of Finance and made available as a report to the Joint Legislative Budget Committee.

1. A list of all positions that can be transferred from present programs to the day hospital, the costs to be offset against this program.
2. The detailed plan of methods and procedures to be used in evaluating the accomplishments of the program.

We also believe that formal documentation should accompany the pilot program and should be aimed toward developing answers to the following as a guide for considering the expansion of the day hospital program.

1. What cost factors are involved and what are their relative amounts?
2. What is the place of this new approach among the already established community service programs?
3. What treatment produces the best results and how do results compare in effectiveness and cost with state hospital treatment?

We have outlined these and other major considerations which should be developed as program guides. These are shown in the section of our analysis of the day-care hospitals entitled "Program Justification Criteria."

The Day Hospital Concept

The day hospital is claimed to be a new concept in the treatment of mental illness. The patients would come to the hospital only during the day (not necessarily on consecutive days) and would return to their homes and families at night, thus maintaining continuous contact with their family and association in the community while undergoing treatment.

The day hospital is essentially untried as yet in the United States. A somewhat comparable program on a limited scale (which appears to be quite similar to an outpatient facility) has been in operation in Louisiana. Apparently some progress in this direction has also been made in Canada and Europe.

Some of the features and concepts embraced in the Louisiana program have been furnished by that state and are quoted as follows:

"In 1955 the State Legislature appropriated funds to establish an outpatient clinic and day hospital at Lafayette as a two-year pilot program to determine whether or not such a program could meet the critical need for psychiatric care in this area of the state.

"Purpose

"The overall purpose of the Lafayette Mental Health Treatment Center is to provide—on an outpatient basis—the same treatment facilities offered by our state mental hospitals. More specifically, its aims are: (1) to provide a place for early diagnosis and treatment of mental patients; (2) to provide outpatient facilities for mental patients who

Day Care Treatment Centers—Continued

would otherwise be forced to enter mental hospitals because of their inability to pay for private outpatient care; and (3) to provide a convenient followup for patients released from mental hospitals.

"A great number of advantages result from this type of program, and among these are the following:

- "• Many patients who are admitted to mental hospitals do not really require inpatient care and some actually become more disturbed as a result of hospitalization.
- "• Many psychiatric patients do not require beds for the greater part of the time they are in treatment programs.
- "• Day care programing is much less expensive than hospital inpatient care.
- "• Many patients who are resistant and un-co-operative will accept a day care treatment program much more willingly than they will accept admission to a mental hospital.
- "• Inpatient care disrupts patient relationships in the community and does not allow for sufficient participation in community affairs.
- "• Day care programs do not necessarily disrupt the economic life of the patient as does admission to an inpatient program.

"Area Served

"The center is located in one of the most densely populated areas of the State and serves primarily patients from 10 parishes in this area. Most of the patients live within 25 miles of Lafayette; however, some patients travel as far as 75 miles to receive treatment. Although the treatment center serves the Lafayette area, it is an administrative part of the Central Louisiana State Hospital, which is located in Pineville, 100 miles from Lafayette.

"Physical Facilities

"The treatment center was originally housed in an old ambulance garage which had been renovated to provide temporary offices, treatment rooms, and waiting rooms. However, it rapidly outgrew these facilities and was recently moved to a ward of the Lafayette Charity Hospital, where space is available for 18 treatment beds, several offices, large waiting rooms and a dayroom which is equipped with recreational facilities.

"Staff

"The present staff consists of two part-time consulting psychiatrists, a psychologist who also serves as administrator, a part-time consulting psychologist, two institution counselors, one graduate nurse, three practical nurses, two stenographers, and one maintenance worker.

"Patients

"Patients are only admitted for treatment on referral from a physician or an agency which has a physician on its staff. Private physicians account for the greatest number of referrals to the center, referring 48 percent of the patients treated. Referrals are also made by the Lafayette Charity Hospital (16 percent), the department of public welfare (8 percent), and other agencies such as guidance centers, health units, coroners, and mental hospitals.

Day Care Treatment Centers—Continued

"Services of the center are limited to those patients who are unable to pay for private psychiatric care and who can respond to treatment on an outpatient basis. Facilities are not available for the care of patients who are violently disturbed, require round-the-clock nursing care, have physical difficulties, or show criminal tendencies. Uncooperative patients are also not accepted for treatment.

"Service and Treatment

"The center maintains regular office hours—eight hours a day, five days a week—and cares for over 500 newly admitted or readmitted patients each year. Forms of treatment consist of electroshock, carbon dioxide therapy, drug therapy, and individual psychotherapy. The use of individual psychotherapy is, of course, limited by the small staff which is available for this type of treatment. Recreation, occupational, and group therapy have been used. Complete physical examinations and psychological tests are given to patients when they are needed.

"The location of the treatment center in a building which is adjacent to a state-owned general hospital provides a distinct advantage in that laboratory, X-ray, EKG, and other general medical facilities of the hospital are available to the medical staff of the center. The hospital staff also provides medical consultation when it is needed.

"In general, patients are scheduled for an interview at the center within one week after referral; and although patients are usually seen only by appointment, emergency care is given when needed. The center has no waiting list of patients desiring treatment.

"After an initial interview with the patient, during which a social history is obtained, the patient is staffed, the psychiatrist outlines a treatment plan, and a treatment program is begun. The patients are interviewed and staffed at each visit, and adjustments are made in the treatment programs by the psychiatrist. During intensive treatment a patient may be seen as often as four times a week; however, the time interval between visits is gradually increased as the patient improves. Toward the end of the treatment patients are seen at three-month intervals until it is determined that improvement justifies termination of treatment."

Only broad general data similar to that quoted above appear to be available as yet describing such programs. The concept of the day hospital has not been defined exactly and there are apparently a great many possible variations in such an approach. We doubt that the Department of Mental Hygiene has reached any final conclusions as to exact place of such a proposal in our operational structure; however, this should be clarified before a program is approved.

To present the latest available data from the department concerning what such a day hospital program may constitute and some of the problems involved, comments by the department are quoted as follows:

"The day hospital is a form of institutional treatment in which it is possible to give the types of treatment ordinarily reserved for general psychiatric hospitals. Treatment such as electro- or insulin shock, carbon dioxide, hydrotherapy, occupational therapy, vocational training. Because of these facilities, it is possible to take in those patients who would

Day Care Treatment Centers—Continued

otherwise require full-time hospitalization. The utilization of immediate diagnostic approaches; the professionally guided use of tranquilizing drugs and other medications; the relief to the family in having the patient treated in an all-day program, returning to family responsibility for a brief period in the evening; the maintenance of the person in his own community surroundings—these are some of the reasons the day hospital idea has caught on as it has in Canada and in Europe, and why it is currently making such headway in the United States.

"The day hospital concept is adaptable to a number of variations. It may be limited to certain types of patients or certain ages of patients, or it may be an all-purpose type of operation. In general, patients do not necessarily come all day every day, although some might do so for a time. As a result, the number of patients accommodated on any given day is only from one-third to one-quarter of the total number on the day hospital's active list. The day care operation may be related to a state system; it may be carried out by a local health program such as a county hospital or a Short-Doyle program (one or two are beginning operation at this time); it may be carried out by a single private physician or a group in association with their private offices; it may be attached to a small private hospital; it may be run in connection with a general hospital; or it may be run independently of all other medical operations.

"It is generally held that these day services, which are still comparatively new to the American scene, do better initially when operated independently and away from public mental institutions. This may be attributable to the fact that where services are lacking, some form of help short of complete hospitalization is highly acceptable. Then, having demonstrated its ability to handle patients and keep them in the community, it soon becomes a preferred type of treatment.

"The cost of day hospital service per patient is estimated at from one-fourth to one-half that of full-time hospitalization when based on approximately the same level of service. . . .

"One of the most valuable factors of a day care operation is its versatility. A clinic can expand its services to become a day hospital if space is available. The day hospital, on the other hand, may also contain a clinic operation within its grounds and can utilize the same staff; in other words, patients may come for one appointment or they may come for the day. A wide variety of opportunities should be made available.

"Elements to be worked out will include those of feeding, physical rest, the provision of cots or beds to be used by patients during the day, the delivery of patients to and from their homes, the responsibility for patients after they go home at night, the acceptance of occasional risks involving patients who are quite sick but who handle well during the day when under observation of a competent staff. These more or less mechanical factors of the program can be handled in any number of ways, and will no doubt vary according to the individual situation and leadership.

"There is every indication that day hospitals will eventually cut down substantially on the number of admissions to the state hospital in

its area. Readmissions to state hospitals, too, can be markedly reduced when there is a source of care for leave patients such as a day hospital offers. These are extra dividends to the primary advantages a local population realizes with availability to early treatment, close to home. Starts have been made in a few areas with initiation of small day hospital programs, on hospital grounds with existing facilities.

"There are a number of places in the State which though major population centers have no residential facilities, and this need may well dictate an urban background for a beginning program. General estimates have been made on the type of staffing and approximate costs of operating a single day hospital unit. Obviously, this would be limited in size and scope. Consequently, two, three or even more units might on occasion operate in the same place if the population center is large and the demand great.

"The relationship between the day hospital and a state hospital may be formal or informal. It could be under the jurisdiction of the superintendent of the nearest state hospital, with all leave patients sent to the day hospital. The latter would, in turn, be a center for operation of the outpatient clinic or day hospital, the Bureau of Social Work and others. Community services might well be integrated also, and if physical accommodations were sufficient, the day hospital could evolve as a true mental health center—one where all the activities of the neighborhood could be headed up, and where state, county and voluntary agencies could have their headquarters and work together. . . .

"In addition to the economic benefits inherent in a day hospital program, there are important therapeutic advantages to the patients themselves, and a few of these may be considered in the following six points:

"1. Many patients admitted to mental hospitals do not really require 24-hour inpatient care. Further, some actually become more disturbed as a result of hospitalization.

"2. A large number of psychiatric patients do not require beds for the greater part of the time they are under care. Indicated treatment for them is group therapy, occupational therapy, programs designed to encourage participation by the patient in group activities, and various other types of treatment largely conducted away from the wards. If the patient can leave his bed for these treatment activities, he very often would also be able to reach them daily from his home.

"3. It is bad medicine to try to abstract the patient from his environment if this can in any way be avoided. Since environment has almost surely played some part in the illness itself, it logically follows that psychiatric treatment must consider the patient in relationship to his environment. It may be necessary to affect the environment through consultation with and advice to the patient's family, purposes much more easily achieved if the patient continues to live at home rather than being kept continuously in a hospital.

"4. An important part of what psychiatry can do at present is help the mentally ill patient along the path of rehabilitation. It aims at helping him live in the outside world, not in a hospital. For this reason

Day Care Treatment Centers—Continued

treatment can be more meaningful and progress determined more accurately when the patient retains the maximum practicable contact with the outside world.

"5. Day care programs do not necessarily disrupt the economic life of the patient as does admission to an inpatient program.

"6. When a patient confined continuously to a hospital is sufficiently recovered as to leave, he faces a whole new set of problems involving readjustment to the world outside. This in itself often creates an obstacle to release. Such problems would generally not arise—or would certainly be in less intense form—for those patients able to retain their associations and familiarity with the community."

Program Justification Criteria

The department's comments raise basic questions for which formal documentation should be submitted providing detailed and specific answers. These are essential to a proper consideration of this budget request and to the question of further implementing the program.

The first question relates to cost factors.

It is readily apparent from the department's comments relative to this program that there are a number of different possible approaches and variations in procedures to be considered. These, however, involve economic considerations and the program could conceivably become much more expensive if one approach is chosen over another. This emphasizes the importance that should be placed on requiring the department to carefully outline the exact approach to be followed at each step with cost estimates for all factors.

A formal report should be submitted from pilot study data outlining the costs and possible costs to the State for the following components of the program.

1. The delivery of patients to and from their homes.
2. The care of and responsibility for patients after they go home at night.
3. The provision for and cost of facilities for laboratory tests, etc.
4. Approach to and cost of treatment media including equipment, etc.
5. The provision, if any, to be made for feeding, laundry, maintenance of quarters and other supportive activities.

The second basic question relates to the place of the proposed day-care program, where it would fit in the area of community services in which the department already has a number of programs or is planning to initiate them. These are as follows: state outpatient clinics, Short-Doyle facilities, after-care facilities, day-night hospitals, family-care program and social worker home finding, convalescent leave, halfway houses, federal grants in aid and even another day hospital proposal for the Neuropsychiatric Institute, Los Angeles.

The goals of most of these programs are very similar to those stated for the day hospitals. With such a multiplicity of programs already operating in this field, it would seem of paramount importance that the department first be required to determine the exact place and

Day Care Treatment Centers—Continued

responsibility of the present programs and then to make a clear projection of the need and exact purpose of the day-care program.

The third basic question is relative to the actual differences between various elements of presently operating programs such as outpatient clinics, Short-Doyle facilities, convalescent leave program, etc.

From the department's comments the only apparent difference in concept that is not evident in these other operating programs is that the patient would spend more time in treatment per visit than ordinarily is the case in an outpatient clinic setting and would return to his home for the night in contrast to remaining in the facility during the night as is the case ordinarily in the inpatient facilities in the Short-Doyle program.

Thus the day-care hospital appears to be in essence merely another clinic and differences that exist or services that are not presently performed under one or the other presently operating treatment media should be clearly outlined by the department.

It would appear that the whole concept of the day hospital could be incorporated into these presently operating programs—especially the Short-Doyle facilities—with only very minor changes. Probably such changes could also greatly strengthen the Short-Doyle program in two areas of evident weakness.

1. Costs for inpatient services are greatly in excess of comparable support costs to the State for providing complete hospital care in state hospitals even though the State only provides one-half the costs for these local programs. The day care hospital should greatly reduce these costs and at the same time greatly strengthen the Short-Doyle program in providing better realization of its basic purpose in treating patients within their own communities and in maintaining contact with their families.

2. Probably most of the inpatients in the Short-Doyle facilities return to their homes only on weekends, thus losing the regular and continuous contact with the outside world which the department indicates is so important. The incorporation of the day hospital idea could greatly strengthen this weakness in the Short-Doyle program.

The fourth basic question relates somewhat to the third above and concerns those positions presently authorized in the department which can be transferred to the day hospital program. These can come from the hospitals, other state community programs, or the Short-Doyle program.

The department states in their comments as follows:

"Starts have been made in a few areas with initiation of small day hospital programs on hospital grounds with existing facilities."

The hospital personnel utilized here can undoubtedly become available to offset new positions needed. This is directly supported by the department in their comments that the day hospital is expected to substantially cut down the number of admissions to the state hospitals. The department should indicate the specific positions to be involved.

Day Care Treatment Centers—Continued

The after-care clinics authorized in several hospitals have very similar purposes to that of day care and this whole program or personnel from it could be incorporated into the day hospital to accomplish these same purposes.

Also, personnel should be available from the Bureau of Social Work to staff the day care hospitals.

It would seem that the ideal place for day care hospitals would be in the Short-Doyle program utilizing these operating facilities and concomitant hospital laboratory and other facilities. We believe that serious consideration should be given to the incorporation of this concept into Short-Doyle as the best means of realizing the potentials expressed for both programs. We recommend that a detailed report be submitted by the department showing the feasibility of such an integration.

The fifth basic question is concerned with the department's specific proposal for evaluating a day care hospital program. The agency should provide the Legislature with a method or procedure which will show how it is proposed to evaluate the program from the beginning as to its effectiveness as a treatment media and in relation to costs for providing care. It would seem more logical to begin a day care program with one facility on a pilot basis because so little is known of the potential of such a program. The mere statement of goals or hopes for an operation as expensive as this promises to become is no substitute for measuring actual accomplishments.

The cost factors under a day care program should be thoroughly explored before the State becomes committed to the program; and the department should be required to set program measurement standards which can be used not only to decide whether to establish additional day care facilities but, also, to measure results. Therefore, we recommend that this data be submitted for consideration before a day care program is put into operation. This is also essential to the department in considering the various alternatives.

We recognize that the day care program could possibly become a much better method of providing treatment for many mentally ill persons within the State and should be thoroughly explored. Day care seems to offer definite possibilities, if incorporated within the Short-Doyle program, as an alternative to the 24-hour care now offered by these inpatient facilities. However, it appears that more specific planning is needed before starting a program and we believe it should be started only on a limited exploratory basis, using agency formulated and approved program measurements to determine results. There appear to be no logical reasons why the basic pilot results cannot be achieved in one facility as against establishing several. When more than one facility is established geographical pressure groups are created which tend to obstruct logical development of the program, as was so clearly demonstrated in the case of the pilot mental hygiene clinics which continued as a separate system even after they were superceded by a statewide system of clinics under the Short-Doyle Act.

Department of Mental Hygiene
OUTPATIENT MENTAL HYGIENE CLINICS

ITEM 142 of the Budget Bill Budget page 384

FOR SUPPORT OF OUTPATIENT MENTAL HYGIENE CLINICS FROM THE GENERAL FUND

Amount requested	$689,190
Estimated to be expended in 1959-60 fiscal year	674,223
Increase (2.2 percent)	$14,967
TOTAL RECOMMENDED REDUCTION	$344,595

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
Reduce support budget by one-half	$344,595	388	6

ANALYSIS

The seven outpatient clinics located at Berkeley, Chico, Fresno, Los Angeles, Riverside, Sacramento and San Diego, are mainly responsible for providing psychiatric assistance to citizens not requiring hospitalization. These clinics carry on a program of prevention, early diagnosis and treatment of mental illness and mental deficiency.

A total of two new positions are requested. These are intermediate stenographer-clerk positions for the Berkeley clinic (budget page 385, line 13) and are proposed on a workload basis to provide clerical services for four full-time psychiatric resident positions and for psychiatrists who donate time to the clinic. Two temporary positions were approved by the Department of Finance in the current year to maintain the clinical workloads. We presume these positions would be made permanent. The Berkeley clinic is supported from federal funds.

While we are not fully satisfied with the agency's workload justification, there appears to be some need for strengthening these services.

We recommend that the two positions be approved as budgeted.

Policy Considerations on Private Practices

We understand that some of the psychiatrists employed in the state outpatient clinics also have extensive private practices. We would raise the question to the department as to whether this situation, to the extent it exists, is compatible with the adequate performance of duties as full-time state employees.

We believe that a conflict of interest exists where a state psychiatrist refers an applicant of a state outpatient clinic to his own private practice for treatment. Such referral would necessarily involve the determination of the patient's ability to pay for private treatment before a referral is made and the psychiatrist would serve in dual roles in which his interest would not be the same.

Another question is raised as to whether the department would consider it incompatible if private practices of such state employees were conducted in the same premises as the state clinic offices.

The department should indicate its position relative to whether such practices as those outlined above would be considered inimical or incompatible with the best interests of the State and also the extent, if any, to which such practices exist.

Outpatient Mental Hygiene Clinics—Continued

Status of State Outpatient Clinics

A policy question continues relative to the status of the six state outpatient clinics (the Berkeley Clinic is federally financed) supported at full state cost.

The Short-Doyle community clinics program provides a means for all jurisidictions in the State to share in the type of services on an equal basis as are provided by the state outpatient clinics.

The state-local participation formula, as represented by Short-Doyle, appears to offer a much better approach to the provision of these community services. The present dual system results in the State subsidizing certain communities in which state clinics are located to the disadvantage of other communities which must supply one-half the support costs.

We again present this problem to the Legislature for consideration and recommend that a procedure be set up for integrating these clinics into the Short-Doyle program.

Such a procedure could be accomplished if the requested support funds for these clinics were to be reduced by one-half. An orderly integration could be accomplished through this procedure during 1960-61 with the state and counties each supplying one-half the costs.

The fact that the Short-Doyle clinics are operating successfully is adequate evidence that the program is also feasible in these additional areas.

We, therefore, recommend that the amount requested for the six clinics for 1960-61 be reduced by one-half, reducing salaries and wages, operating expense and equipment items by $344,595 (budget page 388, line 6).

Department of Mental Hygiene

LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE

ITEM 143 of the Budget Bill Budget page 388

FOR SUPPORT OF LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE FROM THE GENERAL FUND

Amount requested	$1,844,701
Estimated to be expended in 1959-60 fiscal year	1,719,621
Increase (7.3 percent)	$125,080
TOTAL RECOMMENDED REDUCTION	$56,312

Summary of Recommended Reductions

	Amount
9 positions	$56,312

ANALYSIS

The Langley Porter Neuropsychiatric Institute in San Francisco is one of the State's two such centers providing outpatient and inpatient treatment for early curable types of mental disorders as part of an overall teaching, research, training and treatment program.

Langley Porter Neuropsychiatric Institute—Continued

A total of 19 new positions are requested for the institute for the following programs:

	Amount	Budget Page	Budget Line
1. Workload increase resulting from an increase in patient interviews:			
1 staff psychiatrist	$11,400	390	20
1 clinical psychologist II	7,008	390	21
1 senior psychiatric social worker	5,772	390	25
2. Workload increase in business and administrative functions:			
* 1 administrative assistant I	6,360	390	15
1 property clerk I	4,512	390	16
1 senior stenographer-clerk	4,296	390	11
1 intermediate account-clerk	3,630	390	17
4 intermediate typist-clerk	15,060	390	13
3. Initiation of training program in Community Mental Health:			
* 1 senior psychiatrist	13,200	390	19
* 1 senior psychiatric social worker	5,772	390	25
* 1 clinical psychologist II	7,008	390	21
* 1 public health nursing consultant	6,360	390	23
* 2 intermediate stenographer-clerk	7,620	390	12
4. Initiation of patient education services:			
* 2 elementary teacher	10,992	390	28
19 positions	$108,990		

* Positions preceded by an asterisk are recommended for deletion.

We recommend that the three positions requested for handling increased patient interviews be approved. However, better workload justification should be submitted by the agency in support of such a request.

These three positions are requested to meet an increase from 6-8 residents to 12. This increase of four to six residents will require the institute to increase outpatient interviews by 5,185 from 17,585 to 22,770. The increase in number of outpatients is expected to total 129. There were 485 outpatients on June 30, 1959. Based on the agency's statement, there is a disproportionate increase in the number of interviews as compared to the increase in numbers of outpatients.

Clarification is needed in such questions as the following:

1. Of what do these interviews consist?
2. Can the same patient be interviewed by more than one student?
3. What is the average length of time for an interview?
4. Would this team also be engaged in treating patients?
5. If so, what proportion of time would be involved?

We recommend that the administrative assistant position be disapproved and that the remaining seven positions requested for administrative functions be approved, effecting a reduction in salaries and wages of $6,360.

The administrative assistant position is requested to provide relief of detail for the Business Manager and to allow him time for planning and management activities.

Langley Porter Neuropsychiatric Institute—Continued

The institute has 272.6 positions authorized as compared to Camarillo State Hospital which has 1,942.6 authorized positions. The assistant superintendent—Business Services in the state hospitals, does not have an administrative assistant. We cannot concur in the department's apparent plan to more than duplicate the administrative structure of the state hospitals in an operation of such limited comparison. Very adequate coverage for the accounting, inventorying and clerical deficiencies indicated should be realized with the authorization of the seven clerical positions requested in this category.

The proposals in categories three and four above involve requests for the initiation of new programs consisting of a community mental health training program and a school program.

Policy considerations are involved relative to these proposals and we present them to the Legislature on that basis. We recommend that these eight positions be disapproved, reducing salaries and wages $50,952.

The proposal to initiate a training program in community mental health would train such personnel as psychiatrists, nurses, social workers and psychologists who will operate in the community. The department indicates that these personnel should have considerable knowledge about existing agencies and, in addition, should have skills in dealing with the problems of a patient population in the community and in the home.

The department further indicates that the knowledge of and wise use of various existing or potential community "supports" or services will prevent a certain number of hospitalizations or shorten the length of such hospitalization.

We question the necessity of further training these professional personnel in this respect. We presume that such personnel, especially social workers and doctors who are already trained to practice in the community, would already be familiar to some extent with these factors. If some further training is required, it would appear to be possible to include it in the training program as it is already operating without building up a whole new administrative and training structure to handle a problem which does not seem to be as important as the department would intimate in its initial request for staffing consisting of six positions at a total cost of $50,952.

A basic policy consideration is involved in whether the institutes should now provide elementary school training as proposed by the agency. It appears that the concept of the major purpose of these institutes is gradually being changed from the original purpose of research and professional training to merely making them into additional hospitals. We believe the more valuable contribution can be made by these institutes if they remain with full emphasis toward these original purposes.

The department indicates that a local school district has been supplying a teacher at the institute and does not submit a reason why this teacher is now unavailable. Also, no indication is given as to why it

Langley Porter Neuropsychiatric Institute—Continued

would be necessary to provide two teachers to replace one, other than the department's statement that this will bring service to an adequate level.

Another factor the department should indicate is the actual number of children who would be involved. The total inpatient capacity at the institute is only 105.

We believe a more thorough explanation of this training program and its relationship to other training facilities such as the University of California Medical schools, other community medical services such as offered by Public Health, and the basic role of the Langley Porter Clinic should be made to the Legislature before we can recommend it.

In summary, we therefore recommend that 10 positions be approved as requested and that nine positions be disallowed, reducing salaries and wages $56,312.

Department of Mental Hygiene

NEUROPSYCHIATRIC INSTITUTE AT UNIVERSITY OF CALIFORNIA, LOS ANGELES

ITEM 144 of the Budget Bill Budget page 391

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

Amount requested	$1,709,625
Estimated to be expended in 1959-60 fiscal year	393,947
Increase (334.0 percent)	$1,315,678
TOTAL RECOMMENDED REDUCTION	$24,208

Summary of Recommended Reductions	*Amount*
8 positions	$24,208
40 housekeeping and janitorial positions be held in abeyance pending further information.	

ANALYSIS

The Neuropsychiatric Institute has functions similar to those of the Langley Porter Institute. The facility is a center for teaching, research and training and provides treatment and care for patients with mental disorders as part of the over-all program of teaching and research in collaboration with the University of California, Los Angeles.

A limited outpatient clinic program in temporary facilities has been in effect since 1956-57 to meet the teaching needs of the University medical school.

The department anticipates that the Neuropsychiatric Institute wing of the UCLA Medical School building will be completed by November, 1960, and the institute will begin operations by December 1, 1960, in this permanent facility. Full operation of the complete treatment program is expected by May 1, 1961.

The program will be expanded during 1960-61 to the full level of program in effect at Langley Porter Neuropsychiatric Institute. This would include training for psychiatric residents, medical students, psychology fellows, social work students, therapists, graduate and undergraduate student nurses, state hospital physicians and fellows in psychiatry. In addition a major program in research will be underway.

Neuropsychiatric Institute at University of California, Los Angeles—Continued

costs for personnel only could approach $150,000 annually. In comparison similar staffing totals 14 positions at Langley Porter.

More information should be obtained on contractual arrangement possibilities in handling this service and on the appropriate level of staffing by the agency if this appears to offer the more feasible course.

We therefore recommend that these 40 positions be held in abeyance pending the development of more information by the agency to indicate the best possible annual terms or cost for which these services could be provided under (1) a contractual arrangement with the UCLA Medical School, and (2) the minimum workload level of staffing required to perform this task by the institute.

Department of Mental Hygiene
AGNEWS STATE HOSPITAL

ITEM 145 of the Budget Bill Budget page 397

FOR SUPPORT OF AGNEWS STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$9,259,345
Estimated to be expended in 1959-60 fiscal year	8,742,177
Increase (5.9 percent)	$517,168
TOTAL RECOMMENDED REDUCTION	$63,964

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
– Senior psychiatrist (reclassify 4 staff psychiatrist)	$2,400	398	33
2 Staff psychiatrist	26,400	398	35
1 Training assistant	6,360	398	36
1 Librarian III	5,496	398	37
5 Psychiatric resident II (effective June 1, 1961)	3,220	398	38
1 Student professional assistant	3,294	398	41
1 Clinical laboratory technologist	5,364	398	40
3 Intermediate stenographer-clerk	11,430	398	30
14 Positions	$63,964		

ANALYSIS

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

An average patient population of 4,135 is anticipated for the 1960-61 fiscal year. The estimated average population for the 1959-60 fiscal year is 4,100.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
ATASCADERO STATE HOSPITAL

ITEM 146 of the Budget Bill Budget page 400

FOR SUPPORT OF ATASCADERO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$3,432,691
Estimated to be expended in 1959-60 fiscal year	3,129,233
Increase (9.7 percent)	$303,458
TOTAL RECOMMENDED REDUCTION	$47,304

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
2 Staff psychiatrist	$26,400	401	36
– Senior psychiatrist (reclassify 1 staff psychiatrist)	600	401	34
1 Librarian III	5,496	401	37
3 Psychiatric resident II (effective June 1, 1961)	1,932	401	38
1 Student professional assistant	3,294	401	41
1 Senior psychiatric social worker	5,772	401	46
1 Intermediate stenographer-clerk	3,810	401	31
9 Positions	$47,304		

ANALYSIS

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 1,540 for the 1960-61 fiscal year, an increase of 140 patients over the estimated average of 1,400 patients for the 1959-60 fiscal year.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
CAMARILLO STATE HOSPITAL

ITEM 147 of the Budget Bill Budget page 403

FOR SUPPORT OF CAMARILLO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$11,915,515
Estimated to be expended in 1959-60 fiscal year	11,498,399
Increase (3.6 percent)	$417,116
TOTAL RECOMMENDED REDUCTION	$164,312

Camarillo State Hospital—Continued

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
6 Staff psychiatrist	$79,200	404	47
1 Senior psychiatrist	13,800	404	57
1 Clinical psychologist II	7,008	404	59
2 Senior psychiatric social worker	11,544	404	55
7 Intermediate stenographer-clerk	26,670	404	40
– Senior psychiatrist (reclassify 5 staff psychiatrist)	3,000	404	45
1 Training assistant	6,360	404	48
1 Librarian III	5,496	404	49
4 Psychiatric resident II (effective June 1, 1961)	2,576	404	50
1 Student professional assistant	3,294	404	53
1 Clinical laboratory technologist	5,364	404	52
25 Positions	$164,312		

ANALYSIS

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 1960-61 fiscal year is 6,307. The average patient population estimated for the 1959-60 fiscal year is 6,383. During the 1955-56 fiscal year, the actual average patient population was 6,939.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
DeWITT STATE HOSPITAL

ITEM 148 of the Budget Bill Budget page 406

FOR SUPPORT OF DeWITT STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$5,565,577
Estimated to be expended in 1959-60 fiscal year	5,452,668
Increase (2.1 percent)	$112,909
TOTAL RECOMMENDED REDUCTION	$31,410

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
1 Staff psychiatrist	$13,200	407	70
– Senior psychiatrist (reclassify 3 staff psychiatrist)	1,800	407	68
1 Librarian III	5,496	407	71
1 Student professional assistant	3,294	407	72
2 Intermediate stenographer-clerk	7,620	407	63
5 Positions	$31,410		

DeWitt State Hospital—Continued

ANALYSIS

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

The anticipated average patient population for the 1960-61 fiscal year is 2,802, a decrease from the estimated average of 2,893 patients for the 1959-60 fiscal year. Of the total average population estimated at 2,802 for 1960-61 there are estimated to be 550 mentally deficient patients.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
MENDOCINO STATE HOSPITAL

ITEM 149 of the Budget Bill — Budget page 409

FOR SUPPORT OF MENDOCINO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$5,261,129
Estimated to be expended in 1959-60 fiscal year	5,075,631
Increase (3.7 percent)	$185,498
TOTAL RECOMMENDED REDUCTION	$46,542

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
2 Staff psychiatrist	$26,400	410	35
– Senior psychiatrist (reclassify 3 staff psychiatrist)	1,800	410	32
1 Librarian III	5,496	410	36
3 Psychiatric resident II (effective June 1, 1961)	1,932	410	37
1 Student professional assistant	3,294	410	38
2 Intermediate stenographer-clerk	7,620	410	30
9 Positions	$46,542		

ANALYSIS

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 2,375 patients is anticipated for the 1960-61 fiscal year. The estimated average for the 1959-60 fiscal year is 2,390 patients.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
METROPOLITAN STATE HOSPITAL

ITEM 150 of the Budget Bill Budget page 412

FOR SUPPORT OF METROPOLITAN STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$8,303,391
Estimated to be expended in 1959-60 fiscal year	7,505,916
Increase (10.6 percent)	$797,475
TOTAL RECOMMENDED REDUCTION	$105,702

Summary of Recommended Reductions

		Amount	Budget Page	Budget Line
2	Staff psychiatrist	$26,400	413	44
–	Senior psychiatrist (reclassify 4 staff psychiatrist)	2,400	413	42
1	Training assistant	6,360	413	45
1	Librarian III	5,496	413	46
1	Student professional assistant	3,294	413	48
1	Clinical laboratory technologist	5,364	413	47
1	Senior psychiatric social worker	5,772	413	57
3	Intermediate stenographer-clerk	11,430	413	39
13	Food service assistant	39,186	413	61
23	Positions	$105,702		

ANALYSIS

Metropolitan State Hospital is located at Norwalk. It provides care and treatment for mentally ill patients. The average population for the 1960-61 fiscal year is estimated at 4,050 patients. The similar figure for the 1959-60 fiscal year is 4,000 patients.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
MODESTO STATE HOSPITAL

ITEM 151 of the Budget Bill Budget page 415

FOR SUPPORT OF MODESTO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$5,975,522
Estimated to be expended in 1959-60 fiscal year	5,770,122
Increase (3.6 percent)	$205,400
TOTAL RECOMMENDED REDUCTION	$114,792

Modesto State Hospital—Continued

Summary of Recommended Reductions

		Amount	Budget Page	Budget Line
4	Staff psychiatrist	$52,800	416	40
1	Senior psychiatrist	13,800	416	46
1	Clinical psychologist II	7,008	416	48
2	Senior psychiatric social worker	11,544	416	49
5	Intermediate stenographer-clerk	19,050	416	50
–	Senior psychiatrist (reclassify 3 staff psychiatrist)	1,800	416	38
1	Librarian III	5,496	416	41
1	Student professional assistant	3,294	416	42
15	Positions	$114,792		

ANALYSIS

Modesto State Hospital provides care and treatment for mentally ill and a limited number of mentally deficient patients.

The anticipated average patient population for the 1960-61 fiscal year is 2,582. The estimated average population for the 1959-60 fiscal year is 2,700. During the 1955-56 fiscal year, the average population was 3,447. This comparison indicates a gradual trend toward reduction in the size of the hospital. An average of 220 mentally deficient patients and 2,362 mentally ill patients comprise the total estimated for 1960-61.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
NAPA STATE HOSPITAL

ITEM 152 of the Budget Bill Budget page 418

FOR SUPPORT OF NAPA STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$10,910,835
Estimated to be expended in 1959-60 fiscal year	10,169,042
Increase (7.3 percent)	$741,793
TOTAL RECOMMENDED REDUCTION	$96,346

Summary of Recommended Reductions

		Amount	Budget Page	Budget Line
3	Staff psychiatrist	$39,600	419	56
–	Senior psychiatrist (reclassify 3 staff psychiatrist)	1,800	419	53
1	Training assistant	6,360	419	57
1	Librarian III	5,496	419	60
2	Psychiatric resident II (effective June 1, 1961)	1,288	419	58
1	Student professional assistant	3,294	419	64
1	Clinical laboratory technologist	5,364	419	61
1	Supervising psychiatric social worker	6,360	420	5
2	Senior psychiatric social worker	11,544	420	7
4	Intermediate stenographer-clerk	15,240	419	51
16	Positions	$96,346		

Napa State Hospital—Continued

ANALYSIS

Napa State Hospital is located at Imola in Napa County near the City of Napa. It is an institution for the mentally ill and has the northern treatment unit for mentally ill minors.

The average population anticipated for the 1960-61 fiscal year is 5,375 patients. The estimated average population for 1959-60 is 5,300 patients.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
PATTON STATE HOSPITAL

ITEM 153 of the Budget Bill Budget page 421

FOR SUPPORT OF PATTON STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$10,129,283
Estimated to be expended in 1959-60 fiscal year	9,236,548
Increase (9.7 percent)	892,735
TOTAL RECOMMENDED REDUCTION	$135,424

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
4 Staff psychiatrist	$52,800	423	13
1 Senior psychiatrist	13,800	423	23
1 Clinical psychologist II	7,008	423	25
2 Senior psychiatric social worker	11,544	423	26
7 Intermediate stenographer-clerk	26,670	423	6
– Senior psychiatrist (reclassify 3 staff psychiatrist)	1,800	423	11
1 Training assistant	6,360	423	16
1 Librarian III	5,496	423	17
2 Psychiatric resident II (effective June 1, 1961)	1,288	423	14
1 Student professional assistant	3,294	423	19
1 Clinical laboratory technologist	5,364	423	18
21 Positions	$135,424		

ANALYSIS

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.

The average population at Patton is anticipated to be 4,750 patients for 1960-61. The estimated average for 1959-60 is 4,400 patients. New wards which will add 1,072 beds are anticipated to be opened during March, 1960.

Patton State Hospital—Continued

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
STOCKTON STATE HOSPITAL

ITEM 154 of the Budget Bill Budget page 424

FOR SUPPORT OF STOCKTON STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$8,801,606
Estimated to be expended in 1959-60 fiscal year	8,534,306
Increase (3.1 percent)	$267,300
TOTAL RECOMMENDED REDUCTION	$68,448

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
2 Staff psychiatrist	$26,400	426	29
– Senior psychiatrist (reclassify 4 staff psychiatrist)	2,400	426	27
1 Training assistant	6,360	426	30
1 Librarian III	5,496	426	33
3 Psychiatric resident II (effective June 1, 1961)	1,932	426	31
1 Student professional assistant	3,294	426	35
1 Clinial laboratory technologist	5,364	426	34
1 Senior psychiatric social worker	5,772	426	37
3 Intermediate stenographer-clerk	11,430	426	24
13 Positions	$68,448		

ANALYSIS

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

An average patient population of 3,700 is anticipated for the 1960-61 fiscal year. The similar estimate for the 1959-60 fiscal year is 3,900 patients.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
FAIRVIEW STATE HOSPITAL

ITEM 155 of the Budget Bill Budget page 428

FOR SUPPORT OF FAIRVIEW STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$4,966,966
Estimated to be expended in 1959-60 fiscal year	4,051,673
Increase (22.6 percent)	$915,293
TOTAL RECOMMENDED REDUCTION	$27,000

Fairview State Hospital—Continued

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
1 Staff psychiatrist	$13,200	429	41
– Senior psychiatrist (reclassify 2 staff psychiatrist)	1,200	429	39
1 Librarian III	5,496	429	43
1 Student professional assistant	3,294	429	45
1 Intermediate stenographer-clerk	3,810	429	36
4 Positions	$27,000		

ANALYSIS

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 initial patient admissions were made in January 1959.

The average patient population for the 1960-61 fiscal year in 1,832. An average of 1,214 patients is estimated for the 1959-60 fiscal year.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
PACIFIC STATE HOSPITAL

ITEM 156 of the Budget Bill Budget page 430

FOR SUPPORT OF PACIFIC STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$7,831,651
Estimated to be expended in 1959-60 fiscal year	7,408,720
Increase (5.7 percent)	$422,931
TOTAL RECOMMENDED REDUCTION	$69,120

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
2 Staff psychiatrist	$26,400	432	18
– Senior psychiatrist (reclassify 3 staff psychiatrist)	1,800	432	16
1 Training assistant	6,360	432	19
1 Librarian III	5,496	432	20
1 Student professional assistant	3,294	432	21
2 Intermediate stenographer-clerk	7,620	432	13
5 Laundryman	18,150	432	27
12 Positions	$69,120		

ANALYSIS

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 1959-60 and 1960-61 fiscal years.

Pacific State Hospital—Continued

The summary of reductions does not include operating expense items which we have recommended be deleated in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
PORTERVILLE STATE HOSPITAL

ITEM 157 of the Budget Bill Budget page 433

FOR SUPPORT OF PORTERVILLE STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$6,251,121
Estimated to be expended in 1959-60 fiscal year	5,958,120
Increase (4.9 percent)	$293,001
TOTAL RECOMMENDED REDUCTION	$50,982

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
2 Staff psychiatrist	$26,400	434	78
– Senior psychiatrist (reclassify 4 staff psychiatrist)	2,400	434	76
1 Librarian III	5,496	434	79
1 Student professional assistant	3,294	434	80
1 Senior psychiatric social worker	5,772	435	5
2 Intermediate stenographer-clerk	7,620	434	73
7 Positions	$50,982		

ANALYSIS

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 1959-60 and 1960-61 fiscal years.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

Department of Mental Hygiene
SONOMA STATE HOSPITAL

ITEM 158 of the Budget Bill Budget page 436

FOR SUPPORT OF SONOMA STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$9,321,703
Estimated to be expended in 1959-60 fiscal year	8,793,476
Increase (6.0 percent)	$528,227
TOTAL RECOMMENDED REDUCTION	$94,690

Sonoma State Hospital—Continued

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
2 Staff psychiatrist	$26,400	437	74
– Senior psychiatrist (reclassify 5 psychiatrist)	3,000	437	72
1 Training assistant	6,360	437	75
1 Librarian III	5,496	437	78
2 Psychiatrist resident II (effective June 1, 1961)	1,288	437	76
1 Student professional assistant	3,294	437	79
1 Senior psychiatric social worker	5,772	437	81
3 Intermediate stenographer-clerk	11,430	437	69
10 Laundryman	31,650	438	7
21 Positions	$94,690		

ANALYSIS

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 1960-61 fiscal year. This is the same number of patients estimated for the 1959-60 fiscal year.

The summary of reductions does not include operating expense items which we have recommended be deleted in the hospital summary. The agency should be given preference in making this distribution to the individual hospitals.

The recommended reductions are in conformity with the analysis in the hospital summary.

MILITARY DEPARTMENT

ITEM 159 of the Budget Bill — Budget page 440

FOR SUPPORT OF MILITARY DEPARTMENT FROM THE GENERAL FUND

Amount requested	$2,627,180
Estimated to be expended in 1959-60 fiscal year	2,500,424
Increase (5.1 percent)	$126,756
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

The Military Department has been moved from the Veterans Affairs Building at 1227 O Street, Sacramento, to 2520 Marconi Avenue in the Town and Country area northeast of Sacramento. It is understood the department will occupy these quarters until a new building is completed on Meadowview Road, south of Sacramento. This move was occasioned by the need of space for the Controller's staff when it was moved from the Capitol Annex.

This move resulted in the requested increase of one position for a telephone switchboard operator, as the department is no longer serviced by the Capitol switchboard.

The major increase in the department's budget is due to a combination of salaries and wages increases and military promotions offset by transferring salaries and wages of the security guards to the federal government.