Department of Justice
FEES FOR SPECIAL COUNSEL

ITEM 138 of the Budget Bill Budget page 368

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 1960-61 fiscal year	8,500
Increase	None
TOTAL RECOMMENDED REDUCTION	$8,500

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line
Operating expenses	$8,500	368	82

GENERAL SUMMARY

Under Section 12520 of the Government Code the Attorney General may employ special counsel where a district attorney is disqualified from conducting a 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.

ANALYSIS

Expenditures proposed for fiscal year 1961-62 are $8,500. This item is budgeted at the same level as in the current year.

We recommend deletion of the amount of $8,500.

Possible expenditures under this item depend upon events which are not normally anticipated. No level of expenditure has been established and amounts actually expended have borne no relationship to amounts appropriated. It is our view that where expenditures above those which the department can assume from other available funds are to be incurred resort should be had to the Emergency Fund.

DEPARTMENT OF MENTAL HYGIENE

Budget page 371

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

Amount requested	$129,501,950
Contribution to State Employees' Retirement System	7,619,139
Total	$137,121,089
Estimated to be expended in 1960-61 fiscal year	127,450,032
Increase (7.6 percent)	$9,671,057
TOTAL RECOMMENDED REDUCTION	$1,788,556

Department of Mental Hygiene—Continued

Summary of Recommended Reductions

		Amount	Budget Page	Budget Line
Administrative Strengthening				
7 positions		$67,716	377	1
Training				
14 positions	$137,406			
Travel expenses	15,000	152,406	378	13
Pre-Hospital Services				
6.5 positions	$46,245			
Day treatment centers (2)	300,000			
Operating and equipment expenses	7,400	353,645	378	29
Post Hospital Services				
15 positions		198,000	379	1
Hospital Services				
447 positions		913,793	379	2
Special Services for Mentally Retarded				
15 positions	$96,096			
Operating and equipment expenses	6,900	102,996	382	39
504.5 positions, plus equipment and expenses	Grand total	$1,788,556		
Recapitulation:				
504.5 positions		$1,459,256		
Day treatment centers (2)		300,000		
Operating and equipment expenses		29,300		
Grand total		$1,788,556		

Even with the above recommended reductions, the agency would receive 475 new positions at a cost of $1,339,125 and $2,888,594 in additional program augmentation expenses and equipment, a total of $4,227,719. The 1961-62 budget would still represent an increase of $7,882,501 over 1960-61 after subtracting our total recommended reduction of $1,788,556.

GENERAL SUMMARY

The Department of Mental Hygiene is responsible for the care and treatment of persons suffering from mental disorders and associated ailments. The department is also engaged in research activities concerned with cause, effect, and treatment of mental illness. The department also regulates private mental institutions and is engaged in a public program designed to aid mental health throughout California.

The department is currently responsible for the direct administration of 14 state mental hospitals. Nine of these facilities treat mentally ill patients, four treat mentally deficient patients, and one, a maximum security institution, treats sexual psychopaths and the criminally insane.

There are also seven state outpatient clinics and two neuropsychiatric institutes under complete state administration. The neuropsychiatric institute, located in Los Angeles, has recently been constructed as an addition to the University of California at Los Angeles Medical Center and is scheduled to begin full operations during the 1960-61 fiscal

Department of Mental Hygiene—Continued

year. Additionally, the State shares the cost for 18 local community mental health facilities; these units are administered locally under the Short-Doyle program. On December 1, 1960, the department commenced operations of a pilot facility in San Diego. Functioning as a day-care treatment center, the San Diego pilot facility expects to reduce admissions to state institutions through the earliest possible treatment and correction of mental disorders.

Expenditures of $130,709,698 are proposed for the 1961-62 fiscal year solely to continue operations at the current level. This is an increase of $3,259,666, or 2.6 percent, over 1960-61. Additionally, the department is requesting $6,411,391 to cover program augmentation and costs, making a total departmental request of $137,121,089 and a total increase of $9,671,057, or 7.6 percent over 1960-61.

The department is also requesting, as part of its augmentation program, 979.5 new positions for fiscal year 1961-62 at a cost of $2,798,487. Estimated authorized positions total 20,176.6 for 1961-62 and this proposed increase would bring the number to 21,156.1 positions at a total cost of $108,407,418.

The State of California has been notably progressive in the field of mental hygiene. Each new budget has contained a larger allocation to mental health; recent yearly appropriations in this area have represented a substantial portion of the State's total annual expenditures.

New institutions have been constructed, along with numerous physical changes and additions to older facilities. In addition to these tangible improvements, a great deal of time and money has been expended in the formulation of new programs, more intensive care and treatment, and the upward classification of personnel.

In the past 11 years the annual sum allocated to mental hygiene has increased from a 1950-51 level of 37.7 million to a 1960-61 figure of 127.9 million. It is interesting to note that these dollar expenditures have increased at a rate almost tenfold that experienced in patient growth during the identical period. The following table illustrates this observation:

	1950-51	*1960-61*	*Percentage increase*
Total expenditures	$37,663,235	$127,870,732	239.5
Total number patients	38,472	47,777	24.2
Total expenditures per patient *	$979	$2,676	173.3

* Total departmental expenditures divided by number of patients in hospitals. This, therefore, does not reflect strictly the hospital per patient costs which were $916 in 1950-51 and estimated at $2,413 in 1960-61.

Obviously, a portion of this dollar increment is attributable to an inflationary spiral, with its resultant higher salary ratio and other accompanying cost increases. But more important, perhaps, are the factors of increased employee hours and numbers of personnel per patient. Continued emphasis on this level of service factor has resulted in the following noteworthy changes for treatment personnel during the past 11 years. These results are based on an average patient pop-

Department of Mental Hygiene—Continued

ulation of 38,472 in 1950-51 and an estimated population of 47,777 in 1960-61, and excludes patients on leave.

(1) Social workers, during this period, experienced a workload reduction in excess of 50 percent.

(2) Psychologists were increased 368 percent, resulting in a reduction from 962 patients per psychologist to 255.

(3) Rehabilitation therapists per patient increased approximately 60 percent, accompanied by a 146 percent increase in psychiatrists, physicians and surgeons. Significantly, the number of doctors per patient during this period almost doubled.

(4) Registered nurses advanced 278 percent, or from a ratio of 100 patients per nurse to 33.

(5) Psychiatric technicians increased 87 percent effecting a drop in the patient-technician ratio from 6.5 to 4.3.

These increases in total positions and ratios for the two periods, 1950-51 and 1960-61, are shown in the following table:

	Positions and ratios 1950-51	*Positions and ratios 1960-61*	*Percentage increase*
Social workers	177	539	205
Patients per social worker	217	89	
Psychologists	40	187	368
Patients per psychologist	962	255	
Rehabilitation therapists	116	187	61
Patients per therapist	332	255	
Psychiatrists, physicians and surgeons	184	453	146
Patients per doctor	209	105	
Registered nurses	384	1,451	278
Patients per nurse	100	33	
Psychiatric technicians (Classed as attendants and practical nurses in 1950-51)	5,944	11,130	87
Patients per technician	6.5	4.3	

California has initiated many new programs in the continuing effort to serve the citizens of the State. An outline of the new treatment programs added since 1950-51, with approximate annual costs for the 1960-61 fiscal year, follows:

Year Initiated	*Description of Program*	*Approximate 1960-61 Cost*
1952–53	Diagnostic and Preadmission Clinics—(One at each of the four hospitals for mentally deficient to examine and screen mentally deficient patients before admission to the hospital.)	$195,440
1955–56	Tranquillizing and special drugs	728,807
1956–57	Psychiatric and medical research program	1,334,383
1957–58	After-care Facilities—presently authorized at following hospitals: Pacific, Camarillo, Metropolitan, Modesto, Stockton, Patton	440,000

Department of Mental Hygiene—Continued

Year Initiated	Description of Program	Approximate 1960-61 Cost
1957–58	Short-Doyle Program— (Local community psychiatric facilities and services for which State shares one-half of support costs.)	2,844,775
1958–59	Professional Training Program— (Total cost of training under all programs, including that for psychiatric technicians and also including indirect costs such as loss of time from regular duties, travel expenses, office supplies, etc., would probably total over $3,000,000 annually.)	1,387,092
1960–61	Day Care Treatment Center— (For a pilot facility scheduled to begin operating December 1, 1960.)	158,812
1960–61	Convalescent Leave Program— (Authorized 5 staff psychiatrist positions at cost of $13,200 each.)	66,000

In addition to these programs, state hospitals at Atascadero, Porterville, Fairview and the Neuropsychiatric Institute at the University of California at Los Angeles were constructed and activated during this period, providing facilities for 6,123 full time patients and utilizing 3,641.2 additional employees.

Salary Savings

Salary savings accrue because budgeted positions are vacant part of the time. This results because of recruitment difficulties, turnover, reclassifications to lower level and other factors.

A comparison of salary savings estimated for the 1960-61 and 1961-62 fiscal years is made in the following table:

	1960–61	1961–62 *	Percentage changes
Positions authorized	20,199.7	20,176.6	—.001
Estimated number of positions to be saved	1,178.2	1,176.1	—.002
Estimated salary savings	$7,789,485	$9,208,784	18.2
Average annual savings per equivalent vacant position	$6,611	$7,830	
Average annual salary per authorized position	$5,045	$5,234	

* Does not include personnel or salary savings for proposed program augmentation for 1961-62.

The above data indicates a high average level of positions is expected to be vacant. At an annual average equivalent cost of $7,830 for 1961-62, the monthly salary would total about $652 as compared to about $550 per month for the 1960-61 savings. This compares to an average annual salary of $5,234 for each of the 20,176.6 positions authorized for 1961-62. The estimate of $9,208,784 for 1961-62 would appear to be rather high at all standards unless a considerable change is expected in the economic picture during 1961-62. On this basis, salary savings would represent 8.7 percent of the total of $105,608,931 estimated for salaries in 1961-62. It is difficult to resolve such a large anticipated vacancy factor with the department's requests for new positions. It serves little purpose to add new positions while anticipating such vacancy factors. There is, however, some question as to the accuracy of the department's salary

Department of Mental Hygiene—Continued

savings estimate. The estimates in the past have apparently been much higher than the actual savings realized.

The following table compares the department's proposed, estimated and actual salary savings since 1955-56:

Salary Savings—1955-56—1959-60

Year	Proposed	Estimated	Percentage change from proposed	Actual	Percentage change from proposed
1955-56	$3,218,526	$4,154,128	29.1	$335,786	—89.6
1956-57	3,380,649	3,896,247	15.3	453,773 *	—86.6
1957-58	4,897,688	5,251,290	7.2	557,306 *	—88.6
1958-59	4,212,420	5,069,437	20.3	2,079,834	—50.6
1959-60	4,566,408	6,107,408	33.7	1,022,112	—77.6
1960-61	5,123,753	7,789,485	52.0	N.A. †	--
1961-62	9,208,784	N.A. †	N.A. †	N.A. †	--
Average: 1955-56 to 1959-60, inclusive	4,055,138	4,895,702	20.7	889,762	—78.1
Total: 1955-56 to 1959-60, inclusive	20,275,691	24,478,510	20.7	4,448,811	—78.1

* Partially estimated.
† Not available.

It is obvious that the department has never even closley approached its proposed savings. In fact, continued and consistent discrepancies in this area raise questions to which, we feel, the department should offer satisfactory explanations.

There is a question as to the reason for the consistently large variance between proposed and actual salary savings. And, even more out of line, is the larger difference between estimated and actual savings. Proposed salary savings are made before the fiscal year begins, with estimated savings being computed during the budget year. It would seem to follow, therefore, that in revising a proposed salary savings figure to arrive at estimated savings, the department would ordinarily project an amount nearer to the actual savings than was originally projected before the budget year. The Department of Mental Hygiene has consistently done the opposite. By referring to our previous table, we find that the department has regularly revised its proposed annual salary savings figure to a higher mid-year estimate and then reported an actual year-end savings much below either of these figures.

We feel that the department should either justify this policy or propose and estimate realistic salary savings figures. The department should be able to propose and etsimate annual salary savings more accurately than has been done in the past.

The practice here followed has resulted in presenting budgets for legislative approval that reflect a much more economical net expenditure for salaries and wages than is actually realized by the agency.

The total of excess salary and wage expenditures, through failure to achieve originally stated salary savings in the 5-year period 1955-56 through 1959-60, amounts to over $20 million.

Department of Mental Hygiene—Continued

Vacant Positions

The high vacancy rate existing in several professional categories of personnel evidences a departmental failure to fill currently authorized positions. As a result, department efficiency is reduced commensurately.

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

	December 1, 1959			*December 1, 1960*		
	Number authorized	*Number vacant*	*Percent*	*Number authorized*	*Number vacant*	*Percent*
Physician	400.8	49.7	12.2	376.5	40.2	10.6
R. N. ward level	911	155.5	17.1	938	104.5	11.1
Social services	245	18.7	7.6	255	37	14.5
Psychology	148.6	27	18.2	157	22.5	14.3

It is obvious that the department's practice of maintaining such a large backlog of vacant positions makes it virtually impossible to elicit a sound comparison between work performed and manpower actually employed. Rather than continuing its current practice of requesting authorization for new positions in categories with existing high vacancy rates, the department should first endeavor to reduce these backlogs of vacant positions. Such a policy would serve to exhibit an awareness of basic administrative and management principles.

In contrast, the vacancy rate for the lowest two classifications of the psychiatric technician series as of December 1, 1960, was only 1.7 percent. These two categories, consisting of psychiatric technicians and trainees, account for almost 9,200 departmental employees and comprise nearly one-half the entire work force.

Population Movements—Mentally Ill

The following table indicates some important population movements at state hospitals for the mentally ill. Categories listed are (1) first admissions, (2) readmissions, and (3) total resident population:

	1953-54	*1961-62**	*Percentage change*
First admission	12,269	15,200	23.9
Readmission	3,500	7,150	104.3
Total resident population	35,088	36,599	4.3

* Estimated.

It is interesting to note that, while first admissions are estimated to increase 23.9 percent for 1961-62 over the 1953-54 figure, readmissions have been rising at almost 4½ times that rate. Since total population has risen only 4.3 percent during the comparable period, it becomes apparent that a substantial segment of the population is comprised of patients who are continually returning to the institutions. This appears to be a chronic problem which is becoming more serious each year.

Department of Mental Hygiene—Continued

Changes in Capacity and Overcrowding

Overcrowding figures for the state's hospitals for mentally ill and mentally retarded are presented in the following two tables:

Hospitals for the Mentally Ill
June 30, 1958-62

Year	Resident population	Rated capacity	Patients in excess of capacity *	Percent of overcrowding
1958	36,297	33,700	2,721	7.7
1959	36,771	34,577	2,194	6.4
1960	36,008	36,498	—414	—1.1
1961 †	36,211	36,588	—161	—0.4
1962 †	36,871	36,328	443	1.2

* Includes patients absent from hospitals on brief visit when June 30 falls on or near a weekend.
† Estimated.

Hospitals for the Mentally Retarded
June 30, 1958-62

Year	Resident population	Rated capacity	Patients in excess of capacity *	Percent of overcrowding
1958	9,419	9,051	568	6.3
1959	10,125	10,413	—88	—0.9
1960	11,176	11,431	—55	—0.5
1961 †	11,850	11,431	619	5.4
1962 †	11,850	11,819	231	2.0

* Includes patients absent on summer visit as of June 30 each year.
† Estimated.

In hospitals for the mentally ill, overcrowding situations have improved considerably and the department does not anticipate any great problems in this area during the 1961-62 fiscal year. According to departmental estimates, overcrowding for 1960-61 will amount to —0.4 percent and only increase to 1.2 percent for the year ending June 30, 1962.

Overcrowding in hospitals for the mentally retarded is estimated to increase from a 1959-60 figure of —0.5 percent to 5.4 percent for 1960-61. By 1962, this overcrowding figure will be reduced to an estimated 2.0 percent, as a planned increased capacity in hospitals for the mentally retarded will serve to further minimize overcrowding. Patient population in these institutions has been increasing at a higher rate than in hospitals for the mentally ill. However, institutions for the mentally retarded can control admissions, as contrasted to hospitals for the mentally ill, which must admit all committed patients.

SUMMARY OF PROPOSED PROGRAM AUGMENTATIONS

In its 1961-62 budget request, the Department of Mental Hygiene is asking for a total of 979.5 new positions at a salary and wage cost of $2,798,487. Additional proposed program augmentations total $3,217,894. The following table indicates how these newly proposed positions and expenditures, totaling $6,016,381, would be allocated within the department:

Department of Mental Hygiene—Continued

Allocation of Increased Cost by Facility, Function and Object Category
1961-62

Departmental unit	Number of positions	Salaries and wages	Operating expense	Equipment	Other Current expense	Total
Neuropsychiatric institute	4	$2,840	--	--	--	$2,840
Departmental administration	60.5	358,003	$70,224	$22,827	--	451,054
Outpatient clinics	1	6,360	--	--	--	6,360
Agnews	50	272,285	3,800	8,616	--	284,701
Atascadero	106	183,498	800	3,000	--	187,298
Camarillo	235	390,075	17,500	3,400	--	410,975
DeWitt	71	172,142	1,500	2,432	--	176,074
Mendocino	38	139,566	1,100	2,664	--	143,330
Metropolitan	43	127,615	1,900	2,000	--	131,515
Modesto	31	83,977	1,000	3,132	--	88,109
Napa	43	235,970	19,200	7,083	--	262,253
Patton	18	59,569	1,900	732	--	62,201
Stockton	21	133,510	1,900	3,232	--	138,642
Fairview	128	270,313	5,260	2,900	--	278,473
Pacific	38	117,364	14,080	1,000	--	132,444
Porterville	74	170,537	7,840	1,232	--	179,609
Sonoma	18	74,863	9,920	1,000	--	85,783
Other current expense	--	--	--	--	2,994,720*	2,994,720
Total	979.5	$2,798,487	$157,924	$65,250	$2,994,720	$6,016,381

* Breakdown:

1. Salary increases	$2,231,000	
2. Prehospital services	300,000	(2 day treatment centers)
3. Special services for mentally retarded	280,000	
4. Research	105,000	
5. Post hospital services	78,720	

The department's budget proposals are itemized under the eight separate section headings listed as follows:

		Increased amount requested	Budget Page	Budget Line
I.	Administrative strengthening	$192,016	377	1
II.	Research	105,000	377	83
III.	Training	221,330	378	13
IV.	Pre-hospital services	353,645	378	29
V.	Post-hospital services	504,208	379	1
VI.	Hospital services	2,072,632	379	2
VII.	Special services for mentally retarded	551,550	382	39
VIII.	Salary increase—psychiatric technicians (5% increase)	2,231,000	382	68
	Total	$6,016,381*		

* Does not include the change in estimated salary savings of —$215,000 and increased contributions of $395,000 to State Employees' Retirement Fund.

Program elements contained in each of the several sections involve, to a varying extent, proposed positions and expenses to be located in different hospitals, headquarters, outpatient clinics, or communities. Wherever possible, the location of specific positions and the program unit within which it is located is indicated in the analysis relative to that proposal. However, the proposed program augmentations are ap-

Department of Mental Hygiene—Continued

proached essentially as eight different functional package proposals which cut through the various organziational lines of the department. Our analysis and recommendations relative to the major program proposals, requested new positions, other expenditures, and salary increase funds follow the form of the proposed program augmentation as outlined under these eight sections.

I. Administrative Strengthening

A total of $192,016 is requested for strengthening administrative services in departmental headquarters. Included in the request is a total of 27.5 positions plus related expenses as outlined below: (Budget page 376, Lines 61-80)

*1	Biostatistician	$15,000
*3	Senior stenographer-clerk	13,878
*1	Assistant to deputy director, administrative services	11,976
*1	Regional chief	17,400
1	Chief, psychological services	13,000
*1	Information officer I	7,728
1	Graphic artist	5,232
*1	Senior psychiatric social worker	6,360
1	General accountant II	6,672
4	Patients' estates and accounts specialist	24,240
6.5	Intermediate typist-clerk	27,210
2	Tabulating machine operator	8,808
1	Intermediate stenographer-clerk	4,194
1	Assistant research technician	6,672
1	Senior typist-clerk	4,626
1	Intermediate clerk	3,996
	Related expenses	15,024
27.5	positions plus expenses	$192,016

* Recommended for deletion (includes only two of the three senior stenographer-clerk positions requested).

1 Biostatistician (budget page 376, line 84) *$15,000*
1 Senior stenographer-clerk (budget page 376, line 85) *4,626*

The agency is requesting a biostatistician to provide consultation, supervision and guidance for the Statistical Research Bureau as well as operational research at various facilities within the department.

The presently authorized staffing of the Statistical Research Bureau totals 39.5 positions. An additional 6.5 positions are requested for the bureau in 1961-62.

The biostatistician position would provide supervision and guidance for this unit which is now under the direction of a senior statistician. Additional duties for the requested biostatistician are related to the department's medical research program which is administered by a Deputy Director, Research, also located in departmental headquarters and with the responsibility of administering and directing research teams located in the various hospitals.

We would question the need for a full time position of biostatistician at present levels of operation of these two units. The only real need evident for such a position appears to be in the consultative function.

Department of Mental Hygiene—Continued

Even in this area, the department has not indicated how much has been expended during the past year on consultation services for a biostatistician. This should be made available as a guide in assessing the request. Specific services in this area could probably be obtained much more cheaply by contract when the need arises than by hiring a full time position.

The Statistical Research Bureau is already authorized staffing to provide supervision and guidance for the unit and it is doubtful that a higher level position with specific training in biostatistics could adequately provide for what appears to be mainly a need for broader administrative direction. For instance, a large segment of the work of the bureau has to do with patients' billings and accounts in obtaining reimbursements for state hospital care.

It should also be pointed out that without some limitation on the state share in these costs, each dollar of mental hygiene expenditure in this field can conceivably produce less patient treatment than is available under the present hospital program, particularly on an in-patient basis.

In the area of statistics, there is a great deal of evaluative data which the bureau should provide, such as the recent material developd by cohort analysis. It is not necessary to provide full time biostatistician services for these functions. Therefore, with such a large area of operations within the purview of the bureau, it appears that, should a new level of administration and direction be required, a background of administration and statistics would be much more appropriate than those usually possessed by a biostatistician. To the limited extent that biostatistician services are required, these can probably be contracted for much more cheaply than by hiring a full time position.

We, therefore, recommend that the positions of biostatistician and senior stenographer-clerk be deleted, a savings in salaries and wages of $19,626 (budget page 376, lines 84, 85).

1 Assistant to deputy director, administrative services (budget page 376, line 62) *$11,976*

This position is requested for departmental headquarters to provide assistance to the deputy director, Administrative Services. The deputy director would thus be relieved of administrative detail so that he would have more time for overall planning and direction of the business affairs of the department, including professional assistance to the management of various hospitals and facilities.

We would question the need for further expansion of administrative services within departmental administration at this time in view of the fact that there is no large expansion in hospital patient loads or other factors which would indicate an increase in workload.

An especially pertinent consideration is the great increase in high level administrative staffing which has taken place within the last few years in departmental headquarters. Three new positions recently added are specifically relevant to this request. These are an executive assistant

Department of Mental Hygiene—Continued

to the director and the two new administrative analysis positions and all provide for administrative strengthening.

This has taken place in addition to the creation of two new medical administrative positions which were also authorized in 1959-60.

Unless a clearer need should develop for such a position in the future, there appears to be no adequate justification for considering this request.

We therefore, recommend that the proposed position of assistant to deputy director, administrative services, be deleted, reducing salaries and wages $11,976 (budget page 376, line 62).

1 Regional chief, Department of Mental Hygiene (budget page 376, line 74) $17,400
1 Senior stenographer-clerk (budget page 376, line 75) 4,626

A regional chief position is requested as an initial step toward integrating on a regional basis the community services and to co-ordinate them with hospital, clinic, and field services of the department.

We have indicated a definite need for better co-ordination between the various services provided in this area. Some are administered by by the hospitals, some by local jurisdictions and others by departmental headquarters units. While we have a great deal of sympathy toward the department's objectives of providing well functioning integrated programs in this area, it would seem much more feasible to place the programs themselves within an overall single administrative setup, with clearly defined lines of responsibility and authority. This would eliminate the need for this request to develop a program of regional co-ordination.

The department can conserve a great deal of its administrative resources by unifying its efforts in this area. This would appear to offer a much better course than to build up a separate staff of co-ordinators and leaving the deficiencies in effect. There is also the question of what authority the regional chief would be given over hospital and headquarters units in effecting proper co-ordination. The department should indicate specifically how such co-ordination is to be accomplished.

We, therefore, recommend that the regional chief and the senior stenographer-clerk positions requested by disallowed, reducing salaries and wages by $22,026 (budget page 376, lines 74 and 75).

1 Senior psychiatric social worker (budget page 377, line 68) $6,360

This position is proposed at the Riverside State Outpatient Mental Hygiene Clinic. This added position would provide more social work time, thus increasing staff time for treatment and social work histories and in providing more flexibility in processing current applications and in scheduling initial appointments with patients.

The department has not provided any specific workload data to justify adding such a position at the clinic. There is, however, also a policy question involved relative to increasing the operational level at the state outpatient clinics. The Short-Doyle program provides the same type of services on a state-local community sharing basis. This

Department of Mental Hygiene—Continued

latter program will be given increased funds in 1961-62 and appears to represent the most feasible approach in offering this type service. It would, therefore, seem appropriate not to increase the size of the state outpatient clinic program but rather move toward a single program in this area.

The authorization or disapproval of the requested senior psychiatric social worker position, therefore, represents a policy consideration and it is presented on this basis.

We, thus, recommend that this position be disallowed, reducing salaries and wages $6,360. (Budget page 377, line 68.)

1 Information officer I (Budget page 377, line 34) ---------- *$7,728*

The agency proposes creating this position to augment the present staff in providing expanded activities in the area of public relations. According to the department, demand has expanded with such new programs as Short-Doyle, research, expanded professional training, and many others. It is further stated that ". . . in the future, expanded liaison, community services, day hospital and other programs are coming into effect. All these add heavily to the duties of an adequate public information program."

Probably a more specific delineation of the activities now being accomplished in the present program and a similar outline of actual activities not now being performed but deemed essential would be helpful in assessing such a request. It is possible that some of the work of the unit may be relatively unimportant in the actual operation of the mental hygiene program.

The apparent assumption that there should be a direct relationship between the expansion created by new programs in the department, such as Short-Doyle, and coinciding increases in workload in this unit is seemingly open to question. It would appear that such material as brochures, etc., could more appropriately be developed within the actual operating sections involved. There is the possible exception of the training program which utilizes such items as the film library of this unit (training manuals should be developed by the training sections). Increased workload, therefore, in the public information unit would seem to reflect more in clerical functions than as justifying additional professional staffing.

We recommend that the position of information officer I be deleted, reducing salaries and wages $7,728. (Budget page 377, line 34.)

Bureau of Patients' Accounts
Departmental Headquarters

4 Patients' estates and accounts specialist (budget page 377, line 7) ----------	*$24,240*
3 Intermediate typist-clerk (budget page 377, line 9) ----------	*12,582*
7 Positions	*$36,822*

Department of Mental Hygiene—Continued

The Bureau of Patients' Accounts is responsible for assessing and collecting charges for the care and treatment of mentally ill patients.

We recommend that these seven positions be approved on a workload basis.

Additional personnel were authorized for this agency in the 1957-58 Budget for increasing field staffing. This augmentation 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 agent. Analysis of this unit indicates that an authorized workload basis of 218 cases per worker is adequate.

The department estimates that by June 30, 1961, it will have 3,264 cases on hand. This is equivalent to an average of 272 cases per worker, based on the current staffing level of 12 patients' estates and accounts specialists. Furthermore, the department projects an increase to 4,464 cases on hand by the end of the 1961-62 fiscal year, or an average caseload of 372 under current staffing standards.

We question the basis for estimating such an increase during one year from 3,264 cases on hand on June 30, 1961, to 4,464 by the end of the year, or 1,200 cases. First admissions to the 10 hospitals for the mentally ill during 1961-62 are expected to increase by only 460 patients or by 3.1 percent over 1960-61.

If the projected increase in caseload is accepted, adding four patients estates and accounts specialists would reduce the caseload per worker to 204 at the beginning of the 1961-62 fiscal year, with an increase to 279 cases per specialist by June 30, 1962. This is, therefore, within the authorized level of 218 cases per agent.

There has never been a close relationship between revenues and the number of employees in the bureau. In fact, revenues are estimated to increase significantly during 1960-61 (to $12,506,580) over 1959-60 (from $11,716,788) in spite of the fact that the agent positions requested in the budget for 1960-61 were all denied.

Total collections seem to increase more closely with changes in maximum rates (which were increased from $183 to $200 per month in September, 1960) and with liberalizations in such programs as social security and extended hospitalization insurance coverage, etc.

There appears to be some progress in correcting deficiencies in the bureau's rate-setting functions and other operating procedures in the Sacramento office. However, it appears that a number of improvements should also be made in the field procedures of the unit. The co-ordination of the field staff of the bureau with the individual hospital patients' estates and accounts sections could probably be improved. The field force can apparently settle or compromise an individual account on terms agreed to by the field agent and the payor or responsible relative. It appears that such actions should be subject to more extensive review than the limited attention provided by the field supervisors. There is a need for further study of the procedures under which these programs operate and apparently room for considerable improvement.

Subject to the qualifications as explained above, we recommend that these seven positions be granted as requested.

Department of Mental Hygiene—Continued

The remaining 13.5 positions requested for strengthening administrative services appear to be justified primarily on a workload basis or, in cases where increased service is the major consideration, there are indications that a definite benefit will be realized if the positions are approved.

We, therefore, recommend that these 13.5 positions be approved as budgeted.

II. Research

In addition to its original 1961-62 proposal for research program funds, the department is requesting a supplemental appropriation of $105,000 to cover augmentation costs. (Budget page 377, line 87.)

We recommend approval of the amount requested for this program.

Fifty thousand dollars, or approximately one-half the requested amount, provides the research section with the 5 percent salary increase effective July 1, 1960. The remaining $55,000 is to enable five sociologists to join research teams at four locations and one in the research section of the Department of Mental Hygiene.

The addition of sociologists is in keeping with an increasing awareness of the fact that hospitalization and discharge are very often products of social pressures rather than solely due to illness. The department will be enabled to explore and evaluate the sociological factors and implications involved in the hospitalization, treatment and rehabilitation of mentally ill patients. Emphasis in this area will also be given to the discharge process and the patient's ability to remain in the community after discharge.

III. Training

The following positions and other items are requested to augment the department's professional and administrative training program: (Budget page 378, lines 15-27.)

24	Psychiatric resident (effective June 1, 1962)	$17,040
* 9	Career resident	107,784
* 3	Librarian III	17,316
5	Training assistants	33,360
* 1	Training officer I	8,112
* 1	Intermediate typist-clerk	4,194
4	Student professional assistant	13,824
*	Interhospital training travel expenses	5,000
*	Central office training travel expenses	10,000
	Office equipment	2,600
	Operating expenses	2,100
47	positions plus expense and equipment	$221,330

* Recommended to be deleted.

The professional and administrative training program has been expanded very rapidly since it was initiated in 1958-59 fiscal year, with an original appropriation of $339,842.

Department of Mental Hygiene—Continued

The size and cost of the present program to 1960-61 is listed in the following table:

	Number of positions	*Amount*
Chief of Professional Education	(14)	$216,930
Intermediate stenographer-clerk (for above)	(14)	50,328
Psychiatric residents *	(80) †	643,798
Librarian III	(6)	34,632
Training assistant (including department)	(9)	64,371
Student professional assistants *	(22)	76,032
Consulting funds, books and journals, training aids and equipment		287,679
Specialized training		13,322
	(145)	$1,387,092

* Excludes both institutes
† 24 psychiatric residents positions effective June 1, 1961 calculated at full year cost.

Adding the present program cost to the proposed augmentation figure ($221,330) results in a total cost estimate of $1,608,422 for 1961-62. This does not include the costs of training nursing personnel such as psychiatric technicians, etc. Nor does it include such indirect costs as loss of effective time from regular jobs and other factors. If all related items were to be considered, the department's training program would probably cost in the neighborhood of $3,500,000 annually after adding this 1961-62 proposed augmentation. It is, therefore, evident that training represents a very significant element in the Department of Mental Hygiene.

24 Psychiatric resident II (effective June 1, 1962) (budget page 378, line 31) *$17,040*

We recommend that these 24 positions be approved.

Full year costs for these positions would total $208,224 at present salary levels or $8,676 per position. The department feels that the positions should be established in June, 1962, for recruitment this summer and fall, as it is necessary to secure a commitment almost a year in advance. The agency indicates that this program brings new doctors to the hospitals for further training in psychiatry. They directly serve patients in a workload capacity. This tends to bring new ideas and thinking to the existing staff.

While we recommend the approval of these 24 positions on the basis that they will aid in recruiting professional employees and are included in and will complement hospital workload, we believe the department is in general approaching the problem of training on an inefficient basis.

It would appear that the training could be more efficiently conducted in larger programs at one or two of the major hospitals instead of the present practice of spreading the program over a large number of the hospitals.

This is perhaps not as relevant to the psychiatric residency program at present as to other phases, some of which apparently are being instituted in all the hospitals. A clear example of the department's intended

Department of Mental Hygiene—Continued

approach in training is offered in the nine positions for the proposed career residency program. As explained in the next section, one position would be authorized to undertake training in each of nine hospitals.

Proposed Career Residency Training Program

The agency hopes to add new positions to programs in operation and, in addition, to start a new phase of training with this request for nine career psychiatric residents at a cost of $107,784 or almost $12,000 per year per resident. (This compares to $8,676 per resident for the first year under the previous proposal.) This new career residency training program is proposed for training physicians who are now employed in state hospitals, but who lack training and experience in psychiatry. Those selected would be required to obligate themselves for service following training.

With some two-thirds of hospital doctors lacking psychiatric training, it is readily apparent that this new phase of training alone could cost the State several million dollars annually within a few years. It is doubtful that an obligation could or would be enforced by the department if a trainee refused to serve the agreed period after training. The factors of average age for hospital doctors and other considerations should also be relevant in considering the feasibility of this proposal.

These nine positions would be distributed on the basis of one each to nine different hospitals. It would seem a much more efficient approach if one or two hospitals were selected and more intensive training given at these. The duplication of administrative and professional services in each hospital for training appears to represent an unnecessarily costly approach to this problem.

This proposal for nine positions to initiate a career residency training program should be resolved on a policy basis as this represents the initiation of a new program. It appears that very substantial costs would be involved in following years and that some of the benefits claimed by the department are of dubious merit.

As a purely budgetary problem which affects the total expenditure contemplated for this program, we raise the question as to what budgetary consideration has been given to the difference in salaries and wages between that paid to a career psychiatric resident and that paid to a medical doctor presently employed by the department, but who seeks to avail himself of this career residency training in psychiatry?

We, therefore, recommend that these nine career psychiatric resident positions be disallowed, reducing salaries and wages $107,784. (Budget page 378, line 44.)

5 Training assistant I (budget page 378, line 66)_____ $33,360
4 Student professional assistant (budget page 378, line 17)___ 13,824

Training assistant positions were provided in the 1960-61 Budget for the larger hospitals. These additional positions would be authorized at DeWitt, Mendocino, Porterville, Modesto and Fairview. Only Atascadero would not have such a position in 1961-62.

Department of Mental Hygiene—Continued

The positions would provide technical assistance in the personnel and training functions at the hospitals. The multitude of administrative duties involved at the hospital level and the added problems in the hospital personnel offices, as evidenced by the department's high vacancy rates and other factors would seem to substantially support the positions on a workload basis. However, there is the question of the appropriateness of the policy of placing a separate professional training program in each hospital with the resultant dispersal of training resources.

We, therefore, recommend approval of these positions on the basis of their workload contribution in personnel administration.

The four student professional assistant positions are requested for Atascadero, DeWitt, Modesto and Fairview and would complete the staffing of one position per each of the 14 hospitals. Ten positions were authorized in 1960-61. The positions should be utilized within the workload formula for whichever category is recruited. This may range among rehabilitation services, psychology, social services, nursing service and food service. This request also raises the policy question of how far the department should go in training personnel in such areas as these. A very sizeable training program is probably envisioned by the department in these fields, therefore, this request to complete staffing of one position at each of the 14 hospitals probably represents only a beginning.

Subject to these policy qualifications, we recommend these four student professional positions only upon the department's demonstration that they will be utilized in a workload category.

This proposal also involves the policy consideration of how extensive should training in the hospitals be in this area. We believe that such professional training should more appropriately be a function of the educational system.

Travel expense (budget page 378, lines 73 and 81)_____ $15,000

We recommend that the $15,000 requested for travel funds be disallowed.

The agency requests $5,000 for interhospital training travel and $10,000 for travel between the hospitals and central office.

Interhospital travel would, according to the agency, provide a means of communicating new ideas, approaches or understandings in imparting knowledge or skills. The appropriation would cover travel costs for trainers within the department.

The $10,000 request for training travel would defray the costs of nonmedical personnel from the hospitals to undergo training at the departmental central office. The agency hopes by this means to develop administrative personnel so that they may assume key positions as vacancies occur.

This request for travel funds should again be considered in relation to the department's policy of establishing separate training programs at all institutions. Apparently, this will call for a constant shuffling

Department of Mental Hygiene—Continued

of training personnel. The $15,000 requested for 1961-62 probably represents only a beginning in this field. The loss of time from regular jobs would be greatly increased over intrahospital training. This new proposal raises such policy questions as to what direction the training program should take, how large it should be, and what it is accomplishing. We have seen no effort as yet on the part of the department to evaluate the accomplishments of the professional training program. Any program increases should be objectively supported in order that the agency might do the most with its available resources.

1 Training officer I (budget page 378, line 6) *$8,112*
1 Intermediate typist-clerk (budget page 378, line 7) *4,194*

These positions were requested last year but denied by the Legislature. The training officer I would serve as an assistant to the departmental training officer at headquarters and would be charged with the co-ordination, reinforcement and evaluation of training.

We would again question the effectiveness of such headquarters' nonmedical positions in co-ordinating hospital psychiatric and medical programs. It would seem that the most that could be offered would be mechanical routine procedural co-ordination which, while of value, would not extend into the actual substance matter of medical training. The hospitals each have a chief of professional education position ostensibly in charge of professional training. With this hospital staffing, the single position of departmental training officer should be able to provide effective co-ordination among hospital programs at least until administrative training has been greatly increased.

We, therefore, again recommend that these two training positions be denied at this time, a savings in salary and wages of $12,306. (Budget page 378, lines 6 and 7.)

3 Librarian III (budget page 378, line 54) *$17,316*

The three requested librarian III positions would provide professional librarian service at Agnews, Mendocino and Patton. The department requested these three positions last year but was unable to justify them on a workload basis. We recommended that such a position be authorized at those hospitals having both a training program and one of the department's research teams. Six hospitals qualified on this basis last year. The library functions should be oriented toward training and research and a full-time position of this level would appear justified only on the basis that such fully operating research teams be actively engaged at the hospitals in order to fully utilize such facilities.

We, therefore, again recommend against further increases in library staffing until the department sets up formal research teams in these hospitals, a savings in salaries and wages of $17,316. (Budget page 378, line 54.)

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curred in spite of the large increases for the hospitals in personnel and other budget items since 1957-58.

The department, during the last few years, has indicated that a definitive evaluation would be prepared outlining in an objective manner the accomplishments of the after-care program as a guide for the Legislature in considering the expansion of the program. In spite of specific legislative requests for such material, the agency has not provided such an evaluation.

We believe that the continued expansion of this program involving an additional $135,500 under these circumstances, therefore, asks that a policy determination be made by the Legislature without the benefit of such supportive data.

Other Posthospital Services

The following requests are submitted by the department for the Bureau of Social Work. This agency, headquartered in Sacramento, is in charge of the statewide leave program. The Bureau of Social Work conducts preleave investigations, arranges placements of patients to leave status, and endeavors to assist them in adjusting to home situations and in obtaining employment.

5 Senior psychiatric social worker (budget page 379 line 48) $31,800
2 Intermediate typist-clerk (budget page 379, line 49)_____ 8,388

The department is requesting five senior psychiatric social worker positions and two intermediate typist-clerk positions. The currently authorized workload level is one social worker for every 67.5 active leave cases. This adjustment is necessary to maintain the presently authorized level of service in the field services in accordance with existing workload standards.

We recommend approval on a workload basis.

Additional office space (budget page 379, line 58)_____ $26,000

The Bureau of Social Work assigns social workers to various geographical areas over the State. This provides efficient service to patients on leave and minimizes travel time. The program requires the rental of office space in a number of cities. The continued expansion of social work services, plus the increased cost of lease renewals, necessitates an additional expenditure of $26,000 in fiscal year 1961-62.

We recommend this request be approved.

Family care home payments (budget page 379, line 67)_____ $78,720

The State provides funds for the placement of patients in family care homes as a step toward their rehabilitation and return to society. Current estimates indicate that a total of 1,570 fully financed and 185 partially financed cases will be eligible for this program as of June 30, 1962. This represents an average increase of 60 fully financed and eight partially financed over the estimated 1960-61 year-end number. In order to finance this increase, available funds for the program must be augmented by $78,720.

We recommend approval as budgeted.

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VI. Hospital Services

The department's requests for 823 additional positions in the area of hospital services are listed in the following table. These proposed positions are categorized as either workload or increased service. According to departmental standards, most positions clearly fall into either the increased workload or increased service classification. The remaining positions, possessing elements of both workload and increased service, have been placed in the category which predominates: (Budget page 379, lines 4 to 38.)

	Workload		*Increased service*	
A. Workload for Increased Admissions	*Positions*	*Cost*	*Positions*	*Cost*
Staff psychiatrist	13	$171,600	--	--
Clinical psychologist	9	69,552	--	--
Senior psychiatric social worker	10	63,600	--	--
Supervising psychiatric social worker	1	7,008	--	--
Intermediate typist-clerk	11	46,134	--	--
B. Strengthening Hospital Services				
Assistant superintendent, children's unit	--	--	2*	$30,576
Intermediate stenographer-clerk	--	--	2*	8,388
Supervising psychiatric nurse/technician	5	26,160	--	--
Intermediate typist-clerk	6	25,164	8*	33,552
Food service assistant	--	--	5*	16,470
Security officer	--	--	40*	166,140
Group leader (psychiatric technicians)	7	26,670	--	--
Assistant superintendent, psychiatric	1	15,288	--	--
Supervising psychiatric technician	5	26,160	--	--
Assistant supervisor rehabilitation services	2	12,120	--	--
Telephone operator	1	3,810	--	--
Intermediate file clerk	2	7,992	--	--
Assistant seamstress	1	3,456	--	--
Physical therapist	3	16,902	--	--
Laboratory assistant	5	19,050	--	--
Psychiatric technician	--	--	583*[1]	902,732
Surgical nurse, technician, clerk	--	--	99*	208,199
Neuropathology technician	1	5,772	--	--
Senior account clerk	1	4,626	--	--
Reclassification of 487 psychiatric technicians to senior psychiatric technician I	--	--	--	74,511
Cancer treatment	--	--	--	30,000
Related expenses	--	51,000	--	--
Total	84	$602,064	739	$1,470,568
Grand total—823 positions at a cost of				$2,072,632

* Recommended for deletion.
[1] Recommend 291 of the 583 be deleted.

We recommend that 376 positions at a cost of $1,158,733 be approved as requested. We recommend that the remaining 447 positions, indicated by asterisks in the previous table, be disallowed, reducing salaries and wages $913,793.

Following is our analysis of the factors relative to the major department requests in the area of hospital services:

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Treatment Positions

We recommend that the 44 workload positions requested at a cost of $357,894 be approved as requested. (Budget page 379, line 49.)

We also recommend that the department prepare a report to be available for budget review next year on its workload bases in this area with particular reference to the weight it places on readmissions as a factor in staffing.

13	Staff psychiatrists (Budget page 379 line 43)	$171,600
9	Clinical psychologist II (Budget page 379 line 44)	69,552
1	Supervising psychiatric social worker I (Budget page 379 line 45)	7,008
10	Senior psychiatric social worker (Budget page 379 line 46)	63,600
11	Intermediate typist-clerk (for above) (Budget page 379 line 47)	46,134
44	positions	$357,894

These positions are mainly in the treatment category and are requested on a team basis for increased admissions. The positions, together with their distribution to the various hospitals would be on the following basis:

	Staff psychiatrist	*Clinical psychologist*	*Social work supervisor*	*Social work senior*	*Intermediate typist*
Agnews	4	1	--	3	3
Atascadero	1	--	--	--	--
Camarillo	--	2	--	1	1
DeWitt	1	--	--	--	--
Mendocino	1	--	1	2	1
Metropolitan	--	2	--	--	1
Modesto	--	--	--	--	--
Napa	3	2	--	2	3
Patton	--	--	--	--	--
Stockton	3	2	--	2	2
Totals	13	9	1	10	11

The workload standards for these positions are shown as follows, together with the currently authorized level of staffing which these positions would maintain.

Psychiatrist
1 per 100 adjusted annual admissions plus.
1 per 200 year-end resident population.
Currently authorized level 87 percent of goal.

Clinical psychologist II (hospitals for mentally ill)
1 per 300 adjusted annual admissions plus.
1 per 1,000 year-end resident population.
Currently authorized level 90 percent (hospital for mentally ill).

Senior psychiatric social worker
1 per 100 adjusted annual admissions plus.
1 per 500 year-end resident population.

1 supervising psychiatric social worker—1 per six caseworkers.
Currently authorized level 62 percent of goal (mentally ill).

Intermediate typist-clerk (for above).
1 per each 3 above professional positions.

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It is evident that the above workload formulae place high emphasis on the admissions factor. Admissions, for instance, accounted for more than 50 percent of all the psychiatrist and physician positions authorized under this workload formula in 1959-60 and 1960-61. It is not unusual to have new positions justified on the department's workload basis at a hospital for which the year-end population is actually declining. The loss may more than be made up by increasing admissions alone.

The department seeks to put this heavy weight on admissions in order to place treatment emphasis on newly admitted patients because these have a better chance of getting out than the long-term patients.

First admissions to the 10 hospitals for the mentally ill are estimated at 14,740 for 1960-61. The total is expected to increase to 15,200 for 1961-62, an increase of 460 patients or 3.1 percent.

It appears that this emphasis is properly placed on those patients who are being admitted for the first time; however, a considerable proportion of all admissions consists of patients who are being readmitted.

Readmissions to the hospitals for the mentally ill have been increasing very rapidly in the past few years (from 3,500 in 1953-54 to an estimated 7,150 for 1961-62, or by 104.3 percent. In contrast, first admissions increased during this period from 12,269 to an estimated 15,-200 or by 23.9 percent.

Increasing emphasis is, therefore, being given to the readmissions factor in this workload area. In fact each readmission patient is given the same weight as a first admission. It appears that about one in five of all the psychiatrists and physicians' positions under the present workload formula is included by the weight of the readmissions factor. This would total about 70 positions for 1961-62 on the basis of readmissions at the rate of one position per 100 readmissions.

A readmission represents a failure on the part of the department's treatment program. Is the department more successful with this type patient on the second or third time around? Therefore, to what extent is it justified to give this much weight to staffing on the basis of readmissions? These are questions which the department should explain in justifying the weight given this factor.

While we are recommending approval of the positions requested on the present workload basis this year, we feel that the department should thoroughly analyze its workload formulae in which admissions are given important weight.

We, therefore, recommend that a report be submitted next year by the department, showing full justification for the weight that is being given to this readmission factor in present workload formulae.

Nursing Personnel

583 Psychiatric technician (budget page 380, line 82)_____ $902,732

The effective dates would be staggered during 1961-62 as follows: 200 effective November 1, 1961; 200 effective January 1, 1962; and 183 effective April 1, 1962. Full year costs for these 583 positions are estimated at $1,920,402 at current salary levels. Consideration should be

Department of Mental Hygiene—Continued

given to the fact that this represents a new program which would cost about $2,000,000 or more annually after 1961-62.

These positions are requested for the following hospitals in the numbers indicated to continue staffing at 91.5 percent of the department's current staffing standard:

Hospital	*Now authorized*	*Number required at 91.5% of goal*	*Proposed positions*	*Percent increase*
Atascadero	319	408	89	27.9
Camarillo	1,197	1,407	210	17.5
DeWitt	532	587	55	10.3
Mendocino	503	517	14	2.8
Metropolitan	824	849	25	3.0
Modesto	598	615	17	2.8
Fairview	625	719	94	15.0
Pacific	940	962	22	2.3
Porterville	776	833	57	7.3
Totals	6,314	6,897	583	9.2

The staffing standard varies between 3.6 patients per employee for juvenile wards to 13.9 patients per employee on alcoholic wards in the hospitals for the mentally ill. The range is from 2.9 patients per employee on medical and surgical-pediatric wards to 13.9 patients per employee on vocational wards in the hospitals for the mentally deficient.

The departmental standard for staffing the nursing services activity is based primarily on ratios by type of patient. These ratios based on rated capacity without relief for the mentally ill and mentally retarded are:

Classification	*Mentally ill patients per employee*
Receiving and acute treatment	4.4
Continued treatment	11.3
Senile	9.7
Medical and surgical	4.5
Juvenile	3.6
Alcoholic	13.9
Tuberculosis	5.9
Criminal	7.8

Classification	*Mentally retarded patients per employee*
Nursery	5.3
School	8.8
Vocational	13.9
Bedridden	4.0
Wheelchair	8.9
Habit training	7.8
Medical and surgical, pediatric	2.9
Medical and surgical, adult	2.9
Tuberculosis	5.6
Behavior problems	5.5

The presently authorized level of staffing is 91.5 percent of these goals as outlined above. This level was authorized by the Legislature

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in 1959-60 with the approval of 899 nursing positions to reach and maintain service at the 91.5 percent level. In 1960-61, an additional 159 nursing positions were granted to keep the level of service from falling below this figure.

An additional 583 nursing personnel comprise this request for 1961-62. According to the agency these positions will continue to maintain service at the 91.5 percent level authorized by the Legislature. An additional 67 psychiatric technician positions are requested under the next item in our analysis, and a request to reclassify 487 psychiatric technician positions to senior level I is also presented there.

It would thus appear that a great deal of staffing is required just to stay even. In reality, the department has been doing much more than staying even. The 583 positions requested for 1961-62 would be used in reclassifying wards from lower staffing levels (such as continued treatment to higher levels such as acute treatment). Large portions of those positions requested in the 1959-60 and 1960-61 fiscal years were also for this same purpose.

An increased staffing level can be accomplished by raising the authorized level above the currently authorized 91.5 percent of goal. It can also be accomplished by remaining at the same goal level through, as explained above, changing a ward of patients from the continued treatment classification for which the goal is one nursing employee per 11.3 patients to an acute treatment category for which the goal is 4.4 patients per employee. In the hospitals for the mentally ill, the lowest staffing level is 13.9 patients per employee and the highest is 3.6 patients. Patients transferred from the lowest to the highest treatment level could thus receive a 286 percent increase in staffing and still ostensibly stay at the same percentage of staffing goal. In the hospitals for the mentally deficient, the range could represent a 379 percent increase in actual staffing standard. The possible increase in level of staffing does not for most patients present as large a range of improvement as indicated above, but a large potential overall is represented under this procedure.

A comparison of the overall number of psychiatric nursing positions authorized in 1958-59 with the overall number in 1961-62 if all these 583 positions were to be authorized indicates the following changes for these hospitals in which the new positions are requested for 1961-62:

Psychiatric Technicians

Hospital	*Number authorized 1958-59**	*Number proposed plus authorized 1961-62*	*Patients per technician position 1958-59*	*Patients per technician position 1961-62†*
Atascadero	226	408	4.6	3.8
Camarillo	1,158	1,407	5.5	4.5
DeWitt	481	581	6.2	3.9
Mendocino	433	517	5.6	4.5
Metropolitan	698	849	5.4	4.7
Modesto	538	615	5.4	3.8
Fairview	385	719	0.8	2.5
Pacific	866	962	3.4	3.1
Porterville	757	833	3.3	3.0

* As indicated in 1959-60 Budget.
† Estimate as shown in 1961-62 Budget.

Department of Mental Hygiene—Continued

If the currently authorized number of psychiatric technician positions is not increased, the number of patients per technician position during 1961-62 would be:

	*Patients per technician position**		*Patients per technician position**
Atascadero	4.8	Modesto	3.9
Camarillo	5.3	Fairview	2.9
DeWitt	4.3	Pacific	3.2
Mendocino	4.6	Porterville	3.2
Metropolitan	4.8		

* Based on 1960-61 authorized positions and 1961-62 population estimates.

The process of reclassification thus represents an actual improvement in level of service. The results of this program are evident if the number and percentage of patients in several contrasting types of wards are compared as of 1952 and as of 1960. This is shown in the following table:

Mentally Ill	*1952**	*Percent of total*	*1960**	*Percent of total*
Continued treatment patients (11.3:1)	17,546	52.6	12,526	34.9
Acute treatment (4.4:1)	3,845	11.5	7,420	20.7
Total patients	33,369	100.0	35,902	100.0
Mentally Deficient				
Habit training (7.4:1)	2,579	38.8	2,600	22.1
Medical and surgical (2.9:1)	160	2.4	2,874	24.5
Total patients	6,644	100.0	11,744	100.0

* As of June 12, 1952 and October 26, 1960.

In 1952, 17,546 patients were under continued treatment, but by 1960, this treatment classification accounted for only 12,526. On the other hand, patients under acute treatment increased from a 1952 aggregate of 3,845 to a 1960 figure of 7,420. Similar classification policies have also been followed in hospitals for the mentally retarded. Accordingly, these practices have resulted in an improved level of service received by the mentally ill and retarded.

The agency's new cohort data raises questions as to how successful the department is in treating and obtaining cures for long-term type patients. This is discussed in the section of the Analysis titled "Program Evaluation by Statistical Analysis" (pages 461 to 473). Unless the department can show commensurate releases for patients changed from continued treatment to acute treatment type wards, the reclassification procedure upon which this request for 583 new positions is supported must be based largely on the proposition that it is justified through improvement to the patients' welfare in the hospital and not on the basis of additional releases.

This involves a policy question, because the department has always maintained that program increases can be justified from the added savings which would accrue from the added releases.

This request actually represents a large element of increased service. Added to this is the fact that the proposal would require an annual

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expenditure of about $2 million or more after 1961-62, instead of the $902,732 which provides the positions for only a part of the fiscal year.

In view of these factors, it seems that approval of 292, or one-half the requested 583 positions, would provide the department with a large increase in service. The agency still would be enabled to reclassify a significant number of additional wards to higher level staffing categories in the 1961-62 fiscal year. In approving these 292 positions, it becomes incumbent upon the department to correlate patient rehabilitation and release rates with increases in level of service.

We, therefore, recommend that 292 of these positions be approved and that 291 be disallowed at a savings in salaries and wages of $450,468 (budget page 380, line 82).

99 Surgical nurse, technician and clerk (budget page 381, line 43) *$208,199*

This request comprises 99 positions in the categories and numbers of positions indicated in the following table by hospital:

Hospital	*Total required*	*Intermediate typist-clerk*	*Surgical nurse I*	*Graduate nurse*	*Psychiatric technician trainee*
Agnews	10	1	1	1	7
Atascadero	6	1	1	1	3
Camarillo	9	1	–	–	8
DeWitt	6	1	1	1	3
Mendocino	5	1	–	1	3
Metropolitan	8	1	–	1	6
Modesto	6	1	1	1	3
Napa	7	1	–	–	6
Patton	10	1	1	1	7
Stockton	6	1	–	–	5
Fairview	6	1	1	1	3
Pacific	6	1	–	1	4
Porterville	6	1	1	1	3
Sonoma	8	1	–	1	6
Total	99	14	7	11	67

The effective dates for the positions would be staggered as follows:

14	Intermediate typist-clerk (effective July 1, 1961)	$58,716
7	Surgical nurse (effective October 1, 1961)	26,145
11	Graduate nurse (effective January 1, 1962)	26,070
20	Psychiatric technician (effective November 1, 1961)	43,400
20	Psychiatric technician (effective January 1, 1962)	32,160
27	Psychiatric technician (effective April 1, 1962)	21,708
99	Positions	$208,199

This proposal represents only part year costs for all the positions except the clerical class. We estimate that full year costs at present salary levels would total $368,175 for the 99 positions. The full year costs for such a proposal should be considered as this is the program level that will have to be supported after 1961-62.

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The positions are proposed to provide increased service in purely hospital nursing functions including surgery central supply, specialty clinics, immunization programs, skin testing programs and recovery rooms. None of the positions would have any ward duties.

The department indicates that there are now 56 personnel functioning in this area and that the addition of the proposed 99 positions will bring staffing to the required level of 155 positions.

The request clearly represents increased service for functions now being performed. There are no major increases in over-all hospital populations contemplated for 1961-62. The department has not provided sufficient justification for increasing the level of service in this area.

There is no indication as to what deficiencies are being experienced under present staffing nor how these new positions would affect such factors as release rates. Such areas as surgery and recovery rooms should be adequately staffed currently to continue the present level of service. In this respect, it would also appear that in a department with authorized staffing of almost 900 registered nurses, nursing personnel from ward and area offices should also be available together with their patients for immunization and other programs.

Staffing for central supply and clerical functions is provided on a regular workload standard and any increases should be justified on that basis. This has not been forthcoming from the department.

Additional clerical time is becoming available to the hospitals as paper forms usage and administrative procedures are improved. These represent actual increases in level of service. This area offers such a tremendous potential to the department that it has considerable opportunity to strengthen its clerical functions and raise efficiency without requesting any new positions in this field.

It would hardly appear appropriate to authorize these 99 positions in the increased level of service category in view of the budget estimate that salary savings accruing from vacant positions for 1961-62 will total $9,208,784. There are presently serious shortages of personnel in the professional nursing classes as indicated by the department's vacancy rates.

Of the total of 99 positions requested for these services, 67 are psychiatric technician-trainees. It would appear that the department could continue to utilize ward nursing personnel for immunization and other programs in which these personnel accompany their patients to the treatment scene. It would seem inappropriate to provide an additional increase in this area in view of our previous recommendation that ward nursing staffing be increased by 292 positions.

We, therefore, present this increased level of service request on a policy basis and recommend that the 99 positions requested be deleted at a savings in salaries and wages of $208,199. (Budget page 381, line 43.)

Senior psychiatric technician I—reclassification of 487 authorized psychiatric technician positions (budget page 381, line 82) ---------- *$74,511*

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The department proposes reclassification of authorized positions in order to provide additional second level nursing supervision on nonacute hospital wards. This reclassification would permit assigning a psychiatric technician I on each shift for every nonacute ward. The following table lists the number of reclassifications required at each hospital to accomplish this:

Hospital	*Proposed reclassification*	*Hospital*	*Proposed reclassification*
Agnews	52	Napa	50
Atascadero	25	Patton	44
Camarillo	43	Stockton	42
DeWitt	31	Fairview	18
Mendocino	16	Pacific	32
Metropolitan	43	Porterville	34
Modesto	32	Sonoma	25
		Total	487

This reclassification would permit the hospitals to provide a charge technician with consequent responsibility to be on duty for all wards on each shift. It has not previously been possible to accomplish this. It should be considered and recognized that this actually constitutes a promotion for the personnel concerned.

This proposal seems to represent a strengthening of hospital services and procedures. In this respect, it appears desirable. It should, however, also be considered in relation to the general 5 percent salary increase proposed by the department for psychiatric technicians. These 487 personnel would, in fact, receive a two step increase or 10 percent.

We recommend approval of this reclassification.

2 Assistant superintendent, children's services (budget page 380, line 12)	*$30,576*
2 Intermediate typist-clerk (budget page 380, line 13)	*8,388*
4 Positions	*$38,964*

The department proposes to establish separate medical administrative supervision over the children's unit at Napa and Camarillo State Hospitals.

We recommend that the two superintendent, children's services, positions together with the two intermediate typist-clerk positions, be denied, reducing salaries and wages by $38,964. (Budget page 380, lines 12 and 13.)

The following organizational chart outlines the current relationship of the top level administrative personnel at both Napa and Camarillo State Hospitals.

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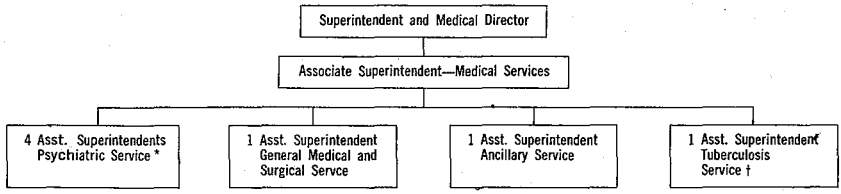

* Napa has 3 assistant superintendents, Psychiatric Service.
† This position does not exist at Camarillo as that institution does not treat tubercular patients.

The assistant superintendents, ancillary service, presently are responsible for the children's units at Camarillo and Napa. The department's new proposal would eliminate this responsibility by creating the position of assistant superintendent, children's services. The *only* function of this new assistant superintendent would be supervision of a children's unit.

At the present time, Camarillo and Napa have more high level administrative personnel than any other state mental hospitals; each hospital having one associate superintendent and six assistant superintendents. Additionally, these two institutions are the only facilities authorized an assistant superintendent, ancillary service, which contains these children's units. It should also be noted that these children's units are not very large. Napa, the larger of the two, has only a 216-bed capacity. It would seem rather premature to establish an assistant superintendent position solely to administer such small units for which adequate staffing already appears to be authorized. As of December 20, 1960, the Camarillo children's unit had only 152 patients, while the Napa facility had an even smaller patient population of 135. We feel that these children's units should continue under the direction of the assistant superintendent, ancillary service.

Another consideration is the caliber of personnel under the supervision of the superintendent, ancillary service. These include personnel in social work, psychology, rehabilitation, therapy, chaplaincy, library and school programs. These units at Camarillo and Napa are currently staffed by personnel highly trained in professions having recognized standards within their specialty. They should not require intense supervision if the areas of activities are well defined and adhered to, and they are delegated sufficient authority to carry on their day-to-day work. The position of assistant superintendent, ancillary service, was created to perform this function. We believe that the authorization of an additional assistant superintendent specifically for the children's services is unwarranted.

*5 Food service assistant (budget page 380, line 42)*_____ *$16,470*

The department proposes to add five food service assistant positions to staff the new food cart delivery room now under construction in the main kitchen at Napa State Hospital. This arrangement will allow food to be delivered to the several central and ward dining rooms by food carts rather than as accomplished under the present system of carrying

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the food in aluminum stock pots. A staff of five would be required, according to the agency, to cover two shifts per day.

The department does not indicate how many food service assistants are now required to carry the food in aluminum stock pots. We would presume that the introduction of a new system, if it is worthwhile, would provide for the accomplishment of a specific task in a more efficient manner. This proposal, therefore, hardly appears consistent if, instead of thus reducing the number of food service assistants (or at the very least holding them equal), it actually requires five additional positions.

The 1961-62 average population at Napa is estimated to increase by only 52 patients over the 1960-61 estimate (from 5,223 to 5,275). This, therefore, appears not to be of great importance in considering this request. A total of 126 feeding positions are presently authorized at the hospital. Of this total, 87 are food service assistants. On a patient population basis, this equals one food service assistant per 61 patients.

The following table for the 10 hospitals for the mentally ill indicates the average population, numbers of food service assistants presently authorized (does not include supervisory levels) and the number of patients per food service assistant:

Hospital	*Average population 1961-62**	*Food service assistants authorized†*	*Patients per food service assistant*
Agnews	4,117	76	54
Atascadero	1,540	19	81
Camarillo	6,307	82	77
DeWitt	2,836	37	77
Mendocino	2,338	49	48
Metropolitan	3,950	124	32
Modesto	2,461	48	51
Napa	5,275	87	61
Patton	4,745	99	48
Stockton	3,700	85	44
Totals	37,269	706	53

* Estimated.

† 1960-61 and 1961-62 with exception of proposed five new positions at Napa which are not included in above count.

It is noted that staffing ranges all the way from one food service assistant per 81 patients at Atascadero to one per 32 patients at Metropolitan. Three hospitals have a lower staffing level than Napa and six have a higher level. If the five new positions requested for Napa were to be granted the new staffing level would be one employee per 57 patients in 1961-62.

We do not believe the department has developed an adequate workload basis in this area to justify such disparities in staffing levels between the hospitals. Current staffing is predicated on a post assignment system and is not related to specific workload data such as number of meals served, etc. The specific proposal for five additional positions at Napa also does not appear to be adequately justified on a workload

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basis. There is also no indication as to how many presently authorized positions can be utilized in this new function.

We, therefore, recommend that these five positions of food service assistant be disallowed, reducing salaries and wages $16,470 (budget page 380, line 42).

Maintenance and Operating Personnel—Security Officers

10 Security officer II (budget page 380, line 52)	*$46,260*
30 Security officer I (budget page 380, line 53)	*119,880*
40 Positions	*$166,140*

We recommend that this request be denied, reducing salaries and wages $166,140. (Budget page 380, line 55.)

The department is proposing to provide a basic security staff of five positions at each hospital, with the exception of Atascadero, which is staffed on a special basis. Stockton, Patton, and Sonoma are already authorized at this level or above.

A total of 40 new positions are requested, costing $166,140 and, added to the current staff, would provide security coverage of one employee on duty, 24 hours a day, seven days a week. The following table indicates the distribution of proposed new positions by hospital:

Hospital	*Positions now authorized*	*Proposed new positions*	
		Security officer II	*Security officer I*
Agnews	–	1	4
Camarillo	–	1	4
DeWitt	2	1	2
Mendocino	–	1	4
Metropolitan	1	1	3
Modesto	2	1	2
Napa	1	1	3
Patton	5	–	–
Stockton	6	–	–
Fairview	–	1	4
Pacific	1	1	3
Porterville	3	1	1
Sonoma	5	–	–
Totals	26	10	30

The department indicates that the primary function of a hospital security force is patient protection, traffic control, and protection of property.

Patient Protection

Although the psychiatric technicians have primary responsibility for patient protection, the department feels that security personnel can lend valuable assistance in cases where the public or other hospital employees are involved. The department's study on this problem indicates that protection from the public is the psychiatric technician's job.

As patients having ground privileges leave their wards, there apparently should be some control maintained to the extent that psychiatric technicians also accompany the patients in groups or otherwise

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to various activities on the grounds. This seems especially pertinent to activities at the hospital canteens surrounding which large numbers of patients are frequently seen in the daytime. More work activities for patients would probably also reduce the amount of such idle time. In any case, it is improbable that a single uniformed hospital police officer could be of much use over wide areas of the hospital grounds. The nursing staffing provided for ward coverage should also accompany patients when they leave the wards or, in effect, be fully responsible for their patients at all times. It would also seem that protection from employees is a definite administrative responsibility more effectively handled by other means than through a security officer.

Traffic Control

The department claims that traffic snarls are caused by wandering patients. Other contributing factors are employee traffic, service trucks, and both authorized and unauthorized visitors. It is not uncommon for weekend visitors to total 800-1,000 at the larger institutions. In this area it would seem reasonable that first some consideration be given to the staggering of employee shifts; resulting in a more even flow of employee cars to and from the hospital. A visitor's parking lot might also warrant consideration at some of the hospitals.

Protection of Property

The department reports that patients, employees, and visitors have all been involved in incidents of stealing or destroying state property, the greatest loss being in expendable materials and supplies. There have also been incidents of petty theft and vandalism to employees' cars. However, no actual indication as to how much state property is lost or destroyed in these ways is indicated. The department should furnish specific substantiation indicating the magnitude of and actual cases of such occurrences. This should be compared with the experience at the three hospitals which are fully staffed to indicate the improved effectiveness resulting. A related problem in this area has been that of unauthorized hunting and fishing on the hospital grounds. Apparently, patients and employees have certain privileges in this respect on the hospital grounds. According to the agency, ". . . Stockton reports trouble with hunters during pheasant season; firearms being particularly dangerous to cattle and patients". It is noted that Stockton already has more than the full complement of security officers requested at the other hospitals (six instead of five). This is probably indicative of the ineffectiveness of such a force unless large numbers of additional personnel were to be hired. This emphasizes the fact that the department should more fully utilize nursing staffing under the basic responsibility of providing for patient protection.

In its substantiation report, previously referred to by the department in its proposal for a basic hospital security force, the importance of uniforms for security personnel was emphasized. The report states ". . . there is a definite advantage to having security personnel wear uniforms—the presence of a badge and uniform is a deterrent to

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potential law breakers. This is why all of our local law officers wear them. Standardizing a uniform to be worn by all hospital police personnel will not only increase their effectiveness, but will help to establish their identity to patients and to the public." Perhaps this recommendation has some merit from a law enforcement point of view. But it might be more important for the department to weigh this purported advantage against patient morale and the possibility that certain public sentiment might find the use of uniformed security enforcement personnel objectionable.

A similar request was proposed in the 1957-58 budget. Justification for that program, based on the joint study by the departments of Mental Hygiene and Finance, was deemed insufficient to warrant a 1957-58 requested expenditure of $132,126. Some of the changes in the new proposal are (1) addition of five more positions, accounted for by the opening of Fairview State Hospital since the initial request, (2) increase in the proposed initial annual expenditure from $132,126 for 1957-58 to $166,140 in the 1961-62 fiscal year, (3) a change in job classification from Hospital Police Officer to Security Officer.

According to the previously cited study on this program, the current request is for a *basic* security unit. This report then makes reference to a *full standard* security force, but no mention is made of how many more police officers would comprise a *full standard* security force; only that this is a desired goal and that full need will be determined at a later date. In actuality, then, this is probably only the beginning of a whole new program at the hospitals, and the $166,140 is only a small proportion of what would appear to be ultimately requested if a program of the scope intimated in the previously cited study were to be financed. Additionally, the department has previously been unable to substantiate the necessity for such a program.

The department should gather the data necessary to ascertain the annual expenditure required to maintain what it considers to be a *full standard* security or police force. Because of the large areas covered by the hospitals and the multitude of activities going on, it would be virtually useless to have a one-man basic force on duty for traffic control, patient protection and property protection.

We also note in the prior report submitted by the agency on this matter that a total of 76 positions, in classifications other than authorized watchmen, are being utilized in whole or part for security work.

With this substantial diversion of existing staffing authorized for other purposes now taking place, it would appear that the agency would achieve its desire for a uniformed security force at a minimum level by simply abolishing an equivalent number of existing positions in other classifications now being diverted to this activity, and setting up a comparable number of a new class of security officer positions having the same number of man-years of employee time.

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We recommend that this request for 10 security officers II and 30 security officers I be disapproved, reducing salaries and wages by $166,140. (Budget page 380, line 55.)

8 Intermediate typist-clerk (budget page 381, line 16)_____ $33,552

We recommend that these eight intermediate typist-clerk positions be disapproved, a saving in salaries and wages of $33,552.

These eight positions are requested to provide clerical staffing in the X-ray departments of the eight smaller hospitals. Current staffing and the added positions under this proposal are listed below:

Hospital	*Positions now authorized*	*Additional positions proposed*
Agnews State Hospital	-	1
Atascadero State Hospital	-	1
Camarillo State Hospital	1	-
DeWitt State Hospital	-	1
Mendocino State Hospital	1	-
Metropolitan State Hospital	1	-
Modesto State Hospital	-	1
Napa State Hospital (Second position for TB)	2	-
Patton State Hospital (Second position for TB)	2	-
Stockton State Hospital	1	-
Fairview State Hospital	-	1
Pacific State Hospital	-	1
Porterville State Hospital	-	1
Sonoma State Hospital	-	1
Totals	8	8

The department justifies the positions on the grounds that professional staff in the X-ray departments are now required to perform many time-consuming clerical functions which reduce effective professional production time. The department further states that these remaining hospitals are smaller only by comparison and each actually constitutes a large operating unit.

It would appear logical to assume that a smaller hospital by comparison would accordingly also have less workload in this area in spite of the agency's apparent assumption to the contrary.

This is not a difficult area in which to develop workload data based on production. The producing and recording of X-rays should provide easily identifiable and measurable production units.

The department has not, however, provided such basic data in support of their request.

In order to adequately demonstrate a need for these positions, the department should provide information on such factors as the following:

1. How many X-rays are given per year in each of the hospitals?
2. What is the average time necessary per X-ray to accomplish the clerical functions of recording, etc.?
3. How much overtime work has become necessary on the part of the professional X-ray staffs?

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4. How much time is spent by professional X-ray staff on clerical functions?
5. What, if any, clerical staffing is available at present in these smaller hospitals?

It would appear that, if a full-time clerical position can accomplish this work at the larger hospitals (excepting Napa and Patton because of the tuberculosis units), it should take less than a full position at these smaller ones. On a population basis, there are very considerable differences in the sizes of the hospitals. This factor is compared for 1961-62 on an estimated average population basis as follows:

Six hospitals staffed for X-ray clerical services	*Average population 1961-62*	*Eight hospitals for which positions are requested for X-ray clerical staffing*	*Average population 1961-62*
Hospital		*Hospital*	
Camarillo	6,307	Agnews	4,117
Napa	5,275	Sonoma	3,765
Patton	4,745	Pacific	3,000
Metropolitan	3,950	DeWitt	2,836
Stockton	3,700	Porterville	2,500
Mendocino	2,338	Modesto	2,461
		Fairview	1,832
Total	26,315	Atascadero	1,540
Average patients per hospital	4,253	Total	22,051
		Average patients per hospital	2,756

With such a difference in numbers as indicated above in the two categories, a full clerical position appears not to be justified at these smaller hospitals, especially for such small hospitals as Fairview and Atascadero which are also requesting a position each.

The present position at Mendocino appears also to be unsubstantiated, the population being only slightly more than a third of that at Camarillo. The department should utilize as far as possible the part-time services of clerical staff in other areas for this activity. Additional help should become available as surplus clerical workload positions result from the department's program of paper forms improvement and procedural changes. Such positions have already become available at some of the hospitals and, unless these are utilized in reducing the requests for new positions, no actual savings will result.

The department's lack of justification for these positions and the apparent lack of evidence that full-time positions are required would indicate that the department should reconsider this proposal.

We, therefore, recommend that these eight intermediate typist-clerk positions be disallowed, reducing salaries and wages $33,552. (Budget page 381, line 16.)

Cancer treatment expenses (budget page 382, line 24) *$30,000*

We recommend that this request be approved as budgeted.

The department is requesting funds to cover the care and treatment of cancer patients at Napa and Camarillo, which comprise the north

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and south cancer centers. Patients with cancer, upon diagnosis, are transferred from the other hospitals for treatment.

The agency indicates that it costs on the average of $100 per patient per year additional to cover the costs of medical supplies and drug allotments for these patients. The average number treated is about 150 patients per year at each institution; therefore, a total of $30,000 is requested.

This appears to be a reasonable request for a special need. The extra supplies for these patients are being taken from the regular allotment for drugs and supplies which is budgeted at $20 per year at the hospitals for the mentally ill and $25 at the hospitals for the mentally deficient. This present procedure results in the full allotment not being available for the remaining patients on a per capita basis.

VII. Special Services for Mentally Retarded

A special augmentation is requested for the hospitals for the mentally retarded to meet the problem of increasing demand for admissions. The agency states that there are about 1,600 patients on the waiting lists for admission to these hospitals, This should be considered with reference to previous waiting list figures. The total was 1,564 in August, 1959, and 1,926 in August, 1958. The hospitals for the mentally retarded can exercise control over their admissions by admitting only those patients for which facilities are deemed available; whereas, the hospitals for the mentally ill must receive all patients sent to them by the courts.

One of the main objectives of the agency's special request is to provide alternative care for mentally retarded patients, thus reducing the pressure on admissions. It is hoped thereby to delay the construction of another hospital for the mentally retarded. Hospital services would also be strengthened especially in the field of education which, the department feels, would have a direct bearing in improving patient welfare and reducing costs to the State.

The items comprising this special request are listed as follows: (Budget page 381, lines 43 to 52).

	Program	*Total cost*
*4	Community organization specialist	$35,760
	Subsidy to private medical facilities	100,000
	Additional family care home placements	205,200
1	Supervising psychiatric social worker	7,008
7.5	Senior psychiatric social worker	47,700
*6	Intermediate typist-clerk	25,164
*19	Teacher	109,668
	Related expenses	21,050
37.5	Positions plus expenses and equipment	$551,550

* Recommended to be deleted (includes only two of the six clerical positions and nine of the 19 teacher positions requested).

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4 Community organization specialist (budget page 382, line 32)	*$35,760*
2 Intermediate typist-clerk (budget page 382, line 33)	*8,388*
Operating expense and equipment (budget page 382, lines 34 and 35)	*6,900*
6 Positions plus expenses and equipment	*$51,048*

These four community organization specialists, together with supporting positions and expenses would, according to the agency, promote local services which in turn would contribute to a reduction in the need for state hospital care for the mentally retarded. The positions would be utilized to extend the present services of the information centers for the mentally retarded. The department feels that the addition of these four positions will accomplish a more economical distribution of staff as the two existing positions must each cover half the State.

The department does not indicate the extent of any specific benefits or results which have been obtained thus far with the two positions stated to be working in this field. Such questions as the following are pertinent. What local developments have taken place as the result of this program? What effects have these had on the pressure for admission to the state hospitals? To what extent has the waiting list thus been reduced?

It would appear that such community interest would be evident in the Short-Doyle program. The act authorized services for mentally retarded as well as mentally ill on the same state-local share basis. While a number of programs have been established for the treatment of mental illness, the progress made to date in establishing facilities for the mentally retarded appears to be minimal.

As previously pointed out, there are already a number of duplicating programs operated by the department in the community services field. The primary need appears to be for a well co-ordinated approach in this field under a single administrative structure. Under present conditions, we would therefore question the effectiveness of, and the results to be obtained from, these four positions. It would seem that the funds could better be spent in areas such as family care home placements programs where results can be readily identified and measured.

We, therefore, recommend that these four community organization specialists and the related positions and expenses be deleted, reducing salaries and wages and expenses $51,048. (Budget page 382, line 38.)

Subsidy to private medical facilities (budget page 382, line 56) *$100,000*

As another means of reducing admission pressures, the department proposes $100,000 to provide subsidies to private medical facilities for the care of mentally retarded who are on the waiting lists for the state hospitals. According to the agency, the $100,000 requested would provide for the placement of 40 patients at $2,500 each per year. The department indicates that this amount is based on prevailing costs at state hospitals.

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In addition to the funds requested, the proposal would require statutory authorization which the agency anticipates obtaining during the 1961 Session of the Legislature.

We believe the proposal represents a basic policy determination by the Legislature and should be considered on the basis of need and alternative approaches.

There is a great deal of information required in order to make an adequate appraisal of this proposal. Such questions as the following seem to be pertinent and should be answered fully by the department:

1. Are any of the patients contemplated to be placed in this program now being treated under any local program for mentally retarded?
2. If so, at what cost—to whom?
3. How adequate is present care for these patients on the waiting list?
4. What administrative organization and program structure would be required in the department to direct the State's interest in such an undertaking?
5. What level of private care can be bought for $2,500 per year per patient? (This is about equal to support costs only in the state hospitals and does not include capital outlay. On this cost basis, equal private care at this price would indicate a better investment than that represented by the state hospitals.)
6. What type program of charges would be established to reimburse the State for such services?
7. What level program is eventually envisioned in this area?

These are only a few examples of questions which should be considered in determining the feasibility of such an undertaking. There is apparently no assurance from the department as to how long a proposal to build another hospital for mentally retarded can be delayed even with special programs such as this request represents.

This is submitted without recommendation as a matter of legislative policy.

*Family care proposal (budget page 382, lines 44 to 48)*_____ *$290,834*

A total of $290,834 is requested to strengthen the existing organization in this area. It would provide $205,200 to increase the number of family care placements. (Budget page 382, lines 71, 23, and 24.) In addition, $85,634 is requested to provide for the following positions and expenses: (Budget page 382, lines 1 to 9.)

1	Supervising psychiatric social worker	$7,008
7.5	Senior psychiatric social worker	47,700
4	Intermediate typist-clerk	16,776
	Operating expenses	9,000
	Office equipment	5,150
12.5	positions plus expenses and equipment	$85,634

These funds and positions would be administered by the Bureau of Social Work—a departmental unit—to increase the leave rate for mentally retarded patients. The department estimates that 10 to 33 percent

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of the patients in the hospitals for the mentally retarded could be better cared for in family care homes if sufficient homes were available. It is estimated that if this specific augmentation is allowed 300 patients could be placed by the end of 1961-62, or an average of 150 patients for the year. The yearly cost per patient is $1,200 or $100 per month in direct family caretaker support costs. In addition, funds would be needed for personal allowances and for clothing allowances for these patients. The total cost is thus estimated at $180,000 in basic support costs plus $25,200 in additional personal need costs, or a total of $205,200.

This program probably offers the most tangible basis for relieving the pressures on populations in the hospitals for the mentally retarded. However, there is some question as to how successful the department will be in increasing the leave rate for retarded patients. This rate has usually been much lower than that for mentally ill patients. The department should therefore prepare a special report based on its experience with mentally retarded patients in order that the most effective program approach may be implemented in the future.

To the extent that additional leaves can be obtained by this means, a savings should accrue to the State. The expenditures are also directly geared to the level of operations so that if the full potential is not realized, the money will not be expended.

The personnel requested should be utilized at the existing workload level authorized. This level has been greatly increased in the last few years and the department's efforts should be aimed at obtaining a directly commensurate increase in placements.

We recommend that the $290,834 requested for this program be approved as requested.

We also recommend that the department prepare a thorough followup study to be presented to the Legislature next year indicating what results were obtained in placing and caring for retarded patients by this means.

19 Teacher (budget page 382, line 53) *$109,668*

A total of 19 teaching positions at a cost of $109,668 are requested for the hospitals for the mentally retarded. The positions would be distributed as follows:

Fairview	7
Pacific	3
Porterville	4
Sonoma	5

The department feels that additional retarded patients could be benefited by attending school. The present staffing ratio of one teacher per 10 students would be extended so that about 190 more patients would be included under this category, according to the department. The agency further states: "The education of retarded children many times makes the difference between an independent worker with limited but sufficient skill and an incompetent patient for whom the State is responsible."

Department of Mental Hygiene—Continued

With respect to the department's request, it should be noted that very sizable school programs are already authorized in these four hospitals. Presently authorized staffing of school personnel is shown as follows:

Fairview	8
Pacific	21
Porterville	16
Sonoma	24
Total	69

There are, in addition, considerable numbers of therapists whose duties frequently somewhat duplicate those of the teachers.

With formal school programs having been in effect a number of years, it would seem that the department should be able to demonstrate the effect this has had on their release rates (which are much lower than for hospitals for the mentally ill) and what added effect the addition of 19 positions would have in the future.

There is probably considerable merit for these positions on the sympathetic basis that all possible should be done for such patients. This, however, precludes the department's contention, as indicated in their comments, that through this program many patients are thus relieved from state support.

It would seem much more appropriate to give added impetus to such a program as the family care leave operation in which direct benefits accrue as the funds are expended. These are not contingent upon further training or education in the hospitals as the department estimates that, at present, approximately 10 to 33 percent of the population could be cared for in private homes if sufficient homes were now available. The department further states that "experience has shown that patients placed in family care homes show improved physical and mental development and are often able to attend school and/or work."

In the interests of efficiency and economy then, the family care home placement program would seem to offer much more immediate potential in addition to providing a better treatment situation.

In considering such alternatives, it would seem that the department's proposal for new teachers should, therefore, also demonstrate how this request would provide the most return for the amount expended in contrast to alternative courses. In this connection, we believe the department should be allowed to demonstrate the effectiveness of this procedure while at the same time providing better educational opportunities to the patients.

We thus recommend that 10 of the teacher positions be authorized and that the department demonstrate the effectiveness of this approach by means of a followup study; such demonstration to be presented to the Legislature next year as a formal report.

We recommend that nine teacher positions be deleted, reducing salaries and wages $51,948. (Budget page 382, line 53.)

Department of Mental Hygiene—Continued

VIII. Salary Increase—Phychiatric Technicians

Salary increases (budget page 382, line 71) *$2,231,000*

This amount is requested to provide a one-step salary increase for employees in the psychiatric technician series of positions.

The numbers of positions established and the present salary ranges in this series is presented in the table below:

Class title	*Present salary*	*1960-61 established positions*
Psychiatric technicians—1960-61 salary range		
Assistant superintendent nursing services psychiatric technician	$530-644	32
Supervising psychiatric technician	436-530	254
Senior psychiatric technician II	376-458	511
Senior psychiatric technician I	341-415	1,058
Psychiatric technician and psychiatric technician trainee:		9,275
Psychiatric technician	310-376	--
Psychiatric technician trainee	268-295	--
Total		11,130

Psychiatric technicians account for about two-thirds of all personnel employed by state mental hospitals. As the above table indicates, there is a total of 11,130 established positions at present in this series. A large number of additional positions are requested in the 1961-62 budget.

The following table indicates the turnover rates among the various classes of psychiatric technicians, up to the supervising technician level, for the latest available six-month period:

Psychiatric Technicians—Turnover, January-June, 1960

Classification	*Filled jobs*	*Percentage quit*		*Actual number quit*
		Each month	*Six months*	*Six months*
Psychiatric technician trainee	2,169	5.0	30.0	651
Psychiatric technician	6,786	1.3	7.8	529
Senior psychiatric technician I	1,009	0.5	3.0	30
Senior psychiatric technician II	492	0.5	3.0	15
Supervising psychiatric technician	251	0.1	0.6	2

It is noted that the trainee class has by far the highest quit rate, being 5 percent each month. This is, in fact, the only class in this series that has a higher quit rate than state monthly average separations for full-time civil service employees which is 1.4 percent for January to June, 1960, or 8.4 percent for the six months. A total of 8,538 psychiatric technician positions, or about 80 percent of the 10,707 filled jobs listed in the above table, had quit rates below the state monthly average.

The high quit rate for the trainee class in contrast to the much lower rates for other classes in the psychiatric technician series suggests the possibility that perhaps improved screening and other recruiting procedures could significantly lower this rate. The department's Decem-

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ber 1, 1960, vacancy rate of only 1.7 percent for psychiatric technicians and trainees indicates the ready availability of applicants.

We cannot recommend approval on the basis of turnover. However, as a measure designed to raise gradually the level of quality the salary increase has some merit. Serious consideration should, however, be given to establishing a special class for the higher level of duties and qualifications desired by the department. *We submit this as a policy question, recommending approval of the amount requested as an appropriation to a salary increase fund subject to Personnel Board determination of the most effective personnel practice to be followed.*

PROGRAM EVALUATION SUMMARY

Program Evaluation by Statistical Analysis

Preliminary data have now become available from the Department of Mental Hygiene on the special admission follow-up program initiated in the Statistical Research Bureau following our proposed program evaluation outline as contained in our 1957-58 Analysis of the Governor's Budget. The program was recommended by the 1957 Legislature as a means of developing better program evaluation data within the department. The department has so far made a commendable effort to develop this information and it is hoped that continued progress will result.

The available data is limited to a follow-up of male first admissions only and covers the fiscal years 1948-49 to 1956-57. Additional data should be forthcoming soon for female patients admitted during this period and for both male and female patients for the years since 1956-57. The department should also be making every effort to develop other aspects of the program such as data on readmissions as requested by the Legislature. The next major phase is the expanded data collection program which should provide a much more accurate means of assessing the effectiveness of various treatment approaches as compared to the measurements now generally in use by the agency.

It has been necessary for the department to develop a deck of some 500,000 punched cards which provide the information for each cohort (which consists of a group of first admissions for each fiscal year). For instance, the data indicated above for male first admissions consists of 5,576 patients for the 1948-49 cohort and 5,788 in 1950-51. There are varying numbers in each yearly cohort, depending on the number of first admissions to the state hospitals for that year.

The data include only the 10 hospitals for the mentally ill and Langley Porter Neuropsychiatric Institute. Hospitals for the mentally deficient are not included.

The cohort analysis approach differs from the traditional analysis which describes an entire cross section of the population and which has been utilized as a regular procedure. The cohort approach follows a group of patients (in this case male first admissions each year 1948-49 through 1956-57) through time. For each patient, therefore, the date of his first admission is set at zero and all following events are measured from that point, making it possible to compare directly the pat-

Department of Mental Hygiene—Continued

terns of movement which one cohort exhibits against the pattern exhibited by other cohorts.

The data are thus extremely useful as an analytical tool in assessing the impact on program of such factors as the following:

1. Likelihood of release as affected, for instance, by augmented budgets or changes in treatment approach.
2. As an aid in administrative planning and co-ordination—measuring, for instance, the effect of new administrative policies.
3. As an especially valuable aid to the medical research program in identifying research problems and in aiding in their solution.
4. To supply information on long term population trends in providing appropriate program policies and direction for capital outlay and other considerations.

In addition, the data are valuable to the Legislature and other groups in program and budget considerations relative to Mental Hygiene.

Analysis of Cohort Data

Cohort data now available traces a history of patient movements (in and out of the hospitals, etc.) for each year from 1948-49 to 1956-57.

The data can thus be followed for various lengths of time after first admission for each cohort. The time span and number of patients in each group is indicated below:

Admission Cohort	*Number Patients*	*Number years Covered to 1956-57*
1948-49	5,576	8
1949-50	5,788	7
1950-51	5,718	6
1951-52	6,518	5
1952-53	7,395	4
1953-54	7,322	3
1954-55	7,198	2
1955-56	7,408	1
1956-57	7,079	6 (months)

The data now available indicate the number of patients in each of the following four general categories at successive intervals after first admission (there are also subgroups within these general categories):

1. Resident in hospital
2. Absent from hospital
3. Deceased
4. Discharged or off record

All the patients in each cohort are accounted for or distributed among each of the four categories (and the subgroups within each) indicated above. At successive intervals, a patient thus could move from one to another category and even back to the original "in hospital" category if, for instance, he was readmitted. All patients start out in the "resident in hospital" category.

The 1948-49 cohort affords the longest history (during a period of eight years) after each patient was first admitted. It is thus interest-

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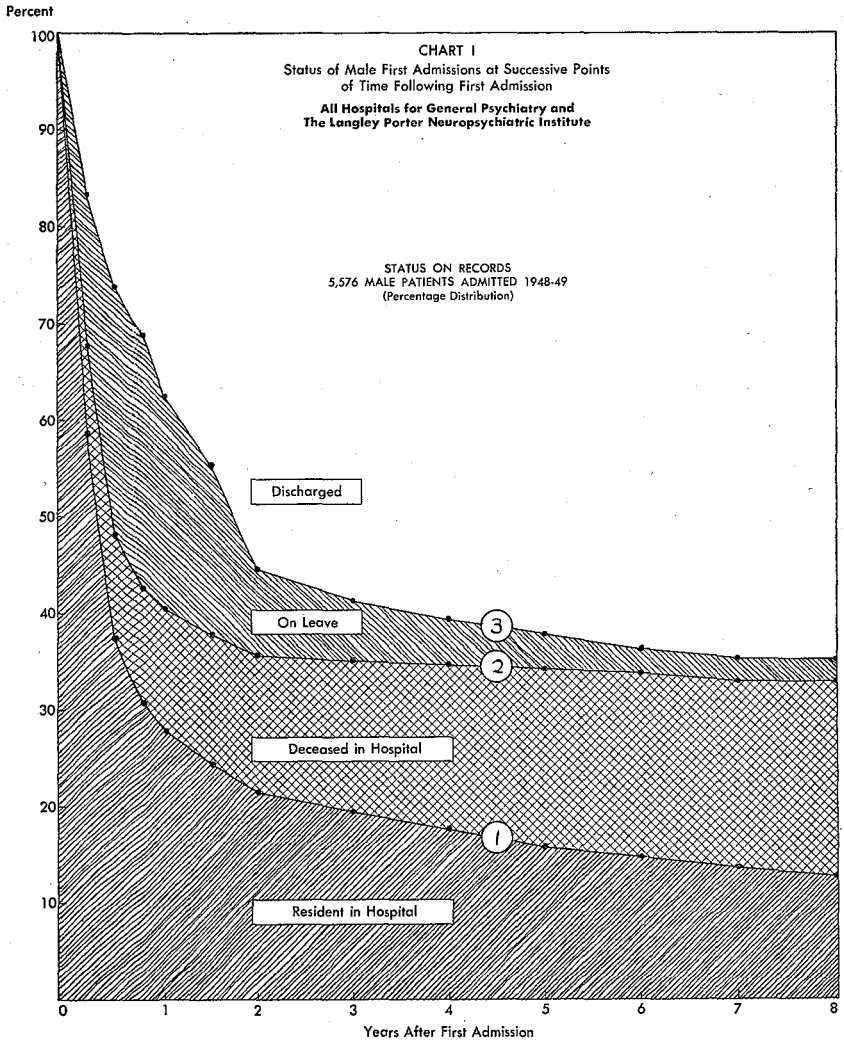
ing to see what happened to these 5,576 first admissions during the period. This is probably best shown graphically by accounting for the full 100 percent of these 5,576 patients at each successive period and distributing the appropriate proportion to each of the four components listed above. The data are shown in this manner in Chart I as follows:



It is noteworthy that the resident in hospital group comprises 100 percent of the cohort upon first admission. This group (area under line 1), however, decreased very rapidly until two years after first admission when slightly over 20 percent were still "resident in hospital."

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Thereafter, the decrease is much more gradual and after eight years slightly over 10 percent are "resident in hospital." If we add the proportion that died in the hospital after first admission (area between line 1 and line 2 added to area below line 1) to the resident in hospital category, a somewhat less rapid decline is evident for the first two years and the combined group now comprises slightly under 40 percent of the 5,576 patients at the two-year mark (on line 2). In the period from two to eight years after admission, this line is almost horizontal, indicating only a slight further reduction in the combined two categories. It also indicates that the decline in the "resident in hospital" group is balanced by the increase in the "deceased in hospital" group. It appears thus that practically the whole decrease in net hospital resident population after two years was the result of deaths of hospital patients and not through discharges alive out of the hospitals. The two groups of patients, "resident in hospital" and "deceased in hospital" represent those patients for whom the department was unsuccessful in its goal as stated of providing cures and returning to society.

The rapid decline in these two bottom categories in the first two years indicates definite progress as patients were placed on leave or discharged. There was, however, apparently very little further progress obtained after the first two years. This has occurred despite the fact that, in the following six years (1950-51 to 1956-57), very sizeable additions to the department's budget and personnel took place.

One of the most valuable aspects of cohort analysis is the facility with which one group or year, etc., can be compared with another. Some idea of the progress of the department's program can be obtained by comparing later year cohorts with the 1948-49 cohort described above. Based on presently available data these later cohorts all cover periods of less than eight years, but they are sufficiently long to provide valuable comparisons.

Such a comparison is made in Chart II in which the resident in hospital category for 1948-49 is compared with other cohorts, beginning at two-year intervals after 1948-49. This indicates on a percentage basis how the first admissions fared in subsequent cohorts compared to the experience of the 1948-49 group. (It is noted that the 1948-49 line on Chart II is identical with line 1 on Chart I.)

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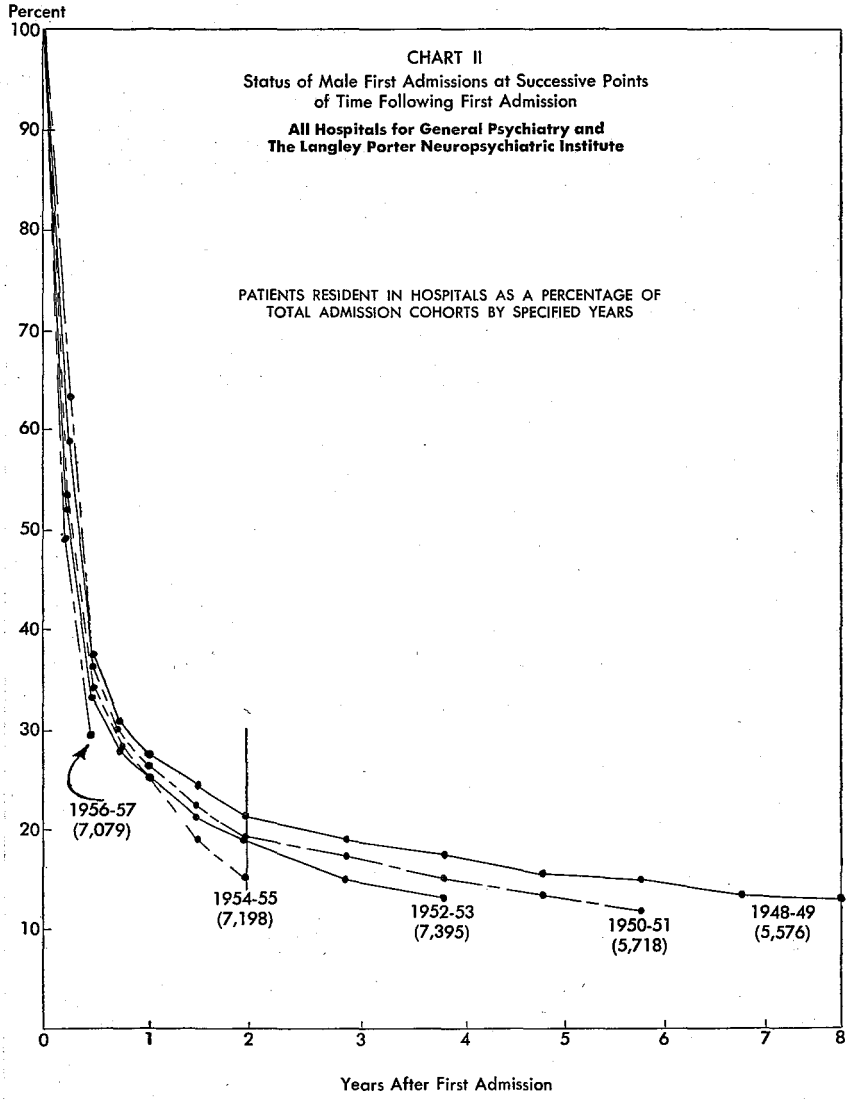


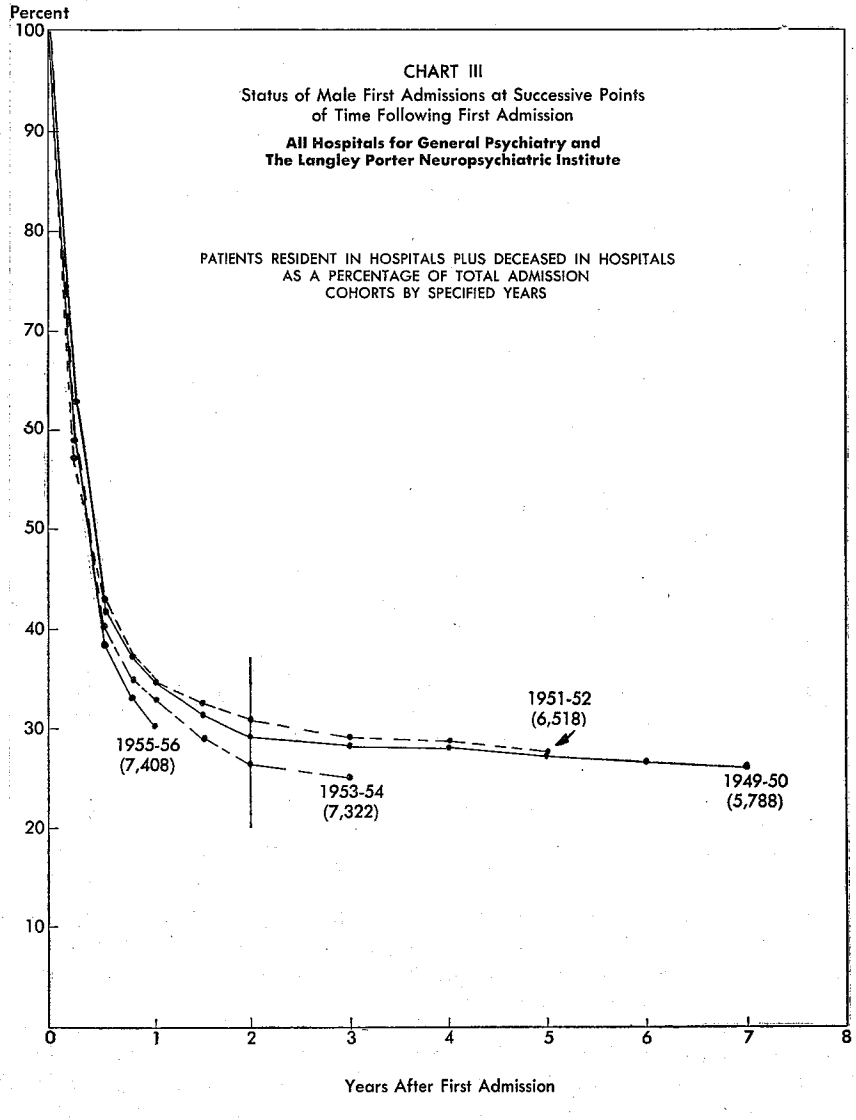
It is evident that the later cohorts very closely parallel 1948-49 in the first two years with the 1954-55 cohort indicating that 15.1 percent of the patients are in the hospitals at two years as compared to 21.4 percent of those in the 1948-49 group.

All the cohorts extending beyond two years in Chart II are closely parallel to the 1948-49 cohort. This indicates that the improvements in treatment techniques and staffing and other additions to program had

Department of Mental Hygiene—Continued

largely made their contribution to reducing hospital populations in the first two years. Thereafter, there has been very little further improvement compared to 1948-49.

Taking the other cohorts (those ending in even years) and plotting a similar percentage distribution but adding to the "resident in hospital" category the "deceased in hospital" group (similar to area below line 2 in Chart I for 1948-49) shows a very similar pattern to that for the 1948-49 data. This material is presented in Chart III as follows:



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After two years, the trend is almost horizontal indicating little net improvement for those patients who have not been discharged or placed on leave in the first two years after admission. Any effectiveness of advancements in treatment, additions to personnel and other factors seem only to have had any definite influence on those patients in the hospitals less than two years. The long-term patient appears not to have had much chance in leaving the hospital alive under the treatment in effect in the hospitals during the period covered by these cohorts.

This fact raises questions as to where emphasis should be placed by the department and what results are being obtained for these long-term patients. At what level should patients who have little or no chance of getting out of the hospitals under present treatment knowledge be maintained? (The level of treatment for all patients has been greatly expanded at the department's insistence that patients can be cured if the treatment level is raised.)

It appears that, if these patients can be cured, the department should develop specific approaches and try them out on a research basis instead of merely raising the level of service across the board with apparently little result.

The cohort approach is very revealing in some important aspects of the hospital programs. One element given significant emphasis by the cohort data on male first admissions was deaths in hospital. The data show, for instance, that for every 100 patients in the 1948-49 cohort, 10.6 percent had died within six months after admission and after one year 12.3 percent or about one patient in eight had died. Apparently, many of the patients were in poor condition upon admission to the hospital. Data from later cohorts indicate generally the same tendency in the first months after admission although the rate is generally not as high as that indicated for the 1948-49 cohort.

This data is portrayed in Chart IV which compares this factor in the different cohorts:

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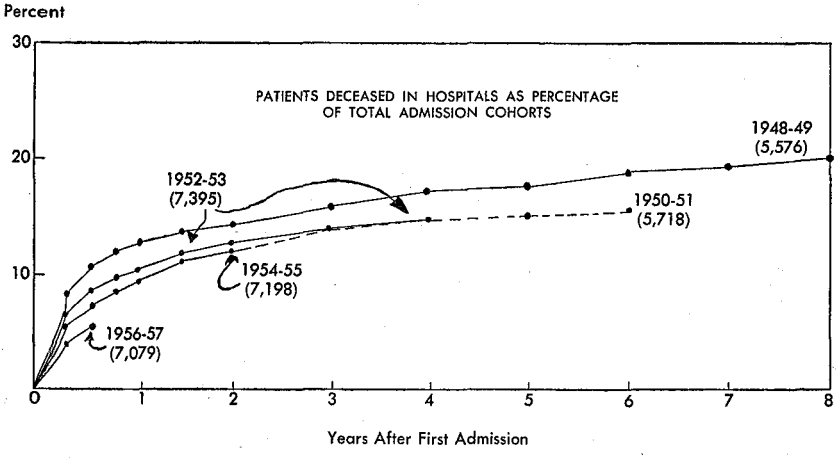
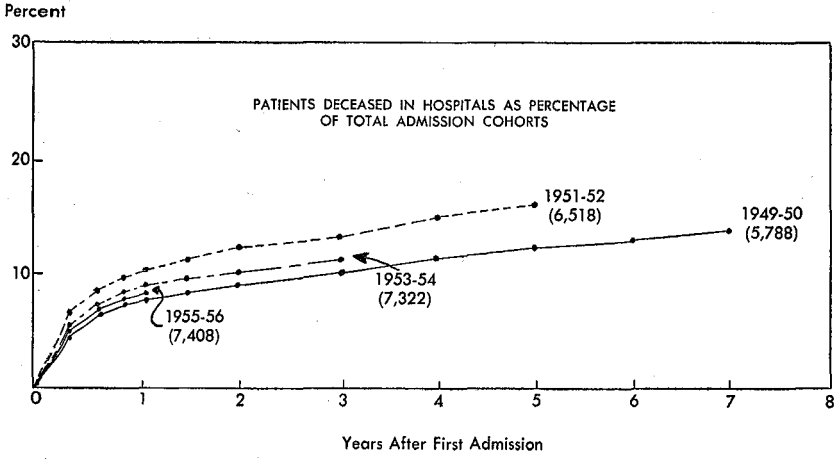
CHART IV
Status of Male First Admissions at Successive Points of Time Following First Admission
All Hospitals for General Psychiatry and The Langley Porter Neuropsychiatric Institute





Such data should be utilized to the fullest by the department in seeking to further reduce the high incidence of such deaths in the hospitals.

If the discharged alive category of the cohort data is charted on a percentage basis as has been done for the other categories, the results seem to indicate the same general conclusions. Chart V presented below shows the cohort data on discharges (directly from hospital and from leave) for the fiscal years starting with even numbers from 1948-49:

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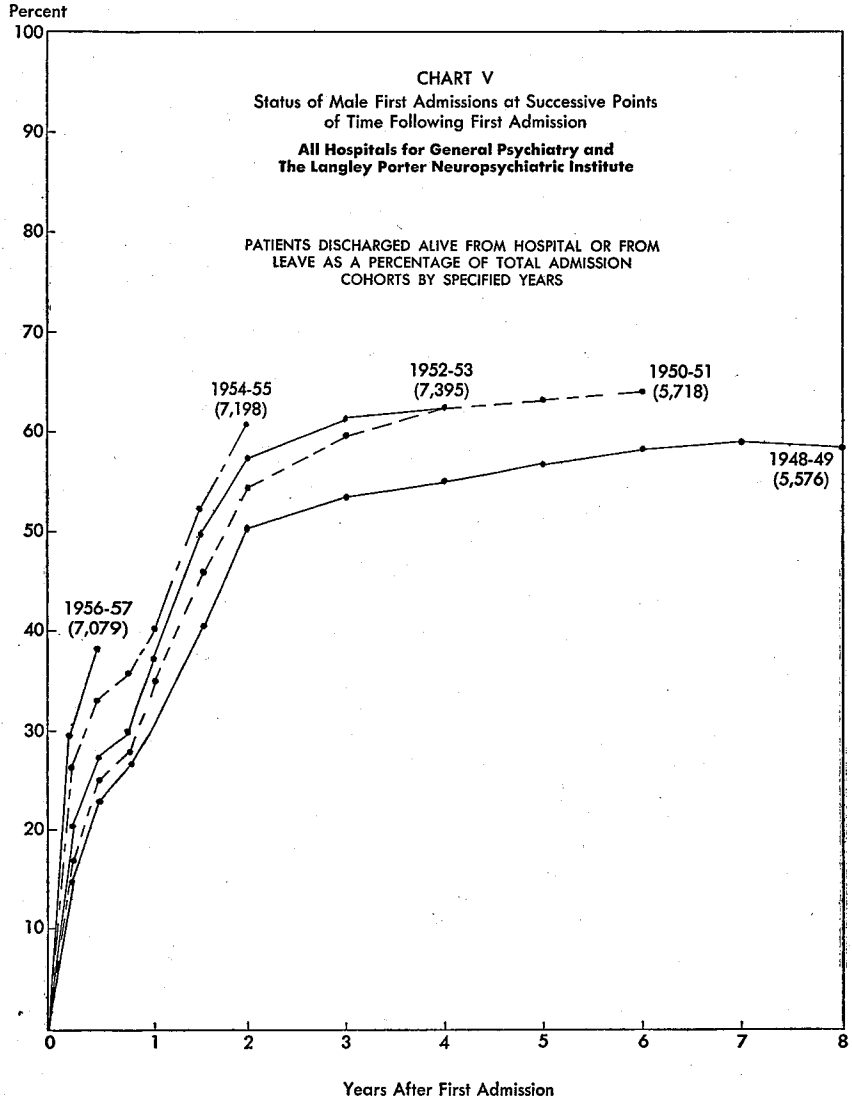

Again, the data indicate that there is a rapid increase in discharges during the first two years and then a much slower rate of increase thereafter. Whereas, in the 1948-49 cohort, about 50 percent of the group had been discharged in two years since admission, this had increased to about 60 percent for the 1954-55 cohort. It appears that discharges after two years come mainly from the on leave category instead of from hospital patients.

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Cohort Data on Readmissions

The factor of readmissions has not been separated out and analyzed in connection with this preliminary data. However, the department should begin identifying that portion of the resident hospital population which is composed of readmissions. This factor has greatly increased the department's discharge figures in recent years and has resulted in increasing total admissions. The cohort data, while beginning with a group of first admissions, is later affected as these patients return to the hospitals in increasing numbers after discharge. As the discharge readmission cycle is increased, it tends to lower the "resident in hospital" patient load while thus not fully effecting the cures for which the department is seeking. It is, therefore, important that the readmission factors be analyzed in connection with this cohort data. This is one of the most important areas for the department to explore in the immediate future and has probably had considerable influence in raising the discharge rates as indicated in Chart V.

Short Term Hospital Patients

The available cohort data indicates that the department had not, by 1956-57, been able to effect any sizeable net reductions in hospital populations by means of live discharges after the patients had been in the hospitals for two years or more. There was, however, some improvement with regard to patients discharged within two years.

At two years after first admission, 35.7 percent of the 1948-49 cohort of 5,576 patients were "resident in hospital" or had "deceased in hospital." This represents the poorest experience at the two-year mark. The best experience after two years from first admission was for the 1954-55 cohort for which 25.9 percent of the 7,198 patients in the cohort were still in these two categories. This would indicate about a 10 percent improvement based on a larger initial number of patients (7,198 as compared to 5,576).

At this stage, however, there is no available accurate means for determining the comparative degree of recovery of patients in different cohorts. The factor of rapidly increasing readmissions in later years would suggest that these patients are less well upon discharge. The analysis of the readmissions factor to which the department should give early attention in the cohort data will probably shed new light on this aspect. However, the development of rating scales, as suggested in our original proposed evaluation procedure, would still seem to offer the best hope in this area. The department has acted somewhat slowly in developing such data and more effort should be directed to this subject in the future.

The end of the two-year period for the 1948-49 cohort was during 1950-51. The department's budget increased from $32,857,569 in 1948-49 to $36,816,516 in 1950-51 or by 10.8 percent. Relative to the 1954-55 cohort, the department's budget, as approved by the Legislature, was $64,466,880 and this increased to $79,949,954 for 1956-57, the end of the two-year period for these patients. This represents an increase of 19.4 percent. The 1954-55 Budget represented a 96.2 percent increase

Department of Mental Hygiene—Continued

over that for 1948-49. The average total number of patients in the hospitals for the mentally ill in 1948-49 was 29,798. The comparable number during 1954-55 was 35,950. This represents a 17.1 percent increase.

Long Term Hospital Patients

With a residue of patients remaining in the hospitals after two years from admission, it is readily evident that as these accrue from year to year the hospital populations become predominantly composed of this type patient.

The department estimates that, as of June 30, 1959, there were 23,316 patients who had been in the hospitals for general psychiatry for two years or longer. This comprises about 63 percent of the 37,188 patients estimated to be in these hospitals on that date.

It is inconceivable that the large budget increases in the last 10 years have not been reflected to some extent in the treatment level of these long term patients. The department has not alone concentrated on the short term type patient. In fact, most of these chronic patients undoubtedly participated in the intense treatment provided in the first two years after their admission.

In addition, the department has carried a regular program of reclassifying continued treatment wards to a higher level (there is such a request in the 1961-62 Budget) and requesting additional new positions to staff these wards.

To show the effects of this reclassification program, the number of wards by category are listed as of June 12, 1952, and as of October 26, 1960:

Treatment category	*Number wards June 12, 1952*	*Number wards October 26, 1960*	*Percentage change*	*Patients per nursing employee, staffing standard goal*
Juvenile	4	10.0	150.0	3.6
Receiving and acute treatment	64	137.5	114.8	4.4
Medical and surgical	36	98.5	173.6	4.5
Tuberculosis	23	14.5	—41.3	5.9
Criminal	6	7.0	16.7	7.8
Senile	75	95.5	27.3	9.7
Continued treatment	190	141.5	—25.5	11.3
Alcoholics	3	7.0	133.3	13.9
Total wards	401	511.5	27.6	

While the total number of wards increased by 27.6 percent from 1952 to 1960, the major increases are evident in the intense treatment type wards.

The capacity of wards change and, therefore, the number of patients in each category is more meaningful than merely the total number of wards. The data on a patient population basis is shown in the following table:

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Hospitals for the Mentally Ill—Comparative Patient Increase Based on Treatment Classification—1952 and 1960

Treatment	*Actual population 6-12-52*	*Actual population 10-26-60*	*Percentage increase*	*Patients per nursing employee, staffing standard goal*
Juvenile	82	311	279.3	3.6
Receiving and acute treatment	3,845	7,420	93.0	4.4
Medical and surgical	2,621	5,553	111.9	4.5
Tuberculosis	1,683	1,229	—27.0	5.9
Criminal	687	365	—43.4	7.8
Senile	6,496	8,035	23.7	9.7
Continued treatment	17,546	12,526	—28.6	11.3
Alcoholics	409	463	13.2	13.9
Total	33,369	35,902	7.1	

The above table shows that there has been a general shift to higher levels of treatment. Especially significant is the 111.9 percent increase in patients in the medical and surgical category and the 93 percent increase in the receiving and treatment group in contrast to the 28.6 percent decrease in the continued treatment category.

The distribution of the 33,396 patients in the 1952 group and the 35,902 patients in the 1960 group on a cumulative percentage basis provides a further valid comparison. This is shown as follows:

Hospitals for the Mentally Ill—Percentage of Patient Population Assigned to Specific Treatment Classifications—1952 and 1960

Treatment	*Patient population 6-12-52*	*Percentage of total population 6-12-52*	*Patient population 10-26-60*	*Percentage of total population 10-26-60*	*Patients per nursing employee, staffing standard goal*
Juvenile	82	.002	311	.9	3.6
Receiving and acute treatment	3,845	11.5	7,420	20.7	4.4
Medical and surgical	2,621	7.9	5,553	15.4	4.5
Tuberculosis	1,683	5.1	1,229	3.4	5.9
Criminal	687	2.1	365	1.0	7.8
Senile	6,496	19.4	8,035	22.4	9.7
Continued treatment	17,546	52.6	12,526	34.9	11.3
Alcoholics	409	1.2	463	1.3	13.9
Total	33,369	100.0	35,902	100.0	

The increase in the higher treatment categories makes it evident that the 23,316 patients estimated by the department to have been in the hospitals two years or longer on June 30, 1959, could not have all been in the continued treatment category.

Even those patients remaining in the continued treatment category saw an actual improvement in the level of service since 1952, as personnel have been added in bringing this staffing near the 100 percent level.

Department of Mental Hygiene—Continued

Evidently, increasing the level of service has not so far effectively accomplished the department's goal with respect to long-term patients.

The preceding analysis invites several important questions to which the department should make every effort to provide answers:

1. What can be done to effectively treat the long-term patient so that he might return to society?
2. What is the best approach in developing a more effective treatment procedure? (Should new approaches be tried and proven on a research basis before general application or should an over-all augmentation be provided in the hope that results will be forthcoming, as has been the method most used in the past?)
3. What kind of program should long-term patients be provided in the hospitals under present circumstances which appear to indicate that cures will be not achieved for more than a minimal proportion of this group?
4. Could the department's resources be more effectively utilized if more emphasis were to be placed on curing patients in the first two years and less on long-term patients with improvements in the type of care offered long-term patients?
5. The differential in discharges and releases based upon the length of stay in hospitals up to the two-year period also suggests the desirability of perhaps denoting one or more hospitals for the initial treatment of first admissions only up to a two-year treatment period and then if effective releases cannot be realized, transferring such patients to other hospitals specifically designated for treatment of first admissions and readmissions having already experienced two or more years of hospitalization. Such a diversification by specialization would permit more intensive treatment in the early stages of hospitalization on a large volume basis in a single institution. It would correspondingly permit the exploration of additional therapies on the other group now apparently destined for long-term institutionalization. Such treatment specialization, augmented by controlled research, should provide for an earlier breakthrough in improving the overall effectiveness of the mental hygiene program on both groups and would provide for a more efficient expenditure of available funds and more efficient use of scarce psychiatric personnel.

The department should make every effort to bring the cohort data up to date and to explore additional areas. However, there has been little evidence that any dramatic change has occurred which would greatly change the picture since 1956-57.

Time and Attendance Reporting at State Hospitals

We have been concerned with how the various hospitals keep records showing employee attendance at work, vacation and sick leave credits and utilization, overtime worked, and other factors pertaining to accounting for an employee's whereabouts, job attendance, and unit responsibilities.

Department of Mental Hygiene—Continued

In studying these factors, it became apparent that there was no uniform and consistent approach among the different hospitals. In some cases records of such factors as vacation time, sick leave, etc., were being maintained in duplicate by several different operating units. Frequently, this was the case in the nursing service and the personnel section. There was no uniform procedure for accounting an employee as being present or absent at work. Frequently, a slow and cumbersome process was followed in getting attendance information from the point of origination to the point of utilization. This unecessarily delayed vital information. These factors raised questions as to accuracy of the information and the efficiency with which it was obtained.

Accordingly, we suggested that the departmental personnel section study this problem and propose a uniform simple and accurate means of accomplishing this task in all the hospitals with a minimum of individual variation and without the duplication that has taken place in the past. We have closely followed the department's progress in this undertaking.

A proposed uniform program has been developed which is to be tried out on a pilot basis at two hospitals. With this experience, it is hoped that a uniform system which will accurately and efficiently account for these factors will be placed into effect in all the hospitals within about a year.

The new program should centralize the timekeeping responsibility in the hospital personnel sections where it belongs. It should largely eliminate the unnecessary duplication that has characterized attendance reporting in some of the hospitals.

The department can thus obtain a uniform positive attendance reporting system and the progress made so far indicates an awareness and desire to correct the deficiencies under past procedures.

Forms Control and Administrative Procedures

The first significant progress was made during the past year on forms standardization and control. Areas of major deficiencies in forms usage and procedures which we have pointed out in the past include:

1. Lack of standardization of forms and record-keeping procedures.
2. Laborious repetitive copying of information by hand or typewriter hundreds or thousands of times during a patient's stay in the hospital, instead of developing practical duplication procedures, thus saving time and eliminating error.
3. Lack of central office direction and co-ordination in establishing admission and other procedures at the hospitals.

Initial procedural and forms control changes have centered around developing new admissions procedures at Stockton and Camarillo, apparently as pilot projects to determine the most feasible approach to accomplishing this task considering (1) the patient's welfare; (2) the most economical, efficient and accurate use of clerical time and forms procedures; and (3) the replacement wherever possible of clerical duties now being performed by nursing services or some other professional group by clerical personnel.

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The department introduced new administrative techniques in admitting patients at Stockton and Camarillo. These consisted of forms control and mechanical duplicating methods and revised examination procedures. Under the new procedures, patients especially benefited in that they were able to be placed almost immediately (within hours after admission) on treatment wards instead of waiting from one to four weeks after admission.

Under this new procedure, the department indicates potential annual savings as follows for Camarillo:

2 Intermediate typist-clerk positions saved;
2 Nursing positions replaced by
2 Clerical positions

Estimated dollar savings are listed as follows:

	First year	*Second year*
Estimated savings from use of addressograph equipment*	$7,174	$22,484†
Employees' time saved	12,096	12,096
Totals	$19,270	$34,580

* Does not include intermediate typist-clerk positions shown above.
† Equipment paid for during first year.

The new form procedures at these two hospitals have probably not been automatized to the full degree which would be feasible. Although a rapid duplicatory process is in use, little seems to have been done in devising more efficient forms themselves. An examination of the forms used, for instance, at Camarillo indicates no utilization of multiple snap-out carbon-type forms which would probably provide a considerable further speedup in these administrative procedures. This represents a logical next step and should be thoroughly explored by the department. Some progress in this area has been made in development of such forms for clinical laboratory analyses. There are a great many other procedures, such as discharge, leave, treatment, etc., within the department which can be attacked in a similar manner and large potential savings realized.

As these improved techniques are applied to the other hospitals, additional savings should also result. The department has the first obligation in utilizing such savings within its workload formulae. After this has been accomplished, the savings should be utilized to offset increased service positions when requested. A valid example of a case in point is represented by the agency's request for eight new clerical positions to staff X-ray facilities at the smaller hospitals.

The Legislature, in authorizing the Managament Analysis Unit in the department in 1959-60, specifically indicated that forms control and procedures were to be the primary functions of this unit until these deficiencies are corrected. Under this directive, the unit continues to have primary responsibility for placing major emphasis on this problem.

Sick Leave

The sick leave rate for the Department of Mental Hygiene has become an area of serious concern. The following table compares the

Department of Mental Hygiene—Continued

state-wide employee sick leave experience with that of Mental Hygiene over a period of five quarters, beginning in January, 1959:

Average Number of Days of Sick Leave Taken per Quarter per Employee

	State Average	*Department of Mental Hygiene Average*
January-March, 1959	1.1	2.2
April-June, 1959	1.1	2.4
July-September, 1959	0.9	1.7
October-December, 1959	1.7	2.1
January-March, 1960	2.4	3.0

Furthermore, any comparison of those figures must give sufficient consideration to the fact that the state average includes the Department of Mental Hygiene and, therefore, is weighted and raised accordingly by the experience of almost 20,000 Mental Hygiene employees.

During the year April, 1959-March, 1960, the state average for days lost owing to sick leave was 6.1 days (this average includes Mental Hygiene). In the same period, the Department of Mental Hygiene had an average sick leave rate of 9.2 days. By using the estimated average full-time working force of about 17,500 departmental employees during this period, we find that approximately 161,000 days were lost due to sick leave. This is the equivalent of about 725 position years of lost time at the rate of 222 working days per year. Significantly, this number of equivalent lost positions is about 16 percent above the present authorized staffing level of Atascadero State Hospital.

It is obvious that the department must take steps to reduce its excessively high sick leave rate. Centralization of administrative procedures and authority in this area would undoubtedly be a step in the proper direction. At any rate, the department should take action to determine causes and to remedy this sick leave rate which is lowering the general efficiency of the department.

It appears that good management practices could add hundreds of man-years to the hospitals' program requirements. If there is this kind of sick leave record, there are probably equally poor practices in the use of time of employees on the job. It is inexcusable to create great public pressure for salary increases and for thousands of additional employees and, at the same time, permit lax personnel practices which dissipate the efficient use of the existing work force.

Employee Safety in the Hospitals

We have pointed out the seriousness of the employee work injury rates for the Deparment of Mental Hygiene in the 1959-60 and 1960-61 budget analysis. It appears that there has been little overall success in correcting this situation during the past year.

The latest available information on disabling occupational injuries to California state employees is for the quarter ending June 30, 1960. The data on this quarter is also compared with the average rate for the April-June quarter for the past two years.

Department of Mental Hygiene—Continued

This information for Mental Hygiene and several comparable agencies is shown in the following table:

State agency	Frequency rate* April-June 1960	Frequency rate* Average April-June rate for 1958-59 and 1959-60 fiscal years
Mental Hygiene	50.64	50.61
Youth Authority	16.93	17.16
Corrections	7.77	8.70

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

The only other state unit with a higher frequency rate than Mental Hygiene is San Francisco Port Authority with a rate of 90.78 for the April-June quarter, 1960.

Mental Hygiene accounted for 438 disabling injuries during April-June, 1960 or 46.7 percent of the 938 statewide total. A total of 16,627 days were lost statewide during this quarter. Of this, 7,434 days or 44.7 percent were lost by Mental Hygiene employees.

Mental Hygiene employees comprise approximately 17.5 percent of total state employees.

The seriousness of this situation is further emphasized in the totals of Workmen's Compensation benefits for state employees.

The latest available data (shows amounts by individual hospitals) are for 1959-60. This is presented on page 686, lines 60 to 79 of the 1961-62 Governor's Budget.

The total direct compensation costs for the State for 1959-60 was $1,675,064. Of this amount $892,355 or 53.2 percent represents claims by Mental Hygiene employees. Indirect costs of such accidents are generally estimated at at least four times direct costs.

The Department of Mental Hygiene was authorized a hospital safety co-ordinator. The department hopes to fill this position in the immediate future. We have pointed out in previous analysis that the department has been lax in not facing up to this problem. There is probably little that can be accomplished by merely adding a safety co-ordinator position and sitting back to wait for results. Effective results will only be realized as a safety consciousness is instilled among hospital employees and safety becomes a responsibility which is properly recognized.

The Legislature, in recognizing the seriousness of this situation, requested that the department submit a formal report outlining the results of their employee accident prevention program to be available for the 1961 Session. We presume that such a report will be made available.

However, there appears to have been little organized effort within the department in this respect. The major deficiency appears to be a lack of high-level central direction and proper placement of responsibility. Several hospitals have apparently attempted to develop pro-

Department of Mental Hygiene—Continued

grams to correct this situation during the past year or earlier. Notable among these has been Pacific, DeWitt and at Metropolitan in the area of recognizing a need for safety consciousness among personnel.

Until departmental administration recognizes this need and actively promotes a program of safety consciousness, placing it as a line function and operational responsibility, the State will continue to lose these large sums unnecessarily each year. It should be noted that the rate of claims may be indicative not only of high accident rates, but also of employee attitudes in securing awards. This latter factor may well be present here and management should make every effort to determine the extent to which this element is present.

Reimbursement Charges for Care and Treatment of Patients

At the present time a patient in one of the mental hospitals, under the jurisdiction of the Department of Mental Hygiene, may be charged as much as $200 per month for the cost of his care and treatment. Another patient, however, for whom the cost of care may be even higher than $200 per month may be billed up to a maximum of only $20 per month.

This incongruous situation results because there are several quite different methods set up to reimburse the State for cost of care and treatment in the hospitals. The following table serves to illustrate the variations in charges and sources of payments for different types of patients:

Reimbursement Rates in Effect for Department of Mental Hygiene Hospital Patients, September 1, 1960
(Welfare and Institutions Code)

W & I Code Section	*Charge*	*Type of commitment or class of patient*	*Agency or source of payment*
740.5	$40 month	Juvenile observation	County of commitment
5050	$6.60 day	Mentally ill observation	County of commitment
5050.3	up to $200 month	Emergency observation	Patient, responsible relatives, or their estates
5100	up to $200 month	Mentally ill	Patient, responsible relatives, or their estates
5100	$6.60 day	Service-connected veteran	Veterans Administration
5100	$6.60 day	Approved aliens	Immigration-Naturalization
5100	$6.60 day	Merchant seamen	U.S. Public Health Service
5100	$6.60 day	Mentally ill beneficiaries	Insurance agencies
5100	$6.60 day	Female Navy personnel (Napa State Hosp. only)	U.S. Navy
5258	$20 month	Mentally deficient	County of commitment
5300	up to $200 month	Epileptics	Patient, responsible relatives, or their estates
5355	$40 month	Narcotic addict	County of commitment
5404	up to $200 month	Inebriate	Patient, responsible relatives, or their estates
5512	up to $200 month	Sex psychopath	Patient, responsible relatives, or their estates

Department of Mental Hygiene—Continued

W & I Code Section	*Charge*	*Type of commitment or class of patient*	*Agency or source of payment*
5518	up to $200 month	Sex psychopath	Patient, responsible relatives, or their estates
5604	up to $200 month	Abnormal sex offender	Patient, responsible relatives, or their estates
6602	up to $200 month	Voluntary	Patient, responsible relatives, or their estates
6605	up to $200 month	Mentally ill—90-day observation	Patient, responsible relatives, or their estates
6610.1	up to $200 month	Health officer application	Patient, responsible relatives, or their estates
7007	$40 month	Mentally deficient observation	County of commitment
7058	$40 month	Psychopathic delinquent observation	County of commitment
Penal Code Section			
1026	up to $200 month	Mentally ill (criminal)	Patient, responsible relatives, or their estates
1368	up to $200 month	Mentally ill (criminal)	Patient, responsible relatives, or their estates

Section 6650 of the Welfare and Institutions Code sets forth state policy as to responsibility for support of mentally ill and inebriate patients as follows:

> "6650. The husband, wife, father, mother, or children of a mentally ill person or inebriate, the estates of such persons, and the guardian and administrator of the estate of such mentally ill person or inebriate, shall cause him to be properly and suitably cared for and maintained, and shall pay the costs and charges of his transportation to a state institution for the mentally ill or inebriates. The husband, wife, father, mother, or children of a mentally ill person or inebriate, and the administrators of their estates, and the estate of such mentally ill person or inebriate, shall be liable for his care, support, and maintenance in a state institution of which he is an inmate * * *"

Under this authority, the Department of Mental Hygiene currently sets charges for care and treatment of these patients at rates varying from nothing to $200 per month. These rates are reviewed each year and the maximum has been regularly increased as the program has expanded and become more costly. The rates for epileptics, sex psychopaths and some other groups of patients also follow this pattern.

For those patients thus committed under policies, as contained in Section 6650 of the Welfare and Institutions Code, the rates can somewhat reflect current costs to the State.

There is an entirely different philosophy applied to other patients who were admitted in the following categories:

Department of Mental Hygiene—Continued

Type	Number of patients June 30, 1959	Charge
Mentally deficient	10,303*	$20 month
Juvenile court observation	73	40 month
Narcotic addict	32	40 month
Mentally deficient observation	24	40 month
Psychopathic delinquent observation	2	40 month
Total patients	10,434	

* Excludes patients on Family Care Leave for which the department continues to collect $20 per month from the counties.

It can be seen that there is an inconsistent pattern of responsibility for the care of different types of patients. These inconsistencies have developed over the years as laws have been changed and added, while other laws have never been revised with changing conditions and price levels. These flat charges are made to the counties of commitment. Some counties have organized collection programs to seek the recovery of part of this money from patients and responsible relatives. Other counties make little or no effort in this direction and raise the money through their tax base.

The present rate ($20) charged counties for mentally deficient patients has been in effect since 1927, at which time per capita costs were $20.35 per month. As the past, during the 1961-62 fiscal year, the per capita costs for the four hospitals for mentally deficient patients are expected to be higher than for the hospitals for the mentally ill. It can be readily seen that these charges are completely out of line with the type of service now being given.

Average annual per capita patient costs for care and treatment at the four hospitals for the mentally retarded for 1961-62 are estimated by the department as follows:

Fairview	$3,047
Pacific	2,811
Porterville	2,697
Sonoma	2,641

In contrast, the average per capita cost at Stockton is estimated at at $2,525 for 1961-62. The other hospitals which treat mentally ill but do not also have a regular mentally deficient population are expected to be below this total for Stockton.

The mentally deficient category is the only sizable group for which a flat charge is made to the counties and the only one which is increasing significantly each year. Many of these mentally deficient patients, or their responsible relatives, have the means and ability to pay a larger proportion of their care and treatment costs. A number of the patients have personal trust account balances at the hospitals which total thousands of dollars each. Frequently, a regular income is received by the patient from social security, railroad retirement, veterans administration, or other sources. This is credited to the patient's account each month and, under present law, none is available to the

Department of Mental Hygiene—Continued

State to help defray the cost of caring for the patient. Upon the patient's death, the moneys in these accounts may frequently go to relatives who in no way helped support the patient.

With the further liberalization of social security in 1960 to provide additional benefits for disability retirement, income to the patients will be increased. Other types of coverage are also being extended so that revenues for these patients will continue to increase in the future.

There should be only one standard or philosophy with regard to responsibility for care and treatment of all hospital patients under the jurisdiction of the Department of Mental Hygiene. There does not appear to be any logic in the present system of charging the counties several different fixed rates for care of patients according to type commitment, which amounts constitute only a small proportion of the steadily increasing total costs. The most uniform and equitable approach appears to be possible through the varying rate schedule which is used for mentally ill and inebriate patients. All the rates ($20 and $40) for which the counties are presently responsible, should be changed to this basis, reflecting at the maximum the actual cost of caring for these patients. In such a procedure the change in law would relieve the counties of their present role of acting as collection agents for the State or of raising these funds directly through taxes. Revenues to the State could probably be increased by about a million dollars annually, based on 1959 populations of 10,434 patients in these hospitals and on an estimated average monthly collection of $25 to $30 per patient which approximates the experience for mentally ill patients.

During the current fiscal year, the State will spend over $130 million for care and treatment of mental patients. It is incumbent that a more uniform approach be made to the problem of reimbursement for care of the various types of patients. This can be accomplished by developing appropriate legislation to provide that all patients be charged for care and treatment on the same basis as mentally ill and inebriate patients.

We, therefore, recommend that consideration be given to developing appropriate legislation which will place charges for care and treatment of patients suffering from mental deficiency on a similar basis to that in effect for mentally ill and inebriate patients.

Department of Mental Hygiene
DEPARTMENTAL ADMINISTRATION

ITEM 139 of the Budget Bill — Budget page 383

FOR SUPPORT OF DEPARTMENTAL ADMINISTRATION FROM THE GENERAL FUND

Amount requested	$4,684,046
Contribution to State Employees' Retirement System	273,530
Total	$4,957,576
Estimated to be expended in 1960-61 fiscal year	4,750,016
Increase (4.4 percent)	$207,560
TOTAL RECOMMENDED REDUCTION	None

Departmental Administration—Continued

Departmental Administration of the Department of Mental Hygiene is located in Sacramento. Duties involve central direction and control of all the departmental activities including the hospital, state clinic and state-local participating (Short-Doyle) programs.

Functional supervision is provided for medical, nursing, rehabilitation therapy and social work services in the treatment program and for administrative services including business management, personnel, legal, accounting, research, food, maintenance and capital outlay, management analysis, farming and livestock operations.

Major departmental facilities centralized at headquarters are as follows:

Group 1

Bureau of Patients' Accounts
Bureau of Social Service
Personnel
Fiscal
Statistics
Nursing services
Rehabilitation therapy services
Legal
Food administration
Maintenance
Guardianships

In addition, the following programs are budgeted under separate allocations but administration and overall direction is provided from Departmental Administration. These allocations are discussed as separate budget proposals:

Group 2

Community services, including state clinics and state-local community services
Medical research
Family care
Out-of-state deportation and institution transfers
Transportation of patients and other persons committed to state hospitals

Bureau of Patients' Accounts

One of the major sections, of those listed in Group 1 above, is the Bureau of Patients' Accounts. This unit assesses and collects charges for the care and treatment of mentally ill patients within the ability of the patient or his responsible relative to pay for such care. The unit thus analyzes financial data to determine ability, sets payment rates, bills and collects for the services rendered in the hospitals. In addition, reviews are made to determine possible benefits to which patients are entitled. Reimbursement for care and treatment of mentally deficient patients and some others does not come under the jurisdiction of this program.

Collections of the unit totaled $11,716,788 in the 1959-60 fiscal year. They are estimated to increase to $12,506,580 in the current year, an increase of $789,792 or 6.7 percent. A further increase to $13,217,832 is anticipated in revenues for 1961-62 or by 5.7 percent over 1960-61.

Important factors related to the increases in revenue are further liberalizations in the social security system, increasing hospitalization insurance coverage and increases in the rates charged. The maximum rate is now set at $200 per month, having been increased to this figure from $183 per month in September, 1960.

Departmental Administration—Continued

We have in the past pointed out certain deficiencies in the Bureau's rate setting, billing, collecting and other procedures. The potential and efficiency of the bureau can be greatly increased if these deficiencies are corrected.

Further studies have been made by the agency and the Department of Finance. Proposed program changes and recommendations are contained in Organization and Cost Control Survey 896, entitled "Bureau of Patients' Accounts Ability to Pay." This report, while inconclusive and vague in some areas, represents a generally practical approach in developing a uniform rating system in determining ability to pay for cost of care and treatment. We believe that the recommended procedures represent a great potential over current practices and, to the extent that these are actually placed into effect, will represent improvements.

While we have certain reservations and feel that some further improvements may still be needed, we believe this is an approach in the right direction. The agency has indicated its agreement to make the program modifications proposed in the Organization and Cost Control report.

Therefore, it is proper that the department set up a definite time schedule and follow through on the changes. We understand that such a program is already under way.

We recommend that a completion or progress report, explaining changes effected and results realized, be submitted to the Legislature by January 1, 1962.

Bureau of Social Service

The Bureau of Social Service is a statewide program of assistance to former hospital patients who are on hospital leave status in the community.

In this respect, pre-leave investigations, arrangements and placements are made to facilitate the movement of a patient from the hospital. Subsequently, assistance is given in arranging living accommodations, developing family relationships, employment opportunities and other matters while the patient is in the community and hopefully preparing himself for eventual full discharge.

Current staffing of the unit totals 277.5 authorized positions of which 193 are regional social workers. The authorized staffing level was 70.5 active cases per caseworker during 1959-60.

The level of service for this activity was raised by reducing the caseload to 67.5 active cases per caseworker for 1960-61. The anticipated actual level indicated by the department is 69.5 cases per caseworker for 1961-62. While this is not quite up to the standard now authorized, we believe it is more important to increase the numbers of patients on leave than it is to enrich the caseload ratio, especially in view of the premise stated by the department that many more hospital patients could be placed on this status if more social workers were available.

The department has emphasized the desire to increase the number of hospital patients going on leave. It would seem, therefore, that in

Departmental Administration—Continued

view of this desire, the caseload ratio should not be allowed to drop much below the level of 70.5 patients per caseworker.

An increase in staffing, such as was authorized for this unit in the 1960-61 budget, should be utilized fully in expanding the program as far as possible.

With such critical needs as stated by the department in this area, the appropriate procedure would also appear to be to continue to maintain this level instead of enriching it should any new positions be authorized in the 1961-62 budget.

The yearly cost per active assigned case in the Bureau of Social Work is estimated at $193.09 in the 1960-61 fiscal year and is expected to increase to $201.21 for 1961-62. To the extent that patients can be successfully treated in this manner in contrast to the hospitals, a very sizeable savings results to the State.

A summary of information on caseload unit costs and workload factors is presented in the following table for the 1959-60, 1960-61 and 1961-62 fiscal years:

	1959-60	*1960-61* *	*1961-62* *	*Change from 1960-61*
Year-end number of active assigned leave of absence cases	10,916	11,200	11,400	200 (1.8%)
Total number of social workers	148.3	195	195	---
Ratio of active assigned cases to all social workers (including supervisors)	73.6	57.4	58.5	1.1
Ratio of active assigned cases to case workers (excluding supervisors)	82.8	68.3	69.5	1.2
Cost per active assigned case	$160.52	$193.09	$201.21	$8.12 (4.2%)

* Estimated.

Proposed Program Augmentation Recommendations (See Item 140)

A total of 20 positions plus operating expenses, equipment, and travel expenses at a total cost of $188,355 is recommended to be disallowed under the budget augmentation item relative to departmental administration. The specific items included are shown as follows:

		Amount	*Budget Page*	*Budget Line*
1	Biostatistician	$15,000	376	84
1	Senior stenographer-clerk	4,626	376	85
1	Assistant to deputy director, administrative services	11,976	376	63
1	Regional chief, Department of Mental Hygiene	17,400	376	75
1	Senior stenographer-clerk	4,626	376	76
1	Information officer I	7,728	377	34
	Travel—Central office training	10,000	378	81
1	Training officer I	8,112	378	6
1	Intermediate typist-clerk	4,194	378	7
4	Community organization specialist	35,760	378	51
2.5	Intermediate typist-clerk	10,485	378	52
	Equipment and operating expenses	7,400	378	53, 54
4	Community organization specialist	35,760	382	32
2	Intermedite typist-clerks	8,388	382	33
	Equipment and operating expenses	6,900	382	34, 35
	Grand total	$188,355		

Departmental Administration—Continued

Recapitulation:

20	Positions	$164,055
	Operating and equipment and travel expenses	24,300
	Grand total	$188,355

Reasons for these recommended reductions are contained in the summary of proposed program augmentations.

Department of Mental Hygiene

ADDITIONAL SUPPORT FOR THE DEPARTMENT OF MENTAL HYGIENE

ITEM 140 of the Budget Bill — Budget page 375

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

Amount requested $3,021,661

TOTAL RECOMMENDED REDUCTION $1,488,556

Summary of Recommended Reductions

			Amount	Budget Page	Budget Line
Administrative strengthening					
7	positions		$67,716	377	1
Training					
14	positions	$137,406			
	Travel expenses	15,000	152,406	378	13
Prehospital Services					
6.5	positions	$46,245			
	Operating and equipment expenses	7,400	53,645	378	29
Posthospital Services					
15	positions		198,000	379	1
Hospital Services					
447	positions		913,793	379	2
Special Services for Mentally Retarded					
15	positions	$96,096			
	Operating and equipment expenses	6,900	102,996	382	39
504.5	positions, plus equipment and expenses	Grand total	$1,488,556		

Recapitulation:

504.5	positions	$1,459,256
	Operating and equipment expenses	29,300
	Grand total	$1,488,556

Our analysis relative to these recommended reductions is contained in the Summary of Proposed Program Augmentations under the categories indicated in the above table.

Department of Mental Hygiene

SALARY INCREASES

ITEM 141 of the Budget Bill — Budget page 382

FOR SALARY INCREASES TO BE ALLOCATED BY THE DEPARTMENT OF FINANCE, FROM THE GENERAL FUND

Amount requested $2,231,000

TOTAL RECOMMENDED REDUCTION ..... None

Salary Increases—Continued

Our analysis relative to this proposal is contained in the Summary of Proposed Program Augmentations, pages 460 to 461.

Department of Mental Hygiene
TRANSPORTATION OF PATIENTS AND OTHER PERSONS COMMITTED TO STATE HOSPITALS

ITEM 142 of the Budget Bill Budget page 386

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 1960-61 fiscal year	76,137
Increase	None
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

This unit is charged with the responsibility of providing funds for defraying transportation costs, sheriffs' fees and other traveling expenses resulting in the delivery of patients to the state hospitals from place of commitment.

A total of $126,895 is requested for this purpose, of which $50,758 or 40 percent is expected to be collected from relatives or other legally responsible persons. The remaining $76,137 in state costs is at the same level budgeted for 1960-61.

We recommend approval of the amount requested.

Department of Mental Hygiene
OUT-OF-STATE DEPORTATION AND INSTITUTION TRANSFERS

ITEM 143 of the Budget Bill Budget page 386

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

Amount requested	$107,350
Estimated to be expended in 1960-61 fiscal year	104,500
Increase (2.7 percent)	$2,850

ANALYSIS

Funds are provided under this appropriation for the deportation of approximately 360 patients to the states of their legal residence and for the transportation of about 500 patients between hospitals in the 1961-62 fiscal year. This is at approximately the same level as in 1960-61. It is anticipated that an additional $10,000 will be reimbursed through charges to relatives and other legally responsible persons. The total program expenditure is, therefore, estimated at $117,350 for the 1961-62 fiscal year.

We recommend approval of the item as budgeted.

Department of Mental Hygiene
FAMILY CARE

ITEM 144 of the Budget Bill Budget page 387

FOR FAMILY CARE OF PATIENTS FROM THE GENERAL FUND

Amount requested	$1,882,800
Estimated to be expended in 1960-61 fiscal year	1,762,800
Increase (6.8 percent)	$120,000
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

The family care program is designed to make it possible for patients to make a gradual transition from a hospital to the outside world. The State provides, by means of this appropriation, for the care of a limited number of patients who would otherwise have to remain in the hospitals even though they were well enough to leave. The patients are apparently benefited.

An average of 1,450 cases will be fully supported by the State and an additional 170 will receive partial support during 1961-62. This is at about the same level program as in 1960-61, however, the monthly support allotment was raised from $95 to $100 on July 1, 1960, and is now at the maximum rate authorized by the Legislature in 1957. This increase in rate accounts for the increase of $120,000 requested for 1961-62 over 1960-61.

An analysis of, and recommendations on, increased operating expenses proposed for the family care program are contained in the summary of proposed program augmentations.

Department of Mental Hygiene
ADDITIONAL FAMILY CARE

ITEM 145 of the Budget Bill Budget pages 379 and 382

FOR ADDITIONAL FAMILY CARE OF PATIENTS FROM THE GENERAL FUND

Amount requested	$258,720
TOTAL RECOMMENDED REDUCTION	None

Our analysis relative to this proposal is contained in the Summary of Proposed Program Augmentations under the headings "Family Care Home Payments"—$78,720, page 438, and "Family Care Proposal"— $180,000 in basic support costs, page 458.

Department of Mental Hygiene
CARE AND TREATMENT OF MENTALLY RETARDED PERSONS IN PRIVATE MEDICAL FACILITIES

ITEM 146 of the Budget Bill Budget page 382

FOR CARE AND TREATMENT OF MENTALLY RETARDED PERSONS IN PRIVATE MEDICAL FACILITIES FROM THE GENERAL FUND

Amount requested	$100,000
TOTAL RECOMMENDED REDUCTION	None

Care and Treatment of Mentally Retarded Persons in Private Medical Facilities—Continued

Our analysis relative to this proposal is contained in the Summary of Proposed Program Augmentations, page 456.

Department of Mental Hygiene
RESEARCH PROGRAM

ITEM 147 of the Budget Bill Budget page 387

FOR SUPPORT OF RESEARCH PROGRAM FROM THE GENERAL FUND

Amount requested	$1,002,000
Estimated to be expended in 1960-61 fiscal year	1,334,383
Decrease (24.9 percent)	$332,383

ANALYSIS

All funds appropriated for this unit are available for expenditure over a three-year period. Previously appropriated funds are available for use in 1961-62 and the department expects to supplement the $1,002,000 requested for 1961-62 with $332,383 available from prior years. The total expenditure for the unit, therefore, is expected to remain at the same level as in 1960-61 or $1,334,383.

Under this appropriation, funds are provided for special research projects in the field of mental health. Allocations of funds for research projects are made with the approval of the Department of Finance.

A total of nine research units or teams are authorized in the state hospitals plus the departmental research units. The 1961-62 appropriation continues the same number of units although costs will increase slightly over 1960-61. The two years are compared as follows:

	1960-61	*1961-62*
Research units—hospitals	$310,854	$322,904
Teams *	(9)	(9)
Research units—departmental	40,222	41,964
Total	$351,076	$364,868

* Includes departmental team.

The research journal initiated in the 1960-61 fiscal year would be continued in 1961-62 at a cost of $30,000 for each year.

Funds for research projects would decline from $953,307 in 1960-61 to $939,514 in 1961-62 or in total amount to offset the increase in costs for research units as shown above.

Additional funds are also being made available from national sources as the research capability of the program develops. A total of $2,806,313 in nonstate funds has become available from January, 1957, to December, 1960. These funds would not have been received without an operating program in the department. An additional $600,000 in grants is in final stages of negotiation and should be available soon.

With the extreme paucity of knowledge of causes and cures for mental illness, the choice and merit of various treatment alternatives are on a highly speculative basis at present. This emphasizes the need for research in the field of mental illness.

Research Program—Continued

An analysis of, and recommendations on, new positions and increased operating expenses proposed for the research program are contained in the summary of proposed program augmentations, page 429 of this analysis.

Department of Mental Hygiene
ADDITIONAL RESEARCH PROJECTS

ITEM 148 of the Budget Bill — Budget pages 377 and 378

FOR ADDITIONAL RESEARCH PROJECTS FROM THE GENERAL FUND	
Amount requested	$105,000
TOTAL RECOMMENDED REDUCTION	None

Our analysis relative to this proposal is contained in the Summary of Proposed Program Augmentations, page 429.

Department of Mental Hygiene
DAY TREATMENT CENTER

ITEM 149 of the Budget Bill — Budget page 387

FOR SUPPORT OF DAY TREATMENT CENTER FROM THE GENERAL FUND	
Amount requested	$150,000
Contribution to State Employees' Retirement System	8,812
Total	$158,812
Estimated to be expended in 1960-61 fiscal year	120,700
Increase (31.6 percent)	$38,112
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

The 1960 Legislature authorized one day care center and appropriated $150,000 for the facility in 1960-61. A concomitant request was made by the Legislature that this unit be set up as a pilot program and that a complete evaluation be made, demonstrating the effectiveness as a treatment media and the economy of operation of such a facility, with reference to those factors as outlined in the Analysis of the Budget Bill for 1960-61, pages 306-314.

The program has been somewhat delayed in the current fiscal year and the new pilot facility, located at San Diego, did not begin operations until December 1960. Therefore, $120,700 of the $150,000 requested for the program will be needed in the current year. This will increase to the full $150,000 (plus $8,812 for retirement costs) for 1961-62.

The philosophy of the day care center is presented as providing a less expensive means of caring for many mentally ill patients, including significant numbers of those now given 24-hour care daily in the hospitals. The patients would come to the day care center only during the

Day Treatment Center—Continued

day and return to their homes and families at night, thus retaining a family and community contact which is largely lost in the state hospitals.

A first impression is that costs on a per patient year basis at a day care center should be much lower than in a state hospital. However, it should be remembered that substantially the whole range of treatment media, administrative, clerical, janitorial, and other services, would have to be contracted or set up at a small uneconomical level as compared to a state hospital. The staffing for the San Diego facility shows this wide range as follows:

1 Psychiatrist-director
1 Senior psychiatrist
1 Staff psychiatrist
1 Clinical psychologist II
1 Supervising psychiatric social worker I
1 Senior psychiatric social worker
1 Senior psychiatric nurse
1 Supervisor of rehabilitation services
1 Vocational rehabilitation counselor
1 Recreation therapist
2 Psychiatric technician
1 Senior stenographer-clerk
2 Intermediate stenographer-clerk
1 Senior account clerk
1 Janitor

As an example of the difference in staffing as compared to that in the state hospitals, the above supervising social worker staffing level is presented:

Day care center	*State hospitals*
One supervising social worker to one social worker	One supervising social worker to six social workers

No official admission and population estimates are available as yet from the department relative to the ultimate size of the day care center now in operation. However, present thinking suggests a continuing caseload of about 250 patients and about 350 admissions per year.

A further question should be raised relative to the day care concept and its potential in the Short-Doyle or state-local community mental health program.

The Short-Doyle Program was originally presented to the Legislature by the department as a program that, in addition to providing the advantage of local treatment to patients, would also provide a savings to the State as compared to cost of care in the state hospitals. A comparison of the per patient day costs for inpatient Short-Doyle facilities with those of the average per patient day costs in the state hospitals indicates that generally, even with the State paying only one-half total support costs, the cost to the State per patient is much higher under Short-Doyle than entire average per patient costs in the state hospitals. Whether treatment is on the average better in the state hospitals or under Short-Doyle has never been demonstrated by the department.

Latest available cost estimates for Short-Doyle are shown in the following table:

Day Treatment Center—Continued

Inpatient Costs for Facilities Under the State Local Community Mental Health Program (Short-Doyle)

(Based on 1959-60 and 1960-61 cost information)

Program	*Total cost inpatient service (per day)*	*Approximate cost to State (at ½ state share)*
Contra Costa	$30.95	$15.47
Los Angeles County	32.00 (Los Angeles County Hospital)	16.00
	25.00 (Harbor General)	12.50
San Francisco	32.92 (Admission ward)	16.46
	31.86 (Treatment ward)	15.93
San Joaquin	30.00	15.00
San Mateo	27.00	13.50
Santa Clara	25.00	12.50

Average annual per patient cost at Stockton was $2,263 for 1959-60. A daily cost estimate would thus be $6.20 per patient. This is expected to increase to $2,525 for 1961-62 or $6.92 per patient day at Stockton. Stockton has the highest per patient costs of the hospitals for mentally ill. (Modesto's cost is higher but it also treats mentally deficient patients.) Short-Doyle inpatient costs will also probably increase considerably by 1961-62.

Under these circumstances, it would seem that the day care concept could be used to great advantage under Short-Doyle instead of having the State develop another new program with substantially the same treatment philosophy (to treat patients in their own communities). Day care as an alternative to the full 24-hour care now given in Short-Doyle inpatient facilities should be accomplished at considerable savings.

We understand that a day care center is about to be placed in operation in the San Mateo County Short-Doyle Program. This seems to be a much more reasonable approach to day care than establishing two separate programs, both with practically the same goal. In this respect, the department has at various times indicated that there is much potential for the day care concept in Short-Doyle. The experience to be gained under the full direction of the Department of Mental Hygiene, as represented by the operation of the San Diego facility, was, however, needed in order to establish the potential of day care.

These considerations make it imperative that the San Diego facility be considered as a pilot program and that the potential of this treatment concept and its cost be thoroughly evaluated by the department and justified before the Legislature.

We recommend approval of the $158,812 requested for the San Diego Day Care Center on the basis that it will be utilized to demonstrate the cost and treatment feasibility of such an approach.

There is a request for $300,000 in the Budget Augmentation Section entitled "Prehospital Services" to provide for two additional day care centers (budget page 378, line 31). This proposal is explained on pages 434 to 435 of our analysis. We have recommended that this augmentation be disallowed.

Department of Mental Hygiene
DAY TREATMENT CENTERS

ITEM 150 of the Budget Bill Budget page 378

FOR ADDITIONAL SUPPORT OF DAY TREATMENT CENTERS FROM THE GENERAL FUND

Amount requested	$300,000
TOTAL RECOMMENDED REDUCTION	$300,000

Our analysis relative to this proposal is contained in the Summary of Proposed Program Augmentations, pages 434 to 435.

Department of Mental Hygiene
OUTPATIENT MENTAL HYGIENE CLINICS

ITEM 151 of the Budget Bill Budget page 389

FOR SUPPORT OF OUTPATIENT MENTAL HYGIENE CLINICS FROM THE GENERAL FUND

Amount requested	$757,568
Contribution to State Employees' Retirement System	49,133
Total	$806,701
Estimated to be expended in 1960-61 fiscal year	784,253
Increase (2.9 percent)	$22,448
TOTAL RECOMMENDED REDUCTION	None

SUMMARY

The State provides full support for six of the seven state outpatient mental hygiene clinics (Chico, Fresno, Los Angeles, Riverside, Sacramento, and San Diego). The total amount requested to operate these clinics is $806,701 for 1961-62. The clinic at Berkeley is fully supported by federal funds, although it is state administered. It is estimated that the Berkeley Clinic will receive $142,154 in federal funds for 1961-62. Adding state and federal support, the total estimated support cost for all seven outpatient clinics is $913,096 for 1960-61. This is estimated to increase to $948,855 for fiscal year 1961-62, an increase of $35,759 or 3.9 percent.

The State Outpatient Clinic Program seeks to help persons in the community not needing hospitalization but who nevertheless have mental disorders. The clinics provide for early diagnosis and treatment of mental illness and mental retardation and provide preventive services to the community in these fields.

ANALYSIS

The $948,855 requested for the outpatient mental hygiene clinics for 1961-62, although $35,759 above the amount requested for 1960-61, will provide funds for operating the clinics at about the same level. The increase results mainly from increased salary costs.

The 1960-61 gross cost per patient hour for treatment services varies between $8.63 at the Chico Clinic and $14.49 at the Berkeley Clinic. For 1961-62, the range is from $8.74 for Chico and $16.08 for Berkeley.

Outpatient Mental Hygiene Clinics—Continued

The variations in cost of treatment per hour represents differences in caseload types (for instance, one clinic may have a larger proportionate caseload of children; another may provide a larger proportion of group therapy to the total) and to other factors such as the clinic location and personnel vacancies.

The department estimates that the total workload of the clinics will be divided at about 87.5 percent to treatment of patients and 12.5 percent to preventive work in the community. This is at about the rate estimated for 1960-61.

The outpatient clinic program under Short-Doyle provides the same type of treatment and services as the state outpatient clinics. The state program is thus duplicatory and results in an additional administrative structure within the department. It also thwarts the department's stated goal and desire of centering control and operation as far as possible at the local community level.

Further program considerations, including an analysis of and recommendations on new positions, increased operating expenses and equipment, to the extent applicable for these clinics, are discussed in the summary of proposed program augmentations. In the section entitled "Administrative Strengthening" one senior psychiatric social worker (budget page 377, line 68) at a cost of $6,360 is proposed for the Riverside Outpatient Clinic. We have recommended that this position be disallowed as shown in our Analysis on page 426.

Department of Mental Hygiene
LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE

ITEM 152 of the Budget Bill — Budget page 393

FOR SUPPORT OF LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE FROM THE GENERAL FUND

Amount requested	$1,989,066
Contribution to State Employees' Retirement System	134,501
Total	$2,123,567
Estimated to be expended in 1960-61 fiscal year	2,062,093
Increase (3.0 percent)	$61,474
TOTAL RECOMMENDED REDUCTION	None

SUMMARY

Langley Porter Neuropsychiatric Institute was opened in April, 1943. While administered by the Department of Mental Hygiene, it is operated jointly with the University of California Medical School. Many of the senior members of the staff are also on the teaching staff of the University. The institute is thus a teaching research center for the University and the department.

In the support of teaching and research, an active outpatient treatment caseload and an inpatient service is maintained. A total of 525 patients were on the active caseload as of October 31, 1960. The inpatient capacity is 105 patients. In addition, there is a day/night inpatient service having 13 beds and having a capacity for 26 patients.

Langley Porter Neuropsychiatric Institute—Continued

ANALYSIS

The 1961-62 budget proposal will continue service at approximately the same level as in 1960-61. The requested increase of $61,474 will largely cover increased salaries. Of this total increase, $46,276 is for this purpose.

Per capita daily costs for the inpatient service are estimated at $44.91 for 1960-61. A further increase to $46.24 is anticipated for 1961-62. The cost per outpatient interview is expected to increase from $19.83 in 1960-61 to $20.42 in 1961-62. Authorized staffing at the institute totals about 300 positions.

We recommend approval of the $2,123,567 requested for Langley Porter Neuropsychiatric Institute. (Budget page 393, line 26.)

Department of Mental Hygiene

NEUROPSYCHIATRIC INSTITUTE AT UNIVERSITY OF CALIFORNIA, LOS ANGELES

ITEM 153 of the Budget Bill Budget page 395

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

Amount requested	$3,043,108
Contribution to State Employees' Retirement System	191,242
Total	$3,234,350
Estimated to be expended in 1960-61 fiscal year	1,582,142
Increase (104.4 percent)	$1,652,208
TOTAL RECOMMENDED REDUCTION	None

SUMMARY

This institute has the same purposes and goals as Langley Porter Neuropsychiatric Institute—to function as a teaching, training and research center in connection with the university. Training is to be provided for psychiatric residents, medical students, psychology fellows, social work students, occupational therapy students, graduate and undergraduate student nurses, state hospital physicians and fellows in psychiatry. Research will center mainly in neurology, psychiatry and related subjects.

A limited outpatient clinic program was initiated in 1956-57 in temporary quarters. This has been expanded since and the complete institute program will be initiated during 1960-61 with the opening of the new institute wing at the University of California Los Angeles Medical Center.

In addition to the outpatient facilities, the new wing will provide for a 188-bed inpatient service, a day hospital program and a soma therapy room.

ANALYSIS

The proposed 1961-62 Budget of $3,043,108 represents an increase of $1,437,208 or 80 percent over the 1960-61 Budget. The 1960-61 Budget provided the full program level at the institute only during part of the current fiscal year as various portions are scheduled to be activated.

Neuropsychiatric Institute at University of California, Los Angeles—Continued

Although the same number of positions are requested for both years, the 1961-62 proposal covers full year salary and wage costs at $2,549,892, an increase of $1,143,653 or 81.3 percent above the $1,406,239 for 1960-61 which provides for the full salary program only part of the year.

A similar increase in operating expenses for the same reason is proposed. Operating expenses are budgeted for 1960-61 at $334,849 but are anticipated to increase by $209,386 or 62.5 percent to $544,235 in 1961-62.

A total of 40 housekeeping and janitorial positions were requested in the 1960-61 Budget for this facility. We recommended that this request be held in abeyance pending further study and development of workload criteria by the agency. Our recommendation relative to this group of 40 positions, therefore, remains in effect until sufficient material is available on which to determine the most efficient staffing level.

We therefore recommend that the budget as requested for Neuropsychiatric Institute for 1961-62 be approved as submitted with the exception of housekeeping and janitorial staffing as noted above.

Department of Mental Hygiene
AGNEWS STATE HOSPITAL

ITEM 154 of the Budget Bill Budget page 397

FOR SUPPORT OF AGNEWS STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$9,400,856
Contribution to State Employees' Retirement System	565,809
Total	$9,966,665
Estimated to be expended in 1960-61 fiscal year	9,899,656
Increase (0.7 percent)	$67,009

SUMMARY

Agnews State Hospital, situated near San Jose, provides care and treatment for the mentally ill, alcoholics, narcotic addicts, and epileptics. The counties of Santa Clara, San Mateo, Santa Cruz, San Francisco, Alameda, San Benito and Monterey are the areas primarily served by this institution.

The average patient population for fiscal year 1960-61 is estimated at 4,080, with an anticipated increase to 4,117 patients for fiscal year 1961-62. Per capita patient cost for fiscal year 1960-61 is estimated at $2,426 and expected to decrease to $2,421 excluding program augmentation costs in fiscal year 1961-62.

Progress in treating the mentally ill during the past 10 years has resulted in an increased level of service ratio. Level of service in 1951-52 was 397 employee hours per patient as compared to 673 hours in 1960-61. The table below indicates level of service changes since 1951-52:

Agnews State Hospital—Continued

Total Level of Service—Employee Hours Available per Patient
1951-52 to 1960-61—Agnews State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	951.6	4,260	397	0
1952-53	975.4	4,442	390	—1
1953-54	997.4	4,493	386	—3
1954-55	1,007.2	4,474	400	1
1955-56	1,215.8	4,285	504	27
1956-57	1,229.3	4,140	527	33
1957-58	1,343.2	4,155	574	45
1958-59	1,388.2	3,999	617	55
1959-60	1,549.2	4,012	686	73
1960-61	1,564.6	4,080 *	681	72

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Agnews State Hospital, are contained in the summary of proposed program augmentations.

Department of Mental Hygiene
ATASCADERO STATE HOSPITAL

ITEM 155 of the Budget Bill Budget page 400

FOR SUPPORT OF ATASCADERO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$3,633,053
Contribution to State Employees' Retirement System	214,859
Total	$3,847,912
Estimated to be expended in 1960-61 fiscal year	3,827,806
Increase (0.5 percent)	20,106

SUMMARY

Atascadero State Hospital, situated near the city of that name, is a maximum security institution.

Types of patients treated at this institution include mentally ill, sex psychopaths, criminally insane, and other such cases of mental illness requiring community protection that cannot be accomplished in the ordinary hospital.

The average patient population for fiscal year 1960-61 is estimated at 1,462, with an anticipated increase to 1,540 for fiscal year 1961-62. Per capita patient cost for fiscal year 1960-61 is estimated at $2,618, and is anticipated to decrease to $2,499 (excluding program augmentation costs) in the fiscal year 1961-62.

Employee hours available per patient have increased from a 1955-56 figure of 621 to an estimated 759 during 1960-61. The following table indicates level of service changes since 1955-56.

Atascadero State Hospital—Continued

Total Level of Service—Employee Hours Available per Patient
1955-56 to 1960-61—Atascadero State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1955-56*
1955-56	404.3	1,156	621	0
1956-57	436.4	1,161	668	8
1957-58	475.4	1,167	723	16
1958-59	481.4	1,219	701	13
1959-60	587.4	1,280	815	31
1960-61	624.4	* 1,462	759	22

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Atascadero State Hospital, are contained in summary of proposed program augmentations.

Department of Mental Hygiene
CAMARILLO STATE HOSPITAL

ITEM 156 of the Budget Bill Budget page 402

FOR SUPPORT OF CAMARILLO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$12,031,038
Contribution to State Employees' Retirement System	712,013
Total	$12,743,051
Estimated to be expended in 1960-61 fiscal year	12,696,248
Increase (0.4 percent)	$46,803

SUMMARY

Camarillo State Hospital, located near Camarillo in Ventura County, is an institution for the mentally ill. The hospital also has a juvenile unit specializing in the separate care and treatment of mentally ill minors.

The estimated average patient population for fiscal year 1960-61 is 6,278, with an anticipated increase to 6,307 for fiscal year 1961-62. The per capita patient cost for the 1960-61 fiscal year is estimated at $2,022, with an anticipated increase to $2,027 (excluding program augmentation costs) in fiscal year 1961-62.

Employee hours per patient were 478 in fiscal year 1951-52 and have increased to a 1960-61 estimated average of 560 hours. The table below traces, chronologically, the annual level of service changes from 1951-52 through 1960-61:

Total Level of Service—Employee Hours Available per Patient
1951-52 to 1960-61—Camarillo State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	1,496.9	5,564	478	0
1952-53	1,527.2	6,397	424	—11
1953-54	1,532	6,934	392	—18
1954-55	1,590.3	6,938	407	—17
1955-56	1,752.3	6,939	448	—6
1956-57	1,858.3	6,839	483	1
1957-58	2,027.2	6,673	540	14

Camarillo State Hospital—Continued

Total Level of Service—Employee Hours Available per Patient
1951-52 to 1960-61—Camarillo State Hospital—Continued

Fiscal year	Total authorized positions	Average population	Level of service	Percentage change from 1951-52
1958-59	1,921.1	6,348	537	12
1959-60	1,942.2	6,361	542	13
1960-61	1,978	* 6,278	560	17

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Camarillo State Hospital, are contained in the summary of proposed program augmentations.

Department of Mental Hygiene
DeWITT STATE HOSPITAL

ITEM 157 of the Budget Bill Budget page 405

FOR SUPPORT OF DeWITT STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$5,589,509
Contribution to State Employees' Retirement System	317,801
Total	$ 5,907,310
Estimated to be expended in 1960-61 fiscal year	5,899,356
Increase (0.1 percent)	$7,954

SUMMARY

DeWitt State Hospital is located near Auburn, Placer County, and provides care and treatment for mentally ill and mentally deficient patients.

Average patient population for the 1960-61 fiscal year is estimated at 2,868, with an estimated per capita cost of $2,057. It is anticipated that patient population will decrease slightly to 2,836 during fiscal year 1961-62, while per capita cost increases to $2,083 (excluding program augmentation costs).

Employee hours per patient were 423 in fiscal year 1951-52 and have increased to a 1960-61 estimated average of 544 hours. The table below presents, chronologically, the annual level of service from 1951-52 through 1960-61.

Total Level of Service—Employee Hours Available per Patient
1951-52 to 1960-61—DeWitt State Hospital

Fiscal year	Total authorized positions	Average population	Level of service	Percentage change from 1951-52
1951-52	711.9	2,989	423	0
1952-53	716.9	3,051	417	—1
1953-54	726.9	3,056	422	—
1954-55	727.9	2,976	434	3
1955-56	750	2,950	452	7
1956-57	755.4	2,872	467	10
1957-58	816.5	3,013	481	14
1958-59	841	2,991	499	18
1959-60	872	2,884	537	27
1960-61	879	2,868 *	544	29

* Estimate as shown in 1961-62 Budget.

DeWitt State Hospital—Continued

Program considerations including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for DeWitt State Hospital are contained in the summary of proposed program augmentations.

Department of Mental Hygiene
MENDOCINO STATE HOSPITAL

ITEM 158 of the Budget Bill Budget page 407

FOR SUPPORT OF MENDOCINO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$5,318,007
Contribution to State Employees' Retirement System	320,528
Total	$5,638,535
Estimated to be expended in 1960-61 fiscal year	5,617,093
Increase (0.4 percent)	$21,442

SUMMARY

Mendocino State Hospital, located at Talmage, Mendocino County, is an institution for treatment of mentally ill patients.

The estimated average patient population for fiscal year 1960-61 is 2,308, with an anticipated increase to 2,338 for the 1961-62 fiscal year. The estimated per capita patient cost for fiscal year 1960-61 is $2,434, with an anticipated decrease to $2,412 (excluding program augmentation costs) in the 1961-62 fiscal year.

Employee hours available per patient have increased from a 1951-52 figure of 424 hours to an estimated level of 676 hours per patient in fiscal year 1960-61. The following table reflects a comparative measure of the total level of service extended at this facility since 1951-52:

Total Level of Service—Employee Hours Available per Patient 1951-52 to 1960-61—Mendocino State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	642.5	2,693	424	0
1952-53	657.8	2,604	449	6
1953-54	658.8	2,549	459	8
1954-55	700.8	2,375	524	24
1955-56	772.9	2,260	607	43
1956-57	755.4	2,259	594	40
1957-58	833.3	2,271	652	53
1958-59	819	2,437	597	41
1959-60	870.5	2,366	653	54
1960-61	878.5	* 2,308	676	59

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Mendocino State Hospital, are contained in the summary of proposed program augmentations.

Department of Mental Hygiene
METROPOLITAN STATE HOSPITAL

ITEM 159 of the Budget Bill Budget page 409

FOR SUPPORT OF METROPOLITAN STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$8,461,661
Contribution to State Employees' Retirement System	498,751
Total	$8,960,412
Estimated to be expended in 1960-61 fiscal year	8,775,324
Increase (2.1 percent)	$185,088

SUMMARY

Metropolitan State Hospital, located at Norwalk, is an institution providing care and treatment for mentally ill patients.

Patient population during fiscal year 1960-61 is estimated at 3,811, entailing an estimated per capita cost of $2,303. It is anticipated that the population will increase to 3,950 for the 1961-62 fiscal year, at a per capita cost of $2,268 (excluding program augmentation cost).

In the last decade the level of service at this institution has increased from 458 hours in 1951-52 to a 1960-61 figure of 653 employee hours available per patient. The table below indicates the progress made in this employee-patient relationship.

Total Level of Service—Employee Hours Available per Patient 1951-52 to 1960-61—Metropolitan State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	633.8	2,456	458	0
1952-53	656.2	2,407	484	6
1953-54	673.2	2,481	482	5
1954-55	664.2	2,205	535	17
1955-56	678.3	2,190	550	20
1956-57	879.8	2,261	691	51
1957-58	793.1	2,525	558	22
1958-59	1,278.2	3,735	608	33
1959-60	1,296.3	3,852	598	31
1960-61	1,401.9	3,811*	653	43

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of any recommendations on new positions, increased operating expense and equipment to the extent applicable for Metropolitan State Hospital, are contained in the summary of proposed program augmentations.

Department of Mental Hygiene
MODESTO STATE HOSPITAL

ITEM 160 of the Budget Bill Budget page 412

FOR SUPPORT OF MODESTO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$5,896,367
Contribution to State Employees' Retirement System	351,975
Total	$6,248,342
Estimated to be expended in 1960-61 fiscal year	6,214,302
Increase (0.5 percent)	$34,040

SUMMARY

Modesto State Hospital, located north of Modesto, is an institution providing care and treatment for mentally ill and mentally deficient patients.

The estimated average population for 1960-61 is estimated at 2,439 and anticipated to increase slightly to 2,461 for fiscal year 1961-62. Estimated per capita cost for 1960-61 is $2,548, with an anticipated per capita decrease to $2,539 (excluding program augmentation costs) for the 1961-62 fiscal year.

The following table traces the employee hours available per patient at this institution for the past 10 years:

Total Level of Service—Employee Hours Available per Patient 1951-52 to 1960-61—Modesto State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	785.9	2,953	473	--
1952-53	812.9	3,068	472	--
1953-54	851.8	3,422	442	—7
1954-55	861.8	3,369	454	—4
1955-56	919.9	3,447	474	--
1956-57	925	3,353	490	4
1957-58	973	3,266	529	12
1958-59	989	2,905	605	28
1959-60	961.2	2,697	633	34
1960-61	971.5	*2,439	707	49

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Modesto State Hospital are contained in the summary of proposed program recommendations.

Department of Mental Hygiene
NAPA STATE HOSPITAL

ITEM 161 of the Budget Bill Budget page 414

FOR SUPPORT OF NAPA STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$11,050,824
Contribution to State Employees' Retirement System	666,844
Total	$11,717,668
Estimated to be expended in 1960-61 fiscal year	11,622,168
Increase (0.8 percent)	$95,500

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Napa State Hospital—Continued

SUMMARY

Napa State Hospital is located at Imola, in Napa County, near the City of Napa. An institution for the mentally ill, this hospital is also the northern treatment unit for mentally ill minors and mentally ill tubercular patients. During the past year, Sonoma State Hospital transferred all mentally deficient tubercular patients at that institution to the Napa facility.

The estimated average patient population for 1960-61 is 5,223, with an anticipated average population of 5,275 in fiscal year 1961-62. Per capita patient cost is estimated at $2,225 for 1960-61, and anticipated to be $2,221 (excluding program augmentation costs) for the 1961-62 fiscal year.

The following table reflects a comparative measure of employee hours available annually per patient since 1951-52:

Total Level of Service—Employee Hours Available per Patient
1951-52 to 1960-61—Napa State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	949.1	4,470	377	0
1952-53	1,148.4	4,620	441	17
1953-54	1,287.4	4,890	468	24
1954-55	1,311.4	5,279	441	17
1955-56	1,435.4	5,300	481	28
1956-57	1,601.4	5,408	526	40
1957-58	1,784.3	5,569	569	51
1958-59	1,655.3	5,326	552	46
1959-60	1,729.5	5,277	582	54
1960-61	1,865.1	*5,223	634	68

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of any recommendations on new positions, increased operating expense and equipment to the extent applicable for Napa State Hospital are contained in the Summary of Proposed Program Augmentations.

Department of Mental Hygiene

PATTON STATE HOSPITAL

ITEM 162 of the Budget Bill Budget page 417

FOR SUPPORT OF PATTON STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$10,335,225
Contribution to State Employees' Retirement System	620,947
Total	$10,956,172
Estimated to be expended in 1960-61 fiscal year	10,889,067
Increase (0.6 percent)	67,105

Patton State Hospital—Continued

SUMMARY

Patton State Hospital is located at Patton, near the city of 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.

Average patient population for fiscal year 1960-61 is estimated at 4,725 at an anticipated per capita cost of $2,305. Estimates for the 1961-62 fiscal year are for an increase in patient population to 4,745, along with an anticipated rise in per capita costs to $2,309 (excluding program augmentation costs).

The level of service table below traces, chronologically, the changes in employee hours available per patient since 1951-52.

Total Level of Service—Employee Hours Available per Patient
1951-52 to 1960-61—Patton State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	1,009.7	4,295	418	0
1952-53	1,034.2	4,363	421	1
1953-54	1,055.2	4,492	417	--
1954-55	1,166.2	4,372	473	13
1955-56	1,321.9	4,330	542	6
1956-57	1,335.2	4,243	559	10
1957-58	1,428.7	4,325	587	17
1958-59	1,392.9	4,187	591	17
1959-60	1,731.2	4,271	720	72
1960-61	1,755.7	* 4,725	660	57

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Patton State Hospital, are contained in the summary of proposed program augmentations.

Department of Mental Hygiene
STOCKTON STATE HOSPITAL

ITEM 163 of the Budget Bill Budget page 419

FOR SUPPORT OF STOCKTON STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$8,816,699
Contribution to State Employees' Retirement System	526,936
Total	$9,343,635
Estimated to be expended in 1960-61 fiscal year	9,319,828
Increase (0.3 percent)	23,807

SUMMARY

Stockton State Hospital, located in the city of that name, is an institution providing care and treatment for mentally ill patients.

The average patient population for fiscal year 1960-61 is estimated at 3,687, with an estimated per capita cost of $2,528. It is anticipated that the corresponding figures for fiscal year 1961-62 will rise to an

Stockton State Hospital—Continued

average patient population of 3,700 with a per capita cost of $2,525 excluding program augmentation costs.

In 1951-52 an average of 463 employee hours were available per patient. For the 1960-61 fiscal year this figure has risen to 703 hours. The following table traces the level of service ratio since 1951-52.

Total Level of Service—Employee Hours Available per Patient
1951-52 to 1960-61—Stockton State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	1,181.9	4,535	463	0
1952-53	1,108.7	4,528	435	—6
1953-54	1,245.7	4,494	492	6
1954-55	1,256.7	4,468	500	8
1955-56	1,379.8	4,662	526	14
1956-57	1,428.7	4,640	547	18
1957-58	1,575.5	4,292	652	–
1958-59	1,509.9	3,916	685	48
1959-60	1,437	3,944	647	40
1960-61	1,458.7	* 3,687	703	56

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Stockton State Hospital, are contained in the summary of proposed program augmentations.

Department of Mental Hygiene
FAIRVIEW STATE HOSPITAL

ITEM 164 of the Budget Bill — Budget page 422

FOR SUPPORT OF FAIRVIEW STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$5,262,091
Contribution to State Employees' Retirement System	320,897
Total	$5,582,988
Estimated to be expended in 1960-61 fiscal year	5,334,785
Increase (4.7 percent)	$248,203

SUMMARY

Fairview State Hospital is located near Costa Mesa in Orange County. This institution is the State's newest facility for the treatment of mentally deficient patients. Initial admissions commenced in January of 1959.

Average patient population for 1960-61 is estimated at 1,584, with a fairly substantial increase to 1,832 anticipated for the 1961-62 fiscal year. Per capita patient cost during 1960-61 is estimated at $3,368, and is anticipated to decrease to $3,047 (excluding program augmentation costs) during fiscal year 1961-62.

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Fairview State Hospital are contained in the summary of proposed program augmentation.

Department of Mental Hygiene
PACIFIC STATE HOSPITAL

ITEM 165 of the Budget Bill Budget page 424

FOR SUPPORT OF PACIFIC STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$7,945,021
Contribution to State Employees' Retirement System	486,550
Total	$8,431,571
Estimated to be expended in 1960-61 fiscal year	8,323,032
Increase (1.3 percent)	$108,539

SUMMARY

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

Average patient population is estimated to be 2,936 during fiscal year 1960-61, with an anticipated increase to 3,000 in 1961-62. Per capita patient cost is estimated at $2,835 for 1960-61, and a per capita decrease to $2,811 (excluding program augmentation costs) is anticipated for the 1961-62 fiscal year.

Employee hours available per patient have advanced from a 1951-52 level of 525 hours to a 1960-61 figure of 859 hours. The table below traces level of service changes since 1951-52.

Total Level of Service—Employee Hours Available per Patient 1951-52 to 1960-61—Pacific State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	595.9	2,015	525	0
1952-53	615.2	1,999	547	4
1953-54	626.2	2,018	551	5
1954-55	821.2	2,229	654	6
1955-56	956.3	2,621	648	23
1956-57	1,210.4	2,718	791	51
1957-58	1,358.2	2,856	845	61
1958-59	1,358.8	2,938	821	56
1959-60	1,406.6	2,902	861	64
1960-61	1,420.6	2,936*	859	64

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Pacific State Hospital are contained in the summary of proposed program augmentations.

Department of Mental Hygiene
PORTERVILLE STATE HOSPITAL

ITEM 166 of the Budget Bill Budget page 426

FOR SUPPORT OF PORTERVILLE STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$6,358,464
Contribution to State Employees' Retirement System	383,636
Total	$6,742,100
Estimated to be expended in 1960-61 fiscal year	6,637,859
Increase (1.6 percent)	$104,241

Porterville State Hospital—Continued

SUMMARY

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

Average patient population for fiscal year 1960-61 is estimated to be 2,504 with a slight anticipated decrease to 2,500 for 1961-62. Estimated per capita cost during the 1960-61 fiscal year is $2,651 and is anticipated to reach $2,697 (excluding program augmentation costs) for 1961-62.

The following table reflects a comparative measure of employee hours available per patient at this institution since fiscal year 1954-55:

Total Level of Service—Employee Hours Available per Patient
1954-55 to 1960-61—Porterville State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1954-55*
1954-55	610.7	1,409	770	0
1955-56	888.3	1,700	928	21
1956-57	956.9	2,346	724	—6
1957-58	1,027.9	2,448	746	—3
1958-59	1,120.9	2,498	797	4
1959-60	1,145.9	2,484	819	6
1960-61	1,147.5	*2,504	814	6

* Estimate as shown in 1961-62 Budget.

Program considerations, including an analysis of our recommendations on new positions, increased operating expense and equipment to the extent applicable for Porterville State Hospital, are contained in the summary of proposed program augmentations.

Department of Mental Hygiene

SONOMA STATE HOSPITAL

ITEM 167 of the Budget Bill Budget page 429

FOR SUPPORT OF SONOMA STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$9,363,492
Contribution to State Employees' Retirement System	587,170
Total	$9,941,662
Estimated to be expended in 1960-61 fiscal year	9,816,484
Increase (1.3 percent)	$125,178

SUMMARY

Sonoma State Hospital is located at Eldridge, Sonoma County. It is an institution providing care and treatment for mentally deficient patients.

Average patient population for 1960-61 is estimated at 3,707 and anticipated to reach 3,765 in 1961-62. Similarly, the 1960-61 per capita patient cost is estimated at $2,648, with an anticipated decrease to $2,641 (excluding program augmentation costs) in 1961-62.

Employee hours available per patient have risen from a 1951-52 level of 551 hours to a 1960-61 level of 824 hours. The following table indicates the annual changes in this level of service factor since 1951-52:

Sonoma State Hospital—Continued

Total Level of Service—Employee Hours Available per Patient
1951-52 to 1960-61—Sonoma State Hospital

Fiscal year	*Total authorized positions*	*Average population*	*Level of service*	*Percentage change from 1951-52*
1951-52	986.6	3,180	551	0
1952-53	1,008.3	3,107	577	5
1953-54	991.3	2,698	653	19
1954-55	1,130.2	2,745	731	33
1955-56	1,209.3	3,119	689	25
1956-57	1,224.3	3,214	677	23
1957-58	1,617.2	3,202	897	27
1958-59	1,616.7	3,413	841	53
1959-60	1,701.9	3,679	822	49
1960-61	1,719	3,707	824	50

Program considerations, including an analysis of and recommendations on new positions, increased operating expense and equipment to the extent applicable for Sonoma State Hospital, are contained in the summary of proposed program augmentations.

MILITARY DEPARTMENT

ITEM 168 of the Budget Bill Budget page 432

FOR SUPPORT OF THE MILITARY DEPARTMENT FROM THE GENERAL FUND

Amount requested	$2,687,598
Contribution to State Employees' Retirement System	106,000
Total	$2,793,598
Estimated to be expended in 1960-61 fiscal year	2,812,319
Decrease (0.7 percent)	*$18,751*
TOTAL RECOMMENDED REDUCTION	$32,868

Summary of Recommended Reductions

Salaries and Wages:	*Amount*	*Budget Page*	*Budget Line*
Headquarters Staff			
1 Brigadier General—Assistant Adjutant General	$16,728	433	43–44
California National Guard Reserve			
2 Staff assistants	$16,140	435	34

GENERAL SUMMARY

As required by the Constitution, the Legislature has provided for organizing and disciplining the militia in the Military and Veterans Code. The Governor, as Commander and Chief, may exercise his constitutional authority by ordering out the militia to execute the laws of the State, suppress insurrections, and repel invasions. In addition, the statutes provide for certain other instances when the militia may be called to active service by the Governor.

The Adjutant General, a Major General of the California National Guard, is the Governor's Chief of Staff and is the commander of all