Health and Welfare—Continued

ANALYSIS

Operating Expenses

Communications (budget page 349, line 47) *$2,000*

Communications includes postage, telephone and telegraph services.

We recommend the reduction of communications for a savings of $1,000.

The Health and Welfare Agency Administrator will probably require an abnormally high amount for communications, but $2,000 for two persons appears to be quite excessive particularly in view of the expansion of lease line services being provided by the Department of Finance.

Traveling—out-of-state (budget page 349, line 49) *$3,600*

This amount should finance from 12 to 15 out-of-state trips.

We recommend the reduction of traveling—out-of-state to $1,600 for a savings of $2,000.

Provisions for from four to five out-of-state trips for a year should be more than adequate for the Health and Welfare Agency Administrator. It is assumed that the assistant to the administrator normally would not travel out-of-state unless he was to do so in place of the Health and Welfare Agency Administrator.

DEPARTMENT OF MENTAL HYGIENE

Budget page 350

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

Amount requested	$159,319,629
Estimated to be expended in 1962-63 fiscal year	153,890,169
Increase (3.5 percent)	$5,429,460
TOTAL RECOMMENDED REDUCTION	$2,040,905

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line	Analysis page
General salary and wage reduction	$1,000,000	—*	—	409
Recommended Reductions—Existing Programs				
Reduce food appropriation	250,000	—*	—	410
Outpatient clinics—reduce support by one-half	454,441	373	22	417
30 Psychiatric resident	(270,000)†	—*	—	418
10 Psychiatric nurse	(57,000)†	—*	—	419
25 Clerical position	105,000	—*	—	420
Recommended Reductions—Proposed Workload Increases				
III. Hospital Services				
30 Positions and related expenses	(328,542)†	356	31	427
10 Intermediate typist-clerk	42,420	356	39	430

* The specific point of these reductions to be determined by the Department of Mental Hygiene with the approval of the Department of Finance.

† These amounts are not included in the total recommended reduction of $2,040,905 and may be indirectly related to the recommended general salary and wage reduction of $1 million.

Mental Hygiene—Continued

Summary of Recommended Reductions

	Amount	Budget Page	Budget Line	Analysis page
Recommended Reductions—Proposed Program Increases				
II. Community Based Services				
Drug therapy—outpatient clinics	6,500	360	44	433
III. Hospital Services				
Operating expense	55,819	360	71	434
2 positions	12,240	360	71	435
VI. Special Programs—Children's Units				
Children's program—Napa State Hospital	91,016	362	60	437
VII. Administrative Strengthening				
2 positions and related expenses	23,469	363–364	54–36	439
Total recommended reduction	$2,040,905			
Recommendation to increase state revenue				
Increase charge to counties for hospitalizing mentally retarded	$3,500,000			442

Our analysis of the Department of Mental Hygiene's 1963-64 budget request is presented under the following seven major section headings:

GENERAL SUMMARY

Under the provisions of the State Welfare and Institutions Code, the Department of Mental Hygiene has the responsibility for care and treatment and, wherever possible, the rehabilitation of citizens suffering from the following disorders: mental illness, mental deficiency, alcoholism, epilepsy, narcotics addiction, and sexual psychopathy. It is the further responsibility of the department to conduct research in the treatment of mental disorders, carry on a program of public education seeking to prevent mental illness, and to license and inspect private institutions for mental patients.

Within the department, there are presently 14 state institutions. These may be classified in three categories: (1) the nine hospitals which treat the mentally ill; (2) the four hospitals which treat the mentally retarded; (3) the one hospital which treats sexual psychopaths and criminally insane patients requiring maximum security. The agency also operates two neuropsychiatric institutes. These institutes, one in San Francisco and the other in Los Angeles, are primarily teaching, research, and training centers and work in close collaboration with the University of California Medical Schools.

Mental Hygiene—Continued

For the past three years, the Department of Mental Hygiene has placed particular emphasis on the problems of the mentally retarded and the need for increasing community situated mental health services.

Some of the major programs designed to benefit the retarded are as follows:

(1) *Mental Retardation Evaluation and Referral Units.* There are currently three of these units. They are fully state supported and located in Sacramento, San Diego and Los Angeles. Their primary purpose is to provide counsel to families with retarded children and to find alternatives to state hospitalization for the retarded.

(2) *Private Medical Facilities.* For the past two fiscal years, the Department of Mental Hygiene has been authorized an annual appropriation of $250,000 to provide for the placement of retarded patients in private medical facilities. This appropriation is being continued in the coming fiscal year.

(3) *Multipurpose Centers for the Mentally Retarded.* The 1962 Legislature approved the construction of three multipurpose hospitals for the retarded. Each of these units, to be located in large population centers, will be capable of caring for 1,000 patients, of whom a maximum of 250 would be on 24-hour in-patient service. These hospitals are to be locally operated, with the state and local government sharing operating costs on a yet to be determined basis. As of January 1, 1963, the department was still negotiating with several counties. However, no firm commitments have been made by a local jurisdiction.

(4) *Family Care Homes.* At the present time, the Department of Mental Hygiene has approximately 1,075 mentally retarded patients living in family care homes. These individuals are placed in such homes directly from a state hospital and the caretakers are reimbursed at a current maximum monthly rate of $115.

(5) *Additional Family Care Homes.* In its 1963-64 budget proposal, the Department of Mental Hygiene has requested funds to place an additional 200 mentally retarded patients in family care homes by July 1, 1964. We recommend approval of this request.

(6) *Special Programs for the Retarded at DeWitt and Patton.* The 1962 Legislature granted an augmentation of approximately one million dollars to provide additional personnel for DeWitt and Patton State Hospitals. Authorization of these funds enabled DeWitt and Patton to receive, respectively, 435 and 498 adult, ambulatory retarded patients from the four state hospitals for the mentally retarded. In order to accommodate these new patients, both DeWitt and Patton transferred a like number of mentally ill patients to various state institutions for the mentally ill. These transfers had the following twofold purposes: (1) a reduction of the department's large waiting list for admission to state hospitals for the mentally retarded; and (2)

creation of a special program for adult, ambulatory retarded patients aimed at increasing the possibility of their eventual release from state institutionalization.

(7) *New Beds.* During the 1963-64 fiscal year, the agency will open 786 newly constructed beds for occupancy by mentally retarded persons currently on the waiting list. Fairview State Hospital has 676 of these new beds, with the remaining 110 beds being located at Porterville State Hospital.

(8) *Research Program.* The Department of Mental Hygiene is currently administering an extensive research program on mental retardation. The bulk of this program is being carried on at Pacific State Hospital, with much of it being financed by federal funds.

The role of community situated mental health services for the treatment of mental illness has received increasing emphasis in recent years. Following are some of the mental health programs now available to many Californians in their local communities:

(1) *Day Treatment Centers.* There are three fully state-supported day treatment centers. They are located in San Francisco, San Diego, and Los Angeles. As stated on page 372, line 15, of the 1963-64 Governor's Budget, these facilities accept for treatment those patients who otherwise would require 24-hour hospitalization. However, it should be pointed out that the department has not strictly followed this stated policy.

(2) *Convalescent Leave Program.* This program provides psychiatric and medical assistance to those leave patients not residing near enough to a state hospital to receive such services. The department is currently authorized 13 staff psychiatrists for this convalescent leave program.

(3) *Outpatient Clinics.* The department operates seven such clinics, six of which are fully state supported and the seventh, at Berkeley, is operated with federal funds. These clinics carry on community programs of prevention, early diagnosis, and treatment of mental disorders.

(4) *Short-Doyle.* Under this program, the State and local communities each provide one-half the support costs for any of two or more of five different mental health services to the community. These consist of inpatient, outpatient, rehabilitation, education and consultation. There are currently 20 separate Short-Doyle programs which offer services in areas representing approximately 75 percent of the State's population.

In May of 1962, the Department of Mental Hygiene submitted a 10-year master plan to the Senate. This plan calls for a general increase in the level of mental health services during the coming decade. The plan proposes a continuing shift from large state institutions to small, local facilities functioning as multipurpose psychiatric centers and pro-

Mental Hygiene—Continued

viding intensive treatment in a community setting and recommends that these services be locally administered and jointly financed.

The following table gives an idea of the increase in support expenditures by the Department of Mental Hygiene during the past 10 years:

	1953-54	*1962-63* *	*Increase* *Amount*	*Percent*
Hospital population Mentally ill	35,088	34,660	—428	—1.2
Hospital population Mentally retarded	6,929	12,277	5,348	77.2
Total hospital population	42,017	47,037	5,020	11.9
Annual hospital per capita cost	$1,260	$2,873	$1,613	128.0
Total support expenditures	$56,650,672	$154,463,324	$97,812,652	172.4
Total authorized positions	12,193	21,331	9,138	74.9

* Estimates as shown in 1963-64 Governor's Budget.

Advanced Salary Range—Psychiatric Technicians

In the latter part of 1962, the Department of Mental Hygiene was given authorization to establish a special advanced salary range for psychiatric technicians. In order to qualify for this additional compensation, a psychiatric technician must either possess 15 hours of job-related college credits or complete an advanced inservice training program which each institution has developed as the alternative to college courses.

The advanced inservice training program must be attended on the employee's own time. The complete course involves six hours of formal class work per week for a period of six months. It appears that this inservice training program is fairly comprehensive and should serve to strengthen the qualifications of those psychiatric technicians who complete it.

However, we have certain reservations concerning the selection of job-related college credits which the department states can be substituted for the hospital's inservice training program to qualify a psychiatric technician for an automatic salary increase. As an example, either of the following two groups of junior college studies are considered job-related courses and either group could qualify a psychiatric technician for a salary increase:

Group I: Printmaking
Public relations
Business mathematics
California geography
Essentials of modern government

Group II: Music
Ethics
Zoology
Oil painting
Social geography

Mental Hygiene—Continued

We find it difficult to relate such studies to a program designed to enable a nursing employee to perform at a higher standard. It should be pointed out that those employees qualifying for the advanced salary range, by virtue of the aforementioned curriculums, will not be asked to perform any additional or more responsible duties.

We recommend that the agency carefully evaluate the effectiveness of those employees qualifying for a salary increase based on college credits as compared to those employees receiving such an increase upon completion of the departmental advanced inservice training program.

Furthermore, we question the policy of creating two different salary ranges without any commensurate change in job duties. It should be pointed out that the legislative recommendation, as stated in the Report of the Senate Factfinding Committee on Revenue and Taxation concerning the salary problems of the Department of Mental Hygiene, was that the agency consider ". . . the creation of an additional class in the psychiatric training series covering those psychiatric technicians who are engaged in actual treatment as opposed to custodial duties."

In its report to the Governor and the Legislature dated December 1, 1960, the Personnel Board stated:

> "A reorganization of work within each hospital would relieve the more highly trained and skilled technicians from many of their current routine assignments and permit reassignment to full-time treatment activities . . . this type of reorganization and reassignment would allow the Personnel Board to recognize these higher level duties by the establishment of a new class with a higher salary range than psychiatric technician."

Cohort Study

We recommend that the Legislature instruct the Department of Mental Hygiene to give the cohort study its fullest support in order to assure maximum progress during the coming year.

Briefly, the cohort study follows groups of patients through time and enables one to compare directly the patterns of movement (admission, discharge, readmission, etc.) which one cohort exhibits against the patterns exhibited by other cohorts. Information developed through an appropriate cohort analysis can be utilized to measure the effectiveness of specific treatment programs and assist in making realistic determinations of actual program needs.

In our analysis last year (pp. 397-398) we pointed out that the agency had not provided the impetus necessary to assure maximum results from the cohort study. The department, upon request, furnished this office with a report outlining the reasons for its failure to maintain satisfactory progress. However, this report stated that the factors contributing to the delay had been reconciled and that satisfactory progress would be resumed. Unfortunately, this has not been the case. As a result, the agency is totally incapable of providing the Legislature with all the meaningful data that it assured would be forthcoming by January 1, 1963.

Mental Hygiene—Continued

There have been several factors contributing to the lack of satisfactory progress. One of the most significant has been lack of the availability of a full-time programmer. The Legislature has authorized such a full-time position, which has been filled by the agency, for specific assignment to the cohort study. However, the department has seen fit to utilize a majority of this position's time in assignments not related to the cohort study.

Last year we pointed out that the agency has more than ample funds available within its existing research allocation to assure that sufficient staff be continually assigned to the cohort study. Instead, the department has not chosen to employ the personnel necessary to ensure satisfactory progress. Since the department has failed to fulfill its obligation, we are recommending that the Legislature formally direct the Department of Mental Hygiene to give the cohort study its fullest support in order to assure maximum progress during the coming year.

FISCAL IMPLICATIONS OF UNDERSTATED SAVINGS

We recommend that the department's proposed salary savings be increased by $1 million (budget page 351, line 22); a reduction in proposed salaries and wages of $1 million (budget page 351, line 24).

In situations where an agency budget request substantially overstates its actual requirements, the result is that the Legislature is asked to approve an unnecessarily high appropriation.

Unfortunately, it is obvious that the Department of Mental Hygiene has overstated, to a considerable degree, its expenditure requirements in certain areas for the past several fiscal years. A prime example is the agency's annual salary and wage appropriation request.

The result of this practice is that the agency, for at least the last seven years, has been receiving appropriations greatly exceeding the actual amounts that it has been able to expend.

The following table shows the amount of unexpended salary and wage funds during each of the past four fiscal years. These amounts are *in addition* to the original salary savings forecast by the agency:

Department of Mental Hygiene
Unexpended Salary and Wage Funds

Fiscal year	*Amount*
1958-59	$2,079,834
1959-60	1,022,112
1960-61	723,406
1961-62	2,330,609
Total unexpended funds	$6,155,961
Average	1,538,990

The above table shows that, at the end of each of the past four fiscal years, the Department of Mental Hygiene has had an average of $1.5 million in unexpended salary and wage funds. This money has not been used for the purpose originally authorized by the Legislature. In view of the pressures currently being exerted on the State's tax structure, there is no valid reason to continue this practice of appropriating an amount excessivley greater than that which will actually be expended

Mental Hygiene—Continued

during the coming fiscal year. Increasing the salary savings figure by $1 million will have absolutely no effect on the total number or kinds of positions authorized to the agency during 1963-64. The Department of Mental Hygiene will still be able to fill any of its authorized positions within the limits of its salary and wage appropriation.

RECOMMENDED REDUCTIONS IN EXISTING PROGRAMS

Excessive Food Waste

We recommend that the per capita food ration allotment for the Department of Mental Hygiene be reduced by 2 percent; such action effecting an overall food appropriation reduction of approximately $250,000.

The following analysis is a condensation of the report titled "Food Preparation and Distribution—Department of Mental Hygiene," dated January 4, 1963 and prepared by this office.

A comprehensive review of the preparation and serving of food in the hospitals administered by the Department of Mental Hygiene indicates that current appropriations for food are greater than the amounts necessary to provide patients and employees with the food ration authorized by the Legislature, and that substantial savings and improvements can be effected.

During 1962, it was brought to our attention that there appeared to be an excessive amount of food waste at Hospital "A."[1] Subsequent visits to this institution revealed several readily apparent deficiencies in the hospital's food preparation and distribution programs. These deficiencies were apparent both in respect to the procedures governing food preparation and serving, as well as in the quantities of garbage from the operations. As a result of these initial findings, this office conducted a comprehensive analysis and evaluation of food wastage by the state institutions under the jurisdicition of the Department of Mental Hygiene. In order to accomplish this, surveys were made at each of the following state hospitals:

1. Agnews State Hospital
2. Atascadero State Hospital
3. Camarillo State Hospital
4. DeWitt State Hospital
5. Mendocino State Hospital
6. Metropolitan State Hospital
7. Modesto State Hospital
8. Napa State Hospital
9. Patton State Hospital
10. Stockton State Hospital
11. Fairview State Hospital
12. Pacific State Hospital
13. Porterville State Hospital
14. Sonoma State Hospital

Our findings indicate that the State of California is losing a minimum of $500,000 annually due to the current practices of preparing too much food and inefficiently distributing food to patients and employees by the Department of Mental Hygiene. It would appear appropriate that the agency take early corrective steps to halt this substantial waste of food and money. The following series of recommendations should help provide the department with a positive plan of action aimed at reducing the currently excessive food waste.

[1] For purposes of this analysis, individual hospitals are identified by the assignment of an alphabetical letter.

Mental Hygiene—Continued

1. Meal Count

One of the first steps required in preparing food for a hospital population is to determine, as accurately as possible, the number of patients who will be served at a given meal. This information is also essential for the compilation of accurate meal cost records and quarterly budget estimates.

Of the 14 state hospitals surveyed, only one attempted to compile an actual daily meal-by-meal eating count. At the time that hospital was visited, this procedure had only been in effect for six months. However, it was stated at that institution that less food was being prepared under this system than under the former less accurate procedure. The remaining 13 hospitals utilize various methods to determine the number of patients to be fed.

Many hospitals have each ward periodically provide the kitchen with the number of patients that the ward expects to feed. The major problem at institutions employing this method is that there is a tendency for the wards to pad the count in order to assure an abundance of food. Two of the hospital kitchens utilizing this procedure showed a feeding population that exceeded the actual resident population by more than 12 percent. At one of these institutions, the supervising cook expressed surprise when confronted with this fact. He appeared completely unaware of the extent to which the feeding count was being padded. There is no valid reason why the feeding count used by a hospital kitchen as the basic number of meals required should exceed the number of patients to be fed.

There are some hospitals that employ the resident patient population census figure as the feeding count guide. A major fallacy in this method is that the eating population is often smaller than the resident population. At Hosiptal "D", the kitchen feeding count exceeded the daily population count by an average of 6 percent for the period May 15, 1962 through June 10, 1962.

Almost all of the hospitals surveyed prepare the same number of meals for each of the three sittings, i.e., breakfast, lunch, and dinner. However, the number of patients who eat often varies from meal to meal. It was also found that most institutions cook the same quantities of food on weekends as on weekdays, despite the fact that there is often a drop in resident population on weekends.

We recommend that all state hospitals be required to take an actual count of the number of patients served at each meal. A continual record of this count for each meal should be maintained and used as a guide for (1) the number of meals to be prepared per sitting; (2) quarterly food budget estimates; and (3) determining meal costs.

2. Distribution Loss

In preparing food for a dispersed hospital population, there is a certain amount of food loss attributable to dish-up, distribution, and patient movement. Therefore, it becomes necessary for a hospital kitchen to prepare additional food to compensate for such losses. The agency has made the following policy statement in regard to this factor:

Mental Hygiene—Continued

"Since dish-ups to wards are allocated according to the type of patient and the type of item being served, it is difficult to give an overall percentage of distribution loss in this case. However, 5 percent to 6 percent is a reasonable average."

Unfortunately, there is a vast difference between the stated agency policy and actual hospital practice in this area. Most hospitals erroneously believe that 10 percent is the accepted overpreparation factor in this one area alone.

At Hospital "C," for example, we were told that 10 percent was the figure used by that institution, while it was also found at this hospital that the central kitchen's feeding count exceeded the actual census count by as much as 13 percent. To this already excessive population count (13 percent), an additional 10 percent was added to compensate for food loss attributed to dish-up distribution and patient movement.

Since the agency has already stated that an overpreparation factor of 5 percent to 6 percent is a reasonable average to compensate for dish-up loss, distribution loss, and patient movement, we find it hardly justifiable for most hospitals to be using a factor of 10 percent. Furthermore, it should be pointed out that this 10 percent factor is applied to the kitchen feeding census, which invariably exceeds the hospital's actual feeding population.

We recommend that a determination be made at each hospital to establish the exact percentage of additional servings required to compensate for dish-up loss, distribution loss, and patient movement.

3. Food Waste Control

After food has been delivered to a hospital eating area, the following two types of waste may occur:

(1) Unserved food waste; and
(2) Plate waste.

At the present time, the Department of Mental Hygiene has not established formalized procedures whereby the hospitals check and record unserved food and plate waste. At times, the amounts of plate waste and unserved food observed were astonishing. Moreover, these occurrences went unreported.

At Hospital "K," a noon menu listed two frankfurters each for the general diet patients. The kitchen personnel stated frankfurters were easy to control and were distributed in a highly efficient manner. A subsequent visit to a female ward, with a kitchen feeding census figure of 74, revealed that only 63 patients were eating. The other 11 patients were on a work assignment and eating elsewhere. After this ward finished its meal, exactly one-half of the frankfurters sent from the kitchen remained unserved and had to be thrown away. At Hospital "C," it was found that, customarily, approximately one-fourth again as many frankfurters are prepared as are actually required to provide the stated menu portions to the patients.

Mental Hygiene—Continued

Whenever possible, detailed measurements were taken by staff of this office of the quantities of prepared food that wound up in the institution's garbage cans at a meal's conclusion. As an example, at Hospital "A" the food waste in 18 different serving areas amounted to 346 gallons. The kitchen cooked for a combined total of 3,338 patients in these wards. Our computation indicates that there was an average waste factor of 13.3 fluid ounces per patient meal prepared. The actual per patient waste factor was even higher when one considers that the preparation count exceeded the actual eating count by about 6 percent. Based on an average patient meal serving of 30 ounces, we calculate that over 40 percent of the food prepared for these 3,338 patients was not consumed but, instead, thrown away.

Other similar examples of food waste were recorded in our survey. Despite the prevalence of this easily discernable wastefulness, the agency has overlooked taking positive corrective action.

We recommend that the agency conduct regular and detailed checks of both unserved food and plate waste.

4. Food Preference

It is axiomatic that some foods are better liked than others. As an example, it is generally found that French-cut string beans are more popular than a vegetable such as turnips. However, we found that most hospitals prepare all vegetables in equal quantities, despite the fact that some are not as well liked as others. When less popular foods are prepared in the same quantity as a popular item, the result is additional and needless food waste.

Since there are a few institutions preparing some of the less popular foods in smaller quantities, we see no reason why all hospitals should not adopt this policy. If good food records are maintained, it will be a simple matter for hospitals to make the necessary preparation adjustments and effectuate savings.

We recommend that the less popular foods be prepared in smaller quantities.

5. Male and Female Food Consumption

At many hospitals, the following fact was stated time and again: *females required and consumed less food than their male counterparts.* However, with the exception of one institution, it is the general practice to provide males and females with equal quantities of food.

We would point out that Hospital "H" has adopted the policy of serving female patients smaller portions than males. The patient menu at this institution clearly states that females are to receive 25 percent less food than males for the following:

Hospital "H"

	Male serving	*Female serving*	*Percent less than male serving*
Soups and cereals	8 ounces	6 ounces	25.0
Potatoes and vegetables	4 ounces	3 ounces	25.0
One-dish entrees, stew, casserole	8 ounces	6 ounces	25.0
Macaroni, desserts, puddings	4 ounces	3 ounces	25.0

Mental Hygiene—Continued

Excluding Hospital "H" and the mentally retarded hospital population, the remaining eight institutions for the mentally ill feed about 15,700 female patients daily. If it were assumed that these 15,700 females could be fed for 25 percent less than the males, who have an average yearly food allotment of approximately $255, the annual savings would exceed $1 million. However, it must be recognized that the female would not receive a lesser quantity for all food items, but just for those foods listed in the above table. Nevertheless, the implementation of this policy should easily result in annual savings exceeding $250,000 in the allocation for feeding mentally ill females. In view of the fact that this practice has been successfully established at Hospital "H," we feel that the agency should direct that it be adopted as a departmental policy.

We recommend that the Department of Mental Hygiene, in appropriate categories, serve smaller food portions to females than to males, except where medically prescribed.

6. Eating Habits

In addition to serving smaller portions to females, the agency should also attempt to reduce the quantities of food served to those patients who continually eat substantially less than is prepared for them.

An example of this situation was found at one hospital where several of the feeding wards consisted of patients confined to their beds. The food was portioned onto individual trays in the unit's serving kitchen, which was located on a different floor level. One of the employee servers stated that she adhered strictly to the printed menu when portioning food onto patients' trays. These trays were then taken to the wards, where most of the patients had to be spoon-fed in their beds. Due to the extreme inactivity of these patients, the resulting plate waste is ordinarily excessive.

At another hospital, a unit housing primarily female geriatric patients was surveyed. Food was prepared for 519 paitents. Approximately 275 of these females were bedridden. At the meal's conclusion, a check of the garbage cans showed 61 gallons of waste, or an average of 15 ounces per patient meal prepared. In other words, approximately one-half of the total food prepared for this unit was never eaten, but instead thrown away.

We recommend that the hospitals serve smaller portions to those patients whose eating habits result in excessive food waste.

7. Standardized Recipes

In order to assure that all state hospitals prepare food of a uniform quality and in proper quantities, it will be necessary for all institutions to utilize a standardized set of recipes. However, we found the general reaction at most hospitals to be one of total disregard for standardized recipes from central office. Such remarks as "we don't like them," "our own recipes are better," "they won't work," and "my cooks won't use them" were voiced. At one hospital, a cook with over 10 years experience said, ". . . I have never seen a standardized recipe sent down from Sacramento saying it had to be used by all hospitals . . . we are

Mental Hygiene—Continued

feeding too much . . . the food operation is a hit and miss proposition."

The need for standardized recipes with a precise quantity preparation formula was clearly evident one day at Hospital "B," the only institution attempting to take an actual eating count for all meals. On this day, the menu called for pork chow mein with rice—the menu portion for chow mein being four ounces. About 2,400 people were served chow mein at that meal. Just before the chow mein was removed from its cooking kettle, the final prepared quantity was checked and found to be 100 gallons. This was the equivalent of 3,200 four-ounce servings, or 33 percent more servings than the number of persons eating chow mein. It was stated that 80 gallons would have been enough. As expected, subsequent checks of the eating areas revealed excessive waste on many wards. Use of the quantity preparation formula would have prevented this overpreparation.

We recommend that the Department of Mental Hygiene compile a complete file of standardized recipes to be used by all hospitals, and that their use be made mandatory.

8. Employee Ration

It is the current practice at practically all of the state hospitals to maintain a separate and different menu for employees. Some of the institutions even have completely separate kitchen facilities for the sole purpose of preparing employee meals, despite the fact that a relatively small number of employees purchase their meals at the hospitals. Additionally, employee meals are furnished at a price lower than their actual cost. The amount of food waste resulting from the employee meal programs was found to be excessive. Time and again large quantities of unserved food were noted in employee dining areas.

Incorporating the employee food preparation program into the vastly larger patient food preparation program will result in some readily identifiable savings. First, a combined cooking operation should effect immediate reductions in the excessive waste resulting from the small and inefficient employee food programs. Secondly, the costly duplications of procedures that are necessitated by maintaining two separate food preparation programs at the institutions will be eliminated. In support of our position, we would like to point out that Hospital "B" is currently serving both employees and general patients the same food at both the noon and evening meals. Since the precedent has already been firmly established, we see no valid reason why the agency should not immediately create one level of food service at all state hospitals for both general diet patients and employees, i.e., a general diet ration.

We recommend that the Department of Mental Hygiene serve the same food to employees as is provided for patients who are on a general diet ration.

9. Role of Central Office

Our previous recommendations offer a framework which can be utilized in the formulation of a complete food waste control program for use by all state institutions. Since this is an area in which all hospitals

Mental Hygiene—Continued

are operating differently, vigorous central control and direction must be exercised if the program is to be successful. Unfortunately, central office food administration apparently lacks such authority and control at the present time.

In a letter to the agency from this office dated July 12, 1962, we requested statements of practice and/or policy regarding the department's food program. One of our questions was:

(a) Does the departmental food administrator have the authority to independently change and establish operating procedures at the institutional level?
(b) If not, why not?
(c) If so, under what conditions and to what extent?

The department's full reply to this was as follows:

"The departmental food administrator is a staff officer and programs in food administration are advanced on this basis."

We feel that it would be virtually impossible for central office food administration to implement a standardized program, aimed at controlling food waste, solely on a "staff basis." Therefore, it would be our recommendation that the central office be given the authority, in this particular area, to dictate the procedures that must be adopted by all institutions. Central office has already done this in other comparable situations where procedural standardization was deemed necessary at all state institutions, e.g., addressograph system.

We recommend that central office food administration be given the authority and responsibility to implement a program designed to halt excessive food waste at the state hospitals.

The foregoing summarized, in whole or part, 9 of the 15 recommendations contained in our report "Food Preparation and Distribution—Department of Mental Hygiene," dated January 4, 1963.

Our initial recommendation was that the per capita food ration allotment for the Department of Mental Hygiene be reduced by 2 percent, which would decrease the total agency food appropriation by approximately $250,000. We then went on to point out how current inefficiencies in the hospital food preparation and distribution programs are costing the State an estimated $500,000 annually due to unnecessary food waste. In addition to this tangible dollar loss, there are two other factors which contribute to the Department of Mental Hygiene's annual food appropriation being greater than the actual amount required to provide the agency with the basic food ration authorized by the Legislature. These two factors, which follow, are strictly budgetary in nature and thus readily susceptible to immediate correction.

1. *Overestimation of the resident institutional population by the Department of Mental Hygiene.* The amount of money budgeted for feeding the resident hospital population is computed on the basis of population estimates. Historically, the Department of Mental Hygiene has invariably overestimated the resident institutional populations, with the result that the Legislature has usually been asked to approve a

Mental Hygiene—Continued

food allocation greater than the amount actually required to feed the resident populations.

The following table indicates the excess food funds budgeted, due to these population overestimates, since fiscal year 1957-58:

Excess Food Funds Budgeted Due to Population Overestimates

Fiscal year	Original population estimate	Re-estimated population	Actual population	Over-estimated population	Amount budgeted for overestimated population *
1957-58	47,309	45,989	45,856	1,453	$370,515
1958-59	46,521	46,526	46,316	205	52,275
1959-60	47,784	48,210	47,181	603	153,765
1960-61	48,828	47,717	47,105	1,723	439,365
1961-62	48,471	47,299	46,392	2,079	530,145
1962-63	47,570	47,042	–	–	–
1963-64	47,505	–	–	–	–

* Based on the average annual per capita food ration allotment times the overestimated population figure.

2. *Ability of the agency to currently provide the authorized ration for a lesser amount than that approved by the Legislature.* Despite the large sums of money that are lost through needless food waste, the Department of Mental Hygiene is still able to provide its patients with the authorized food ration for a lesser amount than that approved by the Legislature. This fact is presented in the following table, which compares the agency's approved food budgets with actual expenditures for each fiscal year since 1958-59:

Department of Mental Hygiene
Unexpended Food Appropriation for 14 State Hospitals and Langley Porter Neuropsychiatric Institute

Fiscal year	Amount requested	Legislature approved	Amount expended	Amount unexpended	Percent unexpended
1958-59	$11,772,226	$11,772,226	$12,051,796	—$279,570	—2.3
1959-60	13,814,542	13,814,542	12,304,758	1,509,784	12.3
1960-61	13,584,906	13,584,906	12,425,819	1,159,087	9.3
1961-62	12,849,098	12,849,098	12,262,190	586,908	4.8

"The food allowances are, usually, upper limits and not the quantities that should be used up, irrespective of need. They are allowances within which to operate. With skill and control less of some foods will be used."[1]

State-supported Outpatient Clinics

We recommend that the department's proposed budget of $908,882 for the six state-supported mental hygiene outpatient clinics be reduced by one-half ($454,441) (budget page 373, line 22); this reduced amount to provide for six months operation during the 1963-64 fiscal year. Any further continuation of community outpatient services should then be effected through utilization of funds under the Short-Doyle Act.

The only basic differences between State and Short-Doyle outpatient clinics is in the method of financing. The outpatient clinic program under Short-Doyle provides the same type of treatment and services

[1] Paul E. Howe, Special Nutrition Consultant, *Report and Recommendations on Nutrition Policies, Practices and Operation Procedures of the State of California in Feeding at Residential Facilities,* 1951, p. 2.

Mental Hygiene—Continued

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 to center control and operation as far as possible at the local community level. We feel a uniform procedure for providing mental health outpatient services within the communities must be enacted.

In its recently completed long-range plan, the Department of Mental Hygiene recommends that "the basic responsibility for establishment and operation of local centers should rest on a unit of local government (regional, county, special district, city) within standards determined by the State."

Accordingly, we feel that the Legislature should require the agency to establish a uniform policy with respect to the operation of community-situated mental health outpatient clinics. The state-local participation formula, as represented by Short-Doyle, appears to be the most equitable and logical method of operating these community clinics at the present time. This can be accomplished if the Legislature directs the Department of Mental Hygiene to begin, immediately, an orderly integration of state-supported outpatient clinics into the Short-Doyle program. The existing state clinics have had more than ample time in which to demonstrate their value to the communities' mental health requirements. If the need is justified, local governments should be willing to participate in the support costs of their local facilities. The fact that 20 Short-Doyle programs are currently operating outpatient clinics is sufficient proof that, where the need is present, the communities are ready to assume joint responsibility with the State in the provision of these services.

Psychiatric Residents

We recommend the abolishment of 30 psychiatric resident positions, a savings in salaries and wages of $270,000.

Last year the agency requested, and was granted, 12 additional psychiatric resident positions for its training program. We recommended that such authorization be denied, stating in our 1962-63 analysis (page 408) that " . . . it should be pointed out that a denial of this request for 12 additional psychiatric resident positions could in no way adversely affect the program. Such action would only serve to reduce the current number of unfilled positions, as it is highly improbable that the department will be able to fill the existing vacancies during the coming fiscal year."

The department strongly disagreed, contending that these vacancies were temporary and largely would be filled during the summer months. The department contended that the reason for this was that psychiatric resident positions were filled from the ranks of medical school graduates, that these graduates would not be available for employment until after their spring graduation, and because of this it was only natural that there be a large number of vacant resident positions prior to the medical school graduation exercises. But after graduation time, the department stated, most of the positions would be filled.

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The following table, however, would appear to refute the agency's contention :

Psychiatric Residents

Psychiatric Residents 14 State Hospitals—Department of Mental Hygiene

	Fiscal year 1961-62	1962-63
Positions authorized	100	112
Positions filled December 1	79	51
Positions vacant December 1	21	61
December 1, 1962 Compared to December 1, 1961:		
Additional positions authorized	--	12
Additional positions filled	--	—28
Additional positions vacant	--	40

The above table shows that while the number of authorized psychiatric resident positions increased by only 12 during the past year, the number of actual vacancies has almost tripled in the same period; increasing from 21 to 61. Approval of our recommendation to abolish 30 of these 61 psychiatric resident vacancies would still leave the agency with 31 vacant resident positions, or 10 more than were vacant at this time last year. This action would reduce the current psychiatric resident vacancy factor from 54 percent to a still excessive 38 percent. Furthermore, an additional 16 hospital vacancies will be created by July 1, 1963 due to the graduation of 16 psychiatric residents from the institutional programs.

We feel it is incumbent upon the department to completely reevaluate the psychiatric resident training program. For the past several years we have strongly urged a reorganization of this program, pointing out that the agency's policy of scattering its psychiatric residents among many institutions had several inherent deficiencies. We have always felt, and so stated, that it would be more effective to conduct training in larger programs at two or three of the major hospitals.

Psychiatric Nurses

We recommend the abolishment of 10 vacant psychiatric nurse positions; a savings in salaries and wages of $57,000.

As of January 1, 1963, 27.6 percent of the psychiatric and graduate nurse positions established by the Department of Mental Hygiene were not filled at their authorized level. Numerically, this represented 336 out of 1,218 positions, or 27.6 percent.

As reported by the department's monthly statement of vacancies, the registered nurse ward class, which is comprised of psychiatric and graduate nurses, has by far the highest vacancy rate. The registered nurse ward level class vacancy factor of 27.6 percent appears even more excessive when compared to the agency wide vacancy rate of 4.7 percent.

Abolishing 10 of the unfilled psychiatric nurse positions would leave the agency with a vacancy factor of 26.8 percent. In other words, more than one out of every four nursing positions in this class would still be unfilled at the authorized level. Deletion of these positions could, in no way, adversely affect the nursing program's level of service; the net effect merely being a slight reduction of an excessive vacancy rate.

Mental Hygiene—Continued

Clerical Positions

An understandable condition directly related to the approval and continuation of excessive vacancies in professional classifications is the unnecessary recruitment of other classes of personnel supposedly justified on a workload basis. As an example, let us consider the department's proposal for additional personnel as presented on page 356, line 31 of the 1963-64 Budget. Approval of this request would result in an increase of 30 positions (12 psychiatrists, 14 social workers, 4 psychologists, and 2 laboratory assistants) in classifications already having numerical vacancies several times greater than the 30 positions being requested. Past experience tells us that a great deal of time elapses before such positions as these are filled.

Accompanying this request for the 30 professional positions, and directly related to it, is a concurrent proposal for 10 typists to service these 30 professional positions. The department indicates that "on the basis of the approved standard of one clerical position for each three professional positions utilizing clerical pool services, ten additional intermediate typist-clerk positions are required to provide the necessary clerical services for the professional positions included in the increased workload factors." The usual agency practice has been to attempt to fill all of the positions as soon as they are authorized. Inasmuch as clerical positions are relatively easy to recruit, the net effect is that the clerical positions are filled first, while many of the related professional positions remain vacant. In such situations, this obviously results in hiring clerical positions to service the work requirements of professional positions which the agency has been unable to recruit.

For example, at the 14 state hospitals administered by the Department of Mental Hygiene, there are more than 170 vacant positions which, if filled, would utilize the clerical services of a central stenographic pool. However, clerical positions have already been authorized and, for the most part, filled at a 1:3 ratio to perform the work that would be forthcoming if these vacant professional positions were filled. Numerically speaking, there are at least 56 clerical positions that should not be authorized until such time as the department is able to fill the professional positions that would necessitate their clerical services on an accepted workload basis.

We, therefore, recommend the abolition of 25 currently authorized clerical positions, a savings in salaries and wages of $105,000. The abolishment of these positions should be accomplished on the basis of turnover as vacancies occur.

We further recommend that all those ratio positions, whose authorization is justified solely on a ratio relationship to other primary professional positions, not be filled until the primary professional positions are filled. The establishment of one centralized position pool would facilitate the assignment and filling of the ratio positions in a proper manner. Such a centralized pooling of positions would appear to be consistent with agency policy, as evidenced by the department's intention to create for another group of positions ". . . a pool of positions to be established at the department level to provide maximum flexibility in their assignment to facility and profession."

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POLICY CONSIDERATION OF MANPOWER UTILIZATION

Before considering any agency requests for new positions, an understanding of departmental practices in utilizing previously authorized positions is essential. The following table shows the extent to which the agency has utilized its complement of authorized positions for the last seven fiscal years for which data are available.

Position Utilization Department of Mental Hygiene
1955-56 through 1961-62

Fiscal year	*Total positions authorized*	*Equivalent positions filled*	*Equivalent positions not filled*	*Percent of authorized positions not utilized*	*New positions authorized*
1961-62	21,076	19,211	1,865	8.8	876
1960-61	20,200	18,789	1,411	7.0	983
1959-60	19,217	17,783	1,434	7.5	1,255
1958-59	17,962	16,667	1,295	7.2	565
1957-58	17,397	16,372	1,025	5.9	1,956
1956-57	15,441	14,129	1,312	8.5	1,087
1955-56	14,363	13,003	1,360	9.5	1,463
Seven-year average (1955-56 through 1961-62)			1,386	7.7	1,092

The preceding table reveals that for the past seven fiscal years the Department of Mental Hygiene has, on the average, failed to fill 7.7 percent of its total authorized positions. Numerically, this represents an average of 1,386 positions annually. Over the same period of time, other large state agencies consistently filled a larger percentage of their authorized positions than the Department of Mental Hygiene.

What, then, are the reasons for the agency having such a disproportionate number of unfilled positions? Undoubtedly, two contributing factors are recruitment difficulties and personnel turnover. However, it should be pointed out that the department conducts a formalized program to ensure that the number of positions authorized by the Legislature are *not* utilized. The existence of this program is evidenced by the following statements, which were among those submitted by the state hospitals in September and October of 1962 in response to an inquiry from this office:

1. "The psychiatric technician trainee positions were held vacant by a departmental freeze order."
2. "Savings reflect directions . . . which relayed Department of Finance instructions whereby 50 percent of the added 157 psychiatric technician positions authorized for 7-1-61, 1-1-62 and 4-12-62 were postponed. The year's allotment intended for these positions was $240,000. Other positions budgeted for about $100,000 were postponed for some periods."
3. "At the beginning of the 1961-62 fiscal year, in accordance with the fiscal management program, recruiting was temporarily suspended, new positions were not filled immediately, and reclassification of 44 psychiatric technicians was delayed."
5. "We started the 1961-62 fiscal year with virtually no vacant positions. By the end of two or three months we discovered that we

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were seriously in the red in our salary savings obligation. At this time, we installed a freeze and hired no new employees except in critical recruiting areas."

In Management Memo 63-27, dated December 26, 1962, the Department of Finance instructed all department directors and agency heads it was necessary that

". . . A minimum of $5 million in *additional* savings be achieved in this current budget. It is . . . understood by all that savings already anticipated are included in the prospective narrow surplus and that . . . management in each department will be required to realize another $5 million. . . . each department head is asked to submit a savings program outline together with implementing departmental directives by January 15. Progress reports should be made April 1 and June 1."

Referring back to the position utilization table, we find that in each of the last four fiscal years unfilled positions have greatly exceeded the number of new positions requested and authorized for the same year. It becomes apparent that the department has consistently overstated its capability to fill authorized positions. However, rather than recognize this fact, the agency refers to the excessive number of unfilled positions as salary savings, which implies some form of efficiency. In actuality, this situation cannot be viewed as an efficient one.

One of the undesirable results of forced position vacancies is that many legislatively approved mental health programs are intentionally operated at a lower than approved level. Under these conditions, it becomes virtually impossible to adequately evaluate the true effectiveness of many programs.

The agency's historical practice of carrying an excessively large number of vacant positions raises questions as to the validity of submitting additional position requests for existing programs already having large numbers of unfilled positions. Such programs often have more vacancies than the number of added positions requested to augment them. We feel that the agency should forego requests for additional positions within such programs until the vacancies in these classifications represent a reasonably acceptable number.

In order to accomplish this, it will be necessary to pinpoint those positions which are continuously unfilled for extended periods of time. At the present time. the Department of Mental Hygiene employes the practice of first filling the oldest vacant position in most job classifications. With a relatively high turnover of personnel, the result is that no single position appears to be continuously vacant over long time periods. Another practice utilized by the department to prevent a realistic computation of the vacancy factor is to downgrade positions that are continuously vacant and then fill them at a lower classification level. This procedure results in an interruption of a vacancy that would otherwise be continuous. The aforementioned administrative practices lessen the effectiveness, as a control technique, of the reporting of all vacancies as required by the Budget Act.

Mental Hygiene—Continued

We therefore recommend that the Department of Mental Hygiene place all authorized positions in a central pool, and that all position allocations to the various hospitals be made from this central pool.

In setting up its budget, the Department of Mental Hygiene treats each hospital as an autonomous unit. As a result, institutions receive legislative approval, along with the necessary appropriation, to operate with a stated maximum number of employees. However, not one of these hospitals is ever able to fill all of its authorized positions, the percentage of vacancies varying from institution to institution. The position utilization table on page 421 of this analysis shows the extent to which the department is unable to utilize its total position authorization.

Rather than permitting the hospitals to continue operating with varying numbers of vacant positions, it would seem more efficient to create a central pool of positions for each specific personnel classification. Institutions would then be given the authority to recruit to their authorized level, as stated in the agency's manual of staffing standards.

When a hospital finds itself able to fill a particular position, it would notify central office and the position would be authorized from the central pool. On the other hand, when a position becomes vacant, it would immediately be returned to the central pool.

All central pool positions would be assigned a permanent number and set up in files by job classification, i.e., senior psychiatrist, staff psychiatrist, psychiatric resident II, etc. When a hospital vacated position number is returned to the central pool, the position number would automatically be placed at the beginning of its classification file. When filling positions in any particular classification, the most recently vacated position, which would always be found at the head of the file, would be the one filled. Newly authorized positions would be kept separate and only utilized after all previously authorized positions were concurrently filled.

Adoption of this policy would result in a complete consolidation of the vacancy factor. Since none of the individual hospitals is ever able to attain its authorized staffing standard level, the total number of central pool positions necessary would be less than that number required to operate at the maximum authorized level.

The total number of approved positions could be adjusted annually, with the maximum authorization being that number necessary for the operation of approved programs at full staffing levels. Such a system might, in some cases, make possible the implementation of new programs without a concurrent addition of positions to the budget. The reason for this would be that some new programs could fund the positions from existing funded classification vacancies in the central personnel pool. In other words, legislative authorization for such a program would then not necessarily entail an accompanying salary and wage appropriation that is the general practice now under existing budgetary procedure.

Mental Hygiene—Continued

Finally, a central position pool would result in there being a single vacancy factor for any given classification. Under present circumstances, such vacancy factors occur wherever the Department of Mental Hygiene operated a program. It only follows that, by keeping all vacancies in one place, a certain number of currently authorized positions could be abolished with absolutely no reduction in the level of service offered by the agency.

SUMMARY OF PROPOSED WORKLOAD INCREASES AND PROGRAM AUGMENTATIONS

The Department of Mental Hygiene's 1963-64 budget request includes workload increases and program augmentations totaling $3,654,640. The following table indicates how these increases and augmentations would be allocated within the agency if approved in their entirety:

Allocations of Increased Costs by Facility, Function and Object Category—1963-64

Departmental Unit	*Number of positions*	*Salaries and wages*	*Operating expense*	*Equipment*	*Other current expense*	*Total*
Outpatient clinics	–	–	$13,000	–	–	$13,000
Neuropsychiatric institutes	9	$62,886	250	$2,300	–	65,436
Departmental administration	59	385,150	205,533	50,735	–	604,178
Agnews	55	215,786	30,350	14,253	–	260,389
Atascadero	6	33,534	11,054	6,151	–	50,739
Camarillo	23.5	136,342	47,325	17,626	–	201,293
DeWitt	2	11,625	15,226	7,501	–	34,352
Mendocino	5	46,030	16,318	9,500	–	71,848
Metropolitan	12	105,283	27,432	14,972	–	147,687
Modesto	3	25,928	17,047	5,999	–	48,974
Napa	37	208,205	39,867	21,966	–	270,038
Patton	2	17,347	32,948	12,072	–	62,367
Stockton	8	54,881	26,770	13,089	–	94,740
Fairview	295	900,703	80,600	14,568	–	995,871
Pacific	1	12,981	16,583	7,496	–	37,060
Porterville	68	292,732	24,756	8,596	–	326,084
Sonoma	1	21,303	20,906	11,529	–	53,738
Additional family care	–	–	–	–	–	276,000
Home placements	–	–	–	–	$276,000	–
Totals	588.5	$2,530,722	$629,565	$218,353	$276,000	$3,654,640
General Fund	584.5	$2,497,476	$625,565	$214,753	$276,000	$3,613,794
Federal funds	4.0	$33,246	$4,000	$3,600	–	$40,846

Mental Hygiene—Continued

The foregoing proposed workload increases and program augmentations are itemized under the following seven separate section headings:

	* *A. Workload increases*	† *B. Program augmentations*
I. Training	–	$236,037
II. Community-based Services	$150,251	433,148
III. Hospital Services	495,849	489,287
IV. New Facilities for Mentally Retarded	1,275,241	–
V. Special Programs—Geriatric Services	–	221,770
VI. Special Programs—Children's Units	–	177,507
VII. Administrative Strengthening	–	175,550
Totals	$1,921,341	$1,733,299
General Fund	$1,921,341	$1,692,453
Federal funds	–	$40,846

* Includes 445 new positions.
† Includes 143.5 new positions.

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. Whenever possible, the location of specific positions and the program unit within which it is located is indicated in our analysis relative to that request. However, the proposed workload increases and program augmentations are approached essentially as seven different functional package proposals which cut through the various organizational lines of the department. Our analysis and recommendations relative to the major program proposals, requested new positions and other expenditures follow the form of the proposed program augmentations as outlined under these seven sections.

A. Workload Increases

The 1963-64 budget request of the Department of Mental Hygiene would provide an allocation of $1,921,341, including 445 new positions, for workload increases in the following program areas:

II. Community-based Services

A. Private institution licensing and inspection (budget page 356, line 10)	$34,844
B. Convalescent leave (budget page 356, line 12)	115,407
Grand total	$150,251

* A. Private institution licensing and inspection (budget page 356, line 17)

1 Supervising program consultant	$8,604
2 Program consultants	15,600
1 Intermediate typist-clerk	4,242
Estimated salary saving (4.5%)	*—1,180*
Operating expense	3,800
Equipment	1,908
Retirement, health and welfare	1,970
Subtotal—4 positions plus related expenses	$34,844

* Recommendation held in abeyance pending receipt of additional workload data.

Mental Hygiene—Continued

II. Community-based Services—Continued

† B. Convalescent leave (budget page 356, line 56)

1	Supervising psychiatric social worker	$7,800
8	Senior psychiatric social worker	56,640
4	Intermediate typist-clerk	16,968
	Estimated salary savings	—3,663
	Operating expense and equipment	18,400
	Retirement, health and welfare	5,775
	Subtotal—13 positions plus related expense	$115,407
	Grand Total—17 positions plus expenses	$150,251

† Recommended for approval.

Private institution and licensing proposal (budget page 356, line 17) *$34,884*

During the past year, the following positions were temporarily established and assigned to the department's Bureau of Private Institutions:

1 Supervising program consultant
2 Program consultant
1 Intermediate typist-clerk

The agency indicates that these positions were necessitated on a workload basis for the bureau, which licenses and inspects private institutions. The department has been asked to submit additional workload information and we are withholding any recommendation regarding these positions until this data has been received and analyzed.

Therefore, we recommend that this proposal be held in abeyance until the requested workload data has been furnished.

III. Hospital Services

The department states that it needs $495,849 to meet increased workload requirements at state hospitals. These funds, if approved, would be used in the following manner:

A. Workload for increased admissions (budget page 356, line 24)	$379,050
B. Hospital workload (budget page 356, line 26)	116,799
Grand total	$495,849

A. Workload for increased admissions (budget page 356, line 31)

* 12	Staff psychiatrist	$167,904
* 4	Clinical psychologist II	34,416
* 2	Supervising psychiatric social worker	15,610
* 12	Senior psychiatric social worker	84,960
† 2	Laboratory assistant II	8,088
* 10	Intermediate typist-clerk	42,420
	Salary savings	—15,902
	Equipment	17,080
	Retirement and health and welfare	24,474
	Subtotal—42 positions and expenses	$379,050

* Recommended for deletion.

Mental Hygiene—Continued
III. Hospital Services—Continued

B. Hospital workload (budget page 357, line 17)

†6	Janitor	$24,246	
†5	Personnel clerk	21,210	
†12	Trust section clerk	50,904	
	Estimated salary savings	—4,339	
	Operating expenses	4,900	
	Equipment for related positions	12,711	
	Retirement, health and welfare	7,167	
	Subtotal—23 positions and expenses		$116,799
	Grand total—65 positions and related expenses		$495,849

† Recommended for approval.

12	*Staff psychiatrist (budget page 356, line 32)*	*$167,904*
4	*Clinical psychologist II (budget page 356, line 33)*	*34,416*
2	*Supervising psychiatric social worker (budget page 356, line 35)*	*15,610*
12	*Senior psychiatric social worker (budget page 356, line 36)*	*84,960*
10	*Intermediate typist-clerk (budget page 356, line 39)*	*42,420*
	Salary savings (budget page 356, line 40)	*—15,902*
	Equipment (budget page 356, line 42)	*17,080*
	Retirement and health and welfare (budget page 356, line 44)	*24,474*
40	*Positions and related expenses*	*$370,962*

The department indicates that, based on estimated increased admissions to the hospitals for the mentally ill during 1963-64, the preceding listed positions are requested solely on a workload basis.

We recommend that this request be deleted, a savings in salaries and wages and related expenses of $370,962.

Our reasons for recommending deletion of these positions are as follows:

12 Staff psychiatrists

The department states that these additional positions are justified because of the estimated increase in admissions to the hospitals for the mentally ill during the coming fiscal year. The workload formula used to arrive at this figure of 12 medical positions is as follows:

* 1 Position per 100 adjusted annual admissions
* 1 Position per 200 yearend resident population
* Actual budgetary authorization to be calculated at 92.5 percent of above

Computation of this formula determines the maximum number of these workload medical positions that the agency can be authorized due to annual admissions and yearend resident population at the hospitals for the mentally ill. The following classifications comprise the complement of medical positions that are authorized from this particular formula;

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Classification	*Salary range*
Chief of professional education	$1,286-$1,642
Senior psychiatrist	1,116- 1,490
Pathologist	1,111- 1,419
Physician and surgeon II	1,058- 1,419
Staff psychiatrist	1,058- 1,419
*Psychiatric resident	510- 914

* Calculated as 0.3 position in computing the psychiatrist/physician complement.

As of December 1, 1962, there were 77 agencywide vacancies in the above classifications, not including 63 vacant psychiatric resident positions. At the hospitals for the mentally ill, there were at least 60 vacancies in the aforementioned classifications (exclusive of psychiatric residents). More than 50 of these high level medical vacancies are currently authorized on the workload admission/resident population formula. Therefore, even if this request for 12 additional staff psychiatrists is denied, the department can increase the level of existing medical/psychiatric services during 1963-64 merely by reducing the present vacancy factor by less than 25 percent.

Furthermore, we would still recommend denial of these positions if there were no vacant positions in these medical classifications. The agency is presently authorized 18 career psychiatric residents and we have recommended approval of another nine such positions for 1963-64. According to the agency, 21 of these positions will be assigned to the hospitals for the mentally ill. These career resident positions are filled by physicians who have at least two years experience in a state mental institution. The career resident is in the same salary range ($1,058-$1,419) as a staff psychiatrist and a physician and surgeon II. However, the agency does not include these positions in computing its admission/population formula for medical positions. It would appear that this has been done inadvertently, since psychiatric residents (salary range $510-$914) are calculated in the formula. Inasmuch as the psychiatric resident, who has no previous experience in a state mental institution, is included in the agency's workload formula, there appears to be an inherent discrepancy in not acknowledging the contribution made by the career resident. Considering the prior state experience already gained by the career resident, we would estimate that at least 70 percent of the career resident's time should be included in the agency workload formula. Since the department plans to assign 21 career residents to the hospitals for the mentally ill during 1963-64, this would be the equivalent of 16 medical positions, or four more than the agency is requesting on a workload basis.

In line with our over-all recommendation, we recommend deletion of this request for 12 staff psychiatrists.

We further recommend that the Department of Mental Hygiene be instructed to include career psychiatric resident positions in computing its admission/population workload formula for medical positions.

4 Clinical Psychologist II

The clinical psychologist classification is one in which the department has experienced extreme recruitment difficulties. This is evidenced

Mental Hygiene—Continued

by the agency's request (budget page 358, line 77) for training money to establish scholarships and internships designed to improve this recruitment situation.

In view of the admitted lack of currently available candidates in this classification, it is premature to grant additional positions at this time. Such authorization could in no way raise the agency's level of service, but would merely serve to increase the already excessive number of vacant clinical psychologist positions.

For example, last year the department was authorized two additional clinical psychologist positions with the following results:

Clinical Psychologists

	Authorized	*Employed*	*Vacant*
January 1, 1962	193	154	39
January 1, 1963	195	154	41

The department has been unable to recruit any additional clinical psychologists during the past year, in spite of an increase in the number of authorized positions.

We recommend that this request for an additional four positions be deleted.

2 Supervising psychiatric social workers
12 Senior psychiatric social workers

These 12 senior psychiatric social worker positions are being requested for assignment to the hospitals for the mentally ill. The two supervising social workers in this proposal are ratio positions, i.e., for each six senior psychiatric social workers approved, the department is authorized one supervising position. The department says that increased admissions during 1963-64 justify authorization of 12 additional senior psychiatric social workers.

We would point out that, as of January 1, 1963, there were 57 agencywide vacancies in the social caseworker classification, while an additional 17 social worker positions were downgraded and filled at a lower than authorized level.

On page 358, line 77, of the 1963-64 budget, the agency has requested augmentation of its scholarship program and creation of an internship program. We have recommended approval of both programs, a primary aim of each being to reduce the excessive social worker vacancy rate. However, it seems illogical to propose programs aimed at reducing an admittedly excessive vacancy factor in a particular classification and concurrently ask for additional personnel in this same classification.

We see no justification for the department to request positions beyond its actual ability to recruit such positions. The inadvisability of the current request for senior psychiatric socal workers is illustrated by the fact that in recent years the Legislature denied a Department of Mental Hygiene proposal for 35 senior psychiatric social worker positions due to an excessive number of vacant positions. At that time,

Mental Hygiene—Continued

there were a lesser number of vacancies in the senior psychiatric social worker classification than there were as of January 1, 1963.

Therefore, we recommend deletion of this request for 2 supervising and 12 senior psychiatric social workers.

10 Intermediate typist-clerks

These typist-clerks are requested to perform the clerical workload that would be created by the psychiatrist (12), psychologist (4), and social worker (12) positions that we have recommended for deletion. Approval of our recommendation to deny those positions would automatically result in the deletion of these typist-clerk positions.

Even if we had recommended approval of the aforementioned professional positions, we would still recommend against authorization of these 10 intermediate typist-clerks. The reasons for this are presented on page 420 of this analysis in our discussion pertaining to clerical positions.

Therefore, we recommend deletion of this request for 10 intermediate typist-clerks.

IV. New Facilities for Mentally Retarded

During the coming fiscal year, 786 newly constructed beds for the mentally retarded will be ready for occupancy. Porterville State Hospital will have an additional 110 beds for the mentally retarded in its acute hospital facilities in the summer of 1963. Fairview State Hospital will open 676 new beds during the 1963-64 fiscal year. These 676 beds will comprise 10 new wards, which will care and treat several patient classifications.

The agency is requesting a total of 363 new positions for Porterville and Fairview. Most of these positions are directly related to the workload requirements created by the new beds, although, as the budget states, " . . . in making these assignments the entire staffing of the state hospital has been taken into consideration." This request is proposed as follows:

A. Porterville (68 positions and related expenses) (budget page 357, line 85)	$305,240
B. Fairview (295 positions and related expenses) (budget page 357, line 88)	970,001
Grand Total	$1,275,241

A. Porterville State Hospital (budget page 357, line 7)

1 Physician and surgeon II	$13,992
1 Clinical psychologist II (effective October 1, 1963)	6,453
1 Intermediate typist-clerk (medical pool)	4,242
1 Recreation therapist	4,236
1 Senior psychiatric social worker (effective October 1, 1963)	5,310
3 Senior psychiatric nurse (wards)	17,928
13 Psychiatric nurse (wards) (effective July 1, 1963)	74,022

Mental Hygiene—Continued

A. Porterville State Hospital (budget page 357, line 7)—Continued

3	Food service assistant	10,476
2	Janitor, housekeeper	8,088
37	Psychiatric technician-trainee (12 effective August 1; 12 effective 9-1; 13 effective October 1)	112,167
1	Laundry assistant	3,492
3	Carpenter (1), electrician (1) building maintenance man (1)	18,420
1	Upholsterer	5,556
	Salary savings	*—12,796*
	Initial operating supplies and inventory	10,000
	Operating expenses	800
	Equipment	1,708
	Retirement and health and welfare	21,146
	Subtotal—68 positions and expenses	$305,240

B. Fairview State Hospital (budget page 357, line 62)

1	Assistant superintendent—psychiatric	$15,432
3	Physician and surgeon II (1 effective July 1, 1963; 2 effective October 1, 1963)	34,980
2	Clinical psychologist II (effective October 1, 1963)	12,906
1	Physical therapist (effective October 1, 1963)	4,446
1	Senior stenographer (Assistant Supt. effective October 1, 1963)	3,651
3	Intermediate typist-clerk (pool)	12,726
2	Intermediate typist-clerk (personnel)	8,484
1	Assistant supervisor, rehabilitation services (effective September 1, 1963)	5,360
3	Teacher of mentally retarded (effective April 1, 1964)	4,824
2	Senior psychiatric social worker (effective October 1, 1963)	10,620
4	Senior psychiatric nurse (effective July 1, 1963)	23,904
18	Psychiatric nurse (effective August 1, 1963)	93,744
6	Psychiatric technician II (3 effective July 1, 1963; 3 effective October 1, 1963)	26,397
18	Senior psychiatric technician (9 effective July 1, 1963; 9 effective October 1, 1963)	71,280
175	Psychiatric technician-trainee (35 effective August 1, 1963; 35 effective October 1, 1963; 35 effective December 1, 1963; 35 effective January 2, 1964; 35 effective February 1, 1964)	401,065
2	Food service supervisor I	8,484
10	Food service assistant II (3 effective October 1, 1963; 3 effective January 1, 1964; 3 effective March 1, 1964)	18,972
19	Food service assistant I (6 effective October 1, 1963; 6 effective December 1, 1963; 7 effective March 1, 1964)	35,552
4	Janitor-housekeeper (effective October 1, 1963)	12,036

Mental Hygiene—Continued

B. Fairview State Hospital (budget page 357, line 62)—Continued

2	Assistant seamstress (effective October 1, 1963)	6,954	
9	Laundry assistant (3 effective October 1, 1963; 3 effective December 1, 1963; 3 effective February 1, 1964)	16,760	
6	Carpenter (2), fusion welder (1), painter (2), plumber (1), (effective September 1, 1963)	28,944	
1	Upholsterer (effective September 1, 1963)	4,630	
1	Groundsman	4,070	
1	Automotive equipment operator (effective September 1, 1963)	4,630	
	Salary savings	*—39,213*	
	Initial operating supplies inventory	60,000	
	Operating expenses	2,800	
	Equipment	6,498	
	Retirement and health and welfare	68,525	
	Subtotal—295 positions and expenses		$970,001
	Grand total—363 positions and expenses		$1,275,241

We recommend approval of this item as budgeted.

B. Program Augmentations

The department is proposing $2,112,349, including 143.5 new positions, for the expansion of existing services and the establishment of new programs. These funds would be utilized in the following areas:

I. Training

A total of $236,037 is requested to strengthen the department's professional and administrative training programs as follows:

A. Training administration and consultants (budget page 358, line 78)	$30,078
B. Residencies, scholarships and internships (budget page 358, line 81)	205,959
Total	$236,037

A. Training administration and consultants (budget page 358, line 86)			
1	Chief of professional training (effective January 1, 1964)	$8,940	
1	Senior stenographer (effective January 1, 1964)	2,394	
1	Training assistant I	7,080	
	Consultant funds	7,340	
B. Residencies, scholarships and internships (budget page 359, line 9)			
3	Psychiatric resident III	$29,844	
2	Psychiatric resident II	12,240	
—5	Psychiatric resident II	*—30,600*	
9	Career residents	114,264	
	Scholarships	30,250	
	Internships	39,750	

Mental Hygiene—Continued

B. Residencies, scholarships and internships (budget page 359, line 9)—Continued

Additional cost factors related to A & B	
Equipment	7,668
Operating expenses	3,600
Retirement and health and welfare	9,741
Salary savings	—6,474
Total 12 positions, plus related expense and equipment	$236,037

We recommend approval of the $236,037 requested to augment the Department of Mental Hygiene's training program.

II. Community-Based Services

The agency is requesting $433,148 to augment community-based services as follows:

A. Family care (budget page 359, line 42)	$420,148
B. Drug therapy—outpatient clinics (budget page 359, line 44)	13,000
Grand total	$433,148

†A. Family care (budget page 359, line 49)		
Additional family care home placement	$276,000	
Staff for 300 additional mentally ill		
1 Supervising psychiatric social worker	7,800	
5 Senior psychiatric social worker (3 effective January 1, 1963; 2 effective January 1, 1964)	28,320	
2 Intermediate typist-clerk	8,484	
Staff for 200 additional mentally retarded cases		
1 Supervising psychiatric social worker	7,800	
5 Senior psychiatric social worker (3 effective January 1, 1963; 2 effective January 1, 1964)	28,320	
2 Intermediate typist-clerk	8,484	
Additional cost factors related to above estimated salary savings	—4,114	
Operating expense and equipment	52,532	
Retirement, health and welfare	6,422	
Subtotal—16 positions plus related expenses		$420,148
*B. Drug Therapy—Outpatient Clinics (budget page 360, line 44)	$13,000	
Subtotal		$13,000
Grand total—16 positions and expenses (including drugs)		$433,148

† Recommended for approval.
* Reduce appropriation by one-half.

Drug therapy—outpatient clinics (budget page 360, line 46)— $13,000

Consistent with our recommendation on page 417 of this analysis, relative to the continued full state support of outpatient clinics, we feel that this request should be reduced by one-half.

We, therefore, recommend that only one-half of the amount requested be approved, a savings of $6,500.

Mental Hygiene—Continued

III. Hospital Services

The department's request for $489,287 to increase hospital services is as follows:

A. Strengthening hospital services (budget page 360, line 71)		$489,287
†Increase in hospital equipment	$118,865	
†Increase in special tranquilizing drugs	142,722	
*Increase in personal care supplies	49,770	
*Increase in rehabilitation supplies	49,285	
†Increase in miscellaneous feeding supplies	71,715	
†2 Security officer I	8,484	
†2 Patients' estates and accounts specialist	13,488	
*3 Supervising psychiatric nurse	19,296	
†1 Safety co-ordinator	7,800	
†0.5 Intermediate typist-clerk	2,116	
Salary savings	—2,307	
Operating expenses	2,400	
Equipment for related positions	2,048	
Retirement and health and welfare	3,605	
Grand total—8.5 positions and expenses		$489,287

† Recommended for approval.
* Recommended for deletion in part or whole.

Increase in personal care supplies (budget page 360, line 52) $49,770

Approval of these funds would permit the agency to increase the annual occupied bed allotment for personal care expense for the mentally ill and retarded. This request would increase the mentally ill allotment from $5.95 to $7, an increase of $1.05 (18 percent), and the mentally retarded allotment from $4.95 to $6, an increase of $1.05 (21.2 percent).

The department has failed to provide detailed justification or the computations used to arrive at this proposal for additional personal care funds. There appears to be no realistic basis for requesting an additional $1.05 allotment per occupied mentally ill and retarded bed when, at the present time, these two classes of patients are budgeted at different levels. A more logical approach is to initially increase the different base allotments by a common percentage factor, in this case 10 percent. This procedure permits a systematic method for attaining the exact amount required to provide the necessary allotment.

We recommend that this request be approved in the reduced amount of $27,115, this sum to provide for a 10-percent increase in the annual per-bed personal care operating expense allotment for both the mentally ill and retarded; a savings of $22,655 in personal care operating expense funds.

Increase in rehabilitation therapy supplies (budget page 360, line 73) $51,935

This request would allow the department to increase the allotment for rehabilitation supplies and operating expenses to $5 per capita at all state hospitals. The current per capita rate is $4.10 for the mentally ill and $3.60 for the mentally retarded.

Mental Hygiene—Continued

Approval of this request would mean an increase of $0.90 (22 percent) for the mentally ill and $1.40 (39 percent) for the mentally retarded.

There is no detailed justification submitted to support this proposal. No indication is given as to why $5 per capita is a necessary amount or on what basis this figure is computed. Furthermore, there is no explanation as to why the mentally ill per capita allotment should be raised 22 percent while the mentally retarded allotment is increased by 39 percent. In view of these facts, we feel that a 10-percent increase in the present per capita allotments for rehabilitation supplies and operating expense for both the mentally ill and retarded would be a better budgeting procedure than choosing $5 as a flat rate. It would appear more logical to give each of these two types of patients an increased allotment based on a common factor. If the agency then finds that this 10-percent increase does not meet all current needs, it can provide the necessary justification to further increase this per capita allotment in its 1964-65 budget request. This approach is more consistent with accepted budgeting procedures than granting a quick one-step across-the-board increase.

Therefore, we recommend that this request be approved in the reduced amount of $18,771, this sum to provide for a 10-percent increase in the per capita rehabilitation supplies and operating expense allotment for both the mentally ill and retarded; a savings of $33,164 in rehabilitation supplies and operating expense funds.

3 Supervising psychiatric nurses (budget page 361, line 37)__ $18,360

These three positions are requested for assignment to the Langley Porter Neuropsychiatric Institute and would double the number of positions currently authorized for that facility in the supervising psychiatric nurse classification.

The agency only indicates that, in general terms, some increased program requirements, in their opinion, justify approval of these three positions. No specific workload data is supplied to support the request. Emphasis is made of the fact that it appears the evening shift is in particular need of an additional supervising psychiatric nurse.

It should be noted that Langley Porter's southern counterpart, the Neuropsychiatric Institute at U.C.L.A., is a much larger operation. However, approval of this request would not only double Langley Porter's present authorization in this classification but also would provide that facility with the same number of supervising psychiatric nurses as at the larger Neuropsychiatric Institute. Inasmuch as the greater need appears on the evening shift, we feel that only one of the three requested positions should be approved. This would provide the agency with a 33-percent increase in the level of service for this function.

Therefore, we recommend the approval of one additional supervising psychiatric nurse position for Langley Porter Neuropsychiatric Institute and that the request for two more such positions be denied; a saving in salaries and wages of $12,240.

Mental Hygiene—Continued

V. Special Program—Geriatric Services

A. Community screening unit (budget page 361, line 35)	$41,167
B. Inpatient service (budget page 361, line 37)	144,917
C. Hard-to-place geriatric unit (budget page 361, line 39)	35,686
Grand total	$221,770

A. Community screening unit (budget page 361, line 45)			
1 Staff psychiatrist	$13,992		
2 Senior psychiatric social worker	14,160		
1 Intermediate typist-clerk	4,242		
Estimated salary savings	*—1,458*		
Operating expense	5,800		
Equipment	2,183		
Retirement and health and welfare	2,248		
Subtotal—4 positions and related expenses		$41,167	
B. Inpatient service (budget page 362, line 15)			
1 Senior psychiatrist	$14,700		
44 Psychiatric technician-trainee (effective October 1, 1963)	119,988		
1 Intermediate typist-clerk	4,242		
Estimated salary savings	*—6,252*		
Operating expense	400		
Equipment	958		
Retirement and health and welfare	10,881		
Subtotal—46 positions and related expenses		$144,917	
C. Hard-to-place geriatric unit (budget page 362, line 73)			
1 Supervising psychiatric social worker (effective October 1, 1963)	$6,453		
3 Senior psychiatric social worker (effective October 1, 1963)	15,930		
1.5 Intermediate typist-clerk (effective October 1, 1963)	4,674		
Estimated salary savings	*—1,218*		
Operating expense	4,733		
Equipment	3,187		
Retirement and health and welfare	35,686		
Subtotal—5.5 positions and related expenses		$35,686	
Grand total—55.5 positions and related expenses			$221,770

The positions listed in this proposal would be utilized to initiate a new program aimed at reducing the sizable geriatric population cared for at the institutions administered by the Department of Mental Hygiene. It is estimated that about one-third of the resident population at the hospitals for the mentally ill is geriatric.

The following three individual programs would comprise the total proposed geriatric program:

1. *Community Screening Unit.* This unit would be assigned to the Bureau of Social Service and function as a geriatric preadmission screening unit in Nothern California. The department indicates that the proper screening of geriatrics can reduce their admissions to state hospitals by one-third.

Mental Hygiene—Continued

2. *Inpatient Service.* This portion of the program would increase the level of service for an existing geriatric treatment program at one of the state hospitals. It is estimated that about one-half of the 12,000 resident population over 65 at the state hospitals for the mentally ill could eventually be released through the implementation of augmented treatment and rehabilitation programs.

3. *Hard-to-place Geriatric Unit.* This unit, assigned to the Bureau of Social Service, would attempt to find alternative means of care for those geriatric patients cared for on a long-term basis at state hospitals due to the current lack of alternate facilities.

This, then, is a threefold program. The first portion is aimed at admitting to state institutions only those geriatric patients who are in need of hospital psychiatric treatment. The second portion of the program is designed to rehabilitate the institutionalized geriatric patient as quickly as possible. The final phase would attempt to find suitable placements for those geriatrics no longer requiring hospital care.

We recommend that this special program for geriatrics be approved as requested on a demonstration basis.

We further recommend that the Legislature direct the Department of Mental Hygiene to submit a progress report on this new program by January 1, 1965.

Since we have recommended approval of this program on a pilot basis, we feel that any future requests for expansion of these services should be deferred until the department is able to demonstrate statistically the effectiveness of the program.

VI. Special Programs—Children's Units

The department is requesting a total of $177,507 to augment the special programs for the care and treatment of children at Camarillo and Napa State Hospitals. This proposal is presented as follows:

A. Children's program—Camarillo State Hospital (budget page 362, line 40)		
1 Assistant superintendent — Children's Services	$15,432	
2 Phychiatric nurse	11,112	
12 Psychiatric technician-trainee	43,992	
1 Elementary teacher	6,432	
1 Intermediate typist-clerk (school)	4,242	
Salary savings	*—3,654*	
Operating expenses	2,000	
Equipment	1,000	
Retirement	5,204	
Health and Welfare	731	
Subtotal—17 positions and expenses		$86,491
* B. Children's program—Napa State Hospital (budget page 362, line 60)		
* 2 Phychiatric nurse	$11,112	
*17 Psychiatric technician-trainee	63,322	
* 1 Elementary teacher	6,432	
* 1 Intermediate typist-clerk	4,242	
* Salary savings	*—3,785*	
* Operating expenses	3,400	

* Recommended for deletion.

Mental Hygiene—Continued

* B. Children's program—Napa State Hospital (budget page 362, line 60)—Continued		
* Equipment	1,000	
* Retirement	5,390	
* Health and Welfare	903	
Subtotal—21 positions and expenses		$91,016
Grand total—38 positions and related expenses		$177,507

* Recommended for deletion.

The Department of Mental Hygiene has special units for the care and treatment of mentally ill juveniles at Camarillo and Napa State Hospitals. The Camarillo facility has a capacity of 171 while the Napa unit can accommodate 224. At the present time, ward level nursing staff for these facilities is authorized at a ratio of one employee to each 3.6 patients. Approval of this request would provide more nursing staff and create a new employee-patient ratio of 1 to 2.6.

The department states that, currently, there are over 50 juveniles on the waiting list for admission to the Camarillo children's facility. There is no waiting list for admission to the Napa children's unit.

While both Napa and Camarillo have special juvenile centers, there is a slight difference in the programs conducted at each facility. The Napa children's unit emphasizes diagnosis and evaluation, while the emphasis at Camarillo is more toward a larger caseload of patients who require intensive treatment over prolonged periods of time. It is felt that enrichment of the nursing staff at both juvenile units would permit a more intensive type of treatment than can now be offered, with the result that patients might be released sooner than is now possible.

We recommend that the request for additional nursing staff at Camarillo be approved, and that the proposed nursing staff for Napa be denied; a savings in salaries and wages and related expenses of $91,016.

We further recommend that the programs at both juvenile units be subjected to a continuous evaluation in order to determine the efficacy of those programs conducted at each facility, with respect to both past and current effectiveness.

We are recommending approval of additional staff at the Camarillo unit because that is where the real need appears to exist. This is evidenced by the facts that Camarillo has a waiting list, while Napa has none, and that Camarillo emphasizes longer term treatment for juveniles to a much greater extent than does Napa. It should be re-emphasized that Napa concentrates on diagnosis and evaluation. This is a function that is usually of a relatively short duration. Furthermore, it is a service that would seem more appropriately handled at the community level.

In view of these facts, it does not appear imperative to increase the nursing staff at the Napa juvenile unit at the present time. Approval of our recommendation to augment the nursing staff only at Camarillo would enable the department to properly evaluate the effectiveness of

Mental Hygiene—Continued

increased ward nursing staff in a juvenile unit. If it can be established that such additional staffing increases program effectiveness, it would then be appropriate to grant a comparable increase in staff at Napa; providing that it could, at such time, be justified on a need basis.

VII. Administrative Strengthening

A total of $134,704 is requested for administrative strengthening. The proposal is outlined as follows:

A. Insurance co-ordination (budget page 363, line 41)	$10,069
B. Business management services (budget page 363, line 43)	98,988
C. Mental health consultation for local agencies (budget page 363, line 44)	12,247
D. Planning and development (federal funds) (budget page 363, line 47)	(40,846)
E. Disaster planning (budget page 363, line 50)	13,400
Grand total	$134,704

* A. Insurance Co-ordination (budget page 363, line 55)		
1 Insurance co-ordinator (effective November 1, 1963)	$7,680	
Estimated salary savings	—346	
Operating expense	1,600	
Equipment	600	
Retirement, health and welfare	535	
Subtotal—1 position and expenses		$10,069
† B. Business management services (budget page 363, line 83)		
2 Associate administrative analyst	$17,208	
1 Intermediate typist-clerk	4,242	
1 Intermediate typist-clerk	4,242	
1 Intermediate account clerk	4,242	
1 Property clerk	5,028	
Computer installation	57,000	
Estimated salary savings	—1,573	
Operating expense	2,400	
Equipment	3,700	
Retirement, health and welfare	2,499	
Subtotal—6 positions and expenses		$98,988
† C. Mental health consultation unit for local agencies (budget page 364, line 26)		
1 Public Health nurse	$6,744	
0.5 Intermediate typist-clerk	2,121	
Estimated salary savings	—399	
Operating expense	2,100	
Equipment	1,000	
Retirement, health and welfare	681	
Subtotal—1.5 positions and expenses		$12,247

* Recommended for deletion.
† Recommended for approval.

Mental Hygiene—Continued

† D. Planning and development (budget page 364, line 5)		
1 Chief of planning and development	$14,700	
1 Associate planning analyst	8,604	
1 Senior stenographer	4,908	
1 Intermediate typist-clerk	4,242	
Estimated salary savings	*—1,460*	
Operating expense	4,000	
Equipment	3,600	
Retirement, health and welfare	2,252	
Subtotal—3 positions and expenses (Federal funds—money not included in augmentation request)		($40,846)
* E. Disaster planning (budget page 364, line 36)		
1 Disaster planning officer	$10,948	
Estimated salary savings	*—492*	
Operating expense	1,600	
Equipment	600	
Retirement, health and welfare	744	
Subtotal—1 position and expenses		$13,400
Grand total—9.5 positions and expenses		$134,704

* Recommended for deletion.
† Recommended for approval.

1 Insurance co-ordinator (effective November 1, 1963) (budget page 363, line 56)	*$7,680*
Estimated salary savings (budget page 363, line 58)	*—346*
Operating expense (budget page 363, line 59)	*1,800*
Equipment (budget page 363, line 61)	*1,700*
Retirement, health and welfare (budget page 363, line 62)	*1,504*
1 Position plus related expenses	*$10,069*

This position, if approved, would function as the Department of Mental Hygiene's liaison with private insurance companies. The agency indicates that this insurance co-ordinator would attempt to influence the type of coverage offered by private insurance carriers. The primary objective would be to increase the number of policies currently offering coverage for mental illness.

In principle, it may be desirable to have more and increased mental illness benefits provided through insurance plans. However, we do not believe that it is within the purview of a single governmental agency such as the Department of Mental Hygiene to undertake to negotiate with private insurance companies as to the type of coverage that should be offered.

Furthermore, there is in the Department of Finance the office of insurance adviser. In the event that state activity is deemed necessary in this area, it might well be referred to that office for consideration.

We, therefore, recommend that the position of insurance co-ordinator be disallowed; a savings in salaries and wages and related expenses of $10,069.

Mental Hygiene—Continued

1 Associate administrative analyst (budget page 363, line 84)__ $8,604

The agency indicates that the services of this analyst will be utilized to improve administrative procedures in several areas where such improvements are needed. To date, use of this position has been devoted almost exclusively to implementation of O.C.C. Survey 1177 (Food Services Staffing).

The department also states that one of the specific duties of this analyst will be to work closely with the departmental food administrator in designing the systems and procedures necessary to carry out the food goals set for the agency. In view of the excessive food waste factor at the state hospitals (see pages 410-417 of this analysis), we feel that this position should be approved and immediately assigned to correcting this problem.

We recommend that this position be authorized and the agency instructed to assign this analyst and the departmental food administrator the immediate responsibility of formulating a uniform system of controlling food waste for use by all state hospitals.

Furthermore, we recommend that the department be directed to submit a detailed report to the Legislature, no later than January 1, 1964, outlining the actions taken and the specific procedures implemented to correct excessive food waste at the state hospitals.

1 Disaster planning officer (budget page 364, line 38)_____	*$10,948*
Estimated salary savings (budget page 364, line 39)_____	*—492*
Operating expense (budget page 364, line 40)_____	*1,600*
Equipment (budget page 364, line 42)_____	*600*
Retirement, health and welfare (budget page 364, line 43)	*744*
1 Position plus related expenses_____	*$13,400*

The disaster planning officer position, requested for assignment to central headquarters, would have the responsibility of formulating a statewide program of disaster planning for all state hospitals administered by the Department of Mental Hygiene.

The department is currently authorized a chief, environmental health and safety, who is assigned to the Sacramento central office. This position is currently charged with the responsibility of implementing an agencywide safety program for all state institutions under the jurisdiction of the Department of Mental Hygiene. Rather than create another separate position exclusively for disaster planning, it would be more appropriate to assign this responsibility to the departmental safety co-ordinator.

On page 361, line 5, of the 1963-64 Budget, the agency has requested authorization for an additional safety co-ordinator to provide further services for state hospitals located in the southern part of the State. We have recommended approval of this position, which would be under the direction of the departmental safety co-ordinator. In addition, all state institutions are authorized a training assistant who devotes approximately one-third of his time to the hospital's safety program.

Therefore, we recommend that the agency's request for a disaster planning officer be denied, a savings in salaries and wages and related expenses of $13,400.

Mental Hygiene—Continued

RECOMMENDATION TO INCREASE STATE REVENUE

We recommend that the Department of Mental Hygiene be directed to increase the rate charged by the State to a county for the care and treatment of mentally retarded patients from $20 to $40 per month.

At the present time, the county from which a mentally retarded patient is committed for state care is automatically billed $20 per month. The average monthly per capita cost for maintaining such a person in a state hospital is approximately $267. In such cases, the counties are only providing 7.5 percent of the actual expense, while the State must furnish the remaining 92.5 percent.

The current rate ($20) charged to the counties for the state care of the mentally retarded has been in effect since 1927, at which time the actual per capita monthly cost was only $20.35. The Department of Mental Hygiene, under Section 7010 of the Welfare and Institutions Code, is authorized to increase the charge from the present $20 per month up to $40 per month. This section reads as follows:

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

It should be emphasized that the current monthly charge of $20 to provide state care and treatment for the mentally retarded was originally established in 1927 (36 years ago) when the actual cost of such care was $20.35. It would seem that the original legislative intent was that the counties should be required to reimburse the State the actual cost of maintaining these patients. Furthermore, since the code section (7010) pertaining to this reimbursement made possible the raising of the monthly charge, it would appear that the Legislature envisioned the possibility that the cost of caring for the mentally retarded might some day increase and, therefore, made provision for this by permitting the Department of Mental Hygiene to raise the monthly charge to a maximum of $40.

Since the original monthly charge of $20 was established, the actual cost of hospitalizing the mentally retarded in state institutions has increased to $267, or by 1,335 percent. However, during the past 33 years, there has been no change in the monthly state charge of $20 to the counties for providing this care. Therefore, we feel that an adjustment is now necessary.

Raising the current monthly rate from $20 to $40 would provide the General Fund with over $3.5 million in additional revenue during 1963-64. It should be pointed out that this higher rate need not entail an increase in moneys to be obtained through taxation by the counties equivalent to the full additional $20 per month. For those patients whose care the counties reimburse the State, the counties in turn are entitled to collect all, or a portion, of the charge from the responsible relatives or estates of the patients, according to the ability to pay. Furthermore, a monthly charge of $40 to provide 24-hour care and

Mental Hygiene—Continued

treatment for a mentally retarded individual would, in practically all cases, be a lesser amount than that required to maintain the same person in his home.

RECOMMENDED LEGISLATION

We recommend that legislation be introduced amending Section 6651 of the Welfare and Institutions Code in order to permit the Director of Mental Hygiene to set realistic and equitable reimbursement charges for the care and treatment of mentally ill patients in state hospitals.

Section 6651 of the Welfare and Institutions Code states the following:

"The rate for the care, support, and maintenance of all mentally ill persons and inebriates at the state hospitals . . . shall be reviewed each fiscal year and fixed at the statewide average per capita cost of maintaining patients in all state hospitals . . . . The Director of Mental Hygiene may reduce, cancel or remit the amount to be paid . . . on satisfactory proof that the estate or relatives, as the case may be, are unable to pay the cost of such care, support, and maintenance or that the amount is uncollectable."

The average daily per capita cost figure for mentally ill persons hospitalized in state institutions is currently computed at $8.60. This is the maximum daily rate which the State is now permitted to charge any of these patients. Unfortunately, the use of this single rate for all patients is not realistic and equitable when applied to the patient as an individual.

Generally speaking, there are at least two separate and readily distinguishable groups of patients treated at the hospitals for the mentally ill. The first group consists of those persons who are assigned to receiving and intensive treatment wards. These wards are heavily staffed and expensive to operate. One of the state hospitals has conducted studies to determine the actual cost of maintaining patients on its receiving and intensive treatment wards. It was calculated that the average daily per capita cost of providing such care and treatment was approximately $16. Since all state hospitals operate receiving and intensive treatment wards at a comparable level, it can be assumed that the overall departmental average for this type of care would also be about $16. However, under existing law, patients receiving this intensive treatment can only be charged a maximum daily rate of $8.60, despite the fact that the actual cost is approximately $16.

On the other hand, there is a second group of patients who are assigned to continued treatment wards. The cost of this continued treatment is much less than intensive treatment. In fact, the actual cost of such care is lower than the overall daily per capita cost of $8.60 now used by the department. Nevertheless, persons receiving continued treatment are billed at the maximum daily rate of $8.60, a charge which exceeds the actual cost of their care.

It is our opinion that the most realistic and equitable approach would be for the department to base charges for state hospital care on

Mental Hygiene—Continued

the actual cost of treatment by patient classification, rather than on an overall cost figure. Adoption of this procedure would be consistent with departmental policy as expressed in the agency's long-range mental health plan, which emphasizes the responsibility of the individual in paying for treatment and advocates the provision of psychiatric services by private resources to the greatest extent possible. If this is to be accomplished, the State should base its charges for psychiatric care on the actual cost of treatment whenever possible. The current practice of basing charges to certain identifiable classes of patients on an amount substantially less than the actual cost of their treatment would appear to encourage many persons to seek care from the State rather than from comparable private resources. In order to foster the expansion of private psychiatric facilities as outlined in the Department of Mental Hygiene's long-range plan, it is incumbent upon the State to establish a nondiscriminatory system of establishing charges for care and treatment.

The approach we have recommended would result in the State collecting larger daily sums from certain patients than are now being received. It would also result in a lower daily charge to other groups of patients. As previously mentioned, higher billings would be made to those persons receiving intensive treatment. However, the vast majority of patients assigned to intensive treatment wards remain hospitalized a very short period of time as compared to those persons cared for on continued treatment wards. Consequently, while the daily rate would be higher to those receiving intensive treatment, their total hospital cost would most likely be less than the continued treatment patient who is invariably institutionalized for much longer periods.

It is our opinion that enough of the patients hospitalized in state institutions have the resources to pay the actual maximum daily rate for intensive treatment to more than offset any losses in revenue that might result in lowering the daily charges to other classes of patients. Therefore, the net fiscal effect should be an increase in state revenues. Even if this were not the case, we would still recommend this legislation. The overriding consideration is to assure that all persons receiving state care are dealt with in a fair and equitable manner. This cannot be accomplished if certain patients are charged substantially less than their actual treatment costs, although they have the ability to pay such costs, while other persons are required to pay an amount greater than that actually required to provide for their care.

Department of Mental Hygiene

ADDITIONAL SUPPORT FOR THE DEPARTMENT OF MENTAL HYGIENE

ITEM 144 of the Budget Bill Budget page 355

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

Amount requested $3,337,794

TOTAL RECOMMENDED REDUCTION $560,006

Additional Support—Continued

Summary of Recommended Reductions		Amount	Budget Page	Budget Line
II. Community-Based Services				
Operating Expense	------	$6,500	355	59
III. Hospital Services				
42 positions and related expenses	$383,202			
Operating Expense	55,819	439,021	355	60
VI. Special Programs—Children's Units				
21 positions	87,231			
Operating and equipment expenses	3,785	91,016	355	65
VII. Administrative Strengthening				
2 positions and related expenses		23,469	355	66
65 positions plus equipment and expenses		$560,006		

ANALYSIS

Our analyses relative to these recommended reductions are contained in the summary of proposed workload increases and program augmentations, pages 424-441, of this analysis.

Department of Mental Hygiene
ADDITIONAL FAMILY CARE

ITEM 145 of the Budget Bill Budget page 359

FOR SUPPORT OF ADDITIONAL FAMILY CARE FROM THE GENERAL FUND

Amount requested ---------- $276,000

TOTAL RECOMMENDED REDUCTION---------- None

ANALYSIS

This appropriation would enable the agency to place an additional 500 hospitalized patients (300 mentally ill—200 mentally retarded) into family care homes by June 30, 1964.

We recommend approval as budgeted.

Department of Mental Hygiene
DEPARTMENTAL ADMINISTRATION

ITEM 146 of the Budget Bill Budget page 366

FOR SUPPORT OF DEPARTMENTAL ADMINISTRATION FROM THE GENERAL FUND

Amount requested	$6,425,917
Estimated to be expended in 1962-63 fiscal year	6,218,789
Increase (3.3 percent)	$207,128

TOTAL RECOMMENDED REDUCTION---------- Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent

Departmental Administration—Continued

applicable to Departmental Administration, are contained in the following sections of our analysis:

ANALYSIS

Departmental Administration, located in Sacramento, provides central direction and co-ordination for all agency activities, including the hospital, state clinic and state-local participation (Short-Doyle) programs.

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

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

The patients' accounts section assesses and collects charges for the care and treatment of mentally ill patients within the ability of the patients or their responsible relatives to pay. Collections are estimated to reach $15.4 million for the 1963-64 fiscal year.

The Bureau of Social Service conducts preleave investigations, arranges placements to permit hospital leaves for mentally ill and retarded patients, and assists in re-establishing patients as responsible members of the community.

The following headquarter's sections are budgeted under specific allocations, which are discussed as separate budget proposals in this analysis:

- Research
- Family care
- Deportation and transfer of patients
- Community services, including state outpatient clinics, day treatment centers, and state-local community (Short-Doyle) programs

Department of Mental Hygiene

TRANSPORTATION OF PATIENTS AND OTHER PERSONS COMMITTED TO STATE HOSPITALS

ITEM 147 of the Budget Bill Budget page 368

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

Amount requested	$96,621
Estimated to be expended in 1962-63 fiscal year	90,000
Increase (7.4 percent)	$6,621
TOTAL RECOMMENDED REDUCTION	None

Transportation of Patients—Continued

ANALYSIS

This unit is charged with the responsibility of providing funds to defray transportation costs, sheriffs' fees, and other traveling expenses resulting from the delivery of patients to the state hospitals from their place of commitment. These costs are based on the number of anticipated admissions to the state hospital, excluding observation and voluntary admissions.

A total of $138,030 is requested for this purpose, of which $41,409 or 30 percent is expected to be collected from relatives or other legally responsible persons. The remaining $96,621 represents the proposed net state expenditure.

We recommend approval of the item as budgeted.

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

ITEM 148 of the Budget Bill Budget page 368

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

Amount requested	$103,200
Estimated to be expended in 1962-63 fiscal year	107,350
Decrease (3.9 percent)	*$4,150*
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

This request provides funds for the following two types of patient movements:

1. Transfer of patients who are not legal residents of California to their place of legal residence. Aliens are referred to the Federal Bureau of Immigration and are returned to their native country. It is within the discretion of the agency director to defer a deportation that might work a hardship on the patient.
2. Transfer of patients between state hospitals. This type of movement is usually undertaken to relieve overcrowding situations that arise at the various hospitals during the course of a year.

The total fiscal year cost for this program is projected at $112,300, of which it is estimated $9,000 will be recovered through charges to relatives or other legally responsible persons.

The department estimates that, during fiscal year 1963-64, approximately 360 patients will be deported to their states of legal residence and about 500 patients will be transferred between hospitals.

We recommend approval of the amount requested.

Department of Mental Hygiene
FAMILY CARE

ITEM 149 of the Budget Bill Budget page 369

FOR SUPPORT OF FAMILY CARE FROM THE GENERAL FUND

Amount requested	$2,928,600
Estimated to be expended in 1962-63 fiscal year	3,221,250
Decrease (9.1 percent)	*$292,650*
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

The agency's family care program provides for the placement in privately licensed homes of patients who would otherwise have to remain hospitalized. The purpose of such placement is to enable the patient to make a gradual transition from an institution to community living.

The 1963-64 requested appropriation would provide for approximately 1,970 cases fully financed by the State and for 250 cases partially financed by the State to be placed on leave of absence to family care homes. The program provides for the payment of such placement at a monthly per patient rate of $115. The department feels that family care placements incur a savings to the State to the extent that the cost of care in homes is lower than the cost of further hospitalization.

It is anticipated that the current caseload will be reduced by 750 by June 30, 1964. This reduction will be brought about through the qualification of family care patients for ATD (aid to totally disabled).

The ATD program is administered by the Department of Social Welfare. ATD will provide federal reimbursement at the rate of $46.50 per mentally ill or retarded patient placed in a family care home by the Department of Mental Hygiene. Of the remaining cost, the patient's county of commitment will contribute one-seventh, with the State providing the remaining six-sevenths.

We recommend approval of the item as budgeted.

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

ITEM 150 of the Budget Bill Budget page 369

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

Amount requested	$250,000
Estimated to be expended in 1962-63 fiscal year	250,000
Increase	None
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

This request provides the necessary funds for placing approximately 120 mentally retarded patients into private medical facilities during the 1963-64 fiscal year.

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

These patients are placed directly from the hospitals for the mentally retarded into these facilities at an average monthly charge of $165. As a result of such placements, a substantial annual savings of approximately $1,000 per patient is realized by the State. This amount represents the difference in costs between state hospitalization and private medical facility charges to provide care and treatment for mentally retarded patients.

We recommend approval of the amount requested.

Department of Mental Hygiene
RESEARCH PROGRAM

ITEM 151 of the Budget Bill — Budget page 369

FOR SUPPORT OF RESEARCH PROGRAM FROM THE GENERAL FUND

Amount requested	$987,000
Estimated to be expended in 1962-63 fiscal year	1,603,845
Decrease (38.5 percent)	*$616,845*
TOTAL RECOMMENDED REDUCTION	None

ANALYSIS

All funds appropriated for this unit are available for expenditure over a three-year period. Previously appropriated funds are available for use in 1963-64 and the department expects to supplement the $987,000 requested for 1963-64 with $526,543 in carry over funds from prior years. The total expenditure for the unit, therefore, is expected to remain at appoximately the same level as in 1962-63.

The funds approved for this program are used primarily for two purposes. First, the support of specific projects and, second, the assignment of seven full-time research teams to state hospitals. For the past several years, such a team has been authorized at Metropolitan State Hospital. However, due to an inability to recruit, this authorization has been withdrawn. In prior years, we have recommended the deletion of some of the existing research teams and a consolidation of available personnel into teams at a few institutions in order to permit better direction and co-ordination of the total program. This recommendation has never been adopted by the agency.

In addition to state funds, the department receives federal grants to finance research projects. To date, federal moneys in the amount of $4.6 million have been approved, and an additional $4 million is anticipated to become available pending approval of applications currently under consideration.

We recommend approval of this item as budgeted.

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Department of Mental Hygiene
DAY TREATMENT CENTERS

ITEM 152 of the Budget Bill Budget page 372

FOR SUPPORT OF DAY TREATMENT CENTERS FROM THE GENERAL FUND

Amount requested	$574,857
Estimated to be expended in 1962-63 fiscal year	546,854
Increase (5.1 percent)	$28,003
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to day treatment centers, are contained in the following sections of our analysis:

Section	*Analysis page*
Fiscal Implications of Understated Savings	409
Recommended Reductions in Existing Programs	410
Summary of Proposed Workload Increase and Program Augmentations	424

ANALYSIS

This request provides the necessary support funds for the department's three authorized day treatment centers. These facilities are located in San Diego, San Francisco, and Los Angeles. The purpose of these units is to provide care and treatment for patients in a community setting and permit them to return to their homes in the evening.

These day treatment centers are supposed to accept for treatment patients whose only other alternative would be 24-hour hospitalization in a state institution. However, it should be pointed out that this policy has not been strictly followed. As a result, patients with alternatives other than 24-hour hospitalization have been admitted into the day treatment program. Therefore, it is virtually impossible to measure the effectiveness of day treatment versus full-time hospitalization, since comparative program effectiveness studies must involve similar types of patients.

Department of Mental Hygiene
OUTPATIENT MENTAL HYGIENE CLINICS

ITEM 153 of the Budget Bill Budget page 373

FOR SUPPORT OF OUTPATIENT MENTAL HYGIENE CLINICS FROM THE GENERAL FUND

Amount requested	$908,882
Estimated to be expended in 1962-63 fiscal year	896,047
Increase (1.4 percent)	$12,835
TOTAL RECOMMENDED REDUCTION	$454,441

Outpatient Mental Hygiene Clinics—Continued

Summary of Recommended Reductions	Amount	Budget Page	Budget Line
Reduce support budget by one-half	$454,441	373	22

ANALYSIS

Our analysis pertaining to this recommended reduction is presented under the section titled "Recommended Reductions in Existing Programs," page 410. Additional recommended budgetary reductions in the state outpatient programs are presented on page 433 of this Analysis.

The State currently 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 $908,882 for 1963-64. The East Bay Clinic at Berkeley is fully supported by federal funds, although it is state-administered. It is estimated that the East Bay Clinic will receive $152,365 in federal funds for 1963-64. Adding state and federal support, the total estimated support cost for all seven outpatient clinics is $1,061,247 for 1963-64.

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.

Department of Mental Hygiene
LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE

ITEM 154 of the Budget Bill Budget page 378

FOR SUPPORT OF LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE FROM THE GENERAL FUND

Amount requested	$2,317,835
Estimated to be expended in 1962-63 fiscal year	2,323,030
Decrease (0.2 percent)	*$5,195*
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Langley Porter Neuropsychiatric Institute, are contained in the following sections of our analysis:

ANALYSIS

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

Langley Porter Neuropsychiatric Institute—Continued

the senior members of the staff are also on the teaching staff of the university. The institute is thus a teaching and research center for the university and the department.

In the support of teaching and research, active outpatient and day treatment caseloads, as well as an inpatient service, are maintained.

Per capita daily costs for the inpatient service are estimated at $55.85 during 1963-64. The cost per outpatient interview is expected to be $25.75 during the coming fiscal year.

Department of Mental Hygiene
NEUROPSYCHIATRIC INSTITUTE AT UNIVERSITY OF CALIFORNIA, LOS ANGELES

ITEM 155 of the Budget Bill Budget page 379

FOR SUPPORT OF NEUROPSYCHIATRIC INSTITUTE, UCLA, FROM THE GENERAL FUND

Amount requested	$4,356,906
Estimated to be expended in 1962-63 fiscal year	3,720,561
Increase (17.1 percent)	$636,345
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Neuropsychiatric Institute at University of California, Los Angeles, are contained in the following sections of our analysis:

Section	*Analysis page*
Fiscal Implications of Understated Savings	409
Recommended Reductions in Existing Programs	410
Summary of Proposed Workload Increases and Program Augmentations	424

ANALYSIS

The Neuropsychiatric Institute was built as a part of the Medical School of UCLA and opened on December 1, 1962. This institute functions as a teaching, training and research center in connection with the university. Training is provided for psychiatric residents, psychology fellows, social work students, occupational therapy students, graduate and undergraduate student nurses, state hospital physicians and fellows in psychiatry. Research centers primarily in neurology, psychiatry, and related subjects.

Direct services are provided to the mentally ill by the institute's outpatient facilities, a day hospital, a 188-bed inpatient service and a somatotherapy room.

Per capita daily costs for the inpatient service are estimated at $59.41 during 1963-64. The cost per outpatient interview is expected to be $48.20 during the coming fiscal year.

Department of Mental Hygiene
AGNEWS STATE HOSPITAL

ITEM 156 of the Budget Bill Budget page 381

FOR SUPPORT OF AGNEWS STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$11,630,886
Estimated to be expended in 1962-63 fiscal year	11,618,423
Increase (0.1 percent)	$12,463
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Agnews State Hospital, are contained in the following sections of our analysis:

ANALYSIS

Agnews State Hospital is located in the heart of the Santa Clara Valley at the southern end of San Francisco Bay and is adjacent to the City of San Jose.

An institution for the mentally ill, Agnews State Hospital began operations in 1885. The 1906 earthquake destroyed the hospital. Since then, the physical growth of the hospital has been steady. From a few brick buildings and several acres of orchard and nursery land, Agnews has developed into one of the State's largest institutions, with the grounds and property covering approximately 750 acres of land.

Average daily patient population for 1962-63 is estimated at 4,184 and is expected to decrease to 4,100 in 1963-64.

The following table indicates annual increases in per capita patient costs since 1953-54:

Per Capita Costs
1953-54 through 1963-64—Agnews State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	4,493	$1,160	--	--
1954-55	4,474	1,200	$40	3.4
1955-56	4,285	1,414	254	21.9
1956-57	4,140	1,698	538	46.4
1957-58	4,155	1,931	771	66.5
1958-59	3,999	2,054	894	77.1
1959-60	4,012	2,255	1,095	94.4
1960-61	4,018	2,503	1,343	115.8
1961-62	4,036	2,624	1,464	126.2
1962-63*	4,184	2,777	1,617	139.3
1963-64†	4,100	2,901	1,677	144.6

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
ATASCADERO STATE HOSPITAL

ITEM 157 of the Budget Bill Budget page 383

FOR SUPPORT OF ATASCADERO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$4,817,787
Estimated to be expended in 1962-63 fiscal year	4,833,879
Decrease (0.3 percent)	*$16,092*
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Atascadero State Hospital, are contained in the following sections of our analysis:

Section	*Analysis page*
Fiscal Implications of Understated Savings	409
Recommended Reductions in Existing Programs	410
Summary of Proposed Workload Increases and Program Augmentations	424

ANALYSIS

Atascadero State Hospital is one of the newest institutions and is devoted to special programs for sexual psychopaths, criminally insane, and other such cases of mental illness requiring maximum security facilities. The hospital, designed and constructed specifically for this purpose, treats only male patients.

The hospital is located approximately midway between San Francisco and Los Angeles in rural setting of rolling hills about three miles southeast of the small town of Atascadero. The institution was built at a cost of $12 million and was formally dedicated on June 20, 1954.

The average daily population for 1962-63 is estimated at 1,560, with an anticipated decrease to 1,515 in 1963-64.

The following table indicates the increases in per capita costs that have taken place since 1955-56:

Per Capita Costs
1955-56 through 1963-64—Atascadero State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1955-56 Amount*	*Percent*
1955-56	1,156	$1,700	–	–
1956-57	1,161	1,941	$241	14.2
1957-58	1,167	2,229	529	31.1
1958-59	1,219	2,224	524	30.8
1959-60	1,280	2,478	778	45.8
1960-61	1,474	2,594	894	52.6
1961-62	1,502	2,787	1,087	64.0
1962-63*	1,560	3,099	1,399	82.3
1963-64†	1,515	3,183	1,483	87.2

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
CAMARILLO STATE HOSPITAL

ITEM 158 of the Budget Bill Budget page 385

FOR SUPPORT OF CAMARILLO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$15,011,289
Estimated to be expended in 1962-63 fiscal year	15,099,092
Decrease (0.6 percent)	*87,803*
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Camarillo State Hospital, are contained in the following sections of our analysis:

Section	*Analysis page*
Fiscal Implications of Understated Savings	409
Recommended Reductions in Existing Programs	410
Summary of Proposed Workload Increases and Program Augmentations	424

ANALYSIS

Camarillo State Hospital is four and one-half miles south of the town of Camarillo, which is located on Highway 101, 45 miles north of Hollywood. It is the largest of the state institutions and situated in sunny coastal hills and surrounded by open countryside, orchards and small farms.

A juvenile unit for the care and treatment of children is maintained at the hospital. This unit is considered a completely separate entity from the portion of the hospital which cares for adult patients and has its own physicians, psychiatrists, nursing personnel and schools.

Camarillo's estimated average daily population for 1962-63 is 6,143 and is anticipated to decrease to 6,025 for 1963-64.

The following table traces, chronologically, increases in per capita costs since 1953-54:

Per Capita Costs
1953-54 through 1962-63—Camarillo State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	6,934	$1,026	--	--
1954-55	6,938	1,091	$65	6.3
1955-56	6,939	1,224	198	19.3
1956-57	6,839	1,448	422	41.1
1957-58	6,673	1,687	661	64.2
1958-59	6,348	1,740	714	69.6
1959-60	6,361	1,872	846	82.5
1960-61	6,199	2,058	1,032	100.6
1961-62	5,978	2,247	1,221	119.0
1962-63*	6,143	2,458	1,432	139.6
1963-64†	6,025	2,525	1,499	146.1

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
DeWITT STATE HOSPITAL

ITEM 159 of the Budget Bill Budget page 387

FOR SUPORT OF DeWITT STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$6,847,108
Estimated to be expended in 1962-63 fiscal year	6,787,146
Increase (0.9 percent)	$59,962
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to DeWitt State Hospital, are contained in the following sections of our analysis:

Section	*Analysis page*
Fiscal Implications of Understated Savings	409
Recommended Reductions in Existing Programs	410
Summary of Proposed Workload Increases and Program Augmentations	424

ANALYSIS

DeWitt State Hospital is in Placer County, four miles northeast of Auburn and 40 miles east of Sacramento. The institution consists mainly of brick buildings and was constructed in 1943 as a United States Army General Hospital. In 1946 it was purchased by the State of California and reopened as a state mental hospital.

When the institution was first opened, admissions were solely on a transfer basis from the older state hospitals, but by 1950 DeWitt began to receive patients by direct admission from the counties of its area.

During the fiscal year 1962-63, average daily patient population is estimated to have been 2,144 and this is expected to increase to 2,400 for 1963-64. Of this number, it is estimated that one-half will be mentally ill patients and the remaining half mentally retarded.

The following table shows the increase in per capita costs since 1953-54:

Per Capita Costs
1953-54 through 1963-64—DeWitt State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	3,056	$1,219	—	—
1954-55	2,976	1,277	$58	4.8
1955-56	2,950	1,369	150	12.3
1956-57	2,872	1,599	380	31.2
1957-58	3,013	1,704	485	39.8
1958-59	2,991	1,749	530	43.5
1959-60	2,884	1,941	722	59.2
1960-61	2,666	2,232	1,017	83.4
1961-62	2,395	2,583	1,364	111.9
1962-63*	2,144	3,166	1,947	159.8
1963-64†	2,400	2,867	1,648	135.1

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
MENDOCINO STATE HOSPITAL

ITEM 160 of the Budget Bill Budget page 390

FOR SUPPORT OF MENDOCINO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$6,533,038
Estimated to be expended in 1962-63 fiscal year	6,566,731
Decrease (0.5 percent)	*$33,693*
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Mendocino State Hospital, are contained in the following sections of our analysis:

ANALYSIS

Mendocino State Hospital, at Talmage, is located in wooded, hilly country about three miles from Ukiah, the county seat of Mendocino County.

The cornerstone for the institution was laid December 9, 1890. The original site was 100 acres of land and additional purchases have increased the acreage to 1,215. Mendocino is currently authorized 925 employees and the average daily population for 1962-63 is estimated at 2,290 and expected to decline to 2,250 for the 1963-64 fiscal year.

The following table indicates the extent to which per capita costs have increased since 1953-54:

Per Capita Costs
1953-54 through 1963-64—Mendocino State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	2,549	$1,234	--	--
1954-55	2,375	1,386	$152	12.3
1955-56	2,260	1,530	296	24.0
1956-57	2,259	1,821	587	47.6
1957-58	2,271	2,109	875	70.9
1958-59	2,437	1,999	765	62.0
1959-60	2,366	2,232	998	80.9
1960-61	2,296	2,474	1,240	100.5
1961-62	2,224	2,706	1,472	119.3
1962-63*	2,290	2,867	1,633	132.3
1963-64†	2,250	2,936	1,639	132.8

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
METROPOLITAN STATE HOSPITAL

ITEM 161 of the Budget Bill Budget page 392

FOR SUPPORT OF METROPOLITAN STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$10,273,977
Estimated to be expended in 1962-63 fiscal year	10,022,707
Increase (2.5 percent)	$251,270
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Metropolitan State Hospital, are contained in the following sections of our analysis:

ANALYSIS

Metropolitan State Hospital, located at Norwalk, is in suburban Los Angeles and is about 15 miles southeast of the Los Angeles Civic Center. The hospital is situated in a thickly populated area and a freeway passes near the institution, providing easy access to the City of Los Angeles. Metropolitan was opened for the admission of its first patients on February 15, 1916.

The average daily patient population for 1962-63 is estimated at 5,903. The similar figure for 1963-64 is 3,800.

The following table illustrates the increases in per capita patient costs that have occurred since 1953-54:

Per Capita Costs
1953-54 through 1963-64—Metropolitan State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	2,481	$1,379	--	--
1954-55	2,205	1,553	174	12.6
1955-56	2,190	1,650	271	19.7
1956-57	2,261	1,994	615	44.6
1957-58	2,525	2,254	875	63.5
1958-59	3,735	1,880	501	36.3
1959-60	3,852	2,010	631	45.8
1960-61	3,799	2,280	901	65.3
1961-62	3,817	2,370	991	71.9
1962-63*	3,903	2,568	1,189	86.2
1963-64†	3,800	2,743	1,364	98.9

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
MODESTO STATE HOSPITAL

ITEM 162 of the Budget Bill Budget page 394

FOR SUPPORT OF MODESTO STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$7,065,630
Estimated to be expended in 1962-63 fiscal year	7,116,852
Decrease (0.7 percent)	*51,222*
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Modesto State Hospital, are contained in the following sections of our analysis:

Section	*Analysis page*
Fiscal Implications of Understated Savings	409
Recommended Reductions in Existing Programs	410
Summary of Proposed Workload Increases and Program Augmentations	424

ANALYSIS

Modesto State Hospital is located three miles north of downtown Modesto. The institution was established in 1942 by the United States Army as a general hospital. On November 17, 1946, the State of California purchased the property (consisting of 220 acres of land and 177 structures) from the United States Government for approximately $114,000. The buildings are primarily of wooden construction with asbestos rock shingle exteriors.

At the time of the purchase, the hospital was designated as a temporary hospital to relieve the overcrowding in the other state institutions. On September 22, 1951, the status of temporary was removed and Modesto became a permanent hospital. This action provided authorization to receive and admit new patients directly from their communities.

The estimated average daily population for 1962-63 is 2,397 and anticipated to rise slightly to 2,410 for the 1963-64 fiscal year.

The following table summarizes the increases in per capita costs since 1953-64:

Per Capita Costs
1953-54 through 1963-64—Modesto State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	3,422	$1,250	–	–
1954-55	3,369	1,295	$45	3.6
1955-56	3,447	1,381	131	10.5
1956-57	3,353	1,574	324	25.9
1957-58	3,266	1,817	567	45.4
1958-59	2,905	2,020	770	61.6
1959-60	2,697	2,196	946	75.7
1960-61	2,403	2,570	1,320	105.6
1961-62	2,357	2,761	1,511	120.9
1962-63*	2,397	2,969	1,719	137.5
1963-64†	2,410	2,952	1,702	136.2

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
NAPA STATE HOSPITAL

ITEM 163 of the Budget Bill Budget page 396

FOR SUPPORT OF NAPA STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$13,479,575
Estimated to be expended in 1962-63 fiscal year	13,428,205
Increase (0.4 percent)	$51,370
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Napa State Hospital, are contained in the following sections of our analysis:

ANALYSIS

Napa State Hospital is located at Imola, two miles from the City of Napa and 50 miles northeast of San Francisco. The institution was founded in 1875. There has been a great deal of new building and construction during the past 15 years.

There is a special treatment center for tubercular patients and transfers are made to Napa of all the active tubercular patients from mental hospitals in the north. The hospital, like Camarillo, has a separate juvenile unit.

Average estimated daily population is 5,064 for 1962-63 and is expected to decrease to 5,025 for fiscal year 1963-64.

The following table presents the increases in per capita patient costs since 1953-54:

Per Capita Costs
1953-54 through 1963-64—Napa State Hospital

Fiscal year	Average population	Per-capita cost	Increase over 1953-54 Amount	Increase over 1953-54 Percent
1953-54	4,890	$1,155	--	--
1954-55	5,279	1,191	$36	3.1
1955-56	5,300	1,317	162	14.0
1956-57	5,408	1,555	400	34.6
1957-58	5,569	1,784	629	54.5
1948-59	5,326	1,849	694	60.1
1959-60	5,277	2,016	861	74.5
1960-61	5,083	2,303	1,148	99.4
1961-62	4,895	2,543	1,388	120.2
1962-63*	5,064	2,652	1,497	129.6
1963-64†	5,025	1,736	1,581	136.9

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
PATTON STATE HOSPITAL

ITEM 164 of the Budget Bill Budget page 398

FOR SUPPORT OF PATTON STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$12,810,701
Estimated to be expended in 1962-63 fiscal year	12,623,791
Increase (1.5 percent)	$186,910
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Patton State Hospital, are contained in the following sections of our analysis:

ANALYSIS

Patton State Hospital is located at Patton, six miles from San Bernardino. The climate is particularly favorable for people who suffer from cardiac and upper respiratory infections. The institution, situated on a 666-acre site, receives patients from Los Angeles, San Diego, Riverside, San Bernardino, Imperial, and Orange counties.

Patton was opened in 1893 and was the fifth state mental hospital to be established. A tuberculosis unit was begun in October 1951, and this is the center for all active tubercular cases in Southern California mental hospitals.

The estimated average daily population for Patton during 1962-63 is 4,597 and the agency anticipates this number will increase to 4,725 for 1963-64.

The following table traces the increases in per capita patients costs since 1953-54:

Per Capita Costs
1953-54 through 1963-64—Patton State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	4,492	$1,169	--	--
1954-55	4,372	1,289	$120	10.3
1955-56	4,330	1,484	315	26.9
1956-57	4,243	1,713	544	46.5
1957-58	4,325	1,898	729	62.4
1958-59	4,187	1,971	802	68.6
1959-60	4,271	2,229	1,060	90.7
1960-61	4,648	2,362	1,193	102.1
1961-62	4,692	2,430	1,261	107.9
1962-63*	4,597	2,746	1,577	134.9
1963-64†	4,725	2,724	1,555	133.0

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
STOCKTON STATE HOSPITAL

ITEM 165 of the Budget Bill Budget page 400

FOR SUPPORT OF STOCKTON STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$10,544,540
Estimated to be expended in 1962-63 fiscal year	10,531,739
Increase (0.1 percent)	$12,801
TOTAL RECOMMENDED REDUCTION	Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Stockton State Hospital, are contained in the following sections of our analysis:

ANALYSIS

Stockton State Hospital is located in the heart of the City of Stockton. Since the end of World War II, there has been an extensive building program in operation, in the form of replacing inadequate buildings with modern structures.

The estimated average daily patient population for 1962-63 is 3,584 and is expected to increase to 3,600 for the 1963-64 fiscal year.

The following table shows the increases in per capita costs that have taken place since 1953-54:

Per Capita Costs
1953-54 through 1963-64—Stockton State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	4,494	$1,309	--	--
1954-55	4,468	1,378	$69	5.3
1955-56	4,462	1,458	149	11.4
1956-57	4,640	1,686	377	28.8
1957-58	4,292	2,033	724	55.3
1958-59	3,916	2,250	941	71.9
1959-60	3,944	2,263	954	72.9
1960-61	3,622	2,637	1,328	101.5
1961-62	3,517	2,795	1,486	113.5
1962-63*	3,584	2,939	1,630	124.5
1963-64†	3,600	2,955	1,646	125.7

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
FAIRVIEW STATE HOSPITAL

ITEM 166 of the Budget Bill Budget page 402

FOR SUPPORT OF FAIRVIEW STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$7,504,384
Estimated to be expended in 1962-63 fiscal year	7,030,196
Increase (6.7 percent)	$474,188

TOTAL RECOMMENDED REDUCTION ..... Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Fairview State Hospital, are contained in the following sections of our analysis:

ANALYSIS

Fairview State Hospital is located in Costa Mesa, a short distance from Newport and Laguna Beaches. It is the State's newest institution and provides care and treatment for the mentally retarded. Patients were first admitted in January 1959.

The average daily patient population for fiscal year 1962-63 is estimated at 1,954 and is anticipated to increase to 2,300 for 1963-64. A total of 676 additional beds will be activated during 1962-63 and it is expected that within the next five years Fairview will increase its capacity to accomodate approximately 4,000 patients.

The following table shows the increases in per capita costs since 1960-61:

Per Capita Costs
1960-61 through 1963-64—Fairview State Hospital

Fiscal year	Average population	Per capita cost	Increase over 1960-61 Amount	Increase over 1960-61 Percent
1960-61	1,662	$3,244	–	–
1961-62	1,843	3,266	22	0.7
1962-63*	1,954	3,598	354	10.9
1963-64†	2,300	3,696	452	1.4

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
PACIFIC STATE HOSPITAL

ITEM 167 of the Budget Bill Budget page 404

FOR SUPPORT OF PACIFIC STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$9,930,566
Estimated to be expended in 1962-63 fiscal year	9,761,774
Increase (1.7 percent)	$168,792

TOTAL RECOMMENDED REDUCTION Indeterminate

Program considerations, including analysis and recommendations regarding positions, operating expense and equipment, to the extent applicable to Pacific State Hospital, are contained in the following sections of our analysis:

Section	*Analysis page*
Fiscal Implications of Understated Savings	409
Recommended Reductions in Existing Programs	410
Summary of Proposed Workload Increases and Program Augmentations	424

ANALYSIS

Pacific State Hospital is located at Spadra, three miles west of Pomona. It was first opened for the reception of mentally deficient patients on March 20, 1921, in a single custodial building on an 800-acre tract five miles from the institution's present location. Because of an inadequate water supply, the hospital was closed on January 15, 1923, and the patients returned to Sonoma. On May 12, 1927, Pacific Colony, as it was then known, reopened on its present site. Purchase of about 253 acres of land in 1950 increased the present acreage to 494 acres.

Average daily patient population for 1962-63 is estimated at 2,996 and expected to increase slightly to 3,000 for the 1963-64 fiscal year.

The following table indicates the increases in annual per capita costs since 1953-54:

Per Capita Costs
1953-54 through 1963-64—Pacific State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	2,018	$1,481	—	—
1954-55	2,229	1,597	$116	7.8
1955-56	2,621	1,588	107	7.2
1956-57	2,718	1,987	507	34.2
1957-58	2,856	2,392	911	61.5
1958-59	2,938	2,434	953	64.3
1959-60	2,902	2,733	1,252	84.5
1960-61	2,930	2,852	1,371	92.6
1961-62	2,941	2,991	1,510	102.0
1962-63*	2,996	3,258	1,777	120.0
1963-64†	3,000	3,434	1,953	131.3

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
PORTERVILLE STATE HOSPITAL

ITEM 168 of the Budget Bill Budget page 406

FOR SUPPORT OF PORTERVILLE STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$8,095,213
Estimated to be expended in 1962-63 fiscal year	7,995,163
Increase (1.3 percent)	$100,050

TOTAL RECOMMENDED REDUCTION ..... Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Porterville State Hospital, are contained in the following sections of our analysis:

ANALYSIS

Porterville State Hospital is one of the newest institutions for the mentally retarded and received its first patients June 3, 1953. It is located approximately 170 miles north of Los Angeles and 270 miles south of San Francisco.

The average daily patient population for 1962-63 is estimated at 2,491, and is expected to be 2,550 for the 1963-64 fiscal year.

The following table shows the increases in per capita costs since 1956-57:

Per Capita Costs
1956-57 through 1963-64—Porterville State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase Over 1956-57 Amount*	*Percent*
1956-57	2,346	$1,876	--	--
1957-58	2,448	2,087	$211	11.2
1958-59	2,498	2,284	408	21.7
1959-60	2,484	2,474	598	31.9
1960-61	2,539	2,608	732	39.0
1961-62	2,514	2,827	951	50.7
1962-63*	2,491	3,210	1,334	71.1
1963-64†	2,550	3,303	1,377	73.4

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.

Department of Mental Hygiene
SONOMA STATE HOSPITAL

ITEM 169 of the Budget Bill Budget page 408

FOR SUPPORT OF SONOMA STATE HOSPITAL FROM THE GENERAL FUND

Amount requested	$11,684,780
Estimated to be expended in 1962-63 fiscal year	11,496,745
Increase (1.6 percent)	$188,035

TOTAL RECOMMENDED REDUCTION ..... Indeterminate

Program considerations, including analyses and recommendations regarding positions, operating expense and equipment, to the extent applicable to Sonoma State Hospital, are contained in the following sections of our analysis:

ANALYSIS

Sonoma State Hospital, formerly called the Sonoma State Home, is located in Eldridge, six miles from the City of Sonoma in that part of the lower Sonoma Valley known as the Valley of the Moon. The main physical plant extends over approximately 100 acres.

The average daily patient population for 1962-63 is estimated to be 3,630, and the comparable 1963-64 figure is 3,700.

The following table shows the increases in per capita patient costs since 1954-55:

Per Capita Costs
1953-54 through 1963-64—Sonoma State Hospital

Fiscal year	*Average population*	*Per capita cost*	*Increase over 1953-54 Amount*	*Percent*
1953-54	2,698	$1,699	--	--
1954-55	2,745	1,807	$108	6.4
1955-56	3,119	1,759	60	3.5
1956-57	3,214	1,965	266	15.7
1957-58	3,202	2,340	641	37.7
1958-59	3,413	2,447	748	44.0
1959-60	3,679	2,472	773	45.5
1960-61	3,672	2,701	1,002	59.0
1961-62	3,595	2,929	1,226	72.1
1962-63*	3,630	3,167	1,468	86.4
1963-64†	3,700	3,173	1,474	86.8

* 1962-63 Budget estimate.
† 1963-64 Budget proposal.