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Health and Welfare Agency



SPENCER WILLIAMS, Administrator
State Capitol, Room 1020, Sacramento 95814

May 24, 1967

TO: ALL LEGISLATORS CONCERNED

SUBJECT: BUDGET REDUCTIONS
DEPARTMENT OF MENTAL HYGIENE PERSONNEL

We have attached for your information a list of positions proposed for deletion from the budgets of the state hospitals effective by June 30, 1967. This list replaces lists previously furnished and is given to you for the purpose of acquainting you with the effect of the budget reductions upon your constituency.

The layoff lists, showing the names and seniority of those persons affected by the position cuts, are derived from the lists of position cuts after credit is given for vacant positions. We are unable at this point to furnish the names of specific individuals who will actually be laid off as each of the actions taken after the first action is sequential in nature. For example, when we know the names of the individuals in the highest level of nursing service whose positions will be cut, these persons will then have five days in which to elect a choice of transfer to another hospital in a similar position or demotion at their own hospital in lieu of transfer. You can see this will not permit us to identify the specific names at the next level until the decisions have been made by the first group. These actions will go through from five to seven levels in nursing services and take approximately 35 days.

Each of the hospital personnel offices and the medical and administrative management of the hospitals are working on development of the layoff lists, so the hospital is the best source of information on this subject. If we may be of further help to you in this matter, please contact the Department personnel office or the hospital direct.

Sincerely,

Spencer Williams
SPENCER WILLIAMS
Administrator

Attachment

AN EXPLANATION OF THE PARTIAL LISTS OF POSITIONS TO BE DELETED
IN THE BUDGET REDUCTION PROGRAM, DEPARTMENT OF MENTAL HYGIENE,
FISCAL YEAR 1967-68

The budget reduction program for the fiscal year 1967-68 will be managed in two basic parts: (1) actions to occur by June 30, 1967, and (2) actions indicated on or after July 1, 1967.

A summary of the partial lists of positions to be deleted by June 30, 1967 is attached as well as the specific reductions that will occur at the hospital in which you are interested or for which you are responsible.

These attached lists are not exactly the same as reflected in the Modified Budget dated March 28, 1967. They do represent the Department of Mental Hygiene's present proposal for carrying out the first steps of the program. The selection of the positions to be deleted was based upon the following assumptions:

1. The reductions proposed in the Modified Budget in the categories of administration, support and subsistence, plant operation, and farming and processing are substantially the same as in the partial list attached; however, some substitutions have been made at the request of the hospital concerned where the request was not in conflict with departmental or agency policy. The reclassification of 360 psychiatric technician positions to the classification of food service assistant has not been incorporated. We have taken only the actions required to prepare the first two levels of layoff notices and such layoff notices as pertain to support positions where there is a minimum of bumping or triggering effects. The food service assistant and food preparation positions that are shown represent positions post assigned in congregate dining rooms and employee food programs.

2. The care and welfare positions in the hospital budgets were divided into two groups: (1) post assigned positions, such as surgery and pharmacy, x-ray, clinical laboratory were maintained at the level necessary to sustain the effectiveness of the entire unit and are not subject to deletion because of fluctuation of population and admissions; (2) the remaining group of care and welfare positions, including doctors, psychologists, social workers, rehabilitation therapists and ward level nursing (the authorized numbers of which are affected by population and/or admissions) were adjusted to reflect the 1952 level of care as authorized on July 1, 1966. Some differences between the Modified Budget and the attached partial list will be observed because of current information on the population and admission factors of each of the hospitals concerned. In the case of two hospitals, Modesto and Atascadero, post assignment of nursing personnel was necessary as these hospitals had reached minimum program staffing.

3. Programs operated through federal funds were not reduced.
4. Psychiatric residents were reduced to the point representing filled positions for the previous year.
5. Childrens' and adolescent units were not reduced.

As the management facts are identified, policy regarding each determined, and the administrative time is available to prepare the plans and lists, you will be furnished with the new information. The partial lists attached contain the bulk of the reduction. The work necessary to complete the lists of actions to occur by June 30 is minor.

Actions to occur on or after July 1, 1967

On July 1, 1967 after the reductions in personnel of June 30, 1967 have occurred, each hospital for the mentally ill will be staffed at approximately 100 authorized care and welfare positions for each 255 patients and will probably be staffed at 100 filled positions for each 269 patients. These are the ratios that were in existence, both filled and authorized, on July 1, 1966.

During the course of 1967-68 fiscal year, the care and welfare positions will be reduced at intervals to keep these formulaes of July 1, 1966 in effect. Stated differently, for each 255 patients dropped from our average daily residence we will reduce about 100 filled care and welfare positions. If the reductions in population do not occur or if admissions increase beyond those projected, staff will not be dropped and the Director will notify the Governor of the need for additional funds.

On June 30, 1968 if the program goes as projected, we will have 100 filled care and welfare positions for each 244 patients in residence. This is because the group of care and welfare positions that are post assigned and not attached to population and admissions will not be affected by the population reduction.

DEPARTMENT OF MENTAL HYGIENE

Summary of Partial Lists of Positions to be Deleted
by June 30, 1967

	<u>Amount*</u>	<u>Number of Positions</u>
Departmental Administration	-\$361,202	26.0
Research	-\$21,594	1.5
Hospitals for the Mentally Ill		
Agnews	-\$1,325,965	243.6
Atascadero	-83,614	17.1
Camarillo	-2,146,078	364.2
DeWitt	-532,247	103.1
Mendocino	-191,289	50.7
Metropolitan	-958,608	146.6
Modesto	-471,303	77.9
Napa	-1,326,457	214.5
Patton	-1,249,579	230.1
Stockton	-807,783	142.9
Totals, Hospitals for the Mentally Ill	-\$9,092,923	1,590.7
Hospitals for the Mentally Retarded		
Fairview	-\$148,054	22.5
Pacific	-230,073	32.5
Porterville	-173,058	24.5
Sonoma	-216,433	29.5
Totals, Hospitals for the Mentally Retarded	-\$767,618	109.0
GRAND TOTALS	-\$10,243,337	1,727.2

*Salaries and Wages only--does not include adjustments for salary savings, staff benefits, and workmen's compensation.

Bureau of Budget Planning & Analysis
5/26/67

DEPARTMENT OF MENTAL HYGIENE

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
DEPARTMENTAL ADMINISTRATION---Support		
PERSONAL SERVICES		
Division of Research and Training:		
Bureau of Training:		
Internships and student professional assistants	-\$186,380	[50]*
Division of State Services:		
Bureau of Retardation Services:		
Psychologist, retardation service	-17,712	1
Intermediate Stenographer	-2,430	.5
Bureau of Nursing Services:		
Mental Health Nursing Consultant	-9,876	1
Division of Local Programs:		
Office of Deputy Director:		
Community Organization Specialist	-55,488	4
Mental Health Nursing Consultant	-9,168	1
Division of Administration:		
Bureau of Fiscal Services:		
Accountant I	-6,684	1
Intermediate Typist-Clerk	-4,866	1
Intermediate Clerk	-5,496	1
Bureau of Data Processing:		
Computer Operator	-7,368	1
Tabulating Machine Operator	-5,634	1
Key Punch Operator	-4,860	1
Bureau of Patients' Accounts:		
Chief, Bureau of Patients' Accounts	-13,212	1
Patients' Estates and Accounts Specialist	-8,532	1
Accounting Technician II	-6,360	1
Intermediate Typist-Clerk	-19,464	4
Intermediate Account Clerk	-16,488	3
Bureau of Legal Services:		
Legal Stenographer	-5,496	1
Bureau of Guardianships:		
Patients' Estates and Accounts Specialist	-9,876	1
Legal Stenographer	-5,496	1
Intermediate Typist-Clerk	-5,496	1
Bureau of Management Analysis:		
Intermediate Typist-Clerk	-5,519	1
Bureau of General Services:		
Intermediate Typist-Clerk	-5,611	1
Bureau of Personnel:		
Intermediate Typist-Clerk	-2,430	.5

*Man-years not included in position count.

	<u>Amount</u>	<u>Number of Positions</u>
PERSONAL SERVICES		
Division of Administration: (Continued)		
Bureau of Facilities Planning:		
Intermediate Stenographer	-\$5,916	1
Reimbursement Services:		
Federal:		
Community Program Development:		
Community organization specialists	+55,488	+4
Mental health nursing consultant	+9,168	+1
Totals, Salaries and Wages	-\$361,202	26

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5/24/67

DEPARTMENT OF MENTAL HYGIENE

RESEARCH

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
RESEARCH--Support		
PERSONAL SERVICES		
Division of Research and Training:		
Research Administration:		
Research Psychologist	-\$6,294	.5
Senior Social Research Analyst	<u>-15,300</u>	<u>1</u>
Totals, Salaries and Wages	-\$21,594	1.5

Bureau of Budget Planning & Analysis
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AGNEWS STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY ILL--Support		
PERSONAL SERVICES		
Administration		
Medical Records and Clerical:		
Senior Stenographer	-\$13,056	2
Intermediate Typist-Clerk	-5,430	1
Fiscal Section:		
Senior Account Clerk	-5,928	1
Intermediate Typist-Clerk	-10,860	2
Service, Supply & Clerical:		
Service and Supply Officer I	-10,356	1
Intermediate Clerk	-5,181	1
Care and Welfare		
Medical Care:		
Staff Psychiatrist	+7,440	+.4
Dentist II	-18,600	1
Psychiatric Resident II	-25,176	2
Dental Assistant	-5,772	1
Personal Care:		
Psychiatric Nursing Education Director	-10,356	1
Psychiatric Technician	-809,964	151
Psychiatric Technician Trainee	-204,072	44
Rehabilitation Therapy:		
Occupational Therapist	-14,040	2
Industrial Therapist	-7,070	1
Recreation Therapist	-7,070	1
Psychiatric Technician (Group Leader)	-5,772	1
Social Service:		
Psychiatric Social Worker	+17,472	+2
Support and Subsistence		
Feeding:		
Supervising Cook I	-13,044	2
Cook	-65,076	11
Food Service Assistant II	-14,598	3
Food Service Assistant I	-22,080	5
Laundry:		
Laundryman	-15,318	3
Laundress	-4,866	1
Plant Operation		
Maintenance of Structures:		
Plumber I	-8,124	1
Carpenter I	-8,124	1
Painter I	-15,456	2
Building Maintenance Man	-13,368	2
Maintenance of Grounds:		
Groundsman	-12,120	2
Totals, Salaries and Wages	-\$1,325,965	243.6

ATASCADERO STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY ILL--Support		
PERSONAL SERVICES		
Administration		
Executive:		
Secretary I	-\$7,548	1
Medical Records and Clerical:		
Intermediate Typist-Clerk	-5,430	1
Fiscal Section:		
Senior Account Clerk	-5,928	1
Intermediate Typist-Clerk	-5,430	1
Service, Supply & Clerical:		
Storekeeper I	-6,964	1
Care and Welfare		
Medical Care:		
Staff Psychiatrist	+16,740	+.9
Staff Psychologist--Clinical	+11,988	+1
Social Service:		
Psychiatric Social Worker	+8,736	+1
Support and Subsistence		
Feeding:		
Supervising Cook I	-6,522	1
Cook	-23,664	4
Baker I	-5,916	1
Assistant Cook	-4,866	1
Food Service Assistant II	-4,866	1
Food Service Assistant I	-13,248	3
Plant Operation		
Maintenance of Structures:		
Mason	-8,124	1
Light, Heat, and Power:		
Electrician I	-8,532	1
Motor Vehicles:		
Automotive Equipment Operator I	<u>-14,040</u>	<u>2</u>
Totals, Salaries and Wages	-\$83,614	17.1

CAMARILLO STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY ILL---Support		
PERSONAL SERVICES		
Administration		
Medical Records and Clerical:		
Senior Stenographer	-\$6,528	1
Senior Clerk	-12,720	2
Intermediate Typist-Clerk	-5,430	1
Fiscal Section:		
Accounting Technician II	-6,360	1
Intermediate Clerk	-10,992	2
Service, Supply, and Clerical:		
Service and Supply Officer I	-10,356	1
Storekeeper I	-6,964	1
Intermediate Clerk	-10,362	2
Care and Welfare		
Medical Care:		
Staff Psychiatrist	-171,120	9.2
Dentist II	-18,600	1
Psychiatric Resident II	-25,176	2
Staff Psychologist---Clinical	-23,976	2
Dental Assistant	-5,772	1
Personal Care:		
Psychiatric Nursing Education Director	-10,356	1
Psychiatric Technician	-1,121,076	209
Psychiatric Technician Trainee	-310,746	67
Rehabilitation Therapy:		
Occupational Therapist	-14,040	2
Recreation Therapist	-35,350	5
Psychiatric Technician (Group Leader)	-5,772	1
Social Service:		
Psychiatric Social Worker	-26,208	3
Support and Subsistence		
Feeding:		
Supervising Cook I	-19,566	3
Cook	-64,076	11
Baker I	-5,916	1
Butcher-Meat Cutter I	-11,832	2
Assistant Cook	-14,598	3
Food Service Assistant II	-14,598	3
Food Service Assistant I	-17,664	4
Clothing:		
Assistant Seamstress	-4,866	1
Housekeeping--Public Areas:		
Janitor	-4,866	1
Housekeeper	-4,866	1
Laundry:		
Laundress	-4,866	1

Camarillo State Hospital

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	<u>Amount</u>	<u>Number of Positions</u>
PERSONAL SERVICES		
Plant Operation		
Maintenance of Structures:		
Plumber I	-8,532	1
Upholsterer	-8,124	1
Carpenter I	-8,124	1
Painter I	-23,580	3
Fusion Welder	-8,124	1
Mason	-8,124	1
Building Maintenance Man	-21,060	3
Maintenance of Grounds:		
Groundsman	-18,180	3
Light, Heat, and Power:		
Electrician I	-8,532	1
Motor Vehicles:		
Automotive Equipment Operator I	-28,080	4
Totals, Salaries and Wages	-\$2,146,078	364.2

Bureau of Budget Planning & Analysis
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DEWITT STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR THE MENTALLY ILL--Support		
PERSONAL SERVICES		
Administration		
Medical Records and Clerical:		
Senior Stenographer	-\$6,528	1
Business Services:		
Student Professional Assistant	-4,638	1
Fiscal Section:		
Intermediate Typist-Clerk	-5,430	1
Service, Supply, and Clerical:		
Storekeeper I	-6,964	1
Intermediate Clerk	-5,181	1
Care and Welfare		
Medical Care:		
Staff Psychiatrist	-1,860	.1
Staff Psychologist--Clinical	+11,988	+1
Personal Care:		
Psychiatric Technician	-273,564	51
Psychiatric Technician Trainee	-125,226	27
Rehabilitation Therapy:		
Occupational Therapist	+7,070	+1
Psychiatric Technician (Group Leader)	-5,772	1
Social Service:		
Psychiatric Social Worker	+8,736	+1
Support and Subsistence		
Feeding:		
Supervising Cook I	-6,522	1
Cook	-23,664	4
Food Service Assistant II	-9,732	2
Food Service Assistant I	-13,248	3
Clothing:		
Manager	-7,368	1
Housekeeping--Public Areas:		
Janitor Foreman I	-5,364	1
Janitor	-19,464	4
Laundry:		
Laundry Assistant	-\$4,416	1
Plant Operation		
Maintenance of Structures:		
Building Maintenance Man	-35,100	5
Totals, Salaries and Wages	-\$532,247	103.1

MENDOCINO STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY ILL--Support		
PERSONAL SERVICES		
Administration		
Medical Records and Clerical:		
Senior Stenographer	-\$6,528	1
Fiscal Section:		
Intermediate Account Clerk	-4,996	1
Service, Supply, & Clerical:		
Storekeeper I	-6,964	1
Intermediate Typist-Clerk	-5,430	1
Intermediate Clerk	-5,181	1
Care and Welfare		
Medical Care:		
Physician and Surgeon II	+135,780	+7.3
Psychiatric Resident II	-25,176	2
Staff Psychologist--Clinical	+23,976	+2
Psychiatric Technician	-182,376	34
Rehabilitation Therapy:		
Occupational Therapist	-7,070	1
Recreation Therapist	-7,070	1
Psychiatric Technician (Group Leader)	-5,772	1
Social Service:		
Psychiatric Social Worker	+17,472	+2
Support and Subsistence		
Feeding:		
Supervising Cook I	-6,522	1
Cook	-17,748	3
Baker I	-5,916	1
Food Service Assistant II	-9,732	2
Food Service Assistant I	-17,664	4
Plant Operation		
Maintenance of Structures:		
Plumber I	-8,532	1
Carpenter I	-8,124	1
Painter I	-8,124	1
Building Maintenance Man	-7,020	1
Light, Heat, and Power:		
Electrician I	-8,532	1
Motor Vehicles:		
Automotive Equipment Operator I	-14,040	2
Totals, Salaries and Wages	-\$191,289	50.7

METROPOLITAN STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY ILL--Support		
PERSONAL SERVICES		
Administration		
Executive:		
Administrative Assistant II	-\$12,588	1
Medical Records and Clerical:		
Senior File Clerk	-6,360	1
Intermediate Typist-Clerk	-5,430	1
Business Services:		
Student Professional Assistant	-4,638	1
Fiscal Section:		
Accounting Technician II	-6,360	1
Service, Supply, and Clerical:		
Intermediate Typist-Clerk	-5,430	1
Intermediate Clerk	-10,362	2
Care and Welfare		
Medical Care:		
Physician and Surgeon II	-159,960	8.6
Psychiatric Resident II	-37,764	3
Staff Psychologist--Clinical	-23,976	2
Personal Care:		
Psychiatric Nursing Education Director	-10,356	1
Psychiatric Technician	-327,204	61
Psychiatric Technician Trainee	-176,244	38
Rehabilitation Therapy:		
Psychiatric Technician (Group Leader)	-5,772	1
Social Service:		
Psychiatric Social Worker	-43,680	5
Support and Subsistence		
Feeding:		
Supervising Cook I	-6,522	1
Cook	-17,748	3
Food Service Assistant II	-9,732	2
Food Service Assistant I	-22,080	5
Laundry:		
Laundress	-4,866	1
Plant Operation		
Maintenance of Structures:		
Plumber I	-\$8,532	1
Carpenter I	-8,124	1
Painter I	-16,248	2
Building Maintenance Man	-14,040	2
Maintenance of Grounds:		
Groundsman	-6,060	1
Light, Heat, and Power:		
Electrician I	-8,532	1
Total, Salaries and Wages	-\$958,608	146.6

MODESTO STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY ILL--Support		
PERSONAL SERVICES		
Administration		
Executive:		
Administrative Assistant II	-\$12,588	1
Medical Records and Clerical:		
Senior Stenographer	-6,528	1
Business Services:		
Student Professional Assistant	-4,638	1
Fiscal Section:		
Senior Account Clerk	-5,928	1
Intermediate Clerk	-5,496	1
Service, Supply, & Clerical:		
Intermediate Clerk	-5,181	1
Care and Welfare		
Medical Care:		
Staff Psychiatrist	-16,740	.9
Staff Psychologist--Clinical	-11,988	1
Personal Care:		
Psychiatric Technician	-268,200	50
Rehabilitation Therapy:		
Psychiatric Technician (Group Leader)	-5,772	1
Support and Subsistence		
Feeding:		
Supervising Cook I	-6,522	1
Cook	-17,748	2
Baker I	-5,916	1
Food Service Assistant II	-4,866	1
Food Service Assistant I	-13,248	3
Clothing:		
Assistant Seamstress	-4,866	1
Laundry:		
Laundress	-4,866	1
Plant Operation		
Maintenance of Structures:		
Plumber I	-8,124	1
Carpenter I	-8,124	1
Painter I	-16,248	2
Locksmith	-8,124	1
Building Maintenance Man	-21,060	3
Light, Heat, and Power:		
Electrician I	-8,532	1
Total, Salaries and Wages	-\$471,303	77.9

Bureau of Budget Planning & Analysis
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NAPA STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY ILL--Support		
PERSONAL SERVICES		
Administration		
Medical Records and Clerical:		
Senior Stenographer	-\$6,528	1
Business Services:		
Student Professional Assistant	-4,638	1
Fiscal Section:		
Intermediate Clerk	-5,496	1
Service, Supply, and Clerical:		
Service and Supply Officer I	-10,356	1
Storekeeper I	-6,964	1
Intermediate Clerk	-5,181	1
Care and Welfare		
Medical Care:		
Staff Psychiatrist	-158,100	8.5
Dentist II	-18,600	1
Psychiatric Resident II	-37,764	3
Staff Psychologist--Clinical	-23,976	2
Dental Assistant	-5,772	1
Personal Care:		
Psychiatric Nursing Education Director	-10,356	1
Psychiatric Technician	-557,856	104
Psychiatric Technician Trainee	-231,900	50
Rehabilitation Therapy:		
Occupational Therapist	-14,040	2
Psychiatric Technician (Group Leader)	-11,544	2
Social Service:		
Psychiatric Social Worker	-26,208	3
Support and Subsistence:		
Feeding:		
Supervising Cook I	-6,522	1
Cook	-41,412	7
Baker I	-5,916	1
Butcher-Meat Cutter I	-5,916	1
Food Service Assistant II	-14,598	3
Food Service Assistant I	-13,248	3
Clothing:		
Assistant Seamstress	-4,866	1
Housekeeping-Public Areas:		
Housekeeper	-4,866	1

	<u>Amount</u>	<u>Number of Positions</u>
PERSONAL SERVICES		
Support and Subsistence (Continued)		
Laundry:		
Laundress	-\$4,866	1
Plant Operation		
Maintenance of Structures:		
Plumber I	-8,532	1
Carpenter I	-8,124	1
Painter I	-23,580	3
Building Maintenance Man	-14,040	2
Maintenance of Grounds:		
Groundsman	-12,120	2
Light, Heat, and Power:		
Electrician I	-8,532	1
Motor Vehicles:		
Automotive Equipment Operator I	<u>-14,040</u>	<u>2</u>
Totals, Salaries and Wages	-\$1,326,457	214.5

PATTON STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY ILL--Support		
PERSONAL SERVICES		
Administration		
Medical Records and Clerical:		
Senior Stenographer	-\$13,056	2
Business Services:		
Student Professional Assistant	-4,638	1
Fiscal Section:		
Intermediate Account Clerk	-4,996	1
Service, Supply, & Clerical:		
Service and Supply Officer I	-10,356	1
Intermediate Clerk	-5,181	1
Care and Welfare		
Medical Care:		
Staff Psychiatrist	+72,540	+3.9
Dentist II	-18,600	1
Psychiatric Resident II	-37,764	3
Staff Psychologist--Clinical	+11,988	+1
Dental Assistant	-5,772	1
Personal Care:		
Psychiatric Nursing Education Director	-10,356	1
Psychiatric Technician	-1,013,796	189
Rehabilitation Therapy:		
Occupational Therapist	-28,080	4
Psychiatric Technician (Group Leader)	-11,544	2
Social Service:		
Psychiatric Social Worker	+17,472	+2
Support and Subsistence		
Feeding:		
Cook	-23,664	4
Baker I	-5,916	1
Food Service Assistant II	-9,732	2
Food Service Assistant I	-22,080	5
Clothing:		
Tailor	-8,124	1
Assistant Seamstress	-4,866	1
Laundry:		
Laundryman	-5,106	1
Plant Operation		
Maintenance of Structures:		
Plumber I	-8,532	1
Upholsterer	-8,124	1
Carpenter I	-8,124	1
Painter I	-16,248	2
Building Maintenance Man	-14,040	2

Patton State Hospital

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	<u>Amount</u>	<u>Number of Positions</u>
PERSONAL SERVICES		
Light, Heat, and Power:		
Electrician I	-8,532	1
Motor Vehicles:		
Automotive Equipment Operator I	-21,060	3
Mechanic's Helper	-6,684	1
Farming and Processing		
Vegetable Gardener	-6,522	1
Assistant Vegetable Gardener	-4,980	1
Farm Hand	<u>-5,106</u>	<u>1</u>
Totals, Salaries and Wages	-\$1,249,579	230.1

Bureau of Budget Planning & Analysis
5/26/67

STOCKTON STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY ILL--Support		
PERSONAL SERVICES		
Administration		
Medical Records and Clerical:		
Senior Stenographer	-\$6,528	1
Fiscal Section:		
Senior Account Clerk	-5,928	1
Intermediate Typist-Clerk	-5,430	1
Service, Supply, and Clerical:		
Intermediate Clerk	-5,181	1
Care and Welfare		
Medical Care:		
Physician and Surgeon II	+20,460	+1.1
Psychiatric Resident II	-37,764	3
Staff Psychologist--Clinical	-11,988	1
Personal Care:		
Psychiatric Nursing Education Director	-10,356	1
Psychiatric Technician	-402,300	75
Psychiatric Technician Trainee	-102,036	22
Rehabilitation Therapy:		
Occupational Therapist	-14,040	2
Psychiatric Technician (Group Leader)	-5,772	1
Social Service:		
Psychiatric Social Worker	-34,944	4
Support and Subsistence		
Feeding:		
Supervising Cook I	-19,566	3
Cook	-41,412	7
Baker I	-5,916	1
Food Service Assistant II	-24,330	5
Food Service Assistant I	-17,664	4
Clothing:		
Shoemaker	-\$8,124	1
Assistant Seamstress	-4,866	1
Laundry:		
Laundress	-4,866	1
Plant Operation		
Maintenance of Structures:		
Plumber I	-8,532	1
Painter I	-15,456	2
Building Maintenance Man	-14,040	2
Maintenance of Grounds:		
Groundsman	-6,060	1
Light, Heat, and Power:		
Stationary Engineer	-8,124	1
Motor Vehicles:		
Automotive Equipment Operator I	-7,020	1
Totals, Salaries and Wages	-\$807,783	142.9

FAIRVIEW STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY RETARDED--Support		
PERSONAL SERVICES		
Administration		
Fiscal Section:		
Intermediate Typist-Clerk	-\$5,430	1
Personnel Section:		
Senior Stenographer	-5,628	1
Service, Supply and Clerical:		
Storekeeper I	-7,864	1
Care and Welfare:		
San Diego Mental Retardation Evaluation and Referral Center:		
Senior Psychiatrist	-19,536	1
Staff Psychologist	-10,872	1
Psychiatric Social Worker	-17,472	2
Intermediate Stenographer	-7,848	1.5
Support and Subsistence:		
Feeding:		
Cook	-11,832	2
Food Service Assistant II	-14,940	3
Food Service Assistant I	-28,512	6
Housekeeping-Public Areas:		
Janitor	-4,752	1
Plant Operation:		
Maintenance of Structures:		
Building Maintenance Man	-6,684	1
Motor Vehicles:		
Automotive Equipment Operator I	-6,684	<u>1</u>
Total, Salaries and Wages	-\$148,054	22.5

PACIFIC STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY RETARDED--Support		
PERSONAL SERVICES		
Administration		
Business Services:		
Student Professional Assistant	-\$4,638	1
Fiscal Section:		
Intermediate Stenographer	-5,570	1
Service, Supply and Clerical:		
Storekeeper I	-6,964	1
Care and Welfare:		
Medical Care:		
Psychiatric Resident II	-40,620	5
Los Angeles Mental Retardation Evaluation and Referral Center:		
Senior Psychiatrist	-19,536	1
Staff Psychologist	-10,872	1
Psychiatric Social Worker	-16,656	2
Intermediate Stenographer	- 5,232	1
Intermediate Typist-Clerk	- 2,433	0.5
Support and Subsistence:		
Feeding:		
Supervising Cook I	- 6,360	1
Cook	- 11,832	2
Assistant Cook	- 4,980	1
Baker I	- 5,916	1
Butcher-Meat Cutter I	- 6,684	1
Food Service Assistant I	-19,008	4
Clothing:		
Shoemaker	-8,124	1
Plant Operation:		
Maintenance of Structures:		
Carpenter I	-7,728	1
Painter I	-7,728	1
Building Maintenance Man	-20,052	3
Maintenance of Grounds:		
Groundsman	-5,772	1
Motor Vehicles:		
Automotive Equipment Operator I	-13,368	2
Total, Salaries and Wages	-\$230,073	32 .5

PORTERVILLE STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY RETARDED--Support		
PERSONAL SERVICES		
Administration:		
Fiscal Section:		
Intermediate Stenographer	-\$5,570	1
Personnel Section:		
Intermediate Clerk	-4,904	1
Service, Supply and Clerical:		
Intermediate Typist Clerk	-5,430	1
Care and Welfare:		
San Jose Preadmission and Diagnostic Clinic:		
Physician and Surgeon II	-19,054	1
Staff Psychologist	-10,872	1
Graduate Nurse	-6,522	1
Psychiatric Social Worker	-18,852	2
Intermediate Typist-Clerk	-5,772	1
Support and Subsistence:		
Feeding:		
Cook	-11,832	2
Food Service Assistant II	-4,980	1
Food Service Assistant I	-14,256	3
Housekeeping--Public Areas:		
Janitor Foreman II	-7,020	1
Plant Operation:		
Maintenance of Structures:		
Painter II	-8,532	1
Upholsterer	-7,252	1
Painter I	-7,728	1
Building Maintenance Man	-13,368	2
Maintenance of Grounds:		
Groundsman	-14,430	2.5
Motor Vehicles:		
Automotive Equipment Operator I	<u>-6,684</u>	<u>1</u>
Total, Salaries and Wages	-\$173,058	24.5

Bureau of Budget Planning & Analysis
5/24/67

SONOMA STATE HOSPITAL

A Partial List of Positions to be Deleted by June 30, 1967

	<u>Amount</u>	<u>Number of Positions</u>
HOSPITALS FOR MENTALLY RETARDED--Support		
PERSONAL SERVICES		
Administration:		
Business Services:		
Hospital Administrative Resident	-\$4,980	1
Fiscal Section:		
Intermediate Clerk	-5,496	1
Personnel Section:		
Senior Stenographer	-6,528	1
Service, Supply and Clerical:		
Storekeeper I	-6,964	1
Care and Welfare:		
Medical Care:		
Psychiatric Resident II	-42,708	4
Sacramento Mental Retardation		
Evaluation and Referral Center:		
Senior Physician	-9,300	0.5
Senior Psychiatrist	-9,300	0.5
Staff Psychologist	-12,588	1
Psychiatric Social Worker	-18,255	2
Intermediate Stenographer	-8,190	1.5
Support and Subsistence:		
Feeding:		
Cook	-23,664	4
Baker I	-5,916	1
Food Service Assistant II	-9,960	2
Food Service Assistant I	-23,760	5
Plant Operation:		
Maintenance of Structures:		
Carpenter I	-7,728	1
Painter I	-7,728	1
Building Maintenance Man	-6,684	1
Motor Vehicles:		
Automotive Equipment Operator I	-6,684	1
 Total, Salaries and Wages	 -\$216,433	 29.5

MENTAL RETARDATION GOAL STATEMENT

Full development of the potential of the mentally retarded is a goal best achieved by new emphasis on care and treatment in the community.

Reduction of the incidence of mental retardation through research and its application is, of course, the ultimate answer, and this long-range solution must be earnestly pursued by our state hospitals, universities and other institutions.

But, for those afflicted who can benefit from educational and rehabilitative services, prompt, flexible, close-to-home care provides the maximum opportunity.

Our state hospitals increasingly should care for the severely and multiply handicapped. Their focus should be on medical and related services, but the hospitals should also supply specialized support for community programs.

Key elements in the development and use of community services, public and private, are the Regional Diagnostic, Counseling and Service Centers. Two are now operating and we will open others in cooperation with community agencies as rapidly as funding is available.

Existing community resources, the schools, recreational facilities, churches and health services, should be made available to the mentally retarded.

Public schools, in particular, should serve an increasing number of the mentally retarded. In addition to current special education programs, there should be an increase and improvement in development centers for handicapped minors, an extension of education and training courses, and special emphasis on the training and employment of mentally retarded adults.

Full use of existing community resources not only minimizes the need to develop additional, expensive facilities, but, more important, nurtures community understanding and engenders warm feelings of community acceptance.

Protection of the legal rights of the mentally retarded adult, including appointment of guardians, when appropriate, must be assured. The State will work toward provision of the most effective and efficient care, training and protection of our mentally retarded fellow citizens, maximum assistance to their families, and preventive efforts to reduce the incidence of retardation which now affects thousands of Californians annually.

Press
Cont.

3-28-67

equipment from 7 to 9 percent. This would total 9 million 8. Other examples of that, of procedure in purchasing, for example, typewriter ribbons, from 92 cents down to 51 cents, simply by changing the procedure; rewriting the specifications for 4,000 automobile tires made a considerable savings. These are all itemized and centralized leasing and general services and other things of this kind.

Q Governor, I understand that General Lilly has attempted in some instances to take state buildings where state offices do not require the space and attempt to lease that to private businesses. Is that part of the savings in this amount that you mentioned?

A Well, let me see if I have that memorandum here. I don't know with regard to that he has centralized leasing and general services and the state of reduced salary outlay, lower rents and eliminate waste, and this will save about a cent per square foot per year, a total of about half a million dollars; and consolidation of state-owned space and adoption of space standards and advanced planning, which will provide a one percent reduction in space needs at a cost of about or a savings of \$250 thousand and another 250 thousand saved by reduction of alteration costs. But there's nothing down here about the other.

I haven't specific details as to more than this in this memorandum as to how these economies --

Q Are some of these already reflected in your new budget, or do we subtract this from your new budget figure?

A No. I can't tell you how much of this is or is not. The date of this memorandum to me is just the 20th. So very possibly this might be reflected in additional savings because we are going to attempt as we told you and through these task forces to reduce the expenditures even though they are presently contained in the budget for the coming year.

Q Governor, are you planning any more economies before the end of this coming fiscal year, any more cutbacks such as in the state mental health program?

A Well, only those things as they come in with

findings where we discover that there can be savings.
until
We're not going to wait/any specified time. We're going
to put them into practice as promptly as we can.

Q Do you have any particular areas at this time
that you're looking into?

A No, other than the entire operation of the State
is being surveyed by these task force teams -- you mean,
could I make a prediction now as to where the next one
might turn up? No, I wouldn't be able to do that.

Q Governor, I understand Senator Short has requested
that you put a holdup on the planned cutbacks in the mental
hygiene department. Do you have any plans to hold up on
these cutbacks at his request?

A No, we do not. This I think was thoroughly studied.
Dr. Lowry is in agreement with regard to these reductions.
The workload has been reduced. The reduction of employees
is proportionate to that reduced workload. And I see no
reason to not proceed.

Q Would you comment, Governor, on the report by
the California Commission on Staffing Standards which has
recommended dramatic increases in the mental health forces
in the state?

A Well, this recommendation has not as yet been seen
by the Legislature. It has not been studied or reviewed by
staff. We are operating today with personnel that is
proportionately higher than any other state in the Union,
on the basis of standards previously laid down that have
been the guidelines, and when these standards, new ones
that have just been submitted, are properly reviewed and
we know the answer -- but this may not be for another year
yet -- and at such time, why, then we'll review our position.

Q Well, Senator Short's position was that will be
a little late after you've laid off 1,460 people.

A Well, I can't agree with Senator Short on this.
Those people who are in charge have been participants in
this, and it is absolutely false, the implication that I
have heard, that has been stated in those hearings, that
we set a predetermined goal and then try to arrange facts

to fit that goal. This is just outright false. This was the result of a study with the personnel involved.

Q Governor, is it true that you asked Mr. Lowry's department of mental hygiene for ways in which a 10 percent cutback could be met for options?

A Well, we asked every department for economies that could be met.

Q A 10 percent cutback?

A How they could be met? Well, no. The famous 10 percent was simply a working goal established with the stated knowledge at the beginning that some would perhaps be able to meet it, some be able to excel it and some would not be able to meet it at all. And there was no -- I can only tell you this, that at no time would we ever insist on the economy that was going to reduce the quality of treatment for patients or that we were going to make someone in that position suffer simply to effect an economy. And frankly, I charge anyone with being irresponsible who in these hearings would indicate that such would be the case.

Q Governor, in mental hospitals in preparation for deciding whether these cuts would be good, did you personally visit any mental hospitals to see what was needed?

A No, I did not.

Q Do you think that would be a good idea?

A No. I think I could trust this to the people who did and the people who are involved in running those hospitals right now. I don't think that I'm any kind of an authority on that.

Q Governor, are you prepared to make any adjustments to your budgeting with regard to the state mental hygiene department should you find that this cutback retards the improvement of care to the patients there?

A Certainly. If there would be proof or evidence that everyone had figured wrong, I'd be the first one to advocate that we right the wrong.

Q In what way, sir, are you prepared to make these changes?

A Well, we'd alter our policy. We are assured

that the personnel that we have approved is capable of doing the job. We lead the nation today with regard to our services. We are the lowest in proportion to -- or I should say the highest with regard to the personnel or the employees in proportion -- and the medical men in proportion to patients, and we're not dropping below that with these cuts. We have reduced the workload because we reduced the number of patients substantially.

Q Getting back to Dr. Lowry, he said that he had submitted four options ranging from 10 million in cuts to 20 million. Who then made the final determination to select the higher 20 million dollar figure?

A Well, these were the result of the dealings between the finance department, Dr. Lowry and the personnel that were involved in those negotiations. I certainly didn't make such a finding as presented on this piece of paper.

Q Governor, you say we're leading the nation. I think this was challenged up at the hearing today which stated we were eighth as far as proportion was concerned. What do you base your estimate on?

A Well, you're perhaps right. I should have specified. I'm not going by all fifty states. I actually don't know the situation with all fifty. I was basing it on the leading states that have comparable situations to ours, such as New York, Pennsylvania, Illinois, states of that kind.

Q In the event the Legislature declines to go along with you and refuses to reduce the position of the department of mental hygiene, what do you plan to do?

A Well, unless they presented at the same time some evidence that's convincing that I've made a wrong or we have been wrong in our administration with regard to this, I would go against it.

Q Governor, with respect to the report of the Commission on Staffing Standards, you said that the staff had not seen it. Spencer Williams said at the hearing today that the staff of the mental hygiene department had

OFFICE OF THE GOVERNOR
Sacramento, California
Contact Lyn Nofziger
445-4571 6.12.67

PRESS
FOR RELEASE AT 5 P.M.
PLEASE GUARD AGAINST
PREMATURE RELEASE

Text of Governor Ronald Reagan's Report to the People prepared for
radio and television release at 5 p.m., Monday, June 12.

We are not cutting back on the care for our mentally ill and
our mentally retarded. It's necessary to say this because a high-
powered, propaganda campaign would say otherwise. People are being
frightened, particularly the families of patients in our mental
hospitals.

Here, for example, is a circular (A CSEA Release) soliciting
the state employees of California to contribute tens of thousands
of dollars to carry out this propaganda campaign, and the tone of
this is "Contribute, because your job may be next."

Now the truth is very easy to find. We are Number One in
the nation in the care of the mentally ill because for a number of
years we have been taking our patients out of the storage places--
the hospitals--treating them in local health care centers and
returning them to normal life.

In 1960, follow this line, (pointing to a graph showing the
decline in patients and the level of employees per patient.) there
were 36,000 patients in our hospitals. In 1967 it was down to
23,000 but at the same time we increased the number of employees
by 1,000. The ratio that year was better than 4 patients to 1
employee. Up here it is less than 3 to 1.

Now our reduction of personnel, beginning in the month of
July, is only intended to maintain the less than 3 to 1 ratio through-
out the coming year.

I know that many of you supporting this campaign are sincere
and very concerned. Well, you can find the truth and we'll give
you the facts.

There are others who are not so sincere, others who have
other axes to grind. To them I can only say "We will not submit
to your blackmail. We are going to continue to do what we know is
best for the mental patients and what is best for all the people of
California."

STAFF TO PATIENTS RATIO *

	<u>Menninger Foundation</u>	<u>Topeka, Kansas State Hospital</u>	<u>California Department of Mental Hygiene</u>
<u>Children:</u>			
Psychiatrist	1:7.6	1:6.7	1:48.6
Psychologist	1:26.5	1:47.5	1:38.9
Social Workers	1:13.2	1:15.8	1:35.3
Therapists	1:5.8	1:8.6	1:25.9
Child Care Workers (Nurses)	1:.9	1:1.7	1:1.8
Teachers	1:3.7	-----	1:12.9
<u>Adults:</u>			
Psychiatrist	1:8.3	1:16.2	1:64.9
Psychologist	1:150.0	1:309.0	1:225.0
Social Workers	1:10.0	1:132.4	1:118.3
Therapists	1:6.0	1:66.2	1:159.5
Nurses	1:1.4	1:3.3	1:3.9

*This table includes all professions on duty the entire 24-hr. day.

JUN 15 1967

Page 1

July 1, 1966
DMH Staff
Equivalent

MENNINGER FOUNDATION HOSPITAL IN-PATIENT POPULATION AND STAFF

I Children's Unit - - Population 53 - 15% of our Population

A. Staff

Psychiatrists	7	0.3
Psychologists	2	0.3
Social Workers	4	0.3
Adjunctive Therapists	9 (O.T., Art Therapy, Music Therapy, etc.)	0.6
Child Care Workers	60 (Highly Trained Aides)	29.4
Teachers	14	0.9
		<hr/>
TOTAL	96	31.8

II Adult Unit - - Population 150

Psychiatrists	18	2.3
Psychologists	1	1.0
Social Workers	15	3.6
Adjunctive Therapists	25	1.0
Nurses & Nurses Aides	105	46.9
		<hr/>
TOTAL	164	54.8

July 1, 1966
DMH Staff
Equivalent

TOPEKA STATE HOSPITAL IN-PATIENT POPULATION AND STAFF

I Children's Unit - - Population 95

*25% of
our population*

A. Staff

Psychiatrists	5	0.5
Psychologists	2	1.5
Residents	9	1
Social Workers	6	1.5
Adjunctive Therapists	11	1.0
Nurses	7	
Aides (Nursing)	48	52.7
TOTAL	88	55.2

II Adult Unit - - Population 927

A. Staff

Psychiatrists	8	13.9
Psychologists	3	6
Social Workers	7	7.3
Residents (Psychiatry)	49	6.0
Adjunctive Therapists	14	289.6
Nurses	213	
Aides (Nursing)	261	322.8
TOTAL	363	

R. R. Smith

DMH

6-15-67

Paul:

the department of mental hygiene calculates that Gov. Reagan has been responsible for a total increase in short-doyle funding of 58% (counting federal funds) or 47% taking state funds alone in the course of his administration.

A handwritten signature, possibly reading "Dell", is written in dark ink. It features a stylized, cursive script with a long, sweeping horizontal line extending to the right.

Memorandum

To : Mr. Paul J. Beck
Governor's Office

Date : February 6, 1968

File No.:

Subject:

From : Office of the Administrator

The following is the information that we talked about yesterday concerning the Mental Hygiene situation:

Governor Ronald Reagan has submitted a budget of \$224,029,323 for the Department of Mental Hygiene, up a net of \$6,923,161 from the preceding fiscal year.

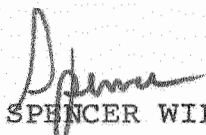
Program expenditures are actually up more than \$9 million with some of the additional cost offset by savings resulting from the decline anticipated in the number of mentally ill patients during the year.

The year past has seen a number of accomplishments and others are planned for the coming year.

- * The Administration has adopted clear-cut, definitive goals for treatment of the mentally ill and the retarded. Both have been acclaimed by leaders in the field.
- * In accord with the goals, the Governor both last year and this substantially increased appropriations to fund the Short-Doyle local mental health programs. The budget this year calls for a \$4.6 million increase to a total of \$29.5 million.
- * The budget submitted calls for a \$4 million increase in funds for research and treatment of mental retardation. This includes \$1.5 million more for a special training program for the retarded begun under his administration at Camarillo State Hospital, \$1.4 million for opening of new research facilities in mental retardation at the Neuropsychiatric Institute in Los Angeles, and an additional \$1.1 million to increase the level of care for patients in the hospitals for the retarded.
- * The budget provides an increase of \$628,000 for increased level of care for mental hospital patients.

- * The Governor has adopted the policy of providing 70 square feet of space per patient bed, the nationally-accepted standard. The space previously allowed for decades has been less than 55 square feet.
- * The waiting list for care of the mentally retarded has been cut by 40 percent in the past year, despite the addition of 1,000 names in the course of the year. The list of those requiring hospitalization has been cut from 815 to 455. Despite this, the State retarded hospital population of 13,470 on January 25, 1968 is only 242 higher than the same date a year earlier.
- * The mental hospital population of 19,778 on January 24, 1968 is 3,319 less than the same date a year earlier.
- * The Governor supported and signed into law the Lanterman bill making far-reaching, progressive changes in the State's commitment procedures.
- * The Governor increased the mental hospital employee-patient ratio over the July 1, 1966 level, the highest in the State's history up to that time. This increase resulted from his giving his professional director of Mental Hygiene carte blanche power to maintain the level of treatment. Had the Administration held strictly to maintenance of the high July 1966 ratio, the declining population would have required a substantially greater reduction in force in October and January than was actually made.

You have press releases on the retarded and the Short-Doyle programs providing additional details. Copies of the goal statements are attached.



SPENCER WILLIAMS
Administrator

attachments

May 8, 1967

A DEFINITIVE STATEMENT OF CALIFORNIA'S GOALS
AND PROGRAMS FOR TREATMENT OF THE MENTALLY ILL

The goal of this administration in the field of Mental Health is to foster those conditions which will prevent or minimize mental breakdown. In the absence of more specific knowledge about causes and treatment, a practical goal for the Mental Health Program is development, maintenance, and restoration of social and personal equilibrium despite emotional stress. This means that the primary emphasis will be to assist individuals who are mentally ill to achieve a reasonable operating level. For the foreseeable future, therefore, the broad aim is not general emotional well being nor is it complete cure . . . it is to provide such treatment and supportive services as will keep a child at home and in school and an adult with his family and on the job with both functioning at a reasonable level.

Continued research into causes and treatment will also be pursued.

We believe that local mental health programs offer the most feasible and enlightened way to achieve these goals. They afford early detection and prompt treatment with minimum dislocation from home, family, school and job. This is the best assurance for an early and satisfactory return to active participation in society.

If the disorder requires removal from the home, placement should be in a facility most suited to treatment of the disorder with early return to the home planned from the outset.

We will continue to strive for a reduction in the size of our mental hospitals. While they may never be fully eliminated, they will be used primarily as a back-up resource for the local program -- as efficient intensive treatment centers.

Thus, the emphasis of our entire state system for care and treatment of the mentally ill in the future is based on the local programs. At the present time there are 41 of these programs in California, financed by a combination of state and local funds under the Short-Doyle Act. They are now serving areas having 90 percent of the state population and are a very important factor in reducing the admissions to state mental hospitals.

In addition to increased emphasis on expansion of these programs we favor an improved system for pre-admission, screening and after-care services that will bring long overdue continuity to the treatment of our mentally ill. The system will have the following features:

1. Mentally ill people will be treated near home by a local physician

or through the local mental health program.

2. Treatment will be on a voluntary basis whenever possible. Involuntary commitment should be permitted only if the patient is considered dangerous to himself or others. Whether admission is requested or a petition for involuntary commitment is sought, the individual concerned will be sent to the local mental health program for diagnosis and recommendation.

3. Patients will be referred and admitted to a state mental hospital for inpatient treatment only if the local mental health program determines that the individual has a mental disorder and requires 24 hour hospital care and that such care is not available locally. The state hospitals will operate in support of the local programs.

4. Upon release from state hospitals, patients will be referred back to the local program for aftercare as needed.

The recently introduced California Mental Health Act of 1967 (AB 1220) offers the legal basis for the implementation of this program, and to that extent is supported in principal by this administration.

RONALD REAGAN
Governor
State of California

Memorandum

To : The Honorable Ronald Reagan
Governor

VIA Mr. Win Adams
Cabinet Secretary

Date : January 22, 1968

File No.: HW 1-68-18

Subject :

From : Office of the Administrator

ISSUE: Mental retardation goal statement.

FACT: The attached proposed statement on mental retardation clearly expresses this Administration's basic philosophies and goals relative to the prevention and treatment of mentally retarded in California.

DISCUSSION: This statement has been reviewed by those department heads who operate our various MR programs, with our MR advisory board, and with the various MR interest groups. All have indicated it represents an excellent approach to meeting the needs of California's mentally retarded.

RECOMMENDATION: I recommend the Governor approve the issuance of this statement and that it be considered the Administration's position relative to the mentally retarded in California.


SPENCER WILLIAMS
Administrator

attachment

MENTAL RETARDATION GOAL STATEMENT

Full development of the potential of the mentally retarded is a goal best achieved by new emphasis on care and treatment in the community.

Reduction of the incidence of mental retardation through research and its application is, of course, the ultimate answer, and this long-range solution must be earnestly pursued by our state hospitals, universities and other institutions.

But, for those afflicted who can benefit from educational and rehabilitative services, prompt, flexible, close-to-home care provides the maximum opportunity.

Our state hospitals increasingly should care for the severely and multiply handicapped. Their focus should be on medical and related services, but the hospitals should also supply specialized support for community programs.

Key elements in the development and use of community services, public and private, are the Regional Diagnostic, Counseling and Service Centers. Two are now operating and we will open others in cooperation with community agencies as rapidly as funding is available.

Existing community resources, the schools, recreational facilities, churches and health services, should be made available to the mentally retarded.

Public schools, in particular, should serve an increasing number of the mentally retarded. In addition to current special education programs, there should be an increase and improvement in development centers for handicapped minors, an extension of education and training courses, and special emphasis on the training and employment of mentally retarded adults.

Full use of existing community resources not only minimizes the need to develop additional, expensive facilities, but, more important, nurtures community understanding and engenders warm feelings of community acceptance.

Protection of the legal rights of the mentally retarded adult, including appointment of guardians, when appropriate, must be assured. The State will work toward provision of the most effective and efficient care, training and protection of our mentally retarded fellow citizens, maximum assistance to their families, and preventive efforts to reduce the incidence of retardation which now affects thousands of Californians annually.

OFFICE OF THE GOVERNOR
Sacramento, California
Contact: Paul Beck
445-4571 2.23.68

RELEASE: Sunday A.M.'s,
February 25, 1968

PLEASE GUARD AGAINST PREMATURE
RELEASE

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Sacramento--Governor Ronald Reagan today announced a comprehensive program aimed at continued improvement in the level of care for patients at state hospitals for the mentally ill.

"It is apparent that if California is to remain in the forefront among the states in its treatment of the mentally ill, continued efforts must be made to stay abreast of new methods and changing standards," the governor said.

"We intend to keep moving forward with the emphasis on modern, local treatment so that the mentally ill can resume their role as useful and productive citizens."

The governor said the decision to broaden the mental health program--accelerated since early last year--was made after a complete review of the mental health program.

Proposed improvements range from higher staffing standards to better maintenance and upkeep of hospital facilities.

The program includes these key points:

1.--Establishment of two additional Mental Retardation Regional Centers;

2.--Junking of the obsolete 1952 standards for staffing hospitals for the mentally ill and adoption in principle of the standards set forth in 1967 by the California Commission on Hospital Standards. Implementation of these standards will be in phases consistent with sound hospital and management practices;

3.--Creation of a Board of Medical Visitors for each state mental hospital to insure on-going surveys of each institution;

4.--Inspection of hospital buildings by the Department of the General Services to assure their proper maintenance;

5.--Inspections to Spencer Williams, secretary of Human Relations, to determine why there are major quality variances among the mental hospitals and to find out why some are not operated as well or as efficiently as they should be;

6.--Action aimed at determining at the earliest date what hospital facilities should be phased out or eliminated in the light of basic changes in the patient load because of greater emphasis on local care and treatment;

7.--Implementation of a program to eliminate gradually out-dated functions such as farming operations at some of the hospitals;

8.--Phasing out of surgical facilities at some of the hospitals, particularly where better treatment for patients can be obtained nearby at less cost;

9.--Immediate establishment of standards requiring 70 square feet of space per patient bed. For the past three decades, the state's standard for each patient has been less than 55 square feet. The 70 square feet standard is the nationally-accepted standard;

10.--Adoption of clear-cut and definitive goals for the treatment of the mentally ill and the mentally retarded. These goals have been acclaimed by leaders in the mental health field;

11.--Re-evaluation of the budget for mental health in the light of the most up-to-date information available, based on need as well as resources available;

12.--Renewed instructions to Dr. James Lowry, director of the Department of Mental Hygiene, that he has now as he has had in the past year complete discretion in maintaining the staffing requirements and levels for care of patients;

13.--Streamlining of administrative functions within the department aimed at greater efficiency which can be reflected in better care for patients;

14.--Creation of an advisory committee to the governor on mental health.

"Under this program," the governor said, "we will be able to proceed on a solid basis for even more improvements in the programs at our mental hospitals--improvements in situations that have needed improving at our mental hospitals--improvements in situations that have needed improving for years.

"We have always known that problems in our mental hospitals go beyond mere budgetary factors. Many of the economies we have achieved over the past year--coupled with greater emphasis on local treatment financed in large measure by the state--will now permit us to devote more of our resources for the more difficult cases remaining in our hospitals.

"We cannot be satisfied with outmoded programs. Rather, we must continue moving forward with a positive and progressive plan--one which expands and further implements the concept of local care for the mentally ill wherever possible.

"Many of the problems of our mental hospitals permitted to grow in seriousness over the years are now catching up with us. But, as

I have repeatedly told the people of California, the time is long overdue for action designed to stop the warehousing of the mentally ill. We must concentrate on helping them lead productive lives," the governor said.

In addition to the 14-point program outlined above, Governor Reagan also listed these steps which already have been taken to continue improving the mental health program:

1.--A departmental budget of \$224,029,323 for the next fiscal year--up a net of \$6,923,161 from the current fiscal year;

2.--Actual program expenditures up by more than \$9 million with some of the additional costs offset by savings resulting from the decline in the number of patients;

3.--Substantial increases in state appropriations for local treatment programs under Short-Doyle. The budget for the coming fiscal year calls for increasing state assistance to local mental health programs by \$4.6 million to a total of \$29.5 million--a record 58 percent increase in Short-Doyle funding alone during the course of the Reagan administration;

4.--A \$4 million increase in funds for research and treatment of mental retardation;

5.--Significant reductions in the waiting list for care of the mentally retarded. Despite 1,000 names added to the list in the past year, the waiting list has been reduced 40 percent. The number requiring hospitalization has been cut from 815 to 444. Despite this, the state retarded hospital population of 13,470 on January 25, 1968 was only 242 higher than the same date a year ago;

6.--A decline in the mental hospital population to 19,779 as of January 24, 1968 or 3,319 fewer patients than on the same date a year ago;

7.--An increase in the mental hospital staff-patient ratio over the July 1, 1966 level--the highest in the state's history up to that time;

8.--An increase of 356 new positions in next year's budget for the treatment of mentally retarded. This represents the largest and most significant increase in staffing for the mentally retarded in history.

9.--An increase of 168 additional treatment positions in next year's budget for the mentally retarded and mentally ill programs in hospitals for the mentally ill.

EJG

100 MARKET STREET
SAN FRANCISCO
CALIFORNIA 94102
TELEPHONE 776-9400

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CALIFORNIA MEDICAL ASSOCIATION

February 26, 1968

Mr. Spencer Williams
Administrator
Health and Welfare Agency
State of California
State Capitol, Room 1020
Sacramento, California 95814

Dear Mr. Williams:

Attached is a report summarizing the findings of the California Medical Association Committee on Mental Health, which recently completed a survey of the quality of medical care being delivered in all fourteen of the state hospitals for the mentally ill and mentally retarded.

Copies of correspondence initiating the surveys also are included, along with an appendix explaining the methods used by the survey teams.

The California Medical Association hopes this document will be a worthwhile contribution in its continuing efforts in the interest of better patient care and quality medical care for all Californians.

Sincerely,

John G. Morrison

John G. Morrison, M. D.
President

JGM:km

enclosure

Observation and Comments Based on a Resurvey of

CALIFORNIA STATE MENTAL FACILITIES

by the

CALIFORNIA MEDICAL ASSOCIATION

February 26, 1968

PREAMBLE

Since the early fifties, the California Medical Association, with the full cooperation of the Department of Mental Hygiene, has participated actively in the development of long-range policies for effectively dealing with the problems of mental illness and mental retardation in this state. California has pioneered innovative changes in coping with these problems and has produced a strong movement toward decentralizing care and increasing emphasis on a local program development. The achievements and developments thus far realized put California in a very favorable comparative position in relation to mental health programs throughout the nation.

Currently we are in a mid-stream position in this vast transitional process. The numerous changes inherent in these evolutionary developments have, of necessity, left undesirable gaps in the continuity of some treatment programs. It is our sincere wish that the findings and recommendations of this report will open new avenues of constructive planning and procedure which will keep California in the forefront with improved care for patients with mental illness and mental retardation.

We feel that the Department of Mental Hygiene has provided a high level of leadership and guidance in meeting California's needs in this field, and that continued study and effort will develop greater efficiencies and economies in the management of the staggering load which confronts us.

PURPOSE

Considerable public concern and controversy were aroused in California during 1967 about the level of care in the state hospitals. The visit of a prominent foreign official to Sonoma State Hospital who publicly questioned the quality of care rendered at that institution for the mentally retarded brought this public concern to a climax.

The California Medical Association, in line with its continuing concern for the delivery of quality medical care to all California citizens, again offered as it had earlier in the year, to evaluate the quality of medical care received by the mentally ill and/or retarded in all fourteen state hospitals. It also offered to assess progress made by the hospitals in implementing recommendations made by the California Medical Association in a report submitted to the California State Department of Mental Hygiene on January 18, 1965.

The offer was accepted by Spencer Williams, Administrator of the State Health and Welfare Agency. A general report of the findings was to be submitted to the Administration by mid-February, with specific reports to follow at a later date.

METHOD

Before undertaking the survey, the California Medical Association Committee on Mental Health carefully reviewed the 1965 report to be sure comparisons between current and previous conditions would be accurate and meaningful.

Inspection teams were composed of from five to seven physicians. To obtain a more accurate appraisal of changes in levels of care, each hospital (with one exception) was revisited by at least one physician who had participated in the survey of that hospital for the 1965 report. At least two psychiatrists were on each team, with the remainder being selected from other medical disciplines. Physicians from the local area were included on each team.

The prospective survey was announced by letter to institution administrators. At a meeting held by each team before its site visit, team members received assignments and instructions regarding survey duties. Several hours were spent in these preparatory meetings.

To be used as guides in surveying the institution, each member was given a questionnaire with specific questions about the physical plant, personnel, psychiatric services and medical-surgical services, and a copy of the 1965 California Medical Association report.

A brief conference with the superintendent and other key personnel began the inspection day. Necessary keys for access to all areas of the hospital were given to team members at that time. From this meeting, surveyors went independently to their individual assignments.

At noon, the members met to compare findings and to plan afternoon assignments that would assure satisfactory evaluation of the institution.

During the survey, the team met with members of the hospital staff at all levels and from most departments. After the site visit, team members reconvened to report personal observations and assessments of the hospital's functioning and the quality of patient care. A report summarizing each team's observations was prepared. These reports were then reviewed by the California Medical Association Committee on Mental Health.

FINDINGS

I. PHYSICAL PLANTS

Generally, the physical facilities used for direct patient care in the hospitals are in reasonably adequate repair, and for the most part have improved since the 1965 report. Many of the 1965 structural recommendations have been implemented. Some of the buildings are in excellent condition; others, however, even in the same institution, are seriously deteriorating, and many should be eliminated.

In most hospitals, building maintenance is on an emergency basis, with nearly all attention being diverted to critical repairs. Inadequate manpower is available for day-to-day upkeep to prevent serious deterioration.

Grounds, basic equipment and many structures show evidence of inadequate maintenance in numerous situations. For example, peeling paint, damaged plaster, broken windows (several hundred in one hospital) and uncared-for grounds are common. Personnel report they are unable to keep up with requests for repairs, and the backlog of these requests has increased substantially during the past few months.

The level of housekeeping varies from ward to ward. In those housing ambulatory and less disabled patients, the situation is markedly better than in wards where the patients are less able to perform housekeeping duties. In most instances, the poorest housekeeping is found in the acute medical-surgical wards where the demand for nursing care is most critical, but the general conditions in these wards were superior to those found in the 1965 survey.

II. PERSONNEL

Uncertainty about the future is creating personnel problems throughout the entire hospital system. Budget and policy developments will be watched closely by the personnel.

It was observed that:

- (a) In many wards, the ratio of nursing personnel to patients is deficient, as shown by the recent SCOPE surveys. The September 1967 level of ward personnel was 76.7% of the standard and the January 1968 level was 79.5%. Especially during afternoon and evening shifts, there were wards with one or two persons caring for up to ninety mentally ill patients. There is limited provision for replacement of absent personnel.
- (b) Female ward personnel is being used alone on some men's wards with disturbed patients.
- (c) Skilled personnel is spending too much time performing housekeeping and clerical chores.
- (d) Reassignment of some nursing personnel and changes in the type of patient being cared for on some wards have not been preceded by adequate retraining or orientation of personnel for their new duties.
- (e) As was true in the survey reported in 1965, a shortage of rehabilitation, teaching and recreation personnel was noted in all hospitals, especially in adolescent and children's units, which lack male personnel to supervise necessary activities. In most hospitals, occupational therapy was available to only a small percentage of the patients.
- (f) Clinical laboratories are still understaffed.
- (g) In most hospitals, pharmacies are adequately staffed.
- (h) About 165 positions for professional personnel are vacant, and recruitment, as in the past, continues to be very difficult.
- (i) Clerical and janitorial personnel shortage is critical almost everywhere.
- (j) Under the civil service system, often the first persons to be discharged are those who are younger and more able-bodied. This is conspicuous among those doing maintenance work, as well as among ward personnel.

- (k) A shortage of cooks was noted in most hospitals. The variety of menus was limited. Much serving of food and feeding of patients needing assistance is done by nursing personnel and by other patients.
- (l) Postgraduate physician education in the hospitals, both insofar as courses offered and the number of persons taking them, improved after the 1965 report. More physician time is being spent with patients. This makes adequate allocation of time for these courses difficult.
- (m) Research in those hospitals which have received federal research grants is of high quality. Grants for treatment research usually provide additional personnel.

The temporary curtailment of inservice training programs for new psychiatric technicians has had a detrimental effect because of the loss of the vitalizing influence of educational programs on personnel. The reduction of this educational function eliminated new, younger and potentially valuable replacement from the roster of those who deal most directly with the patients.

Transfer of more capable mental retardates to special programs in hospitals for the mentally ill has deprived the hospitals for the mentally retarded of valuable patient work contributions, since only the more severely affected patients remain.

In several instances, much-needed therapy facilities, smaller wards and classrooms are not fully utilized because of the lack of personnel to staff them.

III. PATIENT SERVICES

Most hospitals have had an increase in admissions. Many of these patients are very sick and are being given immediate and intensive care. Treatment of these acutely ill patients has resulted in a greater proportion of personnel time being devoted to this phase of hospital activity. This limits the medical service available for the remaining patients, most of whom primarily are receiving custodial care.

Individual psychotherapy is still lacking throughout the system. Group therapy has been used more widely than four years ago. However, recently, the size of the groups has increased, and the frequency of treatment group meetings has decreased.

Rehabilitation and occupational therapy programs continue to be inadequate and understaffed. While work can be therapeutic, most of the work assignments for patients seem to be based on hospital needs rather than patient needs.

More children are attending educational classes than four years ago, but more teachers' assistants and special supplies are needed in practically every institution to avoid neglect of children who are educable.

Patients are dressed in their own individual clothing, as recommended in the 1965 report. For the most part, laundry services are slow and often irregular. When laundry service is inadequate, this additional burden is assumed by ward personnel.

In most hospitals a definite improvement was noted in drug supplies as compared with previous surveys. Pharmacies are well staffed in most institutions and pharmaceutical records are in good order in practically every instance. Drugs are being used more frequently as a primary factor in patient treatment.

Recommendations made in the 1965 report in regard to shock treatment safeguards have been carried out in all but a few instances; electroshock therapy is used less frequently than four years ago.

Adequacy of clinical records ranged from poor to excellent. Even in institutions with excellent records the equipment and means for keeping them are outmoded or inoperative and clerical help is swamped. Frequently, record-keeping takes valuable professional time away from patient care.

Chaplain services are available and being utilized although in some instances, they could be expanded and improved.

The ongoing reorganization of the hospital system to provide services to patients from the surrounding geographic area is a positive reflection of recent trends in psychiatric care. This regionalization allows greater continuity of care as well as better communication and coordination between hospital staff, community physicians and local mental health resources.

Aftercare programs need to be better coordinated in almost every instance. Satellite services, maintained by some hospitals in the communities they serve, provide pre-admission screening and aftercare. They have been rendering valuable services. Local programs must be urged to assume these functions immediately.

IV. MEDICAL AND SURGICAL SERVICES

Medical and surgical services are adequate. Some are excellent.

Relationships with nearby community physicians have been improved in some instances. While consultants are used upon occasion, community resources should more often be utilized to provide many services; i.e., laboratory, intensive care, surgery and X-ray, more effectively and economically.

The most uniform deficiency in the medical services is the lack of modern, functioning medical and surgical equipment and frequent absence of disposable items which could cut housekeeping time and expenses considerably. Contract services with community resources could solve this problem.

Medical records, while usually adequate, are frequently located in files away from the wards and are almost inaccessible for routine reference. This is a difficult problem which can be solved only by more sophisticated record-keeping systems.

Safeguards provided in radiology departments are an improvement over four years ago.

Anesthesia is properly administered by trained personnel.

COMMENDATIONS

All teams reported they received the utmost in cooperation from both administration and staff. Hospitals with serious administrative problems in the 1965 report have improved considerably.

The staffs of the hospitals are to be commended for their performance under difficult circumstances and with the continuing inadequate numbers of personnel noted in earlier surveys. Nursing personnel especially has shown sincere dedication and ingenuity in the care of patients. Nurses and psychiatric technicians are working extra hours and must later take compensatory time off with resulting decreases in on-duty staff.

CONCLUSIONS

I. The continuing decrease in hospital population is a result of several factors, including the following:

- (a) More intensive treatment for the newly-admitted patient has shortened individual hospitalization periods.
- (b) The greater number of voluntary admissions has made possible the premature self-discharge by patients before completion of treatment.
- (c) Certain patients are being discharged from state hospitals to other appropriate facilities in the community.
- (d) The Short-Doyle program has assumed responsibility for some 42,000 of the acutely mentally ill patients. However, the population of the state is increasing to a degree that keeps first admission rates constant.

- II. The alteration of the characteristics and care requirements of the current inhospital population necessarily requires greater, more flexible and more innovational use of treatment personnel.
- III. These alterations of patient characteristics have left a hard core of patients with difficult problems, who require a higher ratio of treatment personnel per patient to provide adequate care. Daily patient census does not fully reflect staffing needs.
- IV. Reductions in the 1967-1968 Budget have been detrimental to the maintenance of the hospitals' physical plants.
- V. The problems of personnel morale and recruitment have been made even more difficult than usual because of unfortunate controversy and uncertainty.
- VI. Patient care, particularly in the area of new admissions, has shown improvement over conditions found in our earlier survey, reported in 1965.

RECOMMENDATIONS

The California Medical Association Committee on Mental Health recommends that:

- I. The "Staffing Standards for Public Mental Hospitals," as reported to the State Senate by the California Commission on Staffing Standards in February 1967, be adopted immediately and implemented as rapidly as possible. The "Staffing the Care of Patients Effectively" (SCOPE) surveys based upon an industrial engineering study of nursing personnel in the California State hospitals for the mentally ill and retarded, can accurately monitor the level of patient care on the wards.
- II. The Department of Bio-Statistics of the State Department of Mental Hygiene should continue studies determining length of patient stay, why and under what conditions patients leave, how many patients return and how soon after leaving the hospital.
- III. The Department of Mental Hygiene should be encouraged to continue its efforts to secure more appropriate placement for patients who do not continue to require medical and nursing services in a hospital.
- IV. Wherever possible, patients should be admitted to State mental hospitals only by referral from local private physicians or the local mental health program.
- V. Provision should be made for the Department of Mental Hygiene to establish a class of personnel which would perform nontechnical ward duties.

- VI. Contractual arrangements with other community resources should be made for provision of service functions which could be more effectively and economically provided by such resources than by the hospitals attempting to provide these services themselves.
- VII. Provision should be made for a stepped-up program of out-of-state recruitment to enable the filling of vacant but authorized staff positions.
- VIII. Independent surveys of the state mental institutions should become an ongoing program of the California Medical Association, perhaps through a Board of Medical Visitors for each hospital.
- IX. Continuity of treatment supervision should be continuously reevaluated to be sure patients receive adequate treatment after discharge.
- X. Efforts should be made to correct, at the earliest possible time, the existing defects in physical plant and maintenance.