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PART I COPIES OF SOME NEWSPAPER ARTICLES  
ABOUT THE ANNOUNCEMENTS OF THE  
NEW STAFFING STANDARDS AND THE  
GOVERNOR'S 14-POINT PROGRAM.  
THESE ARE REPRESENTATIVE OF THE  
COVERAGE RECEIVED THROUGHOUT THE  
STATE, MOST WERE ON PAGE 1.

PART II EDITORIAL COMMENT

PART III COMMENTS BY HOSPITAL TRUSTEES

PART IV COMMENTS BY PSYCHIATRIC SOCIETIES

PART V COMMENTS BY CITIZEN ORGANIZATIONS

PART VI COMMENTS BY HOSPITAL STAFF

PART I

Newspaper  
Articles  
on  
Announcements

## Adopted 'In Principle'

# Mental Hospitals Staffing Rules Win Reagan's OK

The adoption "in principle" of staffing standards for state mental hospitals set last year by the California Commission on Staffing Standards was announced today by Gov. Ronald Reagan.

James Shumway, assistant to Spencer Williams, secretary of human relations, said the standards represent a "goal to work for" and will take considerable time for full implementation. He stated the standards call for increasing the ratio of staff to patients and will mean the employing of more people.

The standards were proposed in February 1967 by the commission, which was created by the legislature to make a study. It included work by Aerojet-General Corp., the California Medical Association and others.

### In Phases

Implementation of the standards, the governor said, would be carried out in phases consistent with sound hospital and management practices.

He stated he has instructed Spencer Williams and Dr. James V. Lowry, director of mental hygiene, to set up a timetable for putting the standards into effect.

"The existing standards should be replaced by the new standards because they have become

obsolete in the light of medical progress and particularly because of the increased emphasis on local treatment of the mentally ill," Reagan said.

"We will begin putting these new standards into effect partially with funds saved by economies in the department."

### Significant Gain

"All mental hygiene organizations and persons knowledgeable in the field of mental hygiene have enthusiastically supported the new standards," Shumway said. "Adoption of the standards in principle represents one of the most significant forward steps in the treatment of the mentally ill and mentally retarded of any state."

"Furthermore, when implemented, the standards, based on the availability of personnel and facilities, will enable the Department of Mental Hygiene to better understand what each individual patient needs. They also will enable us to treat the hard-core mentally ill who will always need hospitalization. It will be a long-term program. It cannot be done overnight."

Williams and Dr. Lowry were not available for comment.

Assemblyman John G. Vene-man, R-Stanislus County, who has followed the mental hospital staffing standards closely be-

cause one of the hospitals is located in his home town of Modesto, said he is "encouraged" by the governor's announcement.

However, he tempered his encouragement with the comment:

"I believe that to reach the accepted standards . . . would require an over-all increase of approximately 35 per cent in the number of personnel."

"Therefore, we have a question not only of finding the adequate finances but also of finding the people to fill these additional positions."

### Staffing Problem

Last February the special commission studying the state hospital staffing standards reported a lack of adequate professional help was handicapping the treatment of mental patients.

The commission, headed by Dr. Stuart Knox of Los Angeles, represented the California Medical Association.

It called for junking the present ratio system and said hospitals should use "a flexible system to permit staffing based on patient needs to allow professional disciplines to be used interchangeably and to permit particular services or time allowances to be readily subtracted, added, adjusted or eliminated."



# Reagan Plans Changes At State Hospi

## New Staffing Ratio OK'd 'In Principle'

By PETER GOLIS

Major revisions in California's massive program for the mentally retarded and mentally ill appear to promise significant improvement for patient-staff ratios at the state's 14 mental institutions — and especially at Sonoma State Hospital in Eldridge.

But the timing on the changes has not been revealed, and may not occur soon.

Gov. Ronald Reagan yesterday disclosed the principal features of the re-tooling, which he called a "comprehensive program aimed at continued improvement in the level of care."

It includes "adoption in principle" of staffing standards recommended last year by the California Commission on Hospital Standards.

The system is presently operating on a set of staffing standards enacted in 1952.

That formula has long been the target of criticism from state staff people and administrators, and medical groups, public and private, who believe it is totally out of date.

Many have even said that it was inadequate when it was established in 1952.

Most likely to benefit from the new employee pattern proposal is Sonoma State Hospital, the largest mental institution in the western United States, which already has a payroll of more than \$1 million monthly.

According to Dr. George Butler, associate superintendent at Eldridge, "over 400" additional medical staff members would be placed on the payroll if the recommendations were to be implemented immediately for the present patient load.

The hospital for the retarded presently has some 1,400 nurses, psychiatric technicians, physicians, social workers, and psychologists caring for its 3,400 patients.

There are close to 2,000 employees in total.

However, Gov. Reagan said that the changes would be completed "in phases consistent with sound hospital and management practices."

Undoubtedly, that also means implementation as money becomes available for development of new programs at other hospitals as well as at the local level.

With the concurrence of medical experts, the governor said as early as last year that smaller and localized centers were the financial and medical solution to the overburdened hospitals.

### Increases

Some \$29.4 million — an increase of \$1.6 million — is included in his budget this year for state aid to local mental health programs under the Short-Doyle Act.

The Reagan spending measure for the next fiscal year also increased the Department of Mental Health allocation \$6.9 million to \$224 million.

Dr. Butler predicted that the new thrust would be geared "primarily toward keeping the staff rather than laying them off as the patient load decreased."

He expected no increase in the staff's size — only in the staff-patient ratio.

However, administrators at both state hospitals in the Redwood Empire expressed satisfaction with the new proposals in the aftermath of a year of controversy.

It began last May with the governor's highly publicized job cuts in the system, and climaxed in October when a Danish official lambasted the level of care at Sonoma State Hospital.

Dr. Ernest W. Klatte, superintendent and medical director at Mendocino State Hospital at Talmadge, said he was "quite pleased" with the governor's action, but said he was not

sure how MSH fell in line with the 1967 commission standards.

He did say, however, that on an average the state hospitals were within 80 per cent of the new recommendation.

The Mendocino hospital for the mentally ill has about 1,650 patients, and 650 medical staff members according to the associate superintendent, Dr. W. S. Cook.

Its patient load includes several specialized programs for alcoholics, drug addicts, geriatric patients, and juveniles.

Dr. Cook called the new program a "very good step forward; at least to set a standard," but predicted it would "probably be quite some time" before it was fully implemented.

Gov. Reagan in his announcement said implementation would be conducted in phases based on a timetable to be determined by Human Relations Secretary Spencer Williams and Department of Mental Health Director

James Lowry.

He also acknowledged that "in the light of medical progress and particularly because of the increased emphasis on local treatment of the mentally ill."

The new Reagan program also includes plans to increase the space per patient ratio from 55 to 70 sq. ft. to conform with national standards.

According to Dr. Butler, that would require a decrease of 1,000 patients at Eldridge if present space was to be accommodated.

He also noted that that potential 1,000 patient cut would bring the staff size into agreement with the new staffing pattern.

Dr. Cook said a reduction of only 140, however, would meet the new ratio for the Talmadge hospital for the mentally ill.

And, Dr. Klatte, said, "because of decreasing populations, most hospital are already at the 70-foot factor."

Other key features of the new program are:

—Establishment of two additional mental retardation centers. Their locations were not disclosed in the report.

—A determination of which hospital facilities should be phased out or eliminated according to basic changes in the patient load because of greater emphasis on local care and treatment.

—Gradual elimination of outdated functions such as farming operations at some hospitals.

Mendocino State Hospital recently acquired the Napa State Hospital dairy, and also cultivates a few acres of orchards.

Sonoma State Hospital also operates a dairy, although its hog ranch was phased out in July, as were its chicken ranch and orchards eight years ago.

—Creation of a board of medical visitors for each hospital for continued review, and creation of an advisory committee to the governor on mental health.

—Inspection of hospital by the department of general services to insure proper maintenance.

# Reagan Outlines 14-Point Program for Mental Health

BY HARRY NELSON

Times Medical Editor

Gov. Reagan Saturday announced a 14-point program aimed at tightening up the efficiency and quality of care at state mental hospitals.

His announcement came as a surprise to mental health authorities.

Among the key points in the program are establishment of two new mental retardation regional centers, plans to phase out certain hospital facilities and services and a restatement of the importance and desirability of local care and treatment.

Reagan last summer vetoed a bill that would have created two new mental retardation regional centers. At that time he said he favored them but lacked the funds.

Observers noted Saturday that the proposed 1968-69 budget contains no provision for the two regional centers.

Announcement of the program came immediately after an announcement Friday that his Administration has approved in principle new staffing standards aimed at upgrading the quality of care in the state's 14 hospitals.

## Old Criteria Replaced

The new standards, which presumably are in effect now, junk the obsolete 1952 standards which have long been an object of criticism. The new standards were recommended a year ago by a special commission.

Mental health and mental retardation leaders applauded Reagan's decision to adopt the new standards. The commission found that the overall deficit of help was 32% in hospitals for the mentally ill and 38% for the retarded.

"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 after release of the 14-point program.

For more than a year, mental health leaders have been charging that Reagan's actions in that field have done more to destroy than improve the state's reputation in mental illness treatment.

Questioned Saturday, some leaders interpreted the two announcements within two days as indications that the governor "may be beginning to see the light."

## Presidential Ploy Feared

There was still considerable skepticism, however. Some felt he may be seeming to warm up to mental health only because the bad publicity he has been getting could harm his chances for the Presidency.

The consensus seemed to be: "Let's wait and see what happens next. If he backs up his support with more money, perhaps we can begin to believe he has really had a change of mind."

One of Reagan's 14 new recommendations was "a reevaluation of the budget for mental health in the

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Continued from First Page  
light of the most up-to-date information available, based on need as well as resources available," according to the announcement.

Another recommendation emphasized the importance of local programs, in contrast with state hospitals, for the treatment of the mentally ill and retarded. He reendorsed a recommendation originally made last May which called for the kind of treatment that will keep children patients in school and adults at home and on the job, whenever possible, rather than "warehoused" in state hospitals.

The governor said these goals have been acclaimed by leaders in the mental health field.

## Efficiency Discussed

A number of the points in the program had to do with improving the efficiency of operation of state hospitals.

Spencer Williams, state health and welfare administrator, was instructed 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."

He also called for 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."

Another goal is to eliminate outdated functions, such as farming operations at some of the hospitals.

The practice of performing surgery at some of the hospitals, particularly those where better treatment for the patients can be obtained nearby at less cost, also will be phased out.

## Surveys Backed

Reagan said that standards requiring 70 square feet of space per patient bed will be immediately established. (Actually, this order has already gone into effect.) For the past 30 years, the state standard has been less than 55 square feet per bed.

He also called for streamlining of administrative functions and creation of a board of medical

## Reagan Outlines Plan to Improve Hospitals

visitors for each state mental hospital to insure surveys and inspections of hospital buildings by the Department of General Services. (Poor maintenance has been a major complaint of hospital personnel.)

He also plans to set up an advisory committee to the governor on mental health. There were no details as to who would be on the committee.

Reagan renewed instructions to Dr. James Lowry, director of the Department of Mental Hygiene, that he still has "complete discretion in maintaining the staffing requirements and levels of care of patients."

This was interpreted by some observers as meaning that there probably will be no further layoffs of state hospital personnel. In the past year, since Reagan announced his mental hygiene cutbacks, the department has lost 2,200 employe positions.

### Percentage Declines

A department spokesman said the hospitals for the mentally ill are at 79% of the nursing standard as recommended by the 1967 California Commission on Staffing Standards. By last July the nursing level had dropped to approximately 75% after having been at 81% when the commission made its recommendations.

Experts estimate that the level of nursing care would be at least 90% by now if the cutbacks ordered by Reagan last year had not occurred. This is because the hospital population has dropped approximately 3,300 in the past year to 19,779 patients.

Earlier this month, Reagan announced that his 1968-69 budget includes a \$4.6 million increase in the

state's share of the Short-Doyle Act budget. This is the program that helps support community mental health programs, with 25% of the aid coming from the counties.

"Under this program," Reagan said, referring to his 14 points, "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 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," Reagan said.

# Reagan unveils program for state mental hospitals

SACRAMENTO (UPD) — Gov. Ronald Reagan disclosed yesterday details of what he called "a comprehensive program aimed at continued improvement in the level of care for patients at state hospitals for the mentally ill."

One of the principal features of the program was announced earlier. This was "adoption in principal" of new staffing standards recommended last year by the California Commission on Hospital Standards.

"Implementation of these standards will be in phases consistent with sound hospital and management practices," the governor's report said.

Some of the key features of the program are:

- ✓ Establishment of two additional mental retardation centers. Their location was not disclosed in the report.

- ✓ A determination of which hospital facilities should be phased out or eliminated according to basic changes in the patient load because of greater emphasis on local care and treatment.

- ✓ Gradual elimination of out-dated functions such as farming operations at some of the hospitals.

- ✓ Increasing from 55 to 70 square feet the standard for space per patient bed to conform with nationally accepted standards.

- ✓ Creating a board of medical visitors for each state mental hospital for continued review and creation of an advisory committee to the governor on mental health.

- ✓ Inspection of hospitals by the department of general services to insure their proper maintenance.

"Many of the problems of our mental hospitals permitted to grow in seriousness over the years are now catching up with us," Reagan said. "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 under his program "we will be able to proceed on a solid basis for even more improvements in situations that have needed improving at our mental hospitals."

"We have always known that problems in our mental hospitals go beyond mere budgetary factors," he added.

RIVERSIDE ENTERPRISE  
2-25-68

SAN RAFAEL INDEPENDENT-JOURNAL  
2-26-68

## Reagan Eases Funding Ax On Mental Health

SACRAMENTO (AP) — A year, he vetoed a proposal for three similar centers. Reagan explained the major overhaul "must be made to stay abreast of new methods and changing standards. 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 plan, announced yesterday, includes many recommendations of volunteer mental health groups, professionals in the field and doctors. It came just as the California Medical Association was putting the final touches on its own study of treatment for the mentally ill.

Reagan's holddown on spending for the mentally ill last year and proposed continuation of it in the coming fiscal year has provoked one of the most vigorous battles of his administration. Since many of the plans announced over the weekend will carry a substantial cost, it appeared the administration was relaxing its economies in the mental health area.

For instance, the proposal calls for establishment of two new regional centers to treat the mentally disturbed. Last

year, he vetoed a proposal for three similar centers.

Reagan explained the major overhaul "must be made to stay abreast of new methods and changing standards. 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."

Most of the efforts will concentrate on the 20,000 residents of hospitals for the mentally ill — those who usually can be returned to lead a reasonably normal life in society. This has been the chief target of the governor's economy program.

He also proposed, however, additional aid for the 13,500 mentally retarded — those who need hospitalization and close supervision. Reagan's cost-cutting campaign has not been aimed at this group.



## Reagan Says No New Funds Seen for Mental Hospitals

SACRAMENTO (AP) — Gov. Reagan said yesterday he will not add any money to his 1968-69 budget for his major mental health reform program.

"I don't think it's necessary," he told his news conference.

Sunday, the governor, under fire for his mental health budget cutbacks of 1967, announced he would overhaul mental health care.

He junked old staffing standards criticized by mental health groups as not permitting enough staff for proper care. And he

said he would establish two more regional centers for the mentally disturbed.

Yesterday, he said his budget is adequate to pay for the new program, even though the spending program continues some cutbacks in personnel at hospitals for the mentally ill.

Reagan conceded that putting new staffing standards into effect will be a "long and difficult" job.

But he said the reforms were his answer to those who criticized his economies. He declared he had always said the cutbacks were only temporary, and

tried to say this in the face of screaming and wailing going on ... but nobody seemed to want to listen."

Reagan added "now maybe they'll find out the sky wasn't falling in after all."

He did not specifically say how his reforms would be financed.

His program was an extensive one, announced just as the California Medical Association was putting the final touches on its own mental health study.

He proposed increased inspection of mental hospital facilities; an early decision on eliminating unneeded hospitals; cutting out farming and other hospital industries he considers outdated; cutting down the number of beds in wards, and possibly increasing hospital staffs.

Riverside Enterprise  
2-24-68

## State adopts new staffing rules at mental hospitals

SACRAMENTO (UPI) — Gov. Reagan said yesterday the state has abandoned patient-staff ratio staffing standards at mental hospitals and adopted new standards set by a special commission.

The new standards are based on how much care an individual patient needs as measured by the time necessary for his care and treatment, a Department of Mental Hygiene spokesman said.

Reagan, whose cutbacks in funds for mental hygiene stirred a bitter controversy last year, said implementation of the new standards would be

conducted in phases based on a timetable to be determined by Human Relations Secretary Spencer Williams and department director James Lowry.

He called the current standards adopted in 1952 obsolete "in the light of medical progress and particularly because of the increased emphasis on local treatment of the mentally ill."

The spokesman said an aerospace firm used computers to help determine the nursing time actually needed for patient care. The existing staffing standards are based on the number of patients to number of hospital staff members.

Bellflower,  
Herald-American  
2-29-68

La Mirada  
Herald-American

Downey, Pico  
Rivera  
Herald-American

North Long  
Beach  
Herald-  
American

## State Adopts Standards for Mentally Ill

Governor Ronald Reagan announced the administration has adopted in principle the staffing standards for state mental hospitals set in 1967 by the California Commission on Staffing standards.

Implementation of the standards, the governor said, would be carried out in phases consistent with sound hospital and management practices.

Governor Reagan said he has instructed Spencer Williams, secretary of human relations, and Dr. James Lowry, director of the department of mental hygiene, to set up a timetable for putting the standards into effect.

The governor said the 1952 standards should be replaced by the new standards because they have become obsolete in the light of medical progress and particularly because of the increased emphasis on local treatment of the mentally ill.

"We will begin putting these new standards into effect partially with funds saved by economies in the department," the governor said.

Pasadena  
Star News  
2-24-68

## Reagan OKs More Hospital Employees

SACRAMENTO (AP) — An increase in the number of state mental hospital workers per patient has been proposed by Gov. Reagan, who last year slashed their staffs in a controversial economy move.

A statement from Reagan's office said the administration has "adopted in principle" guidelines set last year by the California Commission on Staffing Standard.

However, neither the number of employees to be restored nor the cost of the additions were revealed as Reagan administration prepared a comprehensive program for improving mental hospital care.

"There will be an increase in the number of staff people per patient," said an aide to Spencer Williams, secretary for human relations. The aide added that the program wouldn't go into effect until the fiscal year starting July 1 as it will need legislative approval.

Vallejo Times Herald  
2-25-68

## Improved Program For Care

SACRAMENTO (AP) — Gov. Reagan's administration said Saturday it has drawn up a new program for improved mental health care, including possible elimination of some hospital facilities.

The program included Reagan's announcement Friday that his administration will adopt "in principle" the standards calling for more staff members to care for mental hospital patients.

State officials said the cost of the improvements and the number of new employees needed could not be determined immediately.

Last year Reagan announced cutbacks of 2,800 jobs in state mental hospitals. He said improved treatment and increasing local care for mental patients reduced the need for state hospital staff.

### 2 NEW CENTERS

The governor's new program includes two new mental retardation centers, surveys of each mental hospital and "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."

The governor's report Friday said the "obsolete 1952 standards for staffing hospitals for the mentally ill" would be eliminated in favor of standards advocated in 1967 by the California Commission on Staffing Standards.

A representative of the California Association for Mental Health called the adoption of the new standards "a critical step forward to providing adequate care and treatment for a large segment" of the mental ill.

The association had criticized Reagan's staff cutbacks last year. But the group had no immediate comment on the governor's full program for mental health care.

# Major Reforms Urged In Treating Mentally Ill

SACRAMENTO (AP) — A major reform of California's programs for treating the mentally ill has been announced by Gov. Reagan.

The plan, announced Sunday, includes many recommendations of volunteer mental health groups, professionals in the field and doctors. It came just as the California Medical Association was putting the final touches on its own study of treatment for the mentally ill.

BURBANK REVIEW  
2-26-68

Reagan's holddown on spending for the mentally ill last year and proposed continuation of it in the coming fiscal year has provoked one of the most vigorous battles of his administration. Since many of the plans announced over the weekend will carry a substantial cost, it appeared the administration was relaxing its economies in the mental health area.

For instance, the proposal calls for establishment of two new regional centers to treat the mentally disturbed. Last year, he vetoed a proposal for three similar centers.

Reagan explained the major overhaul "must be made to stay abreast of new methods and changing standards. 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."

Most of the efforts will concentrate on the 20,000 residents of hospitals for the mentally ill — those who usually can be returned to lead a reasonably normal life in society. This has been the chief target of the governor's economy program.

# Reagan Plan Unveiled for Mentally Ill

Governor Reagan disclosed Saturday details of what he called "a comprehensive program aimed at continued improvement in the level of care for patients at state hospitals for the mentally ill."

One of the principal features of the program was "adoption in principal" of new staffing standards recommended last year by the California Commission on Hospital Standards.

Some of the key features of the program are:

- Establishment of two additional mental retardation centers.

- A determination of which hospital facilities should be phased out or eliminated according to basic changes in the patient load because of greater emphasis on local care and treatment.

- Gradual elimination of outdated functions such as farming at some hospitals.

- Increasing from 55 to 70 square feet the standard for space per patient bed.

- Creating a board of medical visitors for each state mental hospital for continued review and creation of an advisory committee to the governor on mental health.

- Inspection of hospitals by the Department of General Services to insure proper maintenance.

SACRAMENTO UNION  
2-25-68

## Major Reform in Program For Treating Mentally Ill

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The plan, announced Sunday, includes many recommendations of volunteer mental health groups, professionals in the field and doctors. It came just as the California Medical Association was putting the final touches on its own study of treatment for the mentally ill.

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### New Centers

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Reagan explained the major overhaul "must be made to stay abreast of new methods and changing standards. 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."

Most of the efforts will concentrate on the 20,000 residents of hospitals for the mentally ill — those who usually can be returned to lead a reasonably normal life in society. This has been the chief target of the governor's economy program.

He also proposed, however, additional aid for the 13,500 mentally retarded — those who need hospitalization and close supervision. Reagan's cost-cutting campaign has not been aimed at this group.

The governor noted his economy drive of the last year, and said savings from it "will now permit us to devote more of our resources for the more difficult cases remaining in our hospitals that were developed in 1952 and have been criticized bitterly by mental health groups. Instead, Reagan said, the state will adopt "in principle" standards for care proposed in 1967 by a blue-ribbon commission.

Another chief demand, especially of volunteer groups who have relatives in the hospitals, also was granted by Reagan. This is creation of a board of

medical visitors for each state hospital to keep an eye on day-to-day operations.

### Other Features

Other major features of the plan:

- Increased inspection of hospital facilities by the state.

- Orders to state officials to find out why the quality of care varies among the 14 hospitals.

- Early determination of which hospitals can be eventually eliminated as the emphasis on local treatment increases.

- Eliminating outdated practices at some hospitals, such as uneconomic farming operations.

- Phasing out of surgical facilities at some hospitals.

- Revision of the standards on square feet of space per bed. The state standard has been about 55 square feet for 30 years, compared to the nationally desirable standard of 70 feet, which the state will seek to implement.

- Adoption of clear, defined goals for treating mentally disturbed persons.

- Permission to increase the hospital staffs if required to avoid a drop in quality of care.



# Mental hospitals' upgrading sought

SACRAMENTO (UPI) — Gov. Ronald Reagan has drafted a 14-point plan to increase the efficiency and upgrade the care quality of the 14 state mental hospitals.

Two key points of the plan would establish two new mental retardation regional centers while surveying the entire program to determine which hospitals can be phased out or eliminated.

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

Although he proposed the two new regional centers, the governor did not say where they would be located, nor has he made a provision for them in his proposed 1968-69 budget.

Last year Reagan vetoed a measure that would have established two centers. He said at the time the state lacked the funds.

The governor's announcement Saturday of the new 14-point program followed on the heels of Friday's announcement that Reagan has approved new staffing standards for the hospitals.

The new regulations would repeal 1952 standards. They also are geared to upgrading the care quality in state hospitals.

Some of the key points of the governor's new mental health program include:

- Gradual phasing out of certain work, such as farming, at state facilities.

- Increasing from 55 to 70 square feet the area allocated per patient to conform with nationally recognized standards.

- Creating a board of medical visitors for each state hospital that would review the facility's operation, while also forming a governor's advisory committee on mental health.

- Directing regular inspections by the Department of General Services to insure proper hospital maintenance.

"Many of the problems of our mental hospitals permitted to grow over the years are now catching up with us," Reagan

said. He said his comprehensive program is designed to reverse this downward drift.

"The time is long overdue for action designed to stop the warehousing of the mentally ill," he said. "We must concentrate on helping them lead productive lives."

The governor also renewed his endorsement of the importance of local programs for the treatment of the mentally ill over care in state hospitals.

SAN JOSE MERCURY-NEWS

March 3, 1968

## Major Reform

A major reform of programs for treating the mentally ill was announced by Gov. Ronald Reagan just as the California Medical Assn. was putting the final touches on its own study of treatment.

The state plan includes many recommendations of volunteer mental health groups, professionals in the field and doctors.

Reagan's economy drive for the mentally ill has provoked one of the

most vigorous battles of his administration. Since many of the plans announced last week will carry a substantial cost, it appeared the administration was relaxing its economies in the mental health field.

The proposal calls for establishment of two new regional centers to treat the mentally disturbed. Last year, he vetoed a proposal for three similar centers.

Reagan explained the major overhaul "must be made to stay abreast of new methods and changing standards. We intend to keep moving forward with the emphasis on modern, local treatment so that the mentally ill can resume their roles as useful and productive citizens . . ."

## 2 Regional Centers Proposed

# Gov. Reagan Apparently Relaxes Economies In Proposing Reform in Mental Health Care

SACRAMENTO (AP) — A major reform of California's programs for treating the mentally ill has been announced by Gov. Reagan.

The plan, announced Sunday, includes many recommendations of volunteer mental health groups, professionals in the field and doctors. It came just as the California Medical Association was putting the final touches on its own study of treatment for the mentally ill.

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Reagan explained the major overhaul "must be made to stay abreast of new methods and changing standards. 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."

Most of the efforts will concentrate on the 20,000 residents of hospitals for the mentally ill — those who usually can be returned to lead a reasonably normal life in society. This has been the chief target of the governor's economy program.

He also proposed, however, additional aid for the 13,500 mentally retarded — those who need hospitalization and close supervision. Reagan's cost-cutting campaign has not been aimed at this group.

The governor noted his economy drive of the last year, and said savings from it "will now permit us to devote more of our resources for the more difficult cases remaining in our hospitals that were developed in 1952 and have been criticized bitterly

by mental health groups. Instead, Reagan said, the state will adopt "in principle" standards for care proposed in 1967 by a blue-ribbon commission.

Another chief demand, especially of volunteer groups who have relatives in the hospitals, also was granted by Reagan. This is creation of a board of medical visitors for each state hospital to keep an eye on day-to-day operations.

Other major features of the plan:

- Increased inspection of hospital facilities by the state.

- Orders to state officials to find out why the quality of care varies among the 14 hospitals.

- Early determination of which hospitals can be eventually eliminated as the emphasis on local treatment increases.

- Eliminating outdated practices at some hospitals, such as uneconomic farming operations.

- Phasing out of surgical facilities at some hospitals.

- Revision of the standards on square feet of space per bed. The state standard has been

about 55 square feet for 1 years, compared to the nationally desirable standard of 70 feet which the state will seek to implement.

- Adoption of clear, definite goals for treating mentally disturbed persons.

- Permission to increase hospital staffs if required to avoid a drop in quality of care.

# Reagan plans reform of mental health care

SACRAMENTO (AP) — A major reform of California's programs for treating the mentally ill has been announced by Gov. Reagan.

The plan, announced Sunday, includes many recommendations of volunteer mental health groups, professionals in the field and doctors. It came just as the California Medical Association was putting the final touches on its own study of treatment for the mentally ill.

Reagan's holddown on spending for the mentally ill last year and proposed continuation of it in the coming fiscal year has provoked one of the most vigorous battles of his administration. Since many of the plans announced over the weekend will carry a substantial cost, it appeared the administration was relaxing its economies in the mental health area.

For instance, the proposal calls for establishment of two new regional centers to treat the mentally disturbed. Last year, he vetoed a proposal for three similar centers.

Reagan explained the major overhaul "must be made to stay abreast of new methods and changing standards. 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."

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to-day operations.

Other major features of the plan:

— Orders to state officials to find out why the quality of care varies among the 14 hospitals.

— Early determination of which hospitals can be eventually eliminated as the emphasis on local treatment increases.

## Reagan Says New Mental Health Plan Won't Hike Budget

SACRAMENTO (AP)—Gov. Reagan said Tuesday he will not add any money to his 1968-69 budget for his major mental health reform program.

"I don't think it's necessary," he told his news conference.

Sunday, the governor, under fire for his mental health budget cutbacks of 1967, announced he would overhaul mental health care.

He junked old staffing standards criticized by mental health groups as not permitting enough staff for proper care. And he said he would establish two more regional centers for the mentally disturbed.

Tuesday, he said his budget is adequate to pay for the new program, even though the spending program continues some cutbacks in personnel at hospitals for the mentally ill.

Reagan conceded that putting new staffing standards into effect will be a "long and difficult" job.

### Cutbacks Only Temporary

But he said the reforms were his answer to those who criticized his economies. He declared he always had said the cutbacks were only temporary, and "I tried to say this in the face of screaming and wailing going on . . . but nobody seemed to want to listen."

Reagan added, "Now maybe they'll find out the sky wasn't falling in after all."

He did not specifically say how his reforms would be financed.

His program was an extensive one, announced just as the California Medical Assn. was putting the final touches on its own mental health study.

He proposed increased inspection of mental hospital facilities; an early decision on eliminating unneeded hospitals; cutting out farming and other hospital industries he considers outdated; cutting down the number of beds in wards; possibly increasing hospital staffs.



# An About-Face On Mental Health

By Carolyn Anspacher

Governor Ronald Reagan, who last year slashed \$17.7 million from the budget of the State Department of Mental Hygiene by eliminating 3700 jobs in California's mental hospitals, has executed another remarkable about-face.

While, until a few weeks ago, he lauded the State's institutions for the mentally ill and retarded as among the best in the Nation, he now has announced a program of major reforms for the hospitals.

The governor released his 14-point program on Sunday, just hours before receiving a report on the State's mental institutions from the California Medical Association. The study, compiled by teams of specialists who visited all the State hospitals for the mentally ill and retarded, reportedly is highly critical of many of the institutions.

The new Reagan proposals embrace most of the CMA's recommendations, which have not yet been released.

The governor said he was adopting, "in principle," new standards of care for the mentally ill and retarded proposed last year by a blue ribbon commission named by the Legislature.

Among his 14 points, the governor has proposed establishment of two regional centers for mental retardation, one of them to be at UCLA; appropriations for neuropsychiatric institutes at the University of California in San Francisco and at UCLA; the addition of 300 new jobs at hospitals for the retarded, and the

reactivation of an advisory committee on mental health.

He has also recommended creation of a board of medical visitors for each State hospital to watch the institutions' day-to-day operations.

Other major features of his plan include:

- Regular inspections by the Department of Special Services to insure proper hospital maintenance.

- Early determination of which hospitals ultimately can be eliminated through increased emphasis on local treatment centers.

- Elimination of archaic practices at some hospitals, such as uneconomic farming operations.

- The phasing out of surgical facilities at some hospitals.

- Increasing space per patient from 55 square feet to 70 square feet — still well short of the 100 square feet allotted to Army recruits at Fort Ord.

- Permission to increase hospital staffs if necessary to avoid a drop in the quality of care.

Dr. Irving Phillips, spokesman for the State's psychiatric societies, said he was "pleased" with the governor's 14-point program, adding: "We feel this is a major step in the right direction for the care of the mentally ill and retarded in State hospitals."

"We hope funds will be available to support these 14 points."

He urged, however, that the governor give "close attention" to the needs of local programs which at present are inadequately financed.



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4—Part II

WEDNESDAY MORNING, FEBRUARY 28, 1968

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## Laudable Action on Mental Health

Gov. Reagan's new 14-point mental health program marks a significant shift in the thinking of his Administration.

For more than a year leaders in the field have complained that Reagan's policies have endangered sound mental health procedures.

The new approach which may change all that, has been applauded by some leading authorities who have been critical in the past.

There is, indeed, much to applaud in the program. Yet much will depend on how—and when—it is implemented.

The governor is now preparing a special appropriation bill to fund two mental retardation regional centers at an estimated first year cost of \$500,000. Although he favored the plan last year, he was forced to veto it due to lack of funds. Early legislative approval is expected.

Several other items may also be expedited: Streamlining of administrative functions to improve efficiency; inspections to insure proper maintenance of facilities; a study to determine why there are major variances in the quality of care at institutions.

Gradual elimination of outdated functions, such as agriculture at some institutions, and phasing out of surgical facilities

in certain hospitals where better treatment can be obtained at less cost nearby, should not pose any problems.

A start has already been made toward meeting the requirement—imposed by the state on private institutions — of 70-square-feet of space per patient bed. For years the mental health department's budget has been based on a 55-foot standard.

But the element of timing arises in connection with several other items, notably improvement of obsolete staffing standards. This step, which the governor has embraced "in principle," would require \$39 million if carried out immediately. Since such a sum is not available, achievement of the new standards will be "in phases consistent with sound hospital and management practices."

Although that sounds logical, it suggests the possibility of long delays. Perhaps the improvement may not proceed as rapidly as some experts in the field insist is desirable.

That is why skepticism has been voiced in some quarters, which indicate a "wait-and-see" attitude, remaining on the alert for any foot-dragging or deviation from the high-sounding goals.

It is to be hoped their fears are groundless.



San Bernardino Telegram

Feb. 26, 1968

## Wise Move on Mental Health

The status of California's mental hospitals, an up and down affair in the last year, resumed the up course on Friday when Gov. Reagan announced that he has approved "in principle" new staffing standards.

The standards were recommended a year ago by a special commission which found, after an 18-month study, that the overall deficit of help was 32 per cent in hospitals for the mentally ill and 38 per cent in hospitals for the mentally retarded.

Unlike the old standards, which originated in 1952 and are based on a set number of employees per patient, the new standards are based on how much care is required by each patient to improve.

Under the old set of rules, Gov. Reagan last year ordered mental hospital cuts in keeping with the decline in the number of patients. This brought strong protests from mental health authorities, who pointed out that the patients leaving hospitals were those who required a minimum of treatment, and that the patients remaining were those who needed the most time and attention from the staff.

The governor's shift to the new standards has brought applause from former critics. The Southern California Psychiatric Society and the Mental Health Association of Los Angeles County commended the "implementation of these more realistic standards." A spokesman at Patton Hospital called adoption

of the new standards "a forward step."

Just how quickly the new standards will become fully effective is not certain. The governor said he has instructed Spencer Williams, secretary of human relations, and Dr. James V. Lowry, director of the Department of Mental Hygiene, to set up a timetable. He added that a start can be made "partly with funds saved by economies in the department."

A department spokesman said that if the new standards were put into effect today, the cost would be \$39 million. Of that amount, \$17 million would be for improving the staffing at hospitals for the mentally ill and \$22 million for the retarded.

The implementation, however, will be carried out in phases, in accordance with the governor's instructions. Admittedly, the program will take some time, since psychiatrists and psychiatric nurses are not easy to come by.

For the long run, Gov. Reagan's decision should have a highly beneficial effect on mental health. What it basically does is to take patient care away from a rigid set of numbers, and give it a flexibility under medical judgment. Both responsibility and authority are increased for the doctors, and that is the way it should be.

Mental health is not the least of this nation's problems, and the governor deserves praise for the pioneering step he has taken.

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El Cajon  
Daily California  
March 4, 1968

## Reagan's Record May Lose Blot

Ever since he announced drastic cutbacks in the state's mental health program, Gov. Reagan has been sporting a black eye. It was believed by many, with some convincing testimony from those directly concerned, that he was achieving a balanced budget and economy at the expense of these unfortunate people.

So the announcement that the governor has approved "in principle" new staffing standards for state hospitals caring for the mentally ill does much to remove the blot on Reagan's record.

It does, that is, if the governor is sincere in putting the program into effect and does not throw overboard the new standards the next time he makes a check of the state's coffers.

Mental health authorities, many of whom were critical when the original cuts were made, are encouraged by the adoption of the new staffing standards, which replace those that were accepted in 1952.

What the governor's program does is to make it possible to meet some of the staff deficiencies at state hospitals by basing the number of employees required

on how much care is needed by a patient to improve. This replaces the old standard which merely allotted so many patients per staff member—usually more than he could handle.

Gov. Reagan says he will not add any money to his 1968-69 budget to implement his mental health reform program. This might sound like he is already renegeing on his promises, but those in the mental health field say this need not be the case.

Since the population of state mental hospitals is steadily decreasing, largely because of improved treatment techniques and the availability of local day care centers, the staffing standards can be implemented merely by keeping the budget allocations at somewhere near the same level they are now.

In other words, as the hospital population decreases money will still be available to retain the needed staff to adequately care for the mentally ill patients.

We hope this is the case. The progress that has been made in the care of the mentally ill in this state is too important to sacrifice in the name of false and short-sighted economy.



# THE PRESS- COURIER

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OXNARD, CALIFORNIA, FRIDAY, FEBRUARY 23, 1968

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## Governor's Plan Benefits Camarillo State Hospital

Camarillo State Hospital will be able to provide better patient care when staffing improvements announced today by Gov. Reagan are put into effect, Dr. Louis Nash, hospital superintendent, said.

Nash said an increase in the nursing staff would provide "a better ratio of personnel to patients. He lauded Reagan's move as a big step toward eliminating "archaic" staffing standards.

Reagan today directed the Department of Mental Health to implement recommendations by the California Commission on Staffing Standards in 1967.

Reagan said they will replace 1952 standards "because they

have become obsolete in the light of medical progress and particularly because of the increased emphasis on local treatment of the mentally ill."

Reagan said last year that mental hospital staffs should be cut back because more patients are being handled by local facilities. The cutbacks triggered strong criticism from hospital employees and other groups.

Reagan imposed staff cutbacks in state hospitals last year calling for elimination of

some 2,800 jobs. He gave no figures on the new staffing standards.

Nash said Camarillo State Hospital had reduced its staff "through normal attrition" so that no programs were seriously affected. The Board of Trustees of Camarillo Hospital met today and issued a statement of gratitude to the governor for the move which they said will "greatly improve" programs at the hospital.

San Diego, Calif.  
Evening Tribune  
(Ch. & W. 113,300)

San Diego, Calif.  
Evening Tribune  
(Ch. & W. 113,300)

Altair P.C.E. Est. 1888

# State Mental Hospital Rules Altered

SACRAMENTO (UPI) — Gov. Reagan said yesterday the state has abandoned patient-staff ratio staffing standards at mental hospitals and adopted new standards set by a special commission.

The new standards are based on how much care an individual patient needs as measured by the time necessary for his care and treatment, a Department of Mental Hygiene spokesman said.

Reagan, whose cutbacks in funds for mental hygiene stirred a bitter controversy last year, said implementation of the new standards would be conducted in phases based on a timetable to be determined by Spencer Williams, human relations secretary, and the department director, James Lowry.

## ACTION LAUDED

Hal Logan of El Cajon, chairman of the board of directors of Patton State Hospital, lauded the action as "one of the most outstanding recommendations for change in the last decade."

He called the changes "a step forward in the treatment of the mentally ill, long sought by groups such as the California Medical Association and the California Mental Health Association so that as many persons as possible are returned to their local communities through greater intensity of care."

The new standards, recommended in a two-volume study by the California Commission on Hospital Standards, will reduce the number of patients because they will begin receiving treatment immediately and, consequently, "create a new morale among professional people when they realize they can give their best efforts and be effective," he said.

## EARLY ADOPTION

He said he hopes the standards will be adopted at Patton this fiscal year.

Reagan called the current standards, adopted in 1952, obsolete "in the light of medical progress and particularly because of the increased emphasis on local treatment of the mentally ill."



Ventura Star  
Free Press  
2-25-68

## CHS Trustees Applaud Reagan's Staffing Policy

Staff members and trustees of Camarillo State Hospital have expressed complete agreement with the new 1967 staffing standards for mental hygiene recently adopted by Gov. Ronald Reagan for all state mental hospitals.

The new staffing standards were generated by an Aerojet General time study in 1967 to determine the kind and amount of care needed for the various types of patients. Standards had not been changed since 1952, Dr. John F. Sheel of the hospital staff said yesterday.

Sheel said, "With the new staffing standards, we can more adequately determine our staff needs, and where to place them." Sheel said there will be an increase in the staff at Camarillo State Hospital, determined by the survey, but the state budget will govern just how large an increase can be made.

The Camarillo hospital's board of trustees met Thursday and issued the following statement:

"The board of trustees of Camarillo State Hospital are most gratified that Gov. Reagan has recognized the need to implement the new 1967 staffing standards. We believe the California State mental health program will be greatly improved."

7.628. 1968

## DeMeo Likes New SSH Staff Plan

By Staff Correspondent

ELDRIDGE—The chairman of the board of trustees at Sonoma State Hospital has expressed satisfaction with Gov. Ronald Reagan's acceptance of new staffing standards for state mental hospitals.

Charles DeMeo of Santa Rosa noted that the approval of new plan, proposed last year by the California Commission on Staffing Standards, could mean an increase of 500 medical services employees at the Eldridge facility when fully implemented.

Timing of the new staffing proposal, part of a "comprehensive" new plan for the 14 hospitals, now awaits formulation of a schedule by Spencer Williams, state welfare administrator, and Dr. James Lowry, director of the state Department of Mental Hygiene.

Whether additional job positions will actually be added to meet the new plan remains to be seen, however.

### Patient Load Cut?

An alternative viewed as likely by administrators may call for reduction of the hospitals' mammoth patient load—1,400 — to a size where it would fall in line with new standards.

That could also bring the hospital in line with another portion of the Reagan plan—a recommendation to increase the average space per patient from 55 to 70 sq. ft.

The staffing plan replaces one formulated in 1952, which has long been the target of criticism.

Mr. DeMeo said the Reagan decision was one of the most forward looking steps in the care for the retarded taken by the state during his 25 years on the board.

Los Angeles  
Times

3-5-68

## Staffing Program Hailed

Gov. Ronald Reagan announced Feb. 23 the Administration has adopted in principle the staffing standards for state mental hospitals set in 1967 by the California Commission on Staffing Standards.

"Implementation of the standards will be carried out in phases consistent with sound

hospital and management practices," he said.

The governor said the 1952 standards should be replaced by new standards because they have become obsolete in light of medical progress and particularly because of increased emphasis on local treatment for the mentally ill.

This is an excellent step in the right direction; a culmination of hard work on the part of those interested in the Department of Mental Hygiene, and will greatly implement and increase the level of care in the state hospitals throughout the state.

This is particularly true of the Fairview State Hospital, in that it will increase the standards which at the present time are about 60% of the staffing standards for state hospitals set in 1967 by the California Commission on Staffing Standards.

The board of trustees of Fairview State Hospital feels that this is an excellent program and when properly implemented, will increase the care of those who are unable to care for themselves.

VERN O. FAHRNEY  
Chairman, Board of Trustees  
Fairview State Hospital  
Long Beach

PART IV

Comments  
by  
Psychiatric  
Societies

# Reagan OKs New Staff Rules in Mental Health

## Authorities Say Revised Standards Could Improve Quality of Care in State Hospitals

BY HARRY NELSON

Times Medical Editor

Gov. Reagan announced Friday he has approved "in principle" new staffing standards which mental health authorities say could significantly improve the quality of care in state hospitals for the mentally ill and mentally retarded.

The new staffing standards were recommended a year ago by a special commission which found, after an 18-month study, that the overall deficit of help was 32% in hospitals for the mentally ill and 38% in hospitals for the mentally retarded.

Unlike the old standards, which are based on a set employee-patient ratio, the new standards are based on how much care is required by each patient to improve.

The Reagan Administration was strongly criticized by mental health groups for initiating a personnel cutback in the Department of Mental Hygiene on the heels of the staffing commission's report.

In his announcement Friday, Reagan said implementation of the new standards would be carried out "in phases consistent with sound hospital and management practices."

### Orders Timetable

He said he has instructed Spencer Williams, secretary of human relations, and Dr. James V. Lowry, director of the Department of Mental Hygiene, to set up a timetable for putting the standards into effect.

Reagan said the 1952 standards which have been in effect are "obsolete in the light of medical progress and particularly because of the increased emphasis on local treatment of the mentally ill."

He said the Administra-

tion will begin putting the new standards into effect "partly with funds saved by economies in the department."

The Southern California Psychiatric Society and the Mental Health Assn. of Los Angeles County, both of whom have been critical of many of the governor's previous actions in mental health, applauded the announcement, as did the California Council for Retarded Children.

Dr. Ruth Barnard, president of the psychiatric society, said "implementation of these more realistic standards is one of the ways the care and treatment of the mentally ill and mentally retarded can be brought up to a more acceptable level than is currently being achieved."

### Called Pioneering Move

David C. Honey, president of the Mental Health Assn., called the move a "pioneering and important contribution" and a "step forward to providing adequate care and treatment."

A department spokesman said that if the new standards were put into effect today, the cost would be \$39 million. Of that amount, \$17 million would be for improving the staffing at hospitals for the mentally ill and \$22 million for the retarded.

Since implementation of the staffing standards will be done in phases, it is expected that the cost will be less than \$17 million for the mentally ill because the number of mentally ill in state hospitals is declining.

The cost for improving staffing for the retarded persons is expected to stay the same because the hospital population of retarded persons is not declining.



Sacramento Union

2-27-68

## Psychiatrists Laud Reagan

The Central California Psychiatric Society, which represents 115 Central Valley psychiatrists, Monday lauded Governor Reagan's decision to adopt the principles of the 1967 report of the California Commission on Staffing Standards for state hospitals.

"We are especially interested in the governor's statement that he intends to begin putting these new standards into effect immediately, using current savings," said Dr. George Gross, president of the Society.

Dr. Gross said sufficient state funds must be provided simultaneously to county mental health programs.

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(City, St., Zip, and C. No.)

2-25-68

Allen's P.C. 1. En. 1698

## Psychiatrists' Unit Praises Program

The Central California Psychiatric Society has praised Governor Ronald Reagan's decision concerning a 14-point program to improve the state's mental hospitals.

to adopt the principle of the staffing standards recommended by the 1967 report of the California Commission on Staffing Standards.

The governor announced the decision Friday and affirmed it in today's announcement concerning a 14-point program to improve the state's mental hospitals.

Dr. George Gross, president of the society which represents 115 psychiatrists in the valley area, said the decision should mean "measurable increases in staffing ratios this year and further increases in the ratio in future years."

2-25-68

Also appeared in the  
Sacramento Bee and Modesto Bee

Allen's P.C.D. Est. 1958

# Reagan Issues 14-Point Program To Improve Mental Health Care

By Peter Weissner

SACRAMENTO — Gov. Ronald Reagan issued a 14-point program to improve the level of care for patients in the state's hospitals for the mentally ill.

Many of the suggested reforms are apparent reversals of Reagan's economy-oriented cuts of more than \$11 million from the hospital budgets in fiscal 1967-68.

Reagan specifically calls for a junking of "obsolete" standards for staffing hospitals for the mentally ill although the \$11.4 million in cuts made last year were done without regard to staffing standards.

The reform list includes establishment of two additional mental retardation centers, through Reagan vetoed proposals for retardation centers in San Diego, Fresno and Sacramento last year.

In other reversals of position the governor called for creation of a board of medical visitors, an idea he rebutted during a highly publicized visit to Camarillo State Hospital, and for a determination of why there are "major quality variances among the mental hospitals."

## Guarded Reaction

There was guarded reaction to the governor's reform program, along with the speculation it may have been triggered in part by the fact leaders of the California Medical Association this weekend are putting the final touches on a study of the state's mental hospital facilities.

The study on which the Reagan reform measures are based, according to a Reagan aide, "is an administration effort" — not the CMA study by 60 doctors in 14 survey teams. A member of the CMA study group flatly stated most of the recommendations issued by the governor are identical to the study recommendations. But he added:

"We don't care who gets the medals for these things. He's started moving in the right direction on mental hygiene."

Dr. Ruth Barnard, the physician who is president of the Psychiatric Society of Southern California, said Reagan's list "sounds like a program for people and goals in which incur."

Last year the governor trimmed \$11.4 million from the Department of Mental Hygiene's budget request, then blue-penciled the amount when he signed the budget June 30, 1967, after the legislature reinserted it. His budget cuts, according to testimony before legislative bodies by Dr. James V. Lowry, department director, were carried out along fiscal guidelines and without attempts to reevaluate standards of care.

A resulting drumfire of criticism arose from critics as diverse as Jimmy Persall, former Boston Red Sox baseball star, labor union leaders, and psychiatric societies.

While the administration emphasis last year was decidedly budgetary, according to the testimony of Lowry and others, the chief concern of the new Reagan program is on standards and treatment of care.

"We have always known that problems in our mental hospitals go beyond budgetary factors," the governor stated.

"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."

Chief Points Listed  
Chief points in the program are:

1 — setting up two added mental retardation hospitals.

2 — junking of the 1952 staff-principle of enriched" standards and adoption "in set up last year by the California Commission on Hospitals Standards.

3 — creation of a state board of medical visitors for each hospital.

4 — inspection of hospital buildings by the State Department of General Services.

5 — a determination of why there are "major quality variances among the mental hospitals," variances which are unspecified, "and to find out why some are not operated as well or as efficiently as they should be."

6 — Quick action to find out which facilities should be phased out due to greater reliance on local programs. (Physicians note there is no mention of increasing aid to local facilities to provide for the increase in local patient load and expense. The hospital close-down proposal year after year finds advocates in the office of Legislative Analyst A. Alan Post, chief, on the ground of efficiency.)

7 — Elimination of outdated functions such as farming operations. Though the governor's announcement did not allude to it, a similar proposal recently was made by the California Taxpayers' Association.

8 — Trimming out of surgical facilities from some hospitals.

9 — Upgrading space standards per patient bed, from about 55 square feet per patient to 70 square feet.

10 — Adoption of clear-cut and definitive goals for the treatment of mentally ill persons which have "been acclaimed by leaders in the mental health field".

tal health budget in the light of recent information.

Reagan said his budget for the coming fiscal year includes a record increase for Short-Doyle programs, up by \$4.6 million to a total of \$29.5 million. The over-all mental Hygiene Department budget for the year, he said, is up by more than \$6 million to \$244 million.

Psychiatric society leaders already have pointed out that Lowry, in a letter dated last year, said \$7 million to \$9 million would be needed for Short-Doyle. Analysis of the budget shows that while the department as a whole is up, the hospital budget actually has been cut by \$400,000.

12 — Renewed instructions to Lowry 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."

Reagan last year, after the initial flareup of criticism, explained that if the level of care for the state's estimated 36,000 patients were threatened, Lowry had authority to restore whatever money and jobs of the 3,700-positions were eliminated.

13 — Administrative streamlining within the Department of Mental Hygiene.

14 — Creation of an advisory committee on mental health to consult with the governor on mental health issues.

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

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

"But, as we have repeatedly told the people of California, the time is long overdue for action designed to stop the warehousing of the mentally ill."

Last year opponents of the governor's mental hygiene cuts condemned the budget trimmings as false economy, repeatedly warning they would lead to the "warehousing" Reagan now deprecates.

Vallejo, Calif.  
Times Herald  
(Cir. D. 25,253 S. 29,345)

2-24-68

Allen's P. C. B. Est. 1888

## Psychiatrist Wants Study

SAN FRANCISCO (AP)—The chairman of California's psychiatric societies urged Gov. Reagan Friday to give closer attention to the needs of local programs for treatment of the mentally ill because they are "inadequately financed."

Dr. Irving Phillips, in a statement made in behalf of the societies, praised the governor's "adoption of new standards for patient care in state hospitals."

He referred to recommendations made by the California Commission on Staffing Standards.

"We would urge the governor's close attention to the needs of local programs which at present are inadequately financed. We hope that he will request sufficient funding to allow for program development to continue," said Phillips.

PART V

Comments  
by  
Citizen  
Organizations



Sacramento, Calif.  
Des  
(Cir. D. 172,254 S. 194,251)

2-24-68

*Allen's* P.C.D. Est. 1888

## Mental Health Leader Praises Reagan Action

Arthur Hellender, president of the California Association for Mental Health, has praised the action by Gov. Ronald Reagan in adopting "in principle" proposed new staffing standards for California's state hospitals.

The standards were recommended a year ago after a study by the California Commission on Staffing Standards.

"The adoption by California of the very sound and realistic recommendations of the commission is a critical step forward to providing adequate care and treatment for a large segment of those Californians who are mentally ill," Hellender said.

### Concur On Importance

"The California Association for Mental Health shares with the professional community the opinion that the new standards for staffing state hospitals is a pioneering and important contribution.

"We look forward to cooperating with the governor, the Department of Mental Hygiene and the legislature in the realistic implementation of these new standards.

Also appeared in the  
Fresno and Modesto  
papers

### Ferescees Progress

"The old standards were unrealistic and a detriment to providing adequate treatment. We commend Governor Reagan for adopting the new standards. They are a pioneering contribution, and I am confident they will help California assume its proper role as the leading state in providing the best possible programs for its citizens who are hospitalized in state institutions.

"The association participated with the select commission of professionals in the 18-month study which led to the recommendations," he added.

### Retarded Children's Group Applauds Step

The California Council for Retarded Children has applauded an announcement by Gov. Ronald Reagan his administration is accepting higher staffing standards for the state's mental hospitals.

"This is a move in a positive direction of assuring a more adequate level of care for the mentally retarded in our state hospitals," commented Stanley LeBon, council president. Council personnel helped prepare the report on which the increased staffing standards is based.

"The new standards will ultimately replace the out-of-date standards established in 1952," said LeBon. Ultimately, he said, the move will improve the level of care for the retarded.

## *New Guidelines*

# Reagan Asks Hike In Mental Staffs

An increase in the number of local treatment of the mentally state mental hospital workers ill." per patient has been proposed by Governor Reagan, who last year slashed their staffs in a controversial economy move.

A statement from Reagan's office said the administration has "adopted in principle" guidelines set last year by the California Commission on Staffing Standards.

However, neither the number of employees to be restored nor the cost of the additions were revealed as Reagan administration prepared a comprehensive program for improving mental hospital care.

"There will be an increase in the number of staff people per patient," said an aide to Spencer Williams, secretary for human relations. The aide added that the program wouldn't go into effect until the fiscal year starting July 1 as it will need legislative approval.

The statement from Reagan's office said the old 1952 standards should be replaced "because they have become obsolete in the light of medical progress and particularly because of the increased emphasis on

Reagan said, "We will begin putting these new standards into effect partially with funds saved by economies" in the State Department of Mental Hygiene.

Last year, Reagan announced state mental hospital staff cutbacks calling for elimination of about 2,800 jobs. He said the cuts were justified because more patients are being handled by local rather than state facilities.

Word of his new proposal was hailed by leaders of groups which bitterly attacked the 1967 cutbacks.

"This is a move in a positive direction of assuring more adequate level of care for the mentally retarded in our state hospitals," said Stanley LeBon, president of the California Council for Retarded children.

Terming the plan "a pioneering and important contribution," the president of the California Association for Mental Health, Arthur Hellender, said the adoption is "a critical step forward to providing adequate care and treatment for a large segment" of the mentally ill.

Vallejo News  
Chronicle  
Feb. 29, 1968

## MENTAL CARE PLAN LAUDED

SACRAMENTO (AP) — One of Gov. Reagan's leading critics on mental health Wednesday described as "a delightful turn of events" Reagan's announced plan to reform the state's mental health program.

The Citizens Committee for Improved Treatment in Our State Hospitals pledged support for Reagan's plan to adopt 1967 staffing standards at the state's mental hospitals.

The state has been operating on a 1952 staffing level plan.

Winston Wilson of Sacramento, committee chairman, urged Reagan to seek emergency funds from the legislature to begin putting his reform into effect.

But Reagan said Tuesday he does not plan to add funds to the mental hygiene budget during the coming year. Some of the reforms can be accomplished with savings made in the department, he said.

The entire reform program will have to be accomplished over "the long haul," he added.

Wilson said, "We are truly pleased that the governor now wants to take some positive steps toward bringing adequate care and treatment to those hospitalized by mental illness."

The Sacramento Union  
Friday, March 1, 1966

Our Readers Write

## Mental Health Group Lauds Reagan

Editor, The Union: We have been informed of the announcement of Governor Reagan's acceptance in principle of the recommendations of the California Commission on Staffing Standards in state mental hospitals.

The Sacramento Area Mental Health Association compliments him for this important step forward and we feel that it can do much to improve the quality and quantity of care and treat-

ment to the hundreds of Sacramentans who are presently hospitalized in our state mental hospitals.

We are in total agreement with the new Staffing Standards as recommended by the Commission. We do hope that adequate funds will be made available so that these important recommendations can be implemented.

**VIRGINIA L. YOUNG**  
President



Many of Governor Ronald Reagan's proposals for Mental

Hygiene have long been advocated by CSEA. In what appears to be a reversal in the administration's position, the pressing questions are: How will the 14-point program be implemented? When?

## Reagan Plan Would Enrich Mental Hygiene

A 14-point plan aimed at improving the state's mental hygiene program has been announced by Governor Ronald Reagan.

Included in the governor's list of program changes is a higher ratio of staff to patients in state hospitals for the mentally ill and mentally retarded, creation of two new mental retardation centers, an increase in space for each hospital bed, hospital maintenance inspections and a re-evaluation of the 1968-69 budget for the Department of Mental Hygiene.

All of these measures long have been a part of CSEA's mental hygiene program.

CSEA officials agree that the key point of the governor's revised program is his decision to improve the ratio of hospital staff to patients. In junking "as obsolete" the 1952 staffing standards under which the department has been operating, the governor accepted "in principle" the much richer standards recommended by the California Commission on Staffing Standards.

The commission's recommendations, published in January 1967 after a comprehensive, 18-month study of the hospital system, called for staffing increases averaging 35 percent to bring the staff-patient ratio to "minimally acceptable" levels. However, the governor two months later announced his intention to cut staff by 3,700 positions — a move he said was justified by the declining resident patient population in the hospitals.

CSEA disagreed strongly with the governor's decision to reduce staff, arguing that the main reason for the decline in resident patients was the then gradually improving ratio of staff to patients.

The Association joined in statewide efforts of citizen groups to resist the cutback and was successful in winning a legislative appropriation sufficient to maintain staff at the January 1967 level. The governor vetoed these additional funds.

"We are extremely pleased that Governor Reagan agrees with us that the staffing recommendations of the Staffing Standards Commission should be adopted," CSEA President Frances M. Dillon commented. "I am sure that the new staffing goals will greatly improve the morale of the dedicated people who now are carrying the huge burden of treating and caring for the mentally ill and retarded."

Thomas T. Jordan, the Association's deputy general manager, also praised the governor's new program.

"We are delighted," he said, "and Governor Reagan may be assured that CSEA will cooperate fully in the common effort to achieve the goals at the earliest possible time."

Jordan said the new program will cost more money than is provided in the governor's proposed budget, but noted that the budget is to be re-evaluated.

"We hope that reevaluation will produce substantial budget increases for staff enrichment at all levels, from support classes to direct treatment personnel," he stated. "We realize that we cannot achieve 100 percent of the general improvement goals immediately, but a significant start should be made now."

One of the governor's new program points is a "... determination 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."

Jordan said CSEA will be interested to know how any of the department's "presently overcrowded facilities" can be eliminated in the near future if bed space is to be increased from 55 square feet or less to the governor's new goal of 70 square feet.

Jordan also pointed out that "resident population" should be only one factor in the determination of staffing patterns. He said that total annual admissions to the hospitals are the highest in history, and that admissions will continue to increase as the state's population rises.

"These people must be cared for just as long-term patients are cared for, and this care requires a lot more people," he added.

Jordan said he has some reservations about the ability of local jurisdictions to absorb much more of the state's mental patient load in the near future.

"The department still plans to close all of its local day treatment and after-care centers," he commented. "Are we sure that the counties will be able to take over these patients?"

Department of Mental Hygiene officials say that despite adoption of new staffing standards, layoff schedules for the remainder of this fiscal year have not been changed. However, many hospitals already have lost so many employees that they currently are operating with less staff than current schedules provide, so there is some doubt that additional layoffs will be necessary.

A spokesman for the department said that Dr. James Lowry, department director, is working on a schedule to implement the 14 points contained in the governor's program. He said the governor has given Dr. Lowry "complete discretion in maintaining the staffing requirements and levels of care for patients."

PART VI

Comments  
by  
Hospital  
Staff

Stockton Record

Feb. 24, 1968

## State Hosp. Staffing Plan Wins Praise

Dr. Adams Hails  
New Standards

Adoption of new staffing standards by the Reagan administration for state mental hospitals was hailed today as "a tremendous step forward" by Dr. Freeman Adams, Stockton State Hospital superintendent.

The new standards, based on recommendations made a year ago by a special study commission, apparently reflect an abrupt change from the previous administration policy of eliminating jobs at state hospitals.

The cutbacks, which included more than 200 jobs at Stockton State Hospital last year, touched off a bitter controversy over adequacy of care for the mentally ill.

### IN FUTURE

However, the application of the new standards may be some time off. The Department of Mental Hygiene budget now under consideration, for 1968-69, does not reflect the new standards, Dr. Adams noted.

The old standards are based on a 1952 formula for employee-patient ratios. The new standards are based on how much care an individual patient needs as measured by the time necessary for his care and treatment.

Just how this eventually will affect the staffing at Stockton State Hospital is not clear.

### MORE RELEASES

However, Dr. Adams believes that the new standards will allow the program of releasing more patients into the community to continue.

The trend of keeping fewer patients in the institution, developed over the past several years, would have to end soon if the 1952 standards and related job cuts were maintained, Dr. Adams said.

One possible way of bringing the new standards into effect would be to refrain from elimination of jobs as the patient load drops, thus increasing the level of care, he said.

### SHARP VARIATIONS

Dr. Adams said that when the study was completed a year ago the over-all level of staffing at the hospital was only about 68 per cent of that recommended under the new standards, with sharp variations from that in the different specific job categories.

Adoption of the new standards is "a most encouraging development, and will enable us to come closer to an acceptable level of care," Dr. Adams said.

As far as possible changes in program emphasis are concerned, the new standards may mean a slight shift toward more work with community mental health programs and outpatient care, he said.

The new standards will be implemented in phases on a timetable to be determined by

(Continued on Page 22, Col. 3)

## Wins Praise

(Cont. From Page 1, Sec. 2)

development, and will enable us to come closer to an acceptable level of care," Dr. Adams said.

As far as possible changes in program emphasis are concerned, the new standards may mean a slight shift toward more work with community mental health programs and outpatient care, he said.

The new standards will be implemented in phases on a timetable to be determined by James Lowry, director of the Department of Mental Hygiene, and Spencer Williams, human relations secretary.

However, there was no indication whether any effort would be made to change Reagan's proposed 1968-69 budget, which calls for further staff cutbacks in state hospitals.

Reagan said the 1952 standards "have become obsolete in the light of medical progress and particularly because of the increased emphasis on local treatment of the mentally ill."

The commission that recommended the new standards worked for 18 months under a Senate resolution introduced by Sen. Alan Short (D-Stockton) authorizing the study.

The commission used computers and personnel of Aerojet General Corp. in tabulating and evaluating material to help determine the nursing time actually needed for patient care.



## Klatte Lauds Reagan's OK of New Staffing

Governor Ronald Reagan's recognition of the need for more staffing in the State's mental hospitals has brought approving comments from hospital superintendents throughout the state.

Mendocino's superintendent, Dr. E. W. Klatte, had this to say: "We are very pleased with the announcement that the Governor is endorsing the new staffing standard developed by the California Commission on Staffing Standards for Mental Hospitals. This is the first time that staffing standards have been based on an intensive study."

### More Nursing Service

Explaining how MSH would be affected, Dr. Klatte said "The hospital now has 480 nursing service positions for the wards. According to the new standards there would be 613 nursing service positions at the ward level and, in addition, 24 positions for off-ward assignments. We are now at 75 per cent of the new standards."

Dr. Klatte added that although the standard has been adopted, it is his understanding that final decisions on some aspects have not been made and that there will probably be a slight adjustment.

### Psychiatric Aides

Last September the hospital's psychiatric technician training program received accreditation, which means that when the PTTs complete their year of training, they are certified by the Board of Vocational Examiners. Accreditation criterion limits the classes to 15 students, and when 23 PTTs were hired in January (this was done by downgrading some professional vacancies) only 15 were eligible for the training. The other eight became psychiatric aides and under this classification they have a variety of duties. Of the 22 psychiatric aides currently employed, ten are assigned to nursing services; the others have assignments in the beauty shop, clinical lab, dental lab, physical therapy, Rehab, Social Services, Research, VARC and Voc Rehab. The psychiatric aide program is coordinated by Harold Neville, Supervising PTT working in Nursing Education.



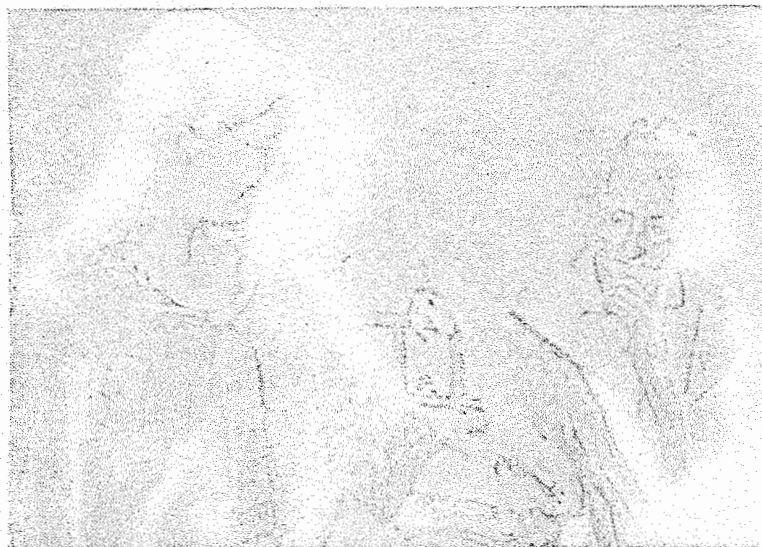
CLOWN Eddie Spaghetti alias ace juggler Hugh Marquandt, spins a plate high atop a pole while Fred Strom looks on. The picture was taken on RT-D where some of the circus people stopped to bring the circus to those patients who could not come to the auditorium.

## Sacramento Channel 10 Visits MSH to Televis

Channel 10, from Sacramento, visited the hospital recently to film sequences for a series it is doing on mental health. Filming here was done on RT-A, the alcoholism and drug abuse services and the adolescent program, with emphasis throughout on the role of the hospital as a psychiatric training center.

The series of five programs covers a wide range of facilities. It starts on a county level, then visits Mendocino and Sonoma State Hospitals for State hospitalization sequences and ends up with a summary by Dr. James V. Lowry, DMH director in Sacramento.

Viewing time of the series is from 6-7 p.m. on Wednesdays, with the Mendocino sequence scheduled



CHERI SHAW shows Arthur, the parrot star of "Dr. Dolittle" to Nellie Bailey, who's a patient on RT-D. Arthur is a handsome blue, green and yellow macaw with beautiful black markings on a white face. In the movie he plays Polynesia, the parrot who taught Dr. Dolittle how to talk with birds and animals. Cheri has been with Big John Strong's Circus for about a year.

## Animals Star Attractions of Big John Strong's Circus

By ED ANDERSEN

Big John Strong and his all-star cast captivated the patients and staff of this hospital last Wednesday afternoon. From Eddie Spaghetti, The Deans, Cheri Shaw with her parrot Arthur and beautiful doves, Neena, a ton or more of charming pulchritude, a varied assortment of goats, rams, llamas, shetland ponies and pedigreed???

## C'est la Vie Club Enjoys Unit A Combo

A combo from the Med-Surgical Division provided the entertainment at the Feb. 22 meeting of C'est La Vie, the newly organized club in town for patients and ex-patients. Harold Erlanger played the piano and Charlie Thomas the violin; both men are from Unit A, and had put their talents together only the night before.

Two club members from the community also entertained. Hazel Geraghty played "Turkey in the Straw" and Carlos Fernandez sang "Pennies from Heaven."

Special thanks from the club went to Velma Lawton, nursing services supervisor in the Med-Surgical Division, for the gift of a 75-cup coffee maker.

The club meets every Thursday from 7-9 p.m. in the recreation room of Holy Trinity Episcopal

performers and last but not least Big John himself.

At the Wednesday afternoon performance well over seven hundred patients jammed the auditorium amid bags and bags of popcorn and fruit punch so thoughtfully provided by Rehab Services and the many, many volunteers. They worked for days prior to the show popping pounds and pounds of popcorn and incidentally popping lights in the Rehab building.

### Visits Closed Units

Big John's day began early Wednesday morning along with the Deans, Eddie Spaghetti, Cheri Shaw, the Doves and Miss Pearl Poodle visiting many of the wards around the facility. As you are aware many of our fellow patients could not attend the performance at the auditorium and Big John and his fellow performers brought a bit of the circus into many of the units. Big John in his inimitable manner did an exceptional fine job in reaching the hearts of his audience and lighting up their eyes by calling many of them by their names. We trust that the pictures capture some of this

### NEED A JOB?

See Your Counselor  
for A Referral to

Alta Placement Service



PORTERVILLE STATE HOSPITAL  
Porterville, California

VOLUME 16

Number 3

NEWSLETTER

March, 1968

\* \* \* \* \*

SUPERINTENDENT'S MESSAGE:

"I'm sure we were all delighted to read about our Governor's 14 point program for the mentally ill and retarded in California which he issued February 25, 1968. Of course, some of the items we have been working towards for the last 15 years and some of the items have already been accomplished at Porterville. For example, we have a most capable Board of Medical Visitors known as the Medical Advisory Committee which, incidently, will meet here on March 8. We never developed farming operations which are now determined to be therapeutically out-moded. We have worked toward the 70 square feet standard per patient bed and adopted this in May of 1966 (See HB 37-R) but because of a waiting list for admissions have never been able to reduce our patient population to 2095 from the present 2450 plus.

"The most heart-warming development however, is the acceptance by the Governor of the California Commission on Staffing Standards Report issued in February 1967 and consistently advocated by those of us 'in the field' throughout the trying 'freeze' on hiring between Jan. and Apr. of 1967 and the 'cutbacks' in fiscal 67/68.

"Next year, beginning July 1, 1968, looks quite encouraging. The Governor's Budget proposes 356 new positions for the treatment of the mentally retarded in California, some 312 positions in nursing service. This is a most significant increase in staffing and should mean some 70 or 80 additional persons at Porterville to upgrade our daily nursing care of the patient. We shall continue to request replacement of those plant maintenance personnel deleted in fiscal 67/68. We cannot operate a sound treatment program without necessary support personnel and adequate operating expense funds. Repairs and remodeling as well as new construction must be programed. At this writing over one million dollars had been proposed in the Governor's budget for 1968/69 to construct the first phase of refrigerated air conditioning to replace the inadequate evaporative coolers on twelve of our 34 non-acute wards. Good news, as this early Spring weather brings the temperature up, up, up!

JAMES T. SHELTON, M.D.  
SUPERINTENDENT AND MEDICAL DIRECTOR

MATES NEEDED FOR MATING GAME AT ANIMAL SHELTER:

School Principal Chet Powers reports several vacancies existing among distinguished residents of the animal shelter at our School Division. As a result of our PSH radio appeal, a peahen has been donated by Mrs. "Doc" Spuhler of Woodville to marry the peacock recently donated by one of our Family Caretakers, Mrs. Druie Calucag of Earlimart. Males are still wanted in the sheep and goat divisions. If you know of a Ram and a Billy Goat who are at loose ends, perhaps an exciting new life of marital bliss awaits them at our shelter. Please contact Cupid Powers if you come across any prowling prospects.

RED CROSS TIME IS HERE AGAIN:

You will be contacted soon regarding a contribution to the American Red Cross. Our total effort last year averaged out to 20¢ per employee. How much good could you do for someone in need on the basis of 20¢ to spend for an entire year? In 1965 we reached our peak of generosity with an average 29¢ per employee. Could you spare four bits for the volunteer solicitor when you are contacted this month?

JOINT COMMISSION ACCREDITATION INSPECTION COMING MARCH 20-21-22:

Coming to inspect us for the continuation of our accreditation by the Joint Commission will be Dr. Theodore J. Hughes, who previously inspected us in Feb. 1962. We have enjoyed continuous accreditation since our first inspection in Jan. 1959.



IMMEDIATE RELEASE

ATTACHED ARE THREE DOCUMENTS:

1. A statement by Spencer Williams
2. A commentary by the Director of Mental Hygiene
3. The California Medical Association report on the State mental hospitals

STATEMENT OF SPENCER WILLIAMS  
CONCERNING THE CALIFORNIA MEDICAL ASSOCIATION REPORT

I am extremely pleased that the final conclusion of the report is that "patient care, particularly in the area of new admissions, has shown improvement over conditions found in our earlier survey, reported in 1965".

It is the aim of this Administration to continue to improve patient care in our State hospitals, and, indeed, to improve our entire mental health system, particularly in the community where treatment is generally most effective.

The report notes that California is already in a "very favorable comparative position in relation to mental health programs throughout the nation" and that the Department of Mental Hygiene has provided a "high level of leadership".

We intend that this leadership continue.

We recognize that there are deficiencies in some elements of the system. Some of the same defects were noted by the Governor's Survey on Efficiency and Cost Control earlier and remedial action has already been undertaken.

On behalf of the State, I want to express our great appreciation for this public service to the California Medical Association; its President, Dr. John Morrison; Dr. Stuart Knox, Chairman of its Mental Health Committee; and to the corps of hardworking physicians who made the inspections.

February 29, 1968



RECOMMENDATIONS OF CALIFORNIA MEDICAL ASSOCIATION  
REGARDING CALIFORNIA STATE MENTAL HEALTH FACILITIES  
WITH COMMENTS BY  
JAMES V. LOWRY, M.D., DIRECTOR, DEPARTMENT OF MENTAL HYGIENE

The 1968 report of the California Medical Association survey of the hospitals of the Department of Mental Hygiene, like the 1965 report of a similar survey, will make a valuable contribution to progress in the care of patients in state hospitals. It is a concise, sometimes laudatory, sometimes critical report. It is presented with an objectivity that recognizes the progress that has been made since the last survey. It identifies the problems that continue and presents constructive recommendations for their solutions. It appropriately commends the staffs of the hospitals for their performance under difficult circumstances.

My reactions to the recommendations are as follows:

1. 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.

Comment. I agree with the recommendation and am pleased that Governor Reagan has approved the adoption of the California Commission on Staffing Standards for hospitals of the Department of Mental Hygiene. A study is being made by the Department of Mental Hygiene to develop a realistic plan for implementing the standards. There will be two problems: money and availability of professional personnel. (The Department has funds to employ 168 professional personnel, including 86 physicians, at this time but these personnel are not available).

2. 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.

Comment. Now being done and will continue.

3. 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.

Comment. Now being done, and I will ask Mr. Williams to ask the Department of Social Welfare to strengthen the placement program.

4. Wherever possible, patients should be admitted to State mental hospitals only by referral from local private physicians or the local mental health program.

Comment. In process of developing systems in cooperation with local mental health programs.

5. Provision should be made for the Department of Mental Hygiene to establish a class of personnel which would perform nontechnical ward duties.

Comment. Some months ago the Department initiated the establishing of a class of personnel to be called Technician Assistants.

6. 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.

Comment. A study of feasibility on a hospital by hospital basis will be initiated.

7. Provision should be made for a stepped-up program of out-of-state recruitment to enable the filling of vacant but authorized staff positions.

Comment. This has been and will continue to be a principal mechanism for obtaining professional personnel.

8. 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.

Comment. I am pleased that the California Medical Association is agreeable to continuing its survey service to the state hospitals and welcome the Board of Medical Visitors concept.

9. Continuity of treatment supervision should be continuously re-evaluated to be sure patients receive adequate treatment after discharge.

Comment. Continued treatment is of vital importance to partially recovered patients who can leave the state hospitals and can be available throughout the state by referral to private physicians and to local mental health programs. Only in this way can patients' care be adequately supervised. The Department of Mental Hygiene will strengthen and extend this system as rapidly as cooperation from local sources can be obtained.

10. Efforts should be made to correct, at the earliest possible time, the existing defects in physical plant and maintenance.

Comment. Adequate physical plant is essential to good patient care. Governor Reagan has recognized this and identified the mechanism in one of the fourteen points in his recent statement regarding the program of the Department of Mental Hygiene.

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 in-hospital 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.

## DEPARTMENT OF MENTAL HYGIENE

1500 FIFTH STREET  
SACRAMENTO 95814*file*

July 30, 1968

Mr. Curt Taylor  
Executive Assistant to the  
General Manager  
California State Employees' Association  
1108 O Street  
Sacramento, California 95814

Dear Curt:

This is the follow-up to our telephone conversation of this morning. Quite naturally, I am in no position to dispute the survey, but I surely can dispute the statement, "As soon as this backward movement is stopped, we hope the Administration will start moving forward with the 14-point program announced by the Governor." The Governor has not only started, but you can see for yourself that no grass has grown under his feet. Let's take them point by point:

1. Establishment of two additional Mental Retardation Regional Centers.

Not only is the Administration supporting this, but it is supporting the establishment of four instead of two, which will bring the total to six 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.

The Governor has adopted the Commission's standards and the budget for this fiscal year has funds to achieve the first of a series of increases required to reach full implementation of the standards within the next five years. I know you are aware that the 1952 standards had not been achieved by 1967.

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

With the exception of one hospital, which is awaiting the nomination of a physician from a particular county, the boards of medical visitors have been appointed.

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

The first inspection has been completed and the Department of General Services will conduct periodic, scheduled inspections to assure that the buildings are properly maintained.



5. Instructions 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.

This is still under study.
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.

The plan has been completed, and rather than phase-out of hospitals, beds vacated by mentally ill patients can be used for treatment units for the mentally retarded, where there is still some overcrowding.
7. Implementation of a program to eliminate gradually out-dated functions such as farming operations at some of the hospitals.

Farming operations will be discontinued within the near future except at two 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.

Surveys and negotiations with local general hospitals are underway. It may not be possible to obtain these services at less cost, and so the implementation may not be possible. Also, the hospitals in areas where most of the state hospitals are located may not be able to handle an increased surgical load.
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.

The 70 square feet was established. The Department has been trying for three decades to gain this standard. The number of patients in the hospitals for the mentally ill is lower than the rated bed capacity of 70 square feet per patient.
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.

Adopted--copies are attached.
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.

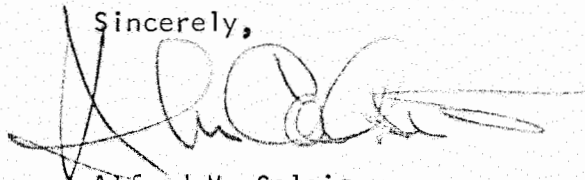
The budget was re-evaluated, and the 1967-68 budget was increased by \$1,800,000. The budget submitted in January (the 1968-69 budget) was increased by over \$6,000,000.

July 30, 1968

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|---|---|
| 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. | Still in effect. It means that the Department of Mental Hygiene has the authority to utilize funds appropriated for professional positions that are vacant for any health care personnel that are available for employment. |
| 13. Streamlining of administrative functions within the Department aimed at greater efficiency which can be reflected in better care for patients.  | The new reorganization was approved and became effective July 1. A copy of the chart is attached.   |
| 14. Creation of an advisory committee to the Governor on mental health.   | The Governor's Advisory Committee on Mental Health has been appointed and the first meeting should occur in the near future.  |

Relative to the statement, "...implementation of the program will not begin until 1970", I pointed out under Number 2 above that there are funds in this year's budget to start in the hospitals. This is a total of 487 additional positions, and is the first increment toward meeting the staffing standards. 148 of the positions are in hospitals for the mentally ill, 312 in hospitals for the mentally retarded, and 27 for the mentally retarded in hospitals with both mentally ill and mentally retarded. These positions are in addition to those required to continue to maintain the level of care provided on July 1, 1966. As you are aware, that was the budget in effect in the year when the Governor took office, and was the highest staffing ratio ever achieved within the Department during the last three decades. I have never researched beyond that.

Sincerely,



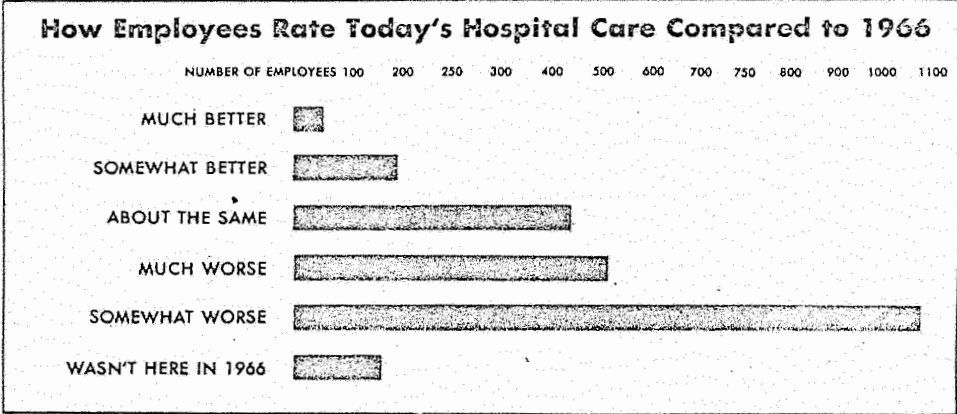
Alfred M. Calais  
Public Information Officer

AMC:1fb

cc: Dr. James V. Lowry  
Mr. Robert Fugina  
Mr. Paul Beck

Attachments

# OCCUPATIONAL GROUPS



# DMH Staff Says State Mental Care Fails

Most employees who care for patients in state mental hospitals believe that standards of care and treatment have declined since 1967 budget cuts were imposed.

An even greater number of employees in maintenance, food service, laundry and other support work say the level of services they provide is lower because of the budget cuts.

More than three-quarters of the nursing staff—doctors, registered nurses, psychiatric technicians, psychologists, therapists, social workers — lay principal blame for reduced patient care on a shortage of staff and low employee morale.

These opinions are among dozens offered by 3,567 hospital personnel who answered a CSEA-sponsored questionnaire last March and April. Tabulation of the responses was completed last week by CSEA Headquarters Office.

Information developed by the survey will be used by CSEA to back its argument that more staff, not less, is needed in the hospitals.

A. Curtis Taylor, executive assistant to the CSEA general manager, said copies of the survey report have been submitted to the governor's office and to Department of Mental Hygiene officials.

"We hope that this survey will prompt an immediate stop to the cutback in hospital jobs," Taylor said. "As soon as this backward movement is stopped, we hope the administration will start moving forward with the 14-point program announced by the governor."

Governor Ronald Reagan announced in February that he had adopted a 14-point program of improvements in the hospitals, including the staffing recommendations submitted by the California Commission on Staffing Standards in January 1967. However, implementation of the program will not begin until 1970.

Taylor said the opinion survey was undertaken by CSEA "... to find out what employees themselves think has happened to the standards of treatment and services they render."

Following are highlights of the statistics:

- 67 percent of nursing staff respondents said that patient care is "somewhat worse" or "much worse," 19 percent said it is "about the same," while 8 percent said it is "somewhat better" or "much better." (Among those who said that care is the same or better are employees of hospitals for the mentally retarded, which were not affected by the budget cuts to the same extent as hospitals for the mentally ill.)
- 77 percent said the cause of reduced patient care is shortage of staff and low employee morale.

- 71 percent said there is less care and treatment. 18 percent said the quality or quantity of food, housing and other living conditions is worse.
- 79 percent said that staff training is either non-existent or reduced.
- asked to list priorities for improving patient care, 51 percent said more staff is needed; 10 percent proposed better use of staff; 10 percent suggested better facilities; 12 percent asked for higher

professional standards, and 11 percent listed numerous other proposals.

- 71 percent of support services personnel (maintenance, food service, laundry, etc.) said their level of service has dropped.
- 33 percent of clerical employees in medical records sections said their services are better and 17 percent said they are about the same. This is the best showing by any hospital service. Only 37 percent said their services are poorer.

## Survey Replies Say Short Staff, Low Morale Hinders Mental Patient Care

The final question on the questionnaire asked the employee if he wished to add any comments. Many did. Here are representative samples of what they said:

We need more help. These patients are getting more psychotic and we can't do anything about it. It is your duty to them and to the general public to do something for these people, so they can once again go out and lead a normal, fruitful life.

—Psychiatric Technician

Prior to the budget cuts, it was my feeling that we at this hospital were reaching a staff-patient ratio where effective work was possible in small group situations and one-to-one relationships with patients throughout the hospital. My first reaction to the cuts was that we were being penalized for the accomplishments that had been made.

—Rehabilitation Therapist

Those at the "top of the ladder" so to speak, are not looking to the future. There will always be suffering humans with mental disorders who will require supervision and care. Who will do this? Your older PTs are retiring, quitting and dying. How many young ones are left? Very few! The ones who are capable of doing a job are seeking employment elsewhere. They just can't stand working in a surrounding which promises no improvement in patient care, treatment or hope of advancement.

—Psychiatric Technician

Much has been stressed about increase in patient injury... It must be mentioned that personnel injuries are just as important... Inadequate staffing on acute wards lead to patients attacking personnel... Inadequate staffing on geriatric wards where much lifting is required, and increase in PT work loads, leads to more back injuries and strains.

—Psychiatric Technician

I had five technicians on the p.m. shift; I now have two — usually only one working with me. This is an admission ward with acutely ill psychotics, etc. No time for patient contact anymore.

—Nurse, R.N.

I thank you for allowing me to make my feelings and observations known. I hope some good will come of it. I enjoy my work when I feel I am accomplishing something and helping others to do this. I haven't felt very satisfied lately and I've become very tired and have seen this in my employees. However, I'm still hopeful for the future as I feel things can't get much worse. And with continued investigations and re-evaluations, the truth of our needs is bound to come out in the open.

—Psychiatric Technician

Statement by Spencer Williams, Secretary  
Human Relations Agency of the State of California  
to  
Senate Business and Professions Committee  
State Capitol  
Sacramento, California

This hearing is called to consider a report that the Human Relations Agency originated. The Agency arranged for the study, employed the independent consultants and provided the Committee with the report. Dr. Lowry and I wanted an objective group to give us a responsible impartial report of the care of the retarded in order that we might further improve that care.

We asked that the problems be exposed with a view to their correction. We recognize, as does the Committee, that this is a controversial field in which experts disagree and in which any finding is likely to be controversial. This has been compounded in the matter before you because what you have had up to now is not the total report.

Instead you have had a report on one hospital out of nine hospitals that serve the retarded --- and not the report of the task force, but rather a report of consultants to the consultants. You have had a piece of an appendix to a report. And the one that has been publicly published isn't even that. It's a draft of a piece of an appendix to a report.

Furthermore, state hospitalization of the retarded is but one segment --- and a small one at that --- of the total care of the retarded.

Therefore, I think that it is appropriate that we place some perspective on the report concerning Sonoma State Hospital. This is not to say that I am unconcerned about the report. I am quite concerned about the report and I am determined that we shall further improve conditions there.

To provide this perspective, I want you to have the total report concerning our State hospitals for the retarded and I want to describe the place of state hospitalization in the total system of care for the retarded.

Governor Ronald Reagan believes, and has moved to implement, the concept that development of the retarded to his fullest potential is best achieved by care and treatment in the community.

We have moved in a variety of ways to implement that concept. New legislation that went into effect July 1 offers the potential of an increase in services to the retarded. This legislation was a part of a comprehensive revision of our mental health system. Other legislation now under consideration (AB 225) can do even more.

Since 1957 California has supported a jointly-financed state-county community mental health service that in the last fiscal year embraced 47 of our 58 counties and more than 95 percent of our state population. Funding proportions and many other elements of the community programs are changed by the new legislation.

As it affects the retarded, the basic changes are those which increase the range of services to include rehabilitation and partial hospitalization and which clearly state that a physician other than a psychiatrist may be used when it is more appropriate to the treatment needs of a retarded patient.

Despite the new legislation's fiscal emphasis on treatment of the mentally ill, plans submitted by the counties provide for a perceptible increase in services offered to the retarded starting in July.

I anticipate that as experience with the new procedures is gained, there will be greater increases in the services offered to the retarded through the community mental health programs.

The new legislation now under consideration and strongly supported by the Administration, brings all the diverse elements of the mental retardation services together in a single coordinated system. The key to the effectiveness of this system is the Regional Diagnostic Center. The centers provide diagnosis, counseling, and help provide services to the retarded and their families. They also perform the admission functions for the state hospitals and after-care placement. Three such centers are currently in operation. Three additional centers will soon be opened.

The centers not only increase the professional resources available to the retarded and their families, they also facilitate the use of all existing resources.



An important feature of the community-based center is its function in setting priorities. Within the limits of the contractual amounts, the center can determine who needs services most and what services it can support. Obvious needs and available services can be matched in this way, structuring an array of services to meet actual needs.

This way the concerned individuals at the local level participate in the decision-making process. We feel this is far more desirable than establishment of priorities in Sacramento and offering them to the community on a take-or-leave-it basis.

It is our hope that by the use of local planning and regional centers all of the communities in California will determine for themselves how best to care for their retarded. The State's role will then be one of setting standards and providing guidance and funds, not one of directing operations and exerting stringent controls.

As a result of 1967 legislation and increased state financial support, there was substantial expansion of development centers for handicapped minors. These 29 centers provide day service for retarded and other youngsters so severely handicapped that they cannot participate in even the special education courses in the public schools. More than 1,000 children are cared for in these centers, permitting their parents to work. The program also reduces the need for institutionalization.

The public schools provide classes for both the educable retarded and more recently the trainable. There are more than 65,000 children in these classes.

Much of the community-based effort that I have so far discussed has been aimed at providing prompt, flexible, close to home care to prevent needless hospitalization.

There is, however, a second thrust at the community. That is to return persons to the community from the state hospitals. This involves both the provision of more intensive services in the hospitals and the development of community resources.

At the present time and primarily because of fiscal advantages, the State Department of Social Welfare operates the placement and after-care programs for the retarded released from state hospitals. There has been a dramatic upsurge in

community placement since June, 1967. In about two years the caseload has increased from 3,500 to 5,700. The Department basically purchases needed community services.

The Department is also financing a special pilot program under which retarded receiving aid as totally disabled are referred to sheltered workshops for vocational evaluation. The program was funded at 200 and we are asking that it be increased to 350 this year. Some do prove to have the potential for vocational training, but the main benefit has been to improve their capacity to manage for themselves.

I should mention, in this connection, that we have about 19,000 retarded individuals receiving aid to the disabled under our welfare program. The retarded represent only a minor portion of that total program which serves more than 141,000 persons currently.

While we are moving into more effective community treatment, we are at the same time strengthening hospital services. The ratio of hospital treatment staff to patients has been improved for the first time in years.

In 1967-68, the number of filled treatment positions in our state hospitals for the retarded increased by more than 200. In the year just ended, the number of filled treatment positions was further increased by an additional 300 personnel. That is a total of 500 more staff in less than 24 months. We are currently requesting an additional 200 positions. Most of these would be a new class we call hospital workers. They will relieve the nursing staff of some of their routine duties and permit them to provide more treatment time. The worker classification has another benefit in that it provides a career opening for the disadvantaged. The California Commission on Hospital Standards conducted a study employing industrial engineering and aero-space techniques to determine staff requirements in terms of patients and their varying needs. We have adopted those standards. They replaced lower, less scientific standards, set in 1952. Those previous standards had not been achieved 15 years later. This Administration, however, is moving aggressively to meet the new standards and plans to achieve them in the next five years.

We have adopted the national 70-square foot standard and achieved it at our new units for the retarded at Agnews, Camarillo and Napa. These units have been set up in capacity vacated by our rapidly declining mental hospital population. Overcrowding continues at the ~~four~~ hospitals exclusively for the retarded although the opening of the new units and the decline in the total have effected some reduction.

The State Department of Rehabilitation plays an important and growing role in all of these programs, both in the hospitals and in the community and in cooperation with other state departments, local school districts and community mental health programs.

Back in 1958, the predecessor of the Department rehabilitated 12 retarded persons. In the last fiscal year the Department rehabilitated about 1300 retarded persons. The increase was spurred by the creation of the cooperative programs, especially those directly with the school districts. Another more basic factor was also involved in the great increase in the number of retarded served. This was the fact that as the Department gained experience with the retarded it became more willing to undertake additional programs with retarded clients.

Services for the retarded have also been stimulated by the Regional and Community Planning Project. The State contracted with the California Council for Retarded Children to administer the Project. It in turn worked through local voluntary agencies, providing an in-depth community involvement.

Community placements have been facilitated by a recent law providing that the State Director of Public Health can be named guardian or conservator for a retarded person. This gives the family the security of knowing that there will always be someone to protect the retarded person and his interests.

As I have described our program, you may have been mentally checking off the number and variety of organizations involved in providing service.

I have mentioned five major State departments which have direct responsibilities to the retarded. There are other departments as well as the various community organizations. This, obviously, creates problems of coordination.

There are studies underway seeking improved coordination. I want to avoid, however, the creation of some monolithic organization designed solely to serve the retarded. I would prefer to see us make the maximum use of our general resources with each of them serving the retarded as appropriate along with others. We need a nice balance of efficiency and variety of service. Our current objective is to maintain our retarded fellows in the mainstream of our society.

Our ultimate objective is reduction of mental retardation through research and its application. We are pursuing this goal in a variety of ways.

The new research program at the Neuropsychiatric Institute in Los Angeles is off to a running start. The Center, a cooperative venture between the Department of Mental Hygiene and the University of California, is one of 12 such research establishments in this country.

The four-story physical facilities have been completed. The out-patient unit is in operation, serving over 100 patients a month. The first in-patients have been admitted. A variety of intensive, generally short-term, treatments are offered. The facility will demonstrate good clinical practice as part of the residency training program.

Nine interdisciplinary research teams are already at work. There are 25 teams planned, falling in four basic divisions: neuro-biology; neuro-chemistry; neuro-physiology; and a social, behavioral, epidemiological section. Researchers from a variety of specialties will conduct the wide-ranging research.

Basic research is planned in genetics and brain structure. The way protein is formed is to be investigated in relations to PKU. The influence of socio-economic factors is another subject of study. Elsewhere the development of new vaccines for prevention of diseases known to be associated with retardation also holds out great hope that the incidence of retardation can be significantly reduced.

California is now spending about \$140-million a year from its General Fund for services to the retarded. In addition there is another \$20-million or more in federal and county funds that is expended.

In summary, there is substantial progress being made. It is a time of ferment, of advances in research, of improved services and particularly in the development

of comprehensive, locally-based community program through state-community partnership.

But still there is much more to be done. Progress is never fast enough for those who devote their professional careers to a compelling social problem or for those who suffer the effects of the problem.

The report that this Agency had made and has placed before you raises problems but it also points the way to additional progress.

I am really amazed that in the many decades in which the State has been involved in the care of the retarded, there has been no master plan developed.

I have today directed the development of a master plan to encourage the maximum growth, development and fulfillment of each individual who is mentally handicapped. This is the number one recommendation of the task force and one with which I wholeheartedly subscribe.

While this plan is being formulated we shall proceed to implement the other three major points submitted to me for action by the task force so far as the Legislature will permit.

We shall expand the Regional Diagnostic and Counseling Center network to provide residential and other services as close as possible to the individual's home consistent with quality care.

We will encourage innovation in provision of residential care, but always with the best interest of the individual uppermost.

And the centers will provide a single point of entry into the system to help each parent learn what his child needs and to secure the necessary resources.

Other major recommendations of the study have been directed to Dr. Lowry. He has already told me that there are some of these that he can begin to implement at once. Others will require extensive study, both by his department and other agencies such as the State Personnel Board. We will be pleased to report back to the Committee when we have explored these further.

Meantime, we urge the Committee to support our efforts to provide an integrated, modern, effective system of care for California's retarded.

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