

# Progress Report



1963

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State Of California  
 DEPARTMENT OF MENTAL HYGIENE

## INTRODUCTION



Daniel Blain, M.D.

This progress report covers activities of the Department of Mental Hygiene during the 1962-63 fiscal year. Department directors during this period were Dr. Daniel Blain and Dr. Daniel Lieberman.

Prepared in narrative form, the report is designed to provide interested citizens with pertinent information about California's programs in the mental health field. Past annual reports have been statistical in nature and designed primarily for technical and professional use.

Additional copies may be obtained from the department's Public Information and Education Section, 1500 Fifth Street, Sacramento.

Daniel Lieberman, M.D.



# DEPARTMENT OF MENTAL HYGIENE

## PROGRAMS, PLANS, PROBLEMS . . .



After several years in a converted furniture store shared with another state agency, the department headquarters was moved to this new building in the spring of 1963.

On January 20, 1852, Anselmo Dangladi, a native of France, was escorted by the marshal of Stockton to the state general hospital in that gold-rush community.

Although a few patients with mental disorders had been admitted in preceding months, this unhappy 22-year-old Frenchman was the first mentally ill patient at the pioneer medical facility for whom a record remains.

The State Legislature terminated the general hospital operation at Stockton in 1853 and created there the "California Asylum for the Insane," the first mental hospital in the western United States.

In the more than a century that followed, the State of California continued to care for its mentally sick and handicapped citizens. The years brought major advances in the treatment of mental disorders. With these advances, old superstitions, fears and concepts of hopelessness gradually subsided and the term "insane asylum" became obsolete.

Today, the state government assists the victims of mental disorders through the hospitals, clinics, and other statewide services of the California Department of Mental Hygiene.

From its beginning at Stockton in 1853, the state hospital system expanded until the 1950's. The last large hospital for mentally ill patients was opened in 1954. A new hospital for the mentally retarded was opened in 1959.

Further construction to provide additional large hospitals is neither planned nor expected, despite the State's anticipated population gains.

Instead, emphasis is on improving services at established hospitals and on development of community-based alternatives to state hospitalization—outpatient clinics, day treatment centers, foster care programs, and financial assistance to an increasing number of community operated mental health programs.

The mental hygiene department operates 10 hospitals for the mentally ill, 4 hospitals for the

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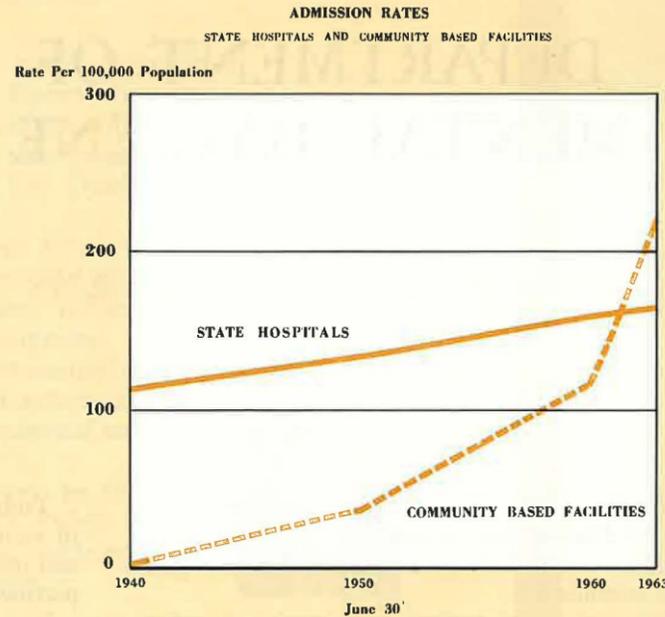
Left: New hospital annex at Porterville State Hospital; elderly patient who has left a state hospital for residence in family care home.

Center: Retarded children proudly show their pet.

Right: Art therapy at Atascadero State Hospital; gymnasium at Children's Unit, Camarillo State Hospital.

ADMISSION RATES

ADMISSION RATES						
STATE HOSPITALS AND COMMUNITY BASED FACILITIES						
Fiscal Years Ending June 30						
Facility	1950		1960		1963	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
State population, January 1 (in thousands)	10,317		15,226		17,057	
Total admissions	17,992	174.4	42,191	277.1	65,482	383.9
To state hospitals	14,313	138.7	24,475	160.7	27,992	164.1
To community facilities	3,679	35.7	17,716	116.4	37,490	219.8



PATIENTS SERVED

BY DEPARTMENT MENTAL HYGIENE FACILITIES  
Year Ending JUNE 30, 1963

Facility	Patients on record at year-end		Admissions during year	
	Number	Percent	Number	Percent
Total	71,531	100.0	38,926	100.0
Hospitals for mentally ill	49,864	69.7	28,422	73.0
Resident in hospitals	34,956		25,504	
In day treatment	139		297	
On indefinite leave	12,175		-	
Otherwise absent from hospitals	973		-	
Aftercare clinics	1,621		2,621	
Hospitals for mentally retarded	17,192	24.0	2,201	5.6
Resident in hospitals	12,686		1,546	
In day treatment	12		86	
On indefinite leave	2,095		-	
Otherwise absent from hospitals	20		-	
Aftercare clinics	889		569	
On waiting list	1,490		-	
Mental retardation evaluation units	170	0.3	264	0.7
The neuropsychiatric institutes	1,570	2.2	3,568	9.2
Resident in hospitals	169		942	
In day treatment	22		200	
On indefinite leave	1		-	
Otherwise absent from hospitals	3		-	
Outpatient departments	1,375		2,426	
Day treatment centers	236	0.3	962	2.5
State mental hygiene clinics	2,499	3.5	3,509	9.0

mentally retarded, 7 community outpatient clinics, 3 day treatment centers, and 2 neuropsychiatric institutes. Social work field activities are administered through the 30 local offices in cities throughout the State. Financial assistance is provided to 20 cities and counties which operate local mental health programs.

At the end of fiscal 1963, the department was directly responsible for the treatment and supervision of approximately 70,000 patients through its various facilities and programs.

To handle this responsibility, the agency employed 21,000 persons, most of them at state hospitals, including maintenance and clerical personnel, cooks, psychiatric technicians, physicians, psychologists, occupational therapists, nurses, psychiatrists, social workers, teachers, and others.

The department's operations were covered by a 1962-63 budget of \$154.4 million. When compared with spending figures for other large states, this budget total was relatively small. For example, the year's mental hygiene expenditures in New York were about \$100 million more than in California.

Hospital Programs

California has been able to avoid massive construction programs to provide new hospital beds for the mentally ill, despite the State's spectacular population gains and resulting increases in hospital admissions.

The ratio of patients in state hospitals to general population is lower in California than in any other large state. (See chart on page 5.) For several years there has been an actual reduction each year in the number of patients in state hospitals for the mentally ill. (See chart on page 2.) Last year this reduction continued as the population of state hospitals for the mentally ill dropped another 800.

An important factor in this record of accomplishment has been the increased budgetary sup-

port given hospital operations over the past few years. With augmented staffing and improved treatment resources, hospitals have been able to apply effective therapy techniques to a higher percentage of patients. With effective treatment, the mentally ill can and do recover. Continued improvements in level of service will maintain this very significant trend.

Mentally Retarded

Approximately 12,700 mentally retarded were receiving treatment and training at the State's four hospitals for the retarded and at special adult units at two hospitals for general psychiatry.

Last year 1,546 retarded entered state hospitals from admissions waiting lists, an increase of 660 over the previous year. The gain resulted in part from a special legislative appropriation to set up the new adult units for retarded at Patton and DeWitt State Hospitals.

On June 30, 1963, there remained about 1,500 retarded on waiting lists for admission to state hospitals. As indicated by a recent department study, state hospital care was not required in about 60 percent of these waiting-list cases. The needs of these patients could be as well or better served through various alternative programs and services, if these existed.

One urgent need in California's mental hygiene picture is for a rapid expansion of community-based services for the retarded—services of already proven merit such as special education programs in public schools; public financial assistance; diagnostic, referral and counseling aid; local public and private nursing care facilities; employment assistance; recreation facilities, and special programs such as day care centers and sheltered workshops.

With availability of such basic health, welfare, education, and recreation services, state hospitali-



zation would no longer be "the only answer" for a substantial number of mentally retarded now hospitalized or on waiting lists.

This State has already made some solid progress over the years in developing appropriate community services for the retarded.

As a result, California has retained a lower rate of retarded patients in institutions than most other large states. (See chart, page 6.) While the nation's other major states have many more hospital beds and institutional facilities for the retarded, nearly all of these states also have serious waiting list and overcrowding problems.

Thus, California is in a position to profit from the experience of others—to move ahead with rapid development of high standard community

programs and to avoid the costly expediency of building new institutions which provide only temporary relief from waiting list pressures.

**Community Services**

Accompanying advances in the state hospital system has been a steady expansion in community-based mental health services. For the most part, these local services have been developed either directly by the department or through state financial assistance to cities and counties.

The impact of these community-centered programs, in helping California to cope with population gains without new state hospital construction, is indicated by continued increases in the number of persons receiving psychiatric assistance outside state hospitals.

The number of admissions to state and locally operated community mental health facilities is now 10 times greater than in 1950. (See chart, page 2.) Last year admissions to state-operated and state-aided community-based mental health services totaled 37,500.

Paralleling the gains in government operated community mental health services has been steady expansion of privately operated psychiatric programs. Since 1950 there has been an increase of nearly 150 percent in the number of private facilities licensed by the department.

**Future Plans**

The immediate and long-term goals of the mental hygiene department are outlined in the "Long Range Plan for Mental Health Services in Cali-

fornia." The plan was completed, with expert citizen assistance, in March 1962 when it was presented to the Senate.

While the plan deals with many complex factors and conditions affecting services to the mentally ill and retarded, these are its basic features:

- Early improvement in state hospital programs with added emphasis on intensive treatment and an end to old patterns of custodial care.
- Stepped-up development of a full range of community-based mental health services. Added state financial support for locally operated mental health programs. Expanded services through the private sector of medicine.
- Removal of restrictions which exclude the mentally ill and retarded from receiving assistance through basic services which communities provide for other sick and handicapped people.
- Gradual decentralization of mental health services in California to permit earlier treatment near home and more effective and economical programs of rehabilitation, followup and prevention.

In February the Senate Fact Finding Committee on Governmental Administration, which studied the plan, expressed "general agreement" with its proposals.

"As a concept designed to provide better, more effective and economical, more immediate (almost synonymous with better) care of the mentally ill, the concept of decentralization has considerable merit," the committee concluded.

The Senate committee also pointed to a need for early action to provide more appropriate services for geriatric and retarded patients now in state mental hospitals, but whose primary need is for medical and nursing care or special training, not psychiatric treatment.

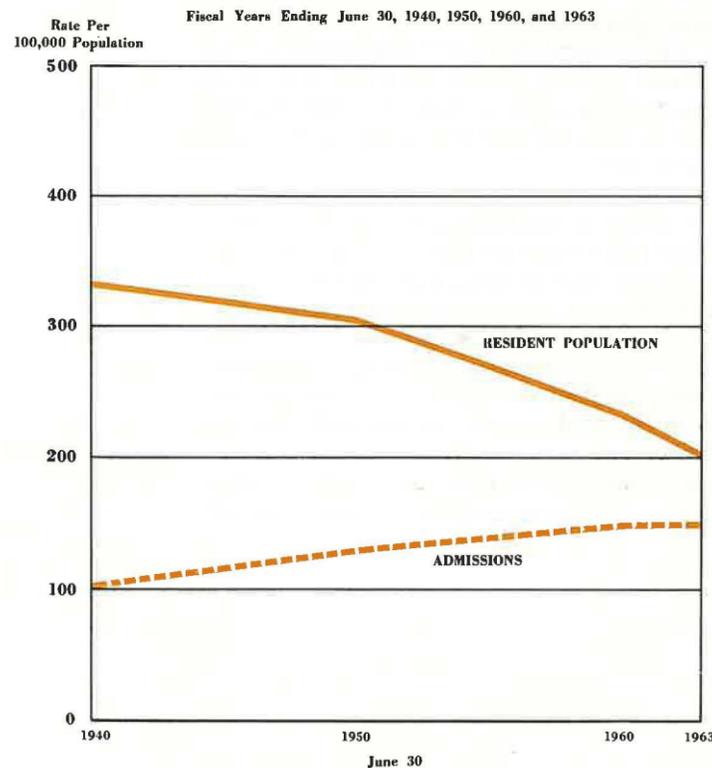
**Key Problems**

The long-range plan seeks goals which are consistent with modern trends in psychiatric medicine and with sound fiscal and management principles.

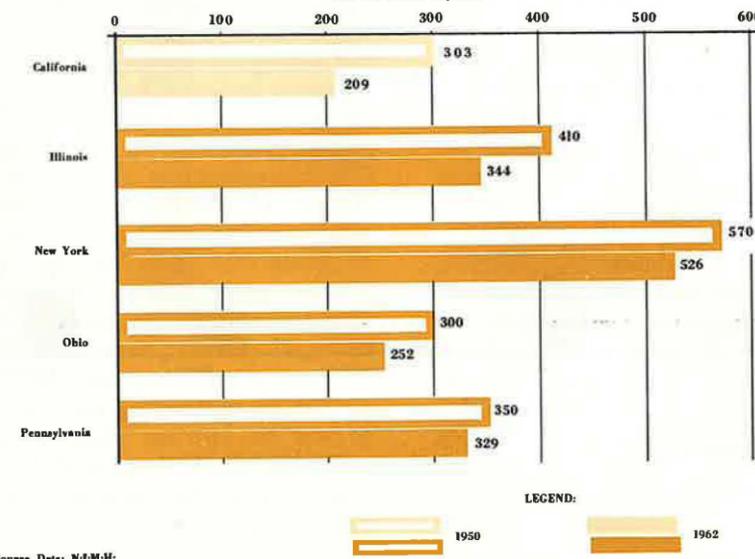
However, there are key problems which must have immediate attention if the plan is to be successfully carried out. The next five years will be the critical period.

In that time, annual state hospital admissions will jump from 27,050 to 32,500. But the capacity of the state hospital system will decline by up to

ADMISSION AND RESIDENT POPULATION RATES  
STATE HOSPITALS FOR MENTALLY ILL



AVERAGE DAILY POPULATION  
IN STATE MENTAL HOSPITALS 1950-1962  
Rate Per 100,000 Population



Source Data: N.M.H.

8,000 beds as old buildings grow older and become unsuitable for patient care.

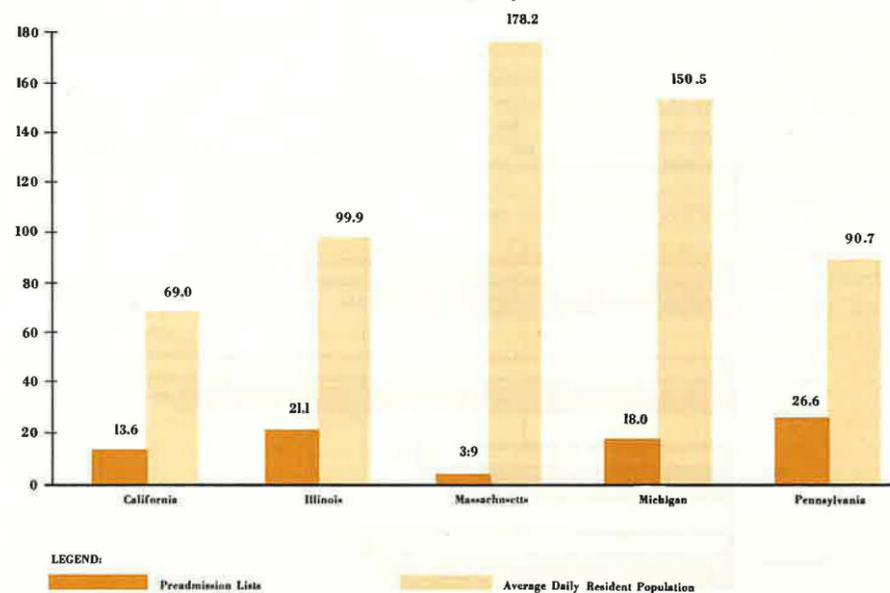
These expectations make it clear that state hospitals must soon be provided with resources and personnel to permit substantially improved treatment. Remaining custodial elements must be eliminated from hospital programs, and each ward must be equipped for intensive psychiatric treatment. Outmoded personnel and space standards must be revised.

Other problems warrant early attention. Early expansion of community mental health programs, to provide a full range of services, is urgently needed. Means must be found to permit better utilization for the mentally ill and retarded of presently vacant beds in existing public and pri-

vate hospitals in California communities. Improved coverage of mental disorders in voluntary health insurance policies is also needed, as is continued expansion of basic services to the mentally disabled and handicapped through community agencies for health, welfare, education and other programs.

Without such improvements, state hospitals may soon be swamped by an admissions spiral on the one hand and by declining capacity on the other. This would inevitably force construction of new state hospitals, thereby perpetuating expensive and ineffective substandard practices and limiting or delaying establishment of a new and more desirable pattern of decentralized services.

AVERAGE DAILY RESIDENT POPULATION AND PREAMMISSION LISTS  
PUBLIC INSTITUTIONS FOR THE MENTALLY RETARDED—1962  
Rate Per 100,000 Population



## STATE HOSPITALS



for the retarded, also create common tasks and program changes for all of the hospitals.

Some recent statewide trends are revealed in the following summaries including emphasis by all hospitals on expanding and improving services in and to surrounding communities. Statewide attention to various training programs is also indicated. At present, nine state hospitals are approved for residency training in psychiatry by the American Medical Association.

In addition, the reports reveal some distinguishing hospital characteristics which result from a facility's location or from human ingenuity employed to overcome a local problem. To foster continuing program improvement, local initiative and inquiry are encouraged, subject to flexible statewide policies and general procedural and budgetary considerations.

Thirteen hospitals, including the two neuropsychiatric institutes, are accredited by the Joint Commission on Accreditation of Hospitals of the American College of Physicians and Surgeons, the American Hospital Association and the American Medical Association. Accreditation is regarded as the most significant recognition a hospital can receive, and California's record in this regard is one of the nation's best.

Reflecting changed public attitudes and greater general understanding of mental disorders, about one-fourth of all first admissions to state hospitals, and about one-third of all admissions, are on a voluntary basis. In 1956 voluntary first admissions accounted for only 14 percent of the total.

It has been necessary in these summaries to omit mention of some developments and new programs at the hospitals. However, the accounts that follow provide a composite picture of operations at any one of the facilities.

The section that follows carries brief summaries of the year's highlight developments at each of the mental hygiene department's 14 hospitals for the mentally ill and retarded.

All mental hygiene department hospitals are dedicated to common humanitarian purposes and are components of a single statewide organization. As might be expected, some similar programs and problems may be encountered in several instances.

A common objective of the 10 hospitals for the mentally ill, for example, is the best use of limited resources to permit intensive psychotherapy with a larger number of chronic patients. In general, hospitals now have personnel for intensive treatment with newly admitted cases, and about 75 percent leave the hospital within four months. For chronic patients, however, only limited psychiatric treatment has been possible. Repeated demonstration projects have proved that with intensive treatment a large percentage of today's chronically ill and geriatric patients can also be prepared for early release.

Departmentwide programs, such as last year's transfer of adult patients from the four hospitals



AGNEWS

Agnews State Hospital was once located in rural farming country. Today it is only a short distance from the rapidly growing City of San Jose. Like other state hospitals, Agnews has concentrated on providing intensive treatment to an increasing number of its 4,260 patients and on extending its services and resources into the surrounding communities.

Last year the hospital embarked on new projects aimed at meeting both goals. One of these involved establishment of two "San Mateo County Wards" as part of a pilot study in hospital regionalization. During the year, all women patients from that county were admitted to the two wards.

A major advantage of this program was closer co-operation and liaison with community mental health personnel. During one six-week period, for example, the county psychiatrist served as ward physician at the hospital in the absence of the regular staff physician.

Patient activity programs gained momentum during the year. On one intensive treatment ward, weekly meetings for relatives were started. Using patients as receptionists and monitors, additional wards were unlocked and placed in a daytime "open" classification. Exchange dinners involving various men's and women's wards were started.



This aerial photo shows a portion of Agnews State Hospital, near San Jose, one of 14 state hospitals for the mentally ill and retarded.

Chartered buses took patients to the beach, major league baseball games and other events. Special swimming privileges were arranged with local pools. A vocational rehabilitation counselor was added to the staff. A new patient canteen was opened early in 1963.

Training efforts were intensified. Training consultants made 232 visits to the hospital. The first psychiatric resident to receive all of his training under the Agnews program completed his work in December. During the year there were 16 physicians receiving residency training.

The hospital aftercare facility, opened during the year, provided psychiatric service to leave and discharged patients in more than 5,000 interviews. The year end caseload of the facility was 258.

At year's end, plans were being made for the establishment of a 250-patient intensive treatment unit for elderly patients. Coupled with the efforts of a special social work placement team, this unit was expected to speed the return of aged patients to the community.

Silk-screening projects such as these, and other forms of occupational and art therapy, are employed to help Agnews patients toward recovery.



ATASCADERO

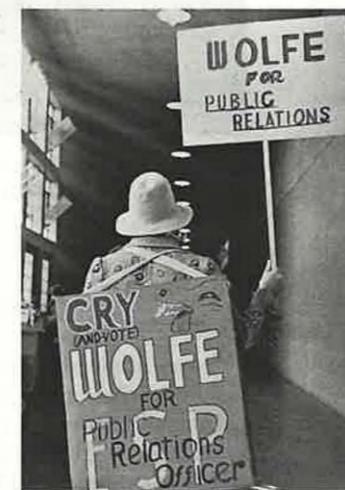
Atascadero State Hospital is California's only mental hygiene facility for the treatment and rehabilitation of mentally ill offenders. It is located in the community of Atascadero about halfway between San Francisco and Los Angeles.

Opened in 1954, the hospital has a rated capacity of 1,500 patients. About half of the patients are sex offenders, and most of the remainder have

crowding, the hospital staff looks back on the year as one of accomplishment.

Partly as a result of intensified therapy efforts, utilizing all administrative and clinical resources and stressing patient participation, security problems at the hospital have been sharply reduced. Last year there was one attempted escape, as compared to an average of 12 per year several years ago.

An indication of stepped-up treatment efforts is provided by figures on weekly participation in group therapy sessions. In the past year this treat-



Most of the patients at Atascadero State Hospital, California's only mental hygiene facility for mentally ill offenders, take part in one or more of the many patient activities which are part of the program. Spirited campaigns are conducted by candidates for offices in the patient government.



committed some type of offense against society for which they were not considered responsible.

Nearly all patients at Atascadero are sent there by the courts, and nearly all return to court jurisdiction following treatment.

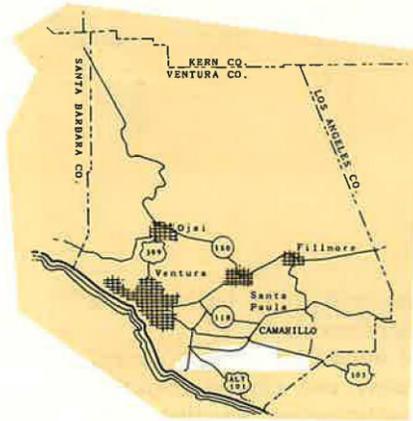
The length of the treatment period varies according to the need of the patient and depends largely on the progress made in therapy. For example, the treatment period for sex offenders now ranges from about 12 to more than 30 months.

At the end of fiscal 1963, Atascadero was providing treatment to 1,631 patients. Despite over-

ment activity was expanded to include 1,400 patients per week. In the previous year, weekly participation totaled only about 350.

Other gains during the year included a 14-percent reduction in employee turnover, stepped-up recruiting efforts which filled key job vacancies, increased public and professional interest in the hospital program, and establishment for the first time of an organized program of research. A significant development was the founding at the hospital of a duly authorized patient chapter of the junior chamber of commerce.

CAMARILLO



With 6,270 patients, Camarillo State Hospital, Ventura County, is the largest institution operated by the Mental Hygiene Department. Most of its patients come from the heavily populated counties of Southern California.

Last year Camarillo embarked on a program of training and supervisory effort aimed at extension of active therapy to every hospital ward.

New training developments were an important part of this effort. The psychiatric residency training program was expanded. A new orientation and training program was started for non-clinical personnel. Improvements were made in the basic training course for psychiatric technician trainees. New training sessions in remotivation methods were inaugurated for nursing personnel. Special classes in physical therapy techniques were organized.

The hospital was also selected by the Medical School Education Council of the University of California at Los Angeles to share in the psychiatric training of the university's senior medical students.



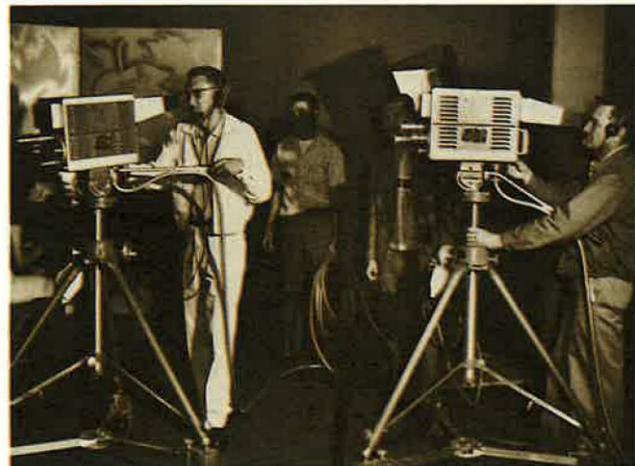
A distinctive feature at Camarillo is the hospital's Spanish-style architecture.

The hospital research department was engaged in 26 active projects during the year.

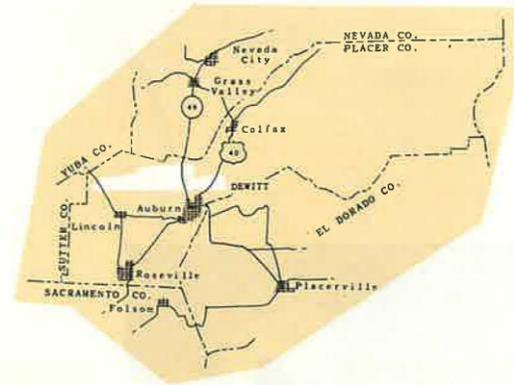
Camarillo is also striving to improve its services in the community. To meet increasing need, a branch of the hospital's aftercare clinic was established last year in the San Fernando Valley. This community-based division serves both discharged patients and other persons needing emergency help. In the first 10 months of operation, the facility assisted 345 patients in nearly 2,000 individual interviews.

New chapels and a new canteen for patients were opened, and improvements were made in the hospital's closed-circuit television system. The television unit operates as a therapeutic tool. It is staffed and operated by patients, and much of the programing is built upon motivational purposes.

Patients act as technicians and actors and producers for Camarillo's closed-circuit television system, a modern therapeutic tool.



DeWITT



The number of retarded patients hospitalized at DeWitt State Hospital, near Auburn, was increased during the year to 1,050 with the transfer of some 450 ambulatory adult patients from the four state hospitals for the retarded.

Accompanying the transfer was a reduction from 2,409 to 2,250 in the inpatient capacity. At year's end, the population of the hospital was about equally divided between mentally retarded and mentally ill.

Expansion of the retardation unit at DeWitt prompted special staff training and program development aimed at meeting the needs of the adult retarded.

The hospital launched an intensive in-service training program. This continuing training was introduced via a weeklong staff development conference which featured discussions by experts in the retardation field.

A new developmental center, which includes a school, home living unit, and recreational programs, was started. The home living section provides a homelike setting, including household furnishings and appliances, to help prepare retarded patients for foster home living or other placement outside the hospital. A sheltered workshop was also opened.

DeWitt continued its work to improve administrative organization and treatment efficiency. The "division system" was introduced with the hospital divided into three main divisions—acute treatment, mentally retarded, and medical, surgical and nursing. The hospital's aftercare facility was expanded, as was the physical medicine department. Additional wards instituted the "ward team"

With the expansion of the retardation unit at DeWitt State Hospital, several new training programs were started including a sheltered workshop in which patients, including these busy furniture refinishers, earn money and learn job skills.



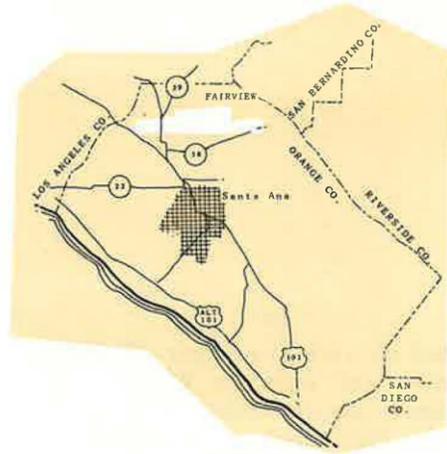
approach in treatment. The processing time for new admissions was sharply reduced; new patients now are processed and situated on treatment wards in less than three hours from the time of admission.

The number of patients involved in group therapy and ward level remotivation sessions doubled, and the acute treatment service was able to release more patients each month than were admitted.

Community service and informational activities were broadened. The social service department set up a series of meetings for the operators of family care homes. Consulting services for county public health nurses and social workers were established. The nursing affiliation program with Sacramento State College continued. More than 1,000 private citizens, representing student, professional, church and civic groups, visited DeWitt during the year.



School instruction is part of the program for adult retarded at DeWitt.



FAIRVIEW

Fairview State Hospital at Costa Mesa, Orange County, received its first patients in 1959. At the end of the past fiscal year, the inpatient population stood at 1,950, and final ward construction was in progress to increase the capacity by 676 beds.

A wide range of special programs during the year reflected a high degree of staff effort in behalf of patients.

The hospital's sheltered workshop handled several contracts with local industries including the trimming of rubber washing machine parts and casting of ammunition for muzzle-loading firearms. The workshop grossed more than \$5,000 in the year. About two-thirds of this total was paid as wages to patients. The real value of the program, however, was in the "graduation" of 11 patients to a nearby community workshop.

The local school placement program continued. Each morning yellow buses from the area's school district rolled into the hospital driveway to pick up students who attended public schools in the community.

During the summer, the hospital rehabilitation and school departments set up a series of special activities which involved some 1,000 patients.



Many of the mentally retarded patients at Fairview also have physical handicaps, including this youngster, who is receiving help from a staff member.

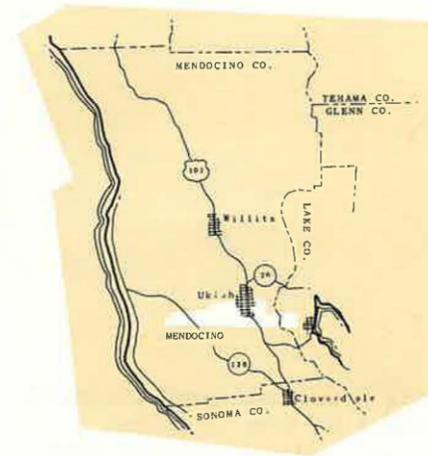
Included were trips to the beach, campouts, a county fair, a big-league ball game, evening campfires, and a five-day camping program for 50 patients in San Diego's Balboa Park.

The generous work of citizen volunteers provided additional bright spots. Some 370 adults and 120 young people spent thousands of hours helping patients.

Last year the hospital school had an average enrollment of 260. Special education was provided in basic academic and social skills, home economics, physical education, crafts, and speech correction.

The number of family care placements nearly doubled during the year. At year's end, preparations were being made for additional community placements for patients newly eligible for public assistance programs.

Fairview is the State's most recently opened hospital. Construction has continued as planned on various hospital units since the first patients were received in 1959. Final ward buildings are scheduled for completion next year.



MENDOCINO

Mendocino State Hospital, a 2,300-bed general psychiatric hospital at Ukiah, about 120 miles north of San Francisco, finds advantages and disadvantages in its setting. The grounds are beautiful, and the surrounding rural countryside provides varied opportunities for patient recreation. On the other hand, several hours travel may be required for many patients and their families in order to get to the hospital. The facts of geography influence Mendocino's program.

The interdependence of the hospital and the communities it serves was a major concern at Mendocino during the year. Possible services which a state hospital may provide to the communities of a predominantly rural area were explored.

Specific activities included professional consultation to community agencies in Humboldt, Shasta, Lake and Mendocino Counties; assistance to a local high school in setting up a course for 700 students; support of community efforts to obtain

Mendocino's north state location provides a wide range of recreational opportunities for patients.



local facilities for higher education; and participation in a special 10-county conference on community mental health services.

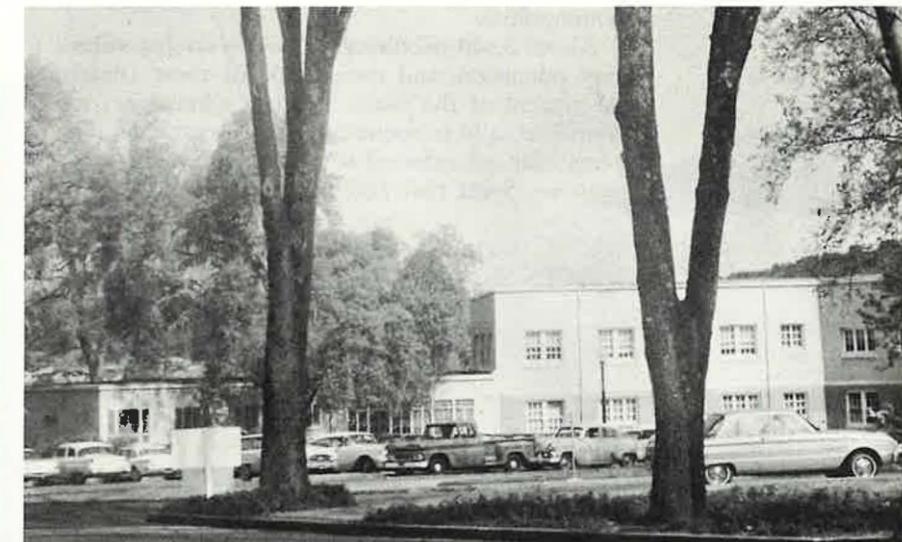
Treatment goals during the year continued to center on early return of new patients to the community and on activities designed to prepare long hospitalized patients for leave status or discharge. Encouraging special programs for alcoholic and geriatric patients were in progress.

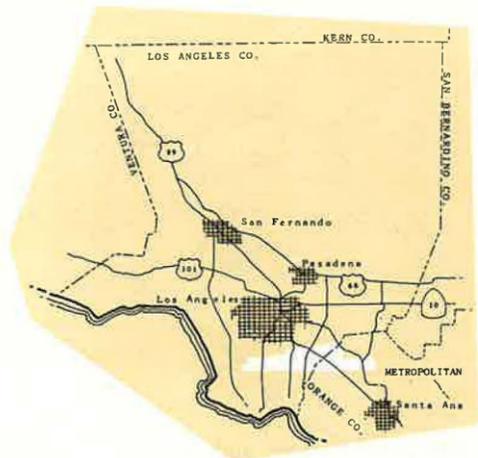
To meet the need of many patients for basic job skills, prevocational training programs are being developed including two nurses' aide courses and a training program at the hospital's fashion center, where patients may select clothing from racks and counters such as those found in community department stores.

During the year, Mendocino refurbished one of the hospital's old buildings for use as an attractive rehabilitation center for patients. A \$5,000 gift was received for construction of a swimming pool at the hospital, and the patient canteen was improved.

In addition to continuing psychiatric technician trainee programs, and residency training in psychiatry, Mendocino was again the scene of a lively program for student professional assistants, graduate and undergraduate students preparing for mental health careers.

Tree-lined streets and shaded grounds areas provide a restful setting for patients at California's northernmost hospital.





## METROPOLITAN

A few years ago, Metropolitan State Hospital, Norwalk, was situated in rural farming country some distance away from major Southern California centers of population. Today, as a result of the area's spectacular population growth, the hospital is surrounded by cities and suburban com-

family care homes, and work placements have been arranged for some 75 patients.

The hospital's urban location has aided the development of a wide range of training activities. In addition to offering accredited residency training in psychiatry, and approved clinical psychology internships, the hospital also maintains special training affiliations with six universities and colleges.



Through diverse activity and therapy programs, including art therapy sessions, patients at Metropolitan often discover hidden talents and interests which can be of value after leaving the hospital.



munities which make up the heavily populated Los Angeles metropolitan area.

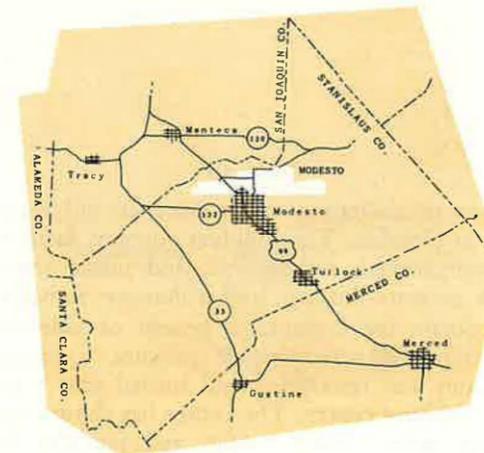
As changes have occurred in the surrounding area, Metropolitan has continued to move toward greater participation and interaction with adjacent communities.

About 3,500 people apply each year for voluntary admission, and some 1,200 of these (nearly 40 percent of the year's inpatient admissions) are found actually to require inpatient treatment. The remainder are referred to appropriate community agencies. Some may receive outpatient help at the hospital's day treatment center or after care facility. There are about 180 Metropolitan patients in

Metropolitan is concerned with public education and information programs, and works to develop better family and community understandings through "family hour" sessions, by providing speakers for various community groups, and through special programs for students and interested citizens.

The hospital's volunteer service program involves some 800 private citizens representing 92 community groups.

Inpatient population at Metropolitan was 4,000 at year's end. As gradual staffing increases have been made, the tendency to accumulate long-term custodial patients is being reversed.



## MODESTO

Modesto State Hospital in the central San Joaquin Valley continues to emphasize improvement in the level of patient care and in developing activities and treatment programs which will lead an increasing number of patients back to their homes and families.

At the present time, about three-fourths of all newly admitted patients at Modesto are able to leave the hospital within three months. And since 1958, the hospital has reduced its inpatient population from 2,850 to 2,300.

Activities stressed last year included motivational work with unresponsive patients, a program aimed at building patient interest in personal grooming, and specialized nutrition services for geriatric patients. The hospital's Christmas activities for patients last year involved participation by 129 community organizations.

Modesto personnel have noted; recently, that among applicants for voluntary admission are a

large number of persons referred for treatment by former patients who had benefited from the hospital program. The staff considered this a significant compliment.

Modesto made several noteworthy advances in the area of training. Modesto Junior College granted college credit for the 300-hour psychiatric technician training course given at the hospital. The junior college also established its own psychiatric technician training program.

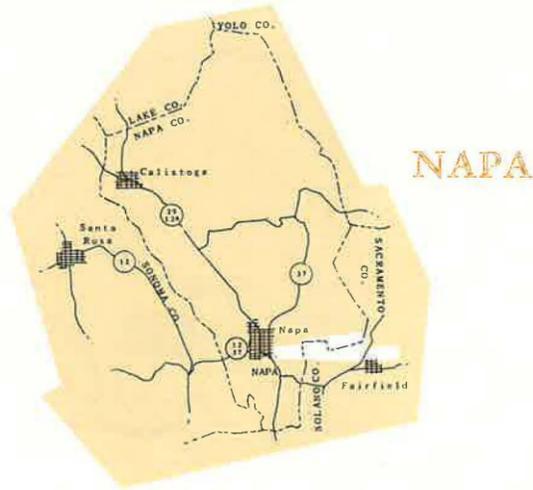
Plans were completed for nursing training affiliations with Modesto Junior College and with Fresno City College. Food service instruction in co-operation with the U.S. Employment Service was also approved. The hospital continued its summer training for undergraduate students in a program sponsored by the Western Interstate Commission for Higher Education. In addition, Modesto provided training for a number of students in medical, psychological, social service, nursing and rehabilitation services.

Modesto's volunteer program involves the efforts of scores of young people such as these roller skating enthusiasts who are assisting a patient during an outing at a local rink.



Administration building at Modesto State Hospital.





Nearly 4,000 patients were placed on leave or discharged last year from Napa State Hospital at Imola, the second largest of the 14 state hospitals for the mentally ill and retarded. This record made it possible for the hospital to reduce its yearend inpatient population as compared to the previous year, despite steadily mounting admissions. The Napa inpatient figure was 5,080 at year's end.

Highlights of the period included significant developments in treatment programs, training and research.

This handsome new rehabilitation therapies building was opened during the year, providing an attractive setting for a full range of therapy activities. The new structure replaced old wooden barracks such as that pictured.



A new rehabilitation center was built and placed in use in October. The building contains facilities for occupational, recreational, and music therapies, a patients' library, and volunteer activities.

To obtain the therapeutic benefit of individualized clothing selection by patients, a former storeroom was remodeled and turned into a patients' clothing center. The center has show cases, clothing racks, fitting rooms, and facilities for repair and alterations.

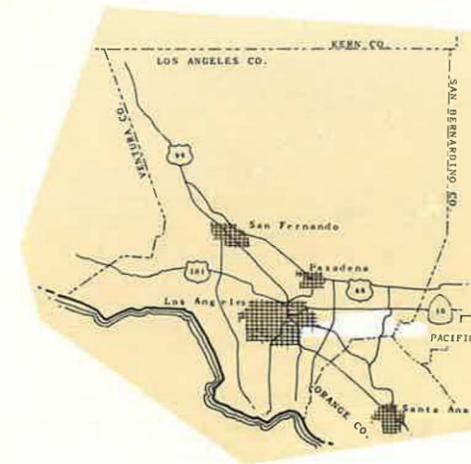
Two wards were set aside for nearly all patients admitted from nearby Napa and Solano Counties. This regional unit works closely with the hospital aftercare service and with the Solano County mental health agency, which assists in preadmission screening and with followup services after release.

Numerous training programs were conducted. The psychiatric residency program for physicians continued to grow, and graduate social work training expanded with the addition of a student supervisor from the University of California. There was a marked increase in the numbers of teachers, student teachers, and school officials who received special training at the hospital Children's Center.

Other training efforts included internships in psychology, clinical pastoral work, rehabilitation therapies, and instructional programs for graduate nurses. Nearly 200 psychiatric technicians received instruction in ward level remotivation techniques.

A major department-funded research effort was started involving a detailed examination of admissions of aged patients to Napa and two other state hospitals. Information is being sought regarding the reasons for admission, including related medical and socioeconomic factors.

The fun and good fellowship of a community sing can spark new awareness for patients and start them toward recovery.



PACIFIC

Pacific State Hospital for the mentally retarded is located in the San Gabriel Valley near Pomona. It serves as an area with a population of more than 5 million. The hospital provides treatment and training for some 3,000 resident patients.

In recent years, Pacific has become one of the nation's leading retardation research sites. At year's end, 58 research projects were in progress there including a major federally supported study dealing with the incidence of retardation and factors affecting the retarded person's adjustment in the community.

Construction started during the year on a new \$1 million research center financed jointly by state and federal governments. The new structure, due for completion in 1964, will be the first research facility of its type located on the grounds of a state hospital.

Pacific moved ahead during the year with a wide range of training programs. The hospital's first full-time professional education chief was appointed. Training of psychiatric residents, psychology interns and graduate social work students continued. The hospital also served as the spe-

cialized training center in retardation serving 13 western states in co-operation with the Western Interstate Commission on Higher Education. Pacific offered summer work-study opportunities to students from San Diego State College in another WICHE-sponsored activity.

Closer relationships between the hospital and patients' families were developed. Some 20 wards invited parents to parties. Parents and volunteers contributed new bedspreads, drapes, toys and play equipment. The installation of ward sound systems, paid for with donated funds, was nearly completed.

Partly as a result of the transfer of 267 adult patients, the admissions waiting period at Pacific was reduced from a median figure of 18 months to 14 months at year's end.

A revised industrial therapy program was instituted during the year in which patients progress through "learner-helper-worker" designations and in the process learn important work skills and habits.

Last year more than 7,000 persons visited the hospital including 1,500 who attended an annual open house and 3,000 who participated in various education conferences.

An important milestone was passed in the foster home placement program. For the first time, the number of Pacific patients in family care topped the 600 mark.

Mentally retarded children at Pacific State Hospital mailed their Christmas letters to Santa Claus at this unusual deposit box. Right: The hospital's acute treatment and receiving unit.



## PATTON

Patton State Hospital, near San Bernardino, established a 500-patient unit for adult mentally retarded during the year as a result of a special program of transfers from state hospitals for the retarded.

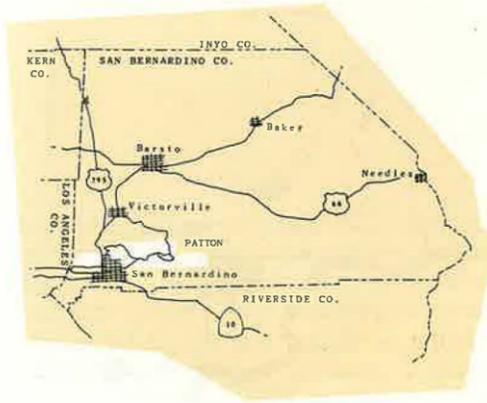
The new program created major challenges for the staff, particularly for nursing service personnel with no previous experience in the care of the retarded. Special staff training and orientation sessions helped overcome this problem. By year's end, ward level instruction in personal care procedures was being given patients, and a new sheltered workshop had obtained a number of contracts with local industry.

Patton also moved ahead with new projects and innovations aimed at improving treatment for its entire 4,370 inpatient population.

Gardening is a favorite activity for many patients at Patton and an often beneficial form of rehabilitation therapy.



A gala community hospital event was staged at Patton State Hospital during the year when thousands of nearby residents, hospital employees, and patients participated in the first annual Horseman's Holiday, a western-style celebration which raised money to help finance a swimming pool.



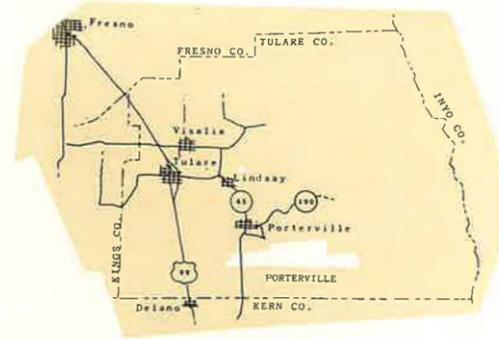
One interesting project involved the activities of an evaluation panel which invited patients who felt sufficiently recovered to send in requests for leave placement or discharge. More than 350 requests were received. All of these patients were evaluated by the panel, and 183 patients were subsequently discharged or placed on leave.

Patton also opened the "Crestview School," an education program designed to meet the basic education needs of some 40 teenage patients. The program is conducted in co-operation with local schools. Teaching services are obtained by contract.

A first step toward "regionalization" was taken with the establishment of a hospital division for patients from the San Diego area. This program attempts to minimize the separation of patient from community and to encourage community participation in treatment and rehabilitation.

Special projects included the hospital's first closed-circuit television broadcast. The television system beamed towards the events of the first annual Horseman's Holiday, a parade and horse show staged to raise funds for a planned swimming pool for patients. Thousands of local citizens attended or participated in the event.

## PORTERVILLE



Porterville State Hospital observed its 10th anniversary June 15 with the opening of a new hospital annex building and a new multipurpose swimming pool complex.

The new building at this hospital for the retarded provides offices for the preadmission and diagnostic service, a new receiving ward, a 48-bed

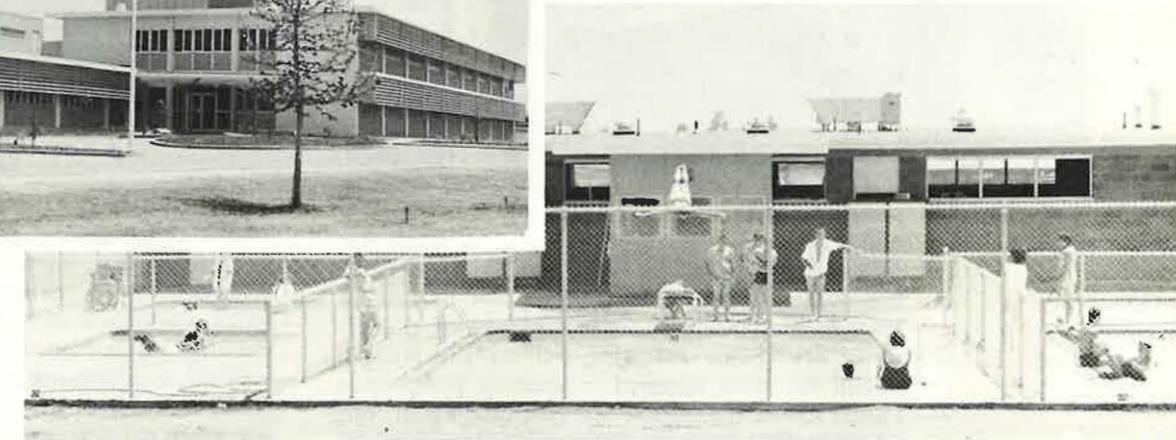
siastic response to a new activity in which entire wards are served one of the day's three meals at a picnic-style outing. Volunteers and employees redecorated several wards.

Specialized ward therapy was carried out with a group of young patients with great potential for foster home placement. Another special ward effort involved intensive work with a unit of older boys to develop improved clothing care habits.

As a result of continued efforts to recruit qualified personnel, the hospital's employment vacancy rate was the lowest in history. The inservice nurs-



Porterville State Hospital began using a new hospital annex building and a new five-compartment swimming pool in June. The \$75,000 swimming pool was built with contributed funds, labor, material, and equipment. The pool has sections for swimming, diving, and deep and shallow wading.



ward for infants, and increased capacity for the hospital's contagious disease unit.

The pool was financed with funds contributed through the efforts of the parents' groups. Much of the labor and material was donated.

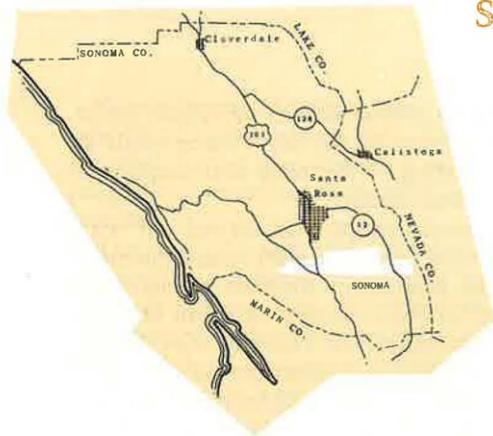
During the year, the 2,500 patients at Porterville benefited from a series of program innovations and special events. Overnight camping trips were inaugurated. Valuable work experience was obtained in agricultural harvest projects. A sheltered workshop was established. There was enthu-

ing education program was expanded, and a new series of safety training courses started.

With the transfer of adult ambulatory patients to a newly created unit at DeWitt State Hospital, several wards were converted for use by infirm patients.

Two significant developments during the year reflect major progress in the hospital program. The hospital illness rate was the lowest in history, and the number of patients placed in family care homes doubled.

SONOMA



Located in the scenic Valley of the Moon about 15 miles south of Santa Rosa, Sonoma State Hospital provides inpatient treatment, care and specialized training to 3,650 mentally retarded patients.

Last year, the transfer of 250 adult patients to DeWitt State Hospital made it possible for Sonoma to accelerate admissions of younger, more seriously handicapped patients, thus reducing the waiting list to its lowest point in several years.

Two new programs of on-the-ward training were started for the severely retarded, ambulatory child. Formerly, this type of intensive work was necessarily reserved for more capable patients.

Sonoma's college-affiliated program of teacher training in special education was one of the nation's first. Since 1951, the staff of the hospital school has been engaged in training prospective public school teachers of the retarded. From four to six student teachers were enrolled in the hospital school each semester. Nine Northern California universities and colleges last year sent education and psychology students to the hospital for various types of training.



Crayons and paper are fun for all children including these handicapped youngsters at Sonoma State Hospital.



Sonoma's school building is shaded by huge old trees which add beauty to the hospital setting.

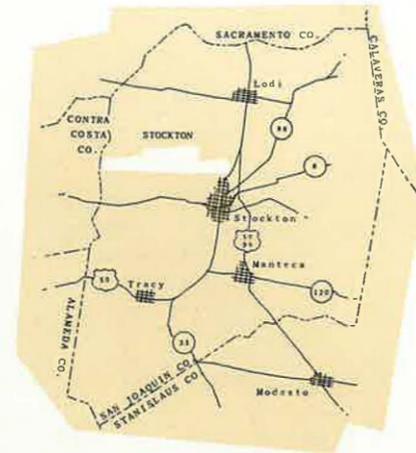
In another mental health training effort, the hospital last year became affiliated with the University of California School of Social Work. Five social work students spent a year at the hospital working toward advanced degrees.

Sonoma continued its widely known public health activities. A full range of immunizations was given to patients, including a special immunization program using a new measles vaccine.

Parents of patients at Sonoma continued to expand the very helpful ward parents groups. At the end of the year, 12 such groups had been started.

With the appointment of a new research chief, the receipt of a federal research grant, and construction of new facilities, the hospital's research program took on new significance during the year.

STOCKTON



Recently completed professional building at Stockton State Hospital.



Stockton's new clothing center, where patients may select apparel from racks and counters such as those found in department stores.



The West's first hospital for the mentally ill was established at Stockton in 1853. Since those early days the institution has undergone many changes. Improvements are still going on as Stockton State Hospital today provides inpatient care and treatment for 3,570 mentally ill patients.

The hospital continued last year to seek new ways to intensify treatment programs to take care of new admissions and to prepare an increasing number of long-term patients for return to the community. One effective activity involved a systematic case finding and re-treatment program which resulted in the release of a number of patients who had been hospitalized for many years.

Group therapy and remotivation efforts were expanded. The hospital was one of two participating in a major study on the use of psychotropic drugs.

Two other special programs proved successful—nurses' aide training for patients which helped 60 patients find jobs outside the hospital; and social-

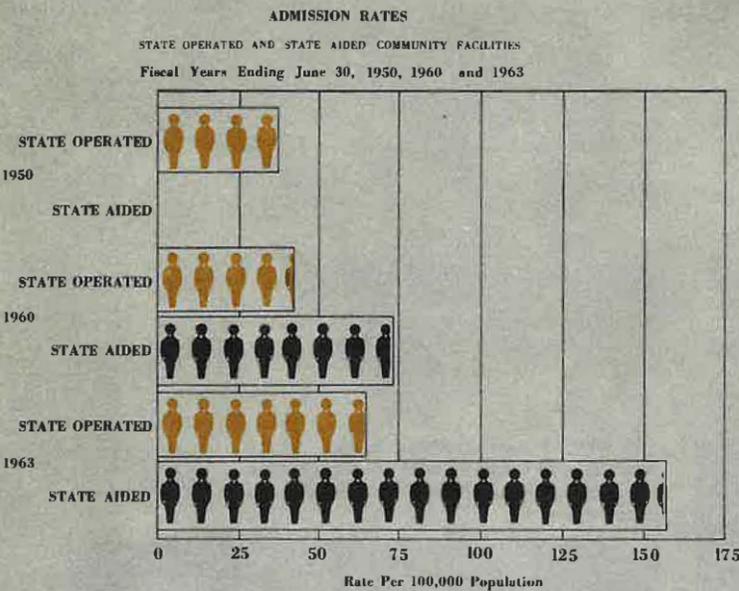
ized dining for formerly bedfast patients who, with help from other patients, were encouraged to use wheel chairs and take meals with their friends.

Stockton continued to improve its services in and to the community. Family care placements increased. Hospital personnel took part in meetings with community officials from welfare, medical, health and service agencies. Professional consultation was provided nursing supervisors from the local health department.

The psychiatric residency training program continued with 14 physicians receiving training in psychiatry. Consultant-experts were obtained to conduct special inservice training sessions for medical, nursing and social service personnel.

In a major extracurricular activity, employees from all hospital departments participated in the production of a variety show to raise money to support patient activities. The program was successfully presented before community and hospital audiences.

# COMMUNITY SERVICES



**ADMISSION RATES**  
STATE OPERATED AND STATE AIDED COMMUNITY FACILITIES  
Fiscal Years Ending June 30, 1950, 1960, 1963

Facility	1950		1960		1963	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
State population, January 1 (in thousands)	10,317		15,266		17,057	
Total community facilities	3,679	35.7	17,716	116.4	37,490	219.8
State operated community facilities	3,679	35.7	6,332	41.6	10,934	64.1
State mental hygiene clinics	2,525	24.5	2,954	19.4	3,509	20.6
Hospital day treatment services	-	-	-	-	383	2.3
Hospital aftercare facilities	-	-	1,517	10.0	3,190	18.7
Day treatment centers	-	-	-	-	962	5.6
Mental retardation evaluation units	-	-	-	-	264	1.5
Neuropsychiatric institutes	1,154	11.2	1,861	12.2	2,526	15.4
Outpatient departments	1,154	11.2	1,861	12.2	2,426	14.2
Day treatment services	-	-	-	-	200	1.2
State aided community facilities	-	-	11,384	74.8	26,556	155.7
Inpatient services	-	-	5,125	33.7	9,870	57.9
Outpatient services	-	-	5,777	37.9	15,325	89.8
Rehabilitation services	-	-	482	3.2	1,361	8.0

An important factor in California's success at meeting the mental health needs of an expanding citizenry without huge capital outlay for new hospitals has been the steady growth of mental health services in communities throughout the State.

State hospitals have expanded various leave programs and services involved in posthospital assistance. At the same time, the mental hygiene department, through its community services division, has broadened its major program of community-based activities which includes outpatient clinics, day treatment centers, financial aid to city and county mental health programs, social work assistance to patients and families, licensing of private psychiatric institutions, and other programs.

The accompanying chart and table indicate the tremendous advances which have been made since 1950. At that time, the admission rate to community facilities was only about 36 per 100,000 population. By 1963, the rate had climbed to nearly 220 per 100,000. Much of this gain resulted from the establishment by 20 cities and counties of state-aided community mental health programs under the Short-Doyle Act.

The expansion of government-operated community mental health services has been accompanied by continuing increases in the number of licensed private psychiatric facilities.

While California's achievements in the community mental health field are impressive, the need for even more rapid progress is urgent.

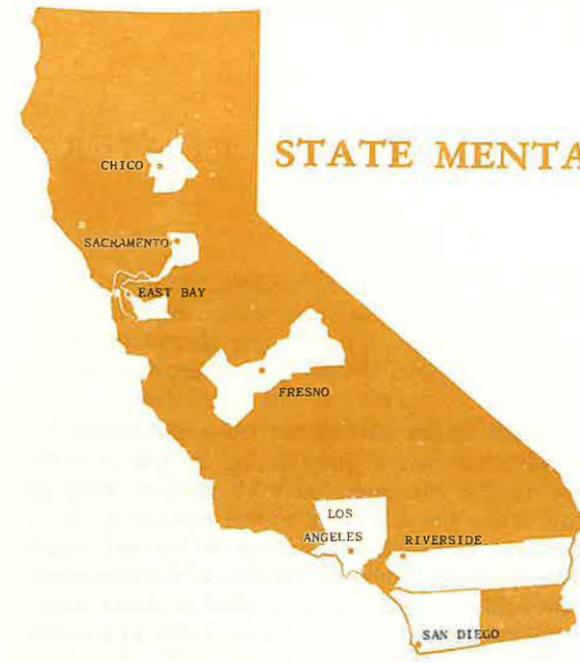
In the field of psychiatric medicine, there is unanimous professional agreement that community mental health programs offer major advantages in terms of both effective treatment and long-range economy.

With the availability of hometown services, victims of mental disorders are more likely to seek early assistance and treatment. With early treatment and help, the need for costly long-term hospitalization can often be averted. In community programs, home ties and family relationships can be more easily brought to bear in treatment and followup rehabilitation. Community mental health services are more readily integrated with other local programs of care and assistance for sick and handicapped people.

California is now building upon a foundation of already-established public and private community mental health services, to create a future statewide pattern of home town treatment and prevention.

An important step toward this goal was taken at the end of the fiscal year when the Legislature approved increased state financial support for city- and county-operated mental health services under the Short-Doyle Act.

The following one-page summaries carry background information and brief accounts of the year's activities in programs of the department's community services division.



## STATE MENTAL HYGIENE CLINICS

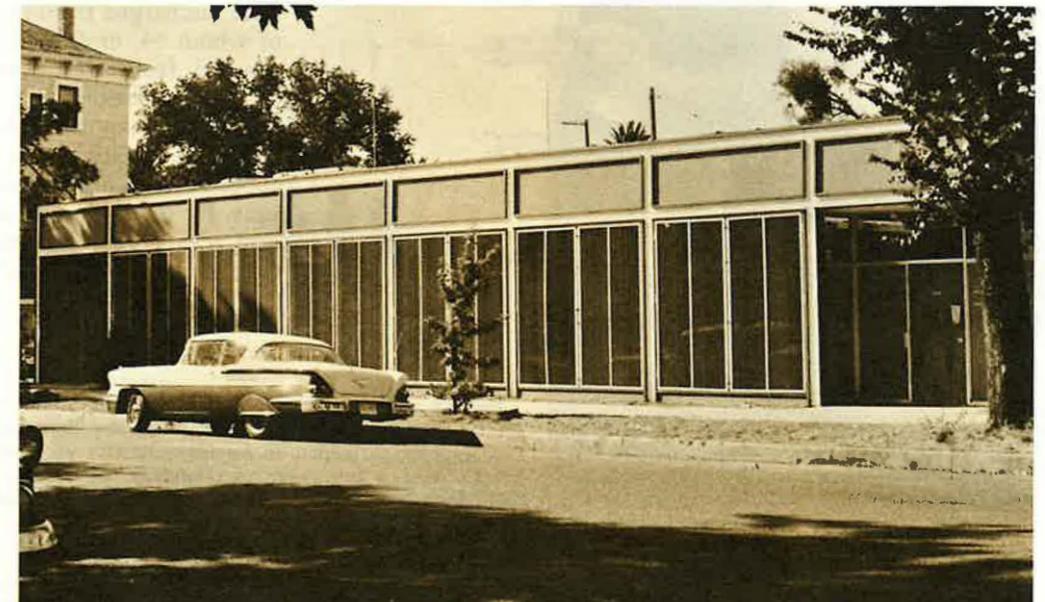
greater emphasis is placed on treating younger patients, is supplemented by professional trainees in the mental health disciplines. To a lesser extent, this is also true of the Los Angeles and Riverside Clinics. At three clinics—Sacramento, Los Angeles, and San Diego—mental retardation evaluation and referral units were established during the year. Personnel of these units provided assistance to retarded patients and their families, including those on admissions waiting lists.

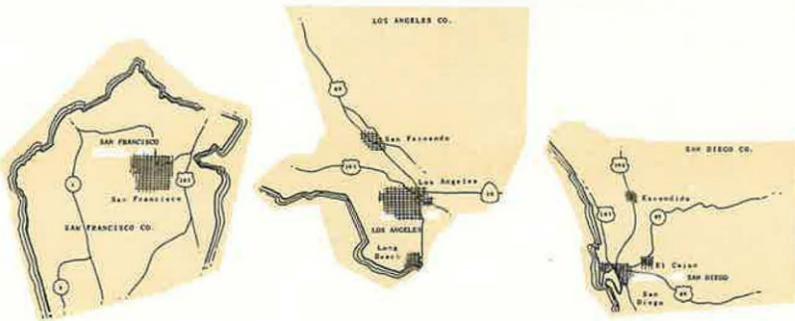
During the fiscal year, the seven clinics admitted slightly over 3,500 patients, 25 percent more than were admitted in the preceding year. Although most of the clinics showed a moderate gain in admissions from the prior year, much of this increase is attributable to the stepped-up activities at the Chico Clinic, where a "crisis intervention program" was established. The addition of this much-needed service in the Chico area nearly doubled the number of admissions to the Chico Clinic over the prior year, and more than doubled the number of applications for service.

By the end of the year, there were nearly 2,500 patients on the records of the clinics, a 10 percent increase from the year before, bringing the case-load back to the level reached in 1961.

A change in clinic organization was being planned at the close of the year. Two branches of the Los Angeles Clinic—Long Beach and San Pedro—were to be redesignated as a separate unit to create an eighth state mental hygiene clinic.

Exterior of the Sacramento State Mental Hygiene Clinic, one of seven community outpatient clinics operated by the mental hygiene department. Other clinics are in Berkeley, Chico, Fresno, Riverside, Los Angeles, and San Diego.





## DAY TREATMENT CENTERS

By June 30, 1963, the Department of Mental Hygiene was operating day treatment centers in San Francisco, Los Angeles, and San Diego. The Los Angeles Center opened most recently, in November 1962, while the San Francisco and San Diego Centers both were operating during the prior fiscal year. The San Diego Center represented the State's first effort in this new area, admitting its first patient in 1960. These day treatment centers, each operating with a staff of between 15 and 17, including psychiatrists, social workers, psychologists, and rehabilitation and occupational therapists, provide psychiatric treatment on an all-day or part-day basis for patients who are so seriously ill that they would otherwise need 24-hour hospital treatment.

At a day treatment facility, the patient is not uprooted from the family but receives the type of intensive attention and treatment during an extended period of the day which heretofore has been available only with hospitalization. The day

treatment center also allows for great versatility in individual patient programming, so that patients may receive treatment as they need it, ranging from a few hours a week to five eight-hour days. Economy is a further advantage of the day treatment approach. About 80 percent of the day treatment center budget can be applied to direct treatment services. This compares with the 30 percent at the state hospitals for the mentally ill, where a large portion of the support dollar must go for food, clothing and housekeeping activities.

Patients are admitted for treatment at the day treatment centers without regard to age, sex, creed, color, or area of residence. Applicants are either accepted or referred elsewhere according to their suitability for treatment in this setting. The most important consideration is that the patient, if not accepted for treatment, would otherwise require 24-hour hospitalization. All patients treated at these centers have applied voluntarily.

During the 1962-63 fiscal year the day treatment centers admitted 962 patients, over four times the number admitted during 1961-62. Most of this increase was the result of opening the Los Angeles Center during this year, and the growth of the San Francisco program, which started toward the middle of the preceding year. The San Diego unit, which was in operation for the full prior year, showed an increase of 57 percent in its admissions from the prior year.

By the end of the current year, 831 patients were discharged from the day treatment programs, of whom 64, or fewer than 8 percent, were discharged from treatment to be hospitalized for psychiatric reasons.

The three-day treatment centers were providing treatment services for a caseload of 236 patients, about twice as many as at the end of the preceding year. By the end of next year, 1963-64, the caseload is expected to exceed 300 patients, a 25 percent increase over the present figure.



Patients at the San Diego Day Treatment Center, and at similar department-operated centers in San Francisco and Los Angeles, participate in extensive activity programs and benefit from a full range of treatment techniques. These San Diego patients are working on a special Christmas gift project.

## PRIVATE INSTITUTIONS

An important element in California's ability to provide for its rapidly increasing population without constructing new state hospitals has been an increasing number of privately operated facilities for the mentally ill and retarded.

Licensing of private psychiatric facilities is the responsibility of the department's Bureau of Private Institutions. At the end of the year, there were 442 private facilities under bureau licensing, an increase of 93 over the previous year. These facilities, with total capacity of 10,259 beds, provided various types of service including short-term psychiatric treatment, long-term nursing care, and other specialized assistance to persons with mental disorders.

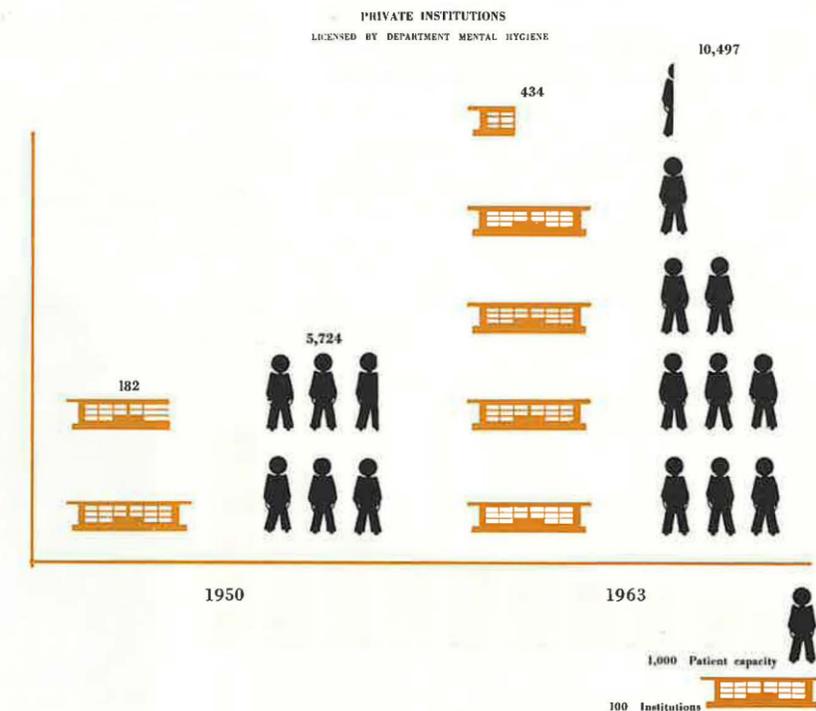
The impact of these facilities on the state program is shown in potential cost figures. If all persons who were cared for last year in private institutions had been treated for the same length of time at state facilities, the cost of this treatment would have been more than \$25 million.

The 1962-63 fiscal year began with new regulations concerning programs and operations of private facilities licensed by the bureau. The new

rules provide primarily for improved services to patients. The bureau worked closely with the California Hospital Association, the California Nursing Home Association, and organizations representing facilities for alcoholics and the mentally retarded, to implement the new regulations. It appeared at year's end that the new requirements were gaining acceptance throughout the State.

An important activity during the year was consultation and staff service to the California Hospital Advisory Council and the newly formed regional hospital committees. These organizations are instrumental in the orderly development of community health facilities including psychiatric resources.

Enforcement activities during the year resulted in the revocation of licenses in two instances. In several other cases, it was necessary to seek voluntary surrender of licenses in the interest of patient welfare. For the most part, however, the bureau attempts to assure adequate levels of service through the process of consultation with minimal reliance on legal actions.



## BUREAU OF SOCIAL WORK

The major objectives of the Bureau of Social Work are provision of direct services to the patient and his family in his home community, and the development of basic health and welfare services necessary to facilitate release of patients from hospitals and to contribute to sound mental health for individuals and families.

Since it was established in 1946 with four area offices and 42 social workers, the bureau has expanded until it now provides professional services to patients on leave from hospitals through 30 local offices staffed by nearly 200 psychiatric social workers.

At the time the bureau was set up, there were approximately 6,000 mentally ill and mentally retarded patients on leave from state hospitals. At the end of fiscal 1963, this total had increased to 14,270.

During the year, nearly 13,000 patients were released on leave from hospitals for the mentally ill, an increase of more than 11 percent over the previous year. The proportion of retarded patients on leave remained constant, but community resources to assist the retarded have been expanded, and increased provisions have been made for more protected, supervised living situations for those on leave.

The family care program has grown in quality and size providing a wide variety of living accom-

modations for patients. Currently, family care is providing for over 2,700 mentally ill and retarded persons in more than 775 private homes, or nearly 20 percent of all leave of absence patients. In the past three years, the number of retarded patients in family care has more than doubled.

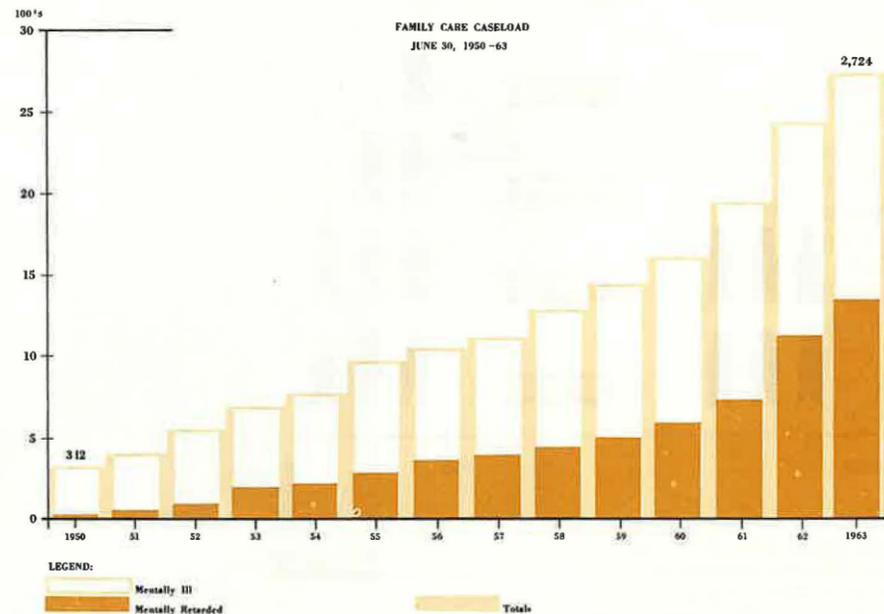
Work placement continued to involve up to 300 persons in sheltered employment, but its use as a rehabilitative device has been expanded so that approximately 350 patients each year use it as a step to more independent living.

In co-operation with various community agencies, the bureau staff has helped develop more than 25 social and recreational groups in 20 different communities which serve 750 mentally ill and retarded patients.

A significant achievement of the year was the negotiation of interagency agreements with the State Departments of Social Welfare and Employment. The agreements facilitate access of patients to employment services and to such assistance programs as medical aid to the aged and aid to totally disabled.

In selected communities, bureau staffers have assisted with preadmission screening of aged persons who apply for state hospital admission. In one demonstration effort, alternative forms of care more appropriate to the needs of elderly applicants were arranged in 37 percent of the cases studied.

Family care offers many patients a desirable alternative to hospitalization. Here a retarded child shares a secret with a family care "mother."



## TRAINING IN COMMUNITY PSYCHIATRY

With the founding in 1961 of the Center for Training in Community Psychiatry in Berkeley, California's Department of Mental Hygiene became the country's first state agency to undertake the training of specialists in community psychiatry.

At the Berkeley center, persons from the various psychiatric disciplines receive training beyond that traditionally provided clinicians. The program is open to qualified psychiatrists, social workers, nurses and psychologists.

Training at the center includes courses designed to equip these specialists with skills and knowledge to help them in assessing and evaluating local mental health needs and to facilitate their use of and assistance to other agencies in the community. Extensive use is made of the "preceptor system" in the instruction, and an impressive group of experts is available to assist students. Field projects are also part of the educational effort.

In 1962-63, four of the eight courses in the two-year curriculum were given for the first time—epidemiology of psychiatric disorders, community resources in the treatment of psychiatric patients, administration of mental health services, and community psychiatry and the law. The remaining two of the six courses given in 1962-63 were offered for the second time—mental health consultation for nonpsychiatric agencies and professions, and research in community psychiatry.

Plans are now being made for an extension course in outlying communities for trainees who live too far away for weekly trips to Berkeley. Proposals for establishment of a second training center, in the Los Angeles area, are also under consideration.

Total enrollment for the six courses given during the year was 114, including 59 psychiatrists or psychiatric residents, 38 psychiatric social workers, 13 psychologists and four nurses.

## OTHER COMMUNITY SERVICES

Last year the mental hygiene department launched a new program of assistance to communities in the development of health, welfare, mental health, educational and other services to the mentally ill and retarded—services which could eliminate the need for state hospitalization for many patients. An expanded staff of community organization specialists was assigned in nine newly designated regions throughout the State to help communities develop basic resources to assist the mentally sick and handicapped. A primary aim of these specialists is expansion of community programs for the retarded.

Negotiations were also underway during the year for establishment of a multipurpose treatment

center for the retarded in cities and counties which had submitted proposals for such centers. A total of \$4.75 million in state bond funds was available for construction or planning. Both state and local financing participation was required.

Federal mental health grants totaling \$310,000 for 1963-64 were approved for 23 community and local agency mental health projects. Approval of grants is made by the mental hygiene department as the designated California Mental Health Authority. The approved applications involved community outpatient clinics, family counseling services, community mental health planning work, day treatment centers, and a rehabilitation project.

## SHORT-DOYLE PROGRAMS

Under California's Short-Doyle Act for Community Mental Health Services, cities and counties receive reimbursement from state funds to cover part of the cost of locally operated mental health programs.

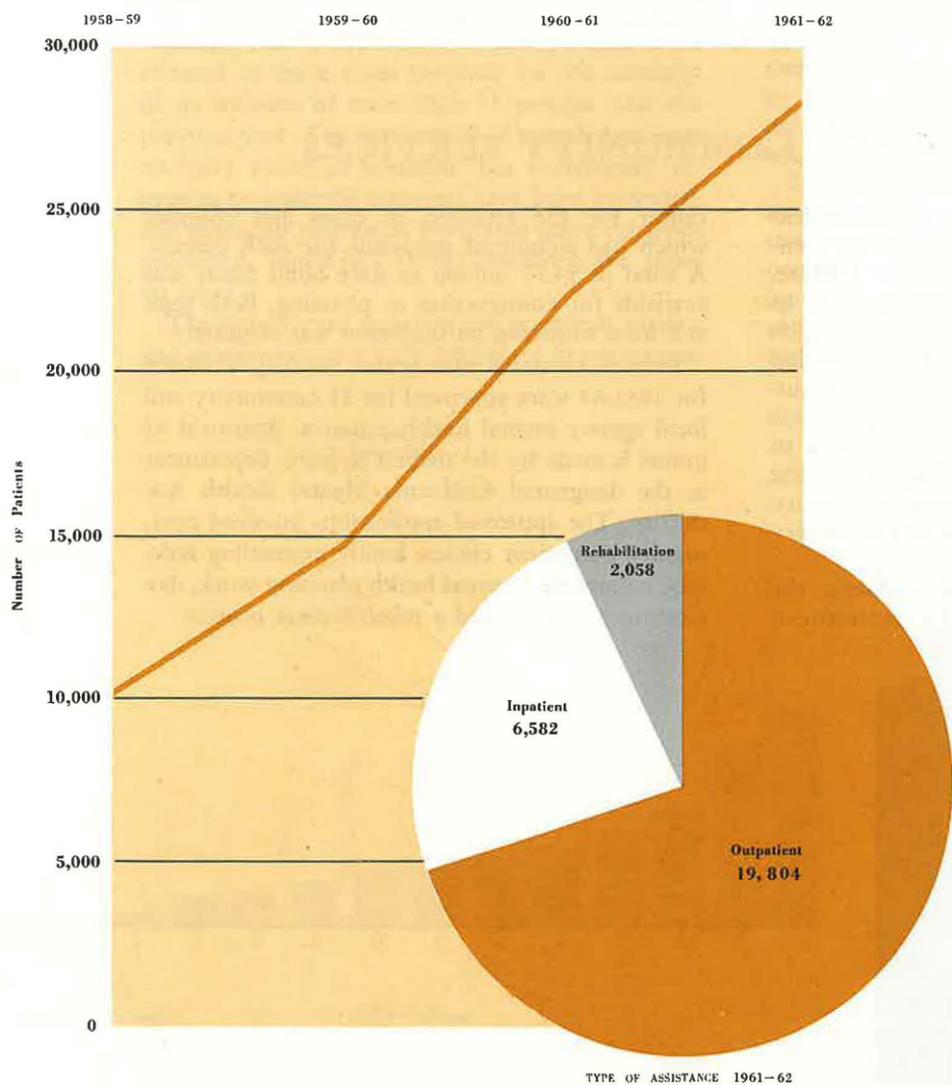
Since the act became effective in 1957, 20 cities and counties have started local mental health services in partnership with the State. During 1962-63 these locally operated programs provided direct assistance to more than 40,000 people. Countless others benefited through indirect services of consultation and mental health education.

The original provisions of the 1957 act called for state reimbursement of 50 percent of local costs for mental health services. Patient care was limited to persons voluntarily seeking treatment, and there was a 90-day limit on reimbursable inpatient care.

At the last session of the Legislature, amendments to the act increased the State's financial share to 75 percent of local costs, removed the 90-day limit on reimbursable inpatient care, and provided for state reimbursement for treatment of patients under court jurisdiction.

STATE AIDED COMMUNITY BASED FACILITIES

GROWTH OF DIRECT ASSISTANCE TO PATIENTS



These revisions were expected to encourage additional cities and counties to start local mental health services and to facilitate expansion of existing programs.

During the first five years of the Short-Doyle operation, the greatest expansion of community mental health services was in the development of outpatient psychiatric clinics. In 1957, there were only four county-operated psychiatric outpatient clinics. In 1962-63, there were 41 clinics receiving state reimbursement under the act.

The second most actively used type of direct patient service for which reimbursement is received under the Short-Doyle Act is short-term hospitalization in psychiatric wards at general hospitals. The effect of the Short-Doyle Act has been to increase treatment services in this setting. In the past fiscal year, over 3,500 patients received definitive psychiatric treatment in the psychiatric wards of county general hospitals operating under the Short-Doyle program.

Psychiatric rehabilitation services were offered during the year in a variety of programs—including an alcoholic clinic, a day treatment center, a halfway house where former state hospital patients are helped to readjust to everyday living, a social therapy group, and a sheltered workshop for the mentally retarded.

The number of patients discharged from the direct patient services of local programs in 1962-63 was as follows: outpatient, 22,012; inpatient, 10,125; rehabilitation, 1,504. In addition to patients discharged during the year, at year end these services had some 9,000 patients on their caseload.

At the end of the fiscal year, these cities and counties were operating mental health services under Short-Doyle: Alameda County, Berkeley, Contra Costa County, Kern County, Los Angeles County, Mendocino County, Monterey County, San Diego County, San Francisco, San Joaquin County, San Jose, San Luis Obispo County, San Mateo County, Santa Barbara County, Santa Clara County, Santa Cruz County, Solano County, Sonoma County, Tri-City Mental Health Authority (Pomona, Laverne and Claremont), and Ventura County. The accompanying table shows the 1962-63 budgets for each of these local programs.

Total reimbursable budgets of these community programs was \$7,350,000. All 20 programs provided outpatient treatment and consultation services. All but two local programs have mental health education services. Eight programs have made inpatient treatment available, and six programs operated rehabilitation services.

REIMBURSABLE BUDGETS OF SHORT-DOYLE APPROVED PROGRAMS

Mental Health Program	Fiscal Year 1962-63						
	Total Reimbursable Budget	Outpatient Services	Inpatient Services	Rehabilitation Services	Consultation Services	Information & Education Services	Misc.
Alameda Co.	\$ 151,426	\$ 98,133	---	---	\$ 44,305	\$ 18,988	---
Berkeley	97,278	49,304	---	---	23,525	15,693	\$ 8,756
Contra Costa Co.	257,268	132,912	\$ 99,744	---	18,718	5,894	---
Kern Co.	50,484	27,794	---	---	20,208	2,482	---
Los Angeles Co.	2,232,605	411,870	1,305,004	\$286,377	107,536	17,751	104,067
Mendocino Co.	59,770	41,239	---	---	12,354	6,177	---
Monterey Co.	66,809	39,950	---	---	14,775	9,044	3,040
San Diego Co.	241,515	39,492	171,095	2,576	3,609	2,576	22,167
San Francisco	1,569,633	452,032	674,862	365,461	12,094	---	65,484
San Joaquin Co.	365,732	111,632	226,618	4,333	11,632	11,517	---
San Jose	186,148	93,629	---	---	27,373	45,146	---
San Luis Obispo Co.	52,667	43,867	---	---	5,867	2,933	---
San Mateo Co.	1,035,045	437,829	303,454	182,784	102,103	3,369	6,506
Santa Barbara Co.	87,496	40,148	---	---	47,348	---	---
Santa Clara Co.	557,962	314,640	44,093	74,929	78,375	25,929	19,996
Santa Cruz Co.	115,834	41,253	66,421	---	2,720	2,720	2,720
Solano Co.	51,893	42,492	---	---	5,672	3,729	---
Sonoma Co.	65,079	51,263	---	---	6,908	6,908	---
Tri-City M.H. Authority	48,408	32,386	---	---	5,341	8,011	2,670
Ventura Co.	63,196	50,235	---	---	6,037	6,924	---
<b>TOTALS</b>	<b>\$7,347,248</b>	<b>\$2,552,100</b>	<b>\$2,891,291</b>	<b>\$916,160</b>	<b>\$556,500</b>	<b>\$195,791</b>	<b>\$235,406</b>



## RESEARCH

The research activity of the California Department of Mental Hygiene is a comparatively recent addition to the State's mental health program. It was not until 1956 that the State Legislature authorized the department to plan and carry out research in mental illness and retardation.

Since the modest beginning in 1956, the program has made remarkable strides. After seven years, the department had supported 188 research projects in the amount of \$3,189,214 in state funds, and 29 projects in the amount of \$6,081,480 from federal moneys, plus 974 locally supported research projects.

Today the program, administered by the Sacramento headquarters, has three main components. In addition to major research projects funded from state, federal and other sources, the department disseminates research findings, and has career research teams at its hospitals and other facilities to conduct long-range studies and to assist the local staffs.

By the end of fiscal 1963, 33 career research positions had been authorized at 11 department facilities, and 25 of these jobs had been filled.

Projects undertaken by the department may be classified into five principal categories of basic, applied and operational research. These are biochemical and neurophysiological studies; research aimed at improving treatment; evaluation of treatment methods; program evaluation, and research in geriatrics.

Last year the budget approved by the Legislature for mental hygiene research totaled \$1,100,-

000. About half of this total was used to support research teams at the hospitals and the headquarters research division, and the remainder was applied to research projects. In the same period, the National Institute of Health and other federal agencies approved 15 requests for projects totaling \$1,800,000.

Several major studies financed by the federal government were continued during the year. In addition, two additional large federal grants were recommended, one by the National Institute of Health, and the other by the Office of Vocational Rehabilitation.

A \$204,631 grant was provided for a four-year survey of factors bearing on problems of retardation in a "typical community" adjacent to Pacific State Hospital, and \$143,049 was made available for a three-year study of hospital-community coordination in work adjustment programs for patients.

One of the major problems in the mental health research field, beyond a continuing need for broader programs, is difficulty in promptly communicating findings throughout the scientific community.

To help overcome this problem, the department last year began to disseminate research findings through a new quarterly publication, "The California Mental Health Research Digest." The publication contains lists and abstracts of approved projects, progress reports, and summaries of completed studies.



## NEUROPSYCHIATRIC INSTITUTES

Two centers for advanced training and research in the mental health field are operated jointly by the Department of Mental Hygiene and the medical schools of the University of California. These are the Langley Porter Neuropsychiatric Institute in San Francisco and the Neuropsychiatric Institute at the University of California at Los Angeles.

Both centers are the scene of major projects of basic and applied research. The centers also train physicians in psychiatry, provide psychiatric training for medical students, and serve as training facilities for related professions. Small inpatient units and active outpatient departments are included at both facilities.

Langley Porter continued last year to provide training opportunities in a variety of mental health disciplines. During the year there were 44 psychiatric residents in the first three years of training, 14 advanced psychiatric trainees, 73 nursing students, 7 psychology fellows, 8 social work students, and 1 resident in hospital administration.

The institute's research program in the past year reported findings of possible major significance. For example, a protein has been found in a blood substance of schizophrenic patients which is not found in normal subjects. This protein was also

found in people who have apparently recovered from either schizophrenia or manic depressive reactions. The U.S. Navy is currently starting a study of recruits to find out if the presence of the protein is useful in advance detection of persons who subsequently become mentally ill. If this should be feasible, it could be an important advance in terms of focusing preventive measures.

The Langley Porter research program received federal recognition last year when a \$47,000 federal grant for general research support was received.

The institute streamlined patient intake procedures in the period to keep pace with more rapid turnover in the patient population. Increased emphasis was placed on training in community mental health for psychiatric residents and fellows in clinical psychology.

The program of the Neuropsychiatric Institute at UCLA showed significant progress during the year. The UCLA Department of Psychiatry, as in previous years, used the facility for courses in each of the four years of the medical school curriculum. Medical school classes have been increased to 72 students per class, or a total of 228. In 1962-63, a total of 51 residents and fellows received psychiatric training at the institute.

Research activities continued to expand. A total of 35 investigations were started, supported by grants of more than \$800,000 in state and federal funds.

The facility's inpatient unit filled its full complement of 188 beds—96 for adult psychiatric patients, 42 child psychiatry beds, 28 on the neurology service, and 22 in neurosurgery.

The institute's emergency service expanded, functioning as a crisis clinic for about 900 patients.



A full range of rehabilitation therapies is available to patients at both the Neuropsychiatric Institute, UCLA (above), and at the Langley Porter Neuropsychiatric Institute in San Francisco. The centers carry out major training and research efforts.

## TRAINING



The Department of Mental Hygiene conducts one of the nation's most extensive training operations including both in-service training for employees and pre-career training for professionals in the various mental health disciplines.

Through a broad program of precareer and in-service training, the California Department of Mental Hygiene is attempting to alleviate the severe handicaps caused by long standing shortages of qualified personnel in the mental health professions.

Today, the department is one of the nation's leading mental health training organizations. Each year at its hospitals and other facilities, specialized preservice professional training is provided to students in psychiatry, social work, clinical psychology, the rehabilitation therapies, and nursing.

To develop and improve the skills and knowledge of employees, and to communicate new developments in the field, a continuing program of in-service training is also carried out.

About two-thirds of the California-trained psychiatrists receive residency experience at the hospitals and institutes of the mental hygiene department.

A total of \$130,000 in scholarships and internships is provided each year to students in psychiatric social work, clinical psychology, and rehabilitation, a program conducted in co-operation with seven colleges and universities. In addition, individual state hospitals have training affiliations with nearby colleges and universities to assist in the training of mental health specialists, chaplains, and teachers.

Each year 1,200 student nurses receive their psychiatric training in department hospitals. The California schools of nursing are all affiliated with one or more state hospitals for this purpose.

A special program for undergraduate students is conducted in co-operation with the University of the Pacific, San Diego State College, and the

Western Interstate Commission for Higher Education. Some 40 undergraduates are placed in summer jobs at state hospitals to become acquainted with the treatment professions as an aid in career selection. The department also administers some \$300,000 in federal and private funds which is made available for the training of mental health treatment personnel.

Every two years, 140 psychiatric technicians are selected to attend nursing schools for registered nurse training. These technicians receive full salary for half-time work during training, and they agree to remain with the department when the course has been completed.

In-service training at department facilities accounts for an estimated million man-hours each year. About 3 percent of available employee time is spent in training activities. A key training program is a required 300-hour course for all newly hired psychiatric technicians, most of whom have no previous experience in caring for psychiatric patients. Other programs involve employee orientation, technical and professional instruction, clerical training, management development, safety practices, public relations, and work improvement.

Each of the hospitals and institutes has a training staff, and funds are available for training trips and for special assignment of individuals to educational institutions. Funds are also provided to hire consultant-experts for staff training purposes.

Through its Center for Training in Community Psychiatry in Berkeley, the department provides training to mental health clinicians in various aspects of community mental health programming. The services of this center are described elsewhere in this report.



## PERSONNEL

A long-standing problem in the Department of Mental Hygiene has been recruitment and retention of trained personnel in the various mental health professions. Over the years, the department has worked in various ways to overcome this problem, but salary inadequacies have consistently hampered such efforts.

The department's need for qualified personnel at all levels and for adequate salaries to facilitate recruitment were formally recognized by a legislative committee in 1961.

The Senate Factfinding Committee on Revenue and Taxation held hearings and issued a report recommending immediate mental hygiene salary boosts totaling \$5 million in the first year. To date, only moderate progress has been made toward implementing the committee recommendations.

An important advance of the fiscal year was the introduction of a new qualifications and salary program for psychiatric technicians, who account for about half of the department's employee total of 21,000.

Under this new program, psychiatric technicians may receive an extra 5 percent in salary if they have completed 15 units of approved college courses, or equivalent in-service training, and meet high performance standards. The new salary range went into effect in January.

The department views this as the first step toward establishment of further salary and qualifications levels for psychiatric technicians, provided funds are made available to organize and finance an expanded program.

Thus far, about 10 percent of the approximately 11,000 psychiatric technicians at department hospitals have qualified for the higher salary schedule. Other psychiatric technicians are now working to obtain the necessary qualifications.

With the introduction of the new salary schedule, the department also instituted an advanced in-service training program to assist psychiatric technicians in qualifying for the new program through broadened knowledge and job skills. The heavy demand for such training was expected to continue.

Progress was also made during the year in raising salary levels for some other key treatment jobs. Special 5-percent salary increases were granted, through action of the Legislature and the State Personnel Board, to clinical psychologists, psychiatric social workers and registered nurses. The new and higher salaries went into effect January 1.

Despite these gains, personnel recruitment continued to be a serious statewide problem, and extensive recruiting efforts were needed to fill job vacancies at nearly all mental hygiene facilities.

In another important employee program, the department's safety record showed marked improvement during the year. New safety instruction was emphasized. As a result, the injury rate at all 14 hospitals declined. Throughout the department, the injury rate was cut from 49 per million employee hours to 36 per million. Time lost due to injuries was reduced by 2,839 days.

At year's end, studies were continuing to find ways to relieve nursing personnel of housekeeping and clerical duties.

## ADMINISTRATION

An organization with 21,000 employees, 27 separate facilities around the State, and an annual budget of more than \$150 million presents an enormous administrative and management challenge, especially when the primary mission of the agency is care and treatment of sick and handicapped people.

In the Department of Mental Hygiene, this immense job of planning, budgeting, bookkeeping, disbursing and collecting, construction supervision, plant use and maintenance and many other activities is the general responsibility of Administrative Services.

The division is also concerned with protection of patients' financial interests, setting and collection of fees, the purchase of equipment and supplies, preparation each day of meals for some 48,000 people, availability of drugs and medical supplies and a wide range of additional matters associated with the operation of hospitals and other facilities for the mentally ill and retarded.

Each of the Administrative Services' eight headquarters units has close ties with administrative, fiscal, service, and treatment functions at the department's hospitals and other institutions. These headquarters units are the Bureau of Patients' Accounts, Construction and Maintenance Division, Fiscal Division, Guardianship Division, Management Analysis Division, Nutrition Services Division, and the Patient Transfer Division.

The largest administrative unit at the Sacramento headquarters is the Bureau of Patients Accounts. BPA is a revenue-producing operation through its collections of charges from patients able to pay for all or part of their treatment. However, most of the bureau's work is concerned with obtaining benefits to which patients are

entitled and in protecting and preserving the patients' assets.

The bureau's basic operations include analysis and adjustment of financial data for use in the setting and collection of equitable charges, review of the financial status of patients and their families in connection with rate adjustments, location of insurance, government and other benefits which may be due to patients, screening of legal matters affecting patients' estates, and local contracts through regional offices.

During the year, the 10 hospitals for the mentally ill received some \$10.5 million for deposit to patients' personal accounts. More than \$15 million was collected for the care and treatment of patients for return to the State General Fund.

A major advance of the year was the acceptance gained for a new bureau-compiled cost of living guide for use in setting charges to patients. The index is based on normal living standards and not upon austere subsistence figures.

When there are no relatives or friends willing to assume responsibility for a patient, the mental hygiene department through its Guardianship Division is appointed guardian of estates by the court and its attorneys represent patients in their private litigation.

Through the guardianship services, property and legal rights are managed and protected until patients are sufficiently recovered to manage their own affairs.

The department is now guardian of 1,486 estates containing \$5.9 million in private assets. At the end of the year, 216 lawsuits were pending.

At year's end, 152 homes were being saved for patients, \$90,000 having been collected in rents to pay mortgage loans, taxes and maintenance and to provide rehabilitation funds. Equities amounting to \$176,000 were saved through probate sales. Nearly \$1 million was collected in pensions, retirement funds, annuities and insurance. Investment of \$3.6 million in government securities returned \$115,000 to the interest of estates. More than \$600,000 was provided for rehabilitation needs of patients discharged or on extended leave and for personal spending money for still hospitalized patients.

Largest of the headquarters units is the Bureau of Patients' Accounts, which employs a large number of accountants, clerical personnel, insurance specialists, and administrators to handle the big job of keeping the records straight and obtaining benefits due patients.

One of the major planning concerns of Administrative Services involves development and maintenance of a plant suited to present and future treatment needs. As a result of continuous review of facilities, it has been determined that various buildings with a total of about 8,000 beds will soon be obsolete and unfit for use as living quarters for patients. If alternative services are not developed, these beds will have to be replaced either at present sites or at more appropriate locations.

Supporting facilities related to inpatient beds are also under continuous examination. Recent emphasis has been on redevelopment of old facilities, adequate utility service, and modernization of buildings to conform with new concepts of care and treatment.

In the past year, several important construction and remodeling projects were completed including a 100-bed annex to the receiving and treatment unit at Porterville; new canteens for patients at Agnews and Camarillo; remodeling of wards and cottages at Metropolitan and Napa; and a new rehabilitation therapy building at Napa replacing old wooden barracks; additions to the administration building at Napa, the school at Sonoma, and a patient cottage at Stockton; and installation of air conditioning in the receiving and treatment unit at Pacific.

A constant effort is made through the management analysis division to develop more efficient management procedures and systems with the ultimate aims of cutting costs and contributing to more effective care and treatment of patients.

An example of improvements which can be made is provided by a revision in methods for filing and retention of patient medical records.

After 1920, the department's patient medical records, previously unorganized, were placed in folders. These were unordered collections of papers, many of which were nonmedical. Sequence of filing differed between hospitals. By 1963, some 259,000 records of deceased and discharged patients had accumulated. However, under current plans, pre-1940 records will be completely purged

of unnecessary material in 1965 after a current research review. Late this year a new uniform medical record program will go into effect throughout the hospital system.

Nearly 150,000 meals are prepared each day in the department's 14 hospitals and two institutes. To properly carry out this mammoth kitchen chore, each hospital has a staff of trained food service specialists.

Visitors to state hospitals are often impressed by the effort made to serve meals in a tasteful manner. The average daily food cost per patient is only about 70 cents. An increase would permit improvement in hospital menus.

Through the years, the department has attempted to avoid the monotony of statewide menus with all hospitals serving the same food on a given day. A system of local menu planning with statewide budget and nutritional controls has been established.

Continuing studies are carried out in an attempt to improve the quality and preparation of food. Food specifications are established, inspection procedures reviewed, and new food products such as frozen and dehydrated items are tested. Food service personnel participate in frequent training sessions. Attention is given to making the best use of available kitchen facilities and equipment at each hospital.

The patient transfer activity is concerned with patients who are not California residents. Such patients may be transferred to psychiatric facilities in their home states or countries. Frequently, a transfer will locate the patient closer to friends and families who can offer assistance during recovery. There was a 21 percent increase in transfers during the fiscal year, indicating an increase in the number of nonresident persons who entered state hospitals before completing a year's residence.

The number of deferred transfers went up 10 percent. Transfer may be deferred when a patient appears to require only short-term treatment or when a transfer would be clearly detrimental to patient welfare.





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## OTHER DEVELOPMENTS

### **Governor's Advisory Committee**

California's mental health programs continued to benefit from the assistance of the Governor's Advisory Committee on Mental Health. This 38-member committee advises the Governor on mental health activities carried out by state agencies. The committee works closely with the Mental Hygiene Department and five other state departments.

### **New Legislation**

The 1963 Legislature provided California with several new and expanded programs which are expected to result in major long-term gains in the mental health field.

Amendments to the Short-Doyle Act for community mental health services, which provide for increased state financial support for community operated programs, were expected to bring rapid expansion of local mental health services throughout the State.

Other important legislation included measures which provide for establishment of special programs and services for educationally handicapped children in public schools; require local school districts to offer classes for the severely retarded; continue existing day care programs for the retarded and add two additional centers; establish a special study commission on mental retardation; revise definitions and procedures covering mentally disordered sex offenders; and provide for coverage of certain types of mentally ill and retarded patients in welfare programs.

These measures brought progress toward implementation of 9 of the 20 legislative recommendations which had been made by the Long Range Plan Task Force on Legislation.

### **Planning Developments**

Following completion of the Long Range Plan for Mental Health Services, the department moved to continue followup studies with the establish-

ment of a planning and development unit in the Sacramento headquarters. The new planning section will administer the expenditures of \$271,400 in federal mental health planning funds which was received for 1963-64. A similar allocation was expected for 1964-65. At the end of the year Congress was also considering a separate appropriation for support of state planning to meet the needs of the mentally retarded.

A special planning advisory committee was appointed to assist the department with planning activities. Scores of citizen groups were asked to submit suggestions for planning projects.

### **CMA Survey**

A significant step toward closer co-operation with the private sector of medicine in California was taken during the year. The California Medical Association agreed to a department request for a survey of treatment programs and operations at the 14 hospitals for the mentally ill and retarded, the two neuropsychiatric institutes, and at the three-day treatment centers. By the end of the year, CMA inspection teams had visited five hospitals and submitted a report which outlined the strengths and weaknesses at each facility.

### **Mental Health Awards**

The substantial contribution made by citizen volunteers in the mental health field was recognized at the mental health awards program in Sacramento. The March event included a daylong program which featured addresses by leading national authorities and an evening banquet attended by some 800 persons. The program was sponsored by the California Association for Mental Health and the California Council for Retarded Children in co-operation with the department. Cosponsors were the California Congress of Parents and Teachers, California Farm Bureau, California Labor Federation—AFL-CIO, California Association for Health and Welfare, and the California Junior Chamber of Commerce.