

CALIFORNIA MENTAL HYGIENE

[Misc. publication I]



UNIVERSITY OF CALIFORNIA  
SACRAMENTO  
MAR 9 1968  
GOVT. PUBLICATIONS DEPT.

INFORMATION ABOUT...

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DEPARTMENT OF MENTAL HYGIENE

1500 FIFTH STREET · SACRAMENTO, CALIFORNIA · JAMES V. LOWRY M.D. DIRECTOR

## THE DEPARTMENT

The Department of Mental Hygiene was established in 1945. However, with other titles, its care and treatment responsibilities date back to 1849. It is operated under provisions of the Welfare and Institutions Code, and is assigned the direct responsibility of:

1. Providing mental health services, including diagnosis, care, treatment and rehabilitation of mentally ill or mentally retarded persons for whom no other treatment resources are available or suitable.
2. Encouraging local community mental health services for diagnosis, care, treatment and rehabilitation of mentally ill and mentally retarded persons.
3. Conducting research into the causes, treatment and prevention of mental illness and mental retardation.
4. Informing the general public as to the nature of mental illnesses and mental retardation, factors which cause mental illnesses and mental retardation, and methods for maintaining sound mental health.
5. Conducting training for mental health specialties.

The department provides the medical services, treatment and rehabilitation necessary for the care and improvement of the mentally ill and mentally retarded persons who have been admitted to state hospitals, either on a voluntary basis or through court commitments.

These persons are admitted to state hospitals because they have an illness requiring 24-hour hospitalization and services are not available in their local communities. The responsibility assigned to the department by the Welfare

and Institutions Code is to provide proper humane care and treatment for the persons under its jurisdiction so that they may return to their places in society as self-sufficient, useful members, whenever possible and as soon as possible.

The department operates six hospitals for the mentally ill, four for the mentally retarded, four for both the mentally ill and mentally retarded, and two neuropsychiatric institutes for research and training.

Whenever possible, the prospective patient should be referred to services other than state hospitals for treatment of mental illness and mental retardation when hospitalization is not indicated. The hospital refers those seeking voluntary admissions and urges it for those who are being considered for commitment.

A basic policy of the State of California is that patient care should be readily available in the local community. The department, under the provisions of the Welfare and Institutions Code, Section 4012 and 9000, promotes the development of comprehensive community supported programs to meet the needs for mental health services and facilities, and promotes effective coordination in the use of these resources, both public and private. The department financially supports community programs.

Mental health services, at the community level, can provide early and appropriate services to the patient with a mental disorder with a minimum disruption of his normal living pattern and maximum social restoration. Communities are encouraged to develop a full range of services together with a continuity of treatment. Short-

Doyle, or the local mental health programs, are detailed on pages 25-32.

Hospitals that treat and care for the mentally ill, operated by the department are: Agnews, Atascadero, Camarillo, DeWitt, Mendocino, Metropolitan, Modesto, Napa, Patton, and Stockton. With the exception of Atascadero, each hospital serves a designated geographical area called a mental health service area and provides treatment and care of psychiatric patients. The program at Atascadero State Hospital is designed for the treatment of mentally ill offenders and serves the entire state. A résumé of each hospital starts on page 16.

Followup psychiatric treatment required by patients placed on leave from the hospitals is provided either directly by Department of Mental Hygiene physicians or by referrals to other agencies offering psychiatric care, including Short-Doyle programs. Social services, when needed, are provided by the Department of Social Welfare.

The medical staff at the state hospitals determines the nature and extent of a patient's illness. Treatment procedures of a physiological and sociopsychological nature are used to relieve or arrest the illness. Assistance is provided by nursing personnel, rehabilitation therapists, psychologists, and social workers implementing the treatment and evaluating the results. The services of support personnel are coordinated with the clinical program to provide for the patient's needs. The program requires:

1. Careful and complete evaluation of the new patient; psychiatric, medical and socioeconomic to determine the nature and extent of the patient's disabilities.
2. Psychiatric treatment services; individual and group therapy, and electroconvulsive therapy to restore the patient's emotional well-being.
3. Medical and surgical treatment services and extensive nursing care services, particularly with the physically disabled group to restore his physical well-being or to prevent further deterioration.
4. Social services for work with families, release planning, and liaison with various assistance programs to provide a social environment suitable to his needs.
5. A range of rehabilitation services, including recreational activities, resocialization, and sheltered workshops to assist the patient in maintaining a sense of usefulness and security.

It is the aim of inpatient treatment to return the patient to a normal situation so that when he no longer requires 24-hour hospital supervision, he is discharged, placed on leave, or assigned to a part-time hospitalization program.

Inpatient services for the mentally ill are described in detail within the six separate programs titled CHILDREN, ADOLESCENTS, ADULTS, GERIATRICS, ALCOHOLIC, and DISORDERED OFFENDERS. These classifications subdivide the resident patient population into more understandable groups. Some patients might logically fall into more than one classification. The programs follow.

### Children

Patients in this group are boys and girls up to the age of 16 who are treated in facilities which are available only at Camarillo and Napa State Hospitals. These patients have behavioral difficulties such as anxiety, restlessness, hyperactivity, temper tantrums and maladaptation to their environment. They are often unable to get along with family members or children in the neighborhood or in school. They are subject to learning problems, conduct disturbances of varying degrees (from bedwetting to homicide), gross distortion of their perceiving, thinking, and feeling processes and disturbances in their emotional and intellectual development.

Treatment objectives for this group are to arrest and prevent the progression of the socially unacceptable behavior and to prevent secondary complications resulting from behavior. The complications may be physical injuries to himself, members of his family, neighborhood, or school. Treatment efforts are aimed at helping the patient develop mentally healthy behavior and thought so that he may move on to a healthy adulthood.

*Whenever possible, it is preferable to treat the child and family in a local program or a hospital outpatient clinic. In more severe cases, separation of the child from his family and school with placement in a hospital becomes necessary.*

Hospital treatment takes place in a specially designed physical and human environment. The physical environ-

ment resembles a home environment conducive to family-like living where children feel comfortable and secure. The staff consists of specially selected and trained personnel.

Immediate goals of treatment depend largely on the condition, the innate potential, and the capabilities of the patient. These goals may vary from some improvement in his behavior to complete rehabilitation and integration into normal community life, and may also preclude the extension of the behavioral difficulties and prevent secondary complications in the patient and his environment.

Modification of behavior includes developing skills to master personal needs, and developing rudiments of vocational training and educational skills. It also includes cessation of self-destructive behavior and destructive behavior directed towards environment.

Results of treatment can be measured by changes in behavior during hospitalization and by the adjustment the patient makes upon return to his home and community.

Inquiries on the Children's Program may be directed to:

**Southern California**  
Norbert I. Rieger, M.D.  
Camarillo State Hospital  
Box A, Camarillo 93010

**Northern California**  
Richard C. Kogl, M.D.  
Napa State Hospital  
Box A, Imola 94558

## PROGRAMS

### Adolescents

Special programs are conducted at Camarillo and Napa State Hospitals for adolescents of both sexes. However, adolescents over 16 also are treated at all hospitals for the mentally ill.

Failure to properly treat adolescents may result in additional problems at a later date, including more serious and lasting mental illness, abnormal social behavior when they become adults and the continuation in their offspring through environmental influences, of the maladaptive behavior of the parents. The aim of the treatment is to prevent the abnormal behavior of members of this group from becoming progressive and permanent.

Methods of treatment are varied. One of the most effective approaches is the special physical and human environment involving the adolescent's own age group which requires that the cultural and behavioral standards be supervised and directed by skilled and experienced personnel. This environmental approach increases the effectiveness of the specific treatment methods (such as psychodrama and group, individual and family therapy) which are required. It also provides a suitable background for the educational, recreational, and vocational training programs which are indispensable to help the patients acquire intellectual, social, and manual skills.

The immediate treatment goals are to modify acutely disturbed behavior, to prevent secondary and perhaps lasting harm to the personality structure, to prevent

secondary complications of maladaptive behavior in the immediate family members and perhaps danger to life and property of the community at large. Restructuring of the patient's behavior into socially useful and creative behavioral patterns within his given potential, is the best way to achieve these goals on a lasting basis.

Results of treatment can be measured by changes in behavior during hospitalization and by the adjustment the patient makes on return to his home or community placement.

Specific information on the Adolescent Program may be directed to:

#### **Southern California**

Norbert I. Rieger, M.D.  
Camarillo State Hospital  
Box A, Camarillo 93010

#### **Northern California**

Richard C. Kogl, M.D.  
Napa State Hospital  
Box A, Napa 94558

### Adults

In the Adult Program are those between the ages of 16 and 65, with the exception of those persons in special adolescent programs at Napa and Camarillo State Hospitals. Adult patients suffer from a variety of mental illnesses, including functional psychoses, organic brain syndromes, personality disorders, and psychoneuroses. Adults who are classified as alcoholic or mentally disordered offenders are described on pages 6-7.

The objective of the Adult Program is rehabilitation, accomplished through a treatment program involving

### Adults (continued)

preadmission services, admission procedures, evaluation and diagnosis, determination of prognosis, the prescribing and application of a treatment program, observation of progress, release planning, and aftercare services.

There are patients who do not respond to treatment or whose illness is irreversible. Some of these patients cannot be discharged but need a program of continued care for their own protection or because their illness results in behavior unacceptable to the community.

Because of the diverse nature of the illnesses, many types of treatment, including medications, electroconvulsive therapy, group and individual psychotherapy, milieu therapy, industrial, recreational and occupational therapy are provided.

Under present procedures, the prescribed care and treatment programs in a hospital involve grouping patients by various criteria. These criteria include such factors as geographic (being with others from their general area), type of behavior, physical diagnosis (such as diabetes or chest disease) or length of illness. Many times patients on any ward unit may require an extended variety of care.

The various types of treatment programs require personnel skilled and trained in medicine, dentistry, nursing, psychology, social service, rehabilitation, education, and laboratory technology, among others.

Major efforts of the adult inpatient treatment program are to:

1. Provide intensive and rapid treatment with early rereferral to community mental health agencies.
2. Intensive treatment so as to release patients not in need of continuing 24-hour psychiatric supervision, using all available resources capable of providing suitable care or assistance.

As local programs are developed, it is expected that admissions to state hospitals for the mentally ill will be the more severely disabled.

### Geriatrics

Geriatrics are patients age 65 and over who may require specific facilities depending upon physical, emotional and social needs. The number of patients admitted years ago who have reached this age in the hospital and those initially admitted at age 65 and over is not appreciably different.

The first group has a preponderance of chronic schizophrenic patients. Objectives and treatment methods continue and are similar to those for patients in younger age groups taking into consideration the increase in physical disorders that develop with age.

Those in the second group, admitted at age 65 or after, display a much wider variety of psychiatric problems. They may suffer from anxiety reactions, depressions, and temporary confusional states resulting from treatable physical disorders. Many of these patients respond to short-term treatment programs but there may be severe

## PROGRAMS

## PROGRAMS

### Geriatrics (continued)

brain deterioration requiring longer treatment with less encouraging results.

Within both groups are those who have primarily psychiatric needs; those with primarily physical needs; and varying combinations. Those who have primarily physical needs include the wheelchair and bed cases requiring extensive or complete assistance with all functions of daily living—this is provided.

The treatment program rehabilitates as many patients as possible to the extent that they may be successfully placed in one of several situations in the community, i.e. private homes, nursing homes, retirement communities, boarding houses, among others. For patients where this cannot be met, a life which will be comfortable and acceptable to the patient and his family is provided in the state hospital.

### Alcoholic

"Alcoholic" is a general description for those persons whose drinking patterns have seriously impaired their physical, emotional, or social well-being. At different stages of illness any or all of these problems may be disabling. Treatment in a hospital for the mentally ill is required for those persons whose primary needs are for psychiatric services.

The reasons for the misuse of alcohol remain obscure and treatment results uncertain; therefore, emphasis is

placed on programs promoting innovation which have multiple and diverse approaches. But the basic program is to motivate the patient toward his own rehabilitation and to develop types of therapy successful to meet the patient's needs.

Treatment for the alcoholic patient encompasses a physical, emotional, and social restoration. It is necessary to provide (1) detoxification and other needed medical services, (2) a broad range of individual and group therapies, (3) industrial and vocational programs, (4) necessary funds and clothing at the time of discharge to facilitate reentry into community living, and (5) referral for appropriate followup services.

Hospital treatment programs are designed to complement existing community preadmission and aftercare services. Comprehensive and continuing services could be provided through the establishment of more locally based diagnostic and referral centers.

Essential to an effective treatment program are methods of evaluating its success. This involves measuring both response during hospitalization, and assessing posthospital adjustment. Distinguishing between various types of alcoholism, estimating differential effectiveness of specific therapies, and evaluating unresponsive cases give direction to program revisions. Posthospital followup can most economically be effected on a large scale through the cooperative efforts of community agencies.

To meet the ends described above, the department has established an experimental alcoholic treatment service at

### Alcoholics (continued)

Mendocino State Hospital. This program has been given national recognition. Over 90 percent of the patients are voluntary admissions. In cooperation with two universities, it has developed a data collection and research operation.

The alcoholic programs of the Department of Public Health and the Short-Doyle programs should be given every consideration before commitment to a state hospital is contemplated.

The address for the Division of Alcoholism, Department of Public Health, is 2180 Milvia Street, Berkeley 94704, telephone 415-843-7900. Short-Doyle programs are listed on pages 25-32.

### Mentally Ill Offenders

Patients receiving treatment at Atascadero State Hospital are limited to males who are:

1. Mentally ill, charged with crime, and who are or may be dangerous to themselves or others.
2. Mentally disordered sex offenders and mentally abnormal sex offenders.
3. Patients transferred from other state hospitals who are considered severely assaultive, escape or arson risks.
4. Disturbed juveniles sent from any California court.

## PROGRAMS

5. Mentally disordered Youth Authority wards who cannot receive the needed psychiatric care in a Youth Authority facility or in a nonsecurity-type mental hospital.

These patients are more dangerous to society than other mentally ill people. Their mental disorders cause them to commit antisocial acts which bring them into conflict with law enforcement agencies.

A maximum security setting, similar to a correctional facility, has been provided within which the rehabilitative treatment program takes place. The protection of the public is a foremost consideration. Progress is measured by the patient's ability to assume responsibility for his own behavior and his willingness to be held accountable for his action.

Individualized programs of group therapy, work therapy, medication, electroconvulsive therapy, and recreational therapy, are prepared by the hospital professional team, consisting of psychiatrist, psychologist, social worker, rehabilitation therapist, and nursing personnel and structured into a 24-hour-a-day schedule. Patients are helped to control their behavior, first by staff supervision and then by developing their own inner controls. When over a period of months a man has consistently demonstrated to the staff that he is able to get along with other patients, work at an assigned job, show respect and consideration for others, and understands the basic reasons for his mental disorder, he is returned to court

## **PROGRAMS**

### **Mentally Ill Offenders (continued)**

for a return to society or transferred to a nonsecurity-type mental hospital.

Immediate goals are to rehabilitate the patient to the point where on release to the community he is no longer dangerous to others and can make a constructive readjustment. Above all, continued research and study is required to develop better treatment programs to lower the recidivism rates. Recent studies of treated and released sexual offenders indicate favorable results from more intensified treatment.

NOTE: Disordered female offenders are cared for in hospitals for general psychiatry in the adult service.

### **Mentally Retarded**

The mentally retarded are a group of persons possessing subaverage general intelligence associated with impairment of (1) growth and development; (2) learning; and (3) social adjustment. The incidence of mental retardation in the general population is believed to be approximately 3 percent. Of these, some 10 percent may require hospital care and rehabilitation at some period in their lives. These cases represent a number of difficult care problems varying from those represented by the mildly retarded person with severe emotional behavior problems, to the profoundly retarded, multiple physically handicapped infant.

The objectives of programs for the mentally retarded are to evaluate, care for, treat, train, and educate those who have been referred to Department of Mental Hygiene hospitals for the mentally retarded. Most of these patients require intense and reasonably continuous medical, paramedical, and nursing care with complementary habilitation and education services.

The Department of Mental Hygiene operates four hospitals where the entire hospital patient population is mentally retarded: Fairview, Porterville, Sonoma, and Pacific; and four hospitals where there are units for the mentally retarded within a hospital which also serves mentally ill: Agnews, Camarillo, DeWitt, and Patton.

Through the development of community-based alternate care and training programs for the mentally retarded, the hospitals have been able to release many patients who have improved as a result of their hospitalization. However, there are patients who will continue to require lifelong 24-hour hospital treatment.

New admissions are tending toward the younger profoundly retarded with great physical and emotional handicaps. It is the policy of the Department of Mental Hygiene to treat in hospitals for the mentally retarded only patients requiring 24-hour hospitalization. The department assists in finding suitable alternative placement for others.

## **PROGRAMS**

### **Mentally Retarded (continued)**

#### **Emotionally Disturbed Retarded**

A significant number of mentally retarded also are emotionally disturbed. In addition to mental retardation, these patients have psychiatric illnesses and may manifest destructive behavior towards themselves or others, such as self-mutilation or dangerous assaultive behavior.

The treatment program redirects this behavior so they may be more responsive to their environment. Resources include specialized personnel and equipment to administer operant conditioning, electroconvulsive therapy, physical and chemical restraint, and psychosurgery. Staff for these cases include highly skilled psychiatrists, psychiatric social workers, clinical psychologists, psychiatric nurses and technicians, and education and rehabilitation personnel.

Results of the program are measured in terms of the number of patients taught to control their behavior in order that they may continue to receive treatment and training for their basic handicap of mental retardation with placement back into the community as the final goal.

#### **Preadmission and Diagnostic Services**

The Welfare and Institutions Code provides that the Department of Mental Hygiene need not accept a mentally retarded person committed to it "if that person is

not a suitable subject for admission." Suitability for hospitalization is determined by the preadmission and diagnostic services of the four hospitals which specialize in the treatment of the mentally retarded.

Each preadmission and diagnostic service has a satellite clinic located in a large population center. The branches of the hospital preadmission service are located in Sacramento operated by Sonoma State Hospital, San Jose by Porterville State Hospital, Los Angeles by Pacific State Hospital, and San Diego by Fairview State Hospital. Each hospital serves a designated geographic area called a mental retardation district.

The function of the preadmission service is to review and evaluate every application for admission to a state hospital for the mentally retarded, to counsel and otherwise assist the relatives during the waiting period, or refer the patient to other sources of service.

These services are staffed by physicians, psychologists, and social workers with specialized skills and experience in the field of mental retardation, together with associated clerical staff.

Mentally retarded patients are admitted to state hospitals either through court commitment or by voluntary procedures.

The aftercare program for the mentally retarded is carried out by means of various placement programs such as home leave, family care, or private and nursing institution placement.

## ADMISSIONS

Of the five methods of admission into California state hospitals for mentally ill persons, voluntary admissions are encouraged.

Mentally retarded patients should not be committed as mentally ill, and harmless seniles are not proper cases for commitment.

The Department of Mental Hygiene urges the use of the community mental health and Short-Doyle programs for diagnostic and screening purposes to determine if a person can be treated in a community rather than being committed to a state hospital.

The value of screening and diagnostic evaluation is best illustrated by a pilot program in San Francisco for geriatrics. The purpose of the program was to find alternatives to hospitalizing geriatric patients.

The screening unit reduced the number of commitments of elderly persons to state mental hospitals from 473 when it started in 1963 to 40 in its second year. The program arranged alternatives to hospitalization such as boarding homes, nursing homes, inpatient medical services, and general hospital psychiatric services and also arranged for patients to remain in their own homes or in other independent living arrangements whenever possible.

### Admission of Mentally Ill Persons Into State Hospitals

The five methods of admission into California State Hospitals for mentally ill persons are listed for general guidance:

#### 1. Voluntary Admission (Section 6050, Welfare and Institutions Code)

Application by the person desiring to be admitted is made directly to the state hospital.

The superintendent of the hospital is authorized to admit the person if, in his opinion, the person is in need of care and treatment and if the person understands the nature of his request for admission to the hospital, or in the case of a minor, the application is made by the parent or guardian.

Voluntary patients have the right at any time to be released within seven days after demand.

#### 2. Health Officer Application (Section 6000 et seq.)

A person may be admitted without court action by a friend or relative applying to the local health officer of the city, county or health district.

The health officer will require a statement of facts plus certificates from two physicians who have examined the person certifying that they believe the person to be mentally ill and in need of supervision, care or treatment.

If the health officer is satisfied that it will be for the best interest of the person to be admitted to a state hospital for treatment of his mental condition, he will then fill out the application form authorizing the person to be taken to the nearest state hospital.

If there are any objections or protests from the person or from a relative or friend on his behalf, this method of admission cannot be used. A person admitted through

the health officer application will remain a patient in the hospital as long as is necessary. However, the person has the right to demand a court hearing at any time.

Forms for application and the physician's certificate are available at any health office or from the Department of Mental Hygiene.

#### 3. Temporary Admission for Not More Than 90 Days (Section 6022 et seq.)

Temporary admission is accomplished by application directly to a state hospital by a friend, relative, guardian, local health or welfare officer, head of hospital or other institution in which the person may be. Certificates from two physicians who certify that they have examined the person and believe him to be mentally ill and in need of care or treatment are necessary.

The person may not be admitted to a state hospital if he or a relative or friend on his behalf objects or protests.

The person may not be detained for a period exceeding 90 days without his consent or without a court hearing.

Temporary admission is designed for persons who will benefit from active therapy and a short period of hospitalization.

Forms for application and the physician's certificate are available at any state hospital or from the Department of Mental Hygiene.

## ADMISSIONS

#### 4. Court Commitment (Section 5551 et seq.)

In 1967 the Legislature changed the law for court commitment for the mentally ill so that no one can be committed to a state hospital or other mental health facility unless he is of such mental condition that he is a danger to himself or to the person or property of others and is in need of treatment, supervision, care or restraint. The new law requires the written statement of a physician that the person is dangerous to himself or the person or property of others before a petition may be filed.

After complying with the above any friend or relative may file a petition of mental illness in the superior court.

If there is no friend or relative, any peace officer, probation officer, physician attending the patient, or physician of a public hospital or institution if the person is a patient there, or the guardian, may file the petition. Usually the petition is prepared by the counselor in mental health or the district attorney.

If a petition is filed, the person will be taken to the county hospital or notified to come to the county hospital where he will be examined by court-appointed physicians while awaiting court hearing.

After the court hearing, if the person is ordered committed, he will be delivered by the sheriff to a state hospital or other place designated in the court order.

In 1967, the Legislature changed the law for the commitment of the mentally ill. Patients are now committed to the Department of Mental Hygiene, rather than to a

## ADMISSIONS

specific hospital. The department then places the patient in the facility which it believes can provide the most satisfactory treatment programs. The department's policy is to keep the patient as close to his home and family as is possible.

### 5. Emergency Admissions (Section 5880)

A person may be admitted either to the county hospital or to a state hospital when he is so mentally ill as to require immediate care as an emergency.

The law authorizes a peace officer, a health officer or county physician to take charge of such person; place him in a county hospital or a state hospital where he can be given treatment, and detained for not more than 72 hours.

During the 72 hours, the person will either be released or admitted as a regular patient under any of the other methods authorized by law.

In 1967, the Legislature prohibited the detention in any jail or correctional facility of any person apprehended in an emergency situation who gives reasonable cause to believe he is mentally ill. Such persons suspected of being mentally ill must be admitted and detained in hospital facilities designed to care for the mentally ill.

Admissions Into County Hospitals—Psychiatric Wards (Sections 5554, 5880, 6071, 6302, Welfare and Institutions Code)

1. Emergency admission by peace officer, health officer or county physician—time limit 72 hours (explained under 5 above).

2. Voluntary admission—a county hospital may receive, detain and treat persons who voluntarily apply for admission. During this period, the person has the right to be released within seven days after demand.
3. Admission into a county hospital under court order pending examination and hearing by court—these would be cases leading to court commitment.
4. Admission under court order or court commitment.

Here is an alphabetical listing of counties and the hospital which serves each county. Although the Department has the authority to place patients in any state hospital, the county of residence generally determines placement. Patients from the same general area are placed together and remain as near to their homes as possible. However, the Department will place a patient in the facility where he will receive needed treatment to get him back into a community setting as soon as possible.

County	Hospital
Alameda	Napa
(City of Oakland and north)	
Alameda	Agnews
(South of Oakland city limit)	
Alpine	Stockton
Amador	Stockton
Butte	DeWitt
Calaveras	Stockton
Colusa	Mendocino
Contra Costa	Napa
Del Norte	Mendocino
El Dorado	DeWitt
Fresno (persons under 65)	Stockton

County	Hospital
Fresno (persons 65 and over)	Modesto
Glenn	Mendocino
Humboldt	Mendocino
Imperial	Patton
Inyo	Patton
Kern	Patton
(East of Sierras and Tehachapis)	
(East of a line extending southwest through Walker Pass to the Junction of Tehachapi Willow Springs Road and Oak Creek Road and then southeast along the Rancho Le Liebra Mountain Range)	
Kern	Camarillo
(West of Sierras and Tehachapis)	(West of above line)
Kings (persons under 65)	Stockton
Kings (persons 65 and over)	Modesto
Lake	Mendocino
Lassen	DeWitt
Los Angeles (west)	Camarillo
(For purposes of state hospital admissions, division is made according to Los Angeles County Health Districts established 10-1-65. West of line between Glendale and Pasadena Health Districts; Northeast and Alhambra Health Districts; Southeast and Vernon Health Districts; Torrance and Harbor Health Districts)	
Los Angeles (east)	Metropolitan
(East of the above line)	
Los Angeles (alcoholic commitments only)	Patton
Madera (persons under 65)	Stockton
Madera (persons 65 and over)	Modesto
Marin	Napa
Marin (alcoholic commitments only)	Mendocino
Mariposa	Modesto
Mendocino	Mendocino
Merced	Modesto
Modoc	DeWitt

## ADMISSIONS

County	Hospital
Mono	Patton
Monterey	Agnews
Napa	Napa
Nevada	DeWitt
Orange	Metropolitan
Placer	DeWitt
Plumas	DeWitt
Riverside	Patton
Sacramento	DeWitt
San Benito	Agnews
San Bernardino	Patton
San Diego	Patton
San Francisco	Napa
San Francisco (alcoholic commitments only)	Mendocino
San Joaquin	Stockton
San Luis Obispo	Camarillo
San Mateo	Agnews
Santa Barbara	Camarillo
Santa Clara	Agnews
Santa Cruz	Agnews
Shasta	Mendocino
Sierra	DeWitt
Siskiyou	Mendocino
Solano	Napa
Sonoma	Mendocino
Stanislaus	Modesto
Sutter	DeWitt
Tehama	Mendocino
Trinity	Mendocino
Tulare (persons 65 and over)	Modesto
Tulare (persons under 65)	Stockton
Tuolumne	Modesto
Ventura	Camarillo
Yolo	DeWitt
Yuba	DeWitt

## MENTAL HEALTH SERVICE AREAS

To provide the direct services of the Department of Mental Hygiene to its patients and their families in the most effective manner and to achieve the maximum coordination between department services and local health and welfare programs, the following mental health service areas have been established:

### NORTH COAST MENTAL HEALTH SERVICE AREA

#### Mendocino State Hospital

Colusa	Humboldt	Shasta	Tehama
Del Norte	Lake	Siskiyou	Trinity
Glenn	Mendocino	Sonoma (San Francisco and Marin alcoholic commitments)	

### NORTHEAST AND MOUNTAIN MENTAL HEALTH SERVICE AREA

#### DeWitt State Hospital

Butte	Modoc	Plumas	Sutter
El Dorado	Nevada	Sacramento	Yolo
Lassen	Placer	Sierra	Yuba

### GREATER SAN JOAQUIN VALLEY MENTAL HEALTH SERVICE AREA

#### Stockton State Hospital

Alpine	Calaveras	Kings	San Joaquin
Amador	Fresno	Madera	Tulare

### SOUTH SAN FRANCISCO MENTAL HEALTH SERVICE AREA

#### Agnews State Hospital

Alameda	Monterey	San Benito	Santa Cruz
(south of Oakland)	San Mateo	Santa Clara	

### NORTH SAN FRANCISCO BAY AREA MENTAL HEALTH SERVICE AREA

#### Napa State Hospital

Alameda	Contra Costa	Napa	Solano
(Oakland and north)	Marin-San Francisco (alcoholic commitments to Mendocino)		

### MID VALLEY MENTAL HEALTH SERVICE AREA

#### Modesto State Hospital

Mariposa	Merced	Stanislaus	Tuolumne
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### WEST LOS ANGELES AND SOUTH COAST MENTAL HEALTH SERVICE AREA

#### Camarillo State Hospital

Kern (west)	San Luis Obispo	Santa Barbara	Ventura
Los Angeles (west) (except alcoholics)			

### EAST LOS ANGELES AND ORANGE COAST MENTAL HEALTH SERVICE AREA

#### Metropolitan State Hospital

Los Angeles	Orange
(east) (except alcoholics)	

### SOUTHEAST AND SAN DIEGO MENTAL HEALTH SERVICE AREA

#### Patton State Hospital

Imperial	Kern (east)	Los Angeles	Riverside
Inyo	Mono	(alcoholics only)	San Diego
			San Bernardino

### NORTH STATE

#### Sonoma State Hospital

#### Sacramento Branch, Preadmission and Diagnostic Outpatient Service

Alameda	Humboldt	Placer	Solano
Amador	Lake	Plumas	Sonoma
Butte	Lassen	Sacramento	Sutter
Colusa	Marin	San Francisco	Tehama
Contra Costa	Mendocino	San Mateo	Trinity
Del Norte	Modoc	Shasta	Yolo
El Dorado	Napa	Sierra	Yuba
Glenn	Nevada	Siskiyou	

### CENTRAL VALLEY AND MID-COAST

#### Porterville State Hospital

#### San Jose Branch, Preadmission and Diagnostic Outpatient Service

Alpine	Madera	San Benito	Santa Cruz
Calaveras	Mariposa	San Joaquin	Stanislaus
Fresno	Merced	San Luis Obispo	Tulare
Inyo	Mono	Santa Barbara	Tuolumne
Kern	Monterey	Santa Clara	Ventura
Kings			

## MENTAL RETARDATION DISTRICTS

### SOUTH LOS ANGELES COUNTY AND LOWER COAST

#### Fairview State Hospital

#### San Diego Branch, Preadmission and Diagnostic Outpatient Service

Los Angeles *	Orange	Imperial	San Diego
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\* Fairview State Hospital will accept applications for patients residing in the following Los Angeles County health districts: Santa Monica—West, Inglewood, South, San Antonio, Bellflower, Compton, Torrance, Harbor, and Long Beach.

### NORTH LOS ANGELES COUNTY AND INTERIOR VALLEY

#### Pacific State Hospital

#### Los Angeles Branch, Preadmission and Diagnostic Outpatient Service

Los Angeles *	Riverside	San Bernardino
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\* Pacific State Hospital will accept applications for patients residing in the following Los Angeles County health districts: West Valley, East Valley, San Fernando, Glendale, Pasadena, Monrovia, Pomona, Hollywood, Wilshire, Central, Northeast, Alhambra, El Monte, Southwest, Southeast, Vernon, East Los Angeles, and Whittier.

# HOSPITALS

## AGNEWS STATE HOSPITAL

Care and Treatment of Adult Mentally Ill and Mentally Retarded

*Location:* At the south end of San Francisco Bay area adjacent to the urban community of San Jose in Santa Clara County

*Mailing Address:* San Jose 95114

*Telephone:* 408-262-2100

*Superintendent and Medical Director:* G. Lee Sandritter, M.D.

*Associate Superintendent:* Robert Quirnbach, M.D.

*Mental Health Service Area:*

South San Francisco—Alameda (south of Oakland), Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MI	3,763	3,652	3,667	3,725	3,754
PATIENTS (excluding visits)					
MI	3,748	3,040	2,367	1,911	1,590
MR	---	236	487	513	513

HOSPITAL BED CAPACITY: Mentally ill \_\_\_\_\_ 2,175  
Mentally retarded \_\_\_\_\_ 528

## ATASCADERO STATE HOSPITAL

Care and Treatment of Male Adult Criminally Insane or Sexual Offenders

*Location:* Near the community of Atascadero about half-way between San Francisco and Los Angeles in San Luis Obispo County

*Mailing Address:* Drawer A, Atascadero 93422

*Telephone:* 805-466-2200

*Superintendent and Medical Director:* S. W. Morgan, M.D.

*Associate Superintendent:* Edward Eckland, M.D.

*Mental Health Service Area:* Statewide

See page 7 for treatment program

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MI	1,177	1,268	1,284	1,285	1,285
PATIENTS (excluding visits)					
MI	1,513	1,625	1,543	1,540	1,540

HOSPITAL BED CAPACITY: \_\_\_\_\_ 1,291

## CAMARILLO STATE HOSPITAL

Care and Treatment of All Ages, Mentally Ill and Older Adolescent and Adult Mentally Retarded

*Location:* Four miles from Camarillo, nine miles from Oxnard and 16 miles from Ventura. The hospital is near Highway 101 about 40 miles north of Los Angeles and about the same distance south of Santa Barbara.

*Mailing Address:* Box A, Camarillo 93010

*Telephone:* 805-482-4671

*Superintendent and Medical Director:* Louis R. Nash, M.D.

*Associate Superintendent:* John F. Sheel, M.D.

*Mental Health Service Area:*

West Los Angeles and South Coast—Counties of Kern, Santa Barbara, San Luis Obispo and Ventura and a major part of Los Angeles, generally that area to the west of the Harbor Freeway.

The Children's Treatment Center for mentally ill serves all of southern California.

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MI	4,514	4,381	4,497	4,700	4,844
PATIENTS (excluding visits)					
MI	5,285	4,588	3,571	2,897	2,403
MR	---	---	---	488	488

HOSPITAL BED CAPACITY: Mentally ill \_\_\_\_\_ 3,682  
Mentally retarded \_\_\_\_\_ 500

# HOSPITALS

## DeWITT STATE HOSPITAL

Care and Treatment of Adult Mentally Ill and Mentally Retarded

*Location:* Four miles northeast of Auburn, near Highway 49

*Mailing Address:* P.O. Box 192, Auburn 95603

*Telephone:* 916-885-3741

*Superintendent and Medical Director:* John G. Freeman, M.D.

*Associate Superintendent:* Finn Lunde, M.D.

*Mental Health Service Area:*

Northeast and Mountain—Counties of Butte, El Dorado, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Sierra, Sutter, Yolo, and Yuba.

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MI	1,185	1,244	1,508	1,684	1,772
PATIENTS (excluding visits)					
MI	1,045	896	695	572	494
MR	1,010	1,015	1,040	1,028	1,028

HOSPITAL BED CAPACITY: Mentally ill \_\_\_\_\_ 787  
Mentally retarded \_\_\_\_\_ 770

## HOSPITALS

### FAIRVIEW STATE HOSPITAL

Care and Treatment for Mentally Retarded of All Ages

Location: Costa Mesa

Mailing Address: 2501 Harbor Boulevard, Costa Mesa 92626

Telephone: 714-545-9331

Superintendent and Medical Director: Anthony N. Toto, M.D.

Associate Superintendent: Seawright W. Anderson, M.D.

Mental Retardation District:

South Los Angeles County and Lower Coast—Counties of Imperial, San Diego and Orange, the southern portion of Los Angeles comprising the Los Angeles County Mental Health Districts of Santa Monica West, Inglewood, Torrance, Harbor, South Compton, Long Beach, San Antonio and Bellflower.

ADMISSIONS	1964-65		1965-66		1966-67		Projected	
	1964-65	1965-66	1966-67	1967-68	1968-69	Projected	Projected	
MR	430	294	287	537	291			

PATIENTS (excluding visits)	1964-65		1965-66		1966-67		Projected	
	1964-65	1965-66	1966-67	1967-68	1968-69	Projected	Projected	
MR	2,555	2,573	2,570	2,572	2,572			

HOSPITAL BED CAPACITY: Mentally retarded ..... 1,964

SAN DIEGO BRANCH, PREADMISSION AND DIAGNOSTIC OUTPATIENT SERVICE, 1610 Third Avenue, San Diego.

### LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE

Location: University of California San Francisco Medical Center

Mailing Address: 401 Parnassus Avenue, San Francisco 94122

Telephone: 415-681-8080

Medical Superintendent: Alexander Simon, M.D.

Associate Medical Superintendent: Leon J. Epstein, M.D.

WELFARE AND INSTITUTIONS CODE, SECTION 7304

"... Admissions may be either on a voluntary basis after approval by the medical superintendent, or on transfer from another institution under the jurisdiction of the department after approval by the Director of Mental Hygiene, and NO PERSON SHALL BE COMMITTED either directly to the Langlely Porter Neuropsychiatric Institute or to the Department of Mental Hygiene for placement therein. All admissions shall be for temporary observation, research, diagnosis and treatment purposes as determined by the medical superintendent; in the case of transfer from another institution, the patient so transferred may be returned upon the completion of the study, diagnosis or treatment, to an institution of the type from which they came."

### MENDOCINO STATE HOSPITAL

Care and Treatment for Adult Mentally Ill

Location: Two miles east of Ukiah, 120 miles north of San Francisco

Mailing Address: Box X, Talmage 94581

Telephone: 707-462-3871

Superintendent and Medical Director: Ernest W. Klatte, M.D.

Associate Superintendent: Waldo S. Cook, M.D.

Mental Health Service Area:

North Coast—Counties of Colusa, Del Norte, Glenn, Humboldt, Lake, Mendocino, Shasta, Siskiyou, Sonoma, Tehama and Trinity; and alcoholic persons from San Francisco and Marin.

ADMISSIONS	1964-65		1965-66		1966-67		Projected	
	1964-65	1965-66	1966-67	1967-68	1968-69	Projected	Projected	
MI	2,166	2,760	3,435	3,650	3,870			

PATIENTS (excluding visits)	1964-65		1965-66		1966-67		Projected	
	1964-65	1965-66	1966-67	1967-68	1968-69	Projected	Projected	
MI	1,796	1,665	1,556	1,446	1,391			

HOSPITAL BED CAPACITY: Mentally ill ..... 1,302

## HOSPITALS

### METROPOLITAN STATE HOSPITAL

Care and Treatment for Adult Mentally Ill

Location: 11400 South Norwalk Boulevard, Norwalk

Mailing Address: 11400 South Norwalk Boulevard, Norwalk 90650

Telephone: 213-864-3721

Superintendent and Medical Director: George Y. Abe, M.D.

Associate Superintendent: Harold C. Deering, M.D.

Mental Health Service Area:

East Los Angeles and Orange Coast—The eastern portion of Los Angeles County and Orange County.

ADMISSIONS	1964-65		1965-66		1966-67		Projected	
	1964-65	1965-66	1966-67	1967-68	1968-69	Projected	Projected	
MI	4,000	3,447	4,501	5,136	5,503			

PATIENTS (excluding visits)	1964-65		1965-66		1966-67		Projected	
	1964-65	1965-66	1966-67	1967-68	1968-69	Projected	Projected	
MI	3,501	2,993	2,721	2,456	2,236			

HOSPITAL BED CAPACITY: Mentally ill ..... 2,654

# HOSPITALS

## MODESTO STATE HOSPITAL

Care and Treatment for Adult Mentally Ill

*Location:* Three and one-half miles northwest of the City of Modesto

*Mailing Address:* 2201 Blue Gum Avenue, Modesto 95351

*Telephone:* 209-523-7721

*Superintendent and Medical Director:* William M. O'Brien, M.D.

*Associate Superintendent:* Paul A. Exelby, M.D.

*Mental Health Service Area:*

Mid-Valley—Stanislaus, Merced, Tuolumne, and Mariposa Counties.

REMARKS: Patients 65 years of age and older are accepted for admission from Fresno, Madera, Tulare and Kings Counties.

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MI .....	1,055	917	861	863	864
PATIENTS (excluding visits)					
MI .....	1,926	1,642	1,389	1,191	1,024
HOSPITAL BED CAPACITY: Mentally ill .....	1,485				

## NAPA STATE HOSPITAL

Care and Treatment of Mentally Ill of All Ages

*Location:* State Route 29, approximately 45 miles north of San Francisco and Oakland

*Mailing Address:* Box A, Imola 94558

*Telephone:* 707-226-2011

*Superintendent and Medical Director:* Robert J. Spratt, M.D.

*Associate Superintendent:* Roy S. Wagner, M.D.

*Mental Health Service Area:*

North San Francisco Bay Area—Counties of Napa, Solano, Marin, San Francisco, Alameda and Contra Costa; and the 31 northern California counties for children under 16.

REMARKS: All patients in northern California with active tuberculosis and those in need of radiation therapies are accepted.

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MI .....	3,978	3,675	3,838	3,977	4,047
PATIENTS (excluding visits)					
MI .....	4,375	3,924	3,261	2,751	2,343
HOSPITAL BED CAPACITY: Mentally ill .....	3,644				

# HOSPITALS

## PACIFIC STATE HOSPITAL

Care and Treatment for Mentally Retarded of All Ages

*Location:* Pomona

*Mailing Address:* 3530 Pomona Boulevard, Pomona 91767

*Telephone:* 714-595-1221

*Superintendent and Medical Director:* Vernon Bugh, M.D.

*Associate Superintendent:* Alvin E. Walker, M.D.

*Mental Retardation District:*

North Los Angeles County and Interior Valley—Counties of Riverside and San Bernardino and the health districts of Los Angeles County listed: West Valley, East Valley, San Fernando, Glendale, Pasadena, Monrovia, Pomona, Hollywood Wilshire, Central, Northeast, Alhambra, El Monte, Southwest, Southeast, Vernon, East Los Angeles and Whittier.

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MR .....	444	308	273	523	291
PATIENTS (excluding visits)					
MR .....	2,803	2,814	2,719	2,766	2,766
HOSPITAL BED CAPACITY: Mentally retarded .....	2,024				
LOS ANGELES BRANCH, PREADMISSION AND DIAGNOSTIC OUTPATIENT SERVICE, 14407 Hamlin, Van Nuys.					

## NEUROPSYCHIATRIC INSTITUTE

Research, Training and Education

*Location:* School of Medicine, University of California, Los Angeles

*Mailing Address:* 760 Westwood Plaza, Los Angeles 90024

*Telephone:* 213-879-0201

*Medical Superintendent:* George Tarjan, M.D.

*Associate Medical Superintendent:* Edward J. Kollar, M.D.

### WELFARE AND INSTITUTIONS CODE, SECTION 7406

"The institute shall be conducted and maintained for the purpose of treating patients with organic and functional disorders of the nervous system, and to further the respective educational, training and research programs of the university and the Department of Mental Hygiene.

"All admissions to the institute shall be for observation, teaching, research, diagnosis, and treatment purposes as determined by the superintendent and medical director. NO PERSON SHALL BE ADMITTED TO THE INSTITUTE OR TRANSFERRED TO THE INSTITUTE FROM ANY HOSPITAL UNDER THE JURISDICTION OF THE DEPARTMENT OF MENTAL HYGIENE UNLESS THE SUPERINTENDENT AND MEDICAL DIRECTOR OF THE INSTITUTE APPROVES SUCH ADMISSION OR TRANSFER."

# HOSPITALS

## PATTON STATE HOSPITAL

Care and Treatment for Adult Mentally Ill and Mentally Retarded

*Location:* Patton, seven miles east of San Bernardino and 60 miles east of Los Angeles

*Mailing Address:* Drawer B, Patton 92369

*Telephone:* 714-862-8121

*Superintendent and Medical Director:* Otto L. Gericke, M.D.

*Associate Superintendent:* Zuleika Yarrell, M.D.

*Mental Health Service Area:*

Southeast and San Diego—Counties of San Bernardino, Riverside, San Diego, Mono, Inyo, Imperial and eastern Kern.

REMARKS: All patients in southern California with active tuberculosis and those in need of radiation therapies are accepted, and alcoholic patients from Los Angeles County.

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MI	3,062	3,358	3,385	3,358	3,345
PATIENTS (excluding visits)					
MI	3,171	2,639	2,029	1,618	1,330
MR	498	491	492	492	492
HOSPITAL BED CAPACITY: Mentally ill	2,366				
Mentally retarded	403				

## PORTERVILLE STATE HOSPITAL

Care and Treatment for Mentally Retarded of All Ages

*Location:* In the foothills of the High Sierras approximately three miles east of Porterville

*Mailing Address:* P.O. Box 2000, Porterville 93257

*Telephone:* 209-784-2000

*Superintendent and Medical Director:* James T. Shelton, M.D.

*Associate Superintendent:* Kurt Steinborn, M.D.

*Mental Retardation District:*

Central Valley and Mid-Coast—Counties of Alpine, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, Monterey, San Benito, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Stanislaus, Tulare, Tuolumne, and Ventura.

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MR	93	220	371	296	296
PATIENTS (excluding visits)					
MR	2,463	2,400	2,403	2,402	2,402
HOSPITAL BED CAPACITY: Mentally retarded	2,095				
SAN JOSE BRANCH, PREADMISSION AND DIAGNOSTIC OUTPATIENT SERVICE, Santa Clara County Hospital, 751 South Bascom, San Jose.					

## SONOMA STATE HOSPITAL

Care and Treatment for Mentally Retarded of All Ages

*Location:* Eldridge, 50 miles north of San Francisco

*Mailing Address:* Eldridge 95431

*Telephone:* 707-996-1011

*Superintendent and Medical Director:* Joseph E. O'Neill, M.D.

*Associate Superintendent:* George A. Butler, M.D.

*Mental Retardation District:*

North State—Counties of Alameda, Amador, Butte, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Mateo, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba.

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MR	303	412	387	400	400
PATIENTS (excluding visits)					
MR	3,348	3,380	3,317	3,348	3,348
HOSPITAL BED CAPACITY: Mentally retarded	2,661				
SACRAMENTO BRANCH, PREADMISSION AND DIAGNOSTIC OUTPATIENT SERVICE, 2817 O Street, Sacramento.					

# HOSPITALS

## STOCKTON STATE HOSPITAL

Care and Treatment for Adult Mentally Ill

*Location:* Stockton

*Mailing Address:* 510 East Magnolia Street, Stockton 95202

*Telephone:* 209-466-9061

*Superintendent and Medical Director:* Freeman H. Adams, M.D.

*Associate Superintendent:* Marcus Gillless, M.D.

*Mental Health Service Area:*

Greater San Joaquin Valley—Counties of San Joaquin, Calaveras, Amador, Alpine for adults 16 and older; Fresno, Madera, Kings, Tulare for adults 16 to 64 (patients 65 and over admitted to Modesto State Hospital).

	1964-65	1965-66	1966-67	Projected 1967-68	Projected 1968-69
ADMISSIONS					
MI	2,331	2,097	1,858	1,650	1,550
PATIENTS (excluding visits)					
MI	2,911	2,698	2,248	1,910	1,652
HOSPITAL BED CAPACITY: Mentally ill	2,528				

## PATIENT SERVICES

The objective of all mental health treatment programs is to enable the individual to function as independently and effectively as possible. An important adjunct to the California treatment program is the protection of the patient's property and legal rights during the period of his mental incapacity, to preserve for him some degree of financial stability and dignity upon his return to community life.

The Department of Mental Hygiene may be appointed by the Superior Court as guardian of patients with property which needs formal management, and in special circumstances may act in other fiduciary capacities for patients and deceased patients, and its attorneys may represent patients in personal litigation. This assistance is limited by policy to incompetent patients who have no relatives or friends qualified and willing to assume the responsibilities involved. It is afforded to those who are alone in the world and who otherwise would suffer partial or complete loss of their possessions and rights during a period of incapacity.

The program has treatment value in relieving patients of worry about their affairs while hospitalized, by preserving the means of self-support and offering relief from financial pressures when released, which may forestall the necessity of future hospitalization.

At the same time, it is the Department's responsibility to determine proper fees for care and treatment services. Trained headquarters staff along with trust officers at each of the hospitals conserve financial assets, locate responsible persons, determine the ability to pay, and bill equitable charges, if any.

In the past, monthly billings for care and treatment services were averaged statewide and one figure used for mentally ill and one for mentally retarded patients. However, effective in 1968, the costs will be figured on an individual basis. The determination will be for the type of care and treatment services rendered.

Actual charges are billed on the ability to pay and in no case is any patient deprived of Department services because of inability to pay any or all of the costs.

Through the Short-Doyle Act of 1957 (the Community Mental Health Services Act) financial assistance and professional guidance is provided to communities who want to develop such services. The Department of Mental Hygiene is responsible for the administration of this program.

Communities, i.e., a county, a city with more than 50,000 people, two or more counties, two or more cities with a combined population of 50,000, or a combination of city(ies) and county(ies), to be eligible for reimbursement from the state must provide at least two of these services:

1. Psychiatric outpatient treatment.
2. Psychiatric inpatient treatment in a general hospital or in a psychiatric hospital affiliated with a general hospital.
3. Rehabilitation services.
4. Consultation services.
5. Mental health information and education services.

Ninety-six percent of California's population now reside in areas covered by Short-Doyle.

Direct treatment services are provided only to persons who cannot obtain care from private sources for any reason—because they can't afford it, because it is too far from where they live, etc.

## SHORT-DOYLE

Patients pay what they are able for treatment services, but payments do not exceed the cost of providing the services. Each community is required to set up a fee schedule. The Department of Mental Hygiene advises on fee schedules, but each community establishes its own.

No person who needs treatment provided through this program can be denied services solely because of inability to pay. Services are provided those who voluntarily seek treatment and to those so ordered by the courts. All types of psychiatric disorders can be treated—mental illness, mental retardation, alcoholism, narcotics addiction, senility, character disorders.

Within the Department of Mental Hygiene there are four regional offices which offer consultation services on community mental health matters. The address, telephone number, administrator and the counties covered are listed.

### NORTHERN CALIFORNIA

Address: 2817 O Street, Sacramento 95816

Telephone: 916-445-9306

Counties: (23)

Butte	Mendocino	Siskiyou
Colusa	Modoc	Sonoma
Del Norte	Nevada	Sutter
El Dorado	Placer	Tehama
Glenn	Plumas	Trinity
Humboldt	Sacramento	Yolo
Lassen	Shasta	Yuba
Lake	Sierra	

## SHORT-DOYLE

### GREATER BAY AREA

Address: 3330 Geary Boulevard, San Francisco 94118  
Telephone: 415-557-0770  
Counties: (11)

Alameda	Napa	Santa Clara
Contra Costa	San Benito	Santa Cruz
Marin	San Francisco	Solano
Monterey	San Mateo	

### SAN JOAQUIN VALLEY

Address: 2550 Mariposa Street, Fresno 93721 (Room 3088)  
Telephone: 209-268-7151  
Counties: (13)

Alpine	Kings	San Joaquin
Amador	Madera	Stanislaus
Calaveras	Mariposa	Tulare
Fresno	Merced	Tuolumne
Kern		

### SOUTHERN CALIFORNIA

Address: 6399 Wilshire Boulevard, Los Angeles 90048  
Telephone: 213-653-8670  
Counties: (11)

Imperial	Orange	San Luis Obispo
Inyo	Riverside	Santa Barbara
Los Angeles	San Bernardino	Ventura
Mono	San Diego	

The 42 Short-Doyle programs in operation at this time offer the following types of services at the facilities listed along with the office location and telephone number.

## INFORMATION ON SHORT-DOYLE PROGRAMS

### ALAMEDA COUNTY

2701 14th Avenue, Oakland  
415-534-8055

#### PROGRAMS

*Herrick Memorial Hospital*, Berkeley—Inpatient and emergency  
*East Bay Activity Center*, Oakland—Day treatment, rehabilitation, services for emotionally disturbed children  
*Fremont Psychiatric Clinic*—Outpatient  
*Highlands-Alameda County Hospital*, Oakland—Outpatient, inpatient, emergency, home visiting  
*Fairmont-Alameda County Hospital*—Outpatient and emergency  
*Southern Health Center*, San Leandro—Diagnostic, evaluation, counseling, preadmission screening for the mentally retarded  
*Probation Guidance Clinic, Juvenile Hall*, San Leandro—Outpatient treatment for persons with behavior disorders  
*Lincoln Child Center*, Oakland—Psychiatric rehabilitation services to preadolescents  
*Fred Finch Children's Home*, Oakland—Psychiatric rehabilitation services to adolescents

### CITY OF BERKELEY

2121 McKinley Avenue, Berkeley  
415-841-0200, ext. 271

#### PROGRAMS

*Berkeley City Department of Public Health*—Public health nurse home visits  
*Herrick Memorial Hospital, Berkeley Family Service Annex*—Outpatient  
*Herrick Memorial Hospital*, Berkeley—Outpatient clinic and emergency

### BUTTE COUNTY

6000 Kibler, Paradise  
916-877-6841

#### PROGRAM

*Butte County Hospital*—Outpatient, inpatient, rehabilitation

### COLUSA COUNTY

83 East Webster Street, Colusa  
916-934-3351

#### PROGRAMS

*Colusa County Mental Health Services*—Outpatient, rehabilitation  
*Glenn County Hospital*—Inpatient

### CONTRA COSTA COUNTY

2500 Alhambra Avenue, Martinez  
415-228-5800, ext. 385

#### PROGRAMS

*Contra Costa County Hospital*—Reception, inpatient screening, special inpatient, outpatient and rehabilitation program for alcoholics, outpatient (children and adults), counseling and respite care for the mentally retarded, preadmission screening for Sonoma State Hospital  
*Pittsburg Mental Health Clinic*—Outpatient (children and adults)  
*Richmond Mental Health Clinic*—Outpatient (children and adults)  
*Ronoh Preschool for Disturbed Children*, Richmond—Rehabilitative day treatment for emotionally disturbed children  
*Contra Costa County Association for Mentally Retarded, Inc. Lynn Preschool*, Danville—Rehabilitative day care for mentally retarded children, counseling for parents

## SHORT-DOYLE

*Contra Costa County Cerebral Palsy Society, Inc., (We Care Center)*—Rehabilitative day care for emotionally disturbed and mentally retarded children  
*Guidance for Retarded Children, Preschool*, Richmond—Rehabilitative day care for mentally retarded children  
*Contra Costa County Multi-Purpose Day Treatment Center*—Rehabilitation for emotionally disturbed children and adults, diagnostic evaluation and counseling

### EL DORADO COUNTY

2850 Cold Springs Road, Placerville  
916-622-1770, ext. 36

#### PROGRAMS

*El Dorado County Health Department*—Outpatient  
*Branch Clinic*, South Lake Tahoe—Outpatient  
*El Dorado County Hospital*—Inpatient

### FRESNO COUNTY

4411 East Kings Canyon Road, Fresno  
209-485-8000, ext. 521

#### PROGRAMS

*Department of Mental Health*, Fresno—Outpatient, rehabilitation with home visiting and counseling, day treatment for persons who do not require 24-hour care  
*Fresno County General Hospital*—Inpatient  
*Fresno County Health Department*—Followup rehabilitation services through home visiting

### GLENN COUNTY

1133 West Sycamore, Willows  
916-934-3351

#### PROGRAM

*Glenn County Mental Health Services*, Willows—Outpatient, inpatient, and rehabilitation

## SHORT-DOYLE

### HUMBOLDT COUNTY

2351 Harrison Avenue, Eureka  
707-443-8356

#### PROGRAM

*Humboldt County Community Mental Health Services, Eureka*  
—Outpatient, inpatient

### KERN COUNTY

1103 Q Street, Bakersfield  
805-327-9154

#### PROGRAMS

*Kern County Mental Health Services, Bakersfield*—Adult outpatient and day treatment  
*Kern County General Hospital*—Inpatient screening unit, psychiatric evaluation and observation services, day treatment rehabilitative services

### KINGS COUNTY

707 North Irwin Street, Hanford  
209-582-4433

#### PROGRAM

*Kings View Hospital*—Outpatient, rehabilitation for posthospital patients

### LOS ANGELES COUNTY

1106 South Crenshaw, Los Angeles  
213-937-2380

#### PROGRAMS

*Los Angeles County Olive View Hospital*—Outpatient, inpatient (adults), day treatment with rehabilitation (adolescents and adults)  
*Lancaster Branch*—Outpatient  
*North Hollywood Branch*—Outpatient  
*Mira Loma Hospital*—Outpatient  
*Saugus Rehabilitation Center*—Outpatient, alcoholic rehabilitation

*Warm Springs Camp, Castaic*—Rehabilitation services (male adults)

*Acton Rehabilitation Center*—Day treatment with rehabilitation (male adults)

*Harbor General Hospital*—Outpatient (children and adults), inpatient (adults), evaluation and emergency, day treatment  
*Agency Service Center, Compton*—Outpatient (children and adults), family therapy

*San Gabriel Valley Clinic, Temple City*—Outpatient (adults), family therapy

*Probation Department, Juvenile Hall, Los Angeles*—Treatment and rehabilitation for children and adolescents

*Las Palmas School for Girls, Los Angeles*—Outpatient treatment, rehabilitation, and aftercare services for delinquent girls

*Lathrop Hall, Los Angeles*—Rehabilitation and treatment for adolescents

*South Bay Mental Health Service*—Outpatient  
*Southwest Wilshire Mental Health Service*—Outpatient

*Valley-Glendale Mental Health Service*—Outpatient  
*Los Angeles Psychiatric Service, West Los Angeles, Venice, Los Angeles*—Outpatient

*San Fernando Valley Child Guidance Clinic, Sherman Oaks, Pacoima*—Outpatient (children and parents)

*Culver City Child Guidance Clinic*—Outpatient (children and adults)

*Los Angeles County General Hospital*—Outpatient (children and adults), inpatient (children and adults), day treatment (children and adults), evaluation and crises treatment

*Glendale Guidance Clinic*—Outpatient (children and adults)  
*Pasadena Child Guidance Clinic*—Outpatient (children and parents)

*Intercommunity Guidance Center, Whittier*—Outpatient (children and parents)

*Long Beach Mental Health Services*—Outpatient  
*Long Beach-San Pedro Clinic*—Outpatient

*South Central Mental Health Service*—Outpatient (family counseling)

*East Los Angeles Mental Health Service*—Outpatient

### MARIN COUNTY

610 D Street, San Rafael  
415-456-2184

#### PROGRAMS

*Community Mental Health Services, San Rafael*—Outpatient (children and adults), prepetition screening, aftercare, emergency

*Ross General Hospital*—Inpatient  
*Marin General Hospital, San Rafael*—Emergency inpatient  
*Family Rehabilitation Center, San Rafael*—Rehabilitation, treatment for delinquent youth

### MARIPOSA COUNTY

3546 East Shields, Fresno  
209-222-4801

#### PROGRAM

*Mental Health Services, Mariposa*—Outpatient

### MENDOCINO COUNTY

Courthouse, Ukiah  
707-462-4731, ext. 288

#### PROGRAMS

*Mendocino County Mental Health Services, Ukiah*—Outpatient  
*Willits Branch*—Outpatient  
*Fort Bragg Branch*—Outpatient

### MERCED COUNTY

240 East 15th Street, Merced  
209-723-2861, ext. 458

#### PROGRAM

*Merced County Mental Health Clinic*—Outpatient (children and adults), precommitment screening, hospital followup

## SHORT-DOYLE

### MONTEREY COUNTY

1270 Natividad Road, Salinas  
408-424-7627

#### PROGRAMS

*Children's Clinic, Salinas*—Outpatient (children and adolescents)  
*Adult Clinic, Salinas*—Outpatient  
*Adult Clinic, Monterey*—Outpatient

### NAPA COUNTY

1041 Jefferson Street, Napa  
707-255-0625

#### PROGRAM

*Napa County Community Mental Health Services, Napa*—Outpatient

### ORANGE COUNTY

101 South Manchester Avenue, Orange  
714-633-9393, ext. 521

#### PROGRAM

*Orange County General Hospital*—Outpatient, inpatient, emergency, and screening

### PLACER COUNTY

155 Fulweiler Avenue, Auburn  
916-885-4517

#### PROGRAM

*Placer County Hospital*—Outpatient and emergency

### PLUMAS COUNTY

Plumas County Hospital, Quincy  
916-283-1800

#### PROGRAM

*Plumas County Nursing and Convalescent Hospital*—Outpatient (children and adults), mental retardation diagnostic clinic

## SHORT-DOYLE

## SHORT-DOYLE

### SACRAMENTO COUNTY

2315 Stockton Boulevard, Sacramento  
916-454-2558

#### PROGRAMS

*Sacramento County Hospital*—Outpatient (children and adults), emergency, inpatient, aftercare, day treatment  
*Sutter Memorial Hospital*—Inpatient, outpatient (children)  
*Children's Center of Sacramento*—Day treatment (children)  
*Sutter Diagnostic Treatment Center*—Outpatient, day treatment, rehabilitation (children and adolescents)  
*New Horizons Club, Sacramento County Hospital*—Social club for posthospital patients

### SAN DIEGO COUNTY

225 West Dickinson Street, San Diego  
714-291-3330

#### PROGRAMS

*San Diego County General Hospital*—Outpatient (children and adults), inpatient (children and adults), rehabilitation, day treatment  
*North County Clinic*—Outpatient  
*South County Clinic*—Outpatient  
*Vista Hills Psychiatric Foundation*—Outpatient

### SAN FRANCISCO COUNTY

101 Grove Street, Room 330, San Francisco  
415-558-4387

#### PROGRAMS

*San Francisco General Hospital*—Inpatient, emergency, outpatient, alcoholic screening  
*Child Psychiatric Clinic*—Outpatient (children), diagnosis and counseling for mentally retarded, preadmission screening for Sonoma State Hospital  
*Center for Special Problems*—Outpatient, rehabilitation for alcoholic patients (focus on drugs and sex)  
*St. Francis Memorial Hospital*—Outpatient  
*Child Guidance Clinic*—Outpatient (children)

*McAuley Neuropsychiatric Institute*—Outpatient and inpatient for children and adults

*Psychiatric Day Center*—Day treatment  
*Presbyterian Medical Center*—Outpatient (children and adults)  
*Mount Zion Psychiatric Clinic*—Outpatient (children and adults)  
*Conrad House*—Halfway house for mentally ill adults  
*Psychiatric Clinic, San Francisco Juvenile Court*—Evaluation and treatment of delinquent youths and retarded adults  
*District Teams, Adult Psychiatric Clinic*—Preventive treatment (adults)

### SAN JOAQUIN

P.O. Box 1020, Stockton  
209-466-3941, ext. 263

#### PROGRAMS

*San Joaquin General Hospital*—Outpatient (children and adults), inpatients (adults)  
*San Joaquin County Youth Residential Center*—Rehabilitation and treatment of adolescents  
*Calaveras County Mental Health Program Through San Joaquin Mental Health Services*—Outpatient

### SAN JOSE CITY

151 West Mission Street, San Jose  
408-292-3141, ext. 331

#### PROGRAMS

*San Jose Hospital*—Emergency, inpatient  
*San Jose City Health Department*—Home visits by public health nurses  
*Adult and Child Guidance Clinic*—Outpatient (children and adults)  
*Hope for Retarded Children and Adults*—Rehabilitation for adult retarded  
*Visiting Nurse Association, Santa Clara*—Homemaker service for posthospital patients  
*Eastfield Children's Home*—Day treatment for children  
*San Jose Community Mental Health Center*—Pre- and post-hospitalization services

### SAN LUIS OBISPO COUNTY

2180 Johnson Avenue, San Luis Obispo  
805-543-1500, ext. 13

#### PROGRAM

*San Luis Obispo County General Hospital*—Outpatient (children and adults), inpatient, rehabilitation, day care, night hospitalization

### SAN MATEO COUNTY

225 37th Avenue, San Mateo  
415-341-1361, ext. 431

#### PROGRAMS

*San Mateo County Mental Health Outpatient Service*—Outpatient (children and adults)  
*San Mateo County General Hospital*—Inpatient, preadmission, precommitment, emergency, day treatment (children and adults), alcoholic outpatient, aftercare, psychiatric vocational services, sheltered workshop  
*North County Mental Health Center, Daly City*—Visiting psychiatric teams, outpatient and family, day care, partial hospitalization, aftercare  
*Hillcrest Unit, Juvenile Probation Department, Belmont*—Evaluation and treatment (children)  
*Court and Corrections Unit, Adult Probation Department, Redwood City*—Diagnosis and evaluation (adults)  
*Children's Health Council of Mid Peninsula, Palo Alto*—Children's outpatient, partial day center for retarded  
*Peninsula Children's Center, Menlo Park*—Day treatment (children)  
*Mental Retardation Developmental and Evaluation Service*—Mentally retarded diagnostic and evaluation (children and adults)  
*Belmont Hills Foundation, Inc.*—Residential, partial care, outpatient treatment for adolescents  
*Mental Health Recovery, Inc.*—Halfway house for mentally ill adults

### SANTA BARBARA COUNTY

300 San Antonio Road, Santa Barbara  
805-967-2311

#### PROGRAMS

*Santa Barbara County General Hospital*—Outpatient, inpatient, rehabilitation (children and adults)  
*Santa Maria Branch*—Outpatient  
*Lompoc Branch*—Outpatient  
*Mental Retardation Services, Santa Barbara County Health Department*—Diagnostic, evaluation and family counseling

### SANTA CLARA COUNTY

2220 Moorpark Avenue, San Jose  
408-297-1636

#### PROGRAMS

*Santa Clara County Health Department*—Outpatient (children and adults)  
*South County Mental Health Clinic, San Martin*—Outpatient (children and adults)  
*North County Mental Health Clinic, Palo Alto*—Outpatient (children and adults)  
*Santa Clara County Hospital*—Outpatient, inpatient, diagnosis, evaluation, and referral of mentally retarded, limited respite care  
*Day Care Program and Screening, San Jose*—Day treatment, rehabilitation, crisis treatment, and home visits  
*Rehabilitation Planning Committee, Santa Clara*—Aftercare and rehabilitation for men  
*Rehabilitation Planning Committee, San Jose*—Aftercare and rehabilitation for women  
*Hope for Retarded Children, Inc., San Jose*—Preschool treatment, sheltered workshop, rehabilitation for retarded  
*Palo Alto-Stanford Hospital Center*—Outpatient (children and adults)  
*Peninsula Children's Center, Stanford*—Day treatment for children

## SHORT-DOYLE

### SANTA CLARA COUNTY—Continued

*Miranonte Mental Health Services*, Palo Alto—Day treatment, rehabilitation (children and adults), residential rehabilitation (adults)

*Children's Health Council of Mid Peninsula*, Palo Alto—Outpatient (children and adults)

*El Camino Hospital*, Mountain View—Inpatient

*Good Samaritan Hospital*, San Jose—Inpatient

### SANTA CRUZ COUNTY

1080 Emiline Avenue, Santa Cruz  
408-426-4260

#### PROGRAMS

*Santa Cruz County General Hospital*—Outpatient, inpatient, day care, aftercare, geriatric evaluation team

*Watsonville Branch*—Outpatient

*Goodwill Industries of Santa Cruz and Monterey Counties*—Rehabilitation

### SHASTA COUNTY

2430 Hospital Lane, Redding  
916-241-3232

#### PROGRAM

*Shasta County Hospital*—Adult outpatient and inpatient

### SISKIYOU COUNTY

818 South Main Street, Yreka  
916-842-5114

#### PROGRAM

*Siskiyou County General Hospital*—Outpatient (children and adults), inpatient (adults and adolescents)

### SOLANO COUNTY

1402 Pennsylvania Avenue, Fairfield  
707-425-6768

#### PROGRAMS

*Solano County Mental Health Services*—Outpatient (children and adults)

*Center for Children and Adults*, Vallejo—Outpatient, day care for children

### SONOMA COUNTY

3333 Chanate Road, Santa Rosa  
707-527-2111

#### PROGRAM

*Mental Health Center*, Santa Rosa—Outpatient, rehabilitation

### STANISLAUS COUNTY

1024 J Street, Suite 411-417, Modesto  
209-524-1251, ext. 634

#### PROGRAM

*Stanislaus County Mental Health Clinic*—Outpatient and rehabilitation

### TEHAMA COUNTY

1860 Walnut Street, Red Bluff  
916-527-6311

#### PROGRAM

*Tehama General Hospital*—Inpatient, outpatient, consultation and direct operation

## SHORT-DOYLE

### VENTURA COUNTY

3147 Loma Vista Road, Ventura  
805-648-3063

#### PROGRAMS

*Ventura County Mental Health Services*—Outpatient (children and adults)

*Ventura County Hospital Branch*—Outpatient

*Northwestern Team*, Ventura—Outpatient

*Eastern Team*, Simi—Outpatient

*Southwestern Team*, Oxnard—Outpatient

*Ventura County General Hospital*—Inpatient

*Association for Mentally Retarded Children*—Sheltered workshop

### YOLO COUNTY

815 Court Street, Woodland  
916-662-3241, ext. 318

#### PROGRAMS

*Mental Health Center*—Outpatient, rehabilitation

*Broderick Branch*—Outpatient, rehabilitation

### TRI-CITY MENTAL HEALTH AUTHORITY

(Claremont, Laverne, Pomona)

1968 North Garey Avenue, Pomona  
714-622-1307

#### PROGRAM

*Tri-City Mental Health Authority*, Pomona—Outpatient

### TULARE COUNTY

325 West Willows, Visalia  
209-732-6631

#### PROGRAMS

*Kings View Hospital*—Inpatient, outpatient, rehabilitation

*Visalia Branch*—Outpatient

### TUOLUMNE COUNTY

P.O. Box 686, Sonora  
209-532-3659

#### PROGRAM

*Tuolumne County Hospital*—Outpatient

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