

AUG 23 1954

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CHAMBERS OF
The Superior Court
LOS ANGELES 12, CALIFORNIA
LEWIS DRUCKER, JUDGE

August 20, 1954

BOARD 32

Ask CAO to report
in 4wks as to
disabilities of
Judges recommended
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AUG 24 1954

Honorable John Anson Ford
Chairman Board of Supervisors
Los Angeles County
Hall of Records
Los Angeles, Calif.

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FORD

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Refer to
CAO for
Study of
Report.

Dear Supervisor Ford:

During the period of my present assignment to Department 54 of The Superior Court, in the Psychiatric Unit, some 5000 patients have come before The Court for assistance in obtaining placement and proper treatment for the various types of mental illness which they have experienced.

Included among this considerable number of patients have been many whose illness, according to medical opinion and testimony, might be expected to respond promptly to short-term psychiatric treatment. In these cases, psychiatric hospitalization extending over only a few weeks' time may reasonably be expected to result in an alleviation of the patient's symptoms, and a restoration of the patient to his former place in the community.

The present medical and social consensus, as reflected in various papers in national medical and legal journals, holds that commitment of such patients to State Hospitals is a step which is by no means to the total best interest of the patient. I am in accord with this view, inasmuch as I have observed during this time the handicap which inevitably ensues to the patient and to the patient's opportunity for employment, when the patient must report that he has been committed through Court action to the State Hospital. The stigma which is attached to such a period of care is unfortunate, but very real.

I have been gratified to note that Los Angeles County has approved a treatment project under the Welfare and Institutions Code, which permits thirty patients to receive care in the Psychiatric Unit for a period not to exceed 90 days. This treatment program is limited to patients who are residents of Los Angeles County, and who are medically indigent.

The one major obstacle to the free utilization of this estimable service is the current practice of charging such patients the sum of twenty-one dollars and some cents for each day of their stay in the Psychiatric Unit. While it may be true that collection of the very appreciable amount which accrues as charges against these patients, may not be pressed, yet the obligation remains, and the

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conscientious patient is burdened by such an overwhelming debt over a period of perhaps years, that he may almost be considered to have experienced more loss than gain through his period of treatment, even though his mental illness may have been alleviated. Indeed, the mental turmoil engendered by his recognition of his financial obligation may be on occasion a precipitating factor in a recurrence of the illness.

In the patients who have come before me, there are a not inconsiderable number of Armed Forces veterans who are recognized as being eligible for care in the Veterans Administration Hospital. Perhaps more frequently than not, the Veterans Administration Hospital has no bed for such a patient, at the time that the patient comes before The Court, and the patient, therefore, is placed in a State hospital pending his transfer at a later date to the Veterans Administration Hospital. This step, then, shows two hospital admissions on his record, one to the State hospital and the second to the Veterans Administration Hospital, and places his opportunity for employment upon his release in double jeopardy, in a sense. The Veterans Administration has a plan for support of such veterans in treatment facilities apart from State hospitals, on occasion, but the Veterans Administration is unable or unwilling to meet the \$21.00 a day cost prevalent at the Psychiatric Unit.

In view of these facts, I respectfully recommend to the Honorable Board of Supervisors that consideration be given to establishing a differential schedule of charges for Psychiatric Unit patients on the Treatment Program. Either the patient's ability to pay at the conclusion of the patient's hospital stay or the setting of a lower schedule of fees for Treatment Program patients, at a certain figure per day, appears to me to be a realistic and optimum plan.

In my view Section 6004 of the Welfare and Institutions Code, gives the Board of Supervisors an opportunity to establish such differential fees. I understand that an example of this practice exists in the current management of the patients coming to the Contagious Disease Unit of the Los Angeles County Hospital.

There is a great and growing interest in the field of Mental Health on the part of many civic groups, including The Southern California Society for Mental Hygiene and various other community organizations. I believe that such a change will be heartily welcomed by an informed public.

Sincerely yours

Lewis Drucker
LEWIS DRUCKER
Judge of Superior Court
Department 54.

LD:F