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DEPARTMENT OF
MENTAL HEALTH

BIENNIAL REPORT

FISCAL YEARS

1959-60

1960-61

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LOS ANGELES COUNTY



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HARRY R. BRICKMAN, M.D.
DIRECTOR, MENTAL HEALTH SERVICES

This is the first biennial report submitted by the Mental Health Department to the Board of Supervisors. The report, therefore, provides background material concerning the problems which led to the formation of the Department, as well as information concerning its present organization and an outline of its activities and growth during its first two years.

THE PROBLEM

Mental illness has long been the nation's principal health problem. The care of the mentally ill, however, has always lagged behind the care of those with physical types of illness. The very magnitude of the problem of mental or emotional illness is one reason for this lag.

Another roadblock to a more adequate solution of the problem of emotional illness is that it tends to lack human appeal. Physically ill people turn to others for help, and are responsive and thankful when they receive it. Yet the emotionally ill person often does not seem to want help. Such attitudes may produce in others the very human reaction of losing interest in those who appear unappreciative or resentful of help which is offered.

A third factor causing the lag in the treatment of emotional illness is financial. The treatment of this form of illness involves many people and is often of long duration when compared to the treatment of acute physical illness. Such treatment is beyond the individual resources of most members of the community. This has required increasingly large expenditures of public funds which in turn has caused concern over increased taxes.

These three factors have combined to produce a situation in which severely emotionally ill people are treated inexpensively but inadequately in State Hospitals. The less severely ill are left to shunt for themselves in the community without adequate help.

Many who have studied the problem of treating emotional illness are convinced that programs of suitable care would be less expensive to the community than the present inadequate programs. Delinquency, crime, mounting relief rolls all combine to create a cost far greater than the cost of competent treatment. Savings arising from increased service to the emotionally ill would accrue in the long term, although there is no guarantee when a pay-off in lowered cost in community protective services would occur. There is, indeed, no absolute guarantee that increased treatment programs WOULD be offset by lower police, probation, and relief costs. Pending the results of careful statistical studies into the cost to the community of mental illness, programs for better treatment must be largely justified on humanitarian grounds.

Current professional thinking recognizes that the treatment of emotional illness is more effective when carried out locally than in a distant State Hospital. The State Department of Mental Hygiene recognized this, and supported the Short-Doyle Act which was passed by the California Legislature in 1957 and became effective September 11 of that year. This law provides the means for local communities to establish programs of care, prevention, and rehabilitation for emotional illness with financial assistance from the State. Short-Doyle programs are required by the Act to be established in certain ways. The Board of Supervisors appoints a Mental Health Advisory Board with representatives of law, medicine, government, and the public to advise it concerning the need for mental health services. The Advisory Board also advises the Director of the service when and if the Board of Supervisors establishes a mental health program. The Act also establishes experience and training standards for personnel working in hospitals and clinics. Thus, the Act has encouraged local communities to start new services or expand existing ones within established professional standards.

The Board of Supervisors adopted a resolution on October 29, 1957, authorizing the establishment of a Mental Health Advisory Board as provided in the Short-Doyle Act. This first Advisory Board was composed of the following members:

Jack B. Lomas, M.D.	Ernest G. Bashor, D.O.	Judge Lloyd S. Nix
A. Vincent Gerty, M.D.	Mr. Lester Finkelstein	Dr. Donald S. Howard
Frank G. Bonelli, Supervisor		

Following appointment of the Board, studies of existing mental health services provided by the County were conducted by the Chief Administrative Officer. These studies showed that much of the existing County mental health program would be eligible for Short-Doyle reimbursement. It also showed that State financing would be available to augment existing voluntary services with only slightly augmented County financial participation. Opinions were sought from various County and private agencies concerning the need for increased services.

After considering the studies of the Chief Administrative Officer and opinions from the community, the Board of Supervisors initiated a mental health program on March 24, 1959. Roger O. Egeberg, M.D., Medical Director of the Department of Charities, was named administrator pending appointment of a full-time director. Harry R. Brickman, M.D. was appointed to the position of Director of Mental Health Services in January, 1960. After further consideration and study, the Mental Health Advisory Board recommended that a separate Department of Mental Health be established to assume responsibility for the program on a permanent basis. The Board of Supervisors accepted this recommendation and the Department of Mental Health was established on April 5, 1960. State approval of existing mental health services was obtained effective August 1, 1959. Thus, the County began receiving reimbursement from the State eight months before the establishment of the Department.

THE PAST

The first task in establishing the mental health program involved planning where it would begin, how it would expand, and at what rate. The guiding principle in this planning was that of conservatism. Programs in existence prior to adoption of the Short-Doyle Act were evaluated and, when indicated, expanded cautiously. New services were not started without prior evaluation of possible usefulness in meeting the community's requirements.

Adoption of this principle meant that programs expanded slowly, and that no dramatic results were apparent. Rapid expansion might well have resulted in increased care for many patients, but the risk of lowered standards of treatment and costly mistakes could have resulted in a poorer quality of care for the community.

The first steps involved expansion of inpatient treatment at the Los Angeles County General Hospital and the establishment of inpatient treatment services at Harbor General Hospital. Outpatient services were expanded at the General Hospital and established for the first time at Harbor Hospital. Psychiatric consultation to community agencies was initiated on a limited basis.

Psychiatric rehabilitation services were started at Rancho Los Amigos and at Olive View Hospital. Services at Rancho Los Amigos were discontinued in 1961 for administrative reasons. Educational Services in the field of mental health were initiated at the Los Angeles County Health Department.

THE PRESENT

As of the end of the fiscal year 1960-61, the Department of Mental Health is providing services in all five categories under the Short-Doyle Act. These categories are (1) inpatient psychiatric services in general hospitals; (2) outpatient psychiatric services in general hospitals and clinics; (3) psychiatric rehabilitation services to patients with emotional illness; (4) psychiatric consultation services to the professional staffs of public and private agencies and (5) information and educational services. These services involve the participation of four institutions, four county departments, two school districts, two city health departments, and some thirty public and private community agencies.

INPATIENT SERVICES: The objective of voluntary inpatient treatment provided by this program is the alleviation of emotional illness in those residents of Los Angeles County who require intramural care and are unable to obtain it privately.

Inpatient treatment is provided at two locations: Los Angeles County General Hospital and Los Angeles County Harbor Hospital in the Torrance area. At each of these institutions, the service is directed by a chief psychiatrist. Other

professional personnel include additional physicians, clinical psychologists, psychiatric social workers, occupational therapists, and auxiliary personnel. General professional supervision of these services is exercised by the Director of the Department of Mental Health. Day-to-day operation of the hospitals is the responsibility of the Department of Charities.

Inpatient services consist of relatively short-term, intensive psychiatric care. Individual and group psychotherapy and psychiatric social work are utilized on all wards. Other treatment methods, such as chemotherapy and electro-convulsive therapy are also used. Both hospitals operate professional training and research programs under the auspices of three medical schools.

A small inpatient children's service is provided at General Hospital for severely ill youngsters ranging from three to twelve years of age. Admission to this service is arranged through written application to the director of children's psychiatric services. Teachers supplied by the Los Angeles City Board of Education furnish educational services. The family of the child is personally involved in the treatment process.

TABLE I
SUMMARY OF INPATIENT TREATMENT SERVICES

	1959-60			1960-61		
	INPATIENT DAYS	DAILY RATE	*TOTAL EXPENDITURES	INPATIENT DAYS	DAILY RATE	TOTAL EXPENDITURES
GENERAL HOSPITAL TREATMENT	15,310	\$43.13	\$660,320.30	19,171	\$42.40	\$812,850.40
EVALUATION	2,709	40.73	110,337.57	5,923	42.86	253,859.78
TOTAL GENERAL HOSPITAL	18,019		\$770,657.87	25,094		\$1,066,710.18
HARBOR HOSPITAL			19,109.60	2,337	43.67	**115,109.30
TOTAL INPATIENT SERVICE	18,019		\$789,767.47	27,431		\$1,181,819.48

* 11 months operation only
** Includes \$13,052.51 direct expenditure not in daily rate

Table I summarizes expenditures for inpatient treatment services during 1959-60 and 1960-61. The apparent increase in patient days and expenditures between the two years is not as great as it appears, since fiscal year 1959-60 includes only 11 months. The program started by placing under Short-Doyle auspices the existing services which were currently being carried on by the General Hospital. The year 1960-61 saw a larger number of voluntary treatment patients than in the previous year being admitted to the Psychiatric Unit at the General Hospital. There was no actual increase in physical facilities; however, more patients were treated on a voluntary basis than in prior years.

The Harbor Hospital service came under Short-Doyle auspices in September, 1959 in the month following State approval of Los Angeles County's Short-Doyle program. During the first year of operation only the salaries of personnel working directly with patients were charged to the Short-Doyle program. After the first ten months of operation, sufficient cost experience had been obtained to establish a patient day rate for this service in 1960-61. Thus, the 1959-60 expenditure of \$19,109.60 for inpatient treatment does not include nursing service, meals, and other indirect costs at Harbor Hospital.

OUTPATIENT SERVICES. Outpatient services are provided by the General Hospital, Harbor Hospital, and the County Probation Department. These ser-

TABLE II
SUMMARY OF OUTPATIENT SERVICES

	1959-60			1960-61		
	VISITS	VISIT RATE	*TOTAL EXPENDITURES	VISITS	VISIT RATE	TOTAL EXPENDITURES
GENERAL HOSPITAL TREATMENT	6,630	\$10.73**	\$71,123.76	8,569	\$9.79**	\$83,692.86
EVALUATION	2,553	13.91	35,512.23	2,540	10.70	27,178.00
TOTAL GENERAL HOSPITAL	9,183		\$106,635.99	11,109		\$110,870.86
HARBOR HOSPITAL TREATMENT				2,084	\$13.63**	\$28,413.51
PROBATION DEPARTMENT CLINIC TREATMENT				248	20.00	4,960.00
TOTAL OUTPATIENT SERVICE	9,183		\$106,635.99	13,441		\$144,244.37

* 11 Months operation only

** Rounded

vices utilize the psychiatric team approach for the treatment of patients and their families. Thorough community orientation is maintained by all three of these clinics.

Outpatient services provided by the Probation Department are directed to a special group: those children whose emotional illness has led them into conflict with the law. Services in this program are available only to the children and their families referred by probation officers on a voluntary basis. They cannot be provided for children who are wards of the court.

Outpatient expenditures are summarized in Table II. (Harbor Hospital did not have an outpatient service during its first year of operation.)

The Probation Department instituted its outpatient treatment program on a limited basis in 1960-61. Patients receiving treatment through the Probation Department are seen in private psychiatrists' offices at a \$20. per visit rate. Treatment for any one patient is limited to 12 visits. Families of patients are sometimes directly involved in the treatment process, and might be seen for a limited number of visits by another psychiatrist.

REHABILITATION SERVICE. Psychiatric rehabilitation services are provided at Olive View Hospital. These services are designed to meet the emotional rehabilitation needs of patients hospitalized for chronic illnesses. Treatment consists of individual and group therapy and occasional chemotherapy. The service is directed by a psychiatrist, and includes all professional mental health disciplines, as well as certain auxiliary personnel.

Table III summarizes the expenditures for rehabilitation services for the indicated two years. Expenditures shown for Rancho Los Amigos for 1960-1961 covered only three quarters of the year. As indicated previously, the Rehabilitation Service at Rancho Los Amigos was discontinued for administrative reasons in April, 1961.

TABLE III
SUMMARY OF REHABILITATION SERVICES

INSTITUTION	1959-60	1960-61
	TOTAL EXPENDITURES	TOTAL EXPENDITURES
OLIVE VIEW	\$52,423.90	\$62,945.66
RANCHO LOS AMIGOS	22,365.78	22,685.52
TOTAL REHABILITATION	\$74,789.68	\$85,631.18

CONSULTATION SERVICE. The aim of consultation is to improve the ability of social workers, physicians, law enforcement officers, and others to recognize and deal with problems of emotional illness in those they serve. At the present time, 33 agencies in the community are provided with psychiatric consultation. Consultation is furnished by skilled and experienced psychiatrists in private practice. The consultant meets with agency personnel at frequencies ranging from once to eight times monthly. The usual frequency is twice a month.

Consultation permits agency personnel to accept more complicated cases and work more effectively with clients having emotional problems. In many instances consultation helps the consultees to provide their clients with enough care to forestall aggravation of emotional crisis into frank emotional illness. Thus consultation is a preventive service.

Of the 33 agencies receiving consultation, 16 serve children exclusively and eight provide services to both children and adults. Nine agencies serve adults only; however, some of these include adolescents in their caseload. Agencies receiving consultation range from large County departments such as the Bureau of Public Assistance to small care-giving agencies with only one or two professional staff members. Consultation is provided to the Director of Research and Guidance in the County Superintendent of Schools Department, to the County Health Department, and to the County Probation Department. Consultants are also assigned to the City Health Departments of Los Angeles and Pasadena. Family service agencies are provided with consultation as well as a number of children's residential care centers. Protestant, Catholic, and Jewish agencies have been provided with consultation, as well as agencies with no religious affiliations. Consultation is provided to the Cerebral Palsy Organization and Spastic Children's Foundation. The school districts of Los Angeles, Santa Monica, and Alhambra are or have been provided with this service.

A summary of consultation expenditures is shown in Table IV. Consultation services are provided, for the most part, on a session basis. One session lasts between one and a half to two hours, which includes the travel time of the psychiatrist providing the consultation.

The agency consultation service during 1959-60 was limited to training sessions for consultants. The actual provision of service to the 33 agencies began in July of 1960. Also in 1960 a limited number of consultant sessions were provided for the area offices in the Probation Department. This was essentially a pilot program.

The Los Angeles County Health Department received slightly in excess of one session per week from one consultant. Services were provided to nurses and other public health personnel.

TABLE IV
SUMMARY OF CONSULTATION SERVICE

	1959-60		1960-61	
	UNIT	TOTAL EXPENDITURES	UNIT	TOTAL EXPENDITURES
LOS ANGELES COUNTY HEALTH DEPARTMENT	69 Sessions	\$1,728.28	62.5 Sessions	\$1,567.41
SUPERINTENDENT OF SCHOOLS			One-half Consulting Psychiatrist M.D. Approximate 9 Months	4,879.54
AGENCY CONSULTATION	160 Sessions	3,861.72	779 Sessions	19,525.64
PROBATION			23 Sessions	576.50
TOTAL CONSULTATION		\$5,590.00		\$26,549.09

The Superintendent of Schools, during 1960-61, received the half-time services of a consulting psychiatrist who worked with that Department's Research and Guidance personnel. Unfortunately, only nine months of half-time consultation could be provided due to recruitment difficulties.

EDUCATION SERVICE. This aspect of the mental health program provides informational service which can assist in the prevention of mental illness. The objective of this service is to assist personnel in schools, courts, health, and welfare agencies and the general public in their understanding of mental health and illness. This service is presently provided by a Mental Health Nursing Consultant in the Health Department.

TABLE V
SUMMARY OF INFORMATION AND EDUCATION SERVICES

	1959-60		1960-61	
	UNIT	TOTAL EXPENDITURES	UNIT	TOTAL EXPENDITURES
LOS ANGELES COUNTY HEALTH DEPARTMENT			1 Public Health Nursing Consultant	\$9,228.34

PROGRAM ADMINISTRATION. Administration of the program was initially assigned by the Board of Supervisors to the Medical Director of the Department of Charities. Prior to appointment of a director in January, 1960, the Medical Director of the Department of Charities and his secretary charged 1/4 of their time to the administration of the Short-Doyle program. In January a full-time director of Mental Health Services and secretary were appointed. In May, 1960, an accountant was appointed, and in August an Executive Assistant joined the staff. Thus, during the first year of operation the annual equivalent of only 1.8 positions were charged to the administration of the program. Substantial administrative assistance was received from the staff of the Chief Administrative Office. However, it was found impractical to charge the cost of this staff time to the program.

During 1960-61 in addition to the four permanent positions previously mentioned, part time assistance was also received through use of a student worker. The 191 sessions shown under administration were primarily devoted to the establishment of the agency consultation program. These sessions were, however, classified as an administrative expense for the entire department, since the doctor providing these services was involved in functions other than administration of the consultation program.

TABLE VI
SUMMARY OF PROGRAM ADMINISTRATION
MENTAL HEALTH DEPARTMENT

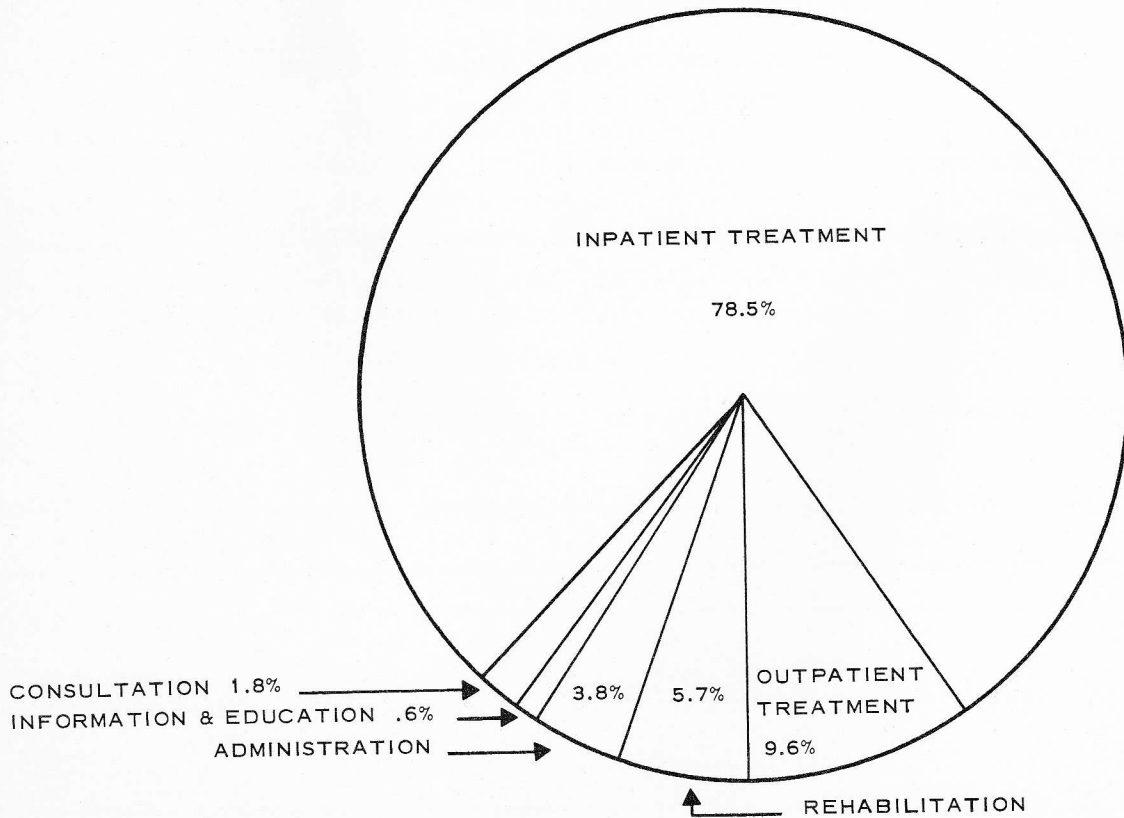
	1959-60		1960-61	
SALARY & WAGES	1.8 Yearly Equivalent Positions	\$16,730.74	4.6 Yearly Equivalent Positions and 191 Sessions	\$51,709.54
MAINTENANCE OPERATION		2,617.02		6,912.55
TOTAL ADMINISTRATION		\$19,347.76		\$58,622.09

TABLE VII
SUMMARY OF EXPENDITURES BY SERVICE

	1959-60	1960-61
INPATIENT TREATMENT	\$789,767.47	\$1,181,819.48
OUTPATIENT TREATMENT	106,635.99	144,244.37
REHABILITATION	74,789.68	85,631.18
CONSULTATION	5,590.00	26,549.09
INFORMATION & EDUCATION		9,228.34
ADMINISTRATION	19,347.76	58,622.09
TOTAL	\$996,130.90	\$1,506,094.55

The diagram below shows the proportion of expenditures devoted to each of the services during 1960-61. A similar chart was not prepared for 1959-60 since expenditures for that year represented only 11 months, and much of the effort of the department was devoted to the organizational aspects of the Short-Doyle program.

PERCENT OF 1960-61 EXPENDITURES FOR EACH SERVICE



This chart shows clearly that the primary emphasis of the Short-Doyle program in Los Angeles County is aimed at treatment and rehabilitation of patients. Preventive services in the consultation and information and education fields have had to be held in abeyance until the more urgent treatment needs of the County could be met.

REVENUE. Under the provisions of the Short-Doyle Act, the State Department of Mental Hygiene reimburses 50% of expenditures made by the County for qualified mental health services. Qualifications for these services are set forth in detail in the Act. In arriving at the net amount subject to 50% reimbursement, the County must deduct any fees for payments for services collected from patients.

During 1959-60 expenditures totaling \$850,875.25 were submitted to the State for 50% reimbursement. The State Controller disallowed \$188,783.94 of these expenditures. The Controller's disallowance was based on the fact that the County's claims included expenditures for certain personnel not directly involved in providing services for Short-Doyle patients. A second factor was the retention in the Hospital of certain patients beyond the 90-day limit established in the Act. Both of these practices have been corrected by the County agencies involved and should not occur in subsequent years. The practice of retaining patients beyond the 90-day limit was based on a mistaken interpretation of the law. The law was originally interpreted by the County as permitting the discharge of a patient after completion of his initial 90-day stay followed by almost immediate readmission. The State Controller held that such an interpretation was not within the intent of the Short-Doyle Act, and that patients could only be readmitted following a discharge for a recognized reason, and the readmission was based on a like reason. As a result of this disallowance by the State Controller, the County Auditor-Controller re-examined patient records and found that the cost of some Short-Doyle qualified services had not been included in the original claim to the State. This finding resulted in the submission of \$143,372.15 in additional reimbursable expenditure for 1959-60 and \$115,888.91 for 1960-61. No decision has been made by the State as of this writing (August, 1962) as to whether or not this counter claim by the County will be fully allowed.

All expenditures and revenue amounts shown in this report are based on the County Auditor-Controller's final determination of reimbursable expenditures.

TABLE VIII
SUMMARY OF EXPENDITURE CLAIMS
SUBMITTED TO THE STATE DEPARTMENT OF MENTAL HYGIENE

	ORIGINAL CLAIM	STATE ALLOWANCE	ADJUSTED CLAIM	OVER (UNDER) ORIGINAL CLAIM
			1959-60	
EXPENDITURES	\$852,758.75	\$663,974.81	\$996,130.90	\$143,372.15
LESS COLLECTIONS	1,883.50	1,883.50	1,883.50	
NET	\$850,875.25	\$662,091.31	\$994,247.40	\$143,372.15
STATE REIMBURSEMENT CLAIMED (50%)	\$425,437.62	\$331,045.65	\$497,123.70	\$ 71,686.08
			1960-61	
EXPENDITURES	\$1,390,205.64	*	\$1,506,094.55	\$115,888.91
LESS COLLECTIONS	145,792.77	*	135,626.66	(10,166.11)
NET	\$1,244,412.87	*	\$1,370,467.89	\$126,055.02
STATE REIMBURSEMENT CLAIMED (50%)	\$ 622,206.43	*	\$ 685,233.94	\$ 63,027.51

* 1960-61 Expenditures not yet audited by State Controller.
County Auditor-Controller adjustment reflects changes found by State
Controller in 1959-60 audit plus additional expenditures not originally claimed.

THE FUTURE

Mental Health remains an area in which there are more questions than answers, more problems than solutions. Thus, much of the work of this Department during its first two years of existence has been devoted to planning programs and evaluating their probable effectiveness. This has required an analysis and determination of the basic mental health needs of the community in order to assign program priorities.

The Director of Mental Health Services appeared before the Board of Supervisors in June, 1961 to request the expansion of certain critical services. The Board recognized the importance of these requests and authorized the establishment of an outpatient children's service in the General Hospital, and small expansion in the consultation program for the Probation Department.

CONTRACT SERVICES. The 1961-62 budget contains funds for a pilot contract program for the establishment of an outpatient clinic in one of the cities in the County. This method of contracting with cities and other agencies in the County is an excellent vehicle for the expansion of mental health services at no additional cost to the County. Amendments to the Short-Doyle Act approved in 1961 permit the establishment of contract services which can be reimbursed by the State at the current rate. With cities providing the local funds, it will be possible to expand local outpatient services by means of contracts with this Department.

This will provide service on an even more decentralized basis than is possible through use of existing County facilities.

CONSULTATION SERVICE. The psychiatric consultation program is this Department's major effort in the field of preventive mental health service. Through this program community agencies can deal with persons before they become ill or at the very beginning of mental illness and possibly prevent future long-term hospitalization. It is hoped that this program will expand considerably in the future.

RESEARCH DIVISION. There is need for an intensive effort to evaluate present mental health programs in order to plan more intelligently for the future. Therefore, an application will be made for a grant to establish a Division of Research in this Department. This will be a demonstration project to show the usefulness of such a division in the over-all administration of this Department's program.

On the basis of evaluation accomplished by the present staff, certain areas of program expansion show relatively greater promise than others in relation to their cost. One such area is the consultation service mentioned above,

whereby professional personnel and agencies can develop skills to deal with clients in emotional crises or in the early stages of emotional illness. Precisely how much benefit clients themselves derive from consultation is difficult to measure. One objective of the Research Division will be to explore possible methods to measure these benefits.

This is but one example of how research can assist in program planning. All programs will be subjected to research and evaluation. Ultimately, a long range plan for development of services can be submitted to the Board of Supervisors for approval. This will then provide a guide-line for the orderly development of mental health services in the County.

CENTRAL DATA COLLECTION. Another eventual aim of the Department is the establishment of a Central Data Collection Unit. This unit would be coordinated with the Research Division but would show all mental health and illness data for comparison with data collected in other areas of the country. This will provide a comparative measure of this Department's treatment program related to services available in other areas.

COMMUNITY ORGANIZATION AND MENTAL HEALTH EDUCATION ASST.

This Department constantly receives requests from groups of citizens or professional people in various communities for help in planning mental health services in their local areas. Such services could be financed locally through the above-mentioned contract services at no additional cost to the County. The present small departmental staff cannot provide adequate assistance to such groups. Provision for these local services is desirable not only for financial reasons, but because of the desirability of increasing local communities' sense of responsibility in solving their own problems.

Related to this is the increasing interest in mental health, evidenced by increasing requests for education and information in this field. Public understanding of mental illness, not only as it affects individuals but also as it affects communities, is a necessity if progress is to be made towards eliminating this number one health problem. This type of education requires a specialist with knowledge in both the field of mental health and in educational techniques.

The need for this service is closely related to the need for expanded consultation service. Consultation, however, assists a more limited section of the population. Primarily it is aimed at those who deal with persons already emotionally troubled, while mental health education is aimed at the community as a whole.

INFORMATIONAL SERVICES. This County is in need of increased mental health information. This type of information service should be designed to permit citizens to speak with mental health professional personnel during

their time of crisis. This means this unit should be available 24 hours a day on a 7-day week basis. Presently several facilities in the County render part of this service, but none around-the-clock.

CRISIS CLINICS. Crisis clinics should be established in several places throughout the County for citizens finding themselves involved in emotional situations which are beyond their control. Such clinics should be open seven days a week and provide intensive brief service for persons undergoing an emotional crisis. Further in the future will be the establishment of an emergency mobile psychiatric team to respond to requests for help in the home in much the same way as a fire department emergency service does. These types of services will provide individuals with early short-term intensive treatment. This can forestall protracted and expensive treatment at a hospital in the future.

DAY HOSPITAL. A request has been made to the State for the establishment of a Day Hospital at Olive View Hospital in the San Fernando Valley. This hospital would initially be established through joint Federal and State financing with the County gradually assuming 50% of its operational costs. The purpose of the hospital is to care for individuals who would otherwise have to be cared for on an inpatient basis at one of the County hospitals. Day care patients would be able to live in their communities and yet receive fairly intensive psychiatric treatment. Such a service would also provide a transition from an inpatient status to that of an outpatient. The patient is returned to his community on a gradual basis without undergoing an abrupt change in status.

CHILDREN'S OUTPATIENT SERVICE. The addition of an outpatient service for children at the General Hospital is but one step in meeting the need for this type of service. The next fiscal year should see at least one other facility for children opened. Treatment of mental illness in children is one of the most important parts of a sound preventive program. Emotional illness detected and treated at an early age represents an investment in the future.