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OFFICE OF THE
COUNSELOR IN MENTAL HEALTH

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REPORT
FISCAL YEARS

55 - 56
56 - 57

COUNTY OF LOS ANGELES
OFFICE OF COUNSELOR IN MENTAL HEALTH

MRS. MARY M. MCGINNIS
COUNSELOR IN MENTAL HEALTH

ADDRESS REPLY TO:

1934 HOSPITAL PLACE
LOS ANGELES 33, CALIFORNIA

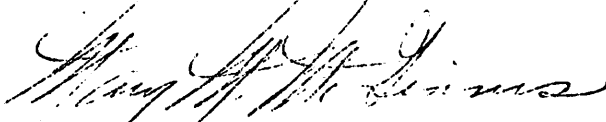
March 21, 1958

Honorable Board of Supervisors
501 Hall of Records
Los Angeles 12, California

Gentlemen:

The Office of Counselor in Mental Health of
the County of Los Angeles submits herewith
reports for the Fiscal Years 1955-56 and
1956-57.

Respectfully submitted



(MRS.) MARY M. MCGINNIS
Counselor in Mental Health

OFFICE OF COUNSELOR IN MENTAL HEALTH

The Office of Counselor in Mental Health was established as an independent Department on June 4, 1954 upon amendment of the Administrative Code, Ordinance 4099, Sections 371 and 372. Funds were allocated to this Department for the payment of salaries, and for the expenditure of funds necessary for the care of persons under the supervision of the Office of Counselor in Mental Health.

The Mental Health Department has two basic operations:

- A. Administrative Arm of Department 54 of the Superior Court. This involves preparing Petitions of Mental Illness, Mental Retardation, Epilepsy, Inebriety, Drug Addiction, and Mentally Abnormal Sex Offender when a court hearing in Department 54 is requested.

It also involves making an investigation of these cases for the Court, presenting cases in Court, and taking under supervision those cases which are ordered by the Court to be placed in a sanitarium or rest home.

The legal authority for these functions is given in Article 2, Chapter 1, Part 1 of Division 6 of the Welfare and Institutions Code.

- B. Administration of County Funds used to pay for care of indigent persons placed under the supervision of this department. This involves financial investigation of each case, and continuing financial re-evaluation, as well as taking liens, making OAS, ANB, and Social Security referrals, and determining payments by responsible relatives and other persons.

The new projects referred to below have a definite bearing on the major findings of this report. These accomplishments would not have been possible without the aid and support of Judge J. Howard Ziemann of Department 54 of the Superior Court and the personnel of the Psychiatric Hospital.

- A. New Projects - The following represents the three major changes in policy and procedure occurring during the past two fiscal years.
1. An attempt was made to improve the screening of petitions and to increase the number and quality of referrals to other agencies. See Chart V for the effect of this on the number of new cases appearing in Court, and Chart I for the change in the number of referrals made.

2. A patient re-evaluation program was planned for patients placed under court order in sanitariums and in Rancho Los Amigos, but because of staffing problems, this program has been limited.

The objective of this program is to review all supervision cases in relation to new concepts in the field of law, psychiatry, and geriatrics, and to dismiss patients who no longer need this type of supervision. See Chart VII for the effect of this program on the number of Mental Health Department supervision cases. It should also be noted that the closer screening of petitions is also reflected in the decreased number of patients in sanitariums and rest homes.

3. A separate Financial Investigation Unit was organized and staffed in Fiscal Year 56-57 to perform financial investigations and collection activities. See Chart XII for the extent of this department's financial participation in paying for supervision cases.

B. Major Findings

1. The number of petitions filed in the past five years has been relatively stable despite continuous increases in the population. See Chart I for specific figures.
2. The number of persons over sixty years of age appearing before the Court diminished in Fiscal Year 52-53 and has continued to decrease since then. See Chart VI for specific figures.
3. The number of patients under Mental Health Department supervision has shown a continuing decrease. See Chart IX for specific figures.
4. The cost to the County for board and care has steadily decreased since Fiscal Year 52-53. A part of this is due to OAS, ANB and OASIB increases. See Chart XII for more specific figures.

All of the above has resulted in a decrease in Mental Health Department expenditures as follows:

1. Fiscal Year 54-55	\$1,281,404
2. Fiscal Year 55-56	1,269,893
3. Fiscal Year 56-57	1,073,046

This happened despite an approximate 33% increase in persons coming to this department for Court action during this period.

The organization of the Department presently consists of six divisions. Prior to July, 1956, the three Counseling Groups were informal in structure and under the direction of a Supervising Deputy Counselor, Financial and Accounting Groups were under an Accounts Manager, and the Records Group was partially independent. The Supervising Deputy Counselor, the Accounts Manager, and the Records Supervisor, as well as those persons handling independent projects, reported directly to the Department Head.

In July, 1956, six sub-groups were made divisions and were organized and developed by an Executive Assistant, on loan from the Chief Administrative Office. We were able to combine the Accounting Division and Records Division into a single unit in June of 1957.

The following will give an explanation of the divisions which were organized:

- A. Petitions Division - Emphasizing that the filing of a Petition of Mental Illness is a serious act, the Superior Court, Department 54, in its directive to the Petitions Division of the Office of Counselor in Mental Health, has stressed the use of caution in preparing petitions which result in involuntary detention of persons alleged to be mentally ill.

Therefore, the Superior Court, Department 54, has requested that, whenever possible, alleged mentally ill persons should be aided to secure psychiatric care on a voluntary basis. Judge Ziemann has referred to Department 54 as a "Court of Last Resort".

The Petitions Counselor discusses with the Petitioner the possibility of the patient receiving help and guidance by the family physician, or in a psychiatric clinic, family agency or private hospital before a petition is filed, to determine whether a petition is really necessary.

A Petition of Mental Illness is prepared by the Counselor and usually accepted by the Court, if the following qualifications are met:

1. If there is sufficient evidence that the person alleged to be mentally ill is exhibiting symptoms of mental illness;
2. That the person may be harmful to himself or to others;
3. That the person alleged to be mentally ill is unable or unwilling to accept treatment voluntarily.

Problems of the mentally ill in the community come to the attention of the Petitions Office from many sources; private citizens, physicians, attorneys, law enforcement agencies, the Probation Department, other Courts, Legal Aid Society, hospitals, welfare agencies.

- B. Courts and Cases Division - After the Superior Court, Department 54, issues orders for the detention of an individual alleged to be mentally ill, this division assumes responsibility for the protection of that person's civil rights, property and person.

The Courts and Cases Division conducts investigations to assist the Court to perform these functions. As an aid to the Court, the Los Angeles Junior Bar Association organized a panel of attorneys to represent patients who requested counsel for their appearance in Department 54 for psychiatric hearing.

Superior Court, Department 54, hears cases pertaining to the evaluation of, and planning for, persons alleged to be mentally ill, epileptics, mentally retarded, alcoholics, narcotics, habit-forming drug addicts and mentally abnormal sex offenders. Many of these matters require more than one hearing to determine the type of plan which will best benefit the patient. In such continued matters, the social investigation and medical studies became more extensive and the patient remained in the hospital for an average of seven days or longer.

This division is also responsible for making sanitarium placements of patients placed under Mental Health Department Supervision.

- C. Field and Office Division - The Mental Health Department has been particularly concerned about the problems of the aged persons in sanitariums since the majority of patients under our supervision are in this category.

During Fiscal Year 55-56, a more carefully designed medical-psychiatric program was instituted to determine the needs of the aged person before sanitarium placement. This has led to better medical supervision after placement. During that year, a team including two mental health counselors, one of them a public health nurse trained in geriatrics and a psychiatrist began visits to sanitariums to study each patient under supervision in order to determine his medical and psychiatric status, his need for confined supervised care and, if possible, initiate a more beneficial medical-social plan for his care. This program has resulted in some of the changes in patient population in the sanitariums.

- D. Records Division - This division has the functions of furnishing general clerical service to the department and maintaining all case records .

In Fiscal Year 56-57 the method of case recording was modified to make the case record a document that is more accurate and more efficient to maintain.

- E. Accounting Division - This division maintains control of all budgeted accounts and controls payment of County funds for board and care, clothing, and medications for Mental Health Department supervision cases. The department requested a complete audit study of this division to assist us in further improving our operation. This study should be completed during the next Fiscal Year.
- F. Financial Division - This division was completely re-organized in Fiscal Year 56-57 so that an actual investigation can be made of each case assigned to this department. We have also started to collect on outstanding accounts on a trial basis.

THE AMERICAN LEGION SERVICE DEPARTMENT

The American Legion Service Department works in conjunction with the Office of the Counselor in Mental Health to represent the interests of Veterans who are patients at the Psychiatric Unit. The following report outlining their activities during the Fiscal Years 1955-56 and 1956-57 is submitted by Mr. Frank Venable, their representative.

ACTIVITIES OF AMERICAN LEGION SERVICE DEPARTMENT AT PSYCHIATRIC UNIT, LOS ANGELES COUNTY GENERAL HOSPITAL

The primary function of the American Legion Service Department at the Los Angeles County General Hospital, Psychiatric Unit, is to protect the rights of all veterans on mental or epileptic petitions. The Department does not process alcoholics, narcotics habitual users of habit forming drugs, sexual psychopaths, or mentally abnormal sex offenders. .

Cases are referred to the American Legion Service Department by the Office of Counselor in Mental Health. Contact is made with the records office of the Veterans Administration for determination of eligibility for hospitalization and the Court is advised where the veteran may be placed.

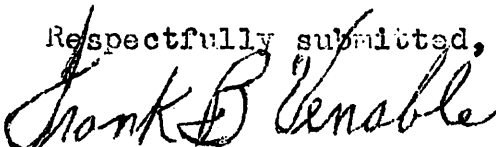
The Department interviews families and friends of the veteran and takes any action necessary to apply for benefits which may be due him from the Veterans Administration. The Fiscal year of 1955-56 show that awards of claims were granted to patients in the Psychiatric Unit, Los Angeles County General Hospital totaled \$86,630.60. The Fiscal Year of 1956-57 show awards granted to patients in the Psychiatric Unit totaled \$176,663.44. These figures are based on the amount that will be paid to the veteran for the first year of entitlement.

In cases where veterans cannot or will not cooperate and are placed in state hospitals, recommendations are made to that hospital and they file all claims as directed, returning same to our main office for processing.

The American Legion Service Department is in constant contact with the various offices of the Los Angeles Police Department and out-lying cities as well as the Los Angeles County Sheriff's Office, regarding veterans in jail who may be mentally ill, assisting in having them brought before this court in order that they may receive proper treatment.

The Department also works in close relationship with the Bureau of Resources and Collections, which has resulted in payments of \$44,626.48 for 1955-56 and \$52,587.61 for 1956-57 to the County of Los Angeles from the Veterans Administration for the care of service connected veterans while in Unit III of this hospital.

Respectfully submitted,



Frank B. Venable

ACTIVITIES OF AMERICAN LEGION SERVICE DEPARTMENT AT PSYCHOPATHIC UNIT
 LOS ANGELES COUNTY GENERAL HOSPITAL, FOR FISCAL YEAR, JULY 1, 1955 TO
 JUNE 30, 1957, SHOWING SERVICES RENDERED AND DISPOSITION OF VETERANS.

DISPOSITION	CLAIMS FILED		*NO CLAIMS FILED		TOTAL	
	55-56	56-57	55-56	56-57	55-56	56-57
Committed to State Hospitals	537	462	42	119	579	581
Committed to Veterans Administration Hospitals	262	99	69	70	331	169
Placed in Sanitariums by Court Order	55	23	59	32	114	55
Placed in Rancho Los Amigos (County Institution) by Court Order	6			1	6	1
Discharged from Psychopathic Hospital, but remain under Court Order	1		1	1	2	1
Dismissed			193	145	193	145
Retained at LACGH for active treatment under Court Order			4	10	4	10
**Service-connected to State Hospitals	5	39	3	38	8	77
**Service-connected to Sanitariums	46	3		1	46	4
Died			3		3	3
Transferred to Medical Unit		17		2		19
Transferred to U.S. Public Health Service				7		7
TOTALS 155-156	912		374		1286	7
TOTALS 156-157		643		281		1072

* No claims filed because of refusal to cooperate; existing receipt of Compensation or pension; Guardianship cases, etc.

** These veterans are service-connected for a mental condition and are the responsibility of the Veterans Administration. Owing to crowded conditions of the Veterans Administration NP Hospitals, it was necessary that they be placed with the State in Sanitariums or Hospitals until transfer can be made.

STATISTICS

The following Charts give a detailed picture of the patient population and the cost for the operation of this department.

The Index of Measures at the end of this report beginning with page 18 spells out in detail each of the units used in these Charts.

Attention is drawn to the graph on page 8A, which reflects the changes in the number and age level of persons heard in Superior Court, Department 54, in these last ten years. The current trends result from a combination of several factors: (a) The Court's definition of its role as "The Court of Last Resort", with emphasis on referral of the alleged mentally ill person to private and/or community resources prior to the filing of a petition, so that involuntary care is not used unless absolutely necessary. This has controlled the number of petitions filed in the Court at practically the same level for the past few years, despite the pressures of a continuous increase of the Los Angeles County population. (b) Reassessment of the problems of the aged and/or senile person in the community. Referrals to other agencies for medical and financial assistance for aged persons, has contributed in effecting a decline in the number of aged persons before the Court. As a result the number of patients under County supervision in sanatoria has been sharply reduced.

The line of the graph representing total patients under MHD supervision reflects the policy decision in 1952-53 to dismiss all cases when there was no longer need for sanitarium care.

The statistics on the graph concerning the average cost to the County for each MHD-pay patient demonstrates how the County of Los Angeles has recognized and met the need for giving the patients under supervision improved medical and physical care and has met the rising costs of this care. It is felt that this policy is sound, as good care often results in early discharge with benefit to the patient and net savings to the County.

The fluctuations within this graph reflect the effort of the Court and the County to discover dynamic approaches to the care of mentally ill and senile persons.

Changes will probably continue in the future as a result of legislative actions such as the Short-Doyle Act and other proposed legislation, advances in psychiatric treatment, and social changes in our community.

CHART I

SUBJECT: TOTAL VOLUME OF PETITIONS ACTIVITY.

Fiscal Year	Total Petitions Issued by MHD.	Special Projects		Contacts Not Resulting in Petition		Total Cases Referred Elsewhere
		Pacific State Hospital Appl.	72 Hour Workups	Total Interviews	Total Incoming Phone calls	
52-53	5651	NA	NA	2043	NA	705
53-54	6383	NA	871	3109	NA	891
54-55	6207	NA	2571	3517	NA	998
55-56	6527	122	3361	3739	36,000	1480
56-57	5721	88	3529	4695	33,500	1614

The 12.35% drop in petitions issued from 55-56 to 56-57 was the result of intensive screening and clarifying of this process. This is especially significant when compared to the increase in total interviews.

CHART II

SUBJECT: TYPES OF PETITIONS ISSUED BY MHD.

Types of Petitions Issued by Percentages.

Fiscal Year	Total Petitions Issued	Mentally Ill	Inebriate	Narcotic	Habit Forming Drug	Mentally Retarded	MASO	Epileptic
52-53	5651	75.5	19.1	3.6	.2	1.1	.2	.3
53-54	6383	79.9	14.8	3.3	.2	1.0	.2	.6
54-55	6207	82.7	12.7	2.5	.2	1.2	.1	.6
55-56	6527	81.1	13.2	3.6	.4	.9	.4	.4
56-57	5721	81.1	13.8	3.7	.4	.6	.2	.2

CHART III

SUBJECT: TYPE OF PROBLEM INVOLVED IN PETITIONS DIVISION.

Interviews where Petition is not Issued. (Excluding phone calls).

Problem (Percent)

Fiscal Year	Total Interviews	Mental	Inebriate	Narcotic	Habit Forming Drug	Mentally Retarded	MASO	Epileptic	Other
52-53	2043	59.1	36.6	2.7	.4	.8	.3	.1	0
53-54	3109	59.1	36.2	2.7	.2	1.4	.4	0	0
54-55	3517	54.3	40.4	3.2	.2	1.7	.2	0	0
55-56	3739	68.3	28.7	2.2	.5	.2	.1	0	0
56-57	4695	57.7	38.2	3.7	.2	.1	.1	0	0

CHART IV

SUBJECT: TOTAL COURT LOAD BY TYPE OF WORK

Fiscal Year	Total Hearings	Jury Trials Scheduled	Non Hearing Cases	Continuances	Juvenile Cases
52-53	8219	NA		NA	
53-54	8368	70		NA	
54-55	7706	61		NA	
55-56	7572	46		573	88*
56-57	6264	146	75**	645	

The continuing decrease in total hearings (17.3% less than 55-56 and 23.8% less than 52-54) represents the results of the continuing policy of thoroughly screening petitions, investigating each case, and using the Court as a "Court of Last Resort".

* Function started in November, 1955
** Function started in February, 1957

CHART V

SUBJECT: DISPOSITIONS MADE BY DEPARTMENT 54 OF THE SUPERIOR COURT OF ALL NEW CASES HEARD.

Fiscal Year	Total Cases	MHD Supervision Number / Percent	State Hospital and VA (Percent)	Dismissed (Percent)	Court Supervision (5100)
46-47	5141	1743 33.9	59.6	6.5	
47-48	5649	1940 34.3	55.0	10.7	
48-49	6062	2059 34.0	61.2	4.8	
49-50	6585	2598 39.4	56.5	4.1	
50-51	6527	2627 40.2	51.2	8.6	
51-52	7352	2943 40.0	50.8	9.2	
52-53	7445	2627 35.3	56.8	7.9	
53-54	7920	2452 31.0	60.2	8.8	
54-55	7258	2406 33.1	56.8	10.1	
55-56	7353	1985 27.0	62.2	10.8	
56-57	6028	949 15.7	73.1	11.1	.13*

The large decline in the number and percentage of patients placed with this Department in Fiscal Year 56-57 is a result of improved screening by the Petitions Office, based on the court's perception of itself as a "Court of Last Resort".

*These patients were placed, for the first time, under direct Court Supervision this year. The authority for this is found in Section 5100 of the Welfare and Institutions Code.

CHART VI

SUBJECT: Dispositions made by Department 54 of the Superior Court of all new cases heard for patients 60 years of age and over.

FISCAL YEAR	TOTAL CASES	PERCENTAGES			
		MHD SUPERVISION	STATE HOSPITAL and VA	DISMISSED	OTHER
49-50	2186	78.4	19.7	1.9	NA*
50-51	2342	79.6	16.9	3.9	NA*
51-52	2471	81.9	15.3	2.8	NA*
52-53	2294	70.8	27.2	2.0	NA*
53-54	2220	72.6	24.2	3.2	NA*
54-55	2286	71.4	23.6	5.0	NA*
55-56	2192	66.3	27.1	6.6	NA*
56-57	1613	49.3	38.1	9.8	2.8

The large decline in patients over age 60 committed to this department is a result of more careful screening by the Petitions Office based on the Court's perception of itself as a "Court of last resort".

From the data, it would appear that this decline first began in fiscal year 52-53. Interestingly enough, the percent of patients dismissed has steadily increased since fiscal year 53-54.

* Probably included with the "Dismissed" category.

CHART VII

SUBJECT: Patients under MHD supervision, by placement, at the end of each fiscal year.

FISCAL YEAR	OUTSIDE SUPERVISION	PRIVATE SANITARIA	COUNTY FACILITY	TOTAL
46-47	1140	1401	619	3160
47-48	1271	1370	640	3281
48-49	1502	1445	686	3633
49-50	1497	1846	746	4089
50-51	1571	2024	801	4396
51-52	1221	2158	809	4188
52-53	749	2213	664	3626
53-54	346	2333	658	3337
54-55	115	2473	625	3213
55-56	27	2322	537	2886
56-57	1	1776	409	2186

The rapid decline in Outside Supervision Cases starting in fiscal year 52-53 reflects a policy decision to terminate this function.

The decline in Patients in Sanitaria reflects both the improved screening of petitions and the increased emphasis on moving patients out of sanitaria rapidly. This is done through continuing patient re-evaluation and assisting sanitariums in improving the care and treatment given.

CHART VIII SUBJECT: ANALYSIS OF SANITARIUM POPULATION BY BOARD AND CARE RATE, AS OF END OF THE FISCAL YEAR.

Fiscal Year	Private Pay	MHD Pay Cases (Monthly rates)			
		\$80.00	\$100.00	\$120.00	\$150.00
53-54	59.0	.7	3.8	10.8	25.7
54-55	55.2	.4	3.3	11.8	29.3
55-56	53.5	.2	3.3	12.7	30.3
56-57	54.2	.2	2.1	12.7	30.8

CHART IX SUBJECT: DISPOSITION OF MENTAL HEALTH SUPERVISION CASES.

Fiscal Year	Cases at Start of Year	Added	State Hospital	Subtracted	
				Dismissed	Deaths
46-47	3026	1743	326	1283	
47-48	3160	1940	416	1403	
48-49	3281	2059	530	1177	
49-50	3633	2598	318	1824	
50-51	4089	2627	332*	1988*	
51-52	4396	2943	346	2805	
52-53	4188	2627	448*	2741*	
53-54	3626	2452	301*	2440*	
54-55	3337	2406	207*	1051*	1272*
55-56	3213	1985	198*	889*	1225*
56-57	2886	949	135*	597*	917*
57-58	2186	-	-	-	-

Until Fiscal Year 54-55, dismissals and deaths were placed into one category.

*These figures are estimates, since data gathered did not balance. However, total original figures were less than 10% in error.

CHART X

SUBJECT: Disposition of Treatment cases at Resthaven and Ingleside Sanitaria.

FISCAL YEAR	NUMBER PLACED	AVERAGE STAY	STATE HOSPITAL	DISMISSED	DEATHS	OTHER	MED COST TOTAL
56-57	253	1.43 mos.*	20*	233*	0*	0*	\$16,147

Patients in need of short-term psychiatric treatment are placed at these two sanitariums at County rates. This service is available only because they are non-profit organizations which can render this service.

These statistics will be kept in the future for comparative study.

* Based on a 20% sample.

CHART XI

SUBJECT: Effect of OAS/ANB, OASIB and other income on MHD expenditures. (Based on number of MHD Pay Cases at the end of the Fiscal Year.)

FISCAL YEAR	TOTAL MHD PAY CASES	OAS & ANB		OASIB		OTHER	
		NUMBER	AVERAGE MONTHLY	NUMBER	AVERAGE MONTHLY	NUMBER	AVERAGE MONTHLY
56-57	982	804	\$89.03	155	\$42.32	199	\$28.93

These statistics which are now being kept will be helpful in future years as a means of evaluating the sources of income for MHD pay cases.

CHART XII

SUBJECT: Cost to the Mental Health Department of MHD Pay Cases in private sanitariums

FISCAL YEAR	MEAN MHD PAY CASES	MHD PATIENT CARE COST			MONTHLY MHD B&C COST PER PATIENT	TOTAL MONTHLY B&C COST PER PATIENT	MONTHLY B&C COST PD. BY NON-MHD FUNDS PER PATIENT
		Rx. P&E	CLTHG. SERV.	BOARD & CARE			
46-47	496	\$ 3,176	\$ 142,336	\$ 23.91	\$ NA	\$ NA	
47-48	418	4,060	143,341	28.59	NA	NA	
48-49	338	4,539	130,379	32.14	NA	NA	
49-50	396	5,605	213,662	44.96	NA	NA	
50-51	604	9,100	404,480	55.81	NA	NA	
51-52	1,028	14,284	716,733	58.10	NA	NA	
52-53	1,177	22,763	974,899	69.02	NA	NA	
53-54	1,300	25,049	1,048,481	67.21	136.41	69.20	
54-55	1,396	35,494	1,072,593	64.03	137.76	73.73	
55-56	1,420	55,888	1,073,107	62.98	137.91	74.93	
56-57	1,158	60,347	757,189	54.49	139.09	84.60	

The sizeable drop in expenditures for Board and Care costs reflects the decreased population in sanitariums and the increased income which many patients are receiving from other sources.

CHART XIII

SUBJECT: MENTAL HEALTH DEPARTMENT EXPENDITURES AND STAFF
BY FISCAL YEAR.

Fiscal Year	Average Staff	Salary and Wages	Maintenance & Operation	Capital Outlay	Total	Revenue
52-53	NA	NA	1,001,799	NA	-	34,990
53-54	31.5	NA	1,073,530	NA	-	32,272
54-55	36.6	167,137	1,113,621	646	1,281,404	22,814
55-56	39.7	191,967	1,076,514	1412	1,269,893	45,757
56-57	43.1	242,250	825,456	5340	1,073,046	65,118

This Department was taken out of Superior Court Budget and set up with independent budget in Fiscal Year 54-55.

DEFINITION OF MEASURES

NA-When used in Chart, means that figures were "Not Available".

CHART I

- A. Total Petitions Issued by MHD - Total issued by Petitions Division. Does not include those issued by County Clerk.
- B. Pacific State Hospital Applications - Total number of non-Court cases where MHD personnel assisted in getting the patient into that hospital.
- C. Seventy-two hour Workups - Total number of emergency admissions where MHD personnel did work that resulted in either a petition or some other disposition.
- D. Total Interviews - Total number of separate interviews where a petition was not taken.
- E. Total Incoming Phone Calls - Total number of calls received by Petitions Division. This is taken on a sampling basis.
- F. Total Cases Referred Elsewhere - This is the total number of referrals made to other agencies.

CHART II

- A. Petitions Issued - Same as "A" in Chart I.
- B. The remainder of this Chart deals with the legal type of Petition issued by percent of "A". MASO refers to Mentally Abnormal Sex Offender.

CHART III

- A. Total Interviews - Same as "D" in Chart I.
- B. Problem - The remainder of this Chart deals with the kind of problem involved, based on the kind of petition that would have been issued if a petition were necessary.

CHART IV

- A. Total Hearings - Total Court Hearings held. A single case could have two hearings and would be counted as two.
- B. Jury Trials Scheduled - Total Jury Trials scheduled regardless of whether or not the trial is held.
- C. Non-Hearing Cases - Total cases handled by the Court without a Hearing, where this Department works on the case.
- D. Continuances - Total cases continued. This is included because of the extra work it requires.
- E. Juvenile Cases - Total Juvenile Cases where this Department participates in the investigation and planning. Individual cases may or may not go before the Court.

CHART V

- A. Total Cases - Total new cases heard by the Court. Rehearings are excluded.
- B. MHD Supervision - Number and percent of total committed to this Department under section 5076 of the W. & I. Code.
- C. State Hospital and Veterans's Administration - Percent of total committed to State Hospitals and Veterans Administration.
- D. Dismissed - Percent of total dismissed by the Court.
- E. Court Supervision - Percent of total committed to private facilities under section 5100 of the W. & I. Code. These patients remain directly under the supervision of the Court.

CHART VI

- A. Total cases - Total new cases heard by the Court where the patient is sixty years or older. Rehearings are included.
- B. MHD Supervision - Same as "B" in Chart V.
- C. State Hospital and Veteran's Administration - Same as "C" in Chart V.
- D. Dismissed - Same as "D" in Chart V.
- E. Other - All Court Supervision (See "E" in Chart V) or other specialized methods of handling the problem of the Court.

CHART VII

- A. Outside Supervision - Total under MHD Supervision who are not in a County Facility or MHD Supervised Sanitaria or Rest Home. Patient may be with relatives, in his own home, with friends, etc.
- B. Private Sanitaria - Total in Court approved Private Sanitaria, Rest Home, Nursing Homes, Hospitals, etc.
- C. County Facility - Total in County operated hospitals, ranches, camps, etc. (The bulk of these patients are in Rancho Los Amigos.)

CHART VIII

- A. Private Pay - Total under MHD Supervision at the end of Fiscal Year, where the patient has sufficient resources to pay the total cost of board and care. In a few rare cases, this department may furnish clothing or Rx medicines, but only when the patient's income is just enough to cover the basic board and care cost set at a county approved rate. The cost of care is usually determined by the guardian or relatives involved, in conjunction with the sanitarium used.
- B. MHD pay cases - Percent of cases placed at the end of the fiscal year at each of the County approved rates. MHD funds are used to pay all or a part of the board and care cost of each of these cases.

CHART IX

- A. Cases at Start of Year - Total under MHD Supervision at the beginning of each Fiscal Year.
- B. Added - Total cases committed by the Court under Section 5076 of the W. & I. Code to MHD Supervision during each Fiscal Year.
- C. Subtracted - State Hospital - Total cases removed from MHD Supervision by reason of being committed to a state hospital, or in rare cases, a Veterans Facility.
- D. Subtracted - Dismissed - Total Cases dismissed from MHD Supervision by the Court. In most cases, the patient improved to the point where MHD Supervision was no longer needed.
- E. Subtracted - Death - Total patients under MHD Supervision who died during each Fiscal Year.

CHART X

- A. Number Placed - Total placed at these two Sanitaria for intensive treatment during each Fiscal Year.
- B. Average Stay - Mean stay in months of each patient removed from these Sanitaria during each Fiscal Year.

- C. State Hospital - Total removed from these sanitarium and committed to a state hospital, or in rare cases, a veterans facility.
- D. Dismissed - Total dismissed as no longer requiring MHD Supervision.
- E. Deaths - Total MHD Supervision patients who died at these two sanitarium.
- F. Other - Any action not given above removing patients from these two sanitarium. A transfer to another sanitarium would be noted here.

CHART XI

- A. Total MHD Pay Cases - Same as "B" in Chart VIII.
- B. OAS/ANB - Total MHD pay cases receiving payments under the Old Age Security and Aid to Needy Blind Programs, and the mean monthly amount of these payments.
- C. OASIB - Total MHD cases receiving payments under the Old Age and Survivors Insurance Program and the mean monthly amount of these payments.
- D. Other - Total MHD pay cases receiving income other than OAS, OASIB, and ANB and the mean monthly amount of this income. Relative contributions, payments from trust funds, are examples.

CHART XII

- A. Mean MHD pay cases - This is the total number of patient days paid all or in part by MHD Funds divided by 365. In other words, the average number of patients where MHD paid all or a part of the Board and Care Cost.
- B. Rx, clothing, Prof. - Total expenditures during each Fiscal Year by this Department for prescription medicine, clothing, and Professional and Expert Services for patient's under MHD Supervision.
- C. Board and Care - Total expenditures during each Fiscal Year by this Department for board and routine nursing and medical care for patients under MHD Supervision.
- D. Monthly MHD Board and Care Cost per Patient - Mean monthly cost per MHD pay patient to this Department for Board and Care. It is derived as follows:

$$\frac{\text{Total MHD Board and Care Cost}}{\text{Mean MHD Pay Cases}} = \frac{\text{Annual MHD B \& C Cost Per Patient}}{12} =$$

Monthly B & C Cost per patient.

- E. Total Monthly Board and Care Cost per patient - This is the mean total monthly board and care cost per MHD pay patient. It is figured by finding the number of MHD pay patients at each of the four rates and getting the average rate paid.

Chart VIII contains this information.

- F. Monthly Board and Care Cost paid by non-MHD Funds per patient- This is that part of the Total Monthly Board and Care Cost paid by the patient's income. It is figured simply by subtracting the monthly MHD board and care cost per patient from the total monthly board and care cost per patient. It should be roughly equal to the total monthly patient income (which can be found by using the figures shown in Chart XI) divided by the total MHD Pay Cases also given in Chart XI.

CHART XIII

- A. Average Staff - This is the mean number of persons actually working in this Department during each Fiscal Year. It also includes hospital personnel assigned to this department.
- B. Salary and Wages - Total expended by this Department.
- C. Maintenance and Operation - Total expended by this Department.
- D. Capital Outlay - Total expended by this Department. It should be noted that General Hospital provides and maintains our physical facility.
- E. Total - Total expenditures during each Fiscal Year.
- F. Revenue - Total collected by this Department to be deposited in the General Fund during each Fiscal Year.