

January 29, 1960

FROM: THE COMMITTEE OF TRUSTEES OF THE FOURTEEN STATE HOSPITALS OF THE  
DEPARTMENT OF MENTAL HYGIENE

TO: GOVERNOR BROWN, FINANCE DIRECTOR CARR, PERSONNEL BOARD EXECUTIVE  
OFFICER FISHER, CONTROLLER CRANSTON, DEPARTMENT OF MENTAL HYGIENE  
DIRECTOR BLAIN  
AND  
TO: ALL LEGISLATORS

RE: SUPPLEMENTAL BUDGET ITEM: SALARY SCHEDULE, DEPARTMENT OF MENTAL HYGIENE

Unanimous and vigorous protest against present low salaries for treatment personnel in the Department of Mental Hygiene was voiced by Trustees of the 14 State Hospitals, assembled in Sacramento on January 14, 1960. The Trustees contended:

- 1) that program objectives of the Department are thwarted by handicaps resulting from the low salary schedule;
- 2) that gross waste and inefficiency result;
- 3) and that glaring inequities exist between salaries in the Department of Mental Hygiene and those in other State services.

A resolution,<sup>1</sup> proposed by the Hon. Herbert C. Jones, of San Jose, was passed, urging the Governor and the Legislature to provide the necessary monies in the 1960-61 budget to put into effect the Proposed Salary Program, Department of Mental Hygiene, September 23, 1959.<sup>2</sup>

Estimated budget increase for salary item: sixteen million dollars.<sup>3</sup>

The undersigned committee was named by Trustees of all of the hospitals in the Department to follow through on the budget proposals.

For your information we have prepared the following statement explaining the Trustee's contentions and providing background material and pertinent arguments.

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<sup>1</sup>/ Attached

<sup>2</sup>/ Attached, prepared by Department of Mental Hygiene Committee on Salaries

<sup>3</sup>/ See attached summary for breakdown

## I. HISTORICAL BACKGROUND AND PROCEDURE.

The deplorable salary level in mental hospitals reflects a belief that the public will only support an outmoded attitude toward our number one illness: an attitude of providing minimal custodial care for the hopeless. In the past, it was considered sufficient to lock them up, get them out of the way. Hospital employees were itinerant workers, moving from job to job, or local citizens seeking employment on a janitorial level, or guards and aides who received residence at the hospitals and who were often drawn to the work from a need to bully the helpless or an inability to find employment in positions which required more than simple, if onerous, tasks demanded of them in the hospitals: mopping up, feeding, dressing, and restraining patients. Like lights in a lonely landscape, a few dedicated workers appeared and the picture gradually brightened as public attitudes improved.

Advances in medical knowledge and new techniques have demonstrated that mental illness responds to proper treatment if provided by adequate, trained personnel. Efforts to raise salary levels, in recognition of the new type of employee needed, have not kept pace with medical advances.

There are two dominant reasons for this:

- 1) The high initial cost of making the indicated changes in salary levels.
- 2) Salaries in State institutions are set by a Personnel Board which historically has set salaries by comparison with salaries elsewhere. In this case, a frustrating dead-end results because:
  - a) Over 80% of mental patients are in State institutions.
  - b) The vast majority of private institutions are homes for geriatric cases.
  - c) Private clinics for remedial care of the mentally ill serve less than 1%.
  - d) Private institutions for high-level rehabilitation of alcoholics also serve less than 1%.
  - e) Remedial institutions for disturbed and handicapped children also care for less than 1%.

Thus, the basis for comparison becomes comparison with self, and the schedules of most backward states pull down the progressive ones.

Efforts by our Department of Mental Hygiene to get the Personnel Board to use as a basis for comparison, salaries in other State departments where similar work is performed. The Department of Corrections and the Youth Authority have met with the argument that hospital employees and Correctional Officers are in an entirely different occupational group. It is argued that: "Prevailing salary rates for Correctional Officers are consistently higher than those for Psychiatric Technicians. It is the practice of the Board -- based upon application of civil service law (and reflecting general practice in public juris-

dictions and private business) -- to set salaries primarily on the basis of internal classes only when the classes compared are within the same occupational group...." This position has been held to, despite the Board's own studies, which have revealed that qualification requirements, levels of responsibility, complexity of duties, initiative required, etc. for Correctional Officers, Group Supervisors and Psychiatric Technicians are not significantly different, except that psychiatric technicians are also required to have some medical knowledge and nursing skills.

The Trustees feel that this impasse must be resolved by a policy decision by the Legislature under the leadership of the Governor, which will effect a change of procedure.

We urgently request that the Personnel Board be permitted and/or directed to set a salary schedule for the Department of Mental Hygiene which:

- 1) reflects the level of work required;
- 2) enables the Department to recruit capable professional personnel with advanced skills;
- 3) enables the Department to compete favorably in the labor market for college-calibre high school graduates who are making a choice of career.
- 4) attracts stable individuals who wish to live in the community of the hospitals and raise their families with dignity and on a level of other persons in the community engaged in work of comparable difficulty and responsibility;
- 5) provides ranges within classes sufficient to encourage incentive, so that the Department will be enabled to retain personnel who acquire needed skills;
- 6) and which reflects general comparability with salaries paid in other State services engaged in rehabilitation work, namely: Departments of Corrections, Education, Public Health, Social Welfare and Youth Authority; and which, in so doing, reflects the leadership role of the D.M.H. in research, training, guidance, and service in the field of mental health.

The Trustees recommend adoption of The Proposed Salary Schedule, D.M.H., September 23, 1959, as a step in meeting the above requirements.

We urge that the proposed break in tradition of procedure will not only have an immediate salutary effect upon the program of our department and push us forward toward our goals of higher levels of mental health and decreased financial burden to the state; but that the leadership of California in this field will stimulate improved conditions throughout the United States.

## II. HANDICAPS RESULTING FROM PRESENT LOW SALARY SCHEDULE THWART PROGRAM

### OBJECTIVES.

Trustees recognize objectives of the Department to be:

- 1) Maximum rehabilitation of patients
- 2) Prevention of mental illness
- 3) Research
- 4) Training of personnel for usefulness to the Department and to community mental health facilities.

That achievement of objectives is directed toward:

- 1) Reduction of number of patients requiring hospital care
- 2) Consequent reduction of need for hospital facilities despite increase in population
- 3) Sharing of responsibility for mentally ill among agencies other than the State

Success in meeting these objectives logically and happily will result in the ultimate goals of higher levels of mental health and decreased financial burden upon the state.

Trustees concern themselves primarily with objective No. I: Maximum rehabilitation of patients, but recognize the inter-relationship with other objectives.

Absolutely essential to this program is treatment personnel:

- 1) in sufficient numbers per patient to carry out program
- 2) of high quality
- 3) trained in the work of the Department
- 4) skilled by experience in the Department

Program objectives are thwarted by low salaries, as demonstrated by the facts that

- 1) we cannot recruit the numbers of personnel we need. Vacancies are chronic in every institution in the department.
- 2) we cannot recruit the high quality of personnel we need. Private employment offers remuneration we cannot meet. Other state and federal service offers, in many cases, higher starting salaries, preventing our competing fairly for potential applicants with ability.
- 3) we have difficulty training those we do recruit because emergent situations in the hospitals, created by shortages, make personnel unavailable for training and because those we do recruit frequently do not respond to training.
- 4) we have difficulty retaining those we are able to recruit and train long enough for their skills to be exercised. Turnover is as high as 60% among trainees, who leave us for jobs elsewhere, often in other State service at much higher salaries. Turnover among fully trained employees is also excessively high among all treatment personnel.

Because of these handicaps we are unable to conduct a level of treatment which even approaches maximum rehabilitation.

### III. GROSS WASTE AND INEFFICIENCY RESULT

The low salary schedule makes more difficult the slow progress from primitive, archaic, custodial care for a large section of our patients; care which we know to be financially wasteful and humanly destructive. Other program objectives of the Department, prevention, research and training, are restricted by the handicaps of shortages, low quality, high turnover, and lack of skills in personnel. These other goals are also restricted by the urgency of providing minimal care to hospitalized patients.

#### FAILURE TO ACHIEVE OBJECTIVES IS EXPENSIVE

When compared to levels of adequate care and treatment:

- 1) Rate of recovery and release of patients is lowered, and length of hospital stay is extended.

Rate of return to hospital care after release is higher.

Rehabilitation to levels of self-help and usefulness of patients who must remain for long periods in hospital care is below potential.

Number of hospital beds occupied is higher.

- 2) Costs of training program are "thrown out the window" when employees leave during or at end of training period. The cost of training on Psychiatric Technicians is a minimum of \$1,500. With a turnover rate of 60 %, the total waste is extremely high.
- 3) Administration costs of turnover, such as recruiting replacements, testing and placing, are extremely high also.
- 4) Pressure for new or expanded institution facilities will continue until this trend is emphatically reversed.
- 5) Costs to society of failure to return patients to normal productive life at maximum rate are inestimable.

In fairness it must be said that California, by comparison with other states has made advances toward the ultimate goals of higher levels of mental health and decreased financial burden to the State. Program improvements undertaken by the Department and supported in the budget by the Legislature over the past 12 years have sufficiently changed the trend away from simple custodial care and accompanying increase in hospital beds, so that we can estimate a savings of some \$700,000,000 in construction costs which the custodial program would have required, and an additional support budget of \$100,000,000 which would have been necessary to service the facilities.

Our present budget request of sixteen million dollars for improved salaries is made in the conviction that proportionate savings will result.



IV. GLARING INEQUITIES EXIST BETWEEN SALARIES IN THE DEPARTMENT OF MENTAL HYGIENE AND IN OTHER STATE SERVICE.

Four classes of employees are recommended for increases in the Proposed Salary Program:

- 1) Nursing Service classes (this includes the Psychiatric Technician classes)
- 2) Medical classes
- 3) Psychiatric Social Work classes
- 4) Clinical Psychologist classes

The problem of inequity is most glaring in the Psychiatric Technician class, which is the largest group of employees. These four classes, which are indispensable to the program of the Department, are characterized by several problems in common:

- 1) Inability to obtain people with the training, skills and experience at the level the work requires.
- 2) Chronic vacancies
- 3) High turnover

The treatment of the mentally ill citizens of California is directed by the medical and professional people, but it is the Nursing Service classes upon whom the heaviest burden for implementation rests, and among whom responsibility for supervision and direction is also divided. The critical group in the Nursing Service classes is the Psychiatric Technicians.

The Trustees feel that the public, and even State officers and Legislators, are largely unaware of the role of the Psychiatric Technician in patient treatment. Almost all of the treatment any patient receives is given by these people. The Department has a modest objective, which will probably not be realized for some time, which is that each patient, once a week, in a group of ten patients, shall see a doctor for one hour. Meanwhile treatment consists of group therapy, guidance, supervised activities, occupational or recreational therapy, assistance, counseling, nursing care, medication, comfort, diversion, direction, instruction, and simply living in what is called the therapeutic community; all of which is immediately, daily, hourly, managed by the Psychiatric Technician.

Administered by unskilled, untrained, insensitive personnel, the activities described above become simply a pushing around, a cajoling; at worst a brutal and at best a kindly form of custodial care with little or no therapeutic value. Well administered, these activities are the heart of the treatment program.

The Psychiatric Technician Trainee must be a high school graduate with the ability, sensitivity and motivation to assimilate the content of the one-year, college-level, technical and theoretical course which the Department provides. It should be readily apparent that applicants of this calibre are not numerous when our starting salary is \$255 a month, especially if, next door, a State prison or Youth Authority institution offers a similar job, minus the nursing care responsibilities

and with less disturbed subjects to care for, at a starting salary of \$376. If he does apply and receives training, it is even more unlikely that he will remain in service with us as a Psychiatric Technician at \$295, when his first promotion as a prison guard would be to Correctional Sergeant at \$436. Similar comparisons prevail throughout the Nursing Service classes and are the fundamental basis for our contention that glaring inequities exist.

We are also disturbed by the relationship of our Nursing Service class salaries to salaries in quite different kinds of State employment, where no similar qualification or skill or responsibility is needed. This is shown by some of the classes listed below.

<u>Class</u>	<u>Salary Range</u>
Correctional Officer	\$376 - 458
Group Supervisor	\$376 - 458
Deckhand (Ferryboat)	\$358 - 395
Ferryboat Watchman	\$358 - 395
Vegetable Gardener	\$376 - 458
Garage Attendant	\$341 - 376
Window Cleaner	\$341 - 415
Women's Rest Room Attendant	\$281 - 341
Groundsman	\$325 - 376
Poultry Assistant	\$310 - 376
Laborer	\$341 - 376
Psychiatric Technician	\$295 - 358

It becomes clear that employees who take care of things: cars, garages, vegetables, poultry, windows, toilets, etc., in State service, are paid much more than our Nursing Service classes who take care of people.

In Medical Service classes our problem of recruitment and retention is most marked in the classes of specialists, the highly trained level, who are so essential to program development and so necessary to our training and research program. Here it is competition with private employment which places us at severe disadvantage. It is hoped that by increasing salaries at the specialist level of the medical classes, turnover problems of the lower echelons in these classes will be reduced through incentive to promotion. Recruitment is a serious problem in the top classes as well as in the lower classes. But turnover in the lower classes creates shortages of personnel who can be trained for higher positions, as these groups do not stay with us long enough to acquire the training or exercise their skills.

In Social Work and Psychologist classes we face a general shortage of such personnel; a need to raise salaries to compete in a very tight market and to create job conditions which motivate more of the better trained people to enter these classes. Present salaries do not match those available elsewhere for those with the high professional qualifications we need. The importance of these classes to aftercare, pre-release and training programs cannot be overestimated.

In the Nursing Service classes the registered Psychiatric Nurse deserves special comment. She is highly skilled. She is rare. She is desperately needed to teach, train and supervise. We face a special problem in her case, because of readily available employment in normal communities compared to our isolated hospitals.

V. ROLE OF THE TRUSTEES IN PRESENTING THIS PROBLEM TO THE GOVERNOR, OTHER STATE OFFICERS AND THE LEGISLATURE.

We are deeply concerned by the waste and inefficiency we see, by the lag between objectives of the Department and their fulfillment, by the inequities to which our employees are subjected, and by the unnecessary human suffering; all directly affected by our present low salary schedule.

We have another area of concern. We recognize that the communities in which our hospitals are located suffer by having in their midst large groups of employees who are earning sub-standard wages. These employees are unable to pay rents, make purchases, contribute through sales taxes, etc. in sums commensurate with the services which they and their families require from the community. Public relations and property values of communities suffer by the presence of treatment centers which reflect less than optimum care and safety; the inevitable result of less than optimum personnel.

We have said little about human suffering. It is implicit in all that we have described. A portion of our patients, because of defect at birth, disease, or injury, may require long-term care. We ask that this care be at a dignified and civilized level, and that research and preventive measures be fully exploited. Among our retarded are many who could adjust to normal productive life, or at least cease to require our care. The most poignant tragedies are those of adolescents and young adults who suffer mental illness and who could be returned to normal productive life if adequate care were available. Too many remain in the living death to which our Governor recently referred. Many of our older patients have sunk into depths from which we cannot wholly raise them; they stand as stark witness to our failure. Years of low cost care have mounted to large annual burdens upon the State. Our work as trustees brings us close to these problems, but these are the problems of all of us. More than half of all illness is mental illness.

We are a mixed group of citizens. For some of us, our work as Trustees of Hospitals in the Department of Mental Hygiene takes precedence in importance over concerns we may have for other areas of public responsibility. For others of us, the objectives of the Department may seem of lesser importance than do the objectives of other departments of the State or other endeavors in which we are engaged. All of us are taxpayers. We recognize that our State is just emerging from an era of fiscal deficit and that new taxes have had to be levied to meet critical needs. We have not, as a group, attempted to place relative value upon State expenditures for education, water, parks and beaches, public works, or any other use of State monies, and upon expenditures for the Department of Mental Hygiene. And yet, we have unanimously agreed to urge the Governor and the Legislature to provide sixteen million dollars for increased salaries in the Department of Mental Hygiene. We are convinced that this expenditure will result in savings of hundreds of millions of dollars for building costs and other expenses which will become necessary if the present inadequate level of care is perpetuated. Without salary upgrading it will be impossible to raise this level or to avoid sinking to a lower level as population pressures increase, the enlightened objectives of our Department notwithstanding.



The example of New York State may well give us pause. Emphasis upon custodial care in the past rather than rehabilitation has resulted in a costly 120,000 beds for a population of 17,000,000. For those familiar with translation of such figures into human situations, the meaning is clear; heavy financial burden to the State and untold human agony. The more enlightened policies of our State over the past 12 years have saved us much, and we may be grateful for our statistics: 47,000 beds for a population of 14,500,000, with a rate of release on a par with a rate of admissions. But we are already again short of beds for those who need care. Waiting lists, over-crowding and obsolescence demand new facilities now. Unless we can step up rehabilitative and preventive programs, our present rate of population increase, which is predicted at a rate of over one-half million a year, will force upon us an annual plant expansion of many millions plus an equal increase in other expense. The only way to reduce the number of patients we must care for is to prevent and cure mental illness.

In our advisory capacity to the Governor and the Department Director, we urge that these warnings be heeded, and that the Legislature provide the necessary monies during the coming budget session for adoption of the Salary Program, Department of Mental Hygiene, September 23, 1959.

Respectfully submitted,

/s/ Helen L. Pedotti

Mrs. Adolf C. Pedotti, Chairman  
for the Committee of the Trustees

#### Committee

Mr. Ven Fahrney, Fairview State Hospital  
Mr. William Moeser, Metropolitan State Hospital  
Mrs. Adolf C. Pedotti, Atascadero State Hospital  
Mr. Clarence Reeves, DeWitt State Hospital  
Mrs. Eileen F. Rue, Stockton State Hospital  
Mr. Winston C. Wilson, Sonoma State Hospital

on behalf of Trustees of

Agnews, Atascadero, Camarillo, DeWitt, Mendocino, Metropolitan,  
Modesto, Napa, Patton, Stockton, Fairview, Pacific, Porterville,  
and Sonoma State Hospitals.

CONFERENCE OF STATE HOSPITAL BOARDS OF TRUSTEES

Sacramento, California

January 14, 1960

WHEREAS the primary purpose of our state hospitals and other facilities of the Department of Mental Hygiene is the rehabilitation and return to society of the highest possible proportion of our patients, and

WHEREAS such a policy is true economy, and whereas to accomplish this purpose requires thoroughly trained and competent staff and employees in contact with the patient, and

WHEREAS the thorough and exhaustive salary study, a Proposed Salary Program, Department of Mental Hygiene, September 23, 1959, points out the urgent need for making these salaries comparable with like work elsewhere,

THEREFORE BE IT RESOLVED by the trustees of the state's fourteen mental hospitals, assembled in Convention this 14th day of January 1960, that we wholeheartedly endorse and approve the Proposed Salary Program and most earnestly request Governor Brown and our State Legislature to provide for such salary schedules in the forthcoming state budget.

PROPOSED SALARY PROGRAM

Department of Mental Hygiene

September 23, 1959

## C O N T E N T S

- I. Summary of Minutes of Special Salary Committee Meeting held on August 24, 1959, in Sacramento:
  - I. Summary of Background.
  - II. Summary of Current Salary Considerations.
  - III. Summary of Salary Recommendations.
- II. Minutes of Special Salary Committee Meeting held August 24, 1959, in Sacramento:
  - I. Background.
  - II. Current Salary Considerations.
  - III. Specific Salary Recommendations.
    - A. Nursing Service Classes.
    - B. Medical Classes.
    - C. Social Workers.
    - D. Psychologists.
- III. Letter from State Personnel Board dated July 22, 1959, on subject of special salary increase.
- IV. Letter to A. Alan Post dated February 6, 1956, on subject of salary ranges for all classes of psychiatric technicians.
- V. Specific Salary Recommendations.

## SUMMARY OF MINUTES

of

Special Salary Committee Meeting  
August 24, 1959  
Sacramento

### I. SUMMARY OF BACKGROUND:

The previous discussion regarding salaries at the U.C.L.A. Superintendents' Conference was summarized. At that meeting the question was raised of what the implications of the July salary adjustment program might be and how we might handle salaries in the future in view of what happened the last two years. There were no funds available during the year for special salary adjustments for the last two years, although this year there was a general salary adjustment effective July 1.

What seemed in order to do was to think through the significance to this Department of the changed salary adjustment pattern. The salary adjustment process typical of previous years was discussed, and the committee felt that a new approach was necessary which would make it possible for the Department's needs for salary adjustment funds to be considered (1) by the State Personnel Board before it makes its report to the Governor and (2) by the Legislature at the time it appropriates the money for salary adjustments. An outline of steps that might be followed in a new approach to the salary adjustment process was discussed.

The fact that this agency is so large means that there are a large number of employees in classes where we critically need salary increases, such as in nursing service classes. Unless the Personnel Board includes money to meet the Department's requirements in its recommendation to the Governor and the Legislature and unless the Legislature appropriates funds, important salary adjustments for this Department cannot be made.

The committee recognizes that salary fixing is the Personnel Board's responsibility. However, this seems to be a time, because of the high cost involved and because of the impact salaries have on the level of treatment, when it seems necessary to bring this problem to the attention of the Governor, and if he approves, to the Legislature. Once adjustments have been made to necessary levels, normal salary considerations would again be in order.

### II. SUMMARY OF CURRENT SALARY CONSIDERATIONS:

The committee felt that the Department tends to weaken its case when it submits a long list of classes for special salary adjustments. For this reason the following categories were used in setting up a list of classes needing special salary adjustments:



1. Critical populous classes for which special salary consideration would be requested for the coming year.
2. Critical populous classes for which special salary consideration would be deferred until the following year.
3. Less populous critical classes which might be handled by working with the Personnel Board in allocating its normal salary adjustment fund.

The salary increases proposed by this committee are exclusive of or in addition to any future general salary increases given to keep up with the cost of living or general rises in the economy.

### III. SUMMARY OF SALARY RECOMMENDATIONS

The following four areas were selected for emphasis in the coming year's salary adjustment program:

1. Nursing service classes.
2. Medical classes.
3. Psychiatric social work classes.
4. Clinical psychologist classes.

Each of these four areas has several problems in common, including (1) inability to obtain people with the training, skills and experience at the level the work requires, (2) chronic vacancies, (3) high turnover. In addition, all four groups are actively involved in and fundamental to the direct treatment program of the Department.

In addition to the four specific groups listed above, the committee also discussed the importance of higher salary levels for positions of all types throughout the Department with leadership responsibilities.

The following are the specific salary recommendations made by the committee:

#### A. Nursing Service Classes

1. That the Department re-affirm its long-standing position that the salary for Psychiatric Technicians be the same as the salary for Correctional Officers and Group Supervisors; and therefore that the salary for Psychiatric Technicians be increased from \$295-353 to \$376-458 with appropriate increases for other classes in the psychiatric technician series.

2. That if funds are not available to finance the above recommended increase in one year, the minimum interim recommendation for the coming year should be to increase the salary for Psychiatric Technicians from \$295-358 to \$341-415 with appropriate increases for other classes in the psychiatric technician series.

3. That the salaries for registered nurses be increased, taking into account the need to increase registered nurse salaries for recruitment purposes and appropriate relationships between registered nurses and psychiatric technicians.

B. Medical Classes

1. That the salary paid the fully trained physicians in the various specialties in the Department be increased from the present annual salary of \$13,000-\$15,000 (monthly--\$1,100-\$1,250) to an annual salary of \$16,000-\$20,000; and that the Personnel Office determine the appropriate salaries for other medical classes, taking into account this recommendation.

C. Social Workers

1. That the salaries for psychiatric social workers be increased three steps.

D. Psychologists

1. That the serious problem of recruiting both adequate numbers and quality of clinical psychologists be reflected by a substantial salary increase in the clinical psychologist series, the specific proposals to be determined after a study by the Personnel Office.

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STATE OF CALIFORNIA

SACRAMENTO 14

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Inter-Departmental Communication

Department of Mental Hygiene

Date: July 22, 1959

To: Attention Daniel Blain, M.D.  
Director

Subject: Special salary  
increase

From: State Personnel Board

As part of its review of all State classes to determine the nature of the July 1959 salary adjustment program, the State Personnel Board considered your request of May 15, 1959, for special increases for the following classes or groups of classes:

Psychiatric Social Worker classes	Clinical Laboratory Technologist
Clinical Psychologist classes	Food Administrator I and II
Graduate Nurse	Physical Therapist I
Psychiatric Nurse classes	Chaplain classes
Psychiatrist classes	Laundry Supervisor I and II
Psychiatric Technician Trainee	Supervisor of Building Trades
Food Service Assistant	Chief Engineer I
Pharmacist	Assistant Superintendent,
Psychiatric Nursing Education Director	Business Services
Medical Records Librarian	Hospital Personnel Officer

Your previous request (which was postponed in June 1958) for special salary adjustment for the classes of Chief and Assistant Chief, Bureau of Patients' Accounts, and Patients' Estates and Accounts Supervisor and Specialist was also reviewed at this time.

As you know, the Personnel Board took action increasing the salaries of almost all State classes by 5% effective July 1, 1959. The funds allocated by the Legislature provided for no more than a general 5% increase plus \$500,000 for special adjustments beyond 5% in critical occupational areas where severe problems existed. After careful consideration of all identifiable salary problems, the Personnel Board granted special increases - an additional 5% - to a small group of classes, predominantly in the institutional teaching and medical technical fields.

In view of the very limited salary adjustment funds, only those occupational areas could be considered which involved unusually strong support from prevailing rate data and also presented severe recruitment and turnover problems. A further criterion was, of course, ability to provide for special increase within the \$500,000 available.

Department of Mental Hygiene  
Subj: Special salary increase

-2-

July 22, 1959

Under these criteria, it was possible for the Board to grant special 5% increases - in addition to the basic 5% - to the following classes for which you requested special adjustment:

Pharmacist  
Clinical Laboratory Technologist  
Physical Therapist I  
Supervisor of Building Trades  
Chief Engineer I

The increases granted by the Board have exhausted funds available for special salary adjustments. Under these circumstances, the Board does not believe that any practical purpose would be served by holding hearings on salary increase requests even though current support for increase might be found to exist. Inasmuch as the conditions affecting salaries are fluid and constantly changing, any data developed for a hearing at this time would very likely be obsolete by such time as salary adjustments again should be possible.

In view of this situation, the Board must consider its salary actions effective July 1, 1959, as concluding its study of all salary increase requests on hand. As a matter of equity, this determination applies to both general fund and special fund situations. If you find basis for requesting special increases at the time that funds are available for that purpose, we should be pleased to consider a request submitted at that time.

S/Leland F. Erbacher, Supervisor  
Operations Section I

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STATE OF CALIFORNIA  
DEPARTMENT OF MENTAL HYGIENE  
SACRAMENTO

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To: A. Alan Post  
Legislative Auditor  
State Capitol  
Sacramento

Date: February 6, 1956

Subject: Salary Ranges  
All Classes of Psychiatric  
Technicians

We appreciate the opportunity to discuss the questions raised in your letter of December 29, 1955, about the salaries for Psychiatric Technicians. This has been a critical problem in our department and has recently been the subject of comment by the Los Angeles County grand jury. In its 1955 report, the Grand Jury made the following recommendation to the Legislature:

"The high professional spirit is the more remarkable in the light of a noticeable inadequacy of staff at Pacific State Hospital and of its pay scale (which contributes to the lack of sufficient personnel). The basic pay for a technician on the staff is \$210 per month, out of which must come all food and lodging. Such a pay rate for professionally trained personnel in a highly difficult post is so totally unrealistic as to require no elaborate discussion. We found that the lowest classification at Los Angeles Juvenile Hall pays \$273 per month and this is recognized as insufficient to attract and retain a full staff of competent people. We recommend to the Legislature a study of the financial needs of the institution so that pay scales in line with present day standards for the staff may be instituted not later than the fiscal year 1956-57."

In the following discussion we will try to answer the questions raised in your letter.

1. What was the developmental process and comparative basis upon which the present rates were established?

In the early days hospital attendants were to a large extent an itinerant group, traveling from hospital to hospital throughout the country, frequently seeking out the hospitals paying the best salaries and moving on from time to time. The hospital attendant salaries in California were generally in line with those in other parts of the country for similar work. So far as a superficial inspection of titles and salaries would indicate, California still pays as well as or more than other states. A closer analysis will show, however, that there are significant differences in the manner in which California trains and uses its psychiatric technician group.



In 1951, a reorganization of the mental hospital nursing service was effected. It was based on a recognition that the major portion of the nursing service personnel in our hospitals would always be made up of individuals recruited without graduate and psychiatric nurse training. We recognized that in order to provide effective care and treatment, we would have to give the untrained employees an intensive course in the psychiatric nursing skills required to care for mentally ill and mentally retarded patients. In addition, we proposed a revision in the administrative aspects of our nursing service to provide adequate supervisory positions. This program was approved by the Legislature by giving us the necessary additional budgetary items. At the same time, we initiated a one-year in-service training program to be given to all new employees recruited at the entering level class of Psychiatric Technician Trainee.

We hoped at the time that with the help of the Personnel Board, the salary for Psychiatric Technicians could be set at a level which would enable us to compete fairly with employers in the communities where our hospitals are located. The educational requirement for the class of Psychiatric Technician Trainee was set at high school graduation. The courses given in our training program are necessarily technical and college credit is given for them by several colleges in the state. We requested that the Personnel Board establish a salary range for Psychiatric Technicians which would be comparable to that paid Correctional Officers, Group Supervisors and Medical Technical Assistants. This, we felt, would make it possible for us to recruit trainees at a lower salary level with the understanding that if they were successful their salary would be advanced significantly at the close of their training upon appointment as Psychiatric Technicians. We hoped thereby to hire for the State of California its share of the promising high school graduates. Unfortunately, the Personnel Board did not feel that it could deviate from the Hospital Attendant salary level which prevails throughout the United States and consequently denied our request. We do not intend this to be a criticism of the Personnel Board. Perhaps, because of the effect a significant salary increase would have on our treatment program, this is a suitable subject for legislative consideration.

Attached is a table (Table A) showing the present salary ranges for classes in the psychiatric technician series. For purposes of comparison the table also includes salaries for Medical Technical Assistants, the class you mentioned in your letter, and the related series for Correctional Officers and Group Supervisors. We are also furnishing you a compilation of salary data collected in 1951 showing the wages paid at the time in unskilled and semi-skilled employment in the communities where our hospitals were located. At the time, Psychiatric Technician Trainees were hired at \$130 and Psychiatric Technicians at \$200. Scanning the data in the compilation shows the acute problem we had at the time.

We have not had the opportunity to bring this salary data up to date. However, as far as we know, the same general relationships exist today. For example, a major oil company now hires service station attendants with high school graduation and no prior experience at \$300 a month.

Essentially our position is as follows: Psychiatric Technicians are required to do a skilled job working with mentally ill and mentally retarded patients. To do this kind of work, a person is needed who has a high school

education and who has the interest, aptitude and capacity to work with mental patients. To insure adequate performance of the duties, an intensive training program is required, much of which is at a college level. In order to employ individuals to do the required work and profit from the training course, we should be able to compete with other employers throughout the State for capable high school graduates. The salary for Psychiatric Technicians should be set at a level which would enable us to meet this competition here in California without regard for what is paid in other states. This is necessary because we are employing California residents; we are not recruiting on a nationwide basis.

2. What problems do you encounter in the way of recruitment, training or ultimate retention of qualified employees in these classes?

Of the three areas, retention presents the most serious problem. This is treated at some length in answer to later questions. Although we occasionally have difficulty in recruiting Psychiatric Technician Trainees, we are usually able to keep our positions filled; not always, however, with the type of person possessing the ability and sensitivity necessary to establish and maintain the desired therapeutic relationship with the patients. A study conducted by the Personnel Board in 1952 indicated that more than 50% of all applicants were failing the trainee examination, a short, relatively simple aptitude test.

The most serious training problem is one of imparting the level and type of information we deem necessary to the average employee we are able to attract at \$210 a month. If we were able to recruit individuals with the motivation and ability to assimilate more of the material presented in our training course, we would realize consequent benefits to our patients in terms of improved care and treatment. Even with the problems we have had in recruiting, training and retaining qualified individuals, we have noticed many improvements in our nursing service since the beginning of our training program.

3. In what manner are these problems related to the adequacy of present salary rates?

In a survey covering turnover of Psychiatric Technician Trainees and Psychiatric Technicians during the period 1953-54 (see question 4), the most frequent reason given for resignation was to accept a better job. During this same period there were 118 trainee separations which were recorded as being under unfavorable circumstances. This figure would be higher if we were able to determine the number resigning to avoid dismissal. In any case it is high and without doubt is related to the necessity of recruiting from marginal employment groups. A salary which would allow us to compete with the other fields of employment would also allow us to be more selective in our initial screening.

Although we offer considerable opportunity for advancement in the Psychiatric Technician Trainee series, promotion to the Senior Psychiatric Technician II level is relatively slow. Before an employee can meet the minimum qualifications for this class he must have been employed for at least three years at salaries of \$210-243 and 268 per month. Even if he is successful in being placed on an eligible list, his immediate prospect for promotion is indicated by the fact that several hospitals have not yet made appointments from the 1953 Senior Psychiatric Technician II list. If we were able to pay a more attractive salary at the lower levels, we believe we could retain a significant number of those employees who take other employment rather than wait for promotion.

4. What are present rates of turnover in these classes? Has this rate been increasing, diminishing, or remaining static over the past four or five years? To what extent?

ANNUAL SEPARATION RATE  
PSYCHIATRIC TECHNICIAN TRAINEES  
(Separations per 100 filled positions)

	<u>Fiscal Year</u>	
	<u>1953-54</u>	<u>1954-55</u>
Departmental Average	79	56

5. What does turnover mean in terms of costs from a total departmental basis and a per capita employee basis for direct salaries as well as the costs of training?

It has been estimated that it costs approximately \$550 per trainee in direct training expense to provide the full years training program. This figure includes the salaries of training personnel, supplies, and demonstration materials but does not include the trainee's salary. Available data indicates that the average trainee who leaves our service separates at the end of his fourth month of employment. Assuming that the cost of training is evenly prorated during the 12 months period, direct training cost per trainee is approximately \$180. During this time he has also received \$840 in salary, making a total of \$1020. During the fiscal year 1954-55, 688 trainees resigned or were dismissed, resulting in direct cost to the department of \$701,000. If we include costs resulting from such things as interruption in the hospital routine, document processing and record changes, his figure would be substantially higher.

6. What comparabilities are there between the duties and experience qualifications in terms of a treatment program as compared, for example, to duties for medical technical assistants in the hospital operations in the Department of Corrections?

We hesitate to make comparisons with classifications in other state agencies. The Personnel Board does rely, however, on "internal salary relationships" as one of the most important salary fixing criteria. The law covering this point is Section 18850 of the Government Code: The Personnel Board "shall establish and adjust salary ranges for each class of position in the state civil service. The salary range shall be based on the principle that like salaries shall be paid for comparable duties and responsibilities."

In 1951 we participated with representatives from the Department of Corrections and the Youth Authority in a study conducted by the Personnel Board of positions in the Psychiatric Technician, Correctional Officer and Group Supervisor series. I presume the Personnel Board would make the material which resulted from this study available if you desire to review it. Our own conclusion was that in every respect the work performed by Psychiatric Technicians is as responsible, as difficult, and as hazardous as that done by Correctional Officers and Group Supervisors. There are other classifications in the state service which are clearly at a lower level of skill where the salary is as high or higher than that paid our journeyman nursing class of Psychiatric Technician. For example-

<u>Class</u>	<u>Salary</u>	<u>Class</u>	<u>Salary</u>
Psychiatric Technician	\$243-295	Laborer	\$268-325
		Janitor	243-295
		Garage Attendant	255-310
		Fish Hatchery	268-325
		Assistant	

An outline summarizing our view of the Psychiatric Technician salary picture as it existed in 1951 is attached. Generally speaking the same situation applies today.

7. What lack of comparability exists?

The attached chart (Table B) shows the comparisons which were made in our 1951 study between the duties of Psychiatric Technician and the other classes mentioned in your letter. You will note that all classes have treatment and custodial responsibilities. In addition, Psychiatric Technicians are required to have knowledge of nursing techniques and skill in their application.

8. What other comparatives do you find to indicate that the present salary ranges are inequitable or uneconomical, either in terms of the amount of financial compensation to the employee or the beneficial impact upon the treatment program of the Department of Mental Hygiene?

I believe these questions have been fairly well covered in earlier answers.

9. What recommendations do you have in connection with the over-all problem?

In order to compete with private and public employers for qualified candidates and to give recognition to the level of work being performed, we feel that our basic class of Psychiatric Technician should be at parity with state classes such as Correctional Officer and Group Supervisor. The following chart shows the effect of placing the Psychiatric Technician at the same level as Correctional Officer and Group Supervisor and maintaining the same relationships between classes as exist today:

SALARIES

PSYCHIATRIC TECHNICIAN SERIES

<u>Class</u>	<u>Present Salary</u>	<u>Proposed Salary</u>
Psychiatric Technician Trainee	\$210-231	\$ 281-310
Psychiatric Technician	243-295	325-395
Senior Psychiatric Technician I	268-325	358-436
Senior Psychiatric Technician II	295-358	395-481
Supervising Psychiatric Technician	341-415	458-556
Assistant Superintendent Nursing Service (PT)	415-505	556-676

We have considerable additional data in our files which can be made available if you desire. Thank you again for the opportunity to present our views. We shall be happy to cooperate in any further study that might be made.

WALTER RAPAPORT, M. D.  
Director of Mental Hygiene

By

Ralph Littlestone  
Personnel Officer

JTH:prs

Enc.



## TABLE A

## CURRENT SALARIES

PSYCHIATRIC TECHNICIAN, CORRECTIONAL OFFICER,  
GROUP SUPERVISOR SERIES AND MEDICAL TECHNICAL ASSISTANTS\*

<u>Class</u>	<u>Salary</u>	<u>Class</u>	<u>Salary</u>	<u>Class</u>	<u>Salary</u>	<u>Class</u>	<u>Salary</u>
Psychiatric Technician Trainee	\$210-231	Correctional Officer	\$325-395	Group Supervisor	\$325-395	Medical Technical Assistants	\$325-395
Psychiatric Technician	243-295	Correctional Sergeant	376-458	Senior Group Supervisor	358-436		
Senior Psychiatric Technician I	268-325	Correctional Lieutenant	436-530	Assistant Head Group Supervisor	395-481		
Senior Psychiatric Technician II	295-358	Correctional Captain	530-644	Head Group Supervisor	458-556		
Supervising Psychiatric Technician	341-415						
Assistant Superinten- dent, Nursing Service (PT)	415-505						

\*No attempt has been made to make comparisons between levels of responsibility in these classes.

DEPARTMENT OF MENTAL HYGIENE  
BASIS FOR SALARY INCREASE REQUEST  
FOR PSYCHIATRIC TECHNICIAN SERIES

- I. Psychiatric Technicians are required to do a skilled job in working with mentally ill and mentally deficient patients.
  - A. The work of the technicians includes these functions:
    1. Nursing care
    2. Ward activities - socialization and rehabilitation
    3. Clinics and conferences
    4. Housekeeping
    5. Inter-personal relations - psychotherapy
  - B. The duties and responsibilities assigned to the psychiatric technicians represent a significant increase when compared with what was required of the hospital attendants.

The difference is not in terms of the basic duties of the position but in terms of:

    1. Productive level
    2. Variety
    3. Responsibility placed on the individual technician
    4. Initiative that is required
    5. Mental and physical effort required, including hazards
    6. Individualization of the patient
- II. To do this kind of work, a person with a high school education is needed with interest and aptitude for working with mental patients.
- III. To insure adequate performance of the required duties, an extensive training program has started. This will include training for all levels in the series.
  - A. Included are such technical subjects as general and psychiatric nursing, psychology, sociology, mental hygiene, and elementary principles and techniques of the rehabilitation therapies.
  - B. The level of instruction has been recognized by the granting of college credit.
- IV. The work is generally comparable to that done by employees in the classes of Correctional Officer and Group Supervisor.

TABLE C (Cont'd)

- A. Correctional Officers, Group Supervisors, and Psychiatric Technicians all participate in the rehabilitation of individuals in institutions.
- B. Comparing their duties on the basis of broad categories outlined above, we find:
  1. Nursing care - Correctional Officers and Group Supervisors are not normally involved in nursing care, and thus do not appear comparable to Psychiatric Technician on this factor.
  2. Ward activities - socialization and rehabilitation - These three classes appear to be comparable on this factor.
  3. Clinics and conferences - the three classes appear to be comparable on this factor.
  4. Housekeeping - The three classes appear to be generally comparable on this factor.
  5. Inter-personal relations - The three classes appear to be comparable on this factor.
- C. In summary, the three classes are not comparable in nursing care; they appear to be generally comparable in the other major categories described above; and we can find no additional major category in the duties of Correctional Officer or Group Supervisor which is not also present in the Psychiatric Technician duties.
- V. Other state classes having similar or lower requirements and a lower level of duties and responsibilities are paid as much or more than the psychiatric technicians. Examples are:

Laborer	\$220-268 or prevailing rate
Janitor	200-243
Truck Driver	243-295
Garage Attendant	220-268
Beach Lifeguard	231-281
Womens' Restroom Attendant, Board of Harbor Commission	210-255

- VI. Other State classes having duties and responsibilities generally similar to the Psychiatric Technicians are:

Counselor, School for the Deaf	\$255-310
Counselor, School for the Blind	255-310
Medical Technical Assistant	281-341

- VII. The Department of Mental Hygiene is at a competitive disadvantage
  - A. With other state agencies, as described in IV, V, and VI above.
  - B. With employers in California and in particular in the hospital communities.
  - C. Other psychiatric treatment centers.

Minutes of  
SPECIAL SALARY COMMITTEE MEETING  
August 24, 1959  
Sacramento

Present: Alexander Simon, M.D., Superintendent, Langley Porter Neuropsychiatric Institute  
Thomas Nelson, M.D., Superintendent, Sonoma State Hospital  
F. H. Garrett, M.D., Superintendent, Camerillo State Hospital  
W. A. Oliver, M.D., Associate Superintendent, Napa State Hospital  
Simon J. Conrad, M.D., Chief Psychiatrist, Los Angeles Clinic  
L. C. Wayne, Assistant Superintendent, Business Services, Metropolitan State Hospital  
Jack Hubbard, Personnel Officer, Mendocino State Hospital  
M. E. Porter, M.D., Deputy Director, Medical Services  
Carl E. Applegate, Deputy Director, Business Services  
Leigh Deming, Administrative Adviser  
Nathan Sloate, Chief of Social Service  
Ralph Littlestone, Personnel Officer (Chairman)  
Sherry Bass (Secretary)

I. BACKGROUND

Mr. Littlestone presented some of the background and previous discussion from the U.C.L.A. Superintendents' meeting held in July. At that meeting, in the discussion of salaries, the question was raised of what the implications of the July salary program might be and how we might handle salaries in the future in view of what happened last year and the year before. Last year the Legislature did not appropriate any money for salaries and for the entire year there were no special salary adjustments. This year there was a 5% salary adjustment for almost all classes and a fund for special salary adjustments amounting to \$500,000. However, the State Personnel Board acted on both general and special adjustments at the same time, spending the \$500,000 effective July 1. So, for another year there will not be any salary funds for special salary adjustments during the year.

What it seemed in order to do was to think through the significance to this Department of the changed salary adjustment pattern. In the past the salary adjustment process has generally taken the following steps:

1. Each year in the Fall, the State Personnel Board has conducted salary surveys in the major metropolitan areas of the state. Based on these salary surveys, the Board submits a report to the Governor and the Legislature in December with its recommendation for salary increase funds (including "general salary adjustments" usually granted effective July 1, and "special salary adjustments" usually granted throughout the year to correct salary inequities).
2. The Legislature then reached its independent decision, in most cases appropriating money based on the information submitted by the Personnel Board, the Governor, other agencies and individuals and the legislative staff.

3. During the Spring, the Personnel Board would again conduct a salary survey.
4. Also in the Spring, the Personnel Board staff has met with the Director of Mental Hygiene and his staff, soliciting their salary recommendations.
5. At the end of June, effective July 1, the Personnel Board has announced its decisions as to general salary adjustments and some special salary adjustments based on the data collected in the Spring survey plus its analysis of salary problems and relationships.
6. Following the July 1 action, the Department has been able to appeal any decisions made because for many years there was a special salary fund large enough so that additional adjustments could be made after the July 1 increases.

In discussing this subject at the Superintendents' Conference, it seemed that a whole new approach was in order--namely, moving up the date of our salary work into the Fall rather than the Spring and Summer so that the Department's need for salary adjustment funds could be considered (1) by the State Personnel Board before it makes its report to the Governor and (2) by the Legislature at the time it appropriates the money for salary adjustments. Because of the large number of employees in classes where we critically need salary increases, salary adjustments for these classes involve exceptionally large sums of money. In addition, the size of the agency--19,000 employees--makes what would be a modest increase in another agency a major fiscal program for us. Unless the Personnel Board includes money to meet our requirements in its recommendation to the Governor and the Legislature and the Legislature appropriates funds, important salary adjustments for this Department cannot be made. An example from this year's experience can be cited. It is our impression that the Personnel Board staff agreed the psychiatric social work series was a critical area and warranted more than the general one-step increase. However, since there was such a large number involved in granting social workers a special increase, it appears that such an increase would have used up what they may have felt was a disproportionate share of the limited special salary adjustment fund of \$500,000. Another example to indicate the magnitude of the problem: if a one-step salary increase (assuming an average of \$240 per year for each employee) were granted to all nursing services personnel (approximately 12,000 employees), this would cost approximately \$2,880,000 or six times what the Personnel Board obtained this year for special salary adjustments.

An outline of steps that might be followed in a new salary program for the Department was developed at the Superintendents' Conference. Included in the outline were the following steps:

1. Decide classes needing increases based on salary data, vacancies, turnover, and other factors.
2. Meet with the Personnel Board staff to present the Department's data and arguments.
3. As appropriate, gain support of the Governor, Legislature and public.
4. Inform and discuss with employees in the Department.



5. Discuss with other State agencies which use the same classes as this agency.
6. Obtain Personnel Board decisions on salary recommendations prior to their report to the Governor and the Legislature.

The steps do not necessarily follow in the order listed above. As to timing, the steps work back from the State Personnel Board's cut-off date of December when it submits material to the Governor and the Legislature. If our departmental budget request needs to include any of the salary funds, October might be the deadline.

It should be recognized that other State agencies are also interested in special salary adjustments for their employees. The Personnel Board's special salary adjustment funds must be allocated among most of the State agencies. Although special salary adjustments for classes in the State Colleges and Universities are not included in the Personnel Board's fund, the Legislature considers these classes when allocating funds for salary adjustments throughout the State.

Parenthetically, mention was made of the fact that, in considering salary adjustments in the past and in the future, actions with respect to Legislative salaries may have a bearing on State employees' salaries.

It is important that the Department attempt to reach agreement with the Personnel Board in the Fall so that any money that we need for special salary adjustments can be included in the Personnel Board's request. If necessary, a hearing before the Board could be requested. In the future, if the Personnel Board plans to spend the special salary adjustment fund effective July 1, the Department should attempt to obtain agreement regarding which classes in this Department should receive special adjustments prior to the July 1 date.

Mr. Applegate summarize what the Director had done in the past regarding salary adjustments for departmental employees. A list of those classes that the Director felt should have special consideration was given to the Personnel Board and discussed with the Board staff. Some of the classes on this list did receive special salary adjustments although there were many that did not. In addition, some classes not on the list were given special salary adjustments. The Director received a letter from the Personnel Board dated July 22, 1959, (attached) to the effect that they regretted that there were not sufficient funds for special salary adjustments for this Department and that there is not much use in presenting material for immediate salary action by the Board. It was pointed out at our meeting that to provide the salary adjustments at the level we feel we need for the classes on the list prepared by the Director would take more than \$10,000,000 while this year the Legislature was able to provide only \$500,000 for special adjustments for all State departments. Because of the quantity of money needed for special salary adjustments in this Department, it would seem essential to gain both the Governor's and the Legislature's support for the Department's request. When dealing in this quantity of money, it becomes a matter of State policy. It is evident that it will take a great deal of both technical preparation and discussions with key individuals and groups to obtain these salary adjustment funds.

The reason we are obligated to consider extraordinary action in the salary realm is that this is a key factor affecting the level of patient treatment which is beyond our direct control. We can decide the treatment methods we will use. We can assign personnel to use their time most advantageously. We can make special efforts in recruiting. But, where we find that the number and quality of employees required for the job at hand is deficient because of salary, we can only attempt to influence others who have final authority in this determination. Because the technique is used of making comparisons in similar employment, state mental health systems are in the trap of the vicious circle. The proposition can be stated simply. It takes people with considerable ability and skill to work with mental patients. In the most important categories, those in which the treatment is provided, we are not paying enough to hire the abilities and skills needed. Strangely, this is not as true for the classes where patient contact is not involved. What we need is recognition that in order to provide effective treatment, in addition to what we are doing, we must have the help of all of the others who have authority to raise or lower the level of our program. By keeping salaries down in treatment classes, the treatment the patients get is correspondingly depressed. The action the Personnel Board takes in granting or withholding a salary increase has as much effect on our level of treatment as a decision made by the Director of Mental Hygiene that he will employ or discontinue a new or outmoded treatment procedure.

The Legislature in the past has granted large increases in authorized personnel and has made it possible to modernize the physical plants. They have also authorized the beginnings of an intensive research program and a comprehensive training program. The missing step which would make it possible to operate at the level authorized by the Legislature is once and for all to raise salaries to be truly competitive.

Salary fixing is the Personnel Board's responsibility and it generally does a good job. This seems to be a time, though, because of the high cost involved and because of the impact salaries have on our level of service when it seems necessary to bring this problem to the attention of the Governor, and if he approves, to the Legislature. Once adjustments have been made to necessary levels, normal salary considerations would again be in order.

A final point that should be made here is that there have been strong expressions of interest in Mental Hygiene salaries on the part of a number of individual Legislators, employees and the public. The legislative interest is particularly significant. The subject of salaries has come up both in some of the special legislative committee hearings on our departmental program and in a number of legislative budget hearings. There has been a particularly active interest on at least two occasions in legislative budget hearings in connection with medical salaries, social work salaries and psychiatric technician salaries. The recurring vacancy problem has an especially acute impact on our ability to add new professional positions in our budget. This last year was an example. The Legislature eliminated not only the new social work positions proposed for increased services, but eliminated workload positions. Our level of treatment was actually cut and the sole basis for the reduction was our inability to fill the jobs. The most significant single avenue that has not been explored to correct the situation has been a salary increase. As a piecemeal measure we have authority to start social workers above the minimum in a number of locations. Unfortunately, there is a carryover to other aspects of our budget. Our experience through the years has been that the Legislature has been more

than willing to provide additional staff; but we have been held back by vacancies. It seems clear that low salaries are responsible for a considerable part of this problem. We can expect increasing public and legislative pressure during the coming months. We are already experiencing employee reaction to our unfavorable position.

## II. CURRENT SALARY CONSIDERATIONS

It was decided that one of the first considerations of this committee should be to make a thorough search of the classes which are in critical need of salary adjustments and then to prepare a very limited list of salary proposals on which the Department could really concentrate for the coming year. The thought was expressed that the Department tends to weaken its case when it submits a long list of classes for special salary adjustments. Other needed adjustments costing large sums could then become the focus in following years. However, if the situation were to change in the future so that adequate special salary adjustment funds were available throughout the year, the approach to the problem might be modified.

In setting up a list of classes needing special salary adjustments, the following categories might be used:

1. Critical populous classes for which special salary consideration would be requested for the coming year. The amount of money needed to provide special salary adjustments for these classes would be more than would normally be included in the State Personnel Board's fund for special salary adjustments.
2. Critical populous classes for which special salary consideration would be deferred until the following year. For these classes also the amount of money needed would be more than would normally be included in the Personnel Board's special salary adjustment fund.
3. Less populous critical classes which might be handled by working with the Personnel Board in allocating its normal salary adjustment fund. However, if there are not adequate Personnel Board special salary adjustment funds available throughout the year, it is possible that a less populous class which is a critical salary problem might be included in either one of the two categories listed above.

The committee did not make an exhaustive study of classes needing special salary adjustments, but the following classes were listed under the categories described above.

1. Critical populous classes for which special salary consideration would be requested for the coming year:
  - a. Nursing service classes.
  - b. Medical classes.
  - c. Psychiatric social work classes.
  - d. Clinical psychologist classes.

(These classes are discussed in more detail under "Specific Salary Recommendations.")

2. Critical populous classes for which special salary consideration would be deferred until the following year:
  - a. Laundry workers.
  - b. Food Service Assistants.
  - c. Other classes.
3. Less populous critical classes which might be handled by working with the Personnel Board in allocating its normal salary adjustment fund:
  - a. Rehabilitation Therapists.
  - b. Physical Therapists.
  - c. Medical Records Librarians.
  - d. Teachers.
  - e. Pharmacists.
  - f. Assistant Superintendents, Business Service.
  - g. Personnel Officers.
  - h. Food Administrators.
  - i. Other classes.

In general, at this point it seems desirable to concentrate in the Fall on the classes where there are large numbers of employees. Classes with small numbers would be worked on in the Spring in the allocation of the Personnel Board special salary adjustment fund which would become available July 1.

It should be made clear that the proposed increases are exclusive of or in addition to any future general salary increases given to keep up with the cost of living or other general rises in the economy. In other words, our request would be increased one step if all State employees were granted a general one-step salary increase.

Another important consideration in the Department's proposed salary program would be the effect of our request on other State departments that use the same classes. Recommendations for specific classes should be explored with departments using the same classes.

### III. SPECIFIC SALARY RECOMMENDATIONS

After careful consideration and discussion, four critical areas were selected for emphasis in the coming year's salary adjustment program. These are:

1. Nursing service classes.
2. Medical classes.
3. Psychiatric social work classes.
4. Clinical psychologist classes.

These four areas are discussed in detail in the material which follows. Each of these areas has several problems in common, including:

1. Inability to obtain people with the training, skills and experience at the level the work requires.
2. Chronic vacancies.
3. High turnover.

Also, all four groups of personnel are actively involved in and fundamental to the direct treatment program of the Department.

There is a special problem that the committee considered with respect to the nursing service classes. In order to reach the desired level for nursing service employees, a rough estimate is that the cost would be in the neighborhood of \$14,000,000. The committee thought that if this were more than the State's finances could bear in one year, the change might be made in two steps with half the adjustment being made this year and half next year. Any lesser adjustment would not materially change the level of treatment, which is the basis for our proposal. This is discussed more fully under the recommendations for nursing service classes.

In addition to the four specific groups listed above, the committee also discussed the importance of higher salary levels for positions of all types throughout the Department with leadership responsibilities.

Medical administrative classes represent a long-standing problem. The rate of pay is much too low considering the responsibilities and earnings in the medical profession; and compaction in the medical series is such that there is no possibility of giving recognition or providing incentive for promotion. Our business administrative classes likewise do not pay enough for their great responsibilities; nor have we been able to attract enough business administrators with the necessary experience and ability. Administrators in other treatment classes, in feeding and maintenance, in the clinics, in our field programs, and in our headquarters office also are not compensated adequately. The committee focused attention on this general problem, but there wasn't sufficient time at the meeting to explore it fully. Additional work needs to be done so that specific proposals can be included in any salary program we undertake for the coming year.

The following are specific salary recommendations for the four areas listed previously:

1. Nursing service classes.
2. Medical classes.
3. Psychiatric social work classes.
4. Clinical psychologist classes.



1. Nursing Service Classes (approximately 12,000 employees).RECOMMENDATIONS:

1. That the Department re-affirm its long-standing position that the salary for Psychiatric Technicians be the same as the salary for Correctional Officers and Group Supervisors; and that the salary for Psychiatric Technician be increased from \$295-358 to \$376-458 with appropriate increases for other classes in the psychiatric technician series.

2. That if funds are not available to finance the above recommended increase in one year, the minimum interim recommendation for the coming year should be to increase the salary of Psychiatric Technicians from \$295-358 to \$341-415 with appropriate increases for other classes in the psychiatric technician series.

3. That the salaries for registered nurses be increased, taking into account the need to increase registered nurse salaries for recruitment purposes and appropriate relationships between registered nurses and psychiatric technicians.

Discussion Regarding Psychiatric Technician Series:

The Department's long-stand position was re-affirmed that the ultimate goal for Psychiatric Technician salaries should be salary parity with the classes of Correctional Officer and Group Supervisor. The present and proposed salaries for these classes are as follows:

<u>Class</u>	<u>Present Salary</u>	<u>Ultimate Goal</u>
Psychiatric Technician Trainee	<sup>b</sup> \$255-281	<sup>b</sup> \$341-376
Psychiatric Technician	\$295-358	\$376-458
Correctional Officer and Group Supervisor	\$376-458	\$376-458

<sup>b</sup>3-step range

At present, Correctional Officers and Group Supervisors are five steps (\$80) higher than the Psychiatric Technicians and eight steps (\$120) higher than the Psychiatric Technician Trainees. Thus, untrained Correctional Officers and Group Supervisors are hired at \$120 more a month than untrained Psychiatric Technician Trainees. It should be emphasized that the Department is requesting salary parity between Psychiatric Technicians and Correctional Officers and Group Supervisors because the level of the job warrants salary parity--and not parity for parity's sake.



One of the major problems in obtaining salary increases for the psychiatric technician series has been the large number of employees in this series. As was mentioned previously, the committee considered the special problem of financing this special salary adjustment (See Recommendation No. 1) and thought that, if necessary, the total salary adjustment might be accomplished in two successive years (See Recommendation No. 2). It should be emphasized that any lesser adjustment than that recommended would not materially change the level of treatment as proposed in this total salary adjustment program for treatment classes.

There was considerable discussion on the problems created by current levels of psychiatric technician salaries. A full discussion of this matter, with not only the points raised at the committee meeting but others that have come up as well, is contained in a report prepared for Alan Post, Legislative Analyst, on February 6, 1956. This report is attached.

As is true of all the classes listed in the four critical areas, the quality of the treatment program depends on the quality of the personnel. To get better quality personnel, it is necessary to move out of the marginal area we are in now and offer a higher salary.

Discussion Regarding Registered Nurse Series:

As is pointed out in Recommendation No. 3, it is necessary to consider both internal salary relationships with other classes in the nursing service and external salary relationships outside State service. Since additional technical information was needed, the committee did not make specific recommendations. The Personnel Office is to make the necessary study on which to base specific salary proposals.

The importance of raising registered nurse salaries was stressed by the committee. One of our most acute vacancy problems exists in this area. In addition, the registered nurses are a key factor in our ability to carry out many of the most difficult treatment procedures, as well as their having important supervisory and training responsibilities.

2. Medical Classes (approximately 500 employees).

RECOMMENDATION: That the salary paid the fully trained physicians in the various specialties in the Department be increased from the present annual salary of \$13,000-\$15,000 (monthly--\$1,100-\$1,250) to an annual salary of \$16,000-\$20,000; and that the Personnel Office determine the appropriate salaries for other medical classes, taking into account this recommendation.

Discussion: This recommendation is made to provide adequate compensation for medical specialists who are using their specialty in their work. Fields of specialization include psychiatry, surgery, pediatrics, and others used in the Department's facilities. Although psychiatry is the most prevalent, other specialties are also important in the treatment of patients. It was felt that all doctors who had their Boards and were using their specialty in their work a major part of the time should be included.

It was pointed out that the Department does not have as much difficulty attracting untrained doctors (Range A) as it has in attracting and retaining the trained doctors. It was suggested that increasing the salary for Range C would tend to improve the quality of treatment, since, on the one hand present personnel would have a greater incentive to obtain training and study for their Boards, and on the other hand, more physicians already trained and fully qualified in their areas of responsibility would be attracted to State service. The ideal goal would be that every doctor in the State hospitals would qualify for Range C although this is a goal that would never be reached.

While the committee discussed the principle of paying substantially more for the trained specialist, there wasn't a specific discussion on how this principle would apply to Range B doctors. In order to be consistent with the principle of recognizing training, the Personnel Office staff is suggesting an intermediate salary level between Range A and the proposed Range C for Range B doctors.

It was concluded that there would be no recommendation for an increase at the untrained doctor level (Range A). It is felt that good trainable doctors might more readily be attracted at the present salary of Range A provided the Department were able to provide both a good training program and adequate compensation once the doctor completed his training and obtained his Boards.

It was felt that with the higher salary for trained physicians the State would be able to attract and retain better-qualified personnel and improve the level of treatment provided the patients. Thus, if the Department can raise the salary level for the trained doctor, it will (1) be able to hire more trained people, (2) provide the incentive for better untrained people to come to work for us, and (3) provide incentive for present personnel to obtain the additional training needed to achieve Board certification.

It appears that prevailing rate data would justify paying a differential between the doctor who is fully trained (Range C) and the doctor who is not (Range A). In private practice, there is a difference between what the private general practitioner and the specialist earns.

There is another area related to prevailing rate data which is very important. The majority of physicians in the United States are outside the public service. According to the principles by which salaries are set under civil service, prevailing rate is ordinarily the primary consideration with adjustments being made for internal consistency. The outstanding exception to the application of this principle is for the medical classes. Studies made of physicians' salaries have repeatedly demonstrated the wide gap between public and private earnings of physicians.

The result of this kind of discrepancy means that the State must compete for the service of the physician who is, in relation to others in his profession, satisfied to work at a marginal level. Social, cultural and family pressures are such that it is only the rare individual of real ability who can be attracted to our service and who will stay. Our salary level acts as an automatic screen to keep out all but the most determined of the better group.

This recommendation for salary increases is complicated by the fact that within State service doctors are already at the highest pay levels. Unfortunately, this seems to lead to subjective comparisons of relative worth which do not meet the test of the otherwise universally applied prevailing rate concept. Doctors today generally make more money than other people. Doctors are the basis of a medical organization. It is important for the State to face its responsibility and pay them what they are being paid in all other circumstances by the same citizens who pay the taxes which pay the salaries of doctors in public service. Without this kind of realism, the State will dissipate its efforts and not use to full advantage the hundreds of millions of dollars that will be appropriated for our program over the next few years and increasing amounts in succeeding periods.

3. Social Workers (approximately 500 employees).

RECOMMENDATION: That the salaries for psychiatric social workers be increased three steps.

Discussion: Mr. Sloate briefly summarized the work of a committee composed of representatives of the six departments with social work staffs. Several years ago the six departments got together on their own initiative and have been functioning since that time. Representatives from the State Personnel Board and C.S.E.A. have also been present at the committee's meetings. It is Mr. Sloate's understanding that such a committee has been sanctioned by the Governor's Council. The committee has felt that there was a need to determine the dollar value of social work. The committee has also been attempting to deal with the problem of inadequate number of persons entering the field of social work. The work of this committee has centered around the long-range goal of attempting to change the historic base of social work salaries in order to attract an adequate number of people into the social work field. An increase of 25% in social work salaries, excluding cost of living increases, is the long-range goal of the committee.

There has been a recent development which enables the Veterans Administration to recruit above-average social work graduates, providing they have a major in case work, beginning at \$5,985 a year. This is approximately the second step of the salary range for Senior Psychiatric Social Worker in State service. Thus, this means that the Veterans Administration can hire the better graduates just out of school at \$5,985 compared to our salary of \$4,980. The proposed increase of three steps would still place State salaries approximately \$200 per year under Veterans Administration salaries for the same graduates.

It appears that the Department has data to support an increase in social work salaries. One important factor which supports the increase is the new Veterans Administration program mentioned above. In addition, it has been necessary for the Personnel Board to give this Department authority to hire above the minimum because of chronic recruitment difficulties. The recent July increase of one step granted to social workers has not materially eased the recruitment problem, and it is still necessary to hire above the minimum.

4. Psychologists (approximately 150 employees)

RECOMMENDATION: That the serious problem of recruiting both adequate numbers and quality of clinical psychologists be reflected by a substantial salary increase in the clinical psychologist series, the specific proposals to be determined after a study by the Personnel Office.

Discussion: The committee felt that in implementing their recommendation particular attention should be given to attracting the trained clinical psychologist and recognizing the responsibilities of psychologists in administrative positions. One of the possibilities discussed by the committee was to provide a substantial salary increase for the trained clinical psychologist to enable the Department to recruit both adequate numbers and quality of clinical psychologists.

It appears that more technical information will have to be gathered before specific recommendations regarding salaries for clinical psychologists can be made. First, prevailing rate data should be obtained from other agencies and from psychologists in private practice. It was pointed out that in areas where opportunities for private practice are available there is difficulty retaining personnel. Clinical psychologists are also being attracted by the high salaries paid by private industry.

Second, the effect of the revision of the specifications for the clinical psychologist series must be considered. It is hoped that with the recent revision of these specifications that the State will attract better qualified psychologists. In order to make this raising of standards as reflected in the revised specifications effective, the raising of standards should be accompanied by an increase in salary. Here again it is hoped that through better qualified personnel the treatment program will improve.

Third, another factor to be considered in requesting an increase in psychologist salaries is the increase in the size of the psychology departments in the hospitals as well as broadened demands in training and other responsibilities. It is possible that an additional level in the series will be needed.

In comparing the responsibilities of the chief psychologists and the research psychologists, the committee felt that the chief psychologists' responsibilities were not being recognized. It was agreed that the research psychologist classes should not be included in this committee's recommendation for increasing psychologist salaries.

### SPECIFIC SALARY RECOMMENDATIONS

The specific salary recommendations which would be necessary to implement the recommendations made by the Special Salary Committee at its meeting held on August 24, 1959, in Sacramento, are contained on the following pages.

The summary of the cost of the salary increases proposed is as follows:

	<u>Total Estimated Cost for Full Increase</u>	<u>Total Estimated Cost for Partial Increase</u>
Nursing Services Classes	\$14,000,000*	\$8,000,000
Medical Classes	1,703,400	1,703,400
Social Work Classes	462,936	462,936
Psychology Classes	128,472	128,472
	<hr/>	<hr/>
TOTAL	\$16,294,808	\$10,294,808



# 1. Nursing Service Classes

<u>Class</u>	<u>Present Salary</u>	<u>Ultimate Goal</u>	
		<u>Proposed Salary</u>	<u>Estimated Cost</u>
Director of Nursing Services, Department of Mental Hygiene	\$710-862	\$1000-1150	\$3,816
Assistant Director of Nursing Services, Depart- ment of Mental Hygiene	613-745	821-1000	2,748
Superintendent of Nursing Services	613-745	782-950	30,600
Assistant Superintendent of Nursing Services (Registered Nurse)	505-613	644-782	67,200
Psychiatric Nursing Education Director	505-613	644-782	35,280
Supervising Psychiatric Nurse	458-556	556-676	147,600
Senior Psychiatric Nurse	415-505	505-613	177,408
Psychiatric Nurse	<sup>a</sup> 395-458	<sup>a</sup> 481-556	526,944
Junior Psychiatric Nurse	<sup>a</sup> 358-415	<sup>a</sup> 436-505	9,600
Surgical Nurse II	415-505	505-613	13,728
Surgical Nurse I	<sup>a</sup> 395-458	<sup>a</sup> 481-556	49,632
Nurse-Anesthetist	481-584	584-710	13,728
Graduate Nurse	<sup>a</sup> 376-436	<sup>a</sup> 458-530	222,768
Assistant to the Director of Nursing Services (Psychiatric Technician)	613-745	821-1000	2,748
Assistant Superintendent of Nursing Services (Psychiatric Technician)	505-613	644-782	55,440
Supervising Psychiatric Technician	415-505	556-676	567,072

<sup>a</sup> 4-step range

1. Nursing Service Classes (cont.)

<u>Class</u>	<u>Present Salary</u>	<u>Ultimate Goal</u>	
		<u>Proposed Salary</u>	<u>Estimated Cost</u>
Senior Psychiatric Technician II	\$358-436	\$458-556	\$615,600
Senior Psychiatric Technician I	325-395	415-505	1,143,720
Psychiatric Technician	295-358	376-458	6,286,080
Psychiatric Technician Trainee	<sup>b</sup> 255-281	<sup>b</sup> 341-376	1,941,264
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<sup>b</sup> 3-step range	ESTIMATED TOTAL COST FOR FULL INCREASE		\$11,912,976*
	ESTIMATED TOTAL COST FOR PARTIAL INCREASE		\$8,000,000

\*NOTE: The estimated total cost of \$11,912,976 for the full increase should be increased to \$14,000,000 as explained below:

The estimated cost of salary increases for the nursing service classes was computed by using the middle step of the present salary range and determining the cost of a one-step salary increase at the middle step for the total number of established positions in each particular class as of August 1, 1959. The resulting figure was then multiplied by the number of steps proposed for a salary increase. Therefore, the final cost figure is low since 5% salary steps involve more dollars at succeeding salary steps.

## 2. Medical Classes

<u>Class</u>		<u>Present Salary</u>		<u>Proposed Salary</u>	<u>Estimated Cost</u>
Deputy Director, Community Services, Department of Mental Hygiene		1400-1550		1800-1950	\$4,800
Chief, State-Local Mental Health Services		1300-1450		1650-1800	4,200
Psychiatric Consultant, State-Local Mental Health Services		1200-1350		1500-1650	3,600
Deputy Director, Hospital Medical Services, Department of Mental Hygiene		1400-1550		1800-1950	4,800
Chief of Research, Mental Hospital	Range A C	1200-1350 1250-1400	Range A C	1500-1650 1550-1700	18,000
Medical Superintendent, Neuropsychiatric Institute		1350-1500		1750-1900	9,600
Associate Medical Superintendent, Neuro-psychiatric Institute		1300-1450		1650-1800	8,400
Chief of Clinical Services, Neuro-psychiatric Institute	Range B C	1200-1350 1250-1400	Range B C	1500-1650 1550-1700	3,600
Chief Psychiatrist, In-patient Service, Neuropsychiatric Institute	Range B C	1150-1300 1200-1350	Range B C	1400-1550 1500-1650	3,600
Superintendent and Medical Director, Mental Hospital		1350-1500		1750-1900	134,400
Associate Superintendent, Medical Services, Mental Hospital		1300-1450		1650-1800	58,800
Assistant Superintendent, Psychiatric Service Mental Hospital	Range A C	1200-1350 1250-1400	Range A C	1500-1650 1550-1700	115,200

## 2. Medical Classes (cont.)

<u>Class</u>	<u>Present Salary</u>		<u>Proposed Salary</u>		<u>Estimated Cost</u>
Chief of Professional Education, Mental Hospital	Range B	1200-1350	Range B	1500-1650	\$39,600
	C	1250-1400	C	1550-1700	
Director of Clinical Services	Range B	1200-1350	Range B	1500-1650	3,600
	C	1250-1400	C	1550-1700	
Chief Psychiatrist, Mental Hygiene Clinic	Range B	1150-1300	Range B	1400-1550	32,400
	C	1200-1350	C	1500-1650	
Neuropathologist	Range B	1000-1150	Range B	1150-1300	3,000
	C	1100-1250	C	1350-1500	
Senior Psychiatrist	Range B	1100-1250	Range B	1250-1400	69,000
	C	1150-1300	C	1400-1550	
Staff Psychiatrist	Range A	950-1100	Range A	950-1100	510,000
	B	1000-1150	B	1150-1300	
	C	1100-1250	C	1350-1500	
Pathologist	Range B	1000-1150	Range B	1150-1300	15,000
	C	1100-1250	C	1350-1500	
Assistant Superintendent, Tuberculosis Service, Mental Hospital	Range B	1200-1350	Range B	1500-1650	7,200
	C	1250-1400	C	1550-1700	
Assistant Superintendent, General Medical and Surgical Service, Mental Hospital	Range B	1200-1350	Range B	1500-1650	39,600
	C	1250-1400	C	1550-1700	
Physician and Surgeon III	Range B	1100-1250	Range B	1250-1400	9,000
	C	1150-1300	C	1400-1550	
Physician and Surgeon II	Range A	950-1100	Range A	950-1100	606,000
	B	1000-1150	B	1150-1300	
	C	1100-1250	C	1350-1500	
Physician and Surgeon I		<sup>b</sup> 821-905		<sup>b</sup> 821-905	No change
<sup>b</sup> 3-step range					
ESTIMATED TOTAL COST					\$1,703,400*

\*NOTE: Cost estimated using middle step of present range and middle step of proposed range and the number of established positions as of August 1, 1959. Where alternate ranges exist, cost was calculated assuming all employees were in Range C.

### 3. Social Workers

<u>Class</u>	<u>Present Salary</u>	<u>Proposed Salary</u>	<u>Estimated Cost</u>
Chief of Social Service, Department of Mental Hygiene	\$862-1050	\$1050-1200	\$2,400
Assistant Chief of Social Service, Department of Mental Hygiene	745-905	862-1050	1,548
Regional Supervisor of Psychiatric Social Work	676-821	782-950	2,808
Chief Social Worker, Neuro- psychiatric Center	584-710	676-821	2,424
Supervising Psychiatric Social Worker II	584-710	676-821	18,180
Supervising Psychiatric Social Worker I	530-644	613-745	60,720
Senior Psychiatric Social Worker	481-584	556-676	344,616
Junior Psychiatric Social Worker	<sup>a</sup> 415-481	<sup>a</sup> 481-556	30,240
ESTIMATED TOTAL COST			<u>\$462,936*</u>

- a 4-step range

\*NOTE: Cost estimated using middle step of present range and the middle step of the proposed range and the number of established positions as of August 1, 1959.

#### 4. Psychologists

<u>Class</u>	<u>Present Salary</u>	<u>Proposed Salary</u>	<u>Estimated Cost</u>
Clinical Psychologist III	\$644-782	\$710-862	\$12,960
Clinical Psychologist II	584-710	644-782	113,256
Clinical Psychologist I	<sup>a</sup> 415-481	<sup>a</sup> 458-530	2,256
<sup>a</sup> 4-step range			
ESTIMATED TOTAL COST			<hr/> \$128,472*

\*NOTE: Cost estimated using middle step of present range and the middle step of the proposed range and the number of established positions as of August 1, 1959.



### SPECIFIC SALARY RECOMMENDATIONS

The summary of the cost of the salary increases proposed is as follows:

Nursing Services Classes	\$14,000,000
Medical Classes	1,703,400
Social Work Classes	462,936
Psychology Classes	128,472
	<hr/>
	\$16,294,808

The detailed breakdown of these items will be found on the last six pages of Proposed Salary Program, Department of Mental Hygiene, September 23, 1959.