

THE ORIGIN OF BOARDS OF TRUSTEES

The State of California has a long tradition of citizen participation in affairs of government. California, like other states, early made use of citizen boards to supervise and even to manage the individual state institutions as they were established over a period of time by the Legislature.

The first state hospital to receive all types of patients, including the "insane" was opened in Stockton in 1851, and in 1853 Stockton became a hospital solely for the treatment of mental disease. By 1897 there were five facilities for the mentally ill and defective. Each institution had its board of managers of five citizens appointed by the Governor; and each board, with the hospital superintendent, ran its hospital as it thought best.

By 1897 it had become evident that some over-all state supervision was desirable and the Legislature created the State Commission in Lunacy. The following is a quotation from the first report of the new Commission, made in 1898:

"In April, 1897, a uniform law for all State asylums was put into operation. Asylums became State hospitals, and the Lunacy Commission was given a confirmatory power over the actions of the State hospital management. The purpose of the new lunacy law and its active agent, the Commission, is good, and its results are bound to be beneficial when Hospitals and Commission work with that harmonious unanimity of purpose which should be the aim of all bodies engaged in charitable work at the expense of the State."

While the responsibilities of boards and commissions have changed from time to time as the business of the state has been reorganized in the interests of efficiency, the unanimity of purpose referred to in the report of the State Commission in Lunacy in 1898 remains the objective of the hospital management and the present Boards of Trustees.

Even after the State Commission in Lunacy was created, the Board of Managers of each state hospital continued to have certain administrative duties such as "general control and direction of the property and concerns of the institution for which it is appointed", the enforcement of rules and regulations, the maintenance of "an effective inspection of the hospital" and the keeping of various records and reports. But the Statutes of 1903 limited their powers and duties by providing that no money might be expended for buildings or for unusual repairs or improvements unless the plans and specifications were first approved by the Commission in Lunacy. This was intended to safeguard the public interest through centralized supervision. The expenditures, it is of interest to note, were limited in the early years of the century by a provision in the Code that

"the cost of such buildings to be occupied by patients, or inmates, including the necessary equipment and heating, lighting, ventilating, fixtures and furniture, must in no case exceed five hundred and fifty dollars per capita for the patients or inmates to be accommodated therein..."

Another economically interesting item from former times stated

"that it costs for physicians, attendants, mechanics, cooks and other help the sum of 17.1 cents for one day..and to feed one patient a day costs 9.2 cents...let us consider them a moment with a view of ascertaining if the cost is unduly large...it is not likely that any one would care to assert that the expense of feeding our patients should be cut down...instead of seeking to reduce it in cost, it might be added to with some advantage."

With added responsibility for youth reformatories and facilities for the blind, the Lunacy Commission gave way in 1921 to a Department of Institutions. The Department of Institutions represented a much more highly centralized kind of supervision and management of the state institutions than had previously existed. The statute of 1921 provided, however, that the individual institution's board of directors, managers, trustees (under whatever name they had been known) should be "continued in force and constituted advisory boards to the Department of Institutions".

In 1945 another step was taken to streamline state administration when the Department of Institutions was replaced by the present State Department of Mental Hygiene. The Legislature transferred elsewhere all of the state institutions except those having to do with mental illness and deficiency, and gave the Department of Mental Hygiene responsibility for its hospital, clinic, and community services program.

The current statutory provisions as they relate to the Boards of Trustees are contained in the following sections of the Welfare and Institutions Code:

6504. Each hospital has a board of five trustees appointed by the Governor with the consent of the Senate, each of whom holds office for the term of four years. Any trustee is subject to removal by the Governor, upon good cause shown and opportunity to be heard.

6505. No person is eligible to the office of trustee who is a member of the Legislature or an elective state officer, and if he becomes such after his appointment his office is thereby vacated. If any trustee fails to attend three consecutive regular meetings of the board, unless he is ill or absent from the State, his office becomes vacant, and the board, by resolution, shall so declare, and shall forthwith transmit a certified copy of such resolution to the Governor.

6506. The boards of trustees of the several State hospitals are advisory boards to the Department of Institutions with power of visitation and advice only in respect to the conduct of the several institutions. The members of the boards shall serve without compensation other than necessary expenses incurred in the performance of duty. They shall meet once every three months and at such other times as they are called by the head of the department. No expenses shall be allowed except in connection with meetings so held.

A special statute creating the Board of Trustees of the Langley Porter Clinic was added in 1941 and reads as follows:

7308. There is hereby created a Board of Trustees of The Langley Porter Clinic which shall be composed of five persons appointed by the

Governor, two of whom shall be selected from the faculty or administrative staff of the University of California Medical School. Each member of said Board of Trustees shall hold office for the term of four years, and shall serve without compensation other than necessary expenses incurred in the performance of duty. The Board of Trustees of The Langley Porter Clinic shall perform no duties other than the arbitration of any possible differences which might arise between the Department of Institutions and The Regents of the University of California because of the close coordination, management, and control of The Langley Porter Clinic.

PRESENT SCOPE OF ACTIVITIES OF BOARDS

As indicated by law, the present Boards are advisory rather than administrative, "with power of visitation and advice only in respect to the conduct of the several institutions". Their chief function and duty is advisory to the Superintendent of the institution to which they are appointed.

The Trustees in each community are a connecting link between the public and the hospital. This is a two-way responsibility which involves representing both the hospital and the public.

ORGANIZATION OF BOARD

Officers. It has been found more effective if each Board elects from its members a Chairman and a Secretary, preferably for a term of two years, or until their term of appointment expires, whichever comes first. The Chairman of the Board should preside at all meetings.

Minutes. The Secretary should see that minutes of each meeting which include a record of attendance are supplied to each Board member, as well as to the Superintendent and to the Director of the Department.

Meetings. Meetings should be held at least once every three months, with more frequent meetings being called if desirable. Meetings may be called by the Board Chairman, the Superintendent, or the Director. There will be at least one state-wide meeting a year, at the call of the Director. Regional meetings will be called by the Director as the occasion indicates, with at least one in the north and one in the south each year.

MAJOR FUNCTIONS

The following outline indicates suggested spheres of activity of the Boards and is intended to serve only as a general guide.

A. General Responsibilities

1. Responsibility to become better informed on:
 - a. General progress in the field of mental hygiene
 - b. Active treatment program for all patients
 - c. General program of Department as well as special program in own hospital
2. Responsibility as liaison between community and hospital:
 - a. Interpretation of hospital to community
 - b. Representation of community's sentiments to hospital
 - c. Interpretation of hospital and Department programs and needs to legislators and other public officials

B. Recommended Activities

1. Discussion of treatment program of hospital
2. Review of budgetary and construction needs of hospital and Department
3. Encouragement of volunteer workers for the hospital
4. Assistance in public relations work by issuance to local newspapers of news concerning meetings and special projects of Trustees
5. Participation in the activities of mental health organizations in the community
6. Encouragement of community interest in mental health activities
7. Encouragement of planned tours of hospital
8. Visits to the hospital by Trustees, as convenient
9. Attendance at public hearings or investigations relating to important matters affecting the hospital or the Department