

RESOLUTION FOR GOVERNOR'S ADVISORY COMMITTEE ON MENTAL HEALTH

Proposed by Sub-Committee on Personnel, Training and Recruitment

Resolution on Salary Adjustment for Mental Health Direct Treatment Personnel

The Governor's Advisory Committee on Mental Health, since its organization in January 1960, has engaged in a comprehensive review of California's mental health program. As appropriate to a properly broad concept of this program, the Committee has directed attention to the activity of the several State agencies dealing in the field as well as that of the Department of Mental Hygiene. The foundation of the program appears basically sound, and encouraging progress is being made toward those objectives which must ultimately be achieved.

At the same time, the Committee has identified what it believes is a serious deficiency. That group of personnel concerned with direct care and treatment of patients, to which program success is most sensitive, is characterized by poor staff quality, chronic vacancies, and high turnover. It is our conclusion that inadequate salary is the primary factor responsible for this condition.

The skill and competence of the mental health treatment staff is necessarily the determinant in the success of the over-all program. It is our belief that higher salaries would significantly help attract personnel of the quality and quantity needed. Until this personnel problem is met and overcome, California's mental health program will continue to operate under a severe and unnecessary handicap — a handicap that wastes human lives and costs the taxpayers millions of dollars.

Recommendation: It is therefore the recommendation of this Committee that the salaries for medical, clinical psychology, psychiatric social work and nursing service classes be raised as outlined in the attached table.

RECOMMENDED SALARIES FOR MENTAL HYGIENE TREATMENT
PERSONNEL AND ESTIMATED COST

	<u>Proposed Salary Range</u>	<u>Estimated Cost</u>
Nursing Services Classes		\$ 14,600,000
Psychiatric Technician Trainee	\$ 341 - 376	
Psychiatric Technician	395 - 481	
Graduate Nurse	505 - 584	
 Social Work		 2,184,756
Junior Psychiatric Social Worker	505 - 584	
Senior Psychiatric Social Worker	584 - 710	
 Psychology		 305,200
Clinical Psychologist II	710 - 862	
 Doctors		 489,096
Staff Psychiatrist and Physician and Surgeon II	A 998 - 1213 B 1155 - 1405 C 1405 - 1707	
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	TOTAL	\$ 17,579,052

ANALYSIS

In support of the Resolution on Salary Adjustment for Mental Health Direct Treatment Personnel, the following information is presented briefly to highlight the problems discovered by the Committee:

Staff Quality

The majority of physicians employed specifically to provide psychiatric treatment for mental patients have had no training or experience in psychiatry.

Because of the low salaries offered in comparison with earnings available in other employment, recruitment of psychologists, physicians, and psychiatric technicians necessarily takes place in the marginal labor market.

Important supervisory positions in all of the treatment professions remain vacant for months and years or are filled too often with inadequate staff because the calibre of personnel available for promotion is inadequate.

Many jobs are filled initially with employees not meeting the standards required for their jobs because of the need to provide minimum coverage.

Vacancies

There has been a chronic vacancy pattern for physicians, nurses, social workers, and psychologists for many years despite all-out efforts at nation-wide recruitment. At any one time there may be 65 vacancies for psychiatric social workers, 50 for physicians, and 35 for psychologists. Out of 1200 jobs authorized for registered nurses, 500 are vacant. This is true despite the fact that there are 98,000 nurses registered in California.

Turnover

Turnover in professional classes runs 30% to 40% a year. This disrupts treatment programs and is very costly. Most of the staff must be placed in intensive training upon employment. For a good part of their initial employment, they are unable to function efficiently and then, when they leave, the training investment is lost with them.

The turnover for the first year in the Psychiatric Technician group runs 60 to 80 per cent. This means that over 3000 new Psychiatric Technicians must be employed every year.

Cost and Patient Welfare

It costs \$10,000 to construct a hospital bed. It costs \$2,400 every year to maintain a patient in that bed. There are several thousand patients no longer requiring hospitalization who could be released if qualified staff were available to assist in their placement and supervision. Additional thousands of patients could be readied for

release with adequate staff. By reducing vacancies, cutting turnover, and improving the efficiency that comes with a qualified staff, there would be a reduction in future costs to the taxpayers of millions of dollars. This is apart from the savings in human lives and the savings in productivity lost to society through extended hospitalization.

Comparison with Other Salaries

Salaries for Psychiatric Technicians - the employees who provide most of the skilled psychiatric nursing care in the mental hospitals - are drastically out of line with salaries paid to others both in and out of State employment. For example, Correctional Officers, who do comparable work in the State prisons, start \$127 a month higher than beginning Psychiatric Technicians.

Attached is a table of comparative salaries illustrating the problem of recruiting Psychiatric Technicians. It is apparent, as has been said, that "people taking care of things appear to be valued much more highly than people caring for people." It is also apparent that one cannot hope to compete successfully in the open labor market under these conditions.

Similar problems exist for doctors and clinical psychologists. For example, physicians working for the State earn one-half to two-thirds of what physicians earn in private practice and in other salaried employment.

July 6, 1960

COMPARATIVE SALARY RATES

<u>State Employment</u>	<u>Monthly Salary Range</u>	<u>Annual Starting Salary</u>
Psychiatric Technician Trainee	\$ 268 - 295	\$ 3,216
Psychiatric Technician	310 - 376	3,720
Correctional Officer	395 - 481	4,740
Group Supervisor	395 - 481	4,740
Vegetable Gardener	395 - 481	4,740
Ferryboat Watchman	376 - 415	4,512
Laborer	358 - 395	4,296
Groundsman	358 - 395	4,296
Poultry Assistant	325 - 395	3,900
Women's Restroom Attendant	310 - 376	3,720

<u>Non-State Employment</u>	<u>Entrance Rate</u>
Service Station Attendant	\$ 325
Bank Teller Trainee	300
Warehouse Apprentice	260
Warehouseman	436
Apprentice Plasterer	335
Apprentice Plumber	360
Aerojet Apprentice Program	294
Swamper	481
Truck Driver	*436 to 660
Fork Lift Operator	453
Receiving and Shipping Clerk	450

*Salary depending upon type of truck and whether construction or drayage.

BACKGROUND INFORMATION ON ACTION TAKEN AND ANTICIPATED
IN CONNECTION WITH THE SALARY PROGRAM FOR MENTAL
HEALTH TREATMENT CLASSES

The Department of Mental Hygiene has had a continuing problem in recruiting and keeping the employees that work directly with patients. This problem has been particularly acute for nursing service classes, including both registered nurses and psychiatric technicians, physicians, psychiatric social workers, and clinical psychologists.

The Board of Trustees of Atascadero State Hospital, which was concerned about recruitment at its hospital, asked that the subject of salaries be placed on the agenda of the annual statewide meeting of trustees held in January, 1960. There was a full discussion at the Trustees' meeting and an expression of general concern. As a result, the Trustees appointed a special committee to work on the salary problem. This committee initiated contacts with the Governor and the Legislature, the Personnel Board, and the Department of Finance in an effort to help resolve the problem. This initiative brought about consideration of mental health salary needs in the course of budget discussions before the Assembly Ways and Means Committee. As a result of this hearing and further discussions in the Legislature, Senate Resolution 21 and Assembly Resolution 113 were passed. Copies of these resolutions are attached. In essence, they requested the Personnel Board, the Department of Finance, and the Governor's office to take into account the serious problem that exists and work toward its solution. The resolutions also provided for the establishment of interim studies by Senate and Assembly committees.

As a part of its general salary considerations, the Personnel Board has since conducted hearings for all of the classifications involved taking no action to date. The Personnel Board indicated during its hearings on psychiatric technician salaries a desire to have an expression of legislative intent for guidance. In the normal salary setting process, the Board makes a recommendation to the Governor and the Legislature on the money needed for salary adjustments in the following year, but at this point it appears that because of the nature and magnitude of this problem it is generally considered as one which requires an expression of policy by the Governor and the Legislature.

On August 16, the Senate Fact-Finding Committee on Revenue and Taxation conducted its hearing pursuant to Senate Resolution 21. There was a full presentation of the problem and an indication of genuine interest on the part of the Senators present. The Senate Committees will probably hold an additional hearing in San Francisco in October. The Assembly Ways and Means Committee is also planning a hearing in October.

The steps remaining include:

1. Consideration by the Governor in the preparation of his budget.
2. Hearings and recommendations by the two legislative committees assigned to study the resolutions.
3. Action by the legislature in the 1961 session. This action would need to be concerned with a statement of legislative policy as well as the necessary appropriation.

Thus the background for action at the 1961 session of the State Legislature is very hopeful. There is a growing awareness of this acute problem with salaries for the key personnel in California's mental health program. Added to the positive action already initiated by the State hospital trustees and the Legislature, support of remedial measures by the Governor, the Advisory Committee on Mental Health and community mental health organizations should bring the desired solution within immediate reach. California will then have taken a long and determined step ahead toward meeting the mental health needs of its citizens -- a step which contributes vitally to the strength and well-being of individuals and our society as a whole.