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have doubts about the direction that we are going and that is one major reason that we are quite specific in the fact that we want some planning written into the bill. I can assure you that I will resist to the last moment any attempt to eliminate that planning language. Now, there has been a reduction Senator Lewis in the in-patient care. There has been a reduction in the numbers and there has been a days that the patients stay in a regional center. This has gone on over the past few years. The problem here and I want to be understood clearly as possible, those figures are inclined to be a little deceptive unless you get the rest of the figures involved. The rest of the figures have to do not only with the number of people who go through a regional center and move out after 40 days of care, how many of those people come back what is the recivism rate, how many do we constantly have being returned. What good does it do basically to brag about the fact that you are going to send people through an institution rapidly if they go out into a nursing home or go out into a local mental health center and then don't receive adequate care and must come back. So, I think that first of all we would all admit that the population at the regional centers has gone down. Beyond this it is difficult to get figures as to, of those that go out, how many return and how often do they return. I guess the question as I as a layman based upon about 20 years of interest in this area after all we have a regional center at home for a number of years and we have seen quite a little progress, quite a little change and I guess that we need to know or to ask the present administration of the department of public institutions to do a better job of giving us figures as to how successful the in-patient care is. Now, if I may go on, and then make another statement or two. Now, so, we know that the population has gone down. We have difficulty getting the return rate, the recivism rate. In addition to this, once they go out of the institution, they become a number in an out-patient care category and it is almost impossible at the moment to determine the kind of care that the patients get once they move from a regional center out into the state someplace. We hear all kinds of rumors. Some of them are pretty bad, but rather than to repeat those at the moment, I would rather follow up later on with actual facts. The other statement that I would make is this. That some states, that have moved into this idea of completely decentralizing mental health have found that they can play the numbers game so that it looks pretty good but in the final analysis the whole patient population can or tends to suffer and they are now moving back, moving away from decentralization and back to some kind of regional center complex. So I think that the whose of the department of public institutions, not simply talk about the reduction of the number in the regional center as to what happens to those patients when they leave a regional center what kind of care are they getting in the out-patient category and I'm sorry to tell you that we can not get this information because they simply have not gathered that information.

SENATOR LEWIS: Mr. Chairman, maybe I could make my questions a little more pointed. I think that there are some serious concerns on the part of several of us again, I was concerned when 1051 was introduced without obviously some involvement and study of what was really going on up in that regional center.